CALIFORNIA STATE UNIVERSITY, NORTH RIDGE

THE EFFECTS OF FAMILY LIFE EDUCATION
ON THE KNOWLEDGE AND SELF-CONCEPT
OF ADOLESCENTS

A thesis submitted in partial satisfaction
of the requirements for the degree of
Master of Science in
Home Economics

by

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To my students, who continue to inspire me with their candor, warmth and appreciation for learning.
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ABSTRACT

THE EFFECTS OF FAMILY LIFE EDUCATION ON THE KNOWLEDGE AND SELF-CONCEPT OF ADOLESCENTS

by

Julienne C. Molina Horne

Master of Science in Home Economics

The purpose of this study was to determine what effect, if any, a family life education course would have on the adolescent in terms of family life conceptual knowledge and self-concept. The basis for interest in this topic was the desire of the researcher to empirically evaluate the effectiveness of the family living course which she teaches.

The design for the study called for an experimental and a control group. The experimental group consisted of 56 eighth grade students who were currently enrolled in a
family life class taught by the researcher. The control group consisted of 58 eighth grade students who were not currently enrolled in the family life class nor had they been in the past. Both groups received pretests and posttests which measured conceptional knowledge of family life and self-concept. Instruments used were the Knowledge of Family Life Test, designed by the researcher; the Piers-Harris Children's Self-Concept Scale, created by Ellen V. Piers and Dale B. Harris, and a subjective course evaluation questionnaire. The experimental treatment consisted of participation in an 11 week family life course. Data were analyzed using a "t" test.

The results indicated that among the experimental group there was a significant positive gain in the adolescents' knowledge of family life concepts and also a significant positive gain in the adolescents' self-concept. The study further demonstrated that empirical control and experimental procedures can be used effectively in the evaluation of family life courses.
CHAPTER ONE
INTRODUCTION

There has been a great deal of concern, interest, and anxiety in the United States about the need for teaching family life education in the schools. Sex education, as a sub-topic of family life education, is often a target of critics. Approximately 85 percent of the population will be involved in some type of parenting experience (whether it be traditional or not) (Reichelt and Werley, 1975). Yet parenthood is probably the most important role that people will assume in life and with the least amount of formal training.

This country has been going through a social revolution since the mid-1960’s. Changes in values and beliefs affecting sexual behavior, marriage, divorce, women’s rights, family life, contraception, and abortion may allow the individual increased freedom, but they also create both personal and societal problems.

More than one million teenagers become pregnant each year, and more than 600,000 live babies are born to teenage mothers (Teenage Pregnancies, 1980). Adolescents, feeling less need for secrecy and guilt, may enter into sexual activity for which they are biologically, emotionally, and economically ill-prepared. Young women
who suffer from low self-esteem or a poor relationship with parents may become involved in sexual intimacy largely in order to win affection and secure a relationship (Adolescent Perinatal Health, 1979).

Generally, family life education has received low community priority. Whether or not family living is even taught and how it is taught varies widely among schools and states. Public resistance to such programs has often arisen from the fear that open recognition of adolescent sexuality will promote intercourse among teenagers. Yet studies indicate that increased knowledge of adolescent sexuality does not promote promiscuity (Zelnik and Kim, 1982; Family Life and Sex Education, 1979).

In order to appreciate the dynamics of the problem, one need only consider the social factors which influence one's attitudes and knowledge of sex and family life. Today's youth are highly subjected to a variety of sexually provocative magazines, advertisements, books, music, movies, and television programs. The abundance of sexually oriented media creates a need for a balance in the area of family life education.

Family life education programs can have a positive and substantial impact on students. Family life education is not a panacea for today's social problems; however, it can be a valid educational pursuit capable of making significant contributions to the solutions to important
social problems and also to the enrichment of the individuals' personal lives.

Support exists for the development of family life education programs. The need for family life education has been expressed by many groups, the most important of which are the parents and students themselves (Family Life and Sex Education, 1979). They recognize both the relevance of family life education to the problems which are a part of their day to day existence as well as the potential for family life education to enhance self-awareness and contribute to personal growth.

Schools can provide family life education programs which will help individuals to better understand, cope with, and appreciate their developing sexuality. Most parents want sex education in the schools (Baum, 1980). The development of one's sexuality is a lifelong and continuing process. Schools can help fill in the information gaps in a more structured way and guide students toward a healthy and responsible use of sexuality.

One of the aims of family life education should be to help each person understand and live comfortably with his or her own sexuality and to use it with respect and consideration for both self and others (Baum, 1980). Without classroom instruction, students are left largely on their own to discover the information. Those youth who
might find a reliable source of sex information would be fortunate. Most would be mainly dependent on their peers and the media for sexual knowledge.

Evaluation in family life and sex education is difficult. Much of the information in such a course is subjective and difficult to measure. Often the specific behaviors which may be influenced by a program in family life education occur long after the course has been completed. It is also difficult to define the specific behaviors to be influenced.

In the majority of the family life education programs which this researcher reviewed, a basic weakness was evident. The programs lacked empirical evaluation of their efficacy. Evaluation generally consisted of questionnaires to be filled out subjectively by students, parents, or faculty.

The researcher has taught family living education for approximately 15 years. Students have often expressed satisfaction and gratitude for having taken such a course. Yet evaluation of course effectiveness has consisted of subjective written comments by students.

The chief concern of the researcher was to design an experimental research project to empirically evaluate the efficacy of the family living course which she teaches. The experimental design allowed for control of independent variables, statistical analysis and hypothesis testing.
Results of this study will provide knowledge of the effectiveness of a family life education course and may contribute toward more effective evaluation of family life education courses. Through such efforts as these it may be possible to obtain some assurance of the quality and efficacy of family life education.

Objective

The purpose of this study was to determine what effect, if any, a family life education course would have on the adolescent in terms of family life conceptual knowledge and self-concept.

Hypotheses

Four hypotheses were tested. The first two hypotheses dealt with gain in knowledge. The first hypothesis related to comparing the scores of the experimental group with the control group. The second hypothesis concerned any change of score that may be observed within the experimental group.

Alternate Hypothesis 1

There will be a significant difference in posttest scores of family life conceptual knowledge between students who have taken a family life course and students who have not taken such a course.
Null Hypothesis 1

There will be no significant difference in posttest scores of family life conceptual knowledge between students who have taken a family life course and students who have not taken such a course.

Alternate Hypothesis 2

There will be a significant difference in pretest and posttest scores as a result of having taken a family life course.

Null Hypothesis 2

There will be no significant difference in pretest and posttest scores as a result of having taken a family life course.

The third and fourth hypotheses pertained to changes in self-concept. The third hypothesis related to comparing the scores of the experimental group with the control group. The fourth hypothesis referred to any change of self-concept that was noted within the experimental group.

Alternate Hypothesis 3

There will be a significant difference in self-concept between students who have taken a family life course and students who have not taken such a course.
Null Hypothesis 3

There will be no significant difference in self-concept between students who have taken a family life course and students who have not taken such a course.

Alternate Hypothesis 4

There will be a significant difference between pretest and posttest scores in self-concept as a result of having taken a family life course.

Null Hypothesis 4

There will be no significant difference between pretest and posttest scores in self-concept as a result of having taken a family life course.

Assumptions

This study was based on the assumption that the more the adolescent understands about himself or herself in terms of uniqueness and specialness as a human being the greater will be his or her ability to make responsible decisions based upon personal values. The assumption included the view that the greater self-knowledge and self-acceptance (more positive self-concept) one has, the greater will be one's ability to choose responsibly among many alternatives as adulthood approaches, particularly in the areas of dating, sexuality and parenting.

Successful experiences in school are likely to
contribute to a positive general self-concept. Conversely, unsuccessful experiences in school are likely to contribute to a negative general self-concept. An individual develops a positive self-regard and strong ego by continual evidence of adequacy. Youngsters attend school between the ages of five to eighteen; therefore school experiences are highly influential in forming one's self-concept (Bloom, 1976).

Writing about the need for realistic and healthy attitudes toward the self in youth, Jersild (1971) stated that sex education may be extremely beneficial, when its treatment is set within a context of total development of personality. Since family life education deals with interpersonal relations, it is appropriate that enhancing the self-concept of students should be an integral part of the course curriculum. According to Gordon (1981:216), "the most successful programs will be those which raise young people's level of self-esteem."

In addition to the foregoing assumption regarding the importance of self-concept to a course in family living, the following assumptions pertaining to the characteristics of the experimental design were necessary:

1. The sample studied was representative of typical adolescents of similar sex, age and origin.

2. The sample size was sufficient for drawing significant conclusions.
3. Intelligence levels were fairly equal and did not differ greatly between the experimental and control groups.

4. The measuring tools were valid.

**Limitations**

This study may have been limited by the elective nature of the course. Students are not required to take Home Arts (the course title for the family life class) and do so by choice when registering for their next year's classes. Out of approximately 185 eighth grade girls, nearly 112 would be taking Home Arts throughout the year. This number constituted approximately 61 percent of the eighth grade females. Generally the course is elected by only two or three boys.

A second limitation may have existed as a result of inability to control intelligence of the experimental and control groups. It is possible that intelligence may have effected scores on the pretests and posttests. Intelligence scores for these subjects were unavailable. However, as pointed out previously, it has been assumed that intelligence levels did not differ greatly between the experimental and the control groups.
**Definition of Terms**

**Attitude** - one's opinion or belief. Sometimes an attitude will predispose one to certain feelings or a preferential response.

**Family life education** - also referred to as family living education and family relations. Family life education refers to instruction in the area of interpersonal relations and life situations in order to better make responsible decisions in achieving personal fulfillment of one's goals and potential.

**Self-concept** - the attitudes and feelings that a personal has regarding oneself.

**Self-esteem** - may be used interchangeably with self-concept to denote how a person feels about himself or herself. Sometimes implies a degree of self-valuation or self-respect.

**Sex education** - sometimes used interchangeably with family life education. Sex education, a sub-topic of family life education, more specifically deals with that part of the course pertaining to sexual topics such as reproduction, teenage pregnancy and making decisions about sex.

**Value** - a belief or standard of importance to a person.
CHAPTER TWO

REVIEW OF THE LITERATURE

The School's Role in Family Life Education

The general public supports the school's involvement in family life education. In a 1977 Gallup poll, 77 percent of those interviewed stated that sex education should be taught in the schools (Gallup, 1978). Scales (1979) found public approval of sex education to have risen greatly since 1970 and noted that 70 percent of Americans believed contraception should be taught in the schools. A 1974 study of Southern California parents found that 94 percent of the parents supported the school's involvement in family life education (Dearth, 1974).

A study was conducted by Yarber (1979) to assess the degree of support for teaching family life and sex education at grades three, six, nine, and twelve. The great majority of parents supported inclusion of sex education at all four grade levels. Only 12 percent indicated family life and sex education should receive no emphasis in any of the grades.

Parents are the primary educators of their children. However, while parents are encouraged to bring sex education back into the home, parental leadership to
accomplish this has not been forthcoming. Haas (1979:2), a sex therapist, observed, "Many parents are themselves the first to admit that they are extremely uncomfortable talking about sex with their children." Libby, Acock, and Payne (1974) found that most parents expressed a desire to talk to their children but just did not know how. A study of 1,400 parents of adolescent girls in Cleveland found that 60 percent of the mothers had never explained menstruation to their daughters and 92 percent never discussed sex (Langway, 1980). Inadequacy of parental teaching was further illustrated in a survey by Potter and Smith (1976) of 100 unwed adolescent mothers indicating only 10 percent of them felt comfortable discussing the function of the human body with their parents. Sorenson (1979) interviewed 1,379 adolescents and found that 70 percent of the males and 70 percent of the females reported that they and their parents did not talk freely about sex. While the majority of teens like and respect their parents, communication seems to break down when sex is discussed. There may be a variety of reasons for this including the developmental stage of adolescence and the adolescent's attempt to gain independence and master the environment.

