Sexuality attitudes of Iowa secondary teachers

Jillian Rae Boyd
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SEXUALITY ATTITUDES OF IOWA SECONDARY TEACHERS

Iowa State University

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Sexuality attitudes of
Iowa secondary teachers

by

Jillian Rae Boyd

A Dissertation Submitted to the
Graduate Faculty in Partial Fulfillment of the
Requirements for the Degree of
DOCTOR OF PHILOSOPHY
Major: Home Economics Education

Approved:

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For the Graduate College

Iowa State University
Ames, Iowa

1981
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INTRODUCTION

Individuals learn about sexuality throughout their lives from a variety of sources including parents, peers, and teachers. These sources provide varying degrees of accurate information about what it means to be male or female in a particular culture. Parents have the right to be the primary sexuality educators of their children, and the right to be informed when such education for their children comes from other sources. A societal concern is that many parents have been ineffective in providing their children with sexuality education (Bennett & Dickinson, 1980; "Family Sex Education," 1979; Gilbert & Bailis, 1980; Libby, Acock & Payne, 1974; Looft, 1971; Scales & Everly, 1977).

Evidence from a number of studies indicates that a primary source of sexuality education for adolescents is their peers (Dickinson, 1978; Finkel & Finkel, 1975; Rosenzweig, 1977; Spanier, 1973; Thornburg, 1972, 1981), and that the same was true for many of these adolescents' parents (Gilbert & Bailis, 1980; Libby, Acock & Payne, 1974). Much of the sexuality information adolescents derive from peers is misinformation (Kantner & Zelnik, 1972; Reichelt & Werley, 1975). There is also evidence that many adolescents have limited knowledge about the human fertility cycle (Shah, Zelnik & Kantner, 1975), birth control including how to obtain information and contraceptives (Amonker, 1980; Finkel &

1The Iowa State University Committee on the Use of Human Subjects in Research reviewed this project and concluded that the rights and welfare of the human subjects were adequately protected, that risks were outweighed by the potential benefits and expected value of the knowledge sought, that confidentiality of data was assured and that informed consent was obtained by appropriate procedures.
Finkel, 1975; Kravetz, Smith & Russell, 1973; Potter & Smith, 1976; Reichelt & Werley, 1976), and the consequences of adolescent childbearing (Walters, McKenry & Walters, 1979).

Adolescent misinformation and/or limited understanding of human sexuality is reflected in a range of serious social concerns. The Alan Guttmacher Institute (1976) reported that over 50 percent of 15 to 19 year olds do not consistently use contraception with intercourse. One in 10 women in the United States has had at least one pregnancy by age 17, and most of these women conceived unintentionally and premaritally (Zelnik, Kim & Kantner, 1979). Each year, about one-third of women who have abortions are adolescents (Roberts, 1980; Scales, 1979). Repeat premarital pregnancies and abortions among adolescents are not uncommon (Chilman, 1979). Further, the 15 - 24 age group has the highest overall incidence of sexually transmitted disease (McCary, 1978).

Education is not the panacea for elimination of the social concerns related to adolescent misinformation and/or limited understanding of human sexuality. Nevertheless, human sexuality education is a constructive attempt to assist adolescents in making personally satisfying and responsible decisions about their sexuality. Adolescents have the right to ask questions, explore their feelings, and discuss concerns about their emerging adult sexual identity. They also have the right to receive readily available, objective, factual human sexuality information.

There is a place for public schools contributing to the sexuality education of adolescents. A Gallup (1978) youth poll showed that American teenagers overwhelmingly support school programs in parent
education and sexuality education. There is support for sexuality education in schools from major religious organizations, although they consider that the primary responsibility for such education belongs with parents (National Council of Churches, Synagogue Council of America & United States Catholic Conference, 1968). Thirty states and the District of Columbia have policy statements on human sexuality instruction in public schools, and how it should be implemented. Of the remaining 20 states, 13 provide for sexuality education as an optional component in public-school curriculum, and Kentucky requires it in the school health curriculum (Kenney & Alexander, 1980). Most parents and other adults favor public-school sexuality education, but opinions vary as to acceptable subject matter content (Bronson, 1978; Hale & Philliber, 1978; Libby, 1970; Snyder & Spreitzer, 1976; Yarber, 1979). The National Education Association (1978) has formally resolved to promote public-school sexuality education including information on birth control, but stresses the need for careful program development and qualified teachers. Similar support for school sexuality education has come from school principals and counselors (American School Counselor Association, 1980; Reed, 1973; Yarber, 1979).

Due to the potentially sensitive nature of sexuality education, it has been and continues to be a source of contention in many school districts (Scales, 1980). Some individuals believe public-school sexuality education devalues the importance of family life and parental authority, discredits belief in God, and encourages premarital sexual activity (Mahoney, 1979; Maslinoff, 1971; Scales, 1978). With respect to the latter concern, there is no identified relationship between
school-based sexuality education and premarital sexual behavior or sexual permissiveness (Spanier, 1973).

There are several other areas of controversy about public-school sexuality education. Disagreement exists on who should be responsible for providing sexuality education, and when the sexuality topics should be presented (Hale & Philliber, 1978). There is debate about the appropriate qualifications of sexuality educators in public schools (Carrera, 1970; Magee, 1973; Mooney, 1974; Spanier, 1978). Arguments continue over whether public-school sexuality education should be confined to biological facts or address values and morals (Hennessy, 1980; Hoyman, 1970; Kasun, 1979; Ryan & Dunn, 1979).

Of further concern is teachers' attitudes toward sexuality. Teachers of sexuality education not only impart facts and information, but also attitudes toward their own sexuality and sexuality generally. Much has been written about the need for sexuality educators to have positive attitudes toward their own sexuality as an important prerequisite teaching qualification (American Association of Sex Educators, Counselors & Therapists, 1973; Gordon, 1979; Juhasz, 1970; Reed & Munson, 1976; Thompson, 1979). Yet, little is known about the sexuality attitudes of teachers or how to assess them.

This study is designed to 1) develop two inventories to assess teachers' attitudes toward teaching sexuality education and sexuality and 2) determine the teaching sexuality education and sexuality attitudes of Iowa-high-school-home-economics teachers, and relationships among these attitudes, selected demographic variables, and the degree to which 25 sexuality topics are taught.
Definitions

Sexuality: A pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male or female.

Sexuality education: Ongoing learning from birth about what it means to be male or female; how gender relates to one's physical, social, intellectual, emotional and spiritual development; and understanding of self, family, and society.

Attitude: "An organized predisposition to think, feel, perceive, and behave toward a referent or cognitive object" (Kerlinger, 1973, p. 495).

Limitation

The study involved a select group of Iowa women teachers in 1980, namely public-high-school-home-economics teachers. Consequently, the results cannot be generalized to all teachers.

Explanation of the Alternate Dissertation Format

This dissertation will be presented in the alternate dissertation format approved by the Graduate College at Iowa State University. The alternate dissertation format allows for the inclusion of papers that have or will be submitted to refereed scholarly journals for possible publication.

The first paper, "Sexuality Inventories for Teachers," will be
submitted to *Family Relations*. This paper describes the development of two inventories, including the use of factor analysis to determine the dimensions of each. "Sexuality Attitudes of Iowa Secondary Teachers," the second paper, reports on relationships among teachers' sexuality and teaching sexuality education attitudes, selected demographic variables, and the teaching emphases given to 25 sexuality topics. The second paper will be submitted to *The Journal of School Health*.

The first authorship for both papers is held by the doctoral candidate. Both papers' second authorship is held by Jerelyn B. Schultz who was a co-major advisor for the dissertation, and the director for the project of which this research was a part. The project, "Parent Education," was partially funded by the Iowa Department of Public Instruction. Third authorship for the first paper is held by Alyce M. Fanslow, a co-major advisor for the dissertation, who contributed research guidance and literary assistance.
REVIEW OF LITERATURE

Little is known about public-school teachers' attitudes toward teaching sexuality education and sexuality, or how to assess these attitudes. This study focuses on the development of two inventories to assess teachers' attitudes toward teaching sexuality education and sexuality. The inventories were used to determine the teaching sexuality education and sexuality attitudes of Iowa-high-school-home-economics teachers, and relationships among these attitudes, selected demographic variables, and the degree to which 25 sexuality topics were taught. The review is presented in sections: 1) instruments assessing sexuality attitudes, 2) studies on teachers' sexuality attitudes, and 3) studies on attitudes toward teaching sexuality education. The third section included a discussion of instruments used to assess attitudes toward teaching sexuality education.

Because societal attitudes about sexual behavior have changed considerably over the past 20 years, only instruments and studies published since 1970 were considered. The instruments and studies cited reflect the inconsistency of terminology used in the literature when describing sexuality attitudes and sexuality education. The term "sex attitudes" is sometimes used instead of sexuality attitudes, and the terms "family life education," "sex education", and reproductive health education" substitute in part or completely for sexuality education. With the exception of one study which used the term "family life education" to mean learning about the biology of reproduction, all of the research dealt with aspects within the present study's working definitions of sexuality and sexuality education despite the alternative terminology.
Sexuality Attitude Instruments

There appear to be comparatively few sexuality attitude instruments for use with teachers or for general use with individuals and groups. Of the existing sexuality attitude instruments, most had to be discounted because they were designed to be administered by psychologists, psychiatrists, and sex counselors (Eysenck, 1970; LoPiccolo & Steger, 1974; McHugh & McHugh, 1976). Several other existing instruments were not considered because they focused on only one topic associated with sexuality attitudes, e.g., sex roles, contraception, and homosexuality (Bardis, 1972; Joesting, 1972; MacDonald, Huggins, Young & Swanson, Note 1).

After the initial survey of available sexuality attitude instruments, two were selected for examination in terms of their suitability for this study. The instruments are 1) the attitude section from the Sex Knowledge and Attitude Test (Lief & Reed, 1972), and 2) the Sex Attitude Scale (Rotter, Note 2).

Attitude section from the Sex Knowledge and Attitude Test (Lief & Reed, 1972)

The Sex Knowledge and Attitude Test (SKAT) yields information on sexual knowledge and attitudes and experience with a variety of sexual behaviors. Lief and Reed developed SKAT based on the sexuality literature, their clinical psychology and psychiatric experience, and socially controversial topics. They designed SKAT to provide measures on various scales, to score easily, and to be used in most higher education settings (Miller & Lief, 1979).
SKAT was first administered to 834 students in England, Sweden, and the United States. The data obtained were factor analyzed and the reliability of each factor was estimated using the coefficient alpha technique. The instrument then was administered to other large samples of students and revised again before the second edition containing 35 items was published in 1972.

Factor analysis of the SKAT attitude section identified four scales (Miller & Lief, 1979, pp. 284-5). The scales were:

- **Heterosexual Relations** related to an individual's general attitude toward premarital and extramarital heterosexual encounters. Eight items, reliability = .86.

- **Sexual Myths** dealt with an individual's acceptance or rejection of commonly held sexual misconceptions such as lower-class men having higher sex drives than other men. Nine items, reliability = .71.

- **Masturbation** was concerned with general attitudes toward the permissibility of masturbatory activities. Seven items, reliability = .81.

- **Abortion** covered an individual's general, social, medical, and legal feelings about abortion. Eight items, reliability = .80.

Normative data are available based on a sample of 5,000 higher education students; data consist of means and standard deviations for the attitude scales. The normative data are further summarized in terms of subgroups, namely student nurses, graduate nurses, male medical students, female medical students, undergraduate non-medical males, undergraduate non-medical females, graduate non-medical
males, and graduate nonmedical females.

The limited range of sexuality topics and their relative weighting made the SKAT attitude section inappropriate for use in this study. The SKAT attitude section does not wholly represent the concept of sexuality as described in this study's working definition. Further, the SKAT attitude section appeared to emphasize heavily the topics of abortion and masturbation; 10 of the 35 items included the subject of abortion, and nine mentioned masturbation (Lief & Reed, 1972).

Sex Attitude Scale, Form J and Form K (Rotter, Note 2)

The Sex Attitude Scale (SAS) reportedly identified sexually adjusted and maladjusted attitudes in men and women teachers. The sexuality topics used in SAS included sex roles, sexuality education, sexual behaviors, intimate relationships, sex drive, contraception, bodily functions, premarital pregnancy, and sexual values.

SAS was developed in three successive stages. First, a pool of 800 sexuality items was developed. The 800 items were in the form of four instruments of 200 items each. The instruments were each administered to a separate group of 600 college students residing in the Northeastern United States. The pool of 800 items was reduced to two forms of the instrument, each containing 100 items, following this administration to college students. However, Rotter did not report how the reduction was accomplished.

The second stage of development involved two groups assumed to be knowledgable about both sexuality and adjustment. Rotter invited the participation of 4200 members of the Divisions of Clinical Psychology.
and Psychotherapy in the American Psychological Association. He also invited 650 other individuals on the basis that they had published articles on sexuality. A total of 1494 "experts" agreed to participate. The experts were asked to respond to SAS in role-play fashion. There were four different role-play conditions: the sexually-adjusted male, the sexually-adjusted female, the sexually-maladjusted male, and the sexually-maladjusted female. No definitions of these conditions were given to the participants. On a randomized basis, one quarter of the experts responded to each of the role-play conditions.

Rotter used the expert responses to formulate standards for what constitutes each of the four sexual-adjustment conditions. Normative data based upon the expert responses, and in the form of mean scores per item are available. The developer reported that of the 200 items (100 items per form), 191 were found to differentiate statistically between the sexually-adjusted and maladjusted conditions. The split-half reliability estimates for both SAS/S and SAS/K from the total expert group were each .98. Rotter presented evidence of constructing several variations of subscales using different procedures, and suggested that researchers select the subscale set that best met their particular research purpose. Among the subscales generated were:

- sexual-adjustment - maladjustment
- homosexuality attitudes
- liberal - conservative dimension of sexual outlook
- sexuality education attitudes.

The final development stage of the SAS took place in 1972. The two forms were used in a study of teachers and prospective teachers
enrolled in graduate-level sexuality courses. The study sought to
determine changes in attitudes thought to represent sexual adjustment
among these individuals as a result of participation in the courses.

