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ATTITUDES TOWARD SEX EDUCATION IN SELECTED CULTURALLY
DEPRIVED AREAS OF SAN JUAN, PUERTO RICO

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

By
Alejandro Lopez Deyne, B.A., B.B.A., M.H.P.

The Ohio State University
1975

Reading Committee:
Alfred C. Clarke
Jerome D. Folkman
Simon Dinitz

Approved By
Alfred C. Clarke
Department of Sociology
DEDICATION

To the Lord who has made all things possible. To my parents Mr. and Mrs. Juan Lopez, for their years of stress and sacrifice and to my wife Mary for her patience and help.
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VITA

February 27, 1936. . . . . Born - Moca, Puerto Rico
1959 . . . . . . . . . B.A. ED., University of Puerto Rico
1967 . . . . . . . . . B.B.A., University of Puerto Rico
1970 . . . . . . . . . M.H.C.P., University of Puerto Rico
1956-1965. . . . . . . Public School Teacher, Dept. of Education
1965-1967. . . . . . . Audiovisual Supervisor, Rio Piedras District A, Dept. of Education
1970-1971. . . . . . . Research Associate, University of Puerto Rico, Medical Science Campus
1971-1973. . . . . . . Director of the Scholarship and Loans Program of the Medical Science Campus
University of Puerto Rico
1973-1974. . . . . . . Graduate Teaching Assistant, The Ohio State University, Columbus, Ohio
1974 . . . . . . . . . Director of Health Education, Unit in Family Planning Program, University of Puerto Rico
1975 . . . . . . . . . Director of the Continuing Education Programs, Interamerican University of Puerto Rico

PROFESSIONAL ORGANIZATIONS

National Council of Family Relations
American Association for Comprehensive Health Planning
Asociación Interamericana de Planificación (InterAmerican Planning Association)
American Sociological Association
Asociación de Ex Alumnos de la Universidad de Puerto Rico
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CHAPTER I

INTRODUCTION

In 1969 Barker's outlined techniques for countering those who opposed sex education in the public schools. He believed that one of the major barriers to the development of public intermediate school sex education was a presumed lack of parental support and understanding of the purposes, content, and methodology of sex instruction. There had been a lack of communication between parents, teachers, clergymen, physicians and students as to the purpose of sex education, and, the philosophical approach to be taken toward the "teaching" of sexual knowledge, attitudes, standards and behavior, as well as toward sources of references to be used in the classroom. In regard to this point of view the Johnson-Schutt study done in 1965 showed that administrators and school board members realized the need for sex education, but were hesitant to move ahead with the program. On the other hand, Libby stated: "the two most frequent reasons for this hesitancy, as noted by Johnson and Schutt, were: (1) lack of qualified teachers and (2) fear of public (parental) reaction."

Because some educators fear parental, and community reaction against sex education, it is important to deal with scientific research in order to measure attitudes and opinions of parents and other members
of the community regarding the teaching of sex education in the intermediate grade level in the public and private schools. Taking into consideration this situation, it would be helpful for the Education and the Health Department Boards, to know what parents, students, teachers, physicians and clergymen think and feel about sex education, so that their attitudes may be understood and considered in the planning of sex education. The demographic composition of the community is another important factor to consider when dealing with sex education. Regarding this point of view Libby stated: "Given the demographic composition of a community, school officials need to have some yardstick to measure probable parental reaction to a proposed sex education program." Also, the writer believes that clergymen, students, physicians and teachers' reaction toward sex education programs are very important in order to cover the full spectrum of possible reactions among all the members of the community where the Education Department expects to introduce sex education. This is especially relevant since public and private schools are financed by taxpaying parents who may wish to control what they support. As a consequence, without an awareness of students, parents, teachers, clergymen and physicians' attitudes, a negative or antagonistic reaction to a proposed sex education program could result in a poorly developed program or in no program at all.

Therefore, insofar as possible, it is important for the Education and Health Departments to be able to predict adolescent and adult cooperation or opposition toward a sex education program at the intermediate grade level on the basis of the known composition of their
communities. It would be expected that a greater understanding of adolescent and adult group attitudes lead to improved communication and increased trust between these groups and school officials involved in sex education and higher quality programs. Consequently, research which measures attitudes and opinions toward the members of different community groups, are an absolute necessity for the teaching of sex education in public and private schools.

The Problem

The importance of the social scientist in determining individual attitudes and responses in regard to the teaching of sex education at the intermediate grade level in the schools has been stressed by few social research workers in Puerto Rico. In general, however, those researchers who have studied the problem have concluded that there is a scarcity of knowledge about sex and its implications in the school programs. Very few attempts have been made to study the attitudes and the opinions of different groups of individuals in relation to sex education programs for students who are enrolled in the intermediate grade level. In Puerto Rico, no such research has been published and it has probably not been undertaken in the field of sex education.

But throughout the past two years the interest of the Education and Health Departments toward the teaching of sex education at the intermediate grade level (seventh, eighth, and ninth grades) in Puerto Rican schools have increased. As a consequence different community groups have demonstrated considerable interest in this
area. For example, parents who have their children at the intermediate grade level in the schools of Gandul, Tras Talleres, and Figueroa are inquiring about sex education from the Department of Human Development of the Public Health School in order to receive orientation regarding the teaching of sex education. The Department of Human Development of the Public Health School of the Medical Sciences Campus, provides health services to children and youth of these three specific areas through a Federally funded program. Thus, all available public and private health services are coordinated and channeled through this program. Also, the students and teachers from the same schools are continuously requesting assistance from the physicians and other personnel of the Public Health School in order to get some scientific information in regard to the teaching of sex education at the intermediate grade level in their schools. Due to the aforementioned interest and a wide variety of other pertinent considerations, this study was undertaken in these three culturally deprived areas of San Juan, in order to measure the attitudes, and opinions of the different groups already mentioned. As a consequence this researcher took into consideration the following questions:

1) What do people in the following categories; (students, parents, teachers, clergymen, and physicians) believe is currently being done in sex education at the intermediate grade level in the schools within the geographic areas of Gandul, Tras Talleres and Figueroa?

2) What do those in the above categories feel should be done in the area of sex education at the intermediate grade level in schools?
Purposes

The purpose of this research was to determine the attitudes of adolescents and adults, in regard to what is being done in sex education in the geographic areas of Gandul, Tras Talleres and Figueroa. These three slum areas, located within the geographical limits of San Juan, Puerto Rico, are contiguous to each other (See Figure No. 1).

For the purpose of the study the adolescents and adults were classified as groups A and B respectively.

Group A included students who were enrolled in the seventh, eighth, and ninth grade in the schools of the geographic areas of Gandul, Tras Talleres, and Figueroa.

In addition, group B was sub-divided into the following categories:

B-1 - Parents or Guardians of students enrolled in the intermediate grade level in the school of the geographic areas mentioned previously.

B-2 - Teachers of the students who are enrolled in the geographic areas already mentioned.

B-3 - Clergymen - dealing with the students and communities already mentioned in the study.

B-4 - Physicians - working in the aforementioned geographic areas.

It is the researcher's belief that there would be a significant difference in attitudes and opinions of the two groups (A and B) in relation to sex education programs at the intermediate grade level.
The second purpose of this research was to determine the attitudes of the persons in the two groups and subgroups regarding what should be done in sex education in the intermediate grade level in the geographic areas of Gandul, Tras Talleres and Figueroa. It is the researcher’s impression that subgroup B-3 (clergymen) would be significantly less favorably inclined toward the inclusion of sex education programs at the intermediate grade level than any of the other groups (students, A, parents B-1, teachers B-2, and physicians B-4).

Significance of this Research

In regard to the importance of sex education in the public elementary and high school curriculum, Levine stated: "there is general agreement today that a great need exists for sex education of children."

Also in regard to the position of different groups toward the teaching of sex education he said: "... most educators, psychologists, churches and parent groups concur."

According to Schiller, "sex education programs are here to stay. Two Presidential Commissions within recent years have recommended massive sex education for children, youth and adults. Parents are requesting such programs, and children want them, but many classroom teachers, parents, and clinicians shy away from conducting them because they are unprepared." Taking into consideration Levine's and Schiller's points of view the writer felt that there was a strong need for research in sex education in Puerto Rico.
There is much evidence which indicates that many students are receiving a distorted view of life on television, in magazines, and in movies where broken marriages, prostitution and illicit love affairs, as well as other things are blatantly portrayed. As a consequence children learn different things in regard to sex education of a negative value while the educational institutions are not handling this situation positively.

On the other hand the Education Department in Puerto Rico, has developed an experimental course called Human Growth and Human Development to be taught by Home Economic teachers to the students who were enrolled in the seventh, eighth, and ninth grades. This course was more oriented to the biological aspect of sex education, an area in which the Education Department and the Health Department have a great deal of interest because these departments are planning to introduce sex education courses in the school curriculum in the near future. Therefore the findings of this research could be used by the Education and Health Departments to learn about the opinions and attitudes of students, parents, teachers, clergymen and physicians in relation to sex education courses in the intermediate grade level in the Puerto Rican schools.

The findings could also serve as a useful guideline for public and private schools in order to learn the opinions and attitudes of different groups of individuals in regard to sex education, and this data could help determine the future teaching matter of sex education courses in the seventh, eighth and ninth grades at the Puerto Rican schools. Moreover, this research could help to determine if teachers
feel prepared to teach courses in sex education in the seventh, eighth, and ninth grades at the public and private schools in Puerto Rico. It could indicate if professionals need more knowledge in the field of sex education in case the Education Department decides to introduce sex education courses in the curriculum of the intermediate grades in the Puerto Rican schools. Also the findings could indicate that a sex education program at the intermediate level should not be the task of a specific group, but rather the task of several groups working together such as parents, teachers, clergymen, physicians and other groups.

Finally, this research could indicate that the Board of Education and teachers can learn about the attitudes and opinions of different groups in regard to sex education courses for students who are enrolled at the intermediate grade level in the public and private schools, as well as provide a scientific basis to determine the future of sex education in the school curriculum.

**Definition of Terms**

In order to facilitate understanding and provide a basis for future reference, the following terms were defined:

1) *Sex Education* was defined as information and discussion of sexual attitudes, norms and behaviors, sexual roles and reproduction especially as it affects the development of personality and interpersonal relations. Sex education is especially directed toward the study of biological, psychological, sociological and physiological aspects dealing with the relations between males and females. It is
not necessarily a subject taught at the intermediate level called Human Growth and Development; rather it can be seen as content from various courses that are related in any manner under sex and human relations.

This definition was similar to the one given by Libby which was slightly changed or modified to include several topics that were essential.

2) Intermediate grade level - for the purpose of this research, it was defined as the level of teaching which includes the seventh, eighth, and ninth grades only.

3) Religiosity - for the purpose of this research, it was operationally defined as frequency of church attendance.

4) Attitude - A concept's position on an evaluative dimension, i.e., on a scale ranging from an evaluation of strong disagreement to strong agreement.

Liberal Attitudes Toward Sex Education

For the purpose of this study, liberal attitudes were defined as: favorable toward change and toward the use of intellect in achieving change, and a correspondingly low evaluation of traditional ways of doing things, a high value on individual expression and freedom from oppression.

Restrictive Attitudes Toward Sex Education

For the purpose of this study, restrictive attitudes were defined as unfavorable toward change and toward the use of intellect in
achieving change and a correspondingly high evaluation on the traditional way of doing things, a low value on individual expression and freedom from oppression since a conservative supports the traditional social order.

Hypotheses

In the present research the following null hypotheses were treated:

1) There is no significant difference in attitudes between the student group (A) and the adult group (B-1, B-2, B-3, and B-4).

2) There is no significant difference in attitudes between the student group (A) and the parent group (B-1).

3) There is no significant difference in attitudes between the student group (A) and the teacher group (B-2).

4) There is no significant difference in attitudes between the student group (A) and the clergymen group (B-3).

5) There is no significant difference in attitudes between the student group (A) and the physicians group (B-4).

6) There is no significant difference in attitudes between the parent group (B-1) and the teacher group (B-2).

7) There is no significant difference in attitudes between the parent group (B-1) and the clergymen group (B-3).

8) There is no significant difference in attitudes between the parent group (B-1) and the physicians group (B-4).

9) There is no significant difference in attitudes between the teacher group (B-2) and the clergymen group (B-3).
10) There is no significant difference in attitudes between the teacher group (B-2) and the physician group (B-4).

11) There is no significant difference in attitudes between the clergymen group (B-3) and the physician group (B-4).

Methodology and Specific Problems

It was necessary to construct an appropriate survey instrument consisting of a questionnaire divided in three parts which are described in detail in Chapter III—Methods and Procedures of Research.

The instrument was pre-tested to ascertain its readability and reliability. Fifty students representing seventh, eighth, and ninth grades answered the questionnaire from the Jose Julian Acosta School in San Juan, also ten parents, fifteen teachers, five clergymen, and five physicians who have a direct relationship with those students who answered the questionnaire.

The Jose Julian Acosta School was selected for this pre-test because this school received students from La Perla, which is a slum area of San Juan, having some socioeconomic and geographical characteristics as target areas.

From the results of this pre-test and the analysis of the questions answered, it was found the following:

1) In part one it was determined that these groups easily understood and responded to the questionnaire.

2) On the second part the student and parent groups demonstrated difficulty in understanding the instructions for questions three, four and five.
For these reasons the questionnaire was revised to serve the specific needs of the respondents. Instructions for questions three, four and five on part two were rephrased in a more simple and clear way. Also, the revised questionnaire presented an example on how to answer the family composition table on part three.

The revised questionnaire was administered again to another similar group. It was found that it was acceptable for administration, since it satisfied the criteria of time, reading and comprehension.
FOOTNOTES FOR CHAPTER I


4 Ibid., pp. 234-235.


6 Ibid., p. 30.


CHAPTER II

REVIEW OF THE LITERATURE

The search of the literature revealed that very little research has been published about the attitudes of students, parents, teachers, clergymen, and physicians toward sex education at the intermediate grade level in public and private schools in Puerto Rico. Nevertheless, a great deal of research has been published in the United States which examines the attitudes of these groups toward sex education. The only research that exists in Puerto Rico, is primarily concerned with the biological and human growth and development dimension of sexuality.

In Puerto Rico, this research is the first of its kind which examines the opinions and attitudes of both the adolescent and adult groups regarding the theme of sex education in these culturally deprived areas.

From a societal point of view, attention to the subject of preadolescents and adolescents in regard to sex education appears to be influenced by, if not a part of, the overall concern with the "Sexual Revolution" taking place in the Puerto Rican culture. The impact of progressive contraceptive methods and the changing roles of men and women in our society have caused students who are enrolled in education courses of family planning to consider and evaluate what
is taking place within other Puerto Rican families as well as within their own family and among their friends. But this approach is more oriented toward Family Planning Programs and does not put too much emphasis on sex education.

Meaning of Sex Education

Implicit in a review and discussion about attitudes toward "Sex Education" is the examination of the variety of meanings this term has for different individuals and groups.

According to the Committee on Health Guidance in Sex Education of the American School Health Association, "sex education should be distinguished from sex information and can best be described as character education." They stated: "It consists of instruction to develop understanding of the physical, mental, emotional, social, economical, and psychological phases of human relations as they are affected by male and female relationships." Also they point out that: "It includes more than anatomical and reproductive information and emphasizes attitude development and guidance related to associations between the sexes. It implies that man's sexuality is integrated into his total life development as a health entity and a source of creative energy."

According to the Committee on Health Guidance in Sex Education comments that: "as long as there is growth and change in the individual and the community, there is need for sex education which will prepare one to accept these changes with equanimity and contribute to ones healthful interaction in a heterosexual society."
In his work "Sexual Attitudes and Sexual Behavior," McCary indicated that: "instruction in sexual matters, however, involves infinitely more than the interrelations between parents and child; significant roles are played by many other influences. There are not only the general demands and expectations of the specific culture in which the person lives, but also the special differences in sexual ethics within that culture--differences based on such variables as the individual's, as well as the teacher's, type of religious affiliation and depth of involvement, sex, age, educational level, and socioeconomic stratum."

To Perrin and Smith sex education has been and is being called many things, but it should be education about "human sexuality."

Perrin and Smith indicated that: "sexuality refers to understanding yourself and one's relationship with others. This involves an investigation of man's and woman's role in society, how they relate to and supplement each other, the responsibility of male and female to the other's life, and the responsible use of sexuality as a creative and constructive force rather than an exploitive or destructive force." Also Perrin and Smith comment that "human sexuality is much broader than the sexual relations (intercourse) between men and women. It involves behavior in which sex is an integral part of everyday life." This researcher concurs with this broad definition of sexuality. Regarding Perrin and Smith's definition of sexuality, this researcher feels that the terms sexuality and sex education are synonymous.

Dr. Schiller, President of the Middle Atlantic Division of American Association of Marriage Counselors and Executive Director
of the American Association of Sex Education Counselors, gave another definition of sexuality which this researcher considered as synonymous for sex education. She said: "human sexuality is what is personally important to the growing child, the adolescent and the adult. Sexual identity is an important part of the self image and affects every aspect of life. For example, sexuality involves a name we are given at birth, the toys we play with as a child, the clothes we wear, the friends we have, the things we like to do, the courses we take in high school and in college, the careers we choose, the way we see our roles and responsibilities in our homes and last but not least, the ways we satisfy and cope with our sexual needs and urges as responsible and committed human beings."

Libby defined sex education as "Information and discussion about sexual attitudes, standards, and behavior; sex roles and reproduction—especially as these affect personality development, the ways in which people relate to each other, and the decisions they make concerning sexual behaviors." In his definition he argued that "sex education is not necessarily one course in high school called Sex Education, but it may instead be seen as content in several courses that in any way relate to sex and human relationships."

In this definition Libby made clear that sex education is an integrated part of the school curriculum and not necessarily a single course which seemed to be the traditional approach toward sex education in the schools.

According to Barker and Darcy, "sex education focuses on the study of male and female anatomy, the physiology of reproduction,
psychological differences between the sexes, and the ethics of sexual behavior." Also they argued that sex education would further include social problems such as abortion, prostitution, unmarried parenthood, extramarital relations and population dynamics.

In brief then, all of the reviewed authors perceived "sex education" in a broad context and would agree that there are a variety of major dimensions to be concerned with in providing an extended quality educational experience. It would inherently include education of both parent and child.

**Studies of Sex Education in Puerto Rico**

As previously indicated little has been reported in the literature concerning sex education in Puerto Rico. However, the Puerto Rican General Population survey: Distribution on Priority Questions by Sex, done in 1974 which was administered to a sample of 1,000 adults inquired about the desirability of teaching sex education at the intermediate grade level. It reported that 66.3 percent of the males interviewed and 72.4 percent of the females interviewed were in favor of sex education at the intermediate grade level in schools. This leaves a sizable minority of 34 and 27 percent, respectively, of the respondents who were opposed to sex education in the intermediate public schools in Puerto Rico. Taking into consideration these findings, a major conclusion of the study was that a majority of Puerto Rican adults have a positive attitude toward the teaching of sex education at the intermediate grade level in school. Although a sufficiently large enough, non-positive minority exists to be taken into account.
These findings indicate that many Puerto Rican adults are demanding the teaching of sex education in their intermediate public schools. Also, it clearly indicates that the Puerto Rican people are changing their attitudes in regard to the theme of sex education and sex taboos.