Even when parents have fulfilled their responsibility to educate their children concerning human sexuality, their exclusive domain over this subject is temporary.
Lieberman (1969) points out that usually peers, television, observing domestic animals' pregnancies and other pregnancies and births contribute substantial information and confusion.

Reinforcement and support from professionals and institutions can facilitate and complement the parental task of sex education. This viewpoint was reinforced by the research of Libby, Acock, and Payne (1974) who found that while parents viewed the home as the most significant source of sex education, they also requested that strong support from the schools be provided as long as the home was not supplanted. Burton White, a Harvard Professor of educational psychology and author of *The First Three Years of Life*, has expressed his belief in the importance of the school as a support system for parents in imparting values and information to their growing children (*New Perspectives in Parenting*, 1978). In a 1981 study developed for the National Institute of Education by Dr. Elizabeth Simpson, Dean of the School of Family Resources and Consumer Sciences at the University of Wisconsin, the importance of family life education was reiterated. Two common areas of emphasis were: (1) the development of family members in relation to the importance of individuals and family values; and (2) analysis of social responsibilities of individuals and families (Simpson, 1981).
The medical and related health professions have endorsed the supplementary role of the school in assisting parents with teaching sex education (Smith and Mumford, 1980). Professionals have suggested sending social workers and other qualified persons into the schools to teach the issues about adolescent pregnancy. They recommend that more parenthood education programs be instituted sooner as parents become younger (New Perspectives in Parenting, 1978).

In 1978 a task force implemented by the American College of Obstetricians and Gynecologists met to discuss adolescent pregnancies. The group consisted of consultants with backgrounds in psychology, social work, medicine and education. Among their recommendations was the following statement:

The young who are not sexually active, even the prepubertal, should be supported and persuaded against early sexual involvement with its attendant problems and stresses. The acceptance of more positive education and counseling programs nationally to prevent early intercourse and the first untimely pregnancy is the ideal (Adolescent Perinatal Health, 1979:2).

Many other highly respected organizations have voiced their support for the inclusion of family life and sex education programs in the schools. A recent publication in the field of adolescent pregnancy listed as many as 27 professional organizations supporting sex education (Family Life and Sex Education, 1979). A 1982 issue of a professional home economics publication stated that a
vital part of the school curriculum is parenting education. "The editorial staff of What's New In Home Economics sees this as one of the most important issues facing home economics educators today" (Teenage Parenting Education, 1982:13).

Schools can provide sex education programs which will help individuals to better understand, cope with, and appreciate their own sexuality. Most parents want sex education for their children. Schools can help fill in the information gaps in a more structured way and guide students to healthy and responsible decision-making in the area of sexuality. Baum (1980:79) affirmed [that] "the aim of sex education should be to help each person understand and live comfortably with his or her own sexuality and to use it with respect and consideration for others."

Sex Education--What is Required?

American educators are still uncertain about how, what, or even whether they should teach teenagers about sex (Langway, 1980). There are eleven million sexually active teenagers in the United States. More than one million girls, some as young as 10 become pregnant each year. Yet, sex education programs are greatly lacking in the junior and senior high schools. In the elementary level they are virtually non-existent (Sex Education:, 1980).
Statistics on the prevalence of sex education vary. According to Gordon, a Syracuse University Professor and noted sex educator, "fewer than ten percent of all teenagers are exposed to any kind of valid sex education in the schools" (Gelman, 1980:48). In 1978, the Gallup Organization conducted a telephone survey of a nationally representative sample of 13-18 year olds. The survey revealed 43 percent of teenagers had sex education in school (Langway, 1980). Zelnik and Kim (1982) found higher levels of sex education than those previously reported. In both a 1976 and 1979 survey of young men, ages 17-21, and women, ages 15-19, three-fourths of all never married respondents indicated that they had received a course related to sex education. The actual significance of a survey on this topic may be questionable, however, since the quality and duration of sex education courses varied greatly.

The area of sex education differs from most other subject areas of education. It is the only subject that needs the cooperative support of students, parents, teachers, administrators, and the community (Sex Education:, 1980). The topic is so controversial that many school districts refuse to consider teaching it (Langway, 1980).

A survey of the literature produced conflicting information as to state requirements in the area of family
life and sex education. A survey compiled by Ebarb (1979), research analyst for the Louisiana Legislative Council, found that 43 states allowed the inclusion of sex education as a part of an existing course. Of these, 23 states mandate the teaching of health which may include sex education, depending on the preferences of local school districts. The duration and number of classes in sex education varied from state to state and school district to school district. Instruction might consist of a single lesson or classes might be established for a semester or a year. A second source provided the information that until 1979 only the state of Maryland required that sex education be taught in the schools. According to a study done by Zero Population Growth only 29 states and the District of Columbia legally required the teaching of health education in public high schools and of those states, only six and the District of Columbia mandated family living and sex education courses (Sex Education:, 1980).

Kapp, Taylor and Edwards (1980), reported similar findings that health education programs are mandated in 29 states. Only six of these states required family life or sex education classes. The researchers commented that most programs were aimed at the senior high student while statistics revealed that the only population group with
increasing birth rates was the group under 15 years of age.

There is substantial legislative support for family life education in the State of California. Legislative actions have either permitted or strongly supported family life and sex education. The teaching of family planning along with other aspects of parenting and sexuality is permitted by the Infant Care and Development Services Act of 1976. The Comprehensive Health Education Act of 1977 recommends that instruction cover family health, child development and the responsibilities of marriage and parenthood. The School Improvement Plan specifies that schools shall help students develop self-esteem and personal and social responsibility (Family Life and Sex Education, 1979). Venereal disease education is required at both elementary and secondary levels. However, even with ample state verbal support of such programs, implementation may be slow since the methods for establishing programs in family life education are left to each school district.

Controversy in Sex Education

Even in the face of a 33 percent rise in the teenage birthrate in the past five years, only one third of the sex education classes in the United States schools offer any information about birth control. While many school administrators are willing to offer a limited curriculum, most feel that teaching anything related to the topic of
contraception is too 'controversial' (Sex Education:, 1980:40).

Without state or federal guidelines, sex education courses vary widely. Thus the content, timing, staffing, and parental involvement in sex education are decided by some 15,000 individual school districts involved (Zelnik and Kim, 1982).

Some sex education programs are changing to better meet student needs. Mel Warren, assistant director of health education for New York City Schools, has stated,

We are now revising our curriculum, and it is our recommendation that birth control be included in junior high and high school classes because of our concern about teen pregnancy. We feel that if we can reach young people early enough with information, perhaps we can have some impact on that problem (Sex Education:, 1980:40).

Yet, while some areas of the United States make progress in the area of sex education, others have fallen behind. As of 1980, two counties in upstate New York that had the highest teenage pregnancy rate in the state also had no sex education program in the preceding five years (Sex Education:, 1980). A similar situation has existed in Anaheim, California where teenage pregnancies have also been very high. In Anaheim there was an excellent sex education program in the mid 1960's until the removal of all such courses in the schools (Sex Education:, 1980).

Opponents of sex education have charged that sex education gives license to immorality and is responsible for increasing sexual activity, pregnancy, and abortion
among the young. Despite these claims, studies have not indicated that family life and sex education courses corrupt morals or increase sexual experimentation.

An individual's value judgements regarding one's own sexual behavior are not affected by family life and sex education. Lerner (1980) noted that adolescents tend to adopt parental values. Shirreffs and Dezelsky (1978) pointed out that attitudes toward sex and sexuality are, by and large, dependent upon parental attitude and behavior in this area. Furstenberg (1976) also found that adolescent's views on premarital sex closely resembled those of their parents with a substantial number of pregnant adolescents and their parents disapproving of premarital sex. Findings from a study of college females who were shown a film on contraception indicated that conservative students did not become more liberal in their views (Herold and Thomas, 1980). On the contrary, it was found that attitudes of students who had not yet experienced intercourse were reinforced.

Researchers have noted that as a child approaches the age of ten, values and attitudes are influenced more by outside sources such as teachers, friends, and peers (Berelson and Steiner, 1964; Shirreffs and Dezelsky, 1979). Through interviews, Haas (1979) noted that an individual's sexual behavior was primarily motivated by personal values and the norms of the peer group with which
one identified. Investigations by Donohue (1971) showed that a school's program of family life and sex education actually decreased the influence of peer groups and mass media. Girls were found to have retained their family oriented values during the sex education. Boys gained information from school instruction and decreased the amount of information obtained from friends, television, movies and other media.

The effect of family life and sex education on one's behavior is difficult to determine. Zelnik and Kim (1982) have reported that no known study exists that has been designed to determine the behavior effects of sex education. Shofield (1973) failed to show that sex education had any significant effect on behavior. However, findings indicated that students who had taken family life courses displayed attitude changes in the direction of becoming more flexible, more realistic and more responsible. They also became more aware of problems to be met in regard to sex and were more able to talk about many aspects of family living that they had previously found too embarrassing to discuss. Spanier (1975) found, in a survey of college students, that having sex education had no relation as to whether or not premarital sex was experienced.
Should the Sexes Be Separated?

Today there are more unwed teenage fathers who are accepting the responsibility of raising their children (Fathering Today, 1980). Society is now realizing the importance of fathering and the need for future fathers, as teenagers, to learn the basics of parenting. Parenthood education programs for both sexes developed at schools would provide the best opportunities for student participation.

Data from a survey by Dearth (1976) indicated that 76 percent of the students and 79 percent of the sample of "experts" in the field of family life education supported mixed classes. Parents were split in their opinions with 42 percent supporting and 48 percent opposing coeducational sex education classes.

A great difference in reproductive knowledge between females and males was observed by Decker and Caltano (1977). Results indicated a continued need to educate the males. Calderwood (1968) found that girls needed more complete information about sexual matters while boys needed to be educated to accept their fair share of responsibility for what happens in a relationship.

Findings from a study by Cvetkovich and Grote (1980) indicated that sexually active females were more likely to become sexually involved with their boyfriends only because they couldn't say no. Additional reasons given
were to please and satisfy a boyfriend or because it seemed that sex was expected of the female. Spanier (1978) proposed that better sex education would lead to a reduction of peer-induced desire for sexual relations for the sole sake of ego gratification or conquest, especially among males. He suggested that as a result, there would exist less guilt and better understanding about the normal sexual behavior which does take place.

While adolescents may feel more comfortable discussing certain issues in the presence of only their same sex peer group, they would certainly benefit from hearing about the expectations, perceptions and attitudes of the individuals with whom they will be relating in the future (Haas, 1979). As family life and family roles continue to change in our society, the value of including boys as well as girls in the family living and home economics programs becomes increasingly important.

Recommendations Concerning When to Include Sex Education

One of the decisions to be made in teaching family life education is that of when to give what information. During early adolescence, youth are widening their circles of friends and increasing their independence. Throughout the school years "parents can be sure that the child is picking up information and misinformation—and attitudes—from his contemporaries..." (Stone, 1973:382).
Gordon (1978) has observed that many girls in junior high and high school who are not sure about themselves and their sense of adequacy define themselves in terms of whether or not boys want them. Young people have been found to be experiencing heterosexual social relationships at an early age (Scales, 1979). Early social experiences may lead to early sexual involvement. According to May (1966), early sexual experiences are often sought for security during a time when males and females should be exploring and learning to relate to many members of the opposite sex.

Evidence of the effects of early socialization have been noted by Broderick (1966). Research from a predominantly protestant, middle class, midwestern city revealed that 50 percent of boys engaged in heterosexual play by age 11 and 60 percent by age 13. In addition, more than 20 percent of boys had attempted sexual intercourse by age 13.