Rotter asked instructors of 55 summer-school-graduate sexuality
courses to involve their students in responding to SAS. All regional
areas of the United States were represented; however, the sample size
was not reported. The J and K forms of SAS were randomly distributed
on the first day of class. This was repeated on the last day of
class. The response format was a 7-point-Likert-type scale on each
of the items. Based on the teacher and prospective teacher data,
Rotter reported split-half reliability estimates for the total score on
both SAS/J and SAS/K as being close to .90.

SAS was considered inappropriate for use in the present study for
several reasons. First, the instrument was designed to assess the
sexual adjustment or maladjustment of respondents. The present study's
purpose is to assess sexuality attitudes of teachers, not to determine
whether they are sexually adjusted or sexually maladjusted. Second,
even if this study was concerned with sexual adjustment, use of the
SAS would be questionable given the approach used to determine sexual
adjustment and sexual maladjustment. Finally, the limited range of
sexuality content areas covered in SAS made this instrument inappro-
priate for use in this study.
Studies on High-School Teachers' Sexuality Attitudes

Rubin (1970) studied 303 mainly white-middle-class female teachers between 18-64 years-of-age who were enrolled in sex education courses at 14 colleges in Connecticut, Missouri, New Jersey, and New York. She assessed the teachers' attitudes toward aspects of sex, relationships between these attitudes and demographic variables, and the impact of sex education courses on sex attitudes. For comparative purposes, the sample was classified as either sex educators or nonsex educators depending on whether they were currently teaching and/or planning to teach sex education. Data were obtained via a six-part questionnaire that comprised:

1. Reiss' Premarital Sexual Permissiveness Scale for Females
2. Rokeach's Dogmatism Scale (Form E)
3. Rosenberg's Faith in People Scale
4. 15 sex-attitude questions
5. Five classroom situation questions with ethical conflicts

Rubin reported designing and using a 15-item sex attitude device but did not explain how it was developed, include it with the other devices in her dissertation's appendix, or discuss it in relation to the study's findings. The five classroom-situation questions with ethical conflicts addressed issues such as:

A student confiding in her teacher that she is pregnant and asks for information about how to obtain an abortion.

A student telling her teacher that she wants to have sexual relations with her boyfriend but is afraid of becoming pregnant.
The sixth part of the questionnaire is sexist in approach since all the opinion items pertain to the perceived and appropriate sexual behavior of adolescent girls, rather than adolescents of both sexes. For example, respondents were asked to indicate what is "a good standard for most adolescent girls to follow" (Rubin, 1970, p. 127) and how they would feel about their own daughters' sexual conduct. Rubin acknowledged that after administering the Reiss Premarital Sexual Permissiveness Scale, she realized it was somewhat dated in terms of reflecting the prevalent sexuality concerns and sexuality vocabulary of 1969.

The Rubin study found that premarital-sexual-permissiveness (PSP) decreased with age. Further, PSP increased as frequency of dating increased and as church attendance decreased. Catholics were the most conservative in terms of PSP, Jews the most liberal, and Protestants in between. No significant differences in PSP were found between sex educators and nonsex educators.

Both sex educators and nonsex educators thought adolescent girls should adhere to "a more restrictive standard of sexual behavior" (Rubin, 1970, p. 106); however, the questionnaire did not call for their perceptions of an appropriate standard for adolescent boys. The respondents also would refer students with sexual problems to parents, clergy, and physicians rather than take responsibility for giving advice themselves. Sex educators were found to have greater faith in people and were less dogmatic than nonsex educators. No significant changes in sexuality attitudes were found as a result of the teachers' participation in sex-education courses.
Dereli (1973) attempted to identify positive and negative sex attitudes among prospective and practicing educators, and to investigate the relationship between authoritarianism and sex attitudes. His sample of 71 individuals comprised four groups: prospective secondary and elementary teachers, students enrolled in a social-health course at the University of Oregon who were mostly prospective sex/health educators, secondary and elementary teachers actively involved in sex education, and teachers who were not and never had been involved in sex education.

The following battery of three tests was administered to subjects:

1. F-scale of Authoritarianism (Form FL)
2. Sex Attitudes Questionnaire for use with medical students, University of Kansas
3. A projective-type picture

The F-scale of Authoritarianism assessed constructs such as prejudice, rigidity, repression, social perception, and adjustment. The Sex Attitude Questionnaire's purpose was to determine what views individuals hold who may be involved in counseling others about their sexuality concerns. The topics covered in the Sex Attitudes Questionnaire included artificial insemination, pornography, sexual offenses, sexual dysfunction, sex drive, contraception, sexual relations, male and female role shifts, abortion, and masturbation. Dereli provided limited information on the test's validity and reliability. Further, he did not specifically address the appropriateness of using a questionnaire designed for use with medical students in a study of prospective and practicing educators. The projective-type picture test asked subjects
to report on what they thought was being depicted in an illustration of a man and a woman in an ambiguous bedroom-relationship situation. The picture test is intended to disclose sexual conflicts in respondents of both sexes.

Dereli was interested in determining if teachers who scored highly on authoritarianism would be rejecting of liberal sex attitudes, and if those with low authoritarianism scores would tend to embrace these attitudes. He contended that individuals are not likely to accept school-based sex education or be able to teach it effectively if they strongly agree with rigid and authoritative sex statements. Dereli's idea was supported in his findings for the prospective sex-education teacher and sex-education teacher groups. Based upon data obtained from the three-test battery, individuals in both groups tended to be open-minded, aware of human-sexual problems, and accepting of their own sexuality. Dereli recommended that the battery be used as a tool for selecting sex-education teachers.

Both the Rubin (1970) and Dereli (1973) studies supported the idea that sexuality educators were more accepting of their own and others sexuality than nonsexuality educators. The studies also illustrated the need for careful evaluation of existing instruments for use in a particular investigation. As a result of administering the Reiss Pre-marital Sexual Permissiveness Scale to prospective and practicing teachers, Rubin determined that it was partially outdated. Dereli used the Sex Attitude Questionnaire that was designed to be administered to medical students, but did not specifically address the appropriate ness of its use in a study of prospective and practicing teachers.
Studies on Attitudes toward Teaching Sexuality Education

Kent, Abernathy, and Middour (1971), using a sample of 156 teachers from two distinctly different North Carolina counties, assessed factors that were influential in determining the sexuality attitudes of teachers and their readiness to teach sexuality education. The researchers also gauged the teachers' awareness and understanding of community values that impinge upon sexuality-education-curriculum development. A four-part instrument was developed that comprised:

1. Questions on academic background and teaching experience such as academic major, prior and present teaching experience, and preparation to teach family-life education.

2. Personal questions about the teacher and his/her family. Items related to sex, age range, marital and parental status, perceptions of own knowledge of the biology of reproduction, and feelings about being asked to teach it.

3. Teacher's understanding of the community in which their school is located. This section included 60 vernacular statements of feelings, values, beliefs, and aspirations such as "If a 14-year-old girl gets in trouble with a boy or man, she's no good" (Kent et al., 1971, p. 590). Teachers responded by identifying ideas found among most families, some families, and a few families.

4. Recollections of teacher's own sexuality and family-life education. This section addressed learning about anatomical sex differences, conception, childbirth, menstruation, and
sexual intercourse from the standpoint of when it occurred, who was associated with the learning, and their response to it. Respondents were also asked to evaluate their own sex education as being excellent, good, fair, poor, or awful.

The developers substituted the term family-life education for sex education because they believed the former term was less likely to evoke negative-sensitive reactions from respondents. The instrument equates school-based sexuality education with the biology of reproduction. A panel of family-life education experts representing university, county, and state departments were consulted in the development of the inventory. Reliability data were not reported. No subsequent studies were found that used this inventory. The inventory was deemed unsuitable for the present study because it restricted learning in sexuality education to the biology of reproduction.

Willingness to teach the biology of reproduction was positively related to teachers' perceived understanding of the subject, and was independent of their sex, marital and parenting status, teaching experience, and grade level taught. Teachers' overall attitudes about teaching family-life education were positive but their feelings about the adequacy of their own knowledge to teach these programs varied widely. Teachers who rated their own family-life education as poor tended to place greater stress upon the school's responsibility in providing young people with family-life education. A need was identified for continuing education among those teachers who were willing to teach family-life education. Content of the continuing education
programs should stress family-life knowledge and understanding of com-

munity values.

In 1965, the State of Illinois enacted one of the first Sex Educa-
tion Acts. Ready's (1972) study attempted to review sex education as
it was being offered in Illinois public schools. He wished to determine
how family life and sex education (FLSE) teachers perceived these programs
as they were presented in the teachers' respective school districts.
A sample of 192 teachers representing Illinois school districts of
various types and sizes was randomly selected. The sample was drawn
from school districts whose superintendents had indicated that their
schools were actively teaching in the family life and sex education
area.

A questionnaire comprising 26 Likert-response-attitude items, and
demographic questions was developed to obtain data from the teachers.
Ready used paraphrased statements made by other sexuality-education re-
searchers as the basis for compiling the attitude items. He reported
using prospective doctoral candidates in education administration to
pilot test the device. As a result, the attitude items were revised to
eliminate ambiguities, inconsistencies, and redundancies. The FLSE
attitude items covered responsibility for programs, teacher selection,
teacher preparation, course content, program scope, and program ac-
ceptance. Examples of FLSE attitude items (Ready, 1972, p. 154) are:

At least two years prior teaching experience is essential
before a teacher is placed in charge of a FLSE class.

Teenagers are better off not knowing about contraceptives
and their use.
The FLSE program in my school district is not interesting and challenging to students.

Most parents feel the need of formal instruction in sex education as a supplement to their own parental counseling.

The Ready attitude device was not used in the present study because his items were designed to elicit teachers' attitudes concerning their school districts' FLSE program while this study was concerned with assessing teachers' attitudes toward their own involvement in teaching sexuality education.

A summary of Illinois FLSE teachers' attitudes toward these programs is presented below:

1. FLSE was not meeting student needs.
2. FLSE teachers felt most teachers overestimated the sex knowledge of their students.
3. FLSE teachers felt that their school's FLSE program was not interesting and challenging to students.
4. FLSE should be more than the presentation of biological facts.
5. FLSE should be a continuous, integrated learning experience.
6. FLSE should be presented in mixed-sex-class groups.
7. FLSE should be provided by schools to interested parents.
8. FLSE should not opt to meet parents' wishes at the expense of meeting students' needs.
9. FLSE teachers felt comfortable presenting these programs in their communities.
10. FLSE teachers indicated that local opponents should not be
allowed to stop the development of a FLSE program in their schools.

11. More FLSE courses should be offered by higher education to help prepare FLSE high school teachers.

12. FLSE teachers did not agree on whether higher education should offer master's degrees with a specialization in teaching FLSE.

Risley (1975) obtained opinions about family life and sex education (FLSE) from a nonprobability sample of 322 preservice and practicing health/physical education, science, and social science teachers. Data were obtained via the Sex Education Opinion Survey developed by Risley. The development of the device began with a pool of 90 opinion statements obtained from selected FLSE curriculum guides. A panel of judges comprising teacher educators and graduate-science and education students was asked to specify whether each statement dealt with a teaching method, a value, a sexual behavior, an adolescent characteristic, or FLSE content. This resulted in the statements being reduced to 31 and divided into the categories of teaching methods, content, and viewpoints on topics dealing with family life, sex education, and sexual behavior. Examples of opinion statements (Risley, 1975, pp. 223-226) are:

Teaching Method — The teacher should not label a student's statement of opinion as right or wrong.

Course Content — There should be no discussion of sexual techniques.

Viewpoints — Sex attitudes and statements vary from generation-to-generation, but basic moral concepts do not change.
The set of opinion statements was submitted to another panel of 10 health, science, social studies, and physical-education faculty at the University of Texas, Austin. This panel was asked to indicate whether they thought each statement showed a positive or negative response to FLSE.

The instrument was administered to 322 prospective and practicing health/physical education, science, and social studies teachers. It had a Likert-response format, and teachers were asked to react to each opinion statement as it might pertain to high-school FLSE. Data were analyzed for agreement with the FLSE curriculum guides, and for positive and negative FLSE opinions.

A majority of respondents to the Sex Education Topic Opinion Survey agreed with 13 of the 31 statements. They also gave positive responses to 19 of the 23 statements that had been designated positive about FLSE. This finding suggested that teachers were strongly supportive of FLSE in public schools.

Risley's Sex Education Opinion Survey was inappropriate for use in this study. The device reflected limited sampling of the issues pertinent to teaching school-based sexuality education to adolescents today. For example, the teaching-method section included only one statement about verbal communication with adolescents about sexuality, and the course content section was confined to statements about sexual techniques, contraception, abortion, homosexuality and masturbation. Finally, the viewpoints section on sexuality education had very general statements rather than focusing specifically on sexuality education in high schools.
Schuck (1972) sought educators' reactions to statements related to possible content areas of school-sex-education curriculum. His study involved 242 subjects representing a stratified proportional random sample of Arizona's practicing public-school teachers in K-6 and 7-12 as well as school administrators. Data were procured from the Sex Education Questionnaire (SEQ) developed by Schuck. The questionnaire was comprised of 22 sex-education-content items each with a Likert response format to ascertain levels of approval. Schuck did not discuss the development of the SEQ, address its reliability, or include the device in his report.

The percentages of respondents indicating each level of approval per SEQ item were calculated, as were item means. Eighteen of the 22 sexuality topics obtained support from at least 50% of the educators. High degrees of approval were shown for topics such as venereal disease (93%), menstruation (93%), conception (93%), divorce (81%), illegitimacy (77%), menopause (78%), male and female sex roles (74%), and contraception (73%). Majority support was also given to sensitive topics like homosexuality (67%) and masturbation (68%). Teenage sexual slang, pornography and erotic literature, oral genital sexual contact, and sexual techniques did not obtain the approval of the majority of educators.

The SEQ was designed to gauge educators' attitudes toward one aspect of school-sexuality education, namely possible curriculum content. The present study seeks to determine a much broader range of high-school teachers' attitudes toward teaching sexuality education. As a consequence, the SEQ was not selected for use in this study.
Unlike most of the research on teachers' attitudes toward sexuality education, Chesler's (1980) study was concerned with program implementation rather than program planning or sexuality-educator preparation. Her exploratory study examined 20 educators' perceptions of the personal, organizational and community constraints and encouragements on their implementation of sexuality and reproductive-health education in Michigan's public high schools. All of the educators had had basic training in sexuality education and counseling. The sample had an equal number of men and women, and nine white and 11 Black educators. It comprised 16 subject-matter teachers from home economics, health/physical education, social studies, science, English, and career education, along with two school counselors and two school administrators. A brief demographic and attitude questionnaire, and indepth interviews were developed to obtain data.

