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Parental attitudes regarding family life/sex education

Anita Gallardo
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Parental attitudes regarding family life/sex education

Gallardo, Anita C., M.S.

San Jose State University, 1993

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PARENTAL ATTITUDES REGARDING
FAMILY LIFE/SEX EDUCATION

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

By

Anita Gallardo

May, 1993

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ABSTRACT

PARENTAL ATTITUDES REGARDING FAMILY LIFE/SEX EDUCATION

by Anita Gallardo

This thesis investigated parental attitudes regarding family life education for 4th and 5th grade children. Bandura's social cognitive theory was used as the conceptual framework for exploring parental attitudes toward family life/sex education. Using a descriptive study design, data were collected from parents ($N=69$) whose children attended a small rural school district in Northern California. A family life education questionnaire was developed by the researcher and translated into Spanish. English and Spanish versions of the questionnaire were mailed to parents in November and December, 1991. The data indicated that most parents believe they are the primary source of family life education for their children. A majority of the parents surveyed believed most topics are acceptable for inclusion in 4th and 5th grade school family life programs. Most parents believed three topics (masturbation, homosexuality, and abortion) should not be included in a school program for 4th and 5th grade students. Review of the data suggest recommendations for school district personnel who select, develop and implement school family life/sex education programs. Implications for school nursing practice are also discussed.

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My parents planted a seed in me long ago and continue to nurture it to this day. That seed is the belief that I can accomplish anything if I believe I can. I wish to thank my parents for their support and encouragement. I thank my husband Danny for never letting that seed die out and for continuing to strengthen me with his love. I especially thank my advisors, Frances, Ginny, and Karl, who were never too busy to guide me and encourage me in my journey. I also thank my school nursing models from Pajaro School District (Rita, Wendy, Jeff, Bonnie, and Marion) who showed by example how school nurses can positively shape children's lives. I thank my sisters and friends (Virginia, Natalie, and Dee) who helped care for my children while I attended to my research, and who watered the seed with encouragement when it was dry. I also greatly appreciate the efforts of my "computer" advisors (Reeves, Kennedy, Tom, and Marty) for their expertise and support. Finally, I want to thank my children Danica, Caleb, and Gavilan for their patience, love and the joy they bring me. This study was done on their behalf, that I may show through my example that anything is possible and thereby nurture that seed in each one of them.

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Chapter 1

INTRODUCTION

Sexually-active teenagers face health and social risks which negatively impact their lives and society. Comprehensive school-based health programs assist young people to make responsible decisions about their sexual behavior. The school nurse cannot overlook the role of parents as sex educators when implementing effective sex education curricula. The purpose of this study was to identify parents' attitudes about school sex education for their fourth and fifth grade children.

Background of the Problem

Although a majority of parents support sex education in schools, controversy exists over the impact of sex education on teenage sexual behavior (Gallup, 1985; Lovick, 1988). Critics of school sex education programs point to an increased rate of sexual activity among teenagers living in the United States. By 17 years of age, roughly 50% of teens are sexually active and many teens will have had multiple sexual partners (Chang, 1990; Policy Analysis for Education [PACE], 1989). One million adolescents (one in ten) become pregnant each year in the United States; this rate is higher than any other developed country in the world (Alan Guttmacher Institute, 1987). California's teen birth rate is rising steadily and is now well above the national rate (Children Now, 1991).

Most sexually active teens underestimate their risk of pregnancy (Trussell, 1988). They usually have little or inaccurate information about their reproductive health and about contraceptive methods (Paperny & Starn, 1989). Of the over one million teenage pregnancies reported annually, 45% end in abortions (Policy Analysis for California Education [PACE], 1989). Pregnant teen females, and their male partners, who become

parents are more likely to drop out of school; they are usually poor and will remain that way (Gabel, 1988; Robinson, 1988). Delaying teenage births until mothers reach at least 20 years of age could potentially save the United States \$5,500 per birth and two billion dollars in public assistance funds for all births postponed (Burt, 1986).

Teenage pregnancies have adversely effected the well-being of children in California. PACE (1989) completed an indepth analysis of the state of children in California where figures showed that 7.5 million children, or one in nine children living in the United States, lived in California. PACE (1989) reported that in 1986 in California nearly 53,000 children were born to mothers under the age of 20. Children born to teenage parents were more likely to live in single-parent families where the mother is the primary caregiver and to live in poverty. PACE (1989) confirmed that these conditions are associated with poorer health, poorer cognitive development and school performance, and increased substance abuse and delinquent behavior. Unfortunately, the number of children living in poverty in California doubled in the last 20 years and exceeds the national average. Twenty-one percent of all children living in California, or 1.7 million children, have family incomes below the federally defined poverty level (PACE, 1989; Children Now, 1991).

Adolescents who participate in unprotected sexual intercourse suffer adverse health consequences in addition to the risk of early pregnancies. The Center for Disease Control (CDC) reports that 86% of all sexually transmitted diseases (STDs) occur in teenagers and young adults (U.S. Department of Health and Human Services [U.S.DHHS], 1991). In the CDC's 1990 study of over 11,000 American teenagers, 1 in 25 teens reported having had a sexually transmitted disease. The actual rate of infection was

probably higher since adolescents with STDs may have no symptoms or be unaware of symptoms, and may not receive needed testing or treatment from health care providers.

Sexually active adolescents are at risk for contracting the human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS) and eventually leads to death. The rate of AIDS cases in teenagers and young adults is steadily rising. The CDC's HIV/AIDS Surveillance report indicates there were 6,229 AIDS cases reported in persons aged 13-29 (U.S.DHHS, 1990). This accounts for 17% of the total AIDS cases in 1990. Because of the long incubation period for AIDS, many young adults are actually infected as teenagers (U.S.DHHS, 1990). It is estimated that the number of AIDS cases in this age group will continue to increase (California Department of Health Services [CA DHS], 1990).

In California, a dramatic rise in AIDS cases in women due to transmission via unprotected heterosexual contact has been observed (CA DHS, 1990). From 1985-1989, the percent of women who acquired AIDS from heterosexual contact rose from 40% to 80% (CA DHS, 1990). Federal researchers believe HIV is spreading more rapidly among women of childbearing age than among men (CA DHS, 1990).

Racial and ethnic distribution of AIDS cases and of sexual behavior among teenagers in the United States are issues of concern to health care professionals and educators. In 1990, whites constituted 73% of the reported adult and adolescent AIDS cases, blacks 12%, Hispanics 13%, and Asians and others 2% (U.S.Department of Health and Human Services, 1990). Black high school students (72%) were significantly more likely than white (52%) or Hispanic (53%) students to have had sexual intercourse (U.S.DHHS, 1990).

Among 11,000 students surveyed by the Center for Disease Control, 40% reported themselves to be sexually active (U.S.DHHS, 1992). Unfortunately, 55% of the students surveyed in this study of American teenagers did not use condoms during their last sexual intercourse. By ethnic group, Hispanic students reported the lowest percentage (38%) of condom use (U.S.DHHS, 1992). One limitation of the survey is that the self-reporting method used to encourage student participation may reflect underreporting of the actual behaviors surveyed. Still, these findings show the need for the development, implementation, and evaluation of school health education programs that provide all students with the knowledge and skills needed to avoid unsafe sexual behavior and to decrease sexually transmitted disease.

Proponents of sex education claim programs initiated in elementary school and continued regularly through high school reduce pregnancy and sexually-transmitted disease rates among youth. Since most schools do not have a comprehensive sex education program, young people may have no knowledgeable adult to whom to turn for information on human sexuality or contraception (Hepfer, 1988). The Children's Defense Fund, an organization that focuses on social programs and policies for children, states that parents, teachers, health care providers, and religious and youth leaders must all take responsibility for educating young teenagers on sexuality and life planning (Simmons, Finlay, & Yang, 1991). Programs are needed which encourage parents, teachers, community members, and school nurses to work as a team. Such a team provides students with the information and values clarification students need to act responsibly.

Purpose and Significance

One of the traditional functions of parents is the provision of health care and health education. There is limited documentation in the literature specifically assessing parents'

attitudes on sex education topics and the school's role in providing family life/sex education. The growing diversity of ethnic groups and family lifestyles in the United States brings added challenges to school administrators, teachers, and school nurses who develop and provide sex education. The purpose of this study was to investigate current parental attitudes regarding family life/sex education for their fourth and fifth grade children. The results of this study can assist school personnel to develop family life/sex education programs which support parental involvement.