While the actual number of teenage pregnancies is growing since there are now more teenagers, the evidence shows that it is the younger teenagers, 15 years and under, who are responsible for the increase (Baum, 1980; Jaffe, 1976; and Scales, 1979). According to Baum (1980:16), "if society sees teenage pregnancy as a problem it has to deal with, then its programs should be aimed at the very young population."
According to a 1977 report from the National Center for Health Statistics, there were some striking differences in birth rates of young women aged 15 to 17 years and 18 to 19 years between 1966 and 1975. Eddinger and Forbush (1977:7) reported that while the number of births in 1975 declined from the 1966 total, the decline resulted entirely from an 18.3 percent reduction in the number of births to older teens—18-19 year olds. Births to younger teens—15-17 year olds—increased in this period by 21.7 percent.

The researchers also noted that births to females aged 10 to 14 years nearly doubled, with 5,960 births reported for 1957 and 12,642 births for 1975.

There is little information available on the male partners of the pregnant teenager. Data reviewed by Furstenberg (1976) indicated that the majority of the fathers of babies born to women under 15 years were teenagers. Fathers of babies born to women in the 15 to 19 year age group were in their teens or early twenties. Furstenberg (1976) interviewed teenage mothers and fathers and reported that most of the males were sexually active by age 14 and had had more frequent and more varied sexual experiences than females. Furstenberg (1976: 150) commented,

It is not surprising then, that when the pregnant teenagers were asked why a female begins to have sexual relations, the most common response was inability to successfully resist pressure from the male.
Teenagers themselves maintain that possession of adequate and accurate sex information would reduce sexual experimentation. In a study of 13 to 19 year olds, Sorenson (1979) found 70 percent of the girls and 72 percent of the boys said they and their parents did not freely discuss sex. Through personal interviews, several subjects said they wished they had been told more about how kids get involved in sex. Sorenson (1979:181) reported one 17 year old boy as saying, "It's not that I want to be told what is wrong for me to do, but why can't they tell us how you get into these situations and how you can get out of them." In a study by Shirreffs and Bezelsky (1979) a large number of adolescents identified the mass media as a primary source of sex education information. The teenage subjects thought sex education should begin in elementary school and include biology, psychology and morals.

Findings from a survey by Hale (1978) indicated that most groups agreed that sex education topics are most appropriately offered in grades seven through nine. Manley (1964) recommended emphasizing sex education during junior high, the age of transition. He noted that youths at this time are greatly interested in body changes and social competency, especially with the opposite sex, yet they are still insecure. Thornburg (1981) found 12 to 13
years of age to be the peak ages when sexual concepts were being learned. His research indicated that 51.4 percent of all sexual information was learned at this time. According to English (1950) the ideal time to impart factual information on the subject of sex is while emotions in respect to that information are dormant or less involved. English (1950:129) added that "a lack of honest straight sex information is much more likely to lead to sexual misconduct ... there is never any safety in ignorance about sex."

The view that sex education needs to be introduced before high school was also supported by the research of Finkel and Finkel (1975) who studied the sexual knowledge, attitudes and behavior of 421 high school males. Data from the study revealed that sexual activity began for about half of the sexually active group by the age of 13, and that most males learned about sex from other male friends. Finkel and Finkel (1975:260) recommended that

While no program ... can hope to prevent premarital coitus, such programs can at the very least educate adolescents about the risk involved in unprotected coitus and the methods available to reduce the risks.

Where Do Teenagers Get Their Information About Sex?

The major source of sex information for many teenagers is their peer group. Richelt and Werley (1975) found that parents, educators, and health professionals
contributed only minimally to the sex knowledge of their research group. Of 1,042 teenage females, 45 percent ranked friends as being their main source of sex information and 23 percent ranked the mass media as their second source. Of 142 males, 29 percent ranked friends as their primary source of information while 40 percent ranked the mass media as their secondary source. Parents were ranked third in importance for girls.

Young people are obviously influenced by the world and its changing mores. Much of a teenager's knowledge about sex comes from the mass media. Sex is everywhere—movies, television, advertising, books, magazines, inscriptions on restroom walls and pressure from peers. Shirreffs and Dezelsky (1979) studied adolescents to determine whether any differences existed regarding perceived needs of knowledge levels between adolescents in 1972 and 1978. More of the 1978 adolescents identified the media as a primary and preferred source of sex information than did those in 1972.

Sexually oriented materials and concepts pervade throughout the media while conversely certain public groups balk at the concept of formal sex education in the schools. Mary Lee Tatum, teacher of the noted Falls Church, Virginia course in sex education points out, "Our culture is sex-saturated and sex-silent. It puts kids
under tremendous pressure" (Langway, 1980:50).

Kids may start behaving sexually because the culture invites them to become sexual. There are all kinds of expectations and suggestions to influence dress, make-up, hair, socializing, physique, attitudes and other traits and behaviors. The adult world will tell them how important it is to catch a member of the opposite sex and to be sexy. Baum (1980:61) made the following observation:

As they view television from three to five hours a day, seven days a week, there will be ads that tell them how to look sexier, how a breath mint can win a man, how a lotion can remove pimples and make a face smooth and clear and how a bra can give that lift which catches looks. All the girls need is the money to buy the products that promise happiness and happiness will be there. What TV leaves unstated, the magazines, coupled with imagination of the young, more than cover.

This viewpoint was reiterated by Dr. Mary S. Calderone (Hilu, 1967:1), noted sex educator:

We live in an age where the communications industry seem to be vying with each other to see how far they can go in presenting aspects of sexual matters at one time considered immoral. Sex images hammer at us daily from billboards, posters, 'girlie' magazines, ads for feminine products and cosmetics, comic books, movies, popular records and books.

Today, with mass media, especially television, students may not automatically accept values from parents or teachers. Television and movie channels offer provocative pictures advertising products, sexually alluring movies and sexually liberated television programs.
By the age of 16, most youths have spent 10,000 to 15,000 hours watching television—more time than they have spent in school. The average television viewing time for teenagers is approximately three hours and 20 minutes per day. The average viewing time per household was reported at six hours and 44 minutes for 1981 (Fitzgerald and Carr, 1983). With this much time allotted to television viewing the influence of the media on sexual attitudes may be becoming increasingly important. Shirreffs and Dezelsky (1979:345) wrote,

'It can be suggested that the mass media has had some effect on contemporary adolescents, and it may be, in part, responsible for more sophisticated needs regarding sex education.'

Adolescence, Self-Concept and Sex Education

Erikson (1964) has described adolescence as a psychological stage between childhood and adulthood. It is a time of searching for an integrated identity in the face of a complicated and changing environment. Since many aspects of the adolescent's functioning have not as yet become firmly established, he/she may acquire a belief in the possible transformation of oneself. As a result, adolescents are observed changing clothing, adopting new hairstyles, and adjusting manners, posture, attitudes, and beliefs. Horrocks and Jackson (1978) suggested that, "Adolescents are more insecure than children. Their concepts of self are being modified."
Many researchers agree that the individual's self-opinion is based largely on what others think of him/her (Coopersmith, 1967; Gergen, 1971; and Mead, 1934). Adolescents are primarily concerned with who they are in the eyes of their peers as compared with what they, themselves, think they are. Adolescents are also concerned with how they are perceived by significant others. Reinforcement of significant others including peer approval and criticism appears to be important as a basis for reassessment of one's self-concept. Macher, Mensing and Nafzger (1962:353) reported the following results of a study:

The evaluation expressed by others brings about related changes in the individual's concept of self. It was found that the approving and disapproving reactions of certain significant others were followed by corresponding increases and decreases in the subjects' evaluations of self.

Adolescents are highly concerned with their status among their peers. They strive to be as much like the others as possible. The adolescent wants to be popular. It is important to get along with people, to have people like you and to be well adjusted. Peer approval and criticism affect the adolescent's attitudes toward himself/herself. "The adolescent cannot be satisfied with what he thinks about himself; he needs someone out there to tell him that he is all right" (Stone and Church, 1973:449).

Adolescence is a time of change. There are many
self-decisions to be made in the areas of social activities, athletics, popularity, heterosexual relationships, careers, parenting, and other adult concerns. Adolescents are determining what they believe in and value and what they want to accomplish and achieve in life. The adolescent has to come to terms with a new kind of body with new potential for feeling and acting. Consequently, the adolescent's self-concept must be rearranged accordingly. Adolescents seek independence in new areas such as dating. They want more privileges and more freedom to follow peers, but may lack a mature sense of responsibility for the consequences of their own actions (Horrocks and Jackson, 1978).

Adolescents are learning to behave responsibly and to understand the impact of their decisions. People between the ages of 12 to 15 years tend to think in present terms and find it difficult to consider future consequences of all behaviors. During adolescence, individuals tend to be self-centered and may believe that the ordinary rules of life might not apply to them.

Development of a positive self-concept during adolescence is of prime importance. The search for an enduring, stable and relatively favorable self-concept is a main personality pursuit. Gianturco (1974:28) described this as a

vocation of adolescence... to develop mature attitudes toward other people so that the adolescent
can acquire that sense of self-respect and self-trust which is so essential to a favorable self-concept.

**Value of a Positive Self-Concept**

The way in which an adolescent views himself/herself is important because the self-concept exerts a strong influence on behavior. Strang (1957:3) observed, "The way a person perceives himself in relation to the situation largely determines how he behaves and what he learns."

Researchers have acknowledged that a positive self-concept is significantly associated with effective functioning (Coopersmith, 1967; Purkey, 1970; and Rosenberg, 1965). Improving self-concept tends to improve achievement. Results of a study by Fink (1962) further confirmed that an adequate self-concept is related to high achievement and an inadequate self-concept is related to low achievement.

Differences in self-concept are assumed to influence the quality of the individual's relationships with others. This occurrence has been observed on numerous occasions. Horrocks and Jackson (1978) related research that self-acceptance and acceptance of others were positively correlated. Strang (1957) confirmed that self-acceptance was positively correlated with acceptance of others. Additional studies by Suinn and Phillips (1961) further supported the fact that a positive relationship exists between attitudes towards self and attitudes towards others.
Self-attitudes may be generalized toward other similar objects. Persons with a positive concept of self "are better able to respond to the worth and potential of others. This ability contributes to more satisfying interpersonal relationships" (Stinnett and Walters, 1977: 297). Findings by Jersild (1971) and Fromm-Reichmann (1967) have further confirmed that attitudes toward others reflect one's attitude toward oneself and that in addition you evaluate yourself by what others think of you. Vidoebak (1960: 351) reaffirmed this by stating, "The view that one's self-conception is learned from the reaction of other individuals to him has achieved wide acceptance in social psychology today."

Research of Coopersmith (1967) has reiterated the belief held by many investigators and clinicians that a positive self-concept contributes significantly to personal happiness and effective existence. He observed that the individual with a high self-concept feels capable of coping with adversity and competent enough to achieve success. In contrast, the person with a low self-concept feels helpless and inadequate. Persons with low self-concepts are more likely to express feelings of unhappiness, gloom and discouragement.

The adolescent is striving to secure some assurance of his/her self-worth. Bloom (1976) asserted that the
individual who is denied positive reassurance of his/her worth from home or school will be impelled to seek positive reassurance of his/her worth wherever it can be found. Consequently some individuals will turn to less socially approved areas of activity to find the self-approval which they seek.

There are subtle and intricate ties between self-concept and the development of sexual behavior. These elements are deeply interrelated within the concept of self and in relationships with others. Gianturco (1974:30) has suggested, "Emotional maturity and secure personal identity are requisite to healthy personal and interpersonal relationships."