Chesler reported having to develop the questionnaire because she could not find an existing instrument to measure educators' interest, comfort, and competence to teach public-high school sexuality education. The attitude section of her questionnaire comprised eight items with a Likert-response format that assessed levels of response to:

1. Satisfaction with the sex education provided by own parents
2. Satisfaction with current knowledge of sexuality and family planning
3. Interest in teaching sexuality education
4. Interest in teaching reproductive health education
5. Comfort in teaching sexuality education
6. Competence to teach sexuality education
7. Time wanted to teach a unit on sexuality education
8. Frequency of wanting to teach sexuality education outside of a structured unit.

The questionnaire was administered to subjects prior to their in-depth interviews.

Data from the questionnaire were used to construct interest and competence indices. Individual responses to items three, four, seven, and eight were summed. Individual summed scores ranged from 14 to 28, with most individuals scoring between 20 to 28. Values were arbitrarily assigned to the sums. Scores between 14 and 24 indicated medium interest in teaching sexuality and reproductive-health education (SRHE). High interest in teaching SRHE was shown by scores between 25 and 28. There were 11 educators in the high-interest group and nine in the medium-interest group.

Using the same procedure, a competence index was obtained based on data from items two, five, and six. Respondent scores ranged from 12 to 21. Scores between 12 and 17 represented medium competence and those between 18-21 high competence. Eleven of the educators had medium competence to teach SRHE and nine had high competence.

No significant difference was found between men and women respondents or between Black and white educators with either index. Respondents expressed low satisfaction with the sexuality education received from their own parents. They had a high level of comfort in teaching sexuality education. Chesler did not discuss the reliability of the questionnaire in her report.

Selected outcomes from Chesler's extensive findings on 20 educators'
perceptions about SRHE follow. These are based on both the questionnaire and interview data.

1. Respondents were interested in teaching SRHE.

2. Respondents were dissatisfied with the sexuality education received from their own parents.

3. Respondents' perceptions of opportunities to teach SRHE were associated with the length of time they had taught in the school system.

4. Respondents with high interest in teaching SRHE tended to perceive positive support for these programs in their community.

5. The greater respondent's preparation to teach SRHE, the less likely they were to perceive risk in teaching it.

6. Respondents believed teachers experienced greater risk when preparing to introduce SRHE than administrators.

7. Respondents reported that organizational factors such as students, colleagues, and administrators' sexuality-education attitudes were not strongly significant either as constraints or encouragements in presenting SRHE.

8. Respondents' perceptions of parental support for SRHE can be categorized in two ways. Respondents tended to equate low parental support with schools characterized by white students with low-pregnancy rates and working to upper-middle-class backgrounds. Conversely, high-parental support was linked to schools where students were predominantly Black with high-pregnancy rates and low-income backgrounds.
The studies discussed in this section reflect strong support for public-high-school sexuality education by the teachers concerned. The Chesler (1980) and Kent et al. (1971) studies found that most teachers rated their own sexuality education received from parents as poor. This may partially account for the value these teachers give to school-based sexuality education. Respondents (Ready, 1972; Risley, 1975; Schuck, 1972) believed that sexuality education should be more than the presentation of biological facts about reproduction. They were aware of their responsibility to consider parental and community values when planning and implementing sexuality education (Chesler, 1980; Kent et al., 1971; Ready, 1972). The teachers also expressed a need for adequate preparation and continuing education for sexuality-education teachers.

The attitude instruments used in the five studies assessed such factors as teachers' perceptions of appropriate sexuality-education curriculum content, their willingness and readiness to teach it, and their school districts' overall sexuality-education program. None of these sexuality-education attitude instruments was suitable for use in the present study. This study is concerned with assessing a broad range of teachers' attitudes toward their own involvement with teaching sexuality education in public schools. It is concerned with teachers' sexuality-education attitudes related to appropriate curriculum content, organization of instruction, comfort and objectivity in communicating with adolescents, perceptions of the adequacy of their own sexuality knowledge, and school and community influence in planning and implementing programs. The Risley (1975) and Schuck (1972) devices were discounted for the present study because they only addressed
teachers' attitudes toward possible sexuality-education content. Chesler's (1980) attitude questionnaire was eliminated because it only covered teachers' perception of their own interest and competence to teach sexuality education and because its brevity meant that only limited information could be obtained on these issues. The Kent et al. (1971) inventory was unsuitable because it equated school-sexuality education-curriculum content with the biology of reproduction. And, the Ready (1972) attitude device was rejected because it elicited teachers' perceptions of family life and sex-education programs in their school district, whereas this study assesses teachers' attitudes toward their own involvement in teaching sexuality education.

Summary

Evidence from the research reviewed suggested that there is a need for sexuality educators in public-high schools to be carefully selected and prepared for their roles. Continuing education is needed especially in the area of understanding parental and community values. Evidence from two studies (Dereli, 1973; Rubin, 1970) suggested that effective sexuality educators are likely to be individuals who are flexible, and accepting of both their own sexuality and that of others. The teachers depicted in the studies gave clear support for their participation in school-based sexuality education. There was recognition by these teachers (Ready, 1972; Risley, 1975; Schuck, 1972) that if sexuality education was to meet adolescents' sexuality learning needs, curriculum and instruction would have to address sexuality in its totality. Four of
the seven studies (Chesler, 1980; Kent et al., 1971; Ready, 1972; Rubin, 1970) inferred that sexuality educators' efforts in meeting adolescents' sexuality-education needs were constrained by their perceptions of negative sanctions from parents and community.

Review of existing sexuality and sexuality-education attitude instruments showed that they were unsuitable for use in the present study. The existing instruments were not used because they were:

1. Limited in range of topics covered.
2. Designed for administration by psychologists, psychiatrists, or sex counselors.
3. Developed for different respondent types.

From this review of literature, two research needs are apparent for a study of sexuality educators in public-high schools. First, instrumentation will have to be developed to comprehensively assess the sexuality and sexuality-education attitudes of these teachers. Second, there is a need to determine the characteristics of the teachers in terms of their sexuality and teaching sexuality-education attitudes. Further, it is important to know how these attitudes relate to selected demographic variables, and the degree to which sexuality topics are taught.
SECTION I. SEXUALITY INVENTORIES FOR TEACHERS
Sexuality Inventories for Teachers

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Abstract

Two inventories were developed to assess public-high-school teachers' attitudes toward teaching sexuality education and sexuality. The first was the Attitudes Toward Teaching Sexuality inventory. This inventory's factors were Personal Preparedness and School and Community Influences. The second inventory was the Human Sexuality Questionnaire that comprised the factors of Personal Sexuality Feelings, Sexual Behavior Code, and Body Image. All factors except one had reliabilities of .64 or greater. The inventories provide data useful to individuals in planning continuing education for sexuality educators in public-high schools.

Key Concepts

Teaching sexuality-education attitudes, sexuality attitudes, public-high-school sexuality education.
SEXUALITY INVENTORIES FOR TEACHERS

In spite of the continuing well-publicized criticisms of sexuality education in public-high schools from small but highly vocal groups, there exists general support for the contribution schools are making in this aspect of adolescent education. Most parents, educators, adolescents, and major religious organizations support public-school sexuality education, while acknowledging parents' rights to be the primary sexuality educators of their children. Sexuality education in public schools is now legal in all states, although only three states and the District of Columbia require it (Kenney & Alexander, 1980). Another 41 states have in force sexuality-education policy statements (Kirby & Scales, 1981). Given the sensitive nature of sexuality education, there is disagreement about what is appropriate learning content and when and who should teach it. This latter concern relates to the professional competencies and personal characteristics of sexuality-education teachers in public schools.

The sexuality-education literature has long dealt with the importance of educators being specifically prepared for teaching sexuality education in public-high schools (Carrera, 1971). Research has been conducted on characteristics of effective sexuality-education teachers in public high schools. Findings support the need for sexuality-education teachers to possess extensive sexuality knowledge, skill, and comfort in communicating about sexuality with adolescents; acceptance of their own and others' sexuality; sensitivity; empathy; and high moral and ethical standards (Carrera, 1970; Juhasz, 1970; Magee, 1973). Opinion papers
stress the importance of sexuality-education teachers having positive attitudes toward their own sexuality (AAECT, 1973; Maddock, 1976; Reed & Munson, 1976; Thompson, 1979; Yarber & McCabe, 1981). Yet, little is known about the attitudes teachers have toward teaching sexuality education and sexuality or how to assess these attitudes.

Sexuality education in this article will refer to the contribution public-high schools are making, in cooperation with parents, to the provision of objective, factual information and guidance for adolescents concerning their psychosexual development needs and interests. This learning is presented primarily in the contexts of self-understanding, peer relationships, family life, and parenthood. It is a constructive attempt to assist adolescents in making personally satisfying and responsible decisions about their sexuality (Schultz, Ralston, Rougvie, & Boyd, 1981). Sexuality is defined here as a pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male or female.

Sexuality Education Attitude Inventories

Existing sexuality-education-attitude inventories were found to assess topics such as preparedness to teach sexuality education, appropriate learning content, program effectiveness, and support and obstacles in implementing school-based sexuality education. One inventory had been designed for administration to elementary teachers but was invalid for use with high-school teachers because it addresses sexuality learning and guidance appropriate to young children (Hobbs, 1970).
Other devices assessed attitudes about sexuality education in general, i.e., feelings about children receiving sexuality education from various sources including parents, churches, schools, and the medical profession. One device (Kent, Abernathy & Middour, 1971) was found that equated teaching school-based sexuality education with the biology of reproduction. Other inventories reflected a wider view of sexuality education, but were discounted because they did not represent the complete nature of actually teaching sexuality education in public-high schools today (Chesler, 1980, Dereli, 1973; Ready, 1972; Risley, 1975; Rubin, 1972; Schuck, 1972).

Sexuality Attitude Inventories

There are few sexuality attitude instruments in existence either for use with teachers or for general application with individuals and groups. Those that are available were designed to be administered by psychologists, psychiatrists, or sex counselors, focused on a particular aspect of sexuality such as contraception, or had questionable validity. With respect to content validity, several inventories purported to assess sexuality attitudes but did not adequately sample sexuality in its totality. For example, Lief and Reed's (1972) attitude section from their Sex Knowledge and Attitude Test appeared to heavily emphasize the topics, abortion and masturbation; 10 of the 35 items included the subject of abortion, and nine mentioned masturbation.

Therefore, the purpose of this paper is to describe the development of two inventories to assess public-high-school-teachers' attitudes.
toward teaching sexuality education and sexuality. The first inventory focused on teachers' attitudes toward teaching sexuality education. The second inventory focused on teachers' attitudes toward their own sexuality and sexuality in society.

Development Procedure

A review of the sexuality education and sexuality literature was conducted to obtain a pool of topics that represented the theoretical dimensions of an individual's attitudes toward teaching public-high-school sexuality education and sexuality. Attitudes toward teaching public-high-school sexuality education (SE) included the theoretical dimensions: teachers' knowledge base, communication with students, public schools as settings for SE, school administration and colleagues' influence on SE, and community influence on SE. Attitudes toward sexuality comprised the broad categories of 1) an individual's attitudes toward his/her own sexuality, and 2) his/her attitudes toward sexuality in society. The theoretical dimensions of an individual's attitudes toward his/her own sexuality were: self-esteem, values and goals, body image, gender identity, interpersonal relationships, intimate sexual behavior, and responsibilities as a sexual being. The theoretical dimensions of an individual's attitudes toward sexuality in society were similar except that they pertained to sexuality of others.

Items were then written to correspond with the theoretical dimensions. A panel of judges comprising two home economics teacher educators and two psychologists examined the items for content validity. This
resulted in extensive item refinement. Items that appeared to represent a single idea, and appeared likely to discriminate among individuals were retained.

The items were incorporated into two inventories each with a 9-point Likert-response format. The first inventory, Attitudes Toward Teaching Human Sexuality, comprised 55 teaching sexuality-education attitude items. The second inventory, Human Sexuality Questionnaire, contained 174 items on an individual's attitudes toward his/her own sexuality, and sexuality in society. Approval to use the inventories was obtained from the Human Subjects Review Committee at Iowa State University.

Two data collection procedures were employed. First, teachers attending a statewide teachers' conference were invited to complete the Attitudes Toward Teaching Human Sexuality inventory, and then indicate if they wished to contribute further by responding to the Human Sexuality Questionnaire. The latter inventory was then mailed to the teachers who indicated a willingness to participate further. Second, additional responses were obtained by mailing an invitation letter and both inventories to a group of teachers who had not previously participated. The two data collection procedures resulted in 191 responses to the Attitudes Toward Teaching Human Sexuality Inventory, and 225 for the Human Sexuality Questionnaire. Most of the respondents, 85%, completed both inventories. Participation of all subjects was voluntary. The subjects were Iowa-vocational-home-economics-consumer and homemaking teachers, all of whom were women.

The Attitudes Toward Teaching Human Sexuality inventory and
Human Sexuality Questionnaire were factor analyzed separately using the principal components method (Harman, 1962) and Varimax rotation procedure (Kaiser, 1958). A factor-correlation matrix was constructed to judge factor independence. Factor reliabilities were determined by using Cronbach's alpha.

Demographic Characteristics of Respondents

Approximately 47% of the respondents were under 30 years of age, 73% were married, and 40% had one or two children. About one-half the teachers (48%) resided in rural communities or towns with less than 5,000 population. Most commonly, these teachers presented aspects of sexuality education within the context of family relations and child development courses. Only 13.7% of the respondents indicated that they were not currently teaching sexuality education.

Attitudes Toward Teaching Human Sexuality Inventory

One through 10-factor solutions were inspected for the Attitude Toward Teaching Human Sexuality inventory data. The two factor solution was selected as best representing the underlying dimensions of the device. The two factor dimensions were:

Factor I. Personal Preparedness. This factor addresses an individual's assessment of his/her competency to teach sexuality education in his/her public school. The items related to sexuality knowledge and communicating with adolescents about sexuality. (20 items)
Factor II. School and Community Influences. This factor deals with an individual's attitudes toward school administration, colleagues, and community as supporters or impediments to sexuality education. (7 items)

Table 1 includes examples of the factor items, mean factor scores, and the percentage of total variance removed by each factor after rotation. The two factors accounted for 23% of the total variance.