Research Questions

The following questions were explored in this study:

1. What are the attitudes of parents regarding family life/sex education for their 4th and 5th grade children?
2. Who do parents believe provides family life/sex education for their children?
3. Which topics do parents believe should be included in a school family life education program for 4th and 5th grade students?
4. Do parents believe boys and girls should be separated from each other for family life/sex education classes?

Definition of Terms

For the purpose of this study, the following definitions apply:

1. Attitude is the manner of acting, feeling or thinking that shows one's belief or opinion (Guralnik, 1986).
2. Elementary school-aged child is a person between the ages of 6 and 13 years enrolled in first through eighth grades (Wold, 1981).
3. Family life/sex education are interchangeable terms used to describe the teaching of factors that contribute to family living, including human sexuality, and interpersonal

relationships (California State Department of Education, 1985). Instruction about the role of the family in our society and how to develop skills which make individuals responsible, contributing members of their families is included.

4. Family Life Education topics are concepts emphasized in this study under the content area of family life and human sexuality. Concepts included in this study are: abortion, abstinence, AIDS, male and female reproductive anatomy, birth control, communication skills, decision-making steps, homosexuality, hygiene, human reproduction, immune system, labor and delivery process, masturbation, menstruation, peer refusal skills, pregnancy, sexual intercourse, and sexually transmitted disease. These topics meet the general guidelines for family life education established by the California Department of Education (1985). These topics also meet guidelines set by the CDC for AIDS education in upper elementary grades (U.S.DHHS, 1988).

5. Home Language Survey is a form issued by the California Department of Education to all school districts in the state. This form asks parents who register their children in California schools to name the language used most when talking to their children in the home. Title 2 of the California Education Code section 52164.1 established the Home Language Survey in 1978, and requires all school districts to administer it to all students (West Publishing Co., 1990).

6. Parents are fathers and mothers, both natural and adoptive, who reside with their child or children. Step-parents, foster parents, and other adults who are acting as parents are included if they have custody of, or reside with, their child or children.

Research Design

This descriptive prospective study was designed to investigate parents' attitudes regarding family life education for their 4th and 5th grade children. There were no control

groups, and no interventions were performed. Utilizing a convenience sample, the population of the study included all parents whose 4th and 5th grade children attended two elementary schools in a small school district in Northern California during November, 1991. There were 128 students enrolled in grades 4 and 5 in the larger school and 99 students in grades 4 and 5 in the smaller school, for a total number of 227 students.

The survey tool was a parent questionnaire developed by the researcher. The researcher utilized a review of studies on family life/sex education in the development of this tool (Huston, Martin, & Foulds, 1990; Seymour, 1988; Silverstein & Buck, 1986; Alexander, 1984). Input was also obtained from school nurses and teachers. To obtain participation from both parents, two copies of the questionnaire on parental attitudes were mailed to each household. The researcher was unable to identify which households were headed by single parents.

Prior to data collection, the Home Language Survey included in each student's school record was reviewed. This review ascertained the predominant language used in the homes of all 4th and 5th grade students. Students whose predominant home language was Spanish were identified. The parent questionnaire was translated into Spanish before data collection in an effort to encourage Spanish language parents to participate in the study. The Spanish version of the family life questionnaire was mailed to parents when Spanish was the predominant language used in the home.

Summary

The health and social problems for sexually active adolescents are well documented. School family life/sex education programs that fail to involve parents in the efforts to educate students about these issues will continue to be criticized. They will have limited success in the prevention of teenage pregnancy and sexually transmitted diseases.

Therefore, in this study parents' attitudes concerning family life/sex education were solicited. The findings allow schools to develop family life education programs that include parents in the planning process.

Chapter 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Health is largely determined by life-style habits and choices. School health education programs which address the psychosocial dynamics underlying health behavior, and provide strategies to enable students to act in a healthful manner, are needed to combat teenage pregnancy. This chapter introduces the conceptual framework used in the study and examines research in sex education and parental attitudes.

Conceptual Framework

The conceptual framework for this study is based on social cognitive theory. Social cognitive theory (SCT) is a global theory which focuses on the complex process of learning. Miller and Dollard originally introduced SCT in 1941 to explain imitation of behavior in animals and humans (Perry, Baranowski, & Parcel, 1990). Several other researchers contributed to the development of SCT over the next four decades, most notably Bandura (Perry, Baranowski, & Parcel, 1990). Social cognitive theory synthesizes behavioristic, and cognitive views of human functioning into a comprehensive theory which enables health educators to design multicomponent health promotion interventions.

Bandura formulated several constructs which are essential to understand social cognitive theory. He characterized human nature as, "a vast potentiality that can be fashioned by direct and observational experience into a variety of forms within biological limits" (Bandura, 1986, p. 21). Human functioning is shaped through reciprocal interactions between a person, his or her behavior and the environment (Bandura, 1986).

The model in Figure 1 illustrates the relationship between components of the triad (see Figure 1).

Figure 1. The relations between the three classes of determinants in triadic reciprocal determinism (P=person, B= behavior, E=environment).

Note: From Social Foundations of Thought and Action: A Social Cognitive Theory (p. 24) by A. Bandura, 1986, Englewood Cliffs: Prentice-Hall, Inc. Copyright 1986 by Prentice-Hall, Inc. Reprinted by permission.

This triad of person, behavior and environment are not viewed as independent entities but as dynamic factors which influence each other simultaneously. This continuing interaction is called reciprocal determinism. In SCT, change in behavior does not occur unidirectionally from an outside environmental stimulus. A change in one component in the triad has implications for the others, and the relative influence of factors varies for different activities, individuals and situations. School nurses and health educators can use reciprocal determinism to develop programs which focus not only on behavior but also focus on changes within the environment and the individual.

The term environment refers to all factors which may influence human behavior but that are physically external to a person (Bandura, 1986). Environment includes a person's mental representation of factors in a situation; factors such as time, place, and other participants; and a person's own role in a particular situation (Perry, Baranowski, & Parcel, 1990). In SCT, human behavior is learned by directly experiencing the effects of one's action, or by observation through modeling. A person observes others' actions and the consequences of those actions, develops rules of behavior, and uses these rules as a guide for future action. This process accounts for why similar behaviors are often found in people of the same family (Bandura, 1986).

Social cognitive theory has particular importance for this study since the social environment of family life/sex education was investigated. Bandura states that the social support of family members is especially important during childhood when a person's internal standards are fluctuating and there may be conflicting external sources of influence. Social systems, including families and schools, can assist a person to develop generalizable competencies in self-motivation and self-guidance and foster self-belief in one's ability to shape his or her environment (Bandura, 1990). This same premise can be expanded to include those behaviors which promote good health and wellness in a person.

Eisen, Zellman, and McAlister (1990) utilized SCT to develop and pilot-test a sex education curriculum for teenagers. They predict that young people will be better able to avoid pregnancy and STDs if educational programs give them the opportunity to observe both appropriate and inappropriate types of behavior, and to engage in guided practice with knowledgeable models on ways to avoid pregnancy and STDs (Eisen, Zellman, & McAlister, 1990).

The social organization of a society determines the types and numbers of models available to learners. When learners see models similar to themselves solving problems successfully, learners are more likely to develop strong beliefs in their own capabilities and more readily adopt modeled ways (Bandura, 1990). School nurses who utilize varied social networks, including parents and teachers, to provide family life/sex education can be successful in promoting responsible sexual conduct in adolescents.

Review of the Literature

With parental support, sex education first moved into American schools in the early 1900's and focused on the evils of masturbation and nonmarital sexual intercourse (Stout & Rivara, 1989). In the 1940's, the American Association of School Administrators and the National Conference on Education of Teachers recommended that sex education be included in all school curriculum (Manley, 1985). Over the next several decades, the topics presented and the process for developing and implementing school sex education differed from district to district and from state to state (Manley, 1985). Beginning in the late 1980's, the AIDS epidemic has made responsible sexual behavior a life and death matter and increased demand for comprehensive school family life/sex education.

SIECUS (Sex Information and Education Council of the United States) was established in the 1960's as a clearinghouse for sex education curricula and materials. In a SIECUS review of states' curricula, mandates, and guidelines of school sexuality education, SIECUS found that most of the curricula did not specifically validate human sexuality as an important area of study, and that a large percentage of the guidelines were out-of-date (DeMauro, 1989). DeMauro (1989) noted that although a majority of school districts offer sex education, the programs were seldom comprehensive, quality programs.

He also reported that only 17 states mandate school sexuality education and 34 states mandate HIV/AIDS education. In U.S. schools with family life/sex education programs, 75% offer less than 10 hours of instruction per year (Sonenstein & Pittman, 1984).