Sex is often confused with love. A number of people, male and female, learn to exploit sex as a way of dominating and taking advantage of other people (Stone and Church, 1973). Society places a great amount of importance on social gatherings with the opposite sex. Stone and Church (1973) have suggested that yielding to social pressure and the need for acceptance may result in premarital pregnancy for some girls. In reviewing many studies of adolescent mothers, Bolton (1980:60) has disclosed, "It seems clear that the presence of low self-esteem on the part of the adolescent female is a recurrent element in the adolescent pregnancy situation." Research findings have indicated low levels of cognitive
development, low ego-strength and low self-concept to be conducive to premarital intercourse in early adolescence (Abernathy et al., 1975; Chilman, 1979). According to Chilman (1979: 58),

Adolescents who are low in ego strength, or self-esteem appear to have a greater tendency to engage in early premarital sex relationships and, eventually, to become unmarried parents.

Research findings associated with adolescent premarital intercourse have revealed interesting differences between males and females. While many non-virgin females have been found to have low self-concepts and low ego strength, the same has not been true for males. Non-virgin males were significantly more likely to have higher scores for self-concept than virgin males (Chilman, 1979). However, as pointed out by Chilman (1979), one available study does suggest that for males, positive attitudes toward education, higher levels of achievement and clear educational goals seem to lessen the likelihood of early sexual involvement.

Self-understanding and a positive self-concept are basic to the formulation and maintenance of good relationships with others. Hatcher (1973) has attributed sex experimenting to low self-concept. Other researchers have noted that persons with low self-esteem are less capable of resisting pressures to conform and more inclined to be influenced by the pressures of others (Coopersmith, 1967; Gergen, 1971; and Rosenberg, 1965).
Writing about the relation between sex education and self-concept, Luckey (1969:20) has pointed out the need to educate for interpersonal relationships:

If sex education in the schools is to be truly worthwhile, it must be broadened to help individuals relate to other human beings in more total, caring and responsible ways.

Improving self-concept may contribute to a higher sense of morality. According to Stone and Church (1973: 485), "Morality arises from a sense of self-respect and respect for other people...." This can be imparted to adolescents by increasing self-concept. Gordon (1979: 258), noted sex educator, has observed, "People who feel good about themselves are not available for exploitation, nor do they exploit others."

Family life education focuses on the individual as a unique person and his/her relationship with others. A course in family life education may offer unique learning opportunities which can have substantial effects on adolescents' knowledge and self-concepts. Crosby (1970) taught a pilot family life education course and demonstrated that a person's self-concept could be influenced favorably by participation in such a course.

Jersild (1971:5) has written, "There is a need of staggering magnitude for doing something in our educational program to help children and youth acquire realistic attitudes of self-acceptance." School is second in importance to the home in influencing self-concept and
attitudes of self-acceptance and self-rejection. Teachers are an important force in helping kids understand themselves. Effective family life education may have the potential to offer adolescents the opportunity to improve their self-concept and thereby increase the likelihood that they will also develop better relationships with others.

Effecting Self-Concept

Self-concept, as used in the Piers-Harris Children's Self-Concept Scale (P-H), is assumed to refer to a set of relatively stable self attitudes that can be measured (Piers, 1969). Change in self-concept has been the topic of numerous studies.

Self-concept tends to become more stable with age. According to Piers (1964), by the age of eight, self-attitudes have a reasonable amount of stability. In a study of Mexican American children in Texas, Otra (Piers, 1977) found uniform P-H test-retest correlations for self-concept scores from third to sixth grade of .49; .57; .52; and .64. Engel (1959) investigated stability of self-concept in adolescence over a two year period and found relative stability of self-concept.

Conflicting information, that self-concept may change widely, comes from a long range study by Froelich (1980) using the Self-Perception Inventory (SPI). Students who scored in the lower 20 percent of the group in junior high
dramatically increased their scores on a retest in high school. The researcher questioned if the test was really a valid measuring tool and if the change in self-concept did actually occur.

Some studies have shown it is possible to improve self-concept and academic learning simultaneously. In reviewing studies of self-concept versus achievement Purkey (1970:12) has observed, "...the self will change if conditions are favorable." If the subject sees a school experience as meaningful, self-enhancing and non-threatening, then he/she is likely to grow in self-esteem and academic achievement. In a study by Crosby (1970) a group of adolescents in his family life class experienced a gain in self-concept that was significant at the .05 level of confidence. The measuring instrument used was designed by the researcher and was similar to the Piers-Harris Children's Self-Concept Scale.

This researcher believes that even a relatively stable self-concept may, over a period of time, be affected by one's environment and the reactions of significant others. This view was also expressed by Douvan and Adelson (Rogers, 1969) who observed that there is a growing awareness in professional and lay circles that identity formation is an ongoing process that continues until death.
The Need for Family Life Education

"Teenagers are exhibiting increased involvement in sex and rapid attitude changes related to premarital sexual activity, pregnancy, contraception, motherhood and marriage" (Roberts, 1980:37). Zelnik et al. (1979) found that sexual activity among teenagers is occurring at an earlier age. Data from additional studies by Zelnik (1980) and Faulkenberry and Vincent (1979) indicated an increase in the prevalence of premarital sexual activity for the 15 to 19 year age group. Kizziar and Hagevorm (1979:57) have noted that

many adolescents engaging in sex say that they do not really enjoy it. They regard it as something that is expected. The attitude that sex is inevitable pressures both male and female adolescents into premature sexual experimentation.

Teenagers are often left to explore and experiment sexually on their own. Hoffman (1977) observed that adolescents may be unable to see clearly the consequences of their actions in this new area of sexuality and that often they may be weakly guided by adults who are unable to discuss the subject. According to Beck (1971:37), "Having correct information will often give young people the strength to refrain from acting until they are sure of themselves."

Numerous surveys have revealed that many teenagers lack adequate information regarding sex (Kantner and Zelnik, 1973; 1975; Furstenberg, 1976; Evans, 1976). Furthermore, many teenagers who found themselves pregnant
indicated that they were operating under misinformation as well as a lack of information (Presser, 1974; Reichelt and Werley, 1975).

In 1971, Kantner and Zelnik (1973) conducted a nationwide survey of 4,611 girls ages 15 to 19 who were sexually active. Data indicated that 80 percent of the females had engaged in sexual intercourse without contraception. A substantial number of subjects believed that they were too young to get pregnant or that they did not have sex often enough to get pregnant. Only 40 percent of the teenagers had a correct idea of the most likely time of the month for conception. The extent of misinformation was substantial at all socioeconomic levels.

Shah, Zelnik and Kantner (1975) also surveyed sexually active teenage women regarding basic sex knowledge and found that seven out of ten did not use contraception because they did not think they could become pregnant. A common reasoning given was that they only had sex occasionally.

In a 1974 study of 333 unwed adolescents in Ventura County, Evans, Selstad, and Welcher (1976) found that most teenagers were not clear about when they were most likely to become pregnant. Similar findings were noted by Ross (1979) in a survey of 1,000 sexually active 13-19 year olds. Only 28 percent knew when conception was most
likely to occur.

Misconceptions about sex abound. Reichelt and Werley (1975) surveyed 1,184 sexually active males and females. Their findings indicated a great deal of misinformation or lack of information about sex. The study also showed that the majority of teenagers received sex information from their peers or the mass media. Results from the foregoing studies indicate that adequate sex education programs would help to fill in the information gaps.

Today there are more than 20 million people in the United States between 13 and 19 years of age (Shirreffs and Dezelny, 1978). Adolescent pregnancy is a serious problem in the United States which has the highest adolescent birth rate among the industrialized nations (Hooper, 1980). Teenage childbearing is associated with adverse, pervasive, and long lasting social and economic consequences. The need to assist adolescents in attaining goals and personal adjustment in today's society is suggested by the following statistics which have been compiled from a variety of sources by Planned Parenthood of Santa Cruz County (Family Life and Sex Education, 1979:1,2,3):

Pregnancy among 10 to 14 year olds is increasing.
While birth rates for 18-19 year olds are declining, pregnancy among younger teens is increasing.
Births to single mothers 15-19 increased by 63.8% from 1966 to 1975.
Much demographic information is available about the incidence of adolescent pregnancy but there is
little information on the complex behavior which causes teen and preteen pregnancy. For example, little is known about the male partner.

Two-thirds of all U.S. Females have sexual intercourse by age nineteen, almost all of it premarital.

Twenty percent of all teens under fifteen years of age have had sexual intercourse.

Every year 10% of teenage women under the age of seventeen become pregnant. Twenty-five percent become pregnant by the age of nineteen. Eighty percent of those pregnancies are premarital.

There are over 1,000,000 pregnancies to teenagers every year in the U.S. with nearly 53,000 occurring in California alone. Pregnancies are occurring in ever-increasing numbers to teens ten to fourteen. In absolute numbers this represents 30,000 pregnancies to teens younger than fifteen in the U.S., of which nearly 900 are in California.

Adolescent pregnancy is the number one cause of female high school drop-outs.

Adolescent mothers, when compared to their classmates, are significantly more likely to hold low status, low income jobs and to express job dissatisfaction.

The high drop-out rate due to adolescent pregnancy costs California school districts millions of dollars in lost ADA (Average Daily Attendance) funds.

Sixty percent of teen marriages precipitated by pregnancy end in divorce within six years.

Pregnant teens run a four to five times higher risk of pregnancy complications than women in their twenties.

Aside from the incalculable personal costs to the individuals immediately involved, the cost in dollars and cents is astronomical. It is conservatively estimated that every out-of-wedlock child costs society $100,000 over a lifetime in welfare assistance.

In California, it is estimated that one in ten teens will have had a case of venereal disease by the time a/he graduates from high school.

Additional statistics supporting the need for family life education were found in a variety of references.

In 1975, a report issued by the Atlanta Public Health Services Center for Disease Control revealed that one-third of the women receiving abortions were teenagers.... More teenagers 14 years old and younger received abortions than delivered living

About 600,000 teenagers give birth each year. Of these approximately 93 percent keep their babies. Seven percent of the teen mothers relinquish their babies for adoption (Lindsay, 1980:13).

Women who start childbearing in their teens have more children, have them closer together, bear more unwanted children and have more out-of-wedlock births than do women who delay first births. This is true for 18 to 19 year olds and for younger teens...(Trussell and Menken, 1978:209).

If the teenage father marries the mother, it is likely that he will have low earnings and the marriage will have a high probability of ending in divorce (Moore, 1978).

Further data have also linked child abuse with the age of the mother. Teenage mothers frequently love their babies one minute and hate them the next. Mayer (1978) reported that young mothers were more apt to slap, hit, and shake their babies than more mature mothers. Further evidence of effects of early childbearing has been seen in the development of children born to teenagers. Some analyses have shown deficits in the cognitive ability of children, especially males, born to teenagers (Baldwin and Cain, 1980; Mayer, 1978). Children of teenagers are more likely to spend part of their childhood in one parent households and to have children themselves while still adolescents (Mayer, 1978).

Today's youth face many challenges in growing up and living meaningful lives. Approximately one-fourth of American homes today are headed by a single parent and 40 percent of all children now living will spend part of
their childhood in a single parent home (Stencel, 1976). There are a lot of divorced and single parents who are dating, thus presenting a new role model for teens.

Adolescents want sex education. There is evidence to support that some teenagers want to say "no" to premarital sex. Eunice Shriver, representing the Joseph P. Kennedy, Jr. Foundation, visited a program for pregnant teenagers in 1977. The students were given a choice of topics for discussion and voted overwhelmingly in favor of discussing how to say "no" to a boyfriend without losing his love (Roberts, 1980). Offer (1972) surveyed college students and found that 25 percent of the females and 35 percent of the males were more sexually active than they wanted to be. In a 1972 research summary, Bardwick (1972) concluded that university women were not so eager for sexual relationships, but that they were afraid of losing their boyfriends if they refused to have intercourse with them. Additionally, Howard (1978) found that many younger teenagers do not admit to giving a "yes" or "no" answer to sexual activity. They deny that they ever made a choice. To them, sex is something that just happens.