The reliability for Factor I, Personal Preparedness, was .90 and .42 for Factor II, School and Community Influences. A coefficient of .80 to .85 or higher is generally found, at least over short time periods, for measures of personality (Brown, 1970). Consequently, Factor I but not Factor II reaches an acceptable level of reliability. A possible explanation for the low reliability of Factor II is that it has only seven items.

A correlation of -.49 was obtained between Factors I and II. Because the common variance ($r^2$) was 24% between the two factors, they appeared to measure discrete dimensions.

Human Sexuality Questionnaire

After inspection of the two through 10-factor solutions for the Human Sexuality Questionnaire data, the three-factor solution was determined to be the best in explaining the underlying dimensions of the device. Personal Sexuality Feelings, Sexuality Behavior Code, and
Body Image were the three factors derived from the inventory. These three factors accounted for 53 of the original 174 items. Descriptions of the three factors are:

- **Factor J.** Personal Sexuality Feelings. This factor refers to an individual's attitudes toward his/her own sexuality, maintenance of his/her own physical health, and personal intimate sexual practices. (24 items)

- **Factor K.** Sexual Behavior Code. This factor relates to what individuals perceive as acceptable sexual behavior for themselves and others. The items relate to appropriate circumstances for engaging in intimate sexual behavior, masturbation, homosexuality, and abortion. (22 items)

- **Factor L.** Body Image. This factor addresses an individual's feelings about his/her own body and that of others. The seven items pertain to body shape, physical condition, dress, and grooming. (7 items)

Table 2 presents item examples for Factors J, K, and L, mean factor scores, and the percentage of total variance removed by each factor after rotation. The three factors accounted for 18% of the total variance.

The reliabilities for Factors J, K, and L were .89, .90, and .64, respectively. Factors J and K have coefficients that were acceptable in a device of this type. As with Factor II in the Attitudes Toward Teaching Sexuality inventory, Factor L had only seven items and this may account for its low reliability.
A correlation matrix between Factors J, K, and L showed negative relationships between Factors JK, \( r = -.05 \), and Factors KL, \( r = -.08 \). A positive relationship, \( r = .08 \) existed between Factors JL. Because the common variance for these factors was less than 1%, Factors J, K, and L are considered independent of each other.

Factors J, K, and L accounted for only 53 of the original 174 items in the Human Sexuality Questionnaire. Of the 121 independent items, 19 had mean scores between 8 and 9, and five between 1 and 2. All 24 independent items had standard deviations of less than 2 and seven of these were below a standard deviation of 1. The homogeneity of response to the 24 items may account for the items not loading into Factors J, K, and L because response variability is needed for items to factor. The items showing strong agreement (\( \bar{x} > 8.00 \)) were:

- Both partners need to work at maintaining mutual enjoyment of intimate sexual relations in marriage.
- I value human life.
- Feeling loved is important to me.
- Teenagers need to know about methods of birth control.
- Honesty in communication is essential to a satisfying sexual relationship.
- Women need to be encouraged to report rape.
- I am glad I am a member of my sex.
- I hope I will be enjoying intimate sexual behavior for the rest of my life.
- I am a person of worth.
- My partner has the right to participate in decisions about birth control.
Maintaining sexual health is important to me.

I am responsible for deciding what intimate sexual behavior is appropriate for me.

Maintaining mutual enjoyment of intimate sexual relations in marriage is a pleasure.

I try to be honest in communication with my sex partner.

I accept responsibility for my own continuing learning about sexuality.

I feel at ease using the physiological terms related to sexuality.

I need to feel good about myself before I can meet the needs of others.

A mutually satisfying sexual relationship is important for maintaining a marriage.

I strive to make a good first impression on people.

Items showing strong disagreement ($x < 2.00$) were:

I wish I had been born as a member of the opposite sex.

Sex is for the under sixties.

Individuals who have never married are maladjusted sexual beings.

Women who get raped have themselves to blame.

I don't have to be emotionally involved to enjoy intimate sexual behavior.

A comparison of the proposed theoretical dimensions in the Attitudes Toward Teaching Human Sexuality inventory and the actual factors found is shown in Table 3. The first factor, Personal Preparedness, included 20 of the 35 items developed from the theoretical dimensions of teachers' knowledge base and communication with adolescents. Similarly, the factor,
School and Community Influences, included seven of the 14 items developed around the influences of school administration, colleagues, and community. Because only two viable factors were found in the Attitudes Toward Teaching Human Sexuality inventory, these results suggested that respondents' feelings about teaching sexuality can be viewed in terms of their personal readiness, and school and community support.

A similar comparison between the theoretical dimensions and the factors for the Human Sexuality Questionnaires is shown in Table 4. Inspection of the table shows that teachers categorized their feelings toward sexuality in three broad ways rather than by the theoretical dimensions proposed. Further, data covered in Table 4 shows that teachers did not make a distinction between attitudes toward their own sexuality and that of others when their appropriate sexual behavior and body image were assessed.

The development of two inventories to assess public-high-school teachers' attitudes toward teaching sexuality education and sexuality has been described. The inventories meet an identified need for reliable and valid instruments to assess group attitudes of sexuality educators in public-high schools. They should be helpful to individuals planning continuing education for sexuality educators. Data will aid decisions about the most appropriate content to be addressed in programs for particular groups of sexuality educators.
Table 1. Factors for Attitudes Toward Teaching Human Sexuality Inventory

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of items</th>
<th>Mean(^a) score</th>
<th>% total variance removed</th>
<th>Sample items</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Personal Preparedness</td>
<td>20</td>
<td>7.7</td>
<td>16.3</td>
<td>I'm adequately informed about the female reproductive system.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I can respond comfortably when a student asks a question using a slang term.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I'm knowledgeable about sexually transmitted diseases(^b).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>I'm comfortable as a facilitator in discussion on sexuality(^b).</td>
</tr>
<tr>
<td>II. School and Community Influences</td>
<td>7</td>
<td>3.8</td>
<td>7.0</td>
<td>School administration is hesitant about possible adverse community reaction to sexuality education(^b).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community attitudes prevent me from meeting the sexuality education needs of students(^b).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>My school is committed to providing sexuality education.</td>
</tr>
</tbody>
</table>

\(^a\)Nine-point-Likert-response format was used with 9 being agree completely.

\(^b\)Response pattern of item is reversed for scoring.
<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of items</th>
<th>Mean score</th>
<th>% total variance removed</th>
<th>Sample items</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Personal Sexuality Feelings</td>
<td>24</td>
<td>8.1</td>
<td>7.2</td>
<td>I am successful in having close relationships with members of the opposite sex. Sexual feelings contribute to my enjoyment of life. Maintaining sexual health is important to me. I like my sexuality.</td>
</tr>
<tr>
<td>K. Sexual Behavior Code</td>
<td>22</td>
<td>3.3</td>
<td>7.2</td>
<td>Marriage is the only acceptable setting for intimate sexual behavior to me. Masturbation is okay for single women. Abortion is an inappropriate option for me. Homosexuality is a mental health problem.</td>
</tr>
<tr>
<td>L. Body image</td>
<td>7</td>
<td>5.8</td>
<td>3.8</td>
<td>Sexually attractive individuals are well-groomed.</td>
</tr>
</tbody>
</table>
Physical appearance influences the sexual attractiveness of individuals.

People should dress to enhance their sexuality.

I long to have a pin-up figure.

\(^a\) Nine-point Likert response format was used with 9 being agree completely.

\(^b\) Response pattern of item is reversed for scoring.
Table 3. Attitudes Toward Teaching Human Sexuality: A comparison between theoretical dimensions and empirical factors

<table>
<thead>
<tr>
<th>Theoretical dimensions</th>
<th>No. of items</th>
<th>Original&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Factor&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers' knowledge base</td>
<td></td>
<td>20</td>
<td>14 0</td>
</tr>
<tr>
<td>Communication with students</td>
<td></td>
<td>15</td>
<td>6 0</td>
</tr>
<tr>
<td>Public schools as settings for sexuality education</td>
<td></td>
<td>6</td>
<td>0 0</td>
</tr>
<tr>
<td>School administration and colleague influences</td>
<td></td>
<td>8</td>
<td>0 4</td>
</tr>
<tr>
<td>Community influences</td>
<td></td>
<td>6</td>
<td>0 3</td>
</tr>
</tbody>
</table>

<sup>a</sup>The number represents the actual number of items in the inventory for each theoretical dimension.

<sup>b</sup>Factor I is Personal Preparedness, and II is School and Community Influences.
Table 4. Human Sexuality Questionnaire: A comparison between theoretical dimensions and empirical factors

<table>
<thead>
<tr>
<th>Theoretical dimensions</th>
<th>Original inventory</th>
<th>Factor J</th>
<th>Factor K</th>
<th>Factor L</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Own sexuality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-esteem</td>
<td>14</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Body image</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Values and goals</td>
<td>15</td>
<td>3</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Gender identity</td>
<td>15</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>14</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavior as a sexual being</td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Responsibilities as a sexual being</td>
<td>17</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Sexuality in society</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body image</td>
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<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Values and goals</td>
<td>10</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Gender identity</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Sexual behavior of married individuals</td>
<td>10</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Sexual behavior of single individuals</td>
<td>10</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Responsibilities of others as sexual beings</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Issues in society</td>
<td>10</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

^The number represents the actual number of items in the inventory for each theoretical dimension.

^Factor J is Personal Sexuality Feelings, K is Sexual Behavior Code, and L, Body Image.
References


Lief, H. I., & Reed, D. M. *Sex knowledge and attitude test* (2nd ed.). Philadelphia: Center for the Study of Sex Education in Medicine, 1972.


SECTION II. SEXUALITY ATTITUDES OF
IOWA SECONDARY TEACHERS
Sexuality Attitudes of
Iowa Secondary Teachers

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3 Appreciation is expressed to Bud Meador for his help in analyzing the data for this study.
Abstract

This paper examined sexuality attitudes of 191 Iowa-secondary teachers, together with relationships among these attitudes, selected demographic variables, and the degree to which 25 sexuality topics were taught. Sexuality attitudes were assessed by an inventory that consisted of these factors: Personal Preparedness, School and Community Influences, Personal Sexuality Feelings, Sexual Behavior Code and Body Image. Findings indicated that while teachers felt positive about teaching sexuality education and their own sexuality, they perceived limited support for the inclusion of sexuality education in their school districts. Teachers saw themselves as having more liberal than traditional-sexual-behavior codes. The sexuality topic most emphasized was values clarification; the topic least emphasized, masturbation. Teachers felt more competent to teach sexuality education when they felt positive about their own sexuality, perceived school-district support for sexuality education, and saw themselves as having more liberal than traditional-sexual-behavior codes. Teachers felt more competent to teach sexuality education when they assessed their own sexuality education as adequate, felt positive about their own sexuality, and saw themselves as having more liberal than traditional-sexual-behavior codes.
Sexuality education in public schools is now legal in all states and the District of Columbia. It is required in only Maryland, Kentucky, New Jersey and the District of Columbia (Kenney & Alexander, 1980; Kirby & Scales, 1981). Most parents, educators, adolescents, and major religious organizations support sexuality education in public schools, while acknowledging parents' rights to be the primary sexuality educators of their children.

The general support for the contribution public schools are making in the sexuality education of youth is tempered by continuing disagreement over appropriate content and when and who should teach it. This latter concern relates to the professional competencies and personal characteristics of sexuality educators in public schools. It is generally accepted that the teacher is the most important factor in the effectiveness of any school-sexuality-education program.

The sexuality-education literature has long dealt with the importance of educators being specifically prepared for teaching sexuality education in public schools (Carrera, 1981). Research has been conducted to try to identify the characteristics of effective school-based sexuality educators (Carrera, 1970; Magee, 1973). Numerous opinion papers stress the importance of sexuality educators having positive attitudes toward their own sexuality (AASECT, 1973; Maddock, 1976, Reed & Munson, 1976; Thompson, 1979). Yarber and McCabe (1981) found that teachers' own
attitudes toward sexuality appeared to be the most important personal factor influencing what sexuality topics they taught. Nevertheless, little is known about teachers' attitudes toward teaching sexuality education and sexuality.

Another persistent theme is whether teachers with certain demographic characteristics are more likely to be effective sexuality educators in public-high schools than others. This issue is frequently raised when there is discussion at the school-district level over the introduction of sexuality-education programs. Demographic variables such as age, sex, race, marital status, number and age of children, size of residential community, years of teaching experience and religious affiliation have been studied in relation to teachers' attitudes toward sexuality education and sexuality (Greenberg, 1969; Hobbs, 1970; Juhasz, 1970; Plonsky, 1975; Rubin, 1970).

This study was conducted to determine 1) Iowa-vocational-home-economics-teachers' attitudes toward teaching sexuality education and sexuality, and 2) relationships among these attitudes, selected demographic variables, and the degree to which 25 sexuality topics were taught.

Method

The methodology is described in three parts: instrumentation, data collection and data analysis.

Instrumentation

Sexuality attitudes were assessed by an inventory that measured
attitudes toward teaching public-high-school sexuality education and sexuality (Schultz, Note 3). The device had a 9-point-Likert-response format, and included five factors. The five factors were:

**Personal Preparedness (PP).** This factor addressed an individual's assessment of his/her competency to teach sexuality education in his/her public-high school, with a high score indicating a belief in his/her competency. (20 items, reliability .90)

**School and Community Influences (SCI).** This factor dealt with an individual's attitudes toward school administration, colleagues and community as supporters or impediments to sexuality education. A high score indicated a perception of strong support for sexuality education from these sources (7 items, reliability .42)

**Personal Sexuality Feelings (PSF).** This factor referred to an individual's attitudes toward his/her own sexuality, maintenance of his/her own physical health, and personal intimate sexual practices. A high score indicated positive attitudes toward personal sexuality. (24 items, reliability .89).

**Sexual Behavior Code (SBC).** This factor related to what individuals perceive as acceptable sexual behavior for them—
selves and others, with a high score indicating a more traditional than liberal behavior code (22 items, reliability .90)

Body Image (BI). This factor addressed an individual's feelings about his/her own body and that of others, with a high score indicating acceptance of what is sexually desirable in today's society. (7 items, reliability .64)

Data also were collected on selected demographic variables, and the degree to which 25 sexuality topics were taught.