There were no reports found on the amount or quality of family life education students receive in California schools. It was unclear from available research what percentage of school districts in California or in the United States offer family life/sex education specifically in upper elementary (4th and 5th) grades. Nevertheless, the California Department of Education adopted the Health Instruction Framework (1985) which enabled school districts to develop and implement their own individualized health education curricula. This framework listed ten content areas, including family health, and specific goals and objectives for family health at developmental levels from pre-school through high school.

It is suspected that students benefit most from school programs which enable parents to communicate openly at home about sexuality issues. Absent from scientific research were studies on outcomes of school programs which train parents to provide more family life education in the home. There was no data available on the number of school districts which provide this parent training. Nor is it clear from research what effects improved parent-child communication have on adolescent sexuality knowledge and subsequent teenage sexual behavior.

Brosnan's (1987) longitudinal study of one parochial school elementary sex education program showed that knowledge changes were evident in student respondents two years following instruction. This confirms findings that younger students who receive sex education demonstrate greater increase in knowledge than do students when programs are initiated in late adolescence (Kirby, D., personal communication, April 16, 1991.)

However, there is no scientific evidence that shows attitudes which promote responsible sexual behavior are directly responsible for long-term behavioral changes in students' current or future sexual behavior patterns. Reviews of outcome evaluations of community and school-based programs currently in use reveal limited research on 7th through 12th grade programs and none in elementary level programs (Eisen, Zellman, & McAlister, 1990; Stout & Rivara, 1989).

Experts on family life/sex education curricula point out the importance of parental involvement. Only 6 studies reported in the literature during the last 8 years explored the role of parents in providing family life/sex education (Alexander, 1984; DeSantis & Thomas, 1987; Huston, Martin, & Foulds, 1990; Fox, 1990; Seymour, 1988; Warren & Neer, 1986). None of the studies showed a positive correlation between effective family life/sex education and responsible adolescent sexual behavior.

Some of the highlights and implications of these studies on parents and sex education are presented here. When college-aged students were surveyed on the frequency and nature of sex education in the home they reported that parents were infrequent and ineffective sources of information. (Warren & Neer, 1989). The authors recommended parents initiate conversation on human sexuality with their children between age 10 and age 11 (Warren & Neer, 1989). Unfortunately, parents reported a gap between the frequency with which they believe they should provide sex information and their actual sex education practices (Alexander, 1984). Studies failed to identify parental factors or attitudes which limit parents' participation in this important role.

Seymour's (1988) study surveyed 53 parents whose fifth grade children had completed 10 hours of school sex education. Seventy-eight percent of the parents surveyed reported they had talked with their children about what was discussed in class,

after their children had initiated the conversation. This study also identified other family members who participated in their children's sex education. This study did not include a list of family life education topics discussed in the school program or in the home. The generalizability of the findings are limited because the sample included only one father, and other sample demographics such as parental education level, family income level, and ethnicity were not included.

Three studies published during the last 8 years surveyed parental attitudes toward school sex education topics for elementary school-aged children. Silverstein and Buck (1986) surveyed 146 parents of sixth graders. Parents identified some topics they thought were inappropriate for classroom lessons, such as: the advantages and disadvantages of premarital sex, sexual attraction, homosexuality, birth control, abortion, and masturbation. Parents surveyed in this study preferred classes which separated boys from girls for lessons (Silverstein & Buck, 1986). In this study, several parents objected to the inclusion of the topic in the sixth grade curricula, not to the topic itself. The study has limited applicability since the respondents were predominantly white, highly educated, and had high family incomes.

With a changing social environment and the emergence of blended and single parent households, studies should examine attitudes of other family members who may be providing sex education at home. Absent from the literature is an exploration of the attitudes of parents from non-Anglo cultural groups. Only one study of parental attitudes of Cuban and Haitian parents regarding sex education was available. DeSantis and Thomas (1987) showed how different these groups are and called for culturally-specific sex education programs for American immigrants. With one-third of the nation's

Mexican-Americans (4 million people) living in the state of California, the attitudes of this cultural group of parents should not be overlooked (U.S. Bureau of the Census, 1989).

Summary

School family life/sex education programs which are congruent with parental beliefs, and which utilize parents, teachers and school nurses as educators have received limited analysis by researchers. Social cognitive theory (SCT) seeks to understand the social environment of learners, and to strengthen the role of parents in providing health education. More studies which utilize SCT in evaluating both learners and parents as modelers in family life/sex education could provide additional insight on parent-child interaction and SCT's effect on adolescent sexual behavior.

Chapter 3

METHODOLOGY

Study Design

A descriptive prospective design was used to identify parental attitudes regarding family life/sex education for 4th and 5th grade children. Data were collected during November and December, 1991, from parents whose 4th and 5th grade children attended two public schools in Northern California. There were no control groups and no interventions were performed. All participants were informed that their participation was voluntary.

The Sample

Participants included parents of 4th and 5th grade students attending two rural public schools in Northern California. Parents from all 227 households with 4th and 5th graders enrolled in the district during the month of November, 1991, were asked to participate in the study. The number of single parent households in the population was not available from review of existing school records. The convenience sample allowed for a large number of parents to be surveyed in a limited amount of time.

The total sample consisted of 69 parents; 26 participants identified themselves as parents of 4th graders and 43 participants identified themselves as parents of 5th graders. The sample included mothers, fathers, and other family members who identified themselves as parents on the questionnaire. The sample contained participants who answered the questionnaire in English, and those who answered the Spanish version of the questionnaire. Consent for participation in the study was obtained by a consent letter which was mailed to parents with the family life education questionnaires (Appendix A).

The Instrument

The data collection tool used in the study was a family life education questionnaire developed by the researcher (Appendix B). The researcher utilized her experience as a school nurse and school family life educator to develop the content of the instrument. The most current California Health Instruction Framework guide (California Department of Education, 1985) and CDC Guidelines for Effective School Health Education to Prevent the Spread of AIDS (U.S.DHHS, 1988) and published studies investigating parental attitudes were utilized in tool development (Alexander, 1984; Huston, Martin, & Foulds, 1990; Seymour, 1988; Silverstein & Buck, 1986). Six school nurses from three local school districts, ten elementary school teachers, two administrators from the district surveyed, and two university nursing professors provided input on the content and question structure of the tool prior to implementation.

In order to increase participation from Spanish-speaking parents in the district, the tool was translated into Spanish by a certified bilingual teacher (Appendix B). The translation was verified by a bilingual professor prior to use (Appendix C). Because of time limitation the tool was not back translated into English to check the reliability of the translation. The readability score of the tool as determined by computerized analysis using Flesch-Kincaid tests was 7th grade level and was acceptable for most readers (Grammatik Mac, 1990).

There were 15 items on the family life education questionnaire (Appendix B). Item 1 listed the ages and numbers of male and female children in the home. Item 2 indicated the relationship of the respondent to the child. Item 3 and item 6 investigated who parents believed provides their children with family life/sex education and who discusses sexuality issues outside of the school setting.

Item 4 on the family life education questionnaire investigated attitudes of parents regarding which sex education topics they believed should be presented to their children in 4th and 5th grade school family life classes (Appendix B). Parents selected topics from a list of possible topics, and were given the opportunity to add topics to the survey form. Parents were encouraged to provide explanations of why each topic should be included or excluded. Item 5 asked parents if they wanted boys and girls separated from each other during classes on all, some, or none of the topics. Items 7 and 8 examined parent willingness to attend classes to improve parent-child communication about human sexuality. The final item (item 15) enabled parents to provide any additional comments in open-ended responses (Appendix B).

The remaining items on the questionnaire provided the researcher with demographic data from the sample. Item 9 ascertained the name of the school attended by the 4th or 5th grade child. Item 10 asked parents which language they used most at home when talking with their child. Items 11, 12, and 13 provided the researcher with data on parental age, work status, and education level. Item 14 asked if the child qualified for free or reduced price lunch program. In California, the family income eligibility guidelines are determined by the state and families with gross annual incomes less than \$23,495 for a family with 1-4 children qualify (Mattish, J., personal communication, October 7, 1991.)

Data Collection and Analysis Procedures

Prior to data collection, the Superintendent of the school district gave permission to conduct the study (Appendix D). San Jose State University's Human Subjects Institutional Review Board also gave approval for the study (Appendix E). In November, 1991 two copies of the family life education questionnaire, a consent letter, and a stamped return envelope were mailed to the homes of every 4th and 5th grade student in

the school district. The consent letter explained that participation in the study was voluntary and notified parents of their rights regarding their participation (Appendix A).

Because of the sensitive nature of the contents, the survey was conducted by mail anonymously in order to encourage participation from parents. Spanish family life education questionnaires were sent to homes previously identified as having families whose primary home language is Spanish (as determined by review of the Home Language Survey included in each student's school record). All data were collected during November and December, 1991. Descriptive statistics were used to analyze the data.