Students need information regarding growth, development and sexuality. While the availability alone of basic knowledge and information does not preclude the possibility of conception, many professionals agree that access to this information through the schools would
minimize the risks of an unplanned pregnancy. Adolescents, as a group, are establishing their own personal identities. Perhaps at no other stage of life is the behavior of one's peers so influential. Kilander (1954) concluded, after 25 years of study, that knowledge is basic to the development of desirable practices, developing new attitudes, and strengthening older attitudes. Adolescents are forming their behaviors, attitudes, and values. This period is an excellent time to provide guidance for teenagers to learn how to make valid decisions about their behaviors (Grossenbacher, 1980; Lawson, 1976). According to the view expressed by Grossenbacher, the strongest factor in protecting adolescents from premature pregnancy is their awareness of other options. They need to be made aware that (1) their actions have consequences, and (2) they have choices and the opportunity to decide.

The Effectiveness of Family Life Education

In the review of the literature, the researcher found an abundance of references dealing with family life education and teenage pregnancy. Many references were full of statistics and information relating to teenage pregnancy. In addition, a sizable amount of published work consisted of guidelines for sex education and curriculum development. Many research findings were results of studies done at family planning centers. In
this section the researcher has focused on the effects of family life and sex education.

Research findings have indicated that family life and sex education can have a positive effect on contraceptive use and on reduction of teenage pregnancy. Zelnik and Kim (1982) conducted a 1979 nationwide survey of high school students in metropolitan areas and found nearly three-fourths of them had received sex education. Of those students, approximately eight out of ten reported receiving information about contraception. The researchers noted that although the respondents did have sex education, it was likely that in most cases the instruction was brief, was seldom offered as a separate course and was taught either by a faculty member who had no special training in sex education or by a volunteer from a local Planned Parenthood group or other related agency.

Data from the 1979 study by Zelnik and Kim (1982) provide overwhelming support for the following points:

1. The decision to engage in sexual activity is not influenced by whether or not teenagers have had sex education in school.

2. Young women who have had sex education appear less likely than those who have not to become pregnant if sexually active.

3. Teenage women who have had a course that includ-
Discussion of contraceptive methods are more likely to have used a contraceptive method at first intercourse than those who have not had such a course.

Research has indicated that family life education can increase positive and realistic attitudes toward parenthood. Huff (1968) found that college students who had taken family life education demonstrated more positive attitudes toward child-rearing than those who had not had family life education.

Family life education has been shown to increase interaction between parent and child. Data evaluating course effectiveness revealed that fifth and sixth graders were significantly more likely to discuss sexuality with their parents after a class in family life education (Family Life and Sex Education, 1979). This situation drew strong parental support.

Studies have documented decreases in the rate of venereal disease as an apparent result of family life education. Levine (1970) reported a dramatic reduction in the rate of venereal disease for the first year that family life education was offered at selected schools within a district. In schools without the family life education the rate of venereal disease rose. When family life education was implemented in the remaining schools the following year, the rate of venereal disease decreased 50 percent during the first year.
Numerous studies have documented significant increases in knowledge as a result of participation in family living and sex education courses. Parcell, Luttman and Meyers (1979) demonstrated the value of using objective instruments in evaluation of an eighth grade sex education course. Data indicated a significant gain in knowledge of the 55 student participants, however there was no control group.

After a unit on human reproduction in a seventh grade, coed life science class, Barrow (1977) found 60 percent of the students expressed increased understanding of concepts of reproduction. The study was limited in that it used no pretest, but instead employed an opinionnaire to measure perceived results.

Another study testing junior high students in knowledge of human sexuality was conducted by Kapp, Taylor and Edwards (1980). Data from the 1979 Minnesota pilot educational program demonstrated a statistically significant increase (.005 level) in objective knowledge. Students also complete weekly evaluation sheets during the 12 week course. Again, there was no control group.

Research has shown that a family life education course can enhance a student's self-esteem. Crosby (1970) taught a pilot course in family life education during which he conducted experimental research on the effect of family life education on the values and attitudes of
adolescents. Crosby used three measuring instruments to assess changes in knowledge of family living, self-concept and attitudes toward family. The Knowledge of Family Living Test and Self-Concept Inventory were designed by Crosby. The third tool used was the Elias Family Opinion Survey. The treatment was the course instruction. The sample consisted of an experimental and a control group, each with 29 students: eight girls and twenty-one boys.

Results of the study indicated that gain in knowledge was significant at the .001 level and self-concept gain was significant at the .05 level. The data did not indicate any significant difference between the experimental students and the control group regarding their attitude toward family life. Crosby's research suggested the conclusion that instruction in family life education was instrumental in increasing knowledge in family life and improving self-concept of adolescents.

Although significant effects have been shown to occur as a result of instruction in family life and sex education, its effectiveness has not yet been unequivocally established. The researcher hopes that data from the present study will add to knowledge regarding the impact of family life and sex education on the knowledge and self-concept of the adolescent.
The Piers-Harris Children's Self-Concept Scale

Since the publication of the Piers-Harris Children's Self-Concept Scale (P-H) in 1969, it has been used in hundreds of school systems and clinics as well as in many research programs. Results of these studies are becoming available.

Bentler (1971) favorably reviewed the P-H for Buros' Seventh Mental Measurements Yearbook (1971). Bentler considered the scale to possess adequate reliability and validity for research use and approved many features of the manual.

In the first volume of her revised book, The Self-Concept, Wylie (1974) reviewed several instruments and considered the P-H to be the most promising research tool available.

A third review is contained in Measures of Social Psychological Attitudes, revised edition, edited by Robinson and Shaver. In the "Measures of Self-Esteem" chapter by Crandall (1973), the P-H was the most highly recommended scale for children.

Reliability

The P-H has been judged to have good internal consistency and adequate temporal stability (Piers, 1969). Changes in group means on a retest (up to five points) have been found to be consistently in the direction of a
higher score (more positive self-concept) even if no
treatment or manipulations have occurred (Piers, 1969).
According to Taylor (Piers, 1969), such findings are not
unusual in this area although they may be difficult to
interpret. It has been suggested that increasing
familiarity with the test items might account for the
change. In any case, this occurrence re-emphasizes the
importance of using control groups when analyzing for
changes in self-concept.

Validity

During the development of the P-H an attempt was
made to build content validity into the scale by defining
the universe to be measured as the areas about which
children reported qualities which they liked or disliked
about themselves (Jersild, 1971). Through various
analyses of the P-H, factors were retained which best
reflect a child's general self-concept.

Significantly different self-concept scores have been
found for certain groups as predicted. When the P-H was
administered to a group of institutionalized retarded
females, they scored significantly lower on the scale than
either normal subjects of the same chronological age or
normal subjects of the same mental age (Piers and Harris,
1964). These results confirmed predictions of
significantly different self-concept scores for certain
groups thereby establishing construct validity (Piers,
Effects of Treatment with the Piers-Harris
Children's Self-Concept Scale

One of the areas of greatest interest in the study of the self-concept is that of change following some treatment. However, self-concept refers to a set of relatively stable self-attitudes which may not be easily changed. While many studies seeking to improve these attitudes have reported non-significant results, some have reported significant changes. The various studies encompass such a wide variety of interventions and subject groups that it is difficult to make any generalizations concerning the results (Piers, 1977). Confirmation of results with other samples should be obtained before it can be stated that certain treatments will consistently improve self-concept.

Reasons for Selection of the Piers-Harris
Children's Self-Concept Scale

The Piers-Harris Children's Self-Concept Scale was selected as the instrument to measure self-concept for this study for a variety of reasons which include the following:

1. The P-H has been widely used for professional testing and has been highly recommended by experts in the area of research and self-concept.

2. The P-H closely resembles the format of the test
devised by Crosby (1970) when he studied the effects on self-concept of a family life course.

3. The P-H has convergent validity and correlates with other self-concept instruments, especially the Coopersmith Self-Esteem Inventory (Pearson r with P-H total score .85) which resembles the P-H in format and age range (Piers, 1974).

4. The P-H may be completed quickly and administered with ease.

5. Standards for evaluation and comparison of the P-H results have been established to aid in interpretation of data.

6. The P-H was mentioned throughout the literature on self-concept drawing the researcher’s attention to it.

The P-H is available from:
Western Psychological Services
Publishers and Distributors
12031 Wilshire Boulevard
Los Angeles, CA 90025
CHAPTER THREE

PROCEDURE

The purpose of this experimental study was to determine what effect, if any, a family life education course would have on the adolescent in terms of family life conceptual knowledge and self-concept.

Variables

The independent variable consisted of exposure or non-exposure to the family life course, and was manipulated by the researcher.

The dependent variables included (1) knowledge of family life concepts as determined by a teacher-prepared test and (2) valuation of oneself as measured by the Piers-Harris Children's Self-Concept Scale.

Sampling

The type of sampling used was accidental non-probability sampling. The experimental group was comprised of eighth grade students enrolled in the two fall semester classes of Home Arts. The experimental population consisted of 56 eighth graders: 55 girls and 1 boy. Their ages ranged from 12 to 15 years.

Non-probability sampling was used to select the control group. Eighth grade students who were not
currently enrolled in the Home Arts classes but who would be taking the course spring semester comprised the control group. This group consisted of 51-58 eighth graders including 2 boys. The control group ranged from 12 to 15 years of age.

Parental permission (see form—Appendix A) for student participation in the testing was required due to the nature of the subject matter of the course as determined by the California Educational Code.

Health, Family Life Education, Sex Education, Venereal Disease Education Instruction. (Education Code Sections 41240, 51550, & 51820) The parent/guardian has the right to exempt his/her child from instruction in health, family life education, sex education, and venereal disease educational instruction if such instruction conflicts with the parent's or guardian's moral or religious training and beliefs. The parent/guardian shall be notified in writing when the pupil is offered instruction in venereal disease or sex education. Such notice shall also advise the parent/guardian of his/her right to inspect the course materials and the right to request that his/her child not attend the class. (Ventura Unified School District, Ventura, California, 1983).

Experimental Design

The design for the experiment used two groups of students: an experimental and a control group. Both groups were pretested and both were posttested on family life conceptual knowledge and self-concept.

The experimental treatment consisted of exposure to the family life course. The curriculum was written and taught by the researcher. The title of the course is "Family Life Education" (Appendix B).
For the purpose of this study, the "Family Life Education" unit has been defined as an eleven-week course which meets 45 minutes per day, Monday through Friday. The content of the family living unit emphasizes growth and development and responsible decision-making in the area of sexuality. The family life course is a unit within an elective course titled, Home Arts, which is offered to eighth graders at Balboa Middle School in Ventura. Home Arts is a semester class of about 18 weeks duration. In addition to family life education, students create a quilting project. Mostly girls enroll in the course with usually only two or three boys each semester.

**Instruments**

Three instruments were used for data collection. They are described in the following paragraphs.

**Family Life Review Test**

The Family Life Review Test (FLR) was a test designed by the researcher consisting of 40 assorted true-false, multiple choice and short answer questions (Appendix C). It was intended to measure the knowledge and concepts one has concerning the subject matter of the family living course. The test touched on specific areas such as teenage sexual activity, teenage pregnancy, venereal disease, human reproduction, contraception, values, and goals. In addition to measuring knowledge the test
experience was intended to function as a reinforcement of learning. The material is sufficiently broad to permit a person to demonstrate an overall grasp of the information and concepts covered in the curriculum. Similar versions of the test have been used in previous years as a normal part of the course evaluation.

The Piers-Harris Children's Self-Concept Scale

The Piers-Harris Children's Self-Concept Scale (P-H) is an instrument which was designed by Ellen V. Piers and Dale B. Harris primarily for research on the development of children's self-attitudes. The scale, entitled, "The Way I Feel About Myself," consists of 80 self-descriptive statements to be answered "yes" or "no." The P-H is quickly completed (15-20 minutes) and requires approximately a third grade reading level.