Data collection

Data were collected from a purposive sample of Iowa vocational home economics teachers (n = 191). At the time of data collection, the population comprised 441 high-school teachers, all of whom were women. Teachers attending a statewide conference were invited to respond to the sexuality and teaching sexuality education inventory. Other teachers were invited to participate by mail.

Approximately 47% of the sample were under 30 years of age, 73% were married, and 40% had one or more children. About half (48%) resided in rural communities or towns with less than 5,000 population. Only 13% of the respondents indicated that they were not currently teaching sexuality education.

Data analysis

Mean factor scores were computed to obtain an overall interpretation of the teachers' teaching sexuality education, and sexuality attitudes.
Mean scores and frequencies were calculated for the degree to which sexuality topics were taught. Correlation coefficients were computed to test relationships among factor scores, selected demographic variables, and the degree to which sexuality topics were taught.

Results and Discussion

The mean factor scores in Table 1 provide insight into Iowa-home-economics teachers' attitudes toward teaching sexuality education, and sexuality. The high mean score of 7.7 on the Personal Preparedness factor indicated that teachers felt very competent to teach sexuality education in public schools. By contrast, the low-mean score of 3.8 on the factor, School and Community Influences, showed that teachers perceived only limited support from school administration, colleagues and community for the inclusion of sexuality education in their schools. The high-mean score of 8.1 for the Personal Sexuality Feelings factor pointed to teachers having very positive feelings about their own sexuality. They saw themselves as having more liberal than traditional sexual-behavior codes, given the low-mean score of 3.3 for the factor, Sexual Behavior Code. Further the mean score of 5.8 for the factor, Body Image, suggested that teachers perceived themselves as being individualistic in terms of their feelings for what is desirable body shape, physical condition, dress, and grooming.

Teachers most often reported presenting sexuality education within the contexts of family relations and child development, 75% and 67%, respectively. To a lesser extent it was included in compre-
hensive home economics (41%) and independent living (20%). Sexuality education was also taught in other courses (12%) such as parent education, personal development and child care, and included in the programs of student organizations (17%).

The data presented in Table 2 include mean scores for the degree to which 25 sexuality topics were taught. A 0-4 point response pattern was used with 4 indicating frequent teaching. The fact that teachers gave most emphasis to values clarification ($\bar{x} = 3.3$) may have indicated that they saw sexuality education as being more than physiology related to human reproduction. This finding also may be evidence of teachers placing importance on helping adolescents apply the decision-making process to sexual behavior. It was not surprising that prenatal care ($\bar{x} = 3.1$), birth control ($\bar{x} = 3.1$), and childbirth decisions ($\bar{x} = 2.8$) received some emphasis, given that many teachers also reported teaching sexuality education within the context of child development and, to a lesser extent, parent education.

Several possible explanations can be posited for why teachers gave little emphasis to the sexuality topics, masturbation ($\bar{x} = 1.1$), self-examination of breasts and testicles ($\bar{x} = 1.2$), homosexuality ($\bar{x} = 1.2$), and rape ($\bar{x} = 1.5$). First, teachers perceived only limited support for sexuality education in their schools from school administration, colleagues, and community. This suggested that they saw possible negative sanctions from these sources if they were to give more emphasis to the topics. Second, it may be that teachers were unsure of their communities' expectations for school-based sexuality education, and/or
that sexuality education policies do not exist in their school districts. Finally, it is recognized that giving little or no attention to a particular sexuality topic may be due to teachers' limited understanding of the topic, lack of personal comfort when communicating about the topic, and lack of knowledge about how to present it to adolescents.

Correlations among the factors produced two statistically significant ($p < .01$) relationships. The more positive teachers felt about their own sexuality (PSF), the more prepared they felt to teach sexuality education in public-high schools (PP) ($r = .42$). It is acknowledged, however, that feeling competent to teach sexuality education may not transfer to actual effectiveness in the classroom as a sexuality educator. The more traditional teachers saw their sexual-behavior codes (SBC), the less prepared they felt to teach sexuality education (PP) ($r = -.20$).

Demographic characteristics of the teachers did not appear to be related to their perceptions of their competency to teach sexuality education or to their perceptions of their own sexuality. However, a statistically significant ($p < .01$) relationship was found between teacher assessment of the adequacy of their own sexuality education and the factor, Personal Preparedness (PP). Teachers who assessed their own sexuality education as adequate tended to perceive themselves as competent to teach sexuality education ($r = -.42$).

Data in Table 2 show 48 significant correlations ($p < .01$) among factor scores and the degree to which 25 sexuality topics were taught. Teachers were likely to give at least some teaching attention to most of
the topics if they felt competent to teach sexuality education (PP), and perceived support for the inclusion of sexuality education from school administration, colleagues and community (SCI). The topics, intimate sexual relationships and adolescent psychological/emotional development, were taught more often when teachers felt positive about their own sexuality (PSF). Topics such as conception, sexual lifestyles, intercourse, and masturbation were taught infrequently by teachers who perceived themselves as having more traditional than liberal sexual-behavior codes (SBC).

The findings of this study suggest two program directions for those involved in planning the continuing education of teachers as sexuality educators in public-high schools. Because the findings showed that teachers perceived limited support from school administration, colleagues, and community for the inclusion of sexuality education in curriculum, teachers need to acquire greater skills as advocates of sexuality education in public-high schools. Further exploration is also needed to determine why some sexuality topics are not emphasized more by teachers.
Table 1. Mean scores for sexuality attitude factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of items</th>
<th>Mean score$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Preparedness (PP)</td>
<td>20</td>
<td>7.7</td>
</tr>
<tr>
<td>School and Community Influences (SCI)</td>
<td>7</td>
<td>3.8</td>
</tr>
<tr>
<td>Personal Sexuality Feelings (PSF)</td>
<td>24</td>
<td>8.1</td>
</tr>
<tr>
<td>Sexual Behavior Code (SBC)</td>
<td>22</td>
<td>3.3</td>
</tr>
<tr>
<td>Body Image (BI)</td>
<td>7</td>
<td>5.8</td>
</tr>
</tbody>
</table>

$^a$A 9-point-Likert-response format was used with 9 being agree completely.
Table 2. Topic mean scores, and significant correlations\(^a\) between topics and factor scores

<table>
<thead>
<tr>
<th>Topic</th>
<th>Mean(^b) scores</th>
<th>Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values clarification</td>
<td>3.3</td>
<td>.24</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>3.1</td>
<td>.37 .21</td>
</tr>
<tr>
<td>Adolescent social development</td>
<td>3.0</td>
<td>.22</td>
</tr>
<tr>
<td>Birth control</td>
<td>3.0</td>
<td>.20</td>
</tr>
<tr>
<td>Adolescent psychological/emotional development</td>
<td>2.9</td>
<td>.28 .24</td>
</tr>
<tr>
<td>Conception</td>
<td>2.9</td>
<td>.42 .34 -.22</td>
</tr>
<tr>
<td>Adolescent physical development</td>
<td>2.9</td>
<td>.25</td>
</tr>
<tr>
<td>Female reproductive system</td>
<td>2.8</td>
<td>.30 .27 -.25</td>
</tr>
<tr>
<td>Childbirth decisions</td>
<td>2.8</td>
<td>.21</td>
</tr>
<tr>
<td>Male reproductive system</td>
<td>2.7</td>
<td>.30 .29 -.25</td>
</tr>
<tr>
<td>Pregnancy decisions</td>
<td>2.6</td>
<td>.31 .30</td>
</tr>
<tr>
<td>Sex role socialization</td>
<td>2.6</td>
<td>.22</td>
</tr>
<tr>
<td>Expectant fathers participation</td>
<td>2.5</td>
<td>.23 .27</td>
</tr>
<tr>
<td>Developmental tasks of adolescents</td>
<td>2.5</td>
<td>.21</td>
</tr>
<tr>
<td>Sexually transmitted diseases</td>
<td>2.4</td>
<td>.27 .37</td>
</tr>
<tr>
<td>Adolescent cognitive development</td>
<td>2.4</td>
<td>.25</td>
</tr>
<tr>
<td>Intimate sexual relationships</td>
<td>2.1</td>
<td>.29 .28 .20</td>
</tr>
<tr>
<td>Alcohol, drugs and sexual behavior</td>
<td>2.1</td>
<td>.20 .23</td>
</tr>
<tr>
<td>Sexual lifestyles</td>
<td>1.9</td>
<td>.20 .21 -.19</td>
</tr>
<tr>
<td>Intercourse</td>
<td>1.9</td>
<td>.28 .25 -.23</td>
</tr>
<tr>
<td>Diversity of sexual expression</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>Rape</td>
<td>1.5</td>
<td>.24 .24</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>1.2</td>
<td>.27 .24</td>
</tr>
<tr>
<td>Self-examination</td>
<td>1.2</td>
<td>.27 .20 -.22</td>
</tr>
<tr>
<td>Masturbation</td>
<td>1.1</td>
<td>.33 .26 -.29</td>
</tr>
</tbody>
</table>

\(^a_\)P<.01.

\(^b_\)A 0-4 point response pattern was used with 4 indicating a great deal of teaching emphasis.
References


Thompson, M. Build sex education programs without tearing apart the community. The American School Board Journal, 1979, 166, (7)28-30.

SUMMARY AND RECOMMENDATIONS

General support exists for sexuality education in public-high schools. Less than 10% of American youth, however, receive school-based sexuality education. There are few school districts with well-established exemplary programs, and the effectiveness of many other programs is questionable. At the state and school-district levels, arguments continue over appropriate content, and when and who should teach sexuality education. This latter concern relates to the professional competencies of sexuality educators in public schools.

The teacher is a crucial element in the effectiveness of any sexuality education program in public-high schools. A review of the sexuality education literature identified a wide variety of suggested competencies and personal attributes for these teachers. Positive attitudes toward sexuality, and feeling comfortable when communicating about sexuality with adolescents, were two of the competencies frequently indicated. Yet, little is known about teachers' attitudes toward teaching sexuality education and sexuality or how to assess these attitudes.

This study was designed to 1) develop inventories to assess teachers' attitudes toward teaching sexuality education and sexuality, 2) determine the teaching sexuality education and sexuality attitudes of Iowa-high-school-home-economics teachers and relationships among these attitudes, selected demographic variables, and the degree to which 25 sexuality topics were taught.
A review of the sexuality education and sexuality literature was conducted to obtain a pool of topics that represented theoretical dimensions in two major areas: attitudes toward teaching public-high-school sexuality education and attitudes toward sexuality. The attitudes toward sexuality area consisted of attitudes toward one's own sexuality and attitudes toward sexuality in society. The theoretical dimensions derived for each major area were:

1. Teaching sexuality education
   a. teachers' knowledge base
   b. communication with students
   c. public schools as settings for sexuality education
   d. school administration and colleagues' influences
   e. community influences

2. Sexuality
   a. Own sexuality
      1. self-esteem
      2. body image
      3. values and goals
      4. gender identity
      5. interpersonal relationships
      6. intimate sexual behavior
      7. responsibilities as a sexual being
b. Sexuality in society

1. body image
2. values and goals
3. gender identity
4. sexual behavior of married individuals
5. sexual behavior of single individuals
6. responsibilities of others as sexual beings
7. issues in society

Items were written to correspond with the theoretical dimensions. A panel of judges comprising two home economics teacher educators and two psychologists examined the items for content validity. This resulted in extensive item refinement. Items that appeared to represent only a single idea, and appeared likely to discriminate among individuals were retained.

The items were incorporated into two inventories each with a 9-point-Likert-response format. The first inventory, Attitudes Toward Teaching Human Sexuality (Appendix A), was comprised of 55 items. The second inventory, Human Sexuality Questionnaire (Appendix B), contained 174 items on an individual's attitudes toward his/her own sexuality, and sexuality in society. Approval to use the inventories was obtained from the Human Subjects Review Committee at Iowa State University.

A purposive sample of Iowa-vocational-home-economics teachers was drawn from the target population of 441 teachers, all of whom were women. Two data collection procedures were used. First, teachers attending the August 1980 Iowa-vocational-home-economics teachers' conference were
invited to complete the Attitudes Toward Teaching Human Sexuality inventory, and to indicate if they wished to contribute further by responding to the Human Sexuality Questionnaire. The latter inventory was then mailed to the teachers who indicated a willingness to participate further. Second, additional responses were obtained by mailing both inventories with a letter of transmittal to a group of Iowa-vocational-home-economics teachers who had not previously participated. Correspondence related to the two-data-collection procedures is shown in Appendix C. The two-data-collection procedures resulted in 191 responses to the Attitudes Toward Teaching Human Sexuality inventory, and 225 for the Human Sexuality Questionnaire. Most of the respondents (85%) completed both inventories. Participation of all subjects was voluntary.

Analysis of data included: 1) frequencies for demographic variables, 2) factors extracted using the principal components method and rotated by the Varimax procedure, 3) factor reliability estimates using Cronbach's alpha, 4) mean factor scores, 5) mean scores for the degree to which 25 sexuality topics were taught, and 6) correlation coefficients among factor scores, demographic variables, and the degree to which 25 sexuality topics were taught.

About half of the respondents were under 30 years of age, 73% were married, and 40% had one or two children. Approximately 48% resided in rural communities or towns with less than 5,000 population. Another 27% lived in cities with 25,000 or more population.
The two factors identified in the Attitudes Toward Teaching Human Sexuality inventory were:

**I. Personal Preparedness.** This factor addressed an individual's assessment of his/her competency to teach sexuality education in his/her public-high school, with a high score indicating a belief in his/her competency. Items related to sexuality knowledge, and communicating about sexuality with adolescents.

**II. School and Community Influences.** This factor dealt with an individual's attitudes toward school administration, colleagues and community as supporters or impediments to sexuality education. A high score indicated a perception of strong support for sexuality education from these sources.

Factors loadings are shown in Appendix D, and the items in each factor in Appendix E. The reliabilities for Factors I and II were .90 and .42, respectively.