Chapter 4

FINDINGS AND INTERPRETATION OF THE DATA

The purpose of this study was to identify parents' attitudes regarding family life/sex education for their 4th and 5th grade children. This information is needed to develop comprehensive health education programs which extend beyond classrooms into students' homes and include parents as family life educators. Findings of the study will be presented in two sections using tables and discussion.

Demographic characteristics of the sample

Parents from all 227 households who had 4th and/or 5th graders enrolled in the district were asked to participate in the study. The sample included all participants who identified themselves, on the family life education questionnaire, as parents of 4th and 5th grade students enrolled in two elementary schools in Northern California. Of the 69 subjects who responded to the questionnaire, 62% were parents of 5th grade children ($n=43$) and 38% of the participants were parents of 4th grade children ($n=26$). These 69 participants represented 62 households as there were 2 respondents from 7 of the households. Of the 227 households on the original mailing list, surveys were returned from 62 households for a net return rate from households of 27%.

The distribution of demographic characteristics of the sample by gender of child, parental role, predominant home language, parental age, work status, education, and family income level is presented in Table 1. The table presents data gathered from items 1, 2 and items 9 through 14 on the family life education questionnaire.

Table 1
Demographic Characteristics of the Sample (N= 69)

Gender of 4th or 5th Grade Child	<u>n</u>	%
Male	32	46*
Female	34	49*
Unknown	3	4*
Parent Who Responded	<u>n</u>	%
Mother	47	68*
Father	12	17*
Other Family Member	3	4*
Both Father & Mother	6	9*
Unknown	1	1*
Predominant Home Language	<u>n</u>	%
English	64	93
Spanish	4	6
Both English/Spanish	1	1
Age of Respondents	<u>n</u>	%
Under 30 years of age	3	4
30-39 years	40	58
40-49 years	15	22
Above 50 years	2	3
Unknown	9	13
Respondent's Work Status	<u>n</u>	%
Works Full-time	26	38
Works Part-time	17	25
No Work Outside Home	25	36
No response	1	1
Education of Respondents	<u>n</u>	%
12th Grade or less	31	45
Some College	14	20
College Degree	14	20
Advanced Degree	8	12
No response	2	3
Family Income Level	<u>n</u>	%
Qualifies Free/Reduced Lunch	15	22
Not Free/Reduced Lunch	52	75
Unknown	2	3

*Category percents may not total 100% because of rounding off to nearest %

Table 1 shows 34 parents of female children in 4th or 5th grade (49%) and 32 parents of male children (46%) responded to item 1 on the survey which assessed gender and ages of children in the home. Item 2 asked respondents their relationship to the 4th or 5th grade child. Forty-seven of the respondents (68%) were mothers. The sample included 12 fathers (17%) and 3 other family members such as aunts and grandparents (4%). The relationship of parent respondent to child was unclear in the remaining 7 participants (10%), because no response was given ($n=1$) or both "mother" and "father" were selected ($n=6$). It is unclear from review of district records which households have mothers only, fathers only, or both mothers and fathers present. It is unknown if the sample is representative of the district population for role of parent who responded.

Item 10 on the questionnaire asked parents to identify the language they used most when talking with their children at home. Table 1 shows the predominant language used in 64 participants' homes was identified as English (93%), and Spanish was predominant in 4 participants' homes (6%). During the months of data collection, 49 households with 4th and 5th grade students enrolled in the district (21%) were identified (by review of students' records) as having parents whose predominant language was Spanish. However, the response rate of primary Spanish-speaking parents was only 6% which shows the sample underrepresented Spanish-speaking parents. The tally of Spanish questionnaires ($n=3$) excludes one questionnaire which was a questionnaire in English from a participant who stated Spanish was the predominant home language.

Item 11 on the family life education questionnaire asked respondents to state their ages. The respondents ranged from 27 to 65 years of age. The mean age of the respondents was 37 years. Table 1 shows that 40 parents (58%) were 30-39 years old.

Data from the population on parental age is unavailable. It is unclear if the sample is representative of parental age for the population of parents in the district.

Item 12 on the survey asked parents if they worked outside of the home. Table 1 shows a majority of parents (62%) responded that they do work outside of the home. Twenty-six parents (38%) work full-time and 17 parents (25%) work part-time. Twenty-five parents (36%) do not work outside of the home. The researcher is unable to determine if the sample is representative of the district's population for this variable.

Item 13 on the family life education questionnaire asked parents to identify the highest grade they completed in school. Table 1 also shows 36 parents surveyed (54% of those who responded) had some college education or a college degree or advanced degrees. Thirty-one parents (45% of those who responded) had no college education (had 12 years or less of school). The level of education was not identified by 2 parent participants (3%). It is unknown if the sample is representative of the parent population in the school district for educational level.

Item 14 asked respondents if their children qualified for the free or reduced price school lunch program. Review of data obtained from item 1 on the survey revealed that the number of children listed by parents who qualified for free/reduced price lunch ranged from 1 to 4 children per household. Data on family income can be inferred from the responses on items 1 and 14. Based on California lunch program guidelines, annual family incomes for respondents whose children qualified for free or reduced lunches ranged from \$0 to \$23,495 (Mattish, J., personal communication, October 7, 1991.) Table 1 shows 15 parents (22%) reported their children qualified for the free or reduced lunch program and

Table 2

**Frequency Distribution of Parents Who Chose to Include Topics
in School Family Life Education Classes (N=69)**

Family Life Education Topic	Agreed to Include	
	n	%
Peer Refusal	63	91
Hygiene	63	91
AIDS	61	88
Communication Skills	60	87
Female Reproductive Anatomy	60	87
Male Reproductive Anatomy	59	86
Menstruation	58	84
Steps in Making Decisions	56	81
Human Reproduction	54	78
Immune System	52	75
Sexually Transmitted Diseases	48	70
Abstinence	47	68
Pregnancy	42	61
Birth Control	42	61
Sexual Intercourse	38	55
Birth, Labor & Delivery Process	37	54
Masturbation	34	49
Homosexuality	30	44
Abortion	26	38

52 parents (75%) stated their children did not qualify for the free or reduced price school lunch program. It is unknown if the sample is representative of the district population in regards to families who qualify for free or reduced price lunches.

Findings on Family Life Education Topics from the Questionnaire

A summary of the findings from item 4 of the family life education questionnaire is presented in Table 2. Item 4 asked parents to identify all topics they believed should be included in a school family education program for 4th and 5th grade students. Parental response favoring inclusion of topics varied for each of the 19 proposed topics. Peer refusal skills and hygiene were the topics parents favored most (91% each), while abortion was the topic least favored by parents (38%). Only three topics were considered by less than half of the parents as acceptable for inclusion in 4th and 5th grade family life/sex education classes: masturbation (49%), homosexuality (44%), and abortion (38%). It is of interest to note that although the topic AIDS had a high percent of parental approval (88%), abstinence had only 68% parental approval.

Table 3 shows the frequency with which parents chose to include family life topics in school sex education programs. The mean number of topics parents agreed to include was 13 topics. Thirty-five parents (51%) agreed to include 15 or more of the family life education topics in 4th and 5th grade sex education classes. Five parents (7%) agreed to include from 0 to 4 topics in school family life/sex education classes. Of these parents, 1 parent (1%) did not agree to the inclusion of any of the proposed topics in 4th or 5th grade classes. The reason given by this parent was that family life education topics should be discussed in the home only.

Table 3**Distribution of Parents by Number of Topics Approved N=69**

Findings on Analysis of Parent Comments

Twenty-six parents (38%) listed their reasons for inclusion or exclusion of a particular family life topic on item 4. Findings are presented in Tables 4 and 5. Using qualitative content analysis techniques, parents' comments were analyzed and were coded according to reasons given to exclude or to include topics. Some parents' questionnaires contained comments which recommended both inclusion and exclusion of topics, depending on the topic.

Parents' attitudes about the inclusion of topics varied by topic. Of the 26 parents who commented on item 4, 8 parents (31%) provided comments about including topics in classes. Findings are presented in Table 4. Topics identified by those parents as very important topics to include were: abstinence, AIDS, communication skills, peer refusal skills, and steps in making decisions. These topics all had high parental approval rates (above 80%) in the whole sample ($N=69$) with the exception of abstinence. Only 47 parents chose to include abstinence in 4th and 5th grade family life education classes (68%).

Five parents added additional topics they believed should also be included in school family life education classes for their 4th and 5th grade children. These topics included: child abuse prevention; advertising and its effects on sexual behavior; exploring human relationships and feelings; and, building self-respect.