In the study "A Report on Sex Information Knowledge of 87 Lower Class Ninth Grade Boys," prepared by Schwartz, it was found that the Puerto Rican youngsters demonstrated poor knowledge of the menstrual cycle compared with any other ethnic group. He pointed out that: "It may be that the 'machismo' learned early in the Puerto Rican male, isolates the male children from learning anything about the menstrual period, or for that matter, wanting to know about it." This point of view presents the "machismo" (the concept of manliness held by the Puerto Rican) as a limitation to the Puerto Rican children because the attitude of the male is to avoid all sex themes which have a feminine connotation. As a result it creates a lack of knowledge among the Puerto Rican males in the area of sex education as well as an insensitivity to the concept of femaleness.

Studies of Sex Education in United States

In other studies done in this field and reported in the literature as early as 1915, Exner noted, "In promoting the movement for sex education we have been in urgent need of facts which would enable us to speak with reasonable definiteness about the problem, where we have been compelled in large measure to guess." The need to obtain more concrete data in order to establish guidelines for sex education programs continues to be a major concern in today's society. In regard
to this problem Levine commented: "A few years ago, Dr. George Henry, Chairman of the Committee for the Study of Sex Variants, stated at the conclusion of his study that "lack of sex education is one of the major causes of the sex variant." This point of view is also strongly supported by the studies done by Hey, Mulholland, Somerville, and Kronhausen.

Today students, parents, teachers, clergymen and physicians have acknowledged the need for sex education programs. In regard to this position Schwartz indicated that: "more important than the official stamp of approval of the commissioner of education and the formation of SIECUS (Sex Information and Education Council of the United States) are the interests and demands on the part of parents, ministers, and doctors for sex education for young people."

It appeared to the researcher that in the light of these demands, numerous questions can be raised in regard to the knowledge, attitudes and opinions of these groups strongly related to sex education programs for students who are enrolled at the intermediate grade level. If programs are to be developed to help the students at the intermediate grade level, it is necessary to obtain information of what the students themselves are thinking in regard to sex education, what are the taboos and the gaps in this store of information. Light, in his study supported this point of view. He stated that: "to meet more effectively the challenge of educating youth to take their place in society, it is important for educators to be aware of the attitudes and values of adolescents. It is also important to know in what areas of personal and interpersonal relationships the adolescent is uncertain
of his attitudes so that guidance might be given to him." On the other hand Sacks commented: "speaking about sex information, opening up feelings behind youth's attitudes and behavior, may be one facet of helping youths cope with sex myths, urges, and morals, and with their often premature search for love relationships today. If family life educators can help them to understand their concerns, offering them opportunities to discuss their dilemmas, youths may make more responsible decisions today and their marriages and family commitments tomorrow will be stabilized and enriched."

The demand that students have for sex education teaching in their schools was demonstrated by Mueller. In an introductory course in sex education which was taught in a School of Tunisia, students demonstrated a positive attitude. Mueller stated: "the students felt that most important things they learned were about the reproductive organs and their functions, dating, personal relationships between boys and girls, birth, human growth and reproduction and understanding human relations."

Also she said that students gave good recommendations regarding the improving of the sex education courses. Mueller pointed out: "their recommendations for improving the course included more films, discussion, material on birth control methods, and discussion of what to watch out for in the future."

In the survey of family life and sex education programs in Washington secondary schools done by Barker and Darcy it was demonstrated that most of the courses regarding sex education were oriented to the aspect of reproduction and a brief consideration of
of dating and courtship. In regard to these findings Barker and Darcy stated: "the boy who did receive such opportunity got the usual facts of reproduction and a brief consideration of dating and courtship. He received no academic instruction in two of the most important events which will ever occur in his life, becoming married and becoming a father." Also they argued that: "most family life and sex education occurred incidentally and briefly as a unit in the context of something else." This is one of the causes that motivate students to demand better courses in sex education in the schools.

A recent study done by Mason on family life education in the high schools of Kentucky found that: "sex education was the sixth most frequently discussed topic in a list of ten" in Kentucky schools. This finding established a difference in regard to the information which was given by other researchers in which they stated that sex education was the most neglected area. In regard to this point of view Mason said: "later investigations also report that sex education is the most neglected area, whereas this is not true in Kentucky." But on the other hand he commented: "the need for greater quantity and quality in family life education is apparent. The needs of contemporary high school students demand that educators give higher priority to family life education." Ready is another researcher who indicated that sex education programs are not meeting the needs of the students. He presented five (5) reasons in order to support his position. He stated:
1) "There is not enough time allocated for this subject area. Blocks of time are established for teaching math and history but in the area of sex education, this is not true."

2) "Programs should be established in the schools that integrate family life and sex education into all areas of the curriculum. It need not be taught as a separate course but it very definitely needs to be taught."

3) "Teachers need to receive more and better training in this subject area."

4) "School districts need to be informed by the state as to what constitutes a program in sex education . . . ."

5) "Teachers involved in teaching sex education need to become more involved in securing adequate time for the program and to strive to make the subject more interesting and educational for the students."

Taking into consideration that many of the researchers agreed on the lack of information regarding sex education for students, this researcher felt that the attitudes of students and their opinions toward sex education courses in the school are very helpful in order to improve future courses in sex education.

On the other hand this researcher indicated that it is very important to obtain information from the parents in regard to sex education programs in order to avoid future conflicts between parents, children and the school. In regard to this point of view Carton and Carton stated: "parental involvement is seen as necessary to the optimal success of sex education programs." They felt this way
because parents possess the means for either reinforcing or sabotaging the attempts of others to provide sex education to their children. Also Carton and Carton[^1] said: "At the least, parents' inclusion in planning and approval of such programs, as suggested by Kirkendall and Cox (1967), renders the program ultimately more acceptable in the eyes of the parents."

Libby[^2] is another researcher who investigated parents' attitudes toward sex education. He found that "Opinion surveys by the Anaheim School District (Facts Consolidated, 1965) and the Orange, California Unified School District (Gross, 1969) reported that 90 percent of adults support sex education." Although in his conclusion Libby[^3] commented that: "parental support is important for the success of sex education, the needs and attitudes of adolescents, teachers, and school officials are also to be considered." It would seem that greater understanding between parents and adolescents may be facilitated, at least partially, through a parent education program designed to bridge the involvement of adolescents in the planning of sex education programs.

Gadpaille[^4] commented that: "parental attitudes and opinions toward sex education programs are of great help because parents have unquestionably the significant influence upon their children's sexuality." Gadpaille[^5] said: "Foremost is the recognition of a simple and crucial fact, though one often overlooked. That is that parents are constantly, every waking moment of their children's life, giving their children some kind of sex education. That they think of themselves, how they talk and act around the house and elsewhere, how
each acts toward his spouse—all the characteristics and personality of each parent, informs children what it is like to be male or female, what to expect of oneself, and what they can expect of a husband or wife when they get married."

According to Reiss, there seems to be a tendency of parents to want the teachers to impress students with parental sex values. Moreover, Reiss stated: "... if one wants to obtain an academically respectable approach to sex in the public schools, it is essential to educate the parents and to strengthen the academic freedom of our public school teachers."

Taking into consideration the findings and comments of these researchers in regard to parental attitudes and opinions, this writer feels that parental attitudes and opinions toward sex education are very important and significant for future sex education programs at the intermediate grade level in Puerto Rican schools.

Another group which is very important in the field of sex education are the teachers who are teaching at the intermediate grade level; because they exhibit strong attitudes, either for or against many aspects of sex education which may lead children to believe that the teachers' attitudes are the "right" ones. In regard to this point Rubin and Adams found that: "... there is a discrepancy between what female sex educators think adolescents are doing sexually and what they think they ought to be doing sexually." It is very important to know the teachers' attitudes, opinions and knowledge regarding the matter of sex education before the implementation of a sex education program in the intermediate grades in school. Therefore, in relation
to teachers, Rubin and Adams said: "those who are going to teach sex education need preparation in the many differences in attitudes regarding sex in the various cultural and subcultural groups that they are going to be teaching. What the teacher herself thinks ought to be a good sexual standard of behavior may not be consistent with the student's cultural group."

In regard to the role of the teachers and the policies and regulations of United States schools, Barker pointed out: "The official policy of the United States Office of Education is to support family life education and sex education as an integral part of the curriculum from preschool to college and adult level." The unanimous judgment of all these groups is that responsible family life and sex education are essential to the health of the nation and its people." Also, Barker said: "The following national organizations have gone on record in support of sex education in the public schools:

- American Association for Health, Physical and Recreation (AAHPER)
- American College of Obstetricians and Gynecologists (Communities on Maternal Health)
- American Public Health Association (Governing Council)
- National Congress of Parents and Teachers (PTA)
- National Council of Churches
- National Education Association (NEA) and American Medical Association (AMA) (Joint Committee of Health Problems in Education)
National School Boards Association and American Association of School Administrators (Joint Committee).

- National Student Assembly, YMCA and YWCA Sixth White House Conference on Children and Youth
- Synagogue Council of America
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
- United States Catholic Conferences
- United States Department of Health, Education and Welfare (U.S. Commissioner of Education)

It seems to the researcher that teachers' attitudes and opinions in regard to sex education programs are very significant because different organizations and individuals in the United States are demanding the teaching of sex education in the public schools. As a consequence in order to get a broad view toward sex education in the Puerto Rican school at the intermediate grade level, teachers' and administrators' attitudes toward this theme are very important for future sex education programs in Puerto Rico.

Clergymen are another important group in the area of sex education considering that researchers at times attack the teaching of sex education using the religious point of view. Therefore, it is important to have their opinions and attitudes toward the teaching of sex education in the intermediate grade level in the Puerto Rican schools. According to Barker some researchers had distorted numerous leading exponents of sex education. In regard to this point of view he stated: "One of the most widely distributed pieces of propaganda is a small pamphlet.
by Drake entitled, "Is the School House the Proper Place to Teach Raw Sex?" In it the author misquotes and distorts numerous leading exponents of sex education, weaving and intricate mosaic purporting to reveal a diabolic and nefarious plot to seduce the minds and morals of little children. Educators, physicians and clergymen alike are charged with intentional or unwitting complicity in a great plan for communist takeover. Their statements are quoted out of context and given an interpretation which implies an attack on the Bible and the churches, indeed on all religion, as superstitious, inhibiting, and detrimental to human fulfillment." Also Barker stated: "the fact that certain well-known clergymen are among these writers is viewed only as evidence of the serious apostasy in the church." Barker presented more evidence in his study in regard to the clergy's position toward sex education. He commented: "It will be pertinent here to quote a brief excerpt from an Interfaith Statement of Sex Education prepared by the National Council of Churches Commission on Family Life, Synagogue Council of America Committee on Family, and United States Catholic Conference Family Life Bureau.

Human Sexuality is a gift of God, to be accepted with thanksgiving and used with reverence and joy . . . . Responsibility for sex education belongs primarily to the child's parents.

... in addition, the religious community and the school have a vital role in sex education." Considering Barker's comments this researcher believes that the attitudes of clergymen and their opinions are very helpful if the Health and Education Departments are considering to teach sex education at the intermediate grade level in the Puerto Rican schools in the near future.
Finally, this writer could say that the opinions and attitudes of physicians toward sex education are helpful and important for future sex education programs at the intermediate grade level because they deal directly with the parents and students in regard to their health care. Moreover, sex education programs are considered a part of health care services by many investigators. In a study done by Coombs\(^5\) regarding sex attitudes of physicians he found that: "items concerning sex education in the public schools produced the greatest concensus among all respondents." Also in his study most respondents felt that teachers of sex education should receive more adequate preparation in their field. Although Coombs\(^5\) found that: "a consensus was also reached on the subject of parents as sex educators. A large majority in the physicians group felt that parents were doing a less than adequate job in educating their children about sex." These findings demonstrated that physicians had great interest in the area of sex education. Taking into consideration this approach this researcher felt that attitudes and opinions of Puerto Rican physicians were very significant if the Education and Health Departments were expecting to introduce sex education courses in the intermediate Puerto Rican schools.

To summarize the findings of previous research, most related studies appeared to indicate that students, parents, teachers, clergymen and physicians would be in favor of having sex education programs in public schools. Also the research of the literature demonstrated that researchers in most cases did studies of attitudes and opinions of the five groups mentioned, separately. Nobody had examined the
five groups together in order to investigate attitudes and opinions regarding the teaching of sex education in the intermediate school level.

Findings also demonstrated that the general consensus was that teachers were not well prepared to teach sex education satisfactorily. Additionally, researchers showed that parents are not carrying out good sex education teaching for their children because they lack the knowledge or content in this field. Most of the investigators found that respondents agreed that the home is the first place for the teaching of sex education, but community health education is needed in order to give more knowledge and skills to parents in regard to sex education. The researchers agreed that the school is the second place, and it has the responsibility to continue with the teaching of sex education for children. They further indicated that the school needs the cooperation of all the members of the community such as clergymen, physicians, parents and other educational groups in order to prepare good programs in sex education for the young people. These concerns and needs also exist here in Puerto Rico, and as a result of them this researcher has taken the initial steps to get scientific data of selected urban slums in regard to the teaching of sex education in the intermediate grade level in the Puerto Rican schools.
FOOTNOTES FOR CHAPTER II


2. Ibid., p. 1.

3. Ibid., p. 1.


6. Ibid., p. 3.

7. Ibid., p. 3.

8. Ibid., p. 3.


10. Ibid., pp. 17-19.


12. Ibid., p. 239.

13. Ibid., p. 239.


16 Ibid., p. 1.
17 Ibid., p. 1.
19 Ibid., p. 369.
20 Ibid., p. 369.
31 Ibid., p. 379.
32 Ibid., p. 379.
37 Ibid., p. 199.
38 Ibid., p. 200.
41 Ibid., p. 380.
47 Ibid., p. 55.
49 Ibid., p. 181.
51 Ibid., p. 216.
57. Ibid., p. 277.
CHAPTER III

METHODS AND PROCEDURES OF RESEARCH LOCATION OF THE STUDY

The study was conducted in the areas of Gandul, Tras Talleres, and Figueroa which are slum areas in the city of San Juan. Only students who were enrolled in the intermediate grade level in the schools of these areas and persons who had direct relationships with them, such as parents, teachers, clergymen and physicians were included as participants. Figure No. 1, a census tract map of San Juan done by the U.S. Department of Commerce Bureau of the Census showed the three specific areas of this study.

The study was administered by the health education teachers of Cordero and Labra Schools and this researcher, following a special meeting at which the administrative process was outlined. The study was conducted with the advice and council of health education specialists from the School of Public Health of the Medical Sciences Campus. Also a lot of cooperation was received from members of the Education Department such as Health Education Regional Supervisors, Principals, and Health Education Teachers.

Selection of the Population

The population for this study was selected from three specific areas of San Juan, Puerto Rico. These areas were selected because they
Figure I
were culturally deprived and had the same socio-economic characteristics; they received health services through the same health institutions, and they received education in the same schools.

The School of Public Health had two clinics in these areas for children and adolescents. Also, its Department of Human Development had completed a house-by-house census last year in order to determine the number of children and adolescents whose ages were from ten to nineteen years, and who were living in the areas of Gandul, Tras Talleres and Figueroa in order to try to give them better health services. Therefore, they were willing to answer the questionnaire for this research because the people of these areas were satisfied with the health services offered by the Department of Human Development of the Public Health School. Other reasons which were considered in the selection of this population were that the people living in these three small areas in general had low economic standards, lived in overcrowded conditions, had large families, a low level of education, poor health habits; and many couples lived out of wedlock. These areas were considered pockets of poverty or slum areas in San Juan, and the government had been trying to do away with these slum areas by moving many residents to Public Housing Projects. The total population in these three areas according to the 1970 Census\(^2\) was 6,002 inhabitants. The population in Gandul was 1,940 inhabitants, in Tras Talleres it was 2,906 inhabitants, and in Figueroa it was 1,156 inhabitants. The target population consisted of 370 students enrolled at the intermediate grade level in the schools of Gandul, Tras Talleres, and Figueroa. Also the population
included 214 parents or guardians of the group of students enrolled at the intermediate grade level; eighty-one teachers who were in charge of the education of the students who were enrolled at the intermediate grade level; thirty-six clergymen who were the ministers, priests and nuns who gave religious services to the students; and 49 physicians in the public health service who took care of the students in the schools of Gandul, Tras Talleres and Figueroa.

**Evaluative Material Employed**

A questionnaire was made to obtain the data to test the research hypotheses. It consisted of three parts: Part I, contained twenty-two questions that were concerned with attitudes and beliefs toward the teaching of sex education in the intermediate grade level. The idea for the scale was taken from the Sex Education Liberalism Scale and Sex Education Content Scale that were used by Humphrey, Libby, and Nass. The researcher was assuming that translation and slight variation does not alter significantly the reliability and validity of the items. Part II, consisted of ten questions that were concerned with attitudes and opinions in relation to sex education. Concepts and ideas for the items in part two were drawn from relevant literature, and from surveys of typical questions concerning studies done with children, parents, teachers, clergymen and physicians regarding the theme of sex education. For the selection of these items this researcher considered studies in sex education done by Libby, Humphrey, Libby, and Nass, Levin, Looft and Lange, Rubin and Adams, Schwartz, Coombs, Schuck, and the Puerto Rico Health Department. The
items in part one and part two were organized around the subjects of masturbation, menstruation, venereal diseases, homosexuality, sex behavior, family planning, pornography, abortion, erotic literature, biological, sociological, physiological and environmental aspects of sex education. Other items were related with the acceptance or rejection of sex education in the public and private schools in a culturally deprived area in San Juan, Puerto Rico. Part III, included seven questions involving demographic characteristics and sociological data.

As noted in Chapter I the questionnaire was pretested and revised. A copy of the revised questionnaire is listed in the appendix.

**Research Procedure**

The time spent for data collection was three months divided in periods of four weeks. In this way 250 questionnaires were distributed each month and at the end of the three month period, 750 questionnaires were answered and collected.

The revised questionnaire was administered by health education teachers and this researcher following the reading of a specific set of instructions. A set of "instructions to be read" was developed to standardize the administration processes.

Three-hundred and sixty-four students from a total population of 370 answered the questionnaires. The students were enrolled in the intermediate grade level (seventh, eighth, and ninth grade) in Saint Monica Catholic College, and Cordero and Labra public schools. Upon completion of the questionnaire by the students, the health education
teachers were instructed to collect all of the questionnaires and to seal them in the envelopes provided for that purpose. Each sealed envelope was returned to this research immediately. Health education teachers were used in the administration of the questionnaire because of their familiarity with the students at the school.

This researcher used similar procedures when the instrument was administered to parent and teacher groups. About 75 percent of the parent population went to different schools at night to answer the questionnaire. This researcher visited the homes of those parents who didn't go to the school to answer the questionnaire. Two-hundred and two parents from a total population of 214 answered the questionnaire.

Principals from the three schools scheduled special meetings with teachers in order to provide time for them to answer the instrument. The entire teacher population answered it.