The factors that resulted suggest that respondents' feelings about teaching sexuality can be viewed in terms of their own personal readiness, and school and community support. Personal Preparedness included 20 of the 35 items developed from the theoretical dimensions of teachers' knowledge base, and communication with adolescents. Similarly, School and Community Influences included seven of the 14 items developed around the influences of school administration, colleagues, and community.
The three factors found in the Human Sexuality Questionnaire were:

J. **Personal Sexuality Feelings.** This factor referred to an individual's attitudes toward his/her own sexuality, maintenance of his/her own physical health, and personal intimate sexual practices. A high score indicated positive attitudes toward personal sexuality.

K. **Sexual Behavior Code.** This factor related to what individuals perceive as acceptable sexual behavior for themselves and others, with a high score indicating a more traditional than liberal behavior code. Items related to appropriate circumstances for engaging in intimate sexual behavior, masturbation, homosexuality, and abortion.

L. **Body Image.** This factor addressed an individual's feelings about his/her own body and that of others, with a high score indicating acceptance of what is sexually desirable in today's society. Items pertained to body shape, physical condition, dress, and grooming.

Factor loadings are found in Appendix F and items in the factors in Appendix G. The reliabilities for Factors J, K, and L were .89, .90, and .64, respectively.

Teachers categorized their feelings toward sexuality in three broad ways rather than by the theoretical dimensions proposed. Further, the teachers did not make a distinction between attitudes toward their own
sexuality and that of others when their appropriate sexual behavior and body image were assessed.

Factors J, K, and L accounted for 53 of the original 174 items developed from the theoretical dimensions related to the Human Sexuality Questionnaire. Inspection of the mean scores for the 121 independent items showed that teachers had strong feelings about another 24 items. These 24 independent items had mean scores between 8 and 9, or between 1 and 2. All of the 24 items had standard deviations of less than 2 and seven of these items were below a standard deviation of 1. The homogeneity of response to these 24 independent items may explain their not loading in Factors J, K, and L.

Mean factor scores for the Attitudes Toward Teaching Human Sexuality inventory and the Human Sexuality Questionnaire provided insight into Iowa-home-economics-teachers' attitudes toward teaching sexuality education and sexuality. Teachers felt competent to teach public-high-school sexuality education, but perceived limited support in their school districts for sexuality education. They felt positive about their own sexuality; perceived themselves as having more liberal than traditional-sexual-behavior codes, and saw themselves as being individualistic in their feelings for what is desirable as a body image.

The sexuality topics of values clarification, prenatal care, adolescent social development, and birth control were most emphasized. Conversely, masturbation, self-examination of breasts and testicles, homosexuality, and rape were among the topics least emphasized.
Correlations among the factors showed that teachers who felt positive about their own sexuality (Factor J, Personal Sexuality Feelings), had more liberal than traditional-sexual-behavior codes (Factor K, Sexual Behavior Code), and assessed their own sexuality education as adequate, tended to feel the most competent to teach sexuality education (Factor I, Personal Preparedness). Further, these more competent teachers, and those who perceived school-district support for sexuality education (Factor II, School and Community Influences), were likely to give more teaching emphasis to the sexuality topics than other teachers. Few statistically significant relationships were found between the demographic variables and factor scores or between the demographic variables and the degree to which 25 sexuality topics were taught.

Recommendations for Further Study

The Attitudes Toward Teaching Human Sexuality inventory and the Human Sexuality Questionnaire are in need of further refinement. This study has shown that one factor from each device, i.e., School and Community Influences (Attitudes Toward Teaching Human Sexuality) and Body Image (Human Sexuality Questionnaire) had an unacceptable reliability estimate. The reliabilities were .42 and .64, respectively. Both factors had only seven items. Additional items need to be developed for these two factors before administering the inventories to other groups.

The study should be replicated using both women and men sexuality teachers in public-high schools who are representative of all subject-
matter areas involved in this aspect of adolescent education. Data analysis might include tests for differences between women and men teachers. It might also test for differences among teachers from the various subject-matter areas.

Findings from this study showed that Iowa-vocational-home-economics teachers felt very competent to teach sexuality education in their schools. As previously stated, feeling competent to teach sexuality education may not be an accurate indicator of actual classroom effectiveness as a sexuality educator. Follow-up studies are warranted. One study might assess teachers' knowledge and understanding of the 25 sexuality topics cited in this present study. The relationships among these scores, and teachers' attitudes toward sexuality and teaching sexuality education could also be determined. A second study might focus on a comparison of teachers' preferred methods for presenting sexuality education to adolescents with their students' preferred learning styles. Such a study would be based upon the premise that learning is most effective when teacher styles and learner styles are compatible. Finally, a study using case studies of older adolescents who had sexuality education when they were in high school might be conducted to assess their feelings about the value of such programs to them personally.
REFERENCE NOTES


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Family and Australian friends for their love and for keeping home close to me;

Dr. Ayaad Assaad for his love, humor and encouragement through both the difficult times and the good times of the past few years.
APPENDIX A.

ATTITUDES TOWARD TEACHING HUMAN SEXUALITY INVENTORY
ATTITUDES TOWARD TEACHING HUMAN SEXUALITY

Jerelyn B. Schultz and Jillian R. Boyd
Home Economics Education
Iowa State University

PART A: TEACHING SEXUALITY EDUCATION

Directions: You are asked to respond to each of the following statements in terms of your feelings about presenting sexuality education in your classroom. Please respond to each statement by placing a number from 1 to 9 in the blank to the right.

Write 9 in the blank if you agree completely.
Write 1 in the blank if you disagree completely.
Write 5 if you neither agree or disagree.
Write 6 to 9 if you agree to some degree.
Write 1 to 4 if you disagree to some degree.

The general scale is shown below:

<table>
<thead>
<tr>
<th>Disagree Completely</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree Completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Definitions: Sexuality relates to a pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male or female.

Sexuality Education involves learning about human physiology related to sexual function and reproduction, about what it means to be a male or a female, how gender relates to one's physical, social, intellectual, emotional and spiritual development, and understanding self, family and society.

1. I can explain the developmental tasks of adolescents. 1.
2. Sexuality education should be taught in public schools. 2.
3. I can talk objectively about sexual lifestyles that differ from my own. 3.
4. Written parental permission is needed before presenting sensitive sexuality education topics. 4.
5. "Territorial claims" from different subject matter areas hinder sexuality programming at my school. 5.
6. I'm conscious of my values when discussing sexual behavior with students.

7. I'm adequately informed about the female reproductive system.

8. School administration is hesitant about possible adverse community reaction to sexuality education.

9. I'm informed about the effects of drugs on sexual behavior.

10. I prefer to keep discussion of sexual values out of my classroom.

11. School sexuality programs do not promote responsible sexual behavior.

12. I can describe the decisions that may need to be made during pregnancy.

13. I feel comfortable talking about sexual behavior with adolescents.

14. I'm inadequately informed about the male reproductive system.

15. School restrictions imposed on sexuality education limit the content which can be presented.

16. I can explain variations in sexual orientation.

17. I'm embarrassed listening to my students talk about intimate sexual behavior.

18. I feel confident about advising on health care during pregnancy.

19. Schools should confine themselves to teaching physiological facts related to sexuality.

20. I know the slang terms used to describe sexuality.

21. An advisory committee facilitates the implementation of sexuality education in the school.

22. I am informed about medically induced abortion procedures.

23. Community attitudes prevent me from meeting the sexuality education needs of students.

24. I know the correct pronunciation of sexuality terminology.

25. Colleagues think sexuality education should be left to parents.
26. I am knowledgeable about the factors involved in the decision to parent.

27. I cannot bring myself to use a slang sexuality term in class.

28. I'm knowledgeable about sexually transmitted diseases.

29. Different sexual lifestyles could not be included in a sexuality education program in my community.

30. If I didn't teach sexuality education it would not exist in my school.

31. I can explain factors affecting fetal development.

32. I can respond comfortably when a student asks a question using a slang sexuality term.

33. I am knowledgeable about methods of birth control.

34. School administration prefers that sexuality education be integrated into existing courses.

35. I don't have a command of sexuality vocabulary.

36. I'm apprehensive about raising certain sexuality topics in the classroom.

37. Sexuality education in schools encourages teenagers to become sexually active.

38. I am knowledgeable about sexual health care.

39. My job is to help adolescents establish guidelines for sexual decision making.

40. I cannot describe sexual response cycles.

41. Birth control can be a part of a sexuality education program in my community.

42. Peer interaction in school sexuality education enhances learning.

43. My school is committed to providing sexuality education.

44. I can handle classroom humor related to sexuality.

45. I can explain the fertility cycle.

46. I'd rather teach sexuality to students of my own sex.

47. Health professionals should present portions of sexuality education programs.
48. I cannot handle students' questions about explicit sexual behavior.  
49. Elementary students need sexuality education.  
50. I can relate well with my students while discussing sensitive sexuality topics.  
51. Teaching sexuality education in school is acceptable if parents have the opportunity to review topics.  
52. I can empathize with the sexual pressure faced by adolescents.  
53. I'm comfortable as a facilitator in discussion on sexuality.  
54. Colleagues from other subject matter areas are cooperative in planning sexuality education.  
55. I'm knowledgeable about sex role socialization.  

PART B: TEACHER CHARACTERISTICS

Directions: Please complete each of the following items. Check one blank for each item unless otherwise instructed.

1. How would you describe your own sexuality education? (formal and informal)
   ___ 1. none  
   ___ 2. limited  
   ___ 3. sufficient  
   ___ 4. extensive

2. Your age range:
   ___ 1. under 30 years  
   ___ 2. 31-40 years  
   ___ 3. 41-50 years  
   ___ 4. 51-60 years  
   ___ 5. 61 years and over

3. Current marital status:
   ___ 1. single, never married  
   ___ 2. married  
   ___ 3. widowed  
   ___ 4. separated  
   ___ 5. divorced

4. Number of children (adoption, biological and/or guardianship):
   ___ 1. none (proceed to item 7)  
   ___ 2. 1-2  
   ___ 3. 3-4  
   ___ 4. 5-6  
   ___ 5. 7 or more

5. Age ranges of children (check all that apply):
   ___ 1. 5 years of under  
   ___ 2. 6-12 years  
   ___ 3. 13-17 years  
   ___ 4. 18-24 years  
   ___ 5. 25 years and over

6. Sex of children (check all that apply):
   ___ 1. female  
   ___ 2. male
7. What size community do you live in?
   _____ 1. rural (farm or non-farm)
   _____ 2. less than 5,000
   _____ 3. 5,000 - 9,999
   _____ 4. 10,000 - 24,999
   _____ 5. 25,000 or more

8. How many years of teaching experience do you have?
   _____ 1. first year
   _____ 2. 1-2 years
   _____ 3. 3-4 years
   _____ 4. 5-8 years
   _____ 5. 9-12 years
   _____ 6. 13 or more years

9. How many years have you been teaching in your present school system?
   _____ 1. first year
   _____ 2. 1-2 years
   _____ 3. 3-4 years
   _____ 4. 5-8 years
   _____ 5. 9-12 years
   _____ 6. 13 or more years

10. What grades do you teach?
    _____ 1. 7-9 only
    _____ 2. 7-12 only
    _____ 3. 9-12 only
    _____ 4. 10-12 only

11. Are you currently teaching sexuality education?
    _____ 1. no (No further response is needed. Thank you.)
    _____ 2. yes

12. In which subject matter area(s) or course(s) do you include sexuality education? (Check all that apply.)
    _____ 1. Child Development
    _____ 2. Family Relations (Family Living
    _____ 3. Comprehensive Home Economics
    _____ 4. Homemaking Other (Independent Living, etc.)
    _____ 5. Future Homemakers of American or similar home economics organizations
    _____ 6. Other, please specify

PLEASE CONTINUE ON TO NEXT PAGE.
13. Indicate the degree to which each of the following topics are included in your teaching. Select a number between 0 and 4. Place the number in the blank. Use the following scale:

4 - a great deal of emphasis
3 - much emphasis
2 - some emphasis
1 - little emphasis
0 - no emphasis at all

_____ 1. birth control
_____ 2. sex role socialization
_____ 3. female human reproductive system
_____ 4. male human reproductive system
_____ 5. sexually transmitted diseases
_____ 6. self-examination of breasts and testicles
_____ 7. conception
_____ 8. decisions upon confirmation of pregnancy
_____ 9. prenatal care
_____ 10. childbirth decisions
_____ 11. expectant father's participation in pregnancy and childbirth
_____ 12. diversity of sexual expression, including cultural and socioeconomic differences
_____ 13. homosexuality
_____ 14. masturbation
_____ 15. intercourse
_____ 16. rape
_____ 17. sexual lifestyles, including abstinence
_____ 18. alcohol, drugs and sexual behavior
_____ 19. values clarification
_____ 20. intimate sexual relationships

Adolescent Development
_____ 21. social
_____ 22. cognitive
_____ 23. psychological/emotional
_____ 24. physical
_____ 25. developmental tasks

PLEASE CHECK THAT YOU HAVE RESPONDED TO EVERY ITEM.

Thank you for your response! Your information will help us to plan a sexuality education inservice program during 1980-81 for Iowa home economics teachers.
APPENDIX B.

HUMAN SEXUALITY QUESTIONNAIRE
HUMAN SEXUALITY QUESTIONNAIRE

Jerelyn B. Schultz and Jillian R. Boyd
Home Economics Education
Iowa State University

PART A: ATTITUDES TOWARD SEXUALITY

Directions: Each statement below deals with sexuality. Please respond to each statement by placing a number from 1 to 9 in the blank to the right.

Write 9 in the blank if you agree completely.
Write 1 in the blank if you disagree completely.
Write 5 if you neither agree or disagree.
Write 6 to 9 if you agree to some degree.
Write 1 to 4 if you disagree to some degree.

The general scale is shown below:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
</table>

Disagree Completely | Neither Agree Nor Disagree | Agree Completely

Definition: Sexuality relates to a pervasive component of personality, specifically an individual's attitudes and behaviors as a sexual being and as a male or female.