Table 5 shows the frequency of responses from parents who gave reasons to exclude family life education topics. The data in Table 5 includes one respondent who stated all topics should be excluded from school because all topics were for home presentation only. Some parents believed children were too young to receive information

Table 4

Frequency of Inclusion of Topics by Categories for Parents (n=8)

INCLUDE TOPIC CATEGORY	FAMILY LIFE TOPICS	FREQUENCY* n	%
Topic should be emphasized	Abstinence	4	50
	AIDS	2	25
	Communication Skills	2	25
	Peer Refusal Skills	2	25
	Steps in Making Decisions	1	13
Unsure of how topic will be presented	Abortion	2	25
	Birth, Labor & Delivery	2	25
Provide information only, do not promote behavior	Homosexuality	2	25
Include additional topics listed	Child Abuse Prevention	2	25
	Role of Sex in Advertising	1	13
	Exploring Human Relationships	1	13
	Self-respect	1	13

*Since some parents provided comments on more than one topic, totals of frequencies per type of response do not equal total (n=8) of parents who responded.

Table 5

Frequency of Exclusion of Topics by Categories for Parents (n=26)

EXCLUDE TOPICS CATEGORIES	FAMILY LIFE TOPICS	FREQUENCY n	%	EXCLUDE TOPICS CATEGORIES	FAMILY LIFE TOPICS	FREQUENCY n	%
Topic for home only	Abortion	3	12	Child too young	Abortion	12	46
	Masturbation	3	12		Sexual Intercourse	10	38
	Sexual Intercourse	3	12		Birth Control	9	35
	Birth Control	2	8		Birth/Labor/Delivery	9	35
	Homosexuality	2	8		STDs	9	35
	Menstruation	2	8		Homosexuality	8	31
	Pregnancy	2	8		Pregnancy	8	31
	STDs	2	8		Masturbation	5	19
	Abstinence	1	4		Human Reproduction	2	8
	AIDS	1	4				
	Female Anatomy	1	4	Topic Against Beliefs	Masturbation	5	19
	Male Anatomy	1	4		Abortion	4	15
	Birth/Labor /Delivery	1	4		Homosexuality	4	15
	Communication Skills	1	4		Birth Control	1	4
	Human Reproduction	1	4		Birth/Labor/Delivery	1	4
	Hygiene	1	4		Pregnancy	1	4
	Immune System	1	4		Sexual Intercourse	1	4
	Peer Refusal Skills	1	4		STDs	1	4
	Steps to Decisions	1	4				
	Male Anatomy	1	4				
Objects to Topic				Unsure of Topic Terminology or Presentation	Sexual Intercourse	3	12
					Abstinence	1	4
					Abortion	1	4
					Steps to Decisions	1	4

*Since some parents provided comments on more than one topic, totals of frequencies per type of response do not equal total (n=26) of parents who responded.

on some topics. Other reasons given by parents to exclude topics were: parent objected to topic itself, the topic was against parents' personal or religious beliefs, or parents were unsure of topic terminology or of how topic would be presented. When adding the responses to each topic presented in the five topic categories in Table 5, some topics received comments from a majority of the parents who commented. Parents had the strongest objections to abortion, sexual intercourse, homosexuality and masturbation.

Findings Regarding Separating Boys and Girls for Family Life Classes

Parents were asked in item 5 if they believed boys and girls should be separated for family life education classes. The summary of parents' responses to this question are shown in Table 6. Twelve parents (17%) believed boys and girls should not be separated for family life classes. Twenty-six parents (38%) believed boys and girls should be separated for all family life classes. Of the 28 parents (41%) who responded that boys and girls should be separated for some topics, 20 parents (71%) listed four topics most frequently. These four topics were: menstruation ($n=11$), male and female reproductive anatomy ($n=9$), and masturbation ($n=7$). Four parents (14%) who chose to separate children for some topics did not list particular topics, they only stated children should be separated for topics which could embarrass them.

Findings on Parental Interest for Parent Training

Parental attitudes regarding interest for parent training in family life education were investigated. Item 7 asked parents if they would attend a class, for parents only, on how to talk to each other about sex. Item 8 asked parents if they would attend a class with their child on how to talk parent to child about sex. The findings are presented in Table 7.

Table 6

Parents' Responses Regarding Separating Boys and Girls for Family Life Education
Classes (N=69)

Parent Response	Frequency	
	n	%
No response to question 5	3	4
Do not separate boys and girls for ANY topics	12	17
Separate boys and girls for ALL topics	26	38
Separate boys and girls for SOME topics	28	41
Separate for Abortion topic	2	7*
Separate for Abstinence topic	3	11*
Separate for AIDS topic	1	4*
Separate for Female Reproductive Anatomy	9	32*
Separate for Male Reproductive Anatomy	9	32*
Separate for Birth Control	6	21*
Separate for Birth/Labor/Delivery	2	7*
Separate for Communication Skills	1	4*
Separate for Decision-making	0	0*
Separate for Homosexuality	2	7*
Separate for Human Reproduction	4	14*
Separate for Hygiene	4	14*
Separate for Masturbation	7	25*
Separate for Menstruation	11	39*
Separate for Peer Refusal Skills	2	7*
Separate for Pregnancy	2	7*
Separate for Sexual Intercourse	5	18*
Separate for Sexually Transmitted Diseases	2	7*
Separate, but did not list any particular topics	4	14*

*Frequency percents for this column are based on n=28.

Table 7

Frequency of Parents Interested in Training Class for Sex Education N=69

Type of Training	Would Attend Class		Would Not Attend Class		No Response	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
Parent Training for parents only	49	71	14	20	6	9
Training for Parents and Children Together	46	67	16	23	7	10

Most of the respondents favored parent training classes, and classes for parents only were more acceptable to parents (71%) than training with parents and children together (67%). In addition, four parents commented that they would like to receive more materials and parent training from the school district so they could provide their own family life education for their children. However, parent training classes were not acceptable to all parents. Fourteen parents (20%) said they would not attend training for parents only, and 16 parents (23%) stated they would not attend a class with their child on how to talk to each other about sex.

Findings on Who Parents Believed Provide Family Life Education

Parents were asked two questions to assess who they believed provided family life education to their 4th and 5th grade children. Item 2 on the questionnaire asked parents to identify the primary source of family life/sex education for their children. Item 6 asked parents to identify all family members who talk with their children when there are questions about sexuality. Findings from these two questions are found in Table 8.

Table 8

Who Parents Believe Provide Family Life Education (n=69)

Question	Person or Group Identified	Frequency*	
		n	%
List primary source of family life education	Mother	56	81
	Father	4	6
	Both Mother & Father	25	36
	School	7	10
	Aunt	2	3
	Grandparents	1	1
	Unknown	3	4
List all family members who talk with child about sexuality questions	Mother	62	90
	Father	50	72
	Older sister	8	12
	Grandmother	6	9
	Aunt or uncle	5	7
	Older brother	2	3
	Clergymen	2	3
	Step-father	1	1
	Step-mother	0	0
	Grandfather	0	0
	No one	0	0

*Frequencies do not total sample (n=69) because some parents identified more than one source of information for their children.

Fifty-six mothers (81%) were identified as the primary source of family life education. Mothers were identified more often than fathers, other family members, peers, or the school. Both mother and father were identified as the primary source of information by 25 respondents (36%). Seven parents (10%) identified the school as the primary source of family life education for 4th and 5th grade children. Three parents (4%) stated they do not know the primary source of family life education for their children. No parents identified peers or children's friends as sources of sexuality information. When asked to select all family members who talk to children about sexuality, mothers were most frequently identified (90%). Fathers were identified less frequently (72%) than mothers as sources of family life education in the home. In addition, respondents identified other female family members as sources of family life education in the home. Eight respondents believed children talked to older sisters (12%) about questions on sexuality and six respondents selected grandmothers (9%) as sources of information. Five respondents selected aunts and uncles (7%) and two selected members of the clergy (3%) as sources of information.

Summary of Findings

Parents believed that they were the primary source of family life education for their 4th and 5th grade children. Many of the parents surveyed were in favor of including most of the family life education topics in a school program. However, a majority of parents identified three topics (masturbation, homosexuality, and abortion) they felt should not be included in 4th and 5th grade family life/sex education classes. The reasons most often given to exclude any topic were: the child was too young to receive information about the topic, the topic was against personal or religious beliefs, or the parent was unsure of the topic or unsure of how the topic would be presented in class.