This researcher visited clergymen and physicians in their offices in order to distribute the instrument. After a short explanation of the purpose of the study a questionnaire with full instructions was left in their offices. The entire clergyman population answered the questionnaire, but from a total population of 49 physicians, only 45 answered it.

**Statistical Treatment**

All answer sheets were scanned for missing responses and other irregularities. Six inaccurate or inconsistent answer sheets were eliminated from the population. The total employed in the analysis
included 722 respondents from the three specific slum areas in the city of San Juan.

Data on each answer sheet were transferred to IBM punch cards, verified, and used for analysis. A computer printout was made of the check for card irregularities that could have occurred during the data transfer. Following this initial procedure, the data were submitted to the Computer Research Laboratory for statistical analysis.

The following programs were used in the analysis:

1) Cross tabulation for frequency and percentage distributions;
2) Chi square analysis;
3) Rank order analysis.
FOOTNOTES FOR CHAPTER III


CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

Method of Analysis and Order of Presentation

The purpose of this chapter is to present an analysis and a discussion of the results of the study. It is concerned with examining the attitudes and opinions of the five groups (students, parents, teachers, clergymen and physicians) in regard to what is currently being done and what should be done in sex education at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. Considerable emphasis is given to examining group differences as well as relationships which exist among the opinions of the groups and their attitudes. Discussed at length are the variables which indicate the attitudes of the five groups mentioned above.

Because the researcher in this study dealt with the population and not a sample of the areas under study, the analysis of the data is based upon percentage distributions, chi square test, and rank order analysis.

Percentages are used to describe the relative frequencies of the different items to determine the form in which the five groups answered each question. This information based upon the way in which each group answered is considered in deciding to accept or reject the null hypotheses of this study by using the higher percentage as the indicators.
Chi square values were computed to determine the group differences. It indicates the way in which the respondents of the different groups differed or did not differ through the comparison of these answers to each item. For example, the answers of the student group were compared with the answers of the adult group for each item. The chi square test indicates if there exists significant differences between the two frequency distributions at the 5 percent level of significance; if there exists a highly significant difference at 1 percent level of significance and if there does not exist any significant difference between the two groups. The results of this test also helped to determine the acceptance or rejection of the null hypotheses.

The rank order analysis was used to determine the way in which the five groups answered questions that dealt with specific problems and specific situations such as those which indicate the sources from where the student learned about sex and those which indicate a specific problem in sex relations. It is important to indicate that it was not the purpose of the study to see if the groups among themselves agree on average in ranking the different alternatives for these questions; hence, the use is made of the ranking of the answers in order of their relative importance as offered by different groups.

In order to facilitate the interpretation of the data the analysis is presented by themes using basic tables for each item following the main problem and the corresponding null hypotheses of the study.

The tables were prepared to present all the information using one table which shows the data for the five groups simultaneously for easy
comparisons and in order for the reader to understand the discussion related to this subject more easily.

The material to be presented is organized in the following order:

I. Descriptive Characteristics of the Studied Population

Table 1 - Relative Frequency of the General Characteristics of the Population for the Five Groups.

This section deals with the description of basic personal data on marital status, age, sex and educational level of the population under study.

II. Present Situation Regarding Sex Education

Presented in this section are data on opinions and attitudes of the population on what is currently being done in sex education at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. The following tables illustrate what is actually being done.

Table 2 - Relative Frequencies and Chi Square Values of the Five Groups in the Existing Sex Education Program.

Table 3 - Relative Frequencies of the Contents of the Existing Sex Education Program by Areas in Groups.

Table 4 - Chi Square Values for Content of the Existing Sex Education Program by Areas in Groups.

III. Future Situation Regarding Sex Education

This situation includes results on those topics which students, parents, teachers, clergymen and physicians feel should be discussed in sex education courses at the intermediate grade level in the future.
The topics are enumerated in the following tables:

A. Table 5 - The Necessity of Sex Education Programs at the Intermediate Grade Level.

B. Table 6 - The Role and Responsibility of the Public and Private Schools in Sex Education Programs.

C. Table 7 - The Introduction and Placement of Sex Education Programs in the Intermediate Grades.

D. Ways in which sex education programs could be taught at the intermediate grade level.

Table 8 - Sex Education Classes Should be Given to Both Boys and Girls in the Same Classroom.

Table 9 - A Sex Education Course Should be Taught as a Separate Course or as Part of Another Course.

E. The content of sex education courses at the intermediate grade level in the future were illustrated in the following tables:

Table 11 - Information About Contraception

Table 12 - Moral Issues

Table 13 - Biological Facts About Sex

Table 14 - Masturbation

Table 15 - Menstruation

Table 16 - Venereal Diseases

Table 17 - Homosexuality

Table 18 - Sexual Intercourse

Table 19 - Deviant Sexual Behavior

Table 20 - Pornography and Erotic Literature
Table 21 - Problems of Premarital Sexual Intercourse

Table 22 - Family Planning

F. Personnel needed to teach sex education programs at the intermediate grade level in the future were illustrated in the following tables:

Table 23 - Clergymen
Table 24 - Physicians
Table 25 - Teachers
Table 26 - A Team

Table 27 - Agreement for Teaching Personnel

IV. Liberal and Conservative Attitudes of the Five Groups Regarding Specific Situations to Sex Education

A. Areas in Sex Education

Situation 1: Which of these areas do you feel are more important in sex education courses?

a) Biological aspects
b) Psychological aspects
c) Sociological aspects
d) Environmental aspects
e) Physical aspects (appearance)

Table 28 - Rank Order Analysis of the Five Groups for Content Areas in Sex Education
B. Source of Learning About Sex

Situation 2: The children enrolled in the intermediate grade level learn about sex from the following sources: friends and classmates, books, novels, and magazines, movies, parents, teachers, clergymen, and physicians.

Table 29 - Rank Order Analysis of the Five Groups for Sources by Learning About Sex

C. Counseling on a Problem About Sex Relations

Situation 3: If a student tells you that she and her steady boyfriend want to engage in sexual relations, what would you tell this student?

Table 30A - Rank Order Analysis of Opinion of the Five Groups on Advice on a Problem About Sex Relations

Table 30B - Rank Order Analysis of Opinion of the Five Groups on Counseling of a Problem

D. Admittance to Classes by Pregnant Students

Situation 4: Do you feel that unmarried pregnant students or married pregnant students should be admitted at the intermediate grade level?

Table 31 - Do You Feel that Unmarried Pregnant Students Should be Admitted at the Intermediate Grade Level?

Table 32 - Do You Feel that Married Students Should be Admitted at the Intermediate Grade Level?
Table 33 - Do You Feel that Pregnant but Married Students Should be Admitted at the Intermediate Grade Level?

Table 34 - Do You Feel that Girls in the Intermediate Grade Level Should be allowed to Attend Classes up to Their Last Month of Pregnancy?

V. Hypothesis Testing

A. Testing Hypotheses for Part I

B. Testing Hypotheses for Part II

Descriptive Characteristics of the Studied Population

Responses from 728 persons were obtained through the administration of the questionnaire of the study. Of these, six questionnaires had to be eliminated from the population due to excessive missing data. Thus, there were 722 questionnaires used in the study. This number is composed of 360 students, 202 parents, 81 teachers, 34 clergymen and 45 physicians. The student group and the adult group represented 50 percent each of the total population used in this study. The parent group represented 28 percent of the total population and the remaining three groups (teachers, clergymen and physicians) represented 22 percent of the population. Table 1 shows the relative frequency distribution of the total population by marital status, age, sex and educational level of the five groups.

The results presented in Table 1 demonstrate that almost all (99.4%) of the students are single in contrast with the parent, teacher and physician groups in which almost all of them are married. With
TABLE 1

RELATIVE FREQUENCY OF THE GENERAL CHARACTERISTICS OF THE STUDY
POPULATION FOR THE FIVE GROUPS

(A) Marital Status

<table>
<thead>
<tr>
<th>Students</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>99.4</td>
<td>0.5</td>
<td>26.0</td>
<td>47.0</td>
</tr>
<tr>
<td>Married</td>
<td>0.0</td>
<td>81.1</td>
<td>65.4</td>
<td>53.0</td>
</tr>
<tr>
<td>Widow</td>
<td>0.3</td>
<td>8.8</td>
<td>2.4</td>
<td>0.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>0.3</td>
<td>7.9</td>
<td>6.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Separated</td>
<td>0.0</td>
<td>2.7</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Total Percent: 100% 100% 100% 100% 100%
No. of Cases: 360 202 81 34 45

(B) Age

<table>
<thead>
<tr>
<th>Students</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 19</td>
<td>100</td>
<td>0.4</td>
<td>1.2</td>
<td>0.0</td>
</tr>
<tr>
<td>20 - 29</td>
<td>0</td>
<td>5.4</td>
<td>35.8</td>
<td>0.0</td>
</tr>
<tr>
<td>30 - 39</td>
<td>0</td>
<td>26.8</td>
<td>23.4</td>
<td>53.0</td>
</tr>
<tr>
<td>40 - 49</td>
<td>0</td>
<td>39.1</td>
<td>14.8</td>
<td>18.0</td>
</tr>
<tr>
<td>50 - 59</td>
<td>0</td>
<td>20.4</td>
<td>18.5</td>
<td>18.0</td>
</tr>
<tr>
<td>60 - 69</td>
<td>0</td>
<td>6.9</td>
<td>6.3</td>
<td>10.0</td>
</tr>
<tr>
<td>70 +</td>
<td>0</td>
<td>1.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Total Percent: 100% 100% 100% 100% 100%
No. of Cases: 360 202 81 34 45

Median Age (Yrs.): 14.5 44.1 35.0 38.9 37.6
### TABLE 1—Continued

#### (C) Sex

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>52.0</td>
<td>13.0</td>
<td>62.0</td>
<td>18.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Male</td>
<td>48.0</td>
<td>87.0</td>
<td>38.0</td>
<td>72.0</td>
<td>80.0</td>
</tr>
</tbody>
</table>

| Total Percent | 100% | 100% | 100% | 100% | 100% |
| No. of Cases  | 360  | 202  | 81   | 34   | 45   |

#### (D) Number of School Years Completed

<table>
<thead>
<tr>
<th>Years Completed</th>
<th>Students</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 6</td>
<td>32.5</td>
<td>30.7</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>7 - 9</td>
<td>67.5</td>
<td>26.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>10 - 12</td>
<td>0.0</td>
<td>33.6</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>13 - 16</td>
<td>0.0</td>
<td>6.4</td>
<td>90.0</td>
<td>60.0</td>
<td>0.0</td>
</tr>
<tr>
<td>17 - 18</td>
<td>0.0</td>
<td>2.0</td>
<td>10.0</td>
<td>39.0</td>
<td>0.0</td>
</tr>
<tr>
<td>19 - 22</td>
<td>0.0</td>
<td>1.1</td>
<td>0.0</td>
<td>0.1</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| Total Percent   | 100% | 100% | 100% | 100% | 100% |
| No. of Cases    | 360  | 202  | 81   | 34   | 45   |

| Median School Years Completed | 7.7 | 9.1 | 15.1 | 16.0 | 20.1 |
regard to civil status the table demonstrated that the clergymen group is divided into single and married, 47 percent in the former status and 53 percent in the latter one. Also this table indicates that there is quite a low percentage of adults in the divorced and separated categories.

The distribution of population by age indicates that the entire student group is in the 10-19 year old category, the median age being 14.5 years. The persons in the other groups are all above the 35 year old category, the parent group being the oldest with a median of 44 years while the teachers, the youngest with a median of 35 years.

In relation to sex this table indicates that in the student group 52 percent are females and 48 percent males. But in the parent group there are 13 percent females and 87 percent males. Also the evidence indicates that in the clergymen and physician groups the males predominated with 82 percent in the first group and 80 percent in the second group. On the other hand, in the teacher group there was a higher percentage of females in comparison to other groups (students, parents, clergymen and physicians).

This table also showed the number of school years completed by the population. In the student group, 32.5 percent are in the category had had an elementary school education, 26.2 percent had had secondary school education, 36.6 percent had had a high school education. Only 6.4 percent had had a college education and a minority of 3 percent had a master or doctoral degree. The median school years completed by the parent was 9.1 years.
For the other three groups the table indicates that the level of education was much higher in comparison with the student and parent groups because the teachers, clergymen and physicians are classified under the category of college.

Present Situation Regarding Sex Education

This part of the study deals with what is currently being done in sex education at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa.

Tables 2 through 4 present relative frequencies and the chi square values for all the questions related to this part.

As indicated in Table 2 over three fourths of the students indicated that a sex education program did not exist in the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa where they were enrolled. A higher percentage of adults (88.7%) (parents, teachers, clergymen and physicians) also answered this question in the same way. Nine out of ten teachers and all the physicians who work in these areas indicated that a sex education program did not exist at the intermediate grade level.

The evidence offered by the chi square values indicates that highly significant differences were noted among all the percentages of the groups when a comparison was made among the percentages of persons in the different groups with knowledge of sex education courses. For example, 21 percent of the students while only 11 percent of the adults in general said that there was a sex education program in the intermediate grade level at the schools of Gandul, Tras Talleres and Figueroa.
TABLE 2

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS
FOR ITEM 23: DO YOU THINK THAT A SEX EDUCATION PROGRAM
EXISTS IN THE SCHOOLS OF DANDUL, TRAS TALLERES
AND FIGUEROA?

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>21.4</td>
<td>11.3</td>
<td>16.3</td>
<td>8.6</td>
<td>2.9</td>
<td>0.0</td>
</tr>
<tr>
<td>No</td>
<td>78.6</td>
<td>88.7</td>
<td>83.7</td>
<td>91.4</td>
<td>97.1</td>
<td>100.0</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>13.42</td>
<td>6.73</td>
<td>17.90</td>
<td>11.26</td>
<td>15.59</td>
</tr>
<tr>
<td>Parents</td>
<td>11.17</td>
<td>4.52</td>
<td>15.70</td>
<td></td>
<td>8.86</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td>15.70</td>
<td>20.03</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.38</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent

**Significance at 1 percent
The percentage in the student group was almost twice as high as the percentage in the adult group and this is one of the reasons for the statistical differences. On the other hand the physician's group said that a course of sex education did not exist in the areas under study while 16 percent of the parent group knew about its existence.

Those who answered that a course in sex education did exist were asked to answer about content. Their answers were analyzed in the eleven areas which they marked. These areas were as follows:

1) Biological facts about sex
2) Marriage and parenthood
3) Sexual intercourse
4) Contraception
5) Conception and childbirth
6) Abortion
7) Menstruation
8) Masturbation
9) Sex and Religion
10) Pornography
11) Homosexuality

The results which appear in Table 3 indicate that from a total of 77 students who answered that there was a course in sex education in the schools of the areas under study, 72.7 percent said that the area of biological facts about sex was included in this program. Also this was the higher percentage found in the student group among the eleven areas which appeared as part of this sex education program.
<table>
<thead>
<tr>
<th>Course Content</th>
<th>Students</th>
<th>Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological facts about sex</td>
<td>72.7</td>
<td>73.2</td>
<td>69.7</td>
<td>85.7</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Marriage and Parenthood</td>
<td>66.2</td>
<td>58.5</td>
<td>51.5</td>
<td>85.7</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Intercourse</td>
<td>70.1</td>
<td>46.3</td>
<td>51.5</td>
<td>28.6</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Contraception</td>
<td>62.3</td>
<td>34.1</td>
<td>36.4</td>
<td>14.3</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Conception and Childbirth</td>
<td>42.9</td>
<td>51.2</td>
<td>45.5</td>
<td>71.4</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Abortion</td>
<td>58.4</td>
<td>36.6</td>
<td>36.4</td>
<td>28.6</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Menstruation</td>
<td>53.2</td>
<td>75.6</td>
<td>72.7</td>
<td>85.7</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Masturbation</td>
<td>42.9</td>
<td>36.6</td>
<td>36.4</td>
<td>28.6</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Sex and Religion</td>
<td>50.6</td>
<td>51.2</td>
<td>54.5</td>
<td>28.6</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Pornography</td>
<td>13.0</td>
<td>17.1</td>
<td>15.2</td>
<td>28.6</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>44.2</td>
<td>39.0</td>
<td>42.4</td>
<td>28.6</td>
<td>100.0</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of Cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answering Yes</td>
<td>77</td>
<td>41</td>
<td>33</td>
<td>7</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

N/A  Not applicable
In the adult group 73.2 percent of a total of 41 persons indicated that the area of biological facts about sex was included in its content. Likewise 69.7 percent of 33 parents and 85.7 percent of 7 teachers answered affirmatively. In addition in the clergymen group, the only person who answered also answered affirmatively. Taking into consideration that the respondents of the student and adult groups answered this question in a very similar way, significant differences were not found between these groups. The same situation was found between the student and parent, student and teacher, and parent and teacher groups as indicated by the chi square values given in Table 4.

In regard to the area marriage and parenthood, results in Table 3 revealed that the majority of the persons who answered that a sex education program existed in the schools of the areas of this study indicate that this area was included in the content of this program. The higher percentage was found in the teacher group in which 85.7 percent of the 7 persons answered affirmatively that the area of marriage and parenthood was included in its content. In contrast, the parent group was the one who registered the lowest percentage in comparison with the other groups. As shown in Tables 3 and 4 there did not exist any significant differences between the groups who answered this question.

For the area of sexual intercourse 70.1 percent of the 77 students answered affirmatively whereas only 28.6 of the 7 teachers indicated that this area was included in the sex education program. The teacher group had the lowest percentage in regard to the existence of sexual intercourse as a topic in the content in the sex education program. As a consequence a significant difference at 5 percent level of
### TABLE 4

**CHI SQUARE VALUES FOR CONTENT OF THE EXISTING SEX EDUCATION PROGRAM BY AREAS IN GROUPS**

<table>
<thead>
<tr>
<th>Content in Sex Education Program</th>
<th>Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological Facts About Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>0.00(NS)</td>
<td>0.15(NS)</td>
<td>0.45(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td>0.60(NS)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Marriage and Parenthood</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>0.71(NS)</td>
<td>2.34(NS)</td>
<td>1.81(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td>3.66(NS)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Sexual Intercourse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>6.49(*)</td>
<td>3.73(NS)</td>
<td>5.44(*)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td>4.67(*)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contraception</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>8.43(**)</td>
<td>6.34(*)</td>
<td>7.11(**)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td>7.59(**)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Conception and Childbirth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>0.73(NS)</td>
<td>0.25(NS)</td>
<td>2.12(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td>1.87(NS)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Abortion</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>5.03(*)</td>
<td>4.54(*)</td>
<td>3.21(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td>4.26(*)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Content in Sex Education Program</td>
<td>Adults (41)</td>
<td>Parents (33)</td>
<td>Teachers (7)</td>
<td>Clergymen (1)</td>
<td>Physicians (0)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>-------------</td>
<td>-------------</td>
<td>--------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Menstruation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td>5.66(*)</td>
<td>3.90(*)</td>
<td>3.71(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td>3.68(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Masturbation</td>
<td>.45(NS)</td>
<td>.40(NS)</td>
<td>.54(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td>.63(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex and Religion</td>
<td>.01(NS)</td>
<td>0.18(NS)</td>
<td>1.47(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td>1.64(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pornography</td>
<td>.37(NS)</td>
<td>0.14(NS)</td>
<td>1.29(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td>1.18(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homosexuality</td>
<td>.30(NS)</td>
<td>.10(NS)</td>
<td>.69(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td>.58(NS)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent
**Significance at 1 percent
NS Not significant at 5 percent
N/A Not applicable

Note: In this table the clergymen and physician groups were not compared because there was only one clergyman who answered affirmatively while all the physicians answered negatively.
significance was found between the students and the teachers group. Also as it appeared in Table 4 a significant difference was found in attitudes between the student and the adult group in regard to the way in which both groups answered this question.