1. I am an attractive member of my sex. 1. _____
2. Others think I have a pleasing personality. 2. _____
3. Maintaining health enhances enjoyment of my sexuality. 3. _____
4. I'm uncomfortable with getting older. 4. _____
5. Religious beliefs influence my decisions about sexual behavior. 5. _____
6. I wish I had been born as a member of the opposite sex. 6. _____
7. I'm just the right size physically. 7. _____
8. I understand my limitations. 8. _____
9. What I have to do as a member of my sex conflicts with what I want to do. 9. _____
10. I am self-contented. 10. _____
11. I am successful in having close relationships with members of the opposite sex. 11. _____
12. Sexual feelings contribute to my enjoyment of life. 12. _____
13. Leadership is not the perogative of the man.
14. I am responsible for deciding what intimate sexual behavior is appropriate for me.
15. I have difficulty expressing my thoughts about sexuality with those I love.
16. I am aware of the adverse effects mind alterant drugs have on my sexual behavior.
17. Marriage is the only acceptable setting for intimate sexual behavior for me.
18. I am glad I am a member of my sex.
19. I feel at ease using the physiological terms related to sexuality.
20. Both partners need to work at maintaining mutual enjoyment of intimate sexual relations in marriage.
21. Appropriate intimate sexual behavior is whatever is mutually acceptable to my partner and myself.
22. My potential is being stifled by the fact that I am a member of my sex.
23. I value chastity before marriage.
24. I hope I will be enjoying intimate sexual behavior for the rest of my life.
25. My choice of sexual behavior reflects respect for the rights of others.
26. I take pride in keeping my body in shape.
27. I learn from my failures.
28. The thought of homosexual behavior for me is repulsive.
29. Feeling loved is important to me.
30. When someone flirts with me I get uptight.
31. I try to be honest in communication with my sex partner.
32. Other people's standards influence my behavior.
33. My diet reflects my interest in my appearance.
34. I am happy to assume behavior traditional to my sex as a sex partner.
35. I'd rather be in the company of members of the opposite sex in social situations.  
36. I accept responsibility for my own continuing learning about my sexuality.  
37. I worry about what others think of me.  
38. Fidelity to one sex partner for life is central to my expression of sexuality.  
39. Dissatisfaction with birth control is spoiling enjoyment of my sexuality.  
40. Nudity is comfortable for me in appropriate situations.  
41. Maintaining sexual health is important for me.  
42. I want to be perceived by others as a person, and then as a member of my sex.  
43. I find it easier to talk socially with people of my own sex.  
44. I am confused about what is appropriate intimate sexual behavior for me.  
45. It is easy for me to exercise control over my sex drive.  
46. I like myself as a person.  
47. I respond honestly to my sex partner.  
48. I enjoy caring for my body.  
49. I value human life.  
50. Sexual performance is important for sustaining my sense of masculinity/femininity.  
51. I engage in intimate sexual behavior primarily to satisfy my partner.  
52. I am comfortable using slang sexuality terms with my sexual partner.  
53. Abortion is an inappropriate option for me.  
54. I don't have to be emotionally involved to enjoy intimate sexual behavior.  
55. I feel uninhibited about my body with others.  
56. I am aware of arousing the interest of a member of the opposite sex when first introduced.
57. I engage in intimate sexual behavior primarily to satisfy myself.

58. I do not appear in public wearing a swimsuit or shorts.

59. I don't find it easy to talk about intimate sexual behavior.

60. Mutual trust is the basis for my choice of a sexual partner.

61. I feel comfortable about initiating sexual behavior with my partner.

62. My sexual behavior is not in conflict with societal mores.

63. Commitment is a prerequisite for engaging in a sexual relationship.

64. I like to practice the traditional mannerisms of my sex.

65. Maintaining mutual enjoyment of intimate sexual relations in marriage is a pleasure.

66. I would describe myself as a romantic lover.

67. I can handle friendships with the opposite sex so long as they keep their hands "off."

68. I conscientiously practice birth control.

69. I am a self-confident individual.

70. I perceive myself as being a skilled sex partner.

71. My partner has the right to participate in decisions about birth control.

72. I resent not being able to do something considered socially acceptable for a member of the opposite sex.

73. Most of my friends are of the same sex.

74. I am satisfied with my sex life.

75. I consider myself well informed on the subject of sexually transmitted diseases.

76. I am a person of worth.

77. I groom myself to avoid calling attention to myself.

78. I would be upset if a daughter of mine got illegitimately pregnant.
79. I relate to male and female children differently.
80. I'm confident in handling misinterpretations of words and phrases in social situations.
81. Orgasm is important to my enjoyment of sex.
82. I take care to choose a sex partner who practices responsible sexual behavior.
83. I am physically attractive to the opposite sex.
84. My religious values contribute to decisions about birth control.
85. Intercourse gets to be monotonous after a while.
86. More educated individuals make me feel insecure.
87. Intimate sexual behavior is an important part of my life.
88. I exercise discretion when talking to others about my sexuality.
89. I would be upset if a son of mine got a woman illegitimately pregnant.
90. I am self-conscious in new social situations.
91. I respect individuals whose sexual orientation differs from my own.
92. I need to feel good about myself before I can meet the needs of others.
93. Marriage is necessary for me to reach my potential.
94. I like to use my sexuality to gain the attention of the opposite sex.
95. I dress to compliment my best features.
96. I possess the stereotypical traits associated with my sex.
97. I strive to make a good first impression on people.
98. I enjoy mild flirtations.
99. I shop for my clothes primarily to please the opposite sex.
100. I enjoy the courtesies traditionally associated with my sex.
<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>101.</td>
<td>I long to have a pin-up type figure.</td>
</tr>
<tr>
<td>102.</td>
<td>I would prefer to have colleagues mainly of the opposite sex.</td>
</tr>
<tr>
<td>103.</td>
<td>People seem to like me.</td>
</tr>
<tr>
<td>104.</td>
<td>I like my sexuality.</td>
</tr>
<tr>
<td>105.</td>
<td>Well dressed people are sexually attractive.</td>
</tr>
<tr>
<td>106.</td>
<td>Parents should be the primary sexuality educators of their children.</td>
</tr>
<tr>
<td>107.</td>
<td>Honesty in communication is essential to a satisfying sexual relationship.</td>
</tr>
<tr>
<td>108.</td>
<td>Women should not ask men for dates.</td>
</tr>
<tr>
<td>109.</td>
<td>Individuals don't have to conform to fashionable physical shapes to be sexy.</td>
</tr>
<tr>
<td>110.</td>
<td>Older women should not date younger men.</td>
</tr>
<tr>
<td>111.</td>
<td>Most married couples find each other sexually exciting.</td>
</tr>
<tr>
<td>112.</td>
<td>Male partners in committed relationships have the right to be included in abortion decisions.</td>
</tr>
<tr>
<td>113.</td>
<td>Individuals with poor posture are sexually unattractive.</td>
</tr>
<tr>
<td>114.</td>
<td>Intimate sexual relations without commitment over time are wrong.</td>
</tr>
<tr>
<td>115.</td>
<td>Homosexuality is a mental health problem.</td>
</tr>
<tr>
<td>116.</td>
<td>Muscular men are sexually appealing.</td>
</tr>
<tr>
<td>117.</td>
<td>Married individuals need to avoid close friendships with members of the opposite sex.</td>
</tr>
<tr>
<td>118.</td>
<td>Older people are sexually attractive.</td>
</tr>
<tr>
<td>119.</td>
<td>Abortion due to a malformed fetus is justifiable.</td>
</tr>
<tr>
<td>120.</td>
<td>Women should not discuss their sexual exploits with friends.</td>
</tr>
<tr>
<td>121.</td>
<td>Older men should not date younger women.</td>
</tr>
<tr>
<td>122.</td>
<td>People who keep themselves physically fit are more sexually attractive.</td>
</tr>
<tr>
<td>123.</td>
<td>There is no need for married women to masturbate if their sexual relationship with their husband is satisfying.</td>
</tr>
</tbody>
</table>
124. Couples who pet heavily in view of strangers are embarrassing.

125. People pay too much attention to sex.

126. Women who get raped have themselves to blame.

127. Married women should not deliberately arouse the attention of men other than their spouse.

128. It's more important for a woman to be sexually attractive than for a man.

129. It's okay for single women to have intimate sexual relations without emotional involvement.

130. Abortion should be available to all women.

131. Couples should share past sexual experiences with each other.

132. Living together before marriage is a good idea.

133. A mutually satisfying sexual relationship is important for maintaining a marriage.

134. Sex is for the under sixties.

135. Abortion is preferable to bringing an unwanted child into the world.

136. People should dress to enhance their sexuality.

137. Men have wider choices in sexual relationships.

138. Masturbation is okay for single women.

139. It's okay for married men to engage in flirtations with older women.

140. Intimate sexual relations without emotional involvement are okay for unmarried men.

141. Sexually transmitted diseases would be eliminated if fidelity to one partner was practiced.

142. Homosexuality is normal for some people.

143. It is natural for men to be dominant in their relations with women.

144. Husbands who masturbate do not have a satisfying sexual relationship with their wife.

145. Obese individuals are sexually unattractive.
146. Homosexual marriages should be legalized.
147. Fidelity in sexual relationships is an outmoded societal virtue.
148. Women cannot be steady dates without sex.
149. People enjoy gossip about sexual relationships of others.
150. It's acceptable for married women to have sex outside of marriage.
151. Women need to be encouraged to report rape.
152. Intimate sexual behavior is an acceptable topic of conversation in social situations.
153. Single women should not seduce married men.
154. Birth control is the responsibility of the woman in an intimate sexual relationship.
155. Women should not use slang sexual terminology in public.
156. Abortion should be a matter of choice.
157. Sexually attractive individuals are well groomed.
158. Masturbation is okay.
159. Individuals who have never married are maladjusted sexual beings.
160. Teenagers need to be encouraged to masturbate as an alternative to sexual intercourse.
161. It's okay for men to use slang sexual terms in public.
162. Convicted rapists should receive mandatory jail sentences.
163. Religious groups shouldn't attempt to impose their standards of sexual behavior on others.
164. Sex outside of marriage is acceptable for husbands.
165. Teenagers need to know about methods of birth control.
166. Sexual relations between consenting adult couples is their own business.
167. The ideal woman has a pin-up figure.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>168. Parents need to be notified when a sexually transmitted disease is diagnosed in teenagers.</td>
<td>168.</td>
</tr>
<tr>
<td>169. Youthful looking people are sexually attractive.</td>
<td>169.</td>
</tr>
<tr>
<td>170. Women should remain virgins until marriage.</td>
<td>170.</td>
</tr>
<tr>
<td>171. Men can be sexually attractive without following traditional roles.</td>
<td>171.</td>
</tr>
<tr>
<td>172. Married couples should not publicly display their sexual interest in each other.</td>
<td>172.</td>
</tr>
<tr>
<td>173. Physical appearance influences the sexual attractiveness of individuals.</td>
<td>173.</td>
</tr>
</tbody>
</table>

Thank you for your response! Your information will help us to plan a sexuality education inservice program during 1980-81 for Iowa home economics teachers.

PLEASE CHECK THAT YOU HAVE RESPONDED TO EVERY ITEM.
APPENDIX C.

CORRESPONDENCE
Dear Teacher:

A human sexuality inservice program is being planned for home economics teachers during 1980-81. Your help is requested in completing the attached Attitudes Toward Teaching Human Sexuality questionnaire. Teachers have a variety of attitudes about teaching sexuality education. We think you are the most appropriate person to describe yourself. The information you provide will help us determine the content of the inservice program.

Your response will be confidential. A code number appears on each questionnaire. The same number appears on the attached form requesting your name and address. Once all data have been collected, the forms containing names, addresses and code numbers will be destroyed. In no way will you or your school be identified in the findings. Please give the information requested on the form and deposit the completed form in the box provided.

We would like you to respond to a second questionnaire on Human Sexuality which will be mailed to you in the next two weeks. This will require approximately 30-45 minutes of your time. If you are willing to help us by providing this additional information, please indicate your willingness to participate on the form requesting your name and address.

If you have any questions about the Attitudes Toward Teaching Human Sexuality questionnaire or the mailed questionnaire, please ask one of us now or during the conference. Thank you.

Sincerely,

Jerelyn B. Schulz, Director
Parent Education Project
Home Economics Education
Iowa State University

Jillian R. Boyd
Graduate Assistant
Home Economics Education
Iowa State University

JBS/JRB:da
Name ____________________________________________

Home Telephone (________) __________________________________________

School Telephone (________) _________________________________________

School Address ____________________________________________________

________________________________________ Zip_____________________

Are you willing to help us by responding to the second questionnaire? Check one blank.

______ Yes

______ No

Thank you. Please place your completed form in the box provided.
August 13, 1980

Dear Teacher:

Thank you for agreeing to respond to the Human Sexuality Questionnaire. Your response will help us plan the forthcoming human sexuality inservice program for Iowa home economics teachers. Response time will be 30-45 minutes.

Your response will be kept confidential by assigning the same code number to this questionnaire as appeared on the questionnaire you responded to at the August Home Economics Teachers' Conference. The list of participants will be destroyed once a follow-up of nonrespondents has been completed. In no way will you or your school be identified in the findings.

Place your completed questionnaire in the enclosed stamped addressed envelope. Please return it by Monday, August 25.

If you have any questions about the questionnaire please call Jillian Boyd at (515) 294-3250. If that phone is not answered, please leave a message for Jillian to call you at (515) 294-6444.

Sincerely,

Jerelyn B. Schultz, Director
Parent Education Project
Home Economics Education
Iowa State University
(515) 294-3328

Jillian Boyd
Graduate Assistant
Home Economics Education
Iowa State University

(515) 294-6444
APPENDIX D.

ITEM LOADINGS ON THE ATTITUDES

TOWARD TEACHING HUMAN SEXUALITY FACTORS
Table D.1. Item loadings on the Attitudes Toward Teaching Human Sexuality factors

<table>
<thead>
<tr>
<th>Items</th>
<th>Item loadings on factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>3</td>
<td>-(50)</td>
</tr>
<tr>
<td>7</td>
<td>-(62)</td>
</tr>
<tr>
<td>8</td>
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<tr>
<td>32</td>
<td>-(62)</td>
</tr>
<tr>
<td>33</td>
<td>-(67)</td>
</tr>
</tbody>
</table>

^a Decimals have been removed.