Chapter 5

DISCUSSION

Summary of Study

This chapter contains the conclusions, recommendations, and limitations for this study. Implications for school nursing practice are also proposed. The purpose of this descriptive study was to investigate current parental attitudes regarding family life/sex education for their fourth and fifth grade children. Bandura's social cognitive theory (SCT) was used as the conceptual framework for exploring parents' attitudes toward family life education. SCT seeks to understand the reciprocal relationship between learners, their behavior, and their environment. Parents, teachers, and school nurses must coordinate their efforts to provide effective family life/sex education programs. The belief that school nurses who utilize parents as models can lead students toward responsible sexual behavior guided this study.

The data collection instrument was the family life education questionnaire developed by the researcher. The questionnaire was translated into Spanish to encourage Spanish-speaking parents to participate. The questionnaire asked parents to identify topics to include in family life/sex education classes for their 4th and 5th grade children. Family life surveys were mailed to parents to ascertain who they believe provides family life/sex education to their children. The study also explored parental interest in attending parent training classes.

Conclusions

The sample population consisted of 69 parents of 4th and 5th grade children who attended a small rural school district in Northern California. Results from this study indicated that two-thirds of the respondents were mothers. Most of the respondents were

30-49 years of age for whom English is their primary language. The sample also included fathers, aunts, and a grandparent. This sample supports the belief that American families are changing and if schools want to promote parental involvement they must acknowledge the strengths, weaknesses and capabilities of all kinds of families (Epstein, 1988). The data indicated that female caregivers provide most of the family life education children receive in the home. This finding is consistent with other studies which show mothers most often provide health or sex education (Baldwin & Davis, 1989; Huston, Martin, & Foulds, 1990; Louis Harris and Associates, 1986; Seymour, 1988; Warren & Neer, 1986).

Findings indicated that most parents believed they were the primary source of family life education for their 4th and 5th grade children. Some parents also identified other family members (older siblings, grandparents, aunts) who were active family life educators. These family members were also identified in Seymour's (1988) survey of parents as providing sex education. Depending on who is asked, conflicting reports are available that identify the primary sources of sexuality information for children. Many parents and teenagers reported that parents were the most important source of sexuality information (Alexander, 1984; Louis Harris and Associates, 1986; Seymour, 1988). But when parents and teenagers were surveyed about the amount of family life education in the home, many parents and teenagers reported parents communicated about sexuality topics less than was needed (Alexander, 1984; Huston, Martin, & Foulds, 1990; Louis Harris and Associates, 1986; Warren & Neer, 1986). Other experts on sexuality education identify peers and the media as primary sources of sex education for children (Kirby, 1984; Strouse & Fabes, 1985; Warren & Neer, 1986). In this study, no respondents identified peers or media as sources of sex education.

Parents' belief that they are the primary source of family life/sex education for children may not be supported by all school personnel. A survey of teachers and a survey of school administrators found that some of the respondents did not believe teaching about sexuality is the primary responsibility of parents (Reis & Seidl, 1989; Titus, Gingles, & Kanter, 1992). Conflicting viewpoints on the role of parents in providing this valuable information must not be overlooked when developing school sex education programs.

In this study, parents expressed a wide range of opinions on which topics should be presented to 4th and 5th grade children in school family life classes. Almost one third of the parents agreed to the inclusion of all 19 proposed family life education topics. More than three quarters of the parents agreed to topics which involve safe, nonmoral judgment with limited emotional values attached. Topics included in this group were: hygiene, peer refusal skills, AIDS, communication skills, male and female reproductive anatomy, menstruation, and decision-making skills. Two topics which are generally considered more traditional topics (peer refusal skills and hygiene) were the topics that parents most often approved of including in the school program.

This survey's findings were compared to findings from other published studies of parental attitudes regarding sex education for elementary school-aged children. The same topics approved by parents in this study, with the exception of AIDS, were most frequently discussed between parents and 5th graders (Seymour, 1988). AIDS as an individual topic was not mentioned on any previously found survey tool of elementary school-aged sex education programs. The age of available research may have accounted for differences in some findings when compared to current findings, and the omission of AIDS as a topic. The topics highly favored by parents in this survey were also overwhelmingly supported in Silverstein and Buck's (1986) survey. Although a majority

of parents of 7th and 8th grade students favored including most topics in Alexander's (1984) study, only two topics received a high approval rating. The only topics which received approval from at least three quarters of the parents in Alexander's (1984) study were puberty and venereal disease.

Topics from the family life education questionnaire that detailed more individual practice and personal or moral judgment were less likely to be included by parents in family life classes. This could be one reason for the disparity between the high approval rates for AIDS and lower approval rates for abstinence. As sensitive behavioral topics moved from no sexual practice (abstinence) to other sexual activities (masturbation, homosexuality, and sexual intercourse), the parental inclusion rate dropped. Alexander (1984) found similar trends in her data and proposed two possible reasons. First, she proposed that parents believe some sexuality topics require specific, technical information and the school may be better prepared to provide this information. Second, many family life topics are rooted in value issues and parents want the opportunity to communicate their personal values to their children with less school involvement.

Similar trends in the data were seen in this survey when parents selected topics which examined consequences of sexual behavior. Parents approved of including birth control as a topic more often than other consequences of sexual activity. Pregnancy and birth were viewed as more acceptable alternatives than abortion, which was viewed as the least acceptable topic. Of all the outcomes to sexual activity included in the data, only abortion was not approved by more than half of the parents surveyed for inclusion as a topic in the school program. The trend in the findings on these topics were similar to trends noted in Silverstein and Buck's (1986) survey. Alexander's (1984) findings differed

in that abortion, pregnancy, childbirth and birth control all received approximately two-thirds parental approval.

In this survey, a majority of parents selected three topics (masturbation, homosexuality, and abortion) that were not acceptable for inclusion into the fourth and fifth grade classes. In contrast, none of these topics, mentioned in Silverstein and Buck's (1986) survey, received less than a majority of parental approval. On the family life education questionnaire, some parents gave reasons to include or to exclude topics. The most often reason given to exclude a topic was that the child was too young for the information. Parents of 6th graders in Silverstein and Buck's (1986) survey often reported that they did not disagree with the content of a topic, but that they felt it was not age-appropriate. In Alexander's (1984) study parents often chose to introduce most topics in school sex education programs beginning in grades 7-9. These findings are in contrast to sex education experts beliefs that the ideal time for parents to introduce all sex education topics is when children are between the ages of 10-13 (Kirby, D., personal communication, April 16, 1991; Warren & Neer, 1986).

A few parents chose to exclude the following topics because they were unsure of the topic terminology or unsure of how the topic would be presented in class: steps in making decisions, abstinence, sexual intercourse, and abortion. One parent chose to exclude all topics from a school program because the parent believed all sexuality topics should be taught only by parents in the child's home. These comments express true parental concerns which would need to be adequately addressed before implementing any school family life education program.

More than three quarters of the parents surveyed believed that boys and girls should be separated for some or all of the family life classes in 4th and 5th grade. Only

one other study of parental attitudes regarding elementary school sex education was found when parental preference regarding segregation of boys and girls was investigated (Silverstein & Buck, 1986). This finding is consistent with previously published research (Silverstein & Buck, 1986). Reasons parents chose to segregate school family life classes were not sought in this study.

At least two-thirds of the parents surveyed expressed interest in attending parent training classes to enable them to provide effective family life education for their children. Perhaps parents do not feel adequately prepared for their role as family life educators. Other research has shown that parents often express interest in parent training programs for sex education, and children can benefit from improved parent-child communication on sexuality topics (Alexander, 1984; Bundy & White, 1990).

Scope and Limitations

The major advantage of a descriptive survey is that it can describe the prevalence or incidence of a phenomenon or estimate the value of a phenomenon for a population (Woods & Catanzaro, 1988). This design was useful because little is known about parents' attitudes regarding sex education for elementary school-aged children. The scope of the study was limited to the parents of 227 students enrolled in 4th and 5th grades at two schools in rural areas of Northern California.

One of the limitations of the study is the convenience method of sample selection which may skew external validity of the findings. The small sample size of $N=69$ from the 454 surveys distributed to the parents of 227 students limits generalizability of the findings to other parents outside of the school district. The small percentage of parental response may have been due to the sensitive nature of the survey material. Given the limited parental response noted in this study, it is possible that parents who do not provide family

life/sex education to their children also would not agree to participate in the study. Additionally, some of the parents may have not expressed their true opinions and attitudes because of embarrassment, personal privacy or other personal reasons. Misrepresentation of this group in the sample would result in findings which may not fully represent parents' attitudes.