This evidence which appears in Table 4 in relation to the area of contraception revealed that a highly significant difference at 1 percent level of significance was found in answers between the student group and the adult group in regard to this area. For example, results in Table 3 demonstrated that 62.3 percent of the 77 students who answered that a sex education program existed, indicated that this area was included in the sex education program, while only 34.1 percent of the 7 teachers who indicated the existence of the sex education program said that the topic of contraception was part in its content.

The results in both tables (3 and 4) indicate that significant differences in attitudes were found among all the groups which said that the area of contraception was included in the sex education program of the schools of the areas under study. This information was sufficient to reject the null hypotheses that states that: 1) there is no significant difference in attitudes between the student group and the adult group, 2) student and parent, 3) student and teacher, 4) student and clergymen in this study.

Table 3 indicates that almost 43 percent of the student group indicated that the area of conception and childbirth was part of the content of the course of sex education which existed in the intermediate grade level in the school of the areas of this study. The same table also indicates that 45 percent of the parent group and
71.4 percent of the teacher group answered affirmatively. These percentages demonstrated that there did not exist a similar consensus of opinions among the groups who answered this question. This indicates that the existence of the topic of conception and childbirth in this program is not well known by the persons who answered affirmatively.

Examining the results appearing in Table 4 it was found that there was no significant differences among the answers of all the groups who answered the question about conception and childbirth. Taking into consideration this evidence the null hypotheses state that: 1) there is no significant difference in attitudes between the student group and the adult group, 2) student and parent, 3) student and teacher, 4) student and clergymen groups were accepted.

Evidence presented in the same table indicates that statistical differences were found between the student and adult group in relation to the topic of abortion as part of the content of the sex education program. For example the results which appear on Table 3 demonstrate that 58.4 percent of the students said that this area was included in the sex education program while only 36.6 percent of the adults answered in a similar way. Also the results which appeared in Table 4 indicate that a significant difference at 5 percent level of significance was found between the student group and the parent group and between the parent group and the teacher group in relation to this topic. This implies that these groups did not have the same knowledge about the existence of the topic of abortion as part of the course of sex education at the intermediate grade level.
The majority of the persons who answered indicated that the topic of menstruation was part of the content of a program of sex education in the areas of this study. The data presented in Table 3 demonstrates that more than fifty percent of the student group and more than seventy-five percent of the adult group answered in the affirmative. But the difference in the percentages which was found between the student and the adult groups indicated a significant difference at 5 percent level of significance between these groups. Also significant differences were found between the student and the parent group. As a consequence the null hypotheses states that: 1) there is no significant difference in attitudes between the student group and the adult group, 2) student and parent were rejected.

The evidence in the same table indicates that teachers and students had similar consensus of opinions because no significant difference was found in attitudes between these groups in regard to the area of menstruation. A similar situation was found between the parent and teacher groups. This evidence was sufficient to accept the null hypotheses that states that (3) there is no significant difference in attitudes between the student group and the teacher group and (6) parent and teacher groups in this study.

The results also indicate that less than fifty percent of all the respondents who said that a sex education program exists in the intermediate grade level in the school of Candul, Tras Telleres and Figueroa indicate that the area of masturbation was included in this program. Taking into consideration the information which appeared in
Table 4 a similar attitude was found among the groups who indicated the existence of the topic of masturbation in the sex education program. Therefore, the null hypotheses states that: 1) there is no significant difference in attitudes between the student group and the adult group, 2) student and parent, 3) student and teacher, 4) student and clergymen were accepted.

Of all the groups who indicate that sex and religion was part of the content of the sex education program in the school in this study the teacher group had the lowest percentages. Only 28.6 percent of the respondents of this group indicated knowledge of the existence of this topic in the sex education program. In contrast the evidence offered in Table 3 indicates that more than fifty percent of the respondents in the student, and parent groups answered that the topic of sex and religion were part of the content of a sex education program. Also the only person of the clergymen group who answered in the affirmative, also indicated that this area was included in the sex education program. On the other hand, the evidence which appears in Table 4 demonstrates that there is no significant difference among the groups which answered this question. This information indicates that almost all the respondents had similar knowledge in regard to the topic of sex and religion as part of the content of a sex education program in the school of the areas in this study.

As a consequence, the evidence which appeared in this table presented sufficient information in order to accept null hypotheses 1 to 4: 1) no significant difference between student and adult, 2) student and parent, 3) student and teacher, 4) student and clergymen in this study.
The area of pornography is the one having very low percentages among all the groups. This would indicate that its inclusion in the sex education program of the areas in this study would be very doubtful. Results offered in Table 3 indicate that only 13 percent of the respondents of the student group answered in the affirmative. Also the evidence offered in this table indicates that this area was not a part of the program on the majority of the respondents who answered this question because they answered it negatively. There did not exist any significant differences in the answers among these groups.

Considering the evidence which appeared in Table 4 in regard to this area the null hypotheses 1 to 3: 1) no significant difference in attitudes between students and adults, 2) students and parents, 3) students and teachers were accepted.

The area of homosexuality was included in the sex education program according to about forty percent of the respondents of all the groups. The evidence presented in Table 3 and in Table 4 indicates clearly that all the groups had similar answers to this question. It was found that there were no significant differences between all the groups in relation to this topic. This information was sufficient to accept the null hypotheses that states: that there was no significant difference in attitudes between students and adults, students and parents, and students and teachers (1, 2, 3).

Future Situation Regarding Sex Education

In order to continue with the analysis of the data regarding the attitudes and opinions of the population in this study the results for
the second part of the main problem of the study were presented. Questions in this part were based on this main question: What do people in the five groups under study (students, parents, teachers, clergymen and physicians) feel should be done in the area of sex education at the intermediate grade level in schools of the areas of Gandul, Tras Talleres and Figueroa?

For the purpose of this presentation all the questions which had a direct relationship with the main question were organized in the following order:

1) Necessity and responsibility in relation to a future sex education program at the intermediate grade level in these schools. Table 5, 6 and 7 present the relative frequency distribution and the chi square values for the answers given by the respondents of the five groups.

2) Ways to teach future courses of sex education at the intermediate grade level.

The results of the answers which had a direct relationship with the ways to teach sex education at the intermediate grade level appear in Tables 8, 9 and 10 for the entire population of the study.

3) Subjects which should be included in the content of a future sex education course at the intermediate grade level.

The evidence found from the answers which dealt with the different subjects to be included in future sex education courses at the intermediate grade level appeared in Tables 11 through 22.

4) Personnel who should teach future courses in sex education at the intermediate grade level.
Tables 23 through 26 present the results of the answers for the questions which had a direct relationship with the personnel who in the opinion of the five groups, should teach this course.

For each set of data a descriptive analysis is presented.

**Necessity of Sex Education**

The results in Table 5 indicate that almost all the respondents in the student and adult groups demonstrated that a sex education program is needed at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. The evidence as presented in Table 5 also indicated that there is no significant difference in attitudes between the student group and the adult group. This result offered sufficient evidence to accept the null hypothesis number 1 that states that there is no significant difference in attitudes between the student group and adult group. Also the evidence which appeared in this table, indicated that the student, parent and physician groups demonstrated similar attitudes toward the necessity for a sex education program at the intermediate grade level as indicated by chi square values shown in Table 5.

It may be noted that a statistical difference at 1 percent level of significance was found in the attitudes between the student group and clergymen group. This is evidenced by the fact that only 17.6 percent of the respondents of the clergymen group selected the "strongly agree" category to indicate the necessity of sex education, while 45.6 percent of the respondents from the student group selected the same category. Also it is important to note that 20.6 percent of
TABLE 5

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM II:
SEX EDUCATION IS NEEDED AT THE INTERMEDIATE GRADE LEVEL IN THIS COMMUNITY

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<th>Percent (%)</th>
<th>Percent (%)</th>
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<td>All Adults</td>
<td>Parents</td>
<td>Teachers</td>
<td>Clergymen</td>
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<td>51.7</td>
<td>50.5</td>
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<td>34.5</td>
<td>32.7</td>
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<td>55.9</td>
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<tr>
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<td>7.7</td>
<td>8.4</td>
<td>3.7</td>
<td>20.6</td>
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<tr>
<td>Disagree</td>
<td>4.4</td>
<td>3.3</td>
<td>3.5</td>
<td>1.2</td>
<td>5.9</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2.5</td>
<td>2.8</td>
<td>4.9</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
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<td>100%</td>
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<td>100%</td>
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<tr>
<td>No. of Cases</td>
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Chi Square Values

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<th>Clergymen</th>
<th>Physicians</th>
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<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significance at 5 percent
** Significance at 1 percent
NS Not significant at 5 percent
the clergymen group were "undecided" in regard to the necessity of a sex education program at the intermediate grade level while only 12.2 percent of the student group were undecided. These results indicate that the attitudes of the clergymen group were less favorable toward the necessity of a sex education program at the intermediate grade level when it was compared with the students and the other groups of the study.

Examining the chi square values on the lower part of Table 5 the results demonstrated that significant differences exist at the 5 percent and 1 percent level of significance in attitudes between the parent group and the other three groups (teachers, clergymen and physicians). Also a similar situation was found for the teacher and clergymen groups.

These results indicate that the parent, teacher, clergymen and physician groups did not demonstrate similar attitudes toward the necessity of a sex education program at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. As a consequence the null hypotheses which states that there was no significant difference in attitudes between parents and teachers, parents and clergymen, parents and physicians, teachers and clergymen, teachers and physicians, and clergymen and physicians were rejected in this study.

Responsibility for Sex Education

Based on the results in Table 6 almost all the respondents of the five groups believed that the public schools should assume more responsibility for sex education at the intermediate grade level.
TABLE 6
RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM I:
THE PUBLIC SCHOOLS SHOULD ASSUME MORE RESPONSIBILITY FOR
SEX EDUCATION AT THE INTERMEDIATE GRADE LEVEL

<table>
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<td>Students</td>
<td>All Adults</td>
<td>Parents</td>
<td>Teachers</td>
<td>Clergymen</td>
<td>Physicians</td>
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<td>Strongly Agree</td>
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<td>53.0</td>
<td>58.1</td>
<td>17.7</td>
<td>57.8</td>
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<tr>
<td>Agree</td>
<td>33.9</td>
<td>34.8</td>
<td>34.6</td>
<td>32.1</td>
<td>50.0</td>
<td>28.9</td>
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<tr>
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<td>5.9</td>
<td>7.4</td>
<td>29.4</td>
<td>6.7</td>
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<td>3.0</td>
<td>1.2</td>
<td>2.9</td>
<td>6.6</td>
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<tr>
<td>Strongly Disagree</td>
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<tr>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases (N)</td>
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<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
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Chi Square Values

<table>
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<th></th>
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<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
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<td>Students</td>
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<td>8.70(NS)</td>
<td>3.62(NS)</td>
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<td>4.56(NS)</td>
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<td>8.33(NS)</td>
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<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td>26.09(**)</td>
<td></td>
<td>27.05(**)</td>
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<td>Physicians</td>
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</tr>
</tbody>
</table>

**Significance at 1 percent
NS Not significant at 5 percent
The evidence is shown in Table 6 where it can be seen that only the clergymen group demonstrated a less favorable attitude toward the responsibility of the schools in regard to a sex education program. This situation showed statistical differences at 5 percent and 1 percent level of significance in attitudes between the clergymen group and the other four groups. As it is shown in the relative frequency distributions, only 17.7 percent of the respondents in the clergymen group indicated the "strongly agree" category for this question while more than fifty percent of the respondents for the other four groups selected the same category. It is also interesting to note that 29.4 percent of the clergymen respondents were undecided in contrast with a 10.8 percent in the student group and less than seven percent in the other groups. These differences between the clergymen and the other groups were shown in chi square values in the lower part of Table 6. As a consequence the null hypotheses states 1) that there is no significant difference in attitudes between the student group and the clergymen group, 2) parent and clergymen, 3) teacher and clergymen and 4) clergymen and physicians were rejected in this study by the way in which these groups answered question number one.

The important evidence, in general, is demonstrated by the chi square values given in the lower part of Table 6 for differences between students and adults. There was no significant difference in attitudes between these two groups in general. That means that all the respondents from the student, parent, teacher, and physician groups had similar attitudes in regard to the responsibility of the school toward a sex education program at the intermediate grade level. More
than fifty percent of the respondents of these groups selected the "strongly agree" category for this question and about thirty-four percent of the respondents of these groups indicated the "agree" category for the same question. As a consequence the null hypotheses which states that there was no significant difference in attitudes between the student and adult, student and parent, student and teacher, student and physician, parent and teacher, parent and physician, and teacher and physician groups were accepted considering the answers of the respondents to these questions. This evidence indicated that in the population of Gandul, Tras Talleres and Figueroa, there exists a general consensus which indicated that the public school should assume more responsibility for sex education programs at the intermediate grade level. The only group which indicated a less favorable attitude was the clergymen group but still more than sixty-seven percent of them demonstrated a favorable attitude.

The Introduction and Placement of Sex Education Programs

Sex Education Courses Should Begin at the Intermediate Grade Level

The results in Table 7 indicated that 76.4 percent of the student group and 73.4 percent of the adult group believe that sex education courses should begin at the intermediate grade level. The evidence showed that the respondents selected the first two alternatives as the best. These results showed that there was no significant difference in the attitudes between the student group and adult group in general. A similar situation occurred between the student and the physician group. The evidence on the same table was sufficient to accept the
TABLE 7

RELATIVE FREQUENCY AND CHI SQUARE VALUE OF THE FIVE GROUPS FOR ITEM 5: 
SEX EDUCATION COURSES SHOULD BEGIN AT THE INTERMEDIATE 
GRADE LEVEL

<table>
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<th>Percent</th>
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<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
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<td>48.5</td>
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<td>Agree</td>
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<td>32.2</td>
<td>33.3</td>
<td>38.2</td>
<td>35.5</td>
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<tr>
<td>Undecided</td>
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<td>8.0</td>
<td>6.4</td>
<td>8.7</td>
<td>17.7</td>
<td>6.7</td>
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<tr>
<td>Disagree</td>
<td>7.8</td>
<td>14.4</td>
<td>8.4</td>
<td>21.0</td>
<td>29.4</td>
<td>17.8</td>
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<td>Strongly Disagree</td>
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<td>4.5</td>
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<td>4.5</td>
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<tr>
<td>Total Percent</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
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<td>45</td>
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Chi Square Values

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<th>Physicians</th>
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<td>Students</td>
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<td>Clergymen</td>
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<tr>
<td>Physicians</td>
<td>24.29(**)</td>
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</table>

*Significance at 5 percent
** Significance at 1 percent
NS Not significant at 5 percent
null hypotheses that states 1) that there is no significant difference in attitudes between the student group and the adult group, (6) parent and teacher in this study.

Examining Table 7, it is interesting to note however, that 29.4 percent of the clergymen group and 21.0 percent of the teacher group selected the disagree category for this question. Another important point was that 17 percent of the clergymen group were undecided on the same question. These differences indicate that the clergymen group had a less favorable attitude for the selection of the intermediate grade level for the beginning of a sex education program.

In the same position the teacher group appeared because 28.4 percent of them selected the "disagree" and the "strongly disagree" categories for this question and this established a significant difference in comparison with the other groups.

In spite of the fact that more than thirty-six percent of the teacher and fifty-three percent of the clergymen group believe that the intermediate grade level is not the best level to initiate sex education programs, there still was a general consensus of the population of Gandul, Tras Talleres and Figueroa toward the selection of this level as the appropriate one to begin a sex education program. This was done to the favorable attitude of the student, parent and the physician groups.

Ways in Which Sex Education Programs Could be Taught

Sex Education for Girls and Boys in the Same Classroom

As can be noted from the results presented in Table 8, 78.6 percent of the student group indicated that they agree with the teaching
of sex education courses for boys and girls in the same classroom in contrast to 67.4 percent of the adult group which answered that they agree. This evidence demonstrated that there exists significant differences in attitudes between the student group and the adult group in general with regard to the teaching of sex education courses for boys and girls in the same classroom. These data were sufficient to reject the null hypothesis number one (there is no significant difference in attitude between the student group and the adult group) in this study.

The relative frequencies in Table 8 indicate that the degree of agreement among various groups is different. In the parent group 18.8 percent selected the "disagree" category for this question. Also 12.9 percent of this group took the "strongly disagree" category for the same question. These percentages indicated a big difference when comparisons were made with the student group in the same categories. As a consequence a highly statistical difference at 1 percent level of significance existed in the attitudes between the student and the parent group. These results indicate that the parent group was more conservative than the student group. The parent group also differs from the other two groups (teacher and physician). These results were sufficient to reject the null hypotheses that states that there is no significant difference in attitudes between the student group and the adult group (1) parent and teacher (6) parent and clergymen (7) and teacher and clergymen (8) in this study. The attitudes among these groups differed in a highly significant manner in regard to the
TABLE 8
RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 13:
SEX EDUCATION CLASSES SHOULD BE GIVEN TO BOTH BOYS AND GIRLS
IN THE SAME CLASSROOM

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<th>Percent</th>
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<th>Clergymen</th>
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<td>Disagree</td>
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<td>100%</td>
<td>100%</td>
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<tr>
<td>No. of Cases</td>
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Chi Square Values

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<th>Clergymen</th>
<th>Physicians</th>
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</thead>
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<td>Students</td>
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<td>67.02(**)</td>
<td>63.12(**)</td>
<td>65.12(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td>17.46(**)</td>
<td>19.47(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15.57(**)</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent
teaching of sex education courses for boys and girls in the same classroom at the intermediate grade level.

Another significant point in the results which are presented in Table 8 is the relative frequency distribution for the clergymen group. Evidence in the same table showed that 11.8 percent of the respondents were "undecided," 14.7 percent of the respondents "disagree" and 11.8 percent of the respondents from the clergymen selected the "strongly disagree" category. Considering these results Table 8 showed highly significant differences at 1 percent level of significance in the attitudes between the clergymen group when compared to any of the other groups (student, parent, teacher and physician). The evidence which appeared in Table 8 demonstrated that there did not exist a general agreement among the population of Gandul, Tras Talleres and Figueroa in relation to teaching of sex education courses for boys and girls in the same classroom. Of the five groups, the students, teachers and physicians were the groups that were most in favor of the teaching of a sex education course while the clergymen were not and the parents were last in favor of it. As a result it could be said that there was sufficient evidence to reject all the null hypotheses of this study which states that there was no significant difference in attitudes between the student and adult group (parent, teacher, clergymen, and physician) and between the parent and the teachers, clergymen, physicians, between the teachers, clergymen and physician and between the clergymen and physician groups.
Sex Education Courses Should be Taught as a Separate Course

Seventy-five percent of the student group indicated that they preferred to have sex education as a separate course. Also about sixty-six percent of the adult group answered in the same way. The evidence demonstrated that more than fifty percent of the total population indicated a positive attitude toward the teaching of sex education as a separate course. On the other hand, it is interesting to note that more than twenty percent of the teacher, clergymen and physicians groups answered in a negative way. These groups represented the groups of persons who are dealing with the community. Results indicate that their negative answers were in higher proportion than the negative answers of the student and parent groups. This evidence demonstrated that there exists highly significant differences in the attitudes of the student group when compared to the teacher group, and between the student group and the clergymen group, between the parent group and the teacher group and between the parent group and the clergymen group in regard to the teaching of sex education courses as a separate course at the intermediate grade level. The statistical tests offered evidence to reject null hypotheses which states: that there was no significant difference in attitudes between student and teacher (3) student and clergymen (4) parent and teacher (6) and parent and clergymen (7).