^b I is the factor, Personal Preparedness, and II is the factor, School and Community Influences.
Table D.1. Continued

<table>
<thead>
<tr>
<th>Items</th>
<th>Item loadings on factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I</td>
</tr>
<tr>
<td>38</td>
<td>-(57)</td>
</tr>
<tr>
<td>41</td>
<td>07</td>
</tr>
<tr>
<td>43</td>
<td>-02</td>
</tr>
<tr>
<td>44</td>
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<tr>
<td>45</td>
<td>-(72)</td>
</tr>
<tr>
<td>50</td>
<td>-(59)</td>
</tr>
<tr>
<td>53</td>
<td>-(75)</td>
</tr>
<tr>
<td>55</td>
<td>-(48)</td>
</tr>
</tbody>
</table>
APPENDIX E.

ITEMS IN ATTITUDES TOWARD TEACHING

HUMAN SEXUALITY FACTORS
Table E.1. Items in Attitudes Toward Teaching Human Sexuality factor: Personal Preparedness

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>I can talk objectively about sexual lifestyles that differ from my own.</td>
</tr>
<tr>
<td>7</td>
<td>I'm adequately informed about the female reproductive system.</td>
</tr>
<tr>
<td>12</td>
<td>I can describe the decisions that may need to be made during preg­nancy.</td>
</tr>
<tr>
<td>13</td>
<td>I feel comfortable talking about sexual behavior with ado­lescents.</td>
</tr>
<tr>
<td>16</td>
<td>I can explain variations in sexual orientation.</td>
</tr>
<tr>
<td>18</td>
<td>I feel confident about advising on health care during pregnancy.</td>
</tr>
<tr>
<td>20</td>
<td>I know the slang terms used to describe sexuality.</td>
</tr>
<tr>
<td>22</td>
<td>I am informed about medically induced abortion procedures.</td>
</tr>
<tr>
<td>24</td>
<td>I know the correct pronunciation of sexuality terminology.</td>
</tr>
<tr>
<td>26</td>
<td>I am knowledgeable about the factors involved in the decision to parent.</td>
</tr>
<tr>
<td>28</td>
<td>I'm knowledgeable about sexually transmitted diseases.</td>
</tr>
<tr>
<td>31</td>
<td>I can explain factors affecting fetal development.</td>
</tr>
<tr>
<td>32</td>
<td>I can respond comfortably when a student asks a question using a slang term.</td>
</tr>
<tr>
<td>33</td>
<td>I am knowledgeable about methods of birth control.</td>
</tr>
<tr>
<td>38</td>
<td>I am knowledgeable about sexual health care.</td>
</tr>
<tr>
<td>44</td>
<td>I can handle classroom humor related to sexuality.</td>
</tr>
<tr>
<td>45</td>
<td>I can explain the fertility cycle.</td>
</tr>
</tbody>
</table>

^Percentage of total variance removed is 16.27.
Table E.1. Continued

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.</td>
<td>I can relate well with my students while discussing sensitive sexuality topics.</td>
</tr>
<tr>
<td>53.</td>
<td>I'm comfortable as a facilitator in discussion on sexuality.</td>
</tr>
<tr>
<td>55.</td>
<td>I'm knowledgeable about sex role socialization.</td>
</tr>
</tbody>
</table>
Table E.2. Items in Attitudes Toward Teaching Human Sexuality\textsuperscript{factor: School and Community Influences\textsuperscript{a}}

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>School administration is hesitant about possible adverse community reaction to sexuality education.</td>
</tr>
<tr>
<td>15.</td>
<td>School restrictions imposed on sexuality education limit the content which can be presented.</td>
</tr>
<tr>
<td>23.</td>
<td>Community attitudes prevent me from meeting the sexuality education needs of the students.</td>
</tr>
<tr>
<td>25.</td>
<td>Colleagues think sexuality education should be left to parents.</td>
</tr>
<tr>
<td>29.</td>
<td>Different sexual lifestyles could not be included in a sexuality education program in my community.</td>
</tr>
<tr>
<td>41.</td>
<td>Birth control can be a part of a sexuality education program in my community.</td>
</tr>
<tr>
<td>43.</td>
<td>My school is committed to providing sexuality education.</td>
</tr>
</tbody>
</table>

\textsuperscript{a}Percentage of total variance removed is 6.99.
APPENDIX F.

ITEM LOADINGS ON THE HUMAN SEXUALITY QUESTIONNAIRE FACTORS
Table F.1. Item loadings on the Human Sexuality Questionnaire factors

<table>
<thead>
<tr>
<th>Items</th>
<th>Item loadings(^a) on factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>J</td>
</tr>
<tr>
<td></td>
<td>-(42)</td>
</tr>
<tr>
<td>2.</td>
<td>-(41)</td>
</tr>
<tr>
<td>3.</td>
<td>-(50)</td>
</tr>
<tr>
<td>5</td>
<td>-08</td>
</tr>
<tr>
<td>11.</td>
<td>-(65)</td>
</tr>
<tr>
<td>12.</td>
<td>-(60)</td>
</tr>
<tr>
<td>17.</td>
<td>-18</td>
</tr>
<tr>
<td>21.</td>
<td>-(43)</td>
</tr>
<tr>
<td>23.</td>
<td>-07</td>
</tr>
<tr>
<td>25.</td>
<td>-(42)</td>
</tr>
<tr>
<td>26.</td>
<td>-(48)</td>
</tr>
<tr>
<td>27.</td>
<td>-(48)</td>
</tr>
<tr>
<td>31.</td>
<td>-(53)</td>
</tr>
<tr>
<td>36.</td>
<td>-(47)</td>
</tr>
<tr>
<td>38.</td>
<td>-28</td>
</tr>
<tr>
<td>41.</td>
<td>-(59)</td>
</tr>
<tr>
<td>44.</td>
<td>(51)</td>
</tr>
<tr>
<td>46.</td>
<td>-(49)</td>
</tr>
<tr>
<td>47.</td>
<td>-(66)</td>
</tr>
</tbody>
</table>

\(^a\)Decimals have been removed.

\(^b\)J was the factor, Personal Sexuality Feelings; K was the factor, Sexual Behavior Code; and L was Body Image.
Table F.1. Continued

<table>
<thead>
<tr>
<th>Items b</th>
<th>Item loadings a on factors:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>J</td>
</tr>
<tr>
<td>48.</td>
<td>-(58)</td>
</tr>
<tr>
<td>51.</td>
<td>(51)</td>
</tr>
<tr>
<td>53.</td>
<td>07</td>
</tr>
<tr>
<td>61.</td>
<td>-(48)</td>
</tr>
<tr>
<td>63.</td>
<td>-20</td>
</tr>
<tr>
<td>74.</td>
<td>-(46)</td>
</tr>
<tr>
<td>76.</td>
<td>-(52)</td>
</tr>
<tr>
<td>87.</td>
<td>-(51)</td>
</tr>
<tr>
<td>101.</td>
<td>18</td>
</tr>
<tr>
<td>103.</td>
<td>-(54)</td>
</tr>
<tr>
<td>104.</td>
<td>-(64)</td>
</tr>
<tr>
<td>105.</td>
<td>-12</td>
</tr>
<tr>
<td>107.</td>
<td>-(45)</td>
</tr>
<tr>
<td>114.</td>
<td>-12</td>
</tr>
<tr>
<td>115.</td>
<td>06</td>
</tr>
<tr>
<td>116.</td>
<td>06</td>
</tr>
<tr>
<td>120.</td>
<td>03</td>
</tr>
<tr>
<td>122.</td>
<td>-18</td>
</tr>
<tr>
<td>123.</td>
<td>14</td>
</tr>
<tr>
<td>129.</td>
<td>04</td>
</tr>
<tr>
<td>130.</td>
<td>-19</td>
</tr>
<tr>
<td>132.</td>
<td>09</td>
</tr>
<tr>
<td>Item</td>
<td>Item loadings (^a) on factors:</td>
</tr>
<tr>
<td>------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>136.</td>
<td></td>
</tr>
<tr>
<td>138.</td>
<td></td>
</tr>
<tr>
<td>139.</td>
<td></td>
</tr>
<tr>
<td>140.</td>
<td></td>
</tr>
<tr>
<td>142.</td>
<td></td>
</tr>
<tr>
<td>146.</td>
<td></td>
</tr>
<tr>
<td>150.</td>
<td></td>
</tr>
<tr>
<td>157.</td>
<td></td>
</tr>
<tr>
<td>158.</td>
<td></td>
</tr>
<tr>
<td>164.</td>
<td></td>
</tr>
<tr>
<td>170.</td>
<td></td>
</tr>
<tr>
<td>173.</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G.

ITEMS IN HUMAN SEXUALITY QUESTIONNAIRE FACTORS
Table G.1. Items in Human Sexuality Questionnaire factor: Personal Sexuality Feelings

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am an attractive member of my sex.</td>
</tr>
<tr>
<td>2.</td>
<td>Others think I have a pleasing personality.</td>
</tr>
<tr>
<td>11.</td>
<td>I am successful in having close relationships with members of the opposite sex.</td>
</tr>
<tr>
<td>12.</td>
<td>Sexual feelings contribute to my enjoyment of life.</td>
</tr>
<tr>
<td>21.</td>
<td>Appropriate intimate sexual behavior is whatever is mutually accept-</td>
</tr>
<tr>
<td></td>
<td>able to my partner and myself.</td>
</tr>
<tr>
<td>25.</td>
<td>My choice of sexual behavior reflects respect for the rights of oth-</td>
</tr>
<tr>
<td></td>
<td>ers.</td>
</tr>
<tr>
<td>26.</td>
<td>I take pride in keeping my body in shape.</td>
</tr>
<tr>
<td>27.</td>
<td>I learn from my failures.</td>
</tr>
<tr>
<td>31.</td>
<td>I try to be honest in communication with my sex partner.</td>
</tr>
<tr>
<td>36.</td>
<td>I accept responsibility for my own continuing learning about my sex-</td>
</tr>
<tr>
<td></td>
<td>uality.</td>
</tr>
<tr>
<td>41.</td>
<td>Maintaining sexual health is important for me.</td>
</tr>
<tr>
<td>44.</td>
<td>I am confused about what is appropriate intimate sexual behavior for</td>
</tr>
<tr>
<td></td>
<td>me.</td>
</tr>
<tr>
<td>46.</td>
<td>I like myself as a person.</td>
</tr>
<tr>
<td>47.</td>
<td>I respond honestly to my sex partner.</td>
</tr>
<tr>
<td>48.</td>
<td>I enjoy caring for my body.</td>
</tr>
<tr>
<td>51.</td>
<td>I engage in intimate sexual behavior primarily to satisfy my partner.</td>
</tr>
</tbody>
</table>

*Percentage of total variance removed is 7.20.*
Table G.1. Continued

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>61.</td>
<td>I feel comfortable about initiating sexual behavior with my partner.</td>
</tr>
<tr>
<td>74.</td>
<td>I am satisfied with my sex life.</td>
</tr>
<tr>
<td>76.</td>
<td>I am a person of worth.</td>
</tr>
<tr>
<td>87.</td>
<td>Intimate sexual behavior is an important part of my life.</td>
</tr>
<tr>
<td>103.</td>
<td>People seem to like me.</td>
</tr>
<tr>
<td>104.</td>
<td>I like my sexuality.</td>
</tr>
<tr>
<td>107.</td>
<td>Honesty in communication is essential to a satisfying sexual relationship.</td>
</tr>
<tr>
<td>Item No.</td>
<td>Item</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>Religious beliefs influence my decisions about sexual behavior.</td>
</tr>
<tr>
<td>17</td>
<td>Marriage is the only acceptable setting for intimate sexual behavior for me.</td>
</tr>
<tr>
<td>23</td>
<td>I value chastity before marriage.</td>
</tr>
<tr>
<td>38</td>
<td>Fidelity to one's sex partner for life is central to my expression of sexuality.</td>
</tr>
<tr>
<td>53</td>
<td>Abortion is an inappropriate option for me.</td>
</tr>
<tr>
<td>63</td>
<td>Commitment is a prerequisite for engaging in a sexual relationship.</td>
</tr>
<tr>
<td>114</td>
<td>Intimate sexual relations without commitment over time is wrong.</td>
</tr>
<tr>
<td>115</td>
<td>Homosexuality is a mental health problem.</td>
</tr>
<tr>
<td>120</td>
<td>Women should not discuss their sexual exploits with friends.</td>
</tr>
<tr>
<td>123</td>
<td>There is no need for married women to masturbate if their sexual relationship with their husband is satisfying.</td>
</tr>
<tr>
<td>129</td>
<td>It's okay for single women to have intimate sexual relations without emotional involvement.</td>
</tr>
<tr>
<td>130</td>
<td>Abortion should be available to all women.</td>
</tr>
<tr>
<td>132</td>
<td>Living together before marriage is a good idea.</td>
</tr>
<tr>
<td>138</td>
<td>Masturbation is okay for single women.</td>
</tr>
<tr>
<td>139</td>
<td>It's okay for married men to engage in flirtations with older women.</td>
</tr>
<tr>
<td>140</td>
<td>Intimate sexual relations without emotional involvement are okay for unmarried men.</td>
</tr>
<tr>
<td>142</td>
<td>Homosexuality is normal for some people.</td>
</tr>
</tbody>
</table>

\(^a\)Percentage of total variance removed is 7.21.
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>146</td>
<td>Homosexual marriages should be legalized.</td>
</tr>
<tr>
<td>150</td>
<td>It's acceptable for married women to have sex outside of marriage.</td>
</tr>
<tr>
<td>158</td>
<td>Masturbation is okay.</td>
</tr>
<tr>
<td>164</td>
<td>Sex outside of marriage is acceptable for husbands.</td>
</tr>
<tr>
<td>170</td>
<td>Women should remain virgins until married.</td>
</tr>
</tbody>
</table>
Table G.3. Items in Human Sexuality Questionnaire factor: Body Image

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>I long to have a pin-up type figure.</td>
</tr>
<tr>
<td>105</td>
<td>Well-dressed people are sexually attractive.</td>
</tr>
<tr>
<td>116</td>
<td>Muscular men are sexually appealing.</td>
</tr>
<tr>
<td>122</td>
<td>People who keep themselves physically fit are more sexually attrac­tive.</td>
</tr>
<tr>
<td>136</td>
<td>People should dress to enhance their sexuality.</td>
</tr>
<tr>
<td>157</td>
<td>Sexually attractive individuals are well-groomed.</td>
</tr>
<tr>
<td>173</td>
<td>Physical appearance influences the sexual attractiveness of individu­als.</td>
</tr>
</tbody>
</table>

*Percentage of total variance removed is 3.75.*