Another limitation of the study is that parents with Spanish as their predominant language were underrepresented in the sample. The limited participation of Latino Spanish-speaking parents in the survey limits the generalizability of the findings to other non-Anglo cultural groups. Little is known on the effectiveness of various surveying methods in obtaining participation from Latinos when studying sensitive, personal topics (Marín & Marín, 1989). Perhaps the anonymous written survey method of data collection led to the limited participation of Spanish-speaking parents. This research method may have seemed impersonal to Latino and Anglo parents alike. Although the anonymous, written survey may decrease self-consciousness in respondents and increase their participation in exploring sensitive material, this method may not be as effective as face-to-face interviews in obtaining personal data (Woods & Catanzaro, 1988).

Another limitation in the study was the terminology used to describe family life education concepts. It has been found that the terminology used to describe topics can affect parental response to those topics (Silverstein & Buck, 1986). The terminology used in the family life questionnaire may have been difficult to understand and would therefore have hindered participation from some low literate Spanish reading or English reading parents. The terminology to describe proposed family life topics did not describe what would be taught nor the proposed method of teaching the topic. The omission of this information may have led to altered rates of parental approval for individual topics.

Another limitation of the study was the validity of the survey tool. The study would need to be replicated with other parents of 4th and 5th grade students to determine the validity of the family life education questionnaire.

Additional limitations in the study were related to limited access to information about the school district's parent population. It is unclear if the sample was representative of the district population for age, role of parent who responded, education, or family income level. Also, since the religious preference of parents who responded was not solicited, it is unclear what effect this variable had on parents' attitudes regarding family life education. Additional studies which investigate these variables and their relationship to parental attitudes are needed.

Recommendations

Several recommendations were generated from this descriptive study. First, further and more extensive research to support the findings of this study is needed. School districts should routinely conduct surveys of parents to determine what topics parents want included in school sex education programs, and to determine when topics should be introduced (Alexander, 1984). Studies which specifically address parent knowledge and understanding of the terminology used in family life education would provide further insight into parental attitudes toward and knowledge about family life education. More studies which investigate possible relationships between parents' attitudes and actual behavior as family life educators are needed. Longterm studies which explore the relationship between parents' attitudes and participation in sex education and teenage sexual behavior would further expand the knowledge needed to implement effective educational programs.

Studies are also needed which further address the attitudes, practices, and needs of non-Anglo cultural groups. The effects of culture on parenting and on communication cannot be overlooked. Studies which utilize various surveying techniques to encourage Latino parents to share their attitudes with researchers should be conducted and reported in scientific literature.

Second, school districts should actively recruit and train parents to provide family life education for their children. Parents are valuable resources of family life education information and values clarification for children. If lines of communication between parent and child are not functional prior to initiation of teen sexual behavior, teenagers will continue to receive misinformation or no information at all about their sexual health. Ineffective methods of family life education will continue to be criticized by parents, teenagers, and by sex education experts. Ineffective family life education practices used by parents, school teachers, school nurses, and community leaders will have little or no effect on decreasing the rates of teenage pregnancy and sexually transmitted diseases.

Implications for School Nursing Practice

School nurses report that although they feel well-prepared to perform pregnancy or sexually transmitted disease prevention activities, they seldom participate in these activities in the school setting (Kobokovich & Bonovich, 1992). With soaring pregnancy and STD rates among teenagers, developing and implementing effective family life education programs in schools should be a priority for school nurses. Nurses need to lobby parents, school administrators, school boards, and departments of Education to require inclusion of mandatory family life and AIDS education programs beginning in elementary school. "Too little, too late" has been the accepted practice for family life education in most school districts and our children have suffered because of this practice.

Parent participation in curriculum selection and the ongoing evaluation of family life education methods and materials should be sought by school nurses.

Parents are in favor of including most topics in elementary family life education programs. Effective parent education programs to enable parents to teach their children about family life education topics will benefit children. Parents have expressed interest in attending parent family life education classes. School nurses should develop and implement parent training programs as an integral part of the school family life education program. School nurses who team with parents to provide family life education to children will have greater success in assisting children to make responsible choices about their health. With full participation from parents as family life educators, parents may support the inclusion of an increased number of topics in 4th and 5th grade family life education classes.

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APPENDIX A
Consent Letter (English/Spanish)

A campus of The California State University

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX: 408/924-3135

November 19, 1991

Dear Parent:

As your school nurse and graduate student at San Jose State University, I need your help in conducting a study of the attitudes of parents regarding family life/sex education of 4th and 5th grade students. The results of the study should increase our understanding of the role of parents and of schools in providing this instruction to students. Attached is an anonymous survey about what and how you feel 4th and 5th grade students should be taught regarding family life education. Do not put any identifying information (i.e. your name) on the survey. When you have completed the survey, return it to the school in the envelope provided or drop it in the sex education survey collection box in the school office.

You should understand that your participation is voluntary and that choosing not to participate in this study will not affect your relations now or in the future with Aromas-San Juan Unified School District or with San Jose State University. There are no direct benefits to you for your participation. No risks to you are anticipated if you choose to participate. You may decline to answer any question or questions or, indeed may withdraw from the study at any time without prejudice to your relations with the Aromas-San Juan Unified School District or San Jose State University.

The results of this study may be published and may be shared with school staff, school board members, and interested parents of the Aromas-San Juan Unified School District. Any information that could inadvertently result in your identification will remain confidential.

Any questions you may have about your participation in this study will be answered by Anita Gallardo at (408) 623-4538. Any complaints about the research procedures may be presented to Dr. Virgil Parsons, Chair of the Nursing Department at San Jose State University, (408) 924-3130. For questions or complaints about research subject's rights, you may contact Serena Stanford, Ph.D., Associated Academic Vice President for Graduate Studies and Research at (408) 924-2480.

By completing and sending in the survey, you acknowledge your participation in this study. You may keep this letter of information.

Sincerely,

A handwritten signature in cursive script that reads 'Anita Gallardo'.

Anita Gallardo, R.N., B.S., School Nurse Aromas-San Juan School District
Master's Candidate, Dept. of Nursing, San Jose State University

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130 • FAX: 408/924-3135

Noviembre, 1991

Estimados Padres:

Como su enfermera escolar y estudiante en La Universidad de San Jose, necesito su ayuda para estudiar las actitudes de los padres sobre la educación de la vida familiar. Los resultados del estudio deben aumentar el entendimiento de los funciones de los padres y la escuela para proveer esta instrucción a los estudiantes. El cuestionario que le estamos incluyendo es acerca de como uds. se siente respecto la educación de la vida familiar que deben enseñarse a los niños de cuarto y quinto grados. Este cuestionario es anónimo. Uds. no tienen que poner su nombre ni informacion que puede identificarles. Cuando completen el cuestionario, devuelvalo a la oficina de la escuela.

Su participación en este estudio es voluntario y si uds. no eligen participar, su relación con el distrito escolar de Aromas-San Juan ni su relación con la universidad no se verá afectada. No existe beneficios directo por su participación. No hay riesgos si eligen participar. Uds. pueden negarse a contestar cualquier preguntas en cualquier momento y dejar de participar sin prejuicio a sus relaciones con el distrito escolar de Aromas-San Juan ni La Universidad de San Jose.

La información que dan es confidencial. Esta información será utilizada para propositos científicos y será publicada o compartida en una forma en el cuál su niño/a y uds. nunca serán identificados como individualmente.

Cualquier preguntas que uds. tengan sobre su participación en este estudio, será contestada por Anita Gallardo, quiere puede llamar a siguiente teléfono (408) 623-4538. Cualquier queja sobre los procedimientos del estudio, pueden ser dirigidas al Dr. Virgil Parsons, Chair of the Nursing Department en La Universidad de San Jose (408) 924-3130. Para pregunta o queja sobre los derechos de personas participando en este estudio, pueden comunicarse con Serena Stanford, Ph.D. Associated Academic Vice President for Graduate Studies and Research, (408) 924-2480.

Cuando completen y devuelvan el cuestionario, se reconoce su participación en este estudio es voluntaria. Una copia de esta consentimiento es para uds.

Sinceramente,

A handwritten signature in cursive script, appearing to read 'Anita Gallardo'.

Anita Gallardo, R.N., B.S., Enfermera Escolar del Distrito Aromas-San Juan.
Master's Candidate, Dept. of Nursing, San Jose State University

APPENDIX B
Family Life Education Questionnaire
(English/Spanish)

1. List the ages of the children living in your home.
Boys' Ages: _____, _____, _____, _____ Girls' Ages: _____, _____, _____, _____

2. What is your relationship to the 4th or 5th grade child?
father _____ mother _____ other (who?) _____

3. Who is the primary source of family life/sex education for your child?
Choose one response only.
family member (who?) _____
school _____ peers (child's friends) _____
other person or group _____ I do not know _____

4. Which family life education topics should the school present to your children during 4th and 5th grades? CHECK all that apply. If you do not think a topic should be presented in class, write NO in space and explain why. Use the back of this page if you need more space.