About thirteen percent of the respondents for the student, adult and parent groups indicated that they were undecided in regard to the answer to question number three. Also the evidence indicated that they assumed similar attitudes for the "agree" category. These results
<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>42.8</td>
<td>34.5</td>
<td>45.1</td>
<td>24.7</td>
<td>2.9</td>
<td>44.5</td>
</tr>
<tr>
<td>Agree</td>
<td>32.2</td>
<td>31.8</td>
<td>28.7</td>
<td>34.6</td>
<td>52.9</td>
<td>24.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>13.1</td>
<td>13.0</td>
<td>12.9</td>
<td>18.5</td>
<td>5.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>7.2</td>
<td>11.3</td>
<td>7.9</td>
<td>16.0</td>
<td>20.6</td>
<td>11.1</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4.7</td>
<td>7.4</td>
<td>5.4</td>
<td>6.2</td>
<td>17.7</td>
<td>11.1</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Value**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>7.33(NS)</td>
<td>6.37(NS)</td>
<td>14.23(**)</td>
<td>32.92(**)</td>
<td>7.45(NS)</td>
</tr>
<tr>
<td>Parents</td>
<td>14.23(**)</td>
<td>32.92(**)</td>
<td>31.98(**)</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td>13.29(**)</td>
<td>31.98(**)</td>
<td>39.84(**)</td>
<td>6.52(NS)</td>
<td>14.37(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td>39.84(**)</td>
<td>39.84(**)</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
</tr>
<tr>
<td>Physicians</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
<td>33.06(**)</td>
</tr>
</tbody>
</table>

**Significance at 1 percent**

NS Not Significant at 5 percent
showed that there exists a similar consensus of opinion in the attitudes of these groups. As a consequence there was no significant difference in attitudes between the student group and the adult group or between the student group and the parent group in relation to the teaching of sex education courses as a separate course at the intermediate grade level in the schools of the areas under study.

The results in Table 9 presented sufficient evidence to accept the null hypotheses of this study which states that: there was no significant difference in attitudes between student and adult (1), student and parent (2), student and physician (5), and parent and physician groups (7).

**Sex Education Courses as Part of Another Course**

The student group as noted in Table 10 demonstrated a positive attitude toward the teaching of sex education as part of another course. The results indicated that 79.2 percent preferred this way of teaching. Evidence in the same table indicated that the adult group was less favorable to this approach because only 69.1 percent of the respondents preferred this way of teaching. These results indicate that there was a significant difference at 1 percent level of significance between the attitude of the student group and the adult group. The chi square values in the lower part of the same table showed that a highly statistical difference at 1 percent level of significance was found between the attitudes of these groups. Also significant differences existing between the students and the other four groups were reported. The relative frequency distribution
### TABLE 10

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 3:
SEX EDUCATION SHOULD BE TAUGHT AS PART OF ANOTHER COURSE

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>56.7</td>
<td>31.0</td>
<td>41.6</td>
<td>18.5</td>
<td>23.5</td>
<td>11.1</td>
</tr>
<tr>
<td>Agree</td>
<td>22.5</td>
<td>38.1</td>
<td>36.1</td>
<td>43.2</td>
<td>41.2</td>
<td>35.6</td>
</tr>
<tr>
<td>Undecided</td>
<td>11.1</td>
<td>8.0</td>
<td>8.4</td>
<td>7.4</td>
<td>5.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>5.5</td>
<td>16.0</td>
<td>8.9</td>
<td>27.2</td>
<td>20.6</td>
<td>24.4</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4.2</td>
<td>6.9</td>
<td>5.0</td>
<td>3.7</td>
<td>8.8</td>
<td>20.0</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Values**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>64.32(**)</td>
<td>35.76(**)</td>
<td>69.69(**)</td>
<td>40.86(**)</td>
<td>68.15(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>40.96(**)</td>
<td>12.13(*)</td>
<td>39.42(**)</td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td>46.06(**)</td>
<td>73.35(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44.52(**)</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent
**Significance at 1 percent
in Table 10 shows that 56.7 percent of the students selected the "strongly agree" category in contrast to 41.6 percent, 18.5 percent, 25 percent and 11.1 percent for the other four groups. This evidence demonstrated that the majority of the adult groups did not accept the teaching of sex education courses as part of another course in the intermediate grade level.

It is interesting to point out that 27.2 percent of the teachers, 20.6 percent of the clergymen and 24.4 percent of the physician group selected the "disagree" category. These percentages made a big difference when they were compared with the answers of the student group which is only a 5.5 percent for the same category. As a consequence the results indicated that there existed a significant difference among each group regarding their attitude toward the teaching of sex education as part of another course.

The information which appeared in the same table presented sufficient evidence to reject all the null hypotheses in this study considering the approach which the five groups gave to this question.

**Content of Sex Education Courses at the Intermediate Grade Level in the Future**

**Information about Contraception**

The results presented in Table 11 indicated that 82.8 percent of the students had a favorable attitude toward the subject of contraception as part of the content of a sex education course. In contrast, only 70.4 percent of the adult group demonstrated a similar position. This evidence showed that the adult group had a conservative attitude
<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>52.8</td>
<td>37.3</td>
<td>45.6</td>
<td>25.9</td>
<td>5.9</td>
<td>44.4</td>
</tr>
<tr>
<td>Agree</td>
<td>30.0</td>
<td>33.1</td>
<td>29.2</td>
<td>46.9</td>
<td>32.4</td>
<td>26.7</td>
</tr>
<tr>
<td>Undecided</td>
<td>10.3</td>
<td>10.8</td>
<td>7.9</td>
<td>16.1</td>
<td>17.6</td>
<td>8.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>4.7</td>
<td>11.6</td>
<td>8.9</td>
<td>8.6</td>
<td>26.5</td>
<td>17.8</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2.2</td>
<td>7.2</td>
<td>8.4</td>
<td>2.5</td>
<td>17.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Value**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>29.05(**)</td>
<td>21.91(**)</td>
<td>19.99(**)</td>
<td>53.14(**)</td>
<td>20.16(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>23.61(**)</td>
<td>46.77(**)</td>
<td></td>
<td>13.79(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td>54.85(**)</td>
<td></td>
<td>21.87(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>45.02(**)</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent**
and the student group had a liberal attitude toward the inclusion of the subject of contraception as a part of a sex education course at the intermediate grade level. As a consequence, a highly significant difference at the 1 percent level of significance existed in attitudes between the student and adult group in general, as indicated by the chi square test.

It is important however, to observe the way in which the clergymen group answered this question. The results indicated that 17.6 percent of the respondents were "undecided" while 26.5 percent of the respondents "disagreed" and 17.6 percent of the respondents selected the "strongly disagree" category. This evidence suggests that the clergymen group did not believe that the subject of contraception should be included as part of the content of a sex education course at the intermediate grade level in the schools of Candul, Tras Talleres and Figueroa. As a consequence a highly significant difference appeared in Table 11 to indicate that the clergymen group differed in a strong way from the other four groups. This evidence was sufficient to reject all the null hypotheses of this study.

Moral Issues as a Subject for Sex Education

The relative frequency distribution in Table 12 showed that 24.2 percent of the respondents in the student group were undecided in regard to the inclusion of the subject moral issues as a content for a sex education program at the intermediate grade level. This percentage is about three times higher than when comparisons were made with the other groups. Also, the results indicated that only 31.9
TABLE 12
RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 11:
MORAL ISSUES SHOULD BE A TOPIC OF DISCUSSION
IN SEX EDUCATION COURSES

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>31.9</td>
<td>48.6</td>
<td>48.5</td>
<td>42.0</td>
<td>50.0</td>
<td>60.0</td>
</tr>
<tr>
<td>Agree</td>
<td>33.3</td>
<td>39.5</td>
<td>37.1</td>
<td>46.9</td>
<td>44.1</td>
<td>33.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>24.2</td>
<td>7.5</td>
<td>8.9</td>
<td>8.6</td>
<td>2.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>7.0</td>
<td>1.9</td>
<td>1.5</td>
<td>2.5</td>
<td>3.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>3.6</td>
<td>2.5</td>
<td>4.0</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Total Percent         | 100%     | 100%       | 100%    | 100%     | 100%      | 100%       |
No. of Cases           | 360      | 362        | 202     | 81       | 34        | 45         |

Chi Square Value

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>57.33(**)</td>
<td>42.72(**)</td>
<td>37.16(**)</td>
<td>34.91(**)</td>
<td>39.16(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>22.25(**)</td>
<td>19.99(**)</td>
<td>14.44(**)</td>
<td>18.70(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td>14.44(**)</td>
<td>16.44(**)</td>
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</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent
percent of the respondents in the student group selected the "strongly agree" category in contrast to more than forty-eight percent in the other groups. This evidence indicates that statistical differences existed between the attitudes of the student group and the adult group.

The results also indicated that the five groups have different attitudes toward the subject of moral issues as a topic for a sex education program at the intermediate grade level. As a consequence all the null hypotheses which appeared in this study were rejected.

**Biological Facts**

All the groups, except the clergymen, shown in Table 13 demonstrated a positive attitude toward the inclusion of the subject of biological facts as a content in a sex education program at the intermediate grade level.

The evidence in the same table showed that there existed a general consensus of opinion among the student, adult, teacher and physician groups. The results presented in the chi square values indicated that there was no significant difference in attitudes between the student group and the adult group in general, and also between the student group and the parent, teacher and physician groups in particular. This evidence demonstrated that the student, parent, teacher and physician groups had a favorable attitude toward the subject of biological facts as a content in a sex education course at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa.
# TABLE 13

**RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 12:**

**BIOLOGICAL FACTS ABOUT SEX SHOULD BE PRESENTED IN AN HONEST MANNER AT THE INTERMEDIATE GRADE LEVEL**

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>60.5</td>
<td>51.9</td>
<td>53.0</td>
<td>54.4</td>
<td>23.5</td>
<td>64.5</td>
</tr>
<tr>
<td>Agree</td>
<td>27.8</td>
<td>34.0</td>
<td>29.2</td>
<td>35.8</td>
<td>58.8</td>
<td>33.3</td>
</tr>
<tr>
<td>Undecided</td>
<td>6.7</td>
<td>7.7</td>
<td>9.9</td>
<td>4.9</td>
<td>11.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>2.8</td>
<td>4.2</td>
<td>4.4</td>
<td>4.9</td>
<td>5.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2.2</td>
<td>2.2</td>
<td>3.5</td>
<td>0.0</td>
<td>0.0</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total Percent</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>No. of Cases</strong></td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>6.12(NS)</td>
<td>7.78(NS)</td>
<td>6.73(NS)</td>
<td>20.61(**)</td>
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<td>22.06(**)</td>
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<td></td>
<td>8.99(NS)</td>
<td>22.87(**)</td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
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<td>8.99(NS)</td>
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</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22.87(**)</td>
</tr>
</tbody>
</table>

*Significance at 5 percent

**Significance at 1 percent

NS Not significant at 5 percent
On the other hand, it is interesting to note that the clergymen had a negative attitude toward the subject of biological facts as a content in a sex education program at the intermediate grade level. Results in Table 13 indicated that only 23.5 percent of the clergymen respondents selected the "strongly agree" category while more than fifty percent of the respondents in the other groups selected the same category for this question. Another significant difference between the clergymen and the other groups was shown in the "agree" category. For example, they had 58.8 percent of their respondents who selected this category in contrast to 30 percent in the other groups. These differences in the way in which the clergymen group answered question 12 indicated that there was a highly significant difference between the clergymen group and the other groups in regard to the subject of biological facts as a content in a sex education program at the intermediate grade level.

These results indicated that null hypotheses which states that: there was no significant difference in attitudes between student and clergymen (4), parent and clergymen (7), parent and physician (8), teacher and clergymen (9), and clergymen and physician groups (11) were rejected. On the other hand null hypotheses which states that there was no significant difference in attitudes between student and adult (1), student and parent (2), student and teacher (3), student and physician (5), parent and teacher (6), and teacher and physician groups (10) were accepted.
Masturbation

Based on the results in Table 14 there existed significant differences between the student group and the adult group in relation to including the subject of masturbation as a content in a sex education program at the intermediate grade level in the schools of the areas under study. For example, the relative frequencies in Table 14 indicated that 52.8 percent of the respondents in the student group selected the "strongly agree" category and would include the subject of masturbation as content in a sex education program whereas only 35.9 percent of the respondents in the adult group indicated so. As a consequence a highly significant difference indicated by the chi square values of 23.21 percent at 1 percent level of significance was found between the student group and the adult group. These results were sufficient to reject null hypotheses that states: that 1) there is no significant difference in attitudes between student and adult groups, 2) between student and parent, 3) student and teacher, 4) student and clergymen and 5) student and physician groups in this study. This means that there was not a general agreement among the five groups in regard to the inclusion of the subject of masturbation as a content in a sex education program at the intermediate grade level.

Another important result, as shown in Table 14, was the way in which the clergymen group answered this question. The evidence indicated that this group's negative reply (approximately 47 percent) was significantly different in comparison to the other groups of the study. Only 5.9 percent of the clergymen selected the "strongly
### TABLE 14

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR Item 14: THE PROS AND CONS OF MASTURBATION SHOULD BE FRANKLY DISCUSSED IN SEX EDUCATION COURSES

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>52.8</td>
<td>35.9</td>
<td>38.1</td>
<td>34.5</td>
<td>5.9</td>
<td>51.1</td>
</tr>
<tr>
<td>Agree</td>
<td>24.2</td>
<td>30.9</td>
<td>30.7</td>
<td>30.9</td>
<td>29.4</td>
<td>33.3</td>
</tr>
<tr>
<td>Undecided</td>
<td>9.2</td>
<td>14.4</td>
<td>16.3</td>
<td>13.6</td>
<td>17.6</td>
<td>4.5</td>
</tr>
<tr>
<td>Disagree</td>
<td>8.3</td>
<td>13.5</td>
<td>9.9</td>
<td>17.3</td>
<td>32.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>5.5</td>
<td>5.3</td>
<td>5.0</td>
<td>3.7</td>
<td>14.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Value**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>23.21(**)</td>
<td>17.93(**)</td>
<td>17.31(**)</td>
<td>44.13(**)</td>
<td>15.70(**)</td>
</tr>
<tr>
<td>Parents</td>
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<td>11.96(*)</td>
<td>38.78(**)</td>
<td>10.35(*)</td>
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<tr>
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<td></td>
<td>38.17(**)</td>
<td>9.74(*)</td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td>36.56(**)</td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent  
**Significance at 1 percent
agree" category in this question in contrast with a 52.8 percent in the student group which showed a highly significant difference at the 1 percent level. These evidences demonstrated the negative position of the clergymen toward the inclusion of the subject of masturbation as a content in a sex education program at the intermediate grade level.

These results indicated that great differences existed among the attitudes of the five groups. Therefore, the subject of masturbation is a very controversial one; some groups would favor its inclusion while others would be completely opposed to it. This information presents sufficient evidence to reject all the null hypotheses of this study.

Menstruation

As noted in Table 15, 44.2 percent of the student group selected the "strongly agree" category while only 35.6 percent of the adult group selected it. Also 28.6 percent of the students selected the "agree" category in contrast with 42.6 percent of the respondents in the adult group. On the other hand, results in the same table show that 20.8 percent of the respondents in the student group were undecided, while 12.4 percent of the adult group were in the same position. These percentage differences in regard to the way in which these groups answered question 15 demonstrated that there existed highly significant differences at 1 percent level of significance in the answers between the student and the adult group in regard to the inclusion of the topic of menstruation as part of the content in a sex education program.
TABLE 15

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 15:
MENSTRUATION SHOULD BE A TOPIC OF DISCUSSION
IN SEX EDUCATION COURSES

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students</td>
<td>All Adults</td>
<td>Parents</td>
<td>Teachers</td>
<td>Clergymen</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>44.2</td>
<td>35.6</td>
<td>36.6</td>
<td>29.6</td>
<td>17.6</td>
</tr>
<tr>
<td>Agree</td>
<td>28.6</td>
<td>42.6</td>
<td>34.7</td>
<td>54.3</td>
<td>67.7</td>
</tr>
<tr>
<td>Undecided</td>
<td>20.8</td>
<td>12.4</td>
<td>16.3</td>
<td>9.9</td>
<td>8.8</td>
</tr>
<tr>
<td>Disagree</td>
<td>4.2</td>
<td>6.6</td>
<td>8.4</td>
<td>6.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2.2</td>
<td>2.8</td>
<td>4.0</td>
<td>0.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
</tr>
</tbody>
</table>

Chi Square Value

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>23.10(**)</td>
<td>17.39(**)</td>
<td>26.06(**)</td>
<td>30.52(**)</td>
<td>21.16(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>20.29(**)</td>
<td>24.76(**)</td>
<td>15.40(**)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td>33.42(**)</td>
<td>24.06(**)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
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<td></td>
<td></td>
<td>28.53(**)</td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
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<td></td>
<td></td>
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</tbody>
</table>

**Significance at 1 percent
at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. In the same way other differences were presented in the same table to indicate the differences between student and other groups. This evidence was sufficient to reject null hypotheses that states: 1) that there was no significant difference in attitudes between the student and the adult group, 2) student and parent, 3) student and teacher, 4) student and clergymen and 5) student and physician groups in this study.

The results which appear in Table 15 indicated that 16.3 percent of the parent group were undecided in regard to the inclusion of the subject of menstruation as a content in a sex education program at the intermediate grade level. Significance differences were found among all the groups as it is shown in the lower part of Table 15.

Another important point here is that only 17.6 percent of the clergymen group selected the "strongly agree" category while more than thirty-five percent of the other groups selected it. This evidence demonstrated that the clergymen group had a conservative attitude toward the subject of menstruation and could not agree to its inclusion as a content in a sex education program at the intermediate grade level. Results in Table 15 showed that highly significant differences at 1 percent level were found between the attitudes of the clergymen group and that of the other groups in relation to this subject.

Nevertheless, the results of the same table indicated that the majority of the population favored the inclusion of the subject of menstruation as a content in a sex education program at this grade
level, even though significant differences were found in the way each group responded to this question. This implies that it would not be very easy to get a general consensus in favor of the subject of menstruation from these five groups in planning a future program.