Test results of the P-H will provide a total positive self-concept score and, if desired, six sub-scores derived from cluster analysis. The sub-scores are in the areas of behavior, happiness-satisfaction, intellectual and school status, physical appearance, anxiety, and popularity.

This research will be useful in evaluating teaching effectiveness in relation to promotion of self-esteem.

Family Life Course Evaluation

One evaluation questionnaire was devised by the writer for students to complete at the end of the unit
(Appendix D). The questionnaire consisted of "yes-no" and short answer questions. Subjective comments were solicited regarding the usefulness and efficacy of the family life course. Similar versions of this course evaluation have been used in previous years.

The purpose of this instrument was to aid in making future plans regarding the nature and scope of the family living course. While subjective evaluation may not be measured empirically it does provide input which might not be obtained otherwise. A more personal human and spontaneous type of information usually is forthcoming from the use of such questionnaires than is possible with objective measuring instruments. Thus the objective and subjective measurements should serve to complement each other.

Data Collection

The method of data collection was to administer the instruments to the groups on a pretest and posttest basis. The pretests were given prior to beginning the family life education unit and the posttests were given at the conclusion of the unit in family life. During the unit instruction, the control group was not in regular contact with the researcher. The experimental group received daily instruction in family life education for approximately 11 weeks.

The tests were administered by the researcher. The
pretesting and posttesting of the experimental and control groups were carried out as nearly as possible at the same time. The Family life Review Test was graded by the researcher. The Piers-Harris Children's Self Concept Scale was also graded by the researcher.

The Family Life Course Evaluation provided supplementary information to aid in the final evaluation of the class and the final writing of this study. The course evaluation was administered only to the experimental group at the end of the family life unit.

Data Analysis Procedures

Data analysis was accomplished through the use of the "t" test to determine the significance of differences between means. Comparisons were made between the means of the experimental group and the control group. Comparisons of mean gains for the experimental group's pretest and posttest scores were also made. Levels of significance were set at the .05 level of probability.
CHAPTER FOUR
ANALYSIS OF THE DATA

Results of the Experiment

The purpose of this study was to determine what effect, if any, a family life education course does have on the adolescent in terms of family life conceptual knowledge and self-concept.

The design for the study called for two groups of students. One group consisted of students who were currently enrolled in a family life education class taught by the researcher. This group comprised the experimental group. The second group consisted of students who were not currently enrolled in the family life class nor had they been in the past. These students comprised the control group.

The experimental procedure consisted of pretests and posttests for both the experimental and the control groups. The pretests and posttests measured knowledge of family life concepts and self-concept. The Family Life Review Test (FLR) was designed by the researcher to measure family life conceptual knowledge. The test used to measure self-concept was the Piers-Harris Children's Self-Concept Scale (P-H).

Pretests for both groups were administered by the
researcher just prior to the beginning of the unit. The experimental group was tested during class sessions. Pretesting of the control group was conducted during the lunch period. Posttesting of the experimental group was done during the final week of the class. Posttests for the control group were administered during the class periods at the beginning of the new semester.

The actual number of subjects being tested ranged from 47 to 58. Several factors caused the variance in numbers of subjects (Table 1). Some students in the experimental group moved away before completing the course. Others in the experimental group were unavailable for the posttests due to lengthy absences attributed to illnesses. Differences in the numbers of subjects tested in the control group were due to the fact that students either dropped or added the class.

<table>
<thead>
<tr>
<th>Group</th>
<th>Test</th>
<th>Pretest N</th>
<th>Posttest N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>FLR</td>
<td>55</td>
<td>50</td>
</tr>
<tr>
<td>Experimental</td>
<td>P-H</td>
<td>56</td>
<td>47</td>
</tr>
<tr>
<td>Control</td>
<td>FLR</td>
<td>51</td>
<td>58</td>
</tr>
<tr>
<td>Control</td>
<td>P-H</td>
<td>53</td>
<td>58</td>
</tr>
</tbody>
</table>

The experimental treatment consisted of participation
in the family life course of instruction. The unit lasted approximately 11 weeks. Class instruction included films, guest speakers and learning activities (see Appendix B).

Four hypotheses were tested. Two hypotheses dealt with gain in knowledge and two hypotheses pertained to changes in self-concept.

The first alternative hypothesis was that there would be a significant difference in scores on a family life conceptual knowledge test between students who had taken a family life course and students who had not taken such a course.

The "t" test on the FLR pretest comparison of the experimental group and the control group yielded a computed "t" of .25 which was statistically insignificant. The mean FLR pretest score was 23.64 for the experimental group and 22.86 for the control group. Thus, no significant difference in family life conceptual knowledge existed between the experimental and the control groups prior to this study (Table 2).

The "t" test on the FLR posttest comparison of the experimental group and the control group yielded a computed "t" of 18.72 which was statistically significant at the .01 level of confidence. The mean FLR posttest score for the experimental group was 34.66. The mean FLR posttest score for the control group was 23.24 (Table 3).
Table 2
Experimental and Control Groups Compared on FLR Pretest

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean FLR Pretest Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>55</td>
<td>23.64</td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>51</td>
<td>22.86</td>
<td>.25</td>
</tr>
</tbody>
</table>

p=.01, df=104, criterion t=2.63

---

Table 3
Experimental and Control Groups Compared on FLR Posttest

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean FLR Posttest Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>50</td>
<td>34.66</td>
<td>18.72</td>
</tr>
<tr>
<td>Control</td>
<td>58</td>
<td>23.24</td>
<td></td>
</tr>
</tbody>
</table>

p=.01, df=100, criterion t=2.63

Results of the data support the first alternate hypothesis. In this study there was a significant difference in scores on a family life conceptual knowledge test between students who had taken a family life course and students who had not taken such a course.

The second alternate hypothesis stated that there
would be a significant difference in gain in scores as a result of having taken a family life course.

The "t" test on the comparison of FLR pretest scores and FLR posttest scores of the experimental group yielded a computed "t" of 5.51 which was statistically significant at the .01 level of confidence. The mean FLR pretest score for the experimental group was 23.64 and the mean FLR posttest score was 34.66 (Table 4).

<table>
<thead>
<tr>
<th>Test</th>
<th>N</th>
<th>Mean FLR Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>55</td>
<td>23.64</td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td>50</td>
<td>34.66</td>
<td>18.72</td>
</tr>
</tbody>
</table>

Table 4
FLR Pretest and Posttest Scores for the Experimental Group

The "t" test on the comparison of FLR pretest scores and FLR posttest scores of the control group yielded a computed "t" of .29 which was statistically insignificant. The mean FLR pretest score for the control group was 22.86 and the mean FLR posttest score was 23.24 (Table 5). There was no significant difference on comparison of FLR pretest and posttest scores for the control group.
Table 5
FLR Pretest and Posttest Scores of the Control Group

<table>
<thead>
<tr>
<th>Test</th>
<th>N</th>
<th>Mean FLR Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>51</td>
<td>22.86</td>
<td>.29</td>
</tr>
<tr>
<td>Posttest</td>
<td>58</td>
<td>23.24</td>
<td></td>
</tr>
</tbody>
</table>

p=.01, df=107, criterion t=2.63

Findings of this study support the second alternate hypothesis. Among the experimental subjects there was a significant difference in gain in scores on a family life conceptual knowledge test as a result of having taken a family life course.

The third alternate hypothesis stated that there would be a significant difference in self-concept between students who had taken a family life course and students who had not taken such a course.

The "t" test on the P-H pretest comparison of the experimental group and the control group yielded a computed "t" of .91 which was statistically insignificant. The mean P-H pretest score for the experimental group was 56.61. The mean P-H pretest score for the control group was 54.66. Thus no significant difference in scores on
the P-H existed between the experimental and control groups prior to this study (Table 6).

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean P-H Pretest Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>56</td>
<td>56.61</td>
<td>.91</td>
</tr>
<tr>
<td>Control</td>
<td>53</td>
<td>54.66</td>
<td></td>
</tr>
</tbody>
</table>

p=.01, df=107, criterion t=2.63

The "t" test on the P-H posttest comparison of the experimental group and the control group yielded a computed "t" of 3.4 which was statistically significant at the .01 level of confidence. The mean P-H posttest score for the experimental group was 62.26. The mean P-H posttest score for the control group was 54.5 (Table 7).
Table 7
Experimental and Control Groups Compared on P-H Posttest

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean P-H Posttest Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>47</td>
<td>62.26</td>
<td>3.4</td>
</tr>
<tr>
<td>Control</td>
<td>58</td>
<td>54.5</td>
<td></td>
</tr>
</tbody>
</table>

p=.01, df=103, criterion t=2.63

Results of the data support the third alternate hypothesis. In this study there was a significant difference in self-concept scores between students who had taken a family life course and students who had not taken such a course.

The fourth alternate hypothesis stated that there would be a significant gain in self-concept as a result of having taken a family life course.

The "t" test on the comparison of P-H pretest scores and P-H posttest scores of the experimental group yielded a computed "t" of 2.74 which was statistically significant at the .01 level of confidence. The mean P-H pretest score for the experimental group was 56.61 and the mean P-H posttest score was 62.26 (Table 8).
### Table 8

**P-H Pretest and Posttest Scores for the Experimental Group**

<table>
<thead>
<tr>
<th>Test</th>
<th>N</th>
<th>Mean P-H Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>56</td>
<td>56.61</td>
<td></td>
</tr>
<tr>
<td>Posttest</td>
<td>47</td>
<td>62.26</td>
<td>2.74</td>
</tr>
</tbody>
</table>

*p=.01, df=101, criterion t=2.63*

The "t" test on the comparison of P-H pretest scores and P-H posttest scores of the control group yielded a computed "t" of .07 which was statistically insignificant. The mean P-H pretest score for the control group was 54.66 and the mean P-H posttest score was 54.5 (Table 9). There was no significant difference on comparison of P-H pretest and posttest scores for the control group.
Table 9

P-H Pretest and Posttest Scores for the Control Group

<table>
<thead>
<tr>
<th>Test</th>
<th>N</th>
<th>Mean P-H Score</th>
<th>&quot;t&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>53</td>
<td>54.66</td>
<td>.07</td>
</tr>
<tr>
<td>Posttest</td>
<td>58</td>
<td>54.5</td>
<td></td>
</tr>
</tbody>
</table>

p=.01, df=109, criterion t=2.63

Findings of this study support the fourth alternate hypothesis. Among the experimental subjects there was a significant gain in self-concept as a result of having taken a family life course.

Participant Response and Evaluation

In addition to the FLR and the P-H measuring instruments, the researcher devised the Family Life Course Evaluation questionnaire for the experimental students to complete at the end of the unit. The evaluation was anonymously completed by the experimental students on the last day of class. The evaluation questionnaire had no effect on the students' grades and students were instructed that the evaluation questionnaire would not even be read until after report cards were completed.

The course evaluation, presented in Appendix D asked twelve questions to which the students were instructed to
answer "yes" or "no" and eight subjective questions. The first twelve questions and responses are summarized in Table 10.