Check
Here

Comments:

☐ Abortion	_____
☐ Abstinence	_____
☐ AIDS	_____
☐ Female Reproductive Anatomy
(name parts and how they work)	_____
☐ Male Reproductive Anatomy
(name parts and how they work)	_____
☐ Birth Control	_____
☐ Birthing, Labor and Delivery Process	_____
☐ Communication Skills
(how to talk/listen to others)	_____
☐ Steps in Making Decisions	_____
☐ Homosexuality	_____
☐ Hygiene	_____
☐ Human Reproduction	_____
☐ Immune System
(parts and how they work)	_____
☐ Masturbation	_____
☐ Menstruation	_____
☐ Peer Refusal Skills (saying "no" to friends)	_____
☐ Pregnancy	_____
☐ Sexual Intercourse	_____
☐ Sexually Transmitted Diseases	_____
☐ Other Topics (List Topics):	_____

5. Do you feel 4th and 5th grade boys and girls should be separated for school family life education classes? Check one response.

Separate boys and girls for all topics _____

Separate boys and girls for some topics (Name which topics) _____

Do not separate boys and girls for any topics _____

6. In your family, who talks with your child when there are questions about sexuality? Check all responses which apply.

mother _____ father _____

stepmother _____ stepfather _____

older sister _____ older brother _____

grandmother _____ grandfather _____

no one _____ other person (who?) _____

7. Would you attend a class for parents only at the school on how to talk to your child about sex? Yes _____ No _____

8. Would you attend a class with your child on how to talk to each other about sex? Yes _____ No _____

9. Which school does your 4th or 5th grade child attend?

Aromas School _____ San Juan School _____

10. Which language do you use most when talking with your child at home? Choose one response.

English _____ Spanish _____ Other (which one ?) _____

11. What is your age? _____

12. Do you work outside the home? Check one response.

work full-time _____ work part-time _____ No _____

13. What is the highest grade you completed in school? _____

14. Does your child qualify for the free/reduced school lunch program?

Yes _____ No _____

15. Additional Comments:

1. _____

2. _____

3. _____

Please place the survey in the envelope and return it to the school office.
Thank you for your participation.

Cuestionario Acerca de La Educación de La Vida Familiar

1. Haga una lista de las edades de sus niños en su hogar.

Edad de Muchachos: _____, _____, _____, _____

Edad de Muchachas: _____, _____, _____, _____

2. ¿Qué es su relación al niño/niña del cuarto o quinto grado?

padre _____ madre _____ otro (quién?) _____

3. ¿Principalmente, quién provee educación de la vida familiar/educación sexual a su niño/niña? Seleccione solamente una respuesta.

miembro de familia (quién?) _____

la escuela _____ compañeros/as de su niño/niña _____

otra persona o grupo _____ Yo no sé _____

4. ¿Cuáles temas de la educación de la vida familiar deben estar presentados en la escuela a sus niños/niñas de cuarto y quinto grado?

Responde "sí" o "no" a cada respuesta. Si responde "no" a cualquier de los temas, por favor explique por que. Si ud. necesita más espacio a responder usa el otro lado de este papel.

Sí	No		Explicación:
_____	_____	El Aborto	_____
_____	_____	Abstinencia	_____
_____	_____	Anatomía de la mujer (partes y funciones)	_____
_____	_____	Anatomía del hombre (partes y funciones)	_____
_____	_____	Control de natalidad	_____
_____	_____	Nacimiento y el proceso del parto	_____
_____	_____	Destrezas Comunicativas	_____
_____	_____	Haciendo Decisiones	_____
_____	_____	Embarazo	_____
_____	_____	Infecciones que pasan durante el sexo	_____
_____	_____	Higiene	_____
_____	_____	Homosexualidad	_____
_____	_____	Masturbación	_____
_____	_____	La regla	_____
_____	_____	El rehusar presión de pares	_____
_____	_____	Reproducción Humana	_____
_____	_____	SIDA	_____
_____	_____	Sistema de inmunidades	_____
_____	_____	Trato carnal	_____
_____	_____	Otros temas (cuáles?)	_____

5. ¿Cree ud. que los muchachos y muchachas del cuarto y quinto grado deben estar separados para las clases de la vida familiar? Seleccione solamente una respuesta.

Sí, separen los muchachos y muchachas para todos los temas _____

Sí, separen los muchachos y muchachas para algunos temas (Nombra cuáles temas): _____

No separen los muchachos y muchachas para ningún tema _____

6. ¿En su familia, con quién habla sus niños si tienen preguntas acerca de asuntos sexuales? Seleccione todas las respuestas que aplican.

padre _____ padrastro _____

madre _____ madrastra _____

hermano mayor _____ hermana mayor _____

abuelo _____ abuela _____

otro (quién?) _____

7. ¿Ud. le gustaría asistir a una clase para los padres en la escuela sobre como hablar con su niño/niña acerca de asuntos sexuales? Sí _____ No _____

8. ¿Asistiría ud. a una clase con su niño/niña sobre como hablar uno al otro acerca de asuntos sexuales? Sí _____ No _____

9. ¿Cuál escuela asiste a su niño/niña en cuarto o quinto grado?

Escuela de Aromas _____ Escuela de San Juan _____

10. ¿Cuál idioma habla con su niño/niña en casa? Elija una respuesta.

Espanol _____ Ingles _____ Otro (cual?) _____

11. ¿Cuál es su edad? _____

12. ¿Trabaja ud. afuera del hogar? Elija una respuesta.

Todo el tiempo _____ Parte del tiempo _____ No _____

13. ¿Hasta cuál grado cumplió ud. en la escuela? _____

14. ¿Califica su niño/niña para el programa de almuerzo gratis o precio reducido? Sí _____ No _____

15. Comentarios Adicionales:

1. _____
2. _____
3. _____

Por favor ponga el cuestionario en el sobre y devuélvalo a la oficina escolar.

Muchas gracias por su participación.

APPENDIX C
Translation Verification Form

SAN JOSE STATE UNIVERSITY FOUNDATION

VERIFICATION OF ACCURACY OF TRANSLATION

I, the undersigned, verify that the attached translated materials have been translated accurately to reflect the original language and intent of the English text.

Signed this 29th day of October, 1991.

James M. S. Silva

Signature

Associate Professor

Title

APPENDIX D
Approval by Superintendent
of the School District

Aromas - San Juan Unified School District

Telephone (408) 623-4500

David N. Evans
Superintendent

Lew Becker
Assistant Superintendent

P.O. Box 2000
San Juan Bautista,
CA 95045-2000
FAX (408) 623-4907

Ken Halla
Principal
Aromas School
365 Vega St.
P.O. Box 216
Aromas, CA 95004
(408) 726-5100
FAX (408) 726-3040

Steven Auen
Principal
San Juan Grammar
School
100 Nyland Dr.
P.O. Box 2000
San Juan Bautista,
CA 95045-2000
(408) 623-4538
FAX (408) 623-4907

Board of Trustees

Jean Zlotkin
Simone Morton
Michael Havens-Cook
Sandy Martin
Sylvia Rios Metcalf

November 6, 1991

Dr. Virgil Parsonns
Chair, Department of Nursing
San Jose State University
One Washington Square
San Jose, CA 95192-0057

Dear Sir:

As Superintendent of the Aromas-San Juan Unified School District, I wish to inform you of my intent to cooperate with Ms. Anita Gallardo in her research study.

Ms. Gallardo has my permission to conduct anonymous surveys with consenting parents to assess their attitudes and practices regarding sex education. I support Ms. Gallardo in this study because the information it will produce will enable us to evaluate our Family Life Curriculum. The research findings will help us plan parent education classes which will benefit our students.

I will assist Ms. Gallardo in achieving her goal of completing her research study. If you need additional information, please call me at (408) 623-4500 or (408) 623-4538.

Sincerely,

David N. Evans
David Evans
Superintendent

APPENDIX E
Approval by Human Subjects
Institutional Review Board

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Anita Gallardo, Nursing
18800 Rea Avenue
Aromas, CA 95004

From: Serena W. Stanford *Serena W. Stanford*
AAVP Graduate Studies and Research

Date: November 20, 1991

The Human Subjects Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Parents' Attitudes About Family Life/Sex Education"

You may proceed with this study without further review by the Human Subjects Institutional Review Board.

I do caution you that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

CC: Frances Munet-Vilaro