The evidence in Table 15 was sufficient to reject all the null hypotheses of this study considering the way in which the respondents answered this question.

**Venereal Diseases**

As noted in Table 16, 17.8 percent of the student group were undecided in regard to the inclusion of the subject of venereal diseases as a content in a sex education program at the intermediate grade level in the Schools of Candul, Tras Talleres and Figueroa. In contrast only 2.2 percent of the adult group were undecided in relation to the same subject. This indicated that there existed a significant difference (at 1 percent) between the student and the adult group as indicated by the chi square values which are presented in the lower part of the same table. Other significant differences between the student and the individual groups are shown in the lower part of Table 16. It is interesting to note that all the respondents in the physician group favored the subject of venereal diseases for inclusion as part of the content in a sex education program at the intermediate grade level. Over three-fourths of this group selected the "strongly agree" category. In contrast only one-fifth of the clergymen chose the same category. Therefore, there was a highly significant difference between the attitudes of the clergymen and the physician groups in
TABLE 16

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 16:
VENereal Disease Should Be a Topic of Discussion
in Sex Education Courses

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>45.6</td>
<td>61.3</td>
<td>70.8</td>
<td>46.9</td>
<td>20.6</td>
<td>75.6</td>
</tr>
<tr>
<td>Agree</td>
<td>30.8</td>
<td>33.4</td>
<td>23.2</td>
<td>49.4</td>
<td>67.6</td>
<td>24.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>17.8</td>
<td>2.2</td>
<td>3.0</td>
<td>0.0</td>
<td>5.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>3.9</td>
<td>2.2</td>
<td>1.5</td>
<td>3.7</td>
<td>5.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1.9</td>
<td>0.9</td>
<td>1.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Value

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>55.90(**)</td>
<td>55.86(**)</td>
<td>45.51(**)</td>
<td>50.42(**)</td>
<td>39.44(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>45.32(**)</td>
<td>50.24(**)</td>
<td>39.89(**)</td>
<td>28.90(**)</td>
<td>23.81(**)</td>
</tr>
</tbody>
</table>

**Significance at 1 percent
relation to the inclusion of the topic of venereal diseases in a sex education program.

Such significant differences for question 16 were found among all the five groups. This means that there did not exist a general consensus of opinions among these groups in relation to this subject. As a consequence all the null hypotheses which appeared in this study were rejected because of this evidence in relation to question 16.

Homosexuality

Results presented in Table 17 indicated that 65.3 percent of the student group chose the "strongly agree" category to indicate their position in regard to the subject of homosexuality as a content in a sex education program at the intermediate grade level and that 55.5 percent of the adult group answered in a similar manner. However, there were significant differences at the 1 percent level between the student group and the adult group in relation to this subject. On the other hand, only 26.5 percent of the clergymen group selected the "strongly agree" while 77.8 percent of the physician group selected the same. Evidence shown in the same table demonstrates that there were highly significant differences in attitudes between the clergymen group and the physician group in regard to the inclusion of the subject of homosexuality as a content in a sex education program at the intermediate grade level. This chi square values corresponding to the significant differences are presented at the lower part of the same table.
### TABLE 17

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 17:  
THE TOPIC OF HOMOSEXUALITY SHOULD BE DISCUSSED  
IN SEX EDUCATION COURSES

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>65.3</td>
<td>55.5</td>
<td>53.5</td>
<td>60.5</td>
<td>26.5</td>
<td>77.8</td>
</tr>
<tr>
<td>Agree</td>
<td>21.7</td>
<td>34.3</td>
<td>29.2</td>
<td>38.3</td>
<td>70.6</td>
<td>22.2</td>
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<td>Undecided</td>
<td>5.3</td>
<td>5.5</td>
<td>8.9</td>
<td>1.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>4.4</td>
<td>3.3</td>
<td>5.9</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>3.3</td>
<td>1.4</td>
<td>2.5</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

| Total Percent     | 100%     | 100%       | 100%    | 100%     | 100%      | 100%       |
| No. of Cases      | 360      | 362        | 202     | 81       | 34        | 45         |

**Chi Square Value**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
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<tbody>
<tr>
<td>Students</td>
<td>16.52(**)</td>
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<td>18.94(**)</td>
<td>39.32(**)</td>
<td>16.25(**)</td>
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<tr>
<td>Parents</td>
<td></td>
<td></td>
<td>19.29(**)</td>
<td>39.66(**)</td>
<td>16.60(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td>41.70(**)</td>
<td>18.64(**)</td>
</tr>
<tr>
<td>Clergymen</td>
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<td></td>
<td></td>
<td></td>
<td>39.01(**)</td>
</tr>
<tr>
<td>Physicians</td>
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<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent**
The evidence in this table demonstrated that the different groups answered question 17 in different ways and that there were significant differences among the five groups. On the basis of the evidence in Table 17 all the null hypotheses of the study are rejected.

**Sexual Intercourse**

Regarding sexual intercourse the following question was asked: Sexual education courses should teach that sexual intercourse is reserved only for marriage and with God's blessing. Results of opinion on this question demonstrated that there were significant differences between the student and the adult group in relation to the acceptance of this statement. As shown in Table 18, 28.9 percent of the student group selected the "agree" category while 64.7 percent of the clergy-men chose the same category. Therefore, the student group and clergy-men group differed in the degree in which they agreed in their opinion about that statement. A highly significant difference at 1 percent level of significance was found between the student group and the clergymen group.

It is interesting to indicate that only 25.8 percent of the parent group chose the "agree" category in relation to the same statement. The results indicated that there is a highly significant difference between the parent group and the other groups. In addition the evidence in Table 18 indicates that there were significant differences among the five groups. As a consequence, all the null hypotheses in this study are rejected by the way in which the five groups answered question 18.
TABLE 18

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 18:
SEX EDUCATION COURSES SHOULD TEACH THAT SEXUAL INTERCOURSE IS RESERVED ONLY FOR MARRIAGE AND WITH GOD'S BLESSING

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>52.5</td>
<td>47.3</td>
<td>53.0</td>
<td>40.7</td>
<td>14.7</td>
<td>57.8</td>
</tr>
<tr>
<td>Agree</td>
<td>28.9</td>
<td>35.9</td>
<td>25.8</td>
<td>46.9</td>
<td>64.7</td>
<td>40.0</td>
</tr>
<tr>
<td>Undecided</td>
<td>12.8</td>
<td>6.9</td>
<td>6.9</td>
<td>6.2</td>
<td>14.7</td>
<td>2.2</td>
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<tr>
<td>Disagree</td>
<td>4.2</td>
<td>5.5</td>
<td>8.4</td>
<td>3.7</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1.6</td>
<td>4.4</td>
<td>5.9</td>
<td>2.5</td>
<td>5.9</td>
<td>0.0</td>
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<tr>
<td>Total Percent</td>
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<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chi Square Value</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
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</thead>
<tbody>
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<td>Students</td>
<td>15.27(**)</td>
<td>22.07(**)</td>
<td>15.68(**)</td>
<td>30.64(**)</td>
<td>15.29(**)</td>
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<td>Parents</td>
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<td>21.98(**)</td>
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<tr>
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<td>30.94(**)</td>
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<tr>
<td>Clergymen</td>
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<td>30.54(**)</td>
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<tr>
<td>Physicians</td>
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<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent**
Regarding deviant sexual behavior the five groups were asked to react to the statement that it should be discussed in sex education courses. Table 19 shows that 18.9 percent of the student respondents were undecided, in contrast with a 10.5 percent of the adult group. This evidence indicates that there were significant differences between the student and the adult group. The results also showed that 67.7 percent of the clergymen group selected the "strongly agree" category to indicate their position in regard to the subject of deviant behavior as a content in a sex education course at the intermediate grade level, in contrast with only 38.3 percent of the student respondents that answered in the same way. As a consequence a significant difference at 1 percent level of significance was found in the attitudes between the student group and the clergymen group.

Examining the relative frequency distributions, it was found that 44.4 percent of the respondents in the physician group indicated a negative attitude ("disagree" and "strongly disagree") toward the subject of deviant behavior as a content in sex education programs, while only 21.1 percent of the respondents in the student group answered in a similar way. This difference is highly significant at 1 percent level.

The evidence in this table shows that all the groups (student, parent, teacher, clergymen and physician) had significant differences at 1 percent level of significance in their attitudes toward the selection of the subject of deviant behavior as a content in a sex education program for students who are enrolled at the intermediate grade level.
TABLE 19

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 19:
DEVIAN'T SEXUAL BEHAVIOR SHOULD BE DISCUSSED
IN SEX EDUCATION COURSES

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>38.3</td>
<td>43.1</td>
<td>49.0</td>
<td>28.4</td>
<td>67.7</td>
<td>24.4</td>
</tr>
<tr>
<td>Agree</td>
<td>21.7</td>
<td>28.4</td>
<td>34.2</td>
<td>22.2</td>
<td>26.5</td>
<td>15.6</td>
</tr>
<tr>
<td>Undecided</td>
<td>18.9</td>
<td>10.5</td>
<td>7.9</td>
<td>17.3</td>
<td>2.9</td>
<td>15.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>9.7</td>
<td>12.2</td>
<td>5.9</td>
<td>27.2</td>
<td>2.9</td>
<td>20.0</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>11.4</td>
<td>5.8</td>
<td>3.0</td>
<td>4.9</td>
<td>0.0</td>
<td>24.4</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Value

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>20.55(**)*</td>
<td>38.83(**)*</td>
<td>34.58(**)*</td>
<td>24.58(**)*</td>
<td>31.28(**)*</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>52.71(**)*</td>
<td></td>
<td>42.72(**)*</td>
<td>49.41(**)*</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td>38.46(**)*</td>
<td>45.16(**)*</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>35.16(**)*</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Significance at 1 percent
This evidence demonstrated that the way in which the five groups answered question 19 presented sufficient information to reject all the null hypotheses which appeared in this study.

Pornography and Erotic Literature

The five groups were asked to react to the statement that pornography and erotic literature should be discussed in sex education courses.

Based on the results which are present in Table 20, 47.2 percent of the students selected the "strongly agree" category to indicate their positive attitude toward the subject of pornography and erotic literature. In addition 36.7 percent of the adult group took a similar position. Also the evidence in the same table shows that 16.4 percent of the respondents in the student group were undecided in regard to the inclusion of this subject as a content in a sex education program while only 11.6 percent of the adult respondents were in a similar position. This information demonstrated that there are significant differences in attitudes among the groups in regard to the subject of pornography and erotic literature.

Another important result in regard to question 20 was that only 17.6 percent of the clergymen group selected the "strongly agree" category to demonstrate their attitude toward the subject of pornography and erotic literature, while more than fifty-five percent of the physician group took a similar position. This evidence also demonstrates that there is a difference in degree of agreement between the clergymen and the physician groups.
TABLE 20
RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 20:
PRONOGRAPHY AND EROTIC LITERATURE SHOULD BE DISCUSSED IN SEX EDUCATION COURSES

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>47.2</td>
<td>36.7</td>
<td>37.1</td>
<td>33.3</td>
<td>17.6</td>
<td>55.5</td>
</tr>
<tr>
<td>Agree</td>
<td>30.0</td>
<td>40.9</td>
<td>33.2</td>
<td>51.9</td>
<td>67.7</td>
<td>35.6</td>
</tr>
<tr>
<td>Undecided</td>
<td>16.4</td>
<td>11.6</td>
<td>14.9</td>
<td>8.6</td>
<td>5.9</td>
<td>6.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>3.1</td>
<td>6.1</td>
<td>7.4</td>
<td>3.7</td>
<td>8.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>3.3</td>
<td>4.7</td>
<td>7.4</td>
<td>2.5</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

| Chi Square Value |
| All Adults | Parents | Teachers | Clergymen | Physicians |
| Students | 18.17(**) | 20.20(**) | 19.02(**) | 28.03(**) | 15.21(**) |
| Parents | | 20.95(**) | 29.96(**) | 17.14(**) | |
| Teachers | | | | | |
| Clergymen | | | | | |
| Physicians | | | | | |

**Significance at 1 percent**
The results reported from the answer of question number 20 by the five groups show that although the majority agree, each group was significantly different in degree regarding the selection of the subject of pornography and erotic literature as a content for a sex education program at the intermediate grade level in the school of Gandul, Tras Talleres and Figueroa. This means that based on this information, all the null hypotheses of this study were rejected by the way in which the student, parent, teacher, clergymen and physician groups answered this question.

**Problem of Premarital Sexual Intercourse**

The five groups were asked to react to the statement: The problem of premarital relations should be discussed in sex education courses.

Twenty-three point one (23.1) percent in the student group (Table 21) indicated that they were undecided in relation to the inclusion of the subject of problems of premarital sexual intercourse as a content in a sex education program at the intermediate grade level. In contrast only 9.4 percent of the adult respondents took the same position. Also evidence presented in Table 21 showed that 31.1 percent of the student group selected the "strongly agree" category while 40 percent of the adult respondents did likewise. This information demonstrated that the student and adult groups answered question 21 assuming different positions. This means that significant differences exist between the two groups, as shown in the lower part of the same table.
<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>31.1</td>
<td>40.0</td>
<td>49.5</td>
<td>22.2</td>
<td>23.5</td>
<td>42.2</td>
</tr>
<tr>
<td>Agree</td>
<td>31.4</td>
<td>36.5</td>
<td>34.7</td>
<td>35.8</td>
<td>55.9</td>
<td>31.1</td>
</tr>
<tr>
<td>Undecided</td>
<td>23.1</td>
<td>9.4</td>
<td>6.4</td>
<td>19.8</td>
<td>2.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Disagree</td>
<td>7.5</td>
<td>8.0</td>
<td>3.0</td>
<td>13.6</td>
<td>17.7</td>
<td>13.3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>6.9</td>
<td>6.1</td>
<td>6.4</td>
<td>8.6</td>
<td>0.0</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Total Percent</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>No. of Cases</strong></td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Values**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>26.49(**)</td>
<td>42.20(**)</td>
<td>22.15(**)</td>
<td>29.94(**)</td>
<td>17.56(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>37.71(**)</td>
<td>37.71(**)</td>
<td>45.49(**)</td>
<td>33.11(**)</td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td>25.43(**)</td>
<td></td>
<td>13.06(**)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td>13.06(**)</td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.84(**)</td>
</tr>
</tbody>
</table>

**Significance at 1 percent**
It is interesting to note that 19.8 percent of the parent group were undecided in relation to the same subject. In contrast, only 2.9 percent of the clergymen were undecided. This information indicated that differences existed between the attitudes of the parent and clergymen group. As a consequence, highly significant differences (at 1 percent level of significance) were observed as shown in the lower part of the same table which demonstrated the way in which these groups differed in regard to this subject.

The relative frequency distribution and the chi square values which appeared in Table 21 indicate that there are significant differences at 1 percent level of significance in regard to the way in which each group answered the question which dealt with the subject of the problem of premarital sexual intercourse. These results provide evidence to reject all the null hypotheses of this study.

**Family Planning Programs**

The degree of agreement on this subject of family planning programs as content of the sex education courses was different between the student group and the adult group. Twenty-three percent (23%) of the students chose "agree" toward the inclusion of the subject of family planning as a content in a sex education program at the intermediate grade level while 38.4 percent of the adult group in general assumed a similar attitude in regard to the same subject (Table 22).

It is interesting to note that 11.1 percent of the students were undecided in regard to the subject of family planning programs while only 6.1 percent of the respondents in the adult group took a similar position.
TABLE 22

RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 22:
SEX EDUCATION COURSES SHOULD DISCUSS THE IMPORTANCE
OF FAMILY PLANNING PROGRAMS

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>56.9</td>
<td>50.5</td>
<td>60.9</td>
<td>35.8</td>
<td>14.7</td>
<td>57.8</td>
</tr>
<tr>
<td>Agree</td>
<td>22.8</td>
<td>38.4</td>
<td>31.2</td>
<td>50.6</td>
<td>61.7</td>
<td>31.1</td>
</tr>
<tr>
<td>Undecided</td>
<td>11.1</td>
<td>6.1</td>
<td>3.9</td>
<td>9.9</td>
<td>11.8</td>
<td>4.4</td>
</tr>
<tr>
<td>Disagree</td>
<td>4.2</td>
<td>3.3</td>
<td>2.0</td>
<td>3.7</td>
<td>5.9</td>
<td>6.7</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>5.0</td>
<td>1.7</td>
<td>2.0</td>
<td>0.0</td>
<td>5.9</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Total Percent

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

No. of Cases

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>27.43(**)</td>
<td>23.55(**)</td>
<td>32.01(**)</td>
<td>35.75(**)</td>
<td>17.30(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>11.06(*)</td>
<td>31.81(**)</td>
<td>13.36(**)</td>
<td>21.81(**)</td>
<td>25.56(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td>40.26(**)</td>
<td>31.81(**)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent

**Significance at 1 percent
The results which appear in Table 22 revealed that only 14.7 percent of the clergymen group selected the "strongly agree" category in relation to the subject of family planning programs. In contrast, 60 percent of the parent group took the same category to indicate a similar position. Also the evidence in the same table shows that 11.8 percent of the clergymen group were undecided in regard to the selection of this subject while only 3.9 percent of the parent group were undecided, too. This evidence indicates that a highly significant difference at 1 percent level of significance was found in attitudes between the parent and the clergymen group.

Taking into consideration the results from the answers of the five groups toward the subject of family planning programs, it is clear that significant differences were found among the way in which each group answered question 22. As a consequence, these results present sufficient evidence for the rejection of the null hypotheses which appeared in this study.

Personnel Needed to Teach Sex Education Courses

Four questions were asked in regard to who should teach the sex education courses in the school. The questions suggested the following personnel for teaching the courses:

1) Clergymen
2) Physicians
3) Teachers
4) A team of teachers, physicians and clergymen.

The opinions of the population are analyzed in Table 23-27.
Clergymen Can Teach a Sex Education Course

The five groups were asked to react to the statement: Clergymen are the only persons who can teach a good course in sex education.

The evidence presented in Table 23 demonstrates that 22.2 percent of the student group were undecided toward the selection of "the clergymen as the only persons who can teach" a sex education course at the intermediate grade level. In contrast only 7.7 percent of the adult group indicated a similar answer. Also the evidence showed that 29.7 percent of the student group selected the "disagree" category as one of the alternatives to indicate their position toward the selection of clergymen to teach a sex education course while 37.3 percent of the adult group selected the disagree category, too. This information demonstrated that there exists significant difference (at 1 percent) in attitudes between the student and the adult group in general.