Table 10
Experimental Group's Evaluation of the Family Life Course

<table>
<thead>
<tr>
<th>Question</th>
<th>Response:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>1. Was it your idea to take this class?</td>
<td>47</td>
</tr>
<tr>
<td>2. Did your parents want you to take this class?</td>
<td>47</td>
</tr>
<tr>
<td>3. Do you feel better about &quot;Who I Am?&quot;</td>
<td>48</td>
</tr>
<tr>
<td>4. Do you find it easier to understand yourself?</td>
<td>44</td>
</tr>
<tr>
<td>5. Do you find it easier to understand your parents?</td>
<td>37</td>
</tr>
<tr>
<td>6. Do you find it easier to understand your peers?</td>
<td>42</td>
</tr>
<tr>
<td>7. Do you think boys and girls should be separated for this course?</td>
<td>5</td>
</tr>
<tr>
<td>8. Do you think this kind of course should be required?</td>
<td>43</td>
</tr>
<tr>
<td>9. Do you think that the course helped prepare you for dating?</td>
<td>45</td>
</tr>
<tr>
<td>10. Do you think that the course helped prepare you for marriage?</td>
<td>49</td>
</tr>
<tr>
<td>11. Do you think that the course helped prepare you for parenthood?</td>
<td>49</td>
</tr>
<tr>
<td>12. Has taking this class increased communication at home?</td>
<td>24</td>
</tr>
</tbody>
</table>
Students made some interesting responses to questions thirteen through twenty. The questions and a sampling of responses are as follows:

13. How will the information we have covered in this class help you in your future life?

Now I know how hard it is to take care of a baby and to not expect so much from them....I can use it to help make a better decision....It will help me make decisions....I know that I don't have to be pushed into sex....Make it easier....Help me make smart decisions about sex....I'll know a lot more about parenting and stuff like that....You'll know what you should expect and how to handle it....I think it is the most fun class I ever had....I will be thinking more towards the future and the consequences of things....It helped me think more about life....You will know what you're doing and what might happen....If a guy puts peer pressure on me to have sex with him, I'll know to say no, or use birth control....I know all about having children and people have to make their own decisions about sex....When we studied about getting pregnant it really made me think twice....I learned how to be ready to be a parent, I learned about sex, and about abuse. All these things helped me in the way that when I'm a parent I will be a good one....I know now for sure that I'm not ready to have a baby or get married yet. I know more what it would really be like if I did get pregnant....It helps to know the facts on being a pregnant teenager and it taught us that being a parent isn't all easy....It will help me make decisions for myself and be more sure if they're right or wrong....I know what to expect and I won't be pushed into anything that I don't want to do....When I'm a parent it won't be so hard to explain sex to my kids....If I ever need any help for any problems I now know what to do or who to call. It will make be think of what I learned before I go and do something bad.

14. What parts of the class were most interesting to you?

When we had the talkers come in the room and
talk to us about modeling and our posture. . . . About dating and young pregnancy. . . . The babies and the sex-ed. . . . Parenting. . . . Self-concept. . . . Sex. . . . Parenting and the films and speakers. . . . Films, speakers. . . . The films. . . . All of them were interesting to me. . . . The part about child abuse. . . . Class discussions. . . . About dating. . . . Learning about being a parent. . . . I like the parts teaching about teenage parenthood. . . . Sex ed. . . . The parenthood part. . . . I enjoyed it all, really. . . . When we got the "plant babies". . . . The family part when we learned about parenthood. . . . The Who Am I part. . . . Having the babies and watching films. . . . Caring for the plant and having the speakers. . . . The part about taking care of babies and how much they really take out of you.

15. Which parts were least interesting?

None. . . . I liked them all. . . . Doing all the paperwork. . . . Carrying around a baby plant. . . . It was all interesting. . . . None. . . . Child abuse. . . . I don't know. . . . They were all interesting. . . . All those corny films. . . . When some guest speakers are here. . . . It was all pretty interesting. . . . V.D. . . . I enjoyed the whole course. . . . I never experienced the class not being interesting. . . . Parts of the body. . . . None of them, they were all good subjects. . . . The child abuse didn't make me too happy. . . . Nothing was least interesting.

16. What else would you like to have covered?

You covered just about everything I was interested in learning. . . . How you feel when you like a boy but you don't know if he likes you. . . . Nothing else. . . . I don't really know, you've covered almost everything. . . . We did everything. . . . Divorce and separation, what happens. . . . Nothing. . . . How much it would be to get married. . . . You covered everything. . . . I would like to know more about child birth. . . . More about drugs. . . . About drinking and how bad it is for you and driving. . . . You covered all I wanted to know. . . . Child abuse more. . . . You covered everything I wanted to know.

17. How was your attendance during this part of the class?

<table>
<thead>
<tr>
<th>Absences:</th>
<th>0-3</th>
<th>4-5</th>
<th>6-10</th>
<th>more than 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responses:</td>
<td>39</td>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
18. How important is it for teenagers to have a class on family living and sex education?

I think it is very important. Really important. Very. In case their parents are embarrassed to talk to them about this. It's important because they should know these things. It's not terribly necessary, but it helps a great deal. So they know more about sex and won't get pregnant. They could learn about parents so they will be a good parent. Very important, because people have sex at an early age without thinking about consequences. It is very important, because any teenager should know about sex. It's important because sometimes your parents don't tell you what they should. Very, they need to know the facts. It's real important. Lots of parents don't talk to their children so they have the wrong information on things. Very so that they will learn and it will help them in the future. So they are aware of what's happening and don't end up pregnant by mistake. It's very important. It could change someone's life. I think it is very important and it helps a lot.

19. Would you recommend this class to a friend?

Yes, it was very helpful. Yes, I would highly recommend it to a friend. Yes, it's very important. If you're scared to ask questions about sex this class would help you understand things.

20. Other comments?

I enjoyed it. This is a fun class and very informational. It's my favorite elective. It was lots of fun. I really liked it and thanks. I really enjoyed having you as my teacher. I'm glad I took this class. It was a lot of fun. This class should definitely be required. I loved this class and will miss it. I enjoyed the class. I could talk freely with you. Thanks! I had a lot of fun and I wish this was a year long class. This is a good class to learn about yourself, to look into the future and to set good goals for yourself. I thought Mrs. Horne had a lot of patience to put up with me and my remarks. It was fun! I wouldn't mind taking it again.
The experimental students were enthusiastic about the course. Student responses in the course evaluation reflect the opinions that family life education should be an important part of the school curriculum.
CHAPTER FIVE
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The study described in the previous chapters dealt with the question of the effect of family life education on the knowledge and self-concept of adolescents. The conclusions and implications, which appear to be warranted in the light of this study, are considered in the following pages.

Summary

This study in family life education was designed and carried out with a two-fold purpose. The first purpose was to determine what effect, if any, a family life education course would have on the adolescent in terms of family life conceptual knowledge and self-concept. The second basic purpose of the study was to utilize research procedures of an empirical nature, including the use of reliable and valid measuring instruments, experimental and control groups, hypothesis testing, and statistical analysis.

Four hypotheses were tested. Two hypotheses dealt with gain in knowledge and two pertained to changes in self-concept.

Three measuring instruments were used for data collection. The Family Life Review (FLR) is a test
designed by the researcher consisting of 40 assorted test questions (Appendix C). The FLR was intended to measure the knowledge and concepts of the experimental and control groups concerning the subject matter of the family living course.

A second instrument used in this study was the Piers-Harris Children's Self Concept Scale (P-H). The P-H is a standardized test designed by Ellen V. Piers, Ph.D. and Dale B. Harris, Ph.D. The P-H scale consisted of 80 self-descriptive statements to be answered "yes" or "no." Test results of the P-H provided total positive self-concept scores for the experimental and control groups.

The FLR and the P-H were the empirical instruments used for hypothesis testing. In addition to these two instruments, students from the experimental group were asked to complete a course evaluation (Appendix D). The evaluation included a combination of "yes-no" and short-answer questions. The Family Life Course Evaluation questionnaire provided an opportunity for subjective input from the experimental group.

Two groups of students were involved in this study, an experimental group and a control group. The experimental group consisted of 56 eighth grade students who were enrolled in the two fall semester classes of Home Arts taught by the researcher. The control group was
comprised of 58 eighth graders who were not currently enrolled in the Home Arts classes, but who would be taking the course during the spring semester.

Both the experimental and control groups were given a pretest and a posttest on family life conceptual knowledge and self-concept. The pretests were given prior to the beginning of the family life education unit and the posttests were given at the conclusion of the unit in family life. The experimental treatment consisted of exposure of the experimental group to the family life course for approximately 11 weeks. During the unit instruction, the control group was not in regular contact with the researcher. The tests were administered and scored by the researcher. The pretesting and posttesting of the experimental and control groups were carried out as nearly as possible at the same time.

Data analysis was accomplished through the use of the "t" test to determine the significance of differences between means. Comparisons were made between the mean scores of the experimental and control groups. Comparisons of mean gains for the experimental group's pretest and posttest scores were also made. Levels of significance were set at the .05 level of confidence.

Conclusions

The FLR test brought forth results significant at the .01 level of confidence. This was not unexpected in that
an increase in conceptual knowledge should be forthcoming after a student has spent 11 weeks in a particular course.

Null hypothesis one stated, There will be no significant difference in scores on a family life conceptual knowledge test between students who have taken a family life course and students who have not taken such a course. This hypothesis was rejected as the students who had completed the course showed a significantly higher score on the FLR posttest.

The second null hypothesis stated, There will be no significant difference in gain in scores as a result of having taken a family life course. This null hypothesis was also rejected as there was a significant difference between the pretest and posttest scores of those who had taken the course.

The P-H also produced results significant at the .01 level of confidence. These results indicate that participation in a family life course may enhance an adolescent's self-concept.

Null hypothesis three stated, There will be no significant difference in self-concept between students who have taken a family life course and students who have not taken such a course. This null hypothesis was rejected as the students who had completed the course showed a significantly higher score on the P-H posttest.

The fourth null hypothesis stated, There will be no
significant gain in self-concept as a result of having taken a family life course. This null hypothesis was also rejected as there was a significant difference between the pretest and posttest scores of those who had taken the class.

The experimental data indicated a significant positive gain in the adolescents' knowledge of family life concepts and a positive gain in the adolescents' self-concept. These results suggest that the family life education course, as taught by the researcher, was instrumental in changing the amount of knowledge about family life and the attitude toward oneself.

The students indicated their subjective reactions to the course on the evaluation questionnaire. The answers to questions three and four concerning their feelings about themselves supported the conclusion of a positive change in self-concept as previously indicated on the P-H.

On the basis of this study it may be concluded that an 11 week course in family life education had a substantial effect on the adolescents' knowledge about family life and their self-concepts. This study demonstrated in an empirical way that a person's self-concept can be influenced favorably by participation in a family life course.
Recommendations

The major implication of the study, suggested by the results of both the subjective data and the empirical research, is that family life education for eighth graders may function not only to increase their knowledge of family life, growth, and development, but may also serve as a means whereby the student is encouraged to acquire a more positive self-concept.

The results relating to Hypotheses One and Two indicate that participation in a family life course may increase an adolescent's knowledge of family life concepts. The favorable results relating to Hypotheses Three and Four suggest that there is a positive relationship between family life education and the self-concept.

Hypotheses Three and Four, in particular, are deserving of further research attention. Replication of this study would be desirable in order to further explore the relationship between family life education and the self-concept.

Recommendations for further research are as following:

1. To conduct a similar study using a sample including more male subjects.

2. To conduct a similar study using a high school age population (about 16-17 years of age).
3. To conduct a similar study with different instructors.

4. To conduct a similar study with the same type of population, but where the class is a required course and not an elective.

This experimental study has served to demonstrate that empirical control and experimental procedures can be used effectively in the evaluation of family life courses. The results of this study indicate that there is a legitimate need for family life education at the eighth grade level. Such courses would benefit from continual evaluation. Inclusion of family life courses within the middle school curriculum would benefit the adolescent in the areas of knowledge of family living concepts and would promote more positive self-valuation to increase self-concept.
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BIBLIOGRAPHY


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APPENDIX A:

PARENTAL PERMISSION FORM
APPENDIX A

PARENTAL PERMISSION FORM

BALBOA MIDDLE SCHOOL
2471 HILL ROAD
VENTURA, CALIFORNIA 93003

Dear Parents:

During the period _______ through _______
students in _______ grade classes will be studying a unit on ____________________________.