It is interesting to note that 88.2 percent of the respondents in the clergymen group indicated that they were in disagreement with the selection of themselves as the best group of professionals to teach a sex education course at the intermediate grade level. On the other hand, the evidence demonstrated that 38.2 percent of the clergymen group selected the "strongly disagree" category as an alternative to answer question 6, while 67.9 percent of the teacher group answered in a similar way. This information indicates that there were significant differences in degree of attitudes in relation to this subject.
TABLE 23
RELATIVE FREQUENCY AND CHI SQUARE VALUES OF THE FIVE GROUPS FOR ITEM 6:
CLERGYMEN ARE THE ONLY PERSONS WHO CAN TEACH A GOOD COURSE
IN SEX EDUCATION

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>5.6</td>
<td>4.4</td>
<td>6.9</td>
<td>0.0</td>
<td>2.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Agree</td>
<td>8.6</td>
<td>6.4</td>
<td>8.4</td>
<td>3.7</td>
<td>5.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Undecided</td>
<td>22.2</td>
<td>7.7</td>
<td>11.4</td>
<td>4.9</td>
<td>2.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>29.7</td>
<td>37.3</td>
<td>40.6</td>
<td>23.5</td>
<td>50.0</td>
<td>37.8</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>33.9</td>
<td>44.2</td>
<td>32.7</td>
<td>67.9</td>
<td>38.2</td>
<td>57.8</td>
</tr>
</tbody>
</table>

| Total Percent | 100% | 100% | 100% | 100% | 100% | 100% |
| No. of Cases | 360 | 362 | 202 | 81 | 34 | 45 |

Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>35.02(**)</td>
<td>26.09(**)</td>
<td>48.30(**)</td>
<td>23.94(**)</td>
<td>30.80(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>39.39(**)</td>
<td>39.39(**)</td>
<td>15.03(**)</td>
<td>21.89(**)</td>
<td>44.09(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td>37.24(**)</td>
<td>37.24(**)</td>
<td>19.74(**)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent
The way in which the five groups answered question 6 demonstrated that there did not exist a consensus of opinion among the groups in regard to the selection of the clergymen as the only persons who can teach a good course in sex education at the intermediate grade level. The evidence was sufficient to reject all the null hypotheses of this study.

Physicians Can Teach a Sex Education Course

The five groups were asked to react to the statement: Physicians are the only professionals who can teach a course in sex education in an adequate way.

The results in Table 24 indicate that 29.7 percent of the student group chose the "strongly agree" category to indicate their positive attitude toward the physicians as the only professionals who could teach a sex education course at the intermediate grade level in an adequate way. In contrast only 19.1 percent of the adult group answered in the same way. Also this evidence showed that 28.6 percent of the student group chose the "agree" category to demonstrate their positive attitude toward the physicians in this respect while only 12.4 percent of the adults answered in a similar way.

Another important difference was shown when 11.7 percent of the students disagreed while 32.0 percent of the adults disagreed in regard to this statement. These differences in attitude between the student group and the adult group are indicated by the chi square values at the lower part on Table 24.
### TABLE 24

RELATIVE FREQUENCY AND CHI SQUARE VALUES FOR THE FIVE GROUPS FOR ITEM 7: PHYSICIANS ARE THE ONLY PROFESSIONALS WHO CAN TEACH A COURSE IN SEX EDUCATION IN AN ADEQUATE WAY

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>29.7</td>
<td>19.1</td>
<td>31.2</td>
<td>2.5</td>
<td>5.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Agree</td>
<td>28.6</td>
<td>12.4</td>
<td>15.3</td>
<td>7.4</td>
<td>8.8</td>
<td>11.4</td>
</tr>
<tr>
<td>Undecided</td>
<td>15.8</td>
<td>8.3</td>
<td>11.9</td>
<td>4.9</td>
<td>3.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Disagree</td>
<td>11.7</td>
<td>32.0</td>
<td>26.7</td>
<td>38.3</td>
<td>44.1</td>
<td>35.6</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>14.2</td>
<td>28.2</td>
<td>14.9</td>
<td>46.9</td>
<td>38.2</td>
<td>46.7</td>
</tr>
</tbody>
</table>

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

### Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>91.45(**)</td>
<td>57.62(**)</td>
<td>106.55(**)</td>
<td>67.08(**)</td>
<td>75.76(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>74.42(**)</td>
<td>34.95(**)</td>
<td>83.88(**)</td>
<td>92.55(**)</td>
<td>53.09(**)</td>
</tr>
</tbody>
</table>

**Significance at 1 percent**
The results which are presented in the same table demonstrate significant differences among the five groups. For example, in the relative frequency distribution for each group, the following results appeared. In the parent group, 31.2 percent of the respondents selected the "strongly agree" category as one of the alternatives to indicate their positive attitude toward the physicians while only 2.5 percent of the teacher group answered in the same way. Eleven point nine percent (11.9%) of the parent group were undecided while only 4.9 percent of the teacher group took a similar position. Another significant difference was found between the parent and the physician group. In the parent group, 14.9 percent selected the "strongly disagree" category as one of the alternatives to answer question seven while 46.7 percent of the physician group answered in the same way ("strongly disagree").

An interesting finding was the way in which the physician group answered question seven. Almost all the physician respondents demonstrated a negative attitude which indicated that they did not think that they were the best persons to teach a sex education course at the intermediate grade level in the schools of the areas under study.

Finally, the evidence presented here in regard to question seven which dealt with the selection of the physicians as the only professionals who can teach a good course in sex education demonstrated that there were significant differences in attitudes among the groups who answered this question. As a consequence the information which appeared in Table 24 provides sufficient evidence to reject all null hypotheses in this study.
Teachers Can Teach a Good Course in Sex Education

The population was asked to react to the statement: Teachers are the only professionals who can teach a course in sex education in an adequate way.

The evidence presented in Table 25 indicates that significant differences in attitudes were found among the five groups in regard to the selection of teachers as the only professionals who can teach a sex education course. For example, 23.3 percent of the respondents in the student group chose the "agree" category while only 8.8 percent of the respondents in the adult group answered in the same way. Another significant difference was found between the attitudes of the student and adult groups because 28.3 percent of the students indicated that they were undecided in regard to question eight while 16.9 percent of the adult group indicated a similar position.

Evidence in the same table demonstrated that 11.9 percent of the parent group chose the "strongly agree" category while none of the respondents in the physician group answered in the "strongly agree" category. Also the evidence here showed that 19.8 percent of the parent group chose the "strongly disagree" category as one of the alternatives to indicate their negative attitude to that statement in contrast with a 44.5 percent of the physician group who answered in a negative similar way. This information was sufficient to demonstrate that a highly significant difference at the 1 percent level of significance exists between the attitudes of the parent and the physician groups.
TABLE 25

RELATIVE FREQUENCY AND CHI SQUARE VALUES FOR THE FIVE GROUPS FOR ITEM 8:
TEACHERS ARE THE ONLY PROFESSIONALS WHO CAN TEACH A COURSE IN
SEX EDUCATION IN AN ADEQUATE WAY

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>6.4</td>
<td>6.9</td>
<td>11.9</td>
<td>1.2</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Agree</td>
<td>23.3</td>
<td>8.8</td>
<td>13.3</td>
<td>4.9</td>
<td>2.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Undecided</td>
<td>28.3</td>
<td>16.9</td>
<td>21.8</td>
<td>11.1</td>
<td>8.8</td>
<td>11.1</td>
</tr>
<tr>
<td>Disagree</td>
<td>24.2</td>
<td>37.6</td>
<td>33.2</td>
<td>38.3</td>
<td>53.0</td>
<td>44.4</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>17.8</td>
<td>29.8</td>
<td>19.8</td>
<td>44.5</td>
<td>35.3</td>
<td>44.5</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Values

<table>
<thead>
<tr>
<th>Chi Square Values</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>55.48(**)</td>
<td>38.69(**)</td>
<td>58.04(**)</td>
<td>43.80(**)</td>
<td>51.22(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>41.51(**)</td>
<td>27.16(**)</td>
<td>46.52(**)</td>
<td>54.04(**)</td>
<td>39.70(**)</td>
</tr>
</tbody>
</table>

**Significance at 1 percent
Moreover, the way in which the teachers answered question eight demonstrated that almost all of them indicated that they were not the persons to teach a sex education course at the intermediate grade level.

Finally it is important to note that the evidence indicates that there were significant differences at the 1 percent level in the way in which the five groups answered question number eight. As a consequence, the information was sufficient to reject all the null hypotheses of this study.

A Team Can Teach a Good Course in Sex Education

The population was asked to react to the statement: A good course in sex education should be taught by a team including teachers, physicians, etc.

The results shown in Table 26 demonstrated that for the majority of the respondents a team is the best way to teach a sex education course at the intermediate grade level.

Even though the five groups agree on this subject the answer to the question indicates that there were significant differences at 1 percent level of significance among the five groups. In the first place the evidence indicates that 69.2 percent of the students demonstrated a positive attitude toward the team while 83.1 percent of the adults indicated a similar position. In the second place the results demonstrated that 79.2 percent of the respondents in the parent group demonstrated a positive attitude while 95.6 percent of the physician group took a similar position in relation to the team. These differences are statistically significant.
TABLE 26
RELATIVE FREQUENCY AND CHI SQUARE VALUES FOR THE FIVE GROUPS FOR ITEM 9:
A GOOD COURSE IN SEX EDUCATION SHOULD BE TAUGHT BY A TEAM
INCLUDING TEACHERS, PHYSICIANS, ETC.

<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>42.2</td>
<td>50.8</td>
<td>56.4</td>
<td>40.7</td>
<td>35.3</td>
<td>55.6</td>
</tr>
<tr>
<td>Agree</td>
<td>27.0</td>
<td>32.3</td>
<td>22.8</td>
<td>44.5</td>
<td>50.0</td>
<td>40.0</td>
</tr>
<tr>
<td>Undecided</td>
<td>17.2</td>
<td>7.2</td>
<td>10.4</td>
<td>4.9</td>
<td>3.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Disagree</td>
<td>7.2</td>
<td>6.1</td>
<td>5.9</td>
<td>7.4</td>
<td>8.8</td>
<td>2.2</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>6.4</td>
<td>3.6</td>
<td>4.5</td>
<td>2.5</td>
<td>2.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Values**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>22.70(**)</td>
<td>19.63(**)</td>
<td>22.52(**)</td>
<td>19.83(**)</td>
<td>21.31(**)</td>
</tr>
<tr>
<td>Parents</td>
<td>19.44(**)</td>
<td>16.75(**)</td>
<td>19.64(**)</td>
<td>21.12(**)</td>
<td>18.23(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td>19.44(**)</td>
<td>16.75(**)</td>
<td>21.12(**)</td>
<td>18.43(**)</td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent**
Considering the way in which each group answered question nine, which dealt with the selection of a team to teach a good course in sex education at the intermediate grade level the evidence demonstrated that significant differences were found among the five groups. This information was sufficient to reject all the null hypotheses of this study.

From the overall analysis if the personnel who could teach the sex education course, it could be noted that none of the five groups thought that only one kind of person (clergy, physician or teacher) should teach the course except the students (58 percent) who considered the physicians the best professionals to teach it. All the five groups, however, agreed on a combined team of these three professionals teaching such a course, as indicated in Table 27.

Liberal and Conservative Attitudes of the Five Groups Regarding Specific Situations to Sex Education

Part three of the analysis of the data dealt with a group of questions which presented different situations to the five groups in order to determine if they had liberal or conservative attitudes in situations such as areas of preference in sex education courses, decisions taken to determine specific problems, and observations regarding the source of learning in sex education by the intermediate grade level students. A rank order analysis was utilized to evaluate the answers to these questions.

These results are presented in Tables 28 through 30B. The relative frequency distribution and chi square values of the five groups for questions 60 to 63 of the questionnaire are presented in Tables 31 through 34.
<table>
<thead>
<tr>
<th>Personnel</th>
<th>Students</th>
<th>Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clergy</td>
<td>14.2</td>
<td>10.8</td>
<td>15.3</td>
<td>3.7</td>
<td>8.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Physicians</td>
<td>58.3</td>
<td>31.5</td>
<td>46.5</td>
<td>9.9</td>
<td>14.7</td>
<td>15.8</td>
</tr>
<tr>
<td>Teachers</td>
<td>29.7</td>
<td>15.7</td>
<td>25.2</td>
<td>6.1</td>
<td>2.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Team</td>
<td>69.2</td>
<td>83.1</td>
<td>79.2</td>
<td>85.2</td>
<td>85.3</td>
<td>95.6</td>
</tr>
</tbody>
</table>
Areas in Sex Education

The question asked to all five groups was: Which of these areas (Biological, Psychological, Sociological, Environmental Aspects and Physical Appearance) do you feel are most important in a sex education course?

The primary purpose of this question was to reveal what particular aspects should be included in the sex education programs at the intermediate grade level in the schools of the areas in this study as indicated by the preference of the five groups. It is not the purpose of the study to see if the groups among themselves agree in ranking the different aspects. This is the reason why the analysis was carried out using the rank order analysis for each group in order to locate the position of the five different aspects among themselves. Each alternative was given values from 1 to 5; the most important was assigned a score of 1 and the least important a score of 5. The average score for each alternative was ranked for each group in order to compare it with the other groups.

The results which appear in Table 28 show the content areas according to average scores that were assigned by the five groups. The student group gave rank number 1 to the area of Biological Aspects. This means that Biological Aspects is the most important area in sex education for them. The same table shows that adults gave the same rank order (number 1) to the Biological Aspects. This situation demonstrated that both the adult and student groups had similar preferences for this aspect. It is interesting to note that parent,
TABLE 28

RANK ORDER ANALYSIS OF THE FIVE GROUPS FOR CONTENT AREAS IN SEX EDUCATION (ITEMS 36 THROUGH 40)

<table>
<thead>
<tr>
<th>Sex Education</th>
<th>Students Average Score</th>
<th>Students Rank</th>
<th>All Adults Average Score</th>
<th>All Adults Rank</th>
<th>Parents Average Score</th>
<th>Parents Rank</th>
<th>Teachers Average Score</th>
<th>Teachers Rank</th>
<th>Clergymen Average Score</th>
<th>Clergymen Rank</th>
<th>Physicians Average Score</th>
<th>Physicians Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Aspects</td>
<td>2.6 (1)</td>
<td>2.1 (1)</td>
<td>2.3 (1)</td>
<td>1.8 (1)</td>
<td>2.3 (2)</td>
<td>1.9 (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological Aspects</td>
<td>3.0 (3)</td>
<td>2.4 (2)</td>
<td>2.6 (2)</td>
<td>2.4 (2)</td>
<td>1.6 (1)</td>
<td>2.0 (2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sociological Aspects</td>
<td>3.1 (4)</td>
<td>2.8 (3)</td>
<td>2.9 (3)</td>
<td>2.9 (3)</td>
<td>2.4 (3)</td>
<td>2.7 (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Aspects</td>
<td>3.4 (5)</td>
<td>3.6 (4)</td>
<td>3.5 (4)</td>
<td>3.7 (4)</td>
<td>3.9 (4)</td>
<td>3.8 (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Appearance</td>
<td>2.8 (2)</td>
<td>4.1 (5)</td>
<td>3.8 (5)</td>
<td>4.3 (5)</td>
<td>4.8 (5)</td>
<td>4.5 (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
teacher and physician groups indicated a similar attitude toward the selection of the area of Biological Aspects as the most important one for sex education. The clergymen group was the only one which gave rank number 2 for the area of Biological Aspects. Taking into consideration the way in which the five groups ranked the Biological Aspects it is clear that this area is the most important one in a sex education course as considered by the majority.

The second area, Psychological Aspects, was ranked in the following order: the student group gave rank number 3 to it, the adult group in general gave rank number 2. Also parent, teacher and physician groups gave rank number 2. In contrast the clergymen group indicated that the area of Psychological Aspects was the most important one because they ranked this area in the first place. The evidence here demonstrated that student, adult and clergymen groups disagree in the rank given to the Psychological Aspects for the inclusion of this area in a sex education course.

The scores shown in Table 28 indicate that the student group ranked the Sociological Aspects in the fourth place, in contrast to the adult group that ranked it in the third place. Also, the parent, teacher, clergymen and physician groups had a similar preference (rank 3) in regard to this area.

The Environmental Aspects was ranked in the last place by the student group thus giving it the least importance among the five aspects. Also this attitude means that if the students had to make a decision in relation to its inclusion in a program of sex education
it would receive the least emphasis. On the other hand, the adult
group ranked it as number 4. Again the parent, teacher, clergymen
and physician groups took a similar position in regard to the Environmental Aspects. This information demonstrated that for these groups
the Environmental Aspects had the same preference if they have to
make a decision related to these five areas.

Physical Appearance was ranked in the second place by the student
group, in contrast to the adult group which ranked it in the fifth
or last place. The way in which each group ranked this aspect demon­
strated a big difference because the student group indicated that
for them physical appearance is the second one in order of importance
in a sex education course while for the adult group this area repre­
sented the last place in order of preference.

In general, the evidence in Table 28 showed that the Biological
Aspects is the most important one for a sex education program considering
the opinions and attitudes of the five groups that answered these
questions. It is interesting to note that in the second part of the
analysis, Biological Aspects was the most important one in the content
of a sex education course. This means that independently of which
questions were presented to the population they demonstrated the
same attitudes and preference in regard to Biological Aspects.

Source of Learning About Sex

The main purpose of these questions was to reveal the sources of
learning about sex that the students enrolled at the intermediate
grade level in the areas of this study had and to determine the
opinions of the five groups regarding this subject. A score from 1 to 8 was assigned to each alternative, number 1 indicating the most frequent source and number 8 the least frequent one. Utilizing the score, average scores are computed for each item for each group indicating their preferences and ranking different sources by these numbers. The average scores then were ranked for each group in order to establish a comparison among them.

The results of this analysis are presented in Table 29. It can be seen that friends and classmates were the first source from which children who are enrolled at the intermediate grade level learn about sex, according to the groups in this study. The evidence indicates that all the groups assigned rank number 1 to this source. Slight variation was observed in the average score between the different groups but a general agreement in the rank order was demonstrated by them for this source.

The source "books" was ranked in the third place by the student and adult groups in general. Among the adults, the parent group mentioned "books" within same rank. In contrast, the teacher, clergymen and physician groups indicated rank number 4 for "books" as a source of learning about sex. In general the results indicate that for the student and the adult groups (parent, teacher, clergymen and physician) learning from books was the third source of learning about sex for the students who are enrolled at the intermediate grade level.

It is interesting to note that for the source "novels and magazines" the student group assigned rank 7 (just one before last) in
TABLE 29

RANK ORDER ANALYSIS OF THE FIVE GROUPS FOR SOURCES OF LEARNING ABOUT SEX (ITEMS 41 THROUGH 48)

<table>
<thead>
<tr>
<th>Source of Learning about Sex</th>
<th>Students Average Score</th>
<th>Students Rank</th>
<th>All Adults Average Score</th>
<th>All Adults Rank</th>
<th>Parents Average Score</th>
<th>Parents Rank</th>
<th>Teachers Average Score</th>
<th>Teachers Rank</th>
<th>Clergymen Average Score</th>
<th>Clergymen Rank</th>
<th>Physicians Average Score</th>
<th>Physicians Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Classmates</td>
<td>3.8 (1)</td>
<td>1.9 (1)</td>
<td>2.1 (1)</td>
<td>1.4 (1)</td>
<td>1.5 (1)</td>
<td>1.4 (1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books</td>
<td>4.1 (3)</td>
<td>3.5 (3)</td>
<td>3.5 (3)</td>
<td>3.6 (4)</td>
<td>3.8 (4)</td>
<td>3.4 (4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novels and Magazines</td>
<td>4.7 (7)</td>
<td>3.0 (2)</td>
<td>3.4 (2)</td>
<td>2.3 (2)</td>
<td>2.6 (2)</td>
<td>2.5 (2)</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movies</td>
<td>4.5 (5)</td>
<td>3.6 (4)</td>
<td>3.9 (4)</td>
<td>3.2 (3)</td>
<td>3.1 (3)</td>
<td>3.4 (3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>4.0 (2)</td>
<td>5.6 (4)</td>
<td>5.2 (5)</td>
<td>6.0 (6)</td>
<td>5.8 (6)</td>
<td>6.5 (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teachers</td>
<td>4.4 (4)</td>
<td>5.5 (5)</td>
<td>5.3 (6)</td>
<td>5.8 (5)</td>
<td>5.5 (5)</td>
<td>6.0 (5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td>6.2 (8)</td>
<td>6.9 (8)</td>
<td>6.7 (8)</td>
<td>7.4 (8)</td>
<td>6.9 (7)</td>
<td>7.0 (8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td>4.6 (6)</td>
<td>6.3 (7)</td>
<td>5.9 (7)</td>
<td>6.8 (7)</td>
<td>7.1 (8)</td>
<td>6.7 (7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
contrast with rank number 2 assigned by all the adult groups. This means that from the point of view of the student group "novels and magazines" are not one of their primary sources of learning about sex while for the adults it represented one of the main sources. The average rank scores demonstrated that the adult group differed in the way in which they answered this question when compared with the student group.