The State Education Code prohibits the school from requiring students to attend classes where human reproductive organs are described or discussed without first notifying the parents. If you wish your child to be excused from these classes please sign the form below and return it to me.

Any instructional materials that are to be used in this unit have been used before by the teacher and are, in her opinion, suitable for Middle School students. However, you have the right to inspect any materials that will be used in the unit and if you indicate below you will be given the opportunity to preview any films or filmstrips or other materials prior to their being shown to the students.

Sincerely,

Duane O. Rodgers,
Principal

(continued)
TO: Mr. Duane O. Rodgers, Principal
Balboa Middle School

NAME OF STUDENT

I request that my child be excused from all classes in which human reproductive organs and their functions and processes are described, illustrated or discussed.

I request that I be permitted to inspect and review any materials used in this unit. (If you check this item you will be notified of the time when the film(s) or filmstrips can be previewed.)

DATE

PARENT SIGNATURE
APPENDIX B:
FAMILY LIFE EDUCATION
LIST OF TOPICS
APPENDIX B
FAMILY LIFE EDUCATION
LIST OF TOPICS

Unit
I. Self-Concept
II. Goals and Values
 III. Human Reproduction
IV. Growth and Development
V. Dating and Relationships
VI. Venereal Disease
VII. Contraception
VIII. Teenage Pregnancy
IX. Parenting
X. Child Abuse
APPENDIX C:

FAMILY LIFE REVIEW
APPENDIX C
FAMILY LIFE REVIEW

Name ___________________ Sex__Age__Date________

DIRECTIONS: This review contains true-false, multiple choice and short answer questions. For multiple choice, write the letter of the best answer on the appropriate answer blank. For true-false and short answer, write the answer on the blank.

<table>
<thead>
<tr>
<th>Answer Column</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ___________</td>
<td>1. A wet dream is a natural way for a young man to release sperm and sexual energy. It usually happens:</td>
</tr>
<tr>
<td></td>
<td>A. while he is exercising.</td>
</tr>
<tr>
<td></td>
<td>B. when he is asleep.</td>
</tr>
<tr>
<td></td>
<td>C. when he first wakes up.</td>
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<tr>
<td>2. ___________</td>
<td>2. The time in a menstrual cycle when a woman is most likely to become pregnant is:</td>
</tr>
<tr>
<td></td>
<td>A. during menstruation.</td>
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<tr>
<td></td>
<td>B. two weeks before the first day of menstruation.</td>
</tr>
<tr>
<td></td>
<td>C. the day or so before menstruation begins.</td>
</tr>
<tr>
<td>3. ___________</td>
<td>3. The name of a male sex organ that is pronounced like &quot;peanuts&quot; without the &quot;l&quot; is correctly spelled _____.</td>
</tr>
<tr>
<td>Answer Column</td>
<td>Questions</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>4. _________</td>
<td>4. Fertilization in the female usually takes place in the:</td>
</tr>
<tr>
<td></td>
<td>A. back seat of a car.</td>
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<tr>
<td></td>
<td>B. ovaries.</td>
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<tr>
<td></td>
<td>C. fallopian tubes.</td>
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<tr>
<td></td>
<td>D. none of the above.</td>
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<tr>
<td>5. _________</td>
<td>5. Name the term which describes the action of the sperm leaving the body during sexual excitement:</td>
</tr>
<tr>
<td></td>
<td>A. emancipation</td>
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<tr>
<td></td>
<td>B. evacuation</td>
</tr>
<tr>
<td></td>
<td>C. ejaculation</td>
</tr>
<tr>
<td></td>
<td>D. evaluation</td>
</tr>
<tr>
<td>6. _________</td>
<td>6. Hannibal was thirteen. One night, while he was asleep, he awoke to find his sheets wet with some sticky liquid. Since he had taken Home Arts, he didn't worry. He knew right away that this was:</td>
</tr>
<tr>
<td></td>
<td>A. a very warm night.</td>
</tr>
<tr>
<td></td>
<td>B. a natural body process called seminal emission or wet dream.</td>
</tr>
<tr>
<td></td>
<td>C. because he had drunk so much water before bed.</td>
</tr>
</tbody>
</table>
Questions

7., 8., 9. Label the parts with the correct terms.

10. Eggs in the female are released by the:
   A. ovaries
   B. sperm
   C. vagina.
   D. magic.

11., 12. Name the following types of twins:

Hint: Unscramble these letters for the answers:

tinlacdie nerarlaft
<table>
<thead>
<tr>
<th><strong>Answer Column</strong></th>
<th><strong>Questions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>13. _______________</td>
<td>13. A physical characteristic which is entirely inherited or passed down from generation to generation is:</td>
</tr>
<tr>
<td></td>
<td>A. muscular strength</td>
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<td></td>
<td>B. posture.</td>
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<td></td>
<td>C. eye color.</td>
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<td></td>
<td>D. athletic skill.</td>
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<tr>
<td></td>
<td>A. holding hands</td>
</tr>
<tr>
<td></td>
<td>B. having sex</td>
</tr>
<tr>
<td></td>
<td>C. both of the above</td>
</tr>
<tr>
<td>15. _______________</td>
<td>15. Once the symptoms of genital herpes go away:</td>
</tr>
<tr>
<td></td>
<td>A. the person is cured.</td>
</tr>
<tr>
<td></td>
<td>B. the person can get it back at any time without warning.</td>
</tr>
<tr>
<td>16. _______________</td>
<td>16. True-False? The more sexual contacts a person has the greater the chance of getting V. D.</td>
</tr>
<tr>
<td>Questions</td>
<td>Answer Column</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>17. If you could do all of the following, which would be the surest way to keep from catching syphilis, gonorrhea, and genital herpes?</td>
<td></td>
</tr>
<tr>
<td>A. Avoid public toilet seats.</td>
<td></td>
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<tr>
<td>B. Avoid sexual intercourse with infected persons.</td>
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<tr>
<td>C. Eat a lot of spinach.</td>
<td></td>
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<tr>
<td>D. Stay away from infected persons.</td>
<td></td>
</tr>
<tr>
<td>18. In which of the following would you expect to see the symptoms of gonorrhea soon after infection?</td>
<td></td>
</tr>
<tr>
<td>A. men</td>
<td></td>
</tr>
<tr>
<td>B. women</td>
<td></td>
</tr>
<tr>
<td>C. both the same</td>
<td></td>
</tr>
<tr>
<td>19. If the seminal duct (tube that carries the sperm) of a male is blocked by scar tissue from gonorrhea infection so the sperm cannot pass out, which one of the following would be the result?</td>
<td></td>
</tr>
<tr>
<td>A. He will become blind.</td>
<td></td>
</tr>
<tr>
<td>B. He will go insane.</td>
<td></td>
</tr>
<tr>
<td>C. No effect.</td>
<td></td>
</tr>
<tr>
<td>D. He will become sterile (can't have kids).</td>
<td></td>
</tr>
<tr>
<td>Answer Column</td>
<td>Questions</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------</td>
</tr>
<tr>
<td>20.</td>
<td>20. True-False? Once you have had syphilis and have been cured you can't catch it again.</td>
</tr>
<tr>
<td>21.</td>
<td>21., 22., 23. List three possible consequences for the unmarried teenage girl who decides to have sexual intercourse.</td>
</tr>
<tr>
<td>22.</td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>24. Name a consequence of teenage pregnancy for the teenage father.</td>
</tr>
<tr>
<td>25.</td>
<td>25. True-False? Some high school students have not had sexual intercourse and have no intention of having sex until marriage.</td>
</tr>
<tr>
<td>26.</td>
<td>26. True-False? Young men who marry in their teens are more likely to have low paying jobs all their lives.</td>
</tr>
<tr>
<td>27.</td>
<td>27. Where could someone go for advice about how to handle a problem pregnancy?</td>
</tr>
<tr>
<td></td>
<td>A. Children's Home Society</td>
</tr>
<tr>
<td></td>
<td>B. Betty Crocker</td>
</tr>
<tr>
<td></td>
<td>C. Sesame Street</td>
</tr>
<tr>
<td></td>
<td>D. Mickey Mouse</td>
</tr>
</tbody>
</table>
28. Ans

28. This birth control device is used by the male and prevents pregnancy because it catches the sperm.

A. plastic wrap
B. plastic baggies
C. condom
D. all of the above

29.

29. Another name for a condom is:

A. apartment
B. rubber

30.

30. Write a definition for self-concept.

31.

31. Which of the following would most make a person feel worthless and inferior?

A. praise for doing something well
B. honest talk with a child as to why he/she was being punished
C. parents constantly telling a child he is "no good" or "bad" or "sissy" or "stupid"
D. failure even when one has worked very hard to succeed
<table>
<thead>
<tr>
<th>Answer Column</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.</td>
<td>32. Values, images of one's self, feelings of inferiority, feelings of being dependent or independent are:</td>
</tr>
<tr>
<td></td>
<td>A. learned.</td>
</tr>
<tr>
<td></td>
<td>B. inherited.</td>
</tr>
<tr>
<td></td>
<td>C. learned and inherited.</td>
</tr>
<tr>
<td></td>
<td>D. none of the above.</td>
</tr>
<tr>
<td>33.</td>
<td>33. Define goal.</td>
</tr>
<tr>
<td>34.</td>
<td>34. Define value.</td>
</tr>
<tr>
<td>35.</td>
<td>35. True-False? Being a parent is a lifetime job.</td>
</tr>
</tbody>
</table>
36. Which of the following may have an influence on one's attitude toward sex?

A. parents
B. friends
C. T. V. and movies
D. all of the above
E. none of the above

37. True-False? the THC (chemical that makes you high) from pot (marijuana) builds up in the reproductive organs in your body.

38. No matter how a baby is fed, the most important factor in the feeding process is:

A. the quality of the food.
B. the degree of the mother's warmth and her attitude toward her baby while feeding.
C. the place where the feeding is done.
D. the age of the baby at weaning.
<table>
<thead>
<tr>
<th>Answer Column</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>39. ___________</td>
<td>39. What is the first and most important thing a child must learn if he is to have a healthy personality when older?</td>
</tr>
<tr>
<td></td>
<td>A. to be trusting</td>
</tr>
<tr>
<td></td>
<td>B. to be assertive</td>
</tr>
<tr>
<td></td>
<td>C. to be independent</td>
</tr>
<tr>
<td></td>
<td>D. to be aggressive</td>
</tr>
<tr>
<td>40. ___________</td>
<td>40. True-False? Child abuse is most common among people with very little education.</td>
</tr>
</tbody>
</table>
APPENDIX D
APPENDIX D
FAMILY LIFE COURSE EVALUATION

Directions: Please answer each question carefully and honestly. You need not sign your name.

1. Was it your idea to take this class? yes no

2. Did your parents want you to take this class? yes no

3. Do you feel better about "Who I Am?" yes no

4. Do you find it easier to understand yourself? yes no

5. Do you find it easier to understand your parents? yes no

6. Do you find it easier to understand your peers? yes no

7. Do you think boys and girls should be separated for this course? yes no

8. Do you think this kind of course should be required? yes no

9. Do you think that the course helped prepare you for dating? yes no

10. Do you think that the course helped prepare you for marriage? yes no

11. Do you think that the course helped prepare you for parenthood? yes no

12. Has taking this class increased communication at home? yes no

13. How will the information we have covered in this class help you in your future life?
14. What parts of the class were most interesting to you?

15. Which parts were least interesting?

16. What else would you like to have covered?

17. How was your attendance during this part of the class?
   Absences: (Circle one)
   0-3       4-5       6-10       more than 10

18. How important is it for teenagers to have a class on family living and sex education?

19. Would you recommend this class to a friend?

20. Other comments?

   Thank you for your remarks.