The results which appear in Table 29 demonstrate that "movies" was ranked in the fifth place by the student group and in the fourth place by the adult group in general. The parent group took a similar position to the student group in ranking this source but the teacher, clergymen and physician groups ranked "movies" in the third place as a source of information (above "books" which was ranked fourth). These three groups feel that "movies" is one of the main sources the students have to learn about sex, but from the point of view of the students and parents "movies" was not a primary source of sex information.

The information which appeared in Table 29 further indicates that "parents" is one of the primary sources of informations about sex, according to the student group. They ranked it as number 2; in contrast the parent group ranked it in the fifth place. As a consequence the parent group demonstrated a different attitude because they believed that they were not a primary source of learning about sex. The other groups (teacher, clergymen and physician) indicated that "parents" is a poor source because they ranked it in the sixth place.

The results which appear in Table 29 indicate the clergymen were ranked in the last place by all the groups as a poor source of learning
about sex. It is interesting to note that the clergymen group rank
themselves in the seventh place. This evidence indicated that they
believe that even though they were a poor source from which the students
learn about sex, the physicians were poorer.

"Physicians" was another source which was ranked in almost the
last place by the five groups. The results show that the student group
ranked them in the sixth place and the adults in general indicated
the seventh place. This information demonstrated that in general the
five groups believe that "physicians" are a poor source of information
about sex. This position was accepted by the physician group because
they ranked themselves with number 7 as a source of information about
sex for the students who are enrolled at the intermediate grade level.

The data thus indicate that for the five groups, friend and class­
mates was the first source of learning about sex for the children
who are enrolled at the intermediate grade level in the schools of
Gandul, Tras Talleres and Figueroa.

In general, the five groups indicate that the clergymen were the
last source from which the students of the intermediate grade level
learn about sex. Also the evidence shows that from the students'
point of view the four primary sources from which they learned about
sex were friends and classmates, parents, books and teachers in that
order. On the other hand, the adult group thought that the four primary
sources from which the students learned about sex were friends and
classmates, novels and magazines, books and movies, respectively. It
is clear that the students and adults demonstrated a similar attitude
while ranking "friends and classmates" as the first source and "books" as the third source.

Also a similar attitude was found between the student and the adult group in regard to clergymen as a source since they placed it in the last place in the rank order.

Counseling on a Problem About Sex Relation

In order to measure how conservative or liberal the attitude of the five groups was about sexual relations among friends, the following question was asked: If a student tells you that she and her steady boyfriend want to engage in sexual relations, what would you tell this student? Nine possible alternatives were given to be marked as answers. In order to determine the way in which each group answered this question, values from one to nine were assigned to each alternative to indicate the most preferable with number one and the least preferable with number nine. In this order each group indicates their preference ranking the different alternatives by assigning a number from one to nine to each one. For the purpose of this analysis the attitudes were classified in three categories:

1) Advice - permissive - In this category the responses indicate liberal attitudes. There were two items reflecting such an attitude.

2) Advice - restrictive - In this category the responses indicate conservative attitudes. Three items belonged to this category.

3) Referral - This means that the attitude of the respondent was to pass the problem to another person for consultation. Four items were assigned to this attitude.
The results are presented in Tables 30A and 30B. It is evident from the results of this analysis that an overwhelming majority of these groups would, in the first place, advise the student in a restrictive way on this problem. The student and adult groups indicate that advise - restrictive was the best way of counseling on this problem ranking number one for this response.

The evidence on Tables 30A and 30B revealed that in general the adult group took an advise - restrictive attitude as the best way of counseling on this problem ranking number one for this response. The parent, teacher and clergymen group ranked the same number for advise - restrictive. The student and the physician groups also answered in a similar way.

The results which appear in the same tables demonstrate that advise - permissive was the third alternative in the rank order selection by the student group because they ranked number three in their response; also, the adult group ranked it in the same way. Evidence demonstrated that students and adults placed it in a third choice to deal with this problem.

It is interesting to note that the students' first response to this question was very similar to all the adults who rank (c) wait until marriage as the first reply. Their second choice was avoid temptation which agrees with the adult in general.

Tables 30A and 30B show that the advise - permissive responses which represent a liberal attitude were ranked by the adults and the
TABLE 30A
RANK ORDER ANALYSIS OF OPINIONS OF THE FIVE GROUPS ON ADVICE ON A PROBLEM ABOUT SEX RELATIONS (NINE ITEMS)

<table>
<thead>
<tr>
<th>Advice</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Score</td>
<td>Rank</td>
<td>Average Score</td>
<td>Rank</td>
<td>Average Score</td>
<td>Rank</td>
</tr>
<tr>
<td>I. Permissive (Liberal)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Have Sex but use Contraceptive</td>
<td>6.2</td>
<td>(8)</td>
<td>7.0</td>
<td>(9)</td>
<td>7.0</td>
<td>(9)</td>
</tr>
<tr>
<td>B. Engage in activities that can't result in pregnancy</td>
<td>5.3</td>
<td>(5)</td>
<td>6.6</td>
<td>(8)</td>
<td>6.7</td>
<td>(8)</td>
</tr>
<tr>
<td>II. Restrictive (Conservative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Wait until marriage</td>
<td>2.7</td>
<td>(1)</td>
<td>2.2</td>
<td>(1)</td>
<td>1.7</td>
<td>(1)</td>
</tr>
<tr>
<td>D. It is a Sin</td>
<td>4.9</td>
<td>(4)</td>
<td>5.0</td>
<td>(5)</td>
<td>3.9</td>
<td>(3)</td>
</tr>
<tr>
<td>E. Avoid Temptation</td>
<td>3.8</td>
<td>(2)</td>
<td>3.2</td>
<td>(2)</td>
<td>3.1</td>
<td>(2)</td>
</tr>
</tbody>
</table>
TABLE 30A—Continued

<table>
<thead>
<tr>
<th>Advice</th>
<th>Students Average Score</th>
<th>Students Rank</th>
<th>All Adults Average Score</th>
<th>All Adults Rank</th>
<th>Parents Average Score</th>
<th>Parents Rank</th>
<th>Teachers Average Score</th>
<th>Teachers Rank</th>
<th>Clergy Average Score</th>
<th>Clergy Rank</th>
<th>Physicians Average Score</th>
<th>Physicians Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>III. Referral</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Refer to Clergymen</td>
<td>5.5 (7)</td>
<td></td>
<td>4.8 (4)</td>
<td></td>
<td>4.5 (5)</td>
<td></td>
<td>5.2 (5)</td>
<td></td>
<td>4.0 (3)</td>
<td>5.8 (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Refer to Parents</td>
<td>4.7 (3)</td>
<td></td>
<td>5.2 (6)</td>
<td></td>
<td>5.3 (7)</td>
<td></td>
<td>4.9 (4)</td>
<td></td>
<td>5.0 (6)</td>
<td>5.3 (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Refer to Psychiatrist</td>
<td>7.0 (9)</td>
<td></td>
<td>3.5 (3)</td>
<td></td>
<td>5.2 (6)</td>
<td></td>
<td>3.07 (2)</td>
<td></td>
<td>4.2 (4)</td>
<td>2.6 (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Make your own decision</td>
<td>5.4 (6)</td>
<td></td>
<td>5.3 (7)</td>
<td></td>
<td>4.49 (4)</td>
<td></td>
<td>6.1 (6)</td>
<td></td>
<td>6.8 (7)</td>
<td>6.6 (8)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 30B

**RANK ORDER ANALYSIS OF OPINION OF THE FIVE GROUPS ON COUNSELING FOR A PROBLEM ABOUT SEX RELATIONS (THREE CATEGORIES)**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Students Average Score</th>
<th>Students Rank</th>
<th>All Adults Average Score</th>
<th>All Adults Rank</th>
<th>Parents Average Score</th>
<th>Parents Rank</th>
<th>Teachers Average Score</th>
<th>Teachers Rank</th>
<th>Clergymen Average Score</th>
<th>Clergymen Rank</th>
<th>Physicians Average Score</th>
<th>Physicians Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advise-Permissive. Have sex but be sure to use contraception or engage only in those sexual activities that cannot directly result in pregnancy</td>
<td>5.8 (3)</td>
<td></td>
<td>6.8 (3)</td>
<td>6.9 (3)</td>
<td>6.9 (3)</td>
<td></td>
<td>8.0 (3)</td>
<td></td>
<td>5.8 (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise-Restrictive. Wait until marriage or find other activities to avoid temptation. It is a sin to have sex relations with steady boyfriend</td>
<td>3.8 (1)</td>
<td></td>
<td>3.5 (1)</td>
<td>2.9 (1)</td>
<td>4.2 (1)</td>
<td></td>
<td>3.1 (1)</td>
<td></td>
<td>4.8 (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer. Talk with parent, clergyman, psychiatrist or tell her to make her own decision</td>
<td>5.6 (2)</td>
<td></td>
<td>4.7 (2)</td>
<td>4.9 (2)</td>
<td>4.8 (2)</td>
<td></td>
<td>5.0 (2)</td>
<td></td>
<td>5.1 (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
students with a number 3. This means that the last alternative which student, parent, teacher, clergymen and physician groups used on this problem was the alternative which appeared by the category of advise-permissive. This evidence presented a clear demonstration that the total population in this study had a conservative attitude to deal with those problems which involve sex matters.

It is evident here that the majority of the population would refer the student elsewhere for assistance on this problem. They ranked number 2 for this category.

In general the information indicates that the adult population, as well as the student group, had a conservative attitude toward sex problems. Considering that most of the population in this study belongs to the Catholic religion the degree of religiosity among them could have helped to maintain a conservative attitude toward this problem.

Admittance to Classes by Pregnant Students

Attitudes of the population about admitting the pregnant (married or unmarried) students to class were measured through four questions, the results of which are discussed in this section.

Asked if they feel that unmarried pregnant students should be admitted at the intermediate grade level, almost unanimously the answer was in the negative.

The data as presented in Table 31 reveal that almost all the respondents (about 8 out of 10) said that unmarried pregnant students should not be admitted at the intermediate grade level. Support for
TABLE 31
RELATIVE FREQUENCY AND CHI SQUARE VALUES FOR THE FIVE GROUPS FOR ITEM 60:
DO YOU FEEL UNMARRIED PREGNANT STUDENTS SHOULD BE ADMITTED
AT THE INTERMEDIATE GRADE LEVEL?

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>18.3</td>
<td>21.8</td>
<td>14.4</td>
<td>14.8</td>
<td>26.5</td>
<td>64.6</td>
</tr>
<tr>
<td>No</td>
<td>81.7</td>
<td>78.2</td>
<td>85.4</td>
<td>85.2</td>
<td>73.5</td>
<td>35.6</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>1.37(NS)</td>
<td>4.84(*)</td>
<td>2.11(NS)</td>
<td>1.58(NS)</td>
<td>56.24(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>5.57(*)</td>
<td>5.04(*)</td>
<td>2.31(NS)</td>
<td>56.45(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent
**Significance at 1 percent
NS Not significant at 5 percent
this point of view is found in the nonsignificant difference in attitudes between the student and adult groups.

The physician group, however, was found to differ significantly in percentage distribution in regard to this question when compared with the other four groups.

Sixty-four percent of the physician group said that they should admit unmarried pregnant students at the intermediate grade level while only 18.3 percent of the student group answered in the same way. This difference in regard to the way in which each group answered this question indicates that there was a highly significant difference at 1 percent level in attitudes between the physician and the student groups. In general, the results showed that the student group and the adult group had a very conservative attitude because almost all the respondents said that they did not feel that unmarried pregnant students should be admitted at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. On the other hand, the results demonstrated that the physician group had a very liberal attitude.

This evidence from the analysis indicates that null hypotheses which state that: 1) there were no significant difference in attitudes between students and adult, 3) students and teachers, 4) students and clergymen, 9) teachers and clergymen, were confirmed by the answer of this question. But the null hypotheses which state that 2) there were no significant differences in attitudes between students and parents, 5) students and physicians, 6) parents and teachers, 7) parents and clergymen, 8) parents and physicians, and 11) clergymen and physicians were rejected.
Responses in question 61 indicate that students and adults, in general, had similar negative attitudes in regard to the admission of married students at the intermediate grade level. About two-thirds of the groups indicated a conservative attitude by exposing that they do not feel that they should be admitted. The evidence presented in Table 32 shows that there was no significant difference in attitudes between the student group and the adult group.

Evidence of greater permissiveness by the physician group toward the same topic showed that this group had a liberal attitude in relation to the admission of married students at the intermediate grade level. As a consequence, a highly significant difference was found between the physician group and the other four groups, as 80 percent of the respondents in the physician group answered this question in the affirmative while only 34.4 percent of the respondents in the student group answered it in the same way. This variation in the way in which each group answered this question was sufficient to produce a significant difference at 1 percent level. A similar situation occurred between the other groups (parents, teachers, clergymen) and the physician group. The results are shown in the lower part of Table 32.

On the other hand, there was no significant differences found among the other groups (students, parents, teachers, clergymen). This information was sufficient to accept the null hypotheses that states: 1) that there is no significant difference in attitudes between the student and the adult group, 2) students and parents, 3) students
TABLE 32
RELATIVE FREQUENCY AND CHI SQUARE VALUES FOR THE FIVE GROUPS FOR ITEM 61:
DO YOU FEEL THAT MARRIED STUDENTS SHOULD BE ADMITTED AT THE
INTERMEDIATE GRADE LEVEL?

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>34.4</td>
<td>40.1</td>
<td>32.2</td>
<td>34.6</td>
<td>47.4</td>
<td>80.0</td>
</tr>
<tr>
<td>No</td>
<td>65.6</td>
<td>59.9</td>
<td>67.8</td>
<td>65.4</td>
<td>52.6</td>
<td>20.0</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>2.42(NS)</td>
<td>3.46(NS)</td>
<td>1.47(NS)</td>
<td>2.58(NS)</td>
<td>36.23(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td>2.50(NS)</td>
<td>3.61(NS)</td>
<td>37.26(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td></td>
<td>1.62(NS)</td>
<td>35.27(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36.38(**)</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Significance at 1 percent
NS Not significant at 5 percent
and teachers, 4) students and clergymen, 6) parents and teachers, 7) parents and clergymen and 9) teachers and clergymen. The other null hypotheses were not confirmed by the results of this question.

The results in Table 33 indicate that only 19.7 percent of the student group responded in an affirmative way when asked if pregnant but married students should be admitted at the intermediate grade level, while 68.9 percent of the physician group answered in a similar way. This shows that the student group demonstrated a negative conservative attitude toward the admission of married pregnant students in contrast to the physician group which demonstrated a positive attitude toward the same situation. The results also indicate that 77.7 percent of the parents answered this question in a negative way while only 31.1 percent of the physician group answered it in a similar way. Evidence shows that there was a significant difference in attitudes between the physician group and the other four groups. It is also shown that 85.2 percent of the teachers answered this question in a negative way indicating that the teacher group demonstrated a conservative attitude in relation to the admission of married pregnant students to the intermediate grade level in contrast with the liberal attitude demonstrated by the physician group in which the majority of them accepted this situation.

Another significant result in this question was that there was found a significant difference at the 5 percent level in attitudes between the student and the adult groups. This information indicates that the student group was more conservative than the adult group in
TABLE 33

RELATIVE FREQUENCY AND CHI SQUARE VALUES FOR THE FIVE GROUPS FOR ITEM 62:
DO YOU FEEL THAT PREGNANT BUT MARRIED STUDENTS SHOULD BE
ADMITTED AT THE INTERMEDIATE GRADE LEVEL?

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19.7</td>
<td>27.6</td>
<td>22.3</td>
<td>14.8</td>
<td>35.3</td>
<td>68.9</td>
</tr>
<tr>
<td>No</td>
<td>80.3</td>
<td>72.4</td>
<td>77.7</td>
<td>85.2</td>
<td>64.7</td>
<td>31.1</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

Chi Square Values

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>6.23(*)</td>
<td>3.32(NS)</td>
<td>6.64(*)</td>
<td>5.57(*)</td>
<td>53.64(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>3.75(NS)</td>
<td>2.68(NS)</td>
<td></td>
<td>50.74(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td>6.00(*)</td>
<td></td>
<td>54.07(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52.99(**)</td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significance at 5 percent
** Significance at 1 percent
NS Not significant at 5 percent

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regard to the admission of married pregnant students to the intermediate grade level. Results in Table 33 demonstrate that in general the adult group had a more liberal attitude toward the admission of this kind of student at the intermediate grade level because higher percentages in the affirmative category were found in the majority of the adult groups. This information which appears in Table 33 was sufficient to confirm the null hypotheses that state: 2) that there is no significant difference in attitudes between the student group and the parent group, 6) parent and teacher and 7) parent and clergymen in this study.

On the other hand, the null hypotheses that state that: 1) there is no significant difference in attitudes between the student group and the adult group, 3) students and teachers, 4) students and clergymen, 5) students and physicians, 8) parents and physicians, 9) teachers and clergymen, 10) teachers and physicians and 11) clergymen and physicians were not confirmed by the results of question number 62.

The student group and the adult group had similar negative attitudes in relation to the admission of pregnant girls until the last month of pregnancy at the intermediate grade level as is indicated by results in Table 34. The evidence indicates that the respondents in the student and adult groups answered this question in a similar way. As a consequence, no significant differences were found in attitudes between the student group and the adult group.
<table>
<thead>
<tr>
<th>Percent</th>
<th>Students</th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>30.6</td>
<td>26.8</td>
<td>20.8</td>
<td>14.8</td>
<td>35.3</td>
<td>68.9</td>
</tr>
<tr>
<td>No</td>
<td>69.4</td>
<td>73.2</td>
<td>79.2</td>
<td>85.2</td>
<td>64.7</td>
<td>31.1</td>
</tr>
<tr>
<td>Total Percent</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>No. of Cases</td>
<td>360</td>
<td>362</td>
<td>202</td>
<td>81</td>
<td>34</td>
<td>45</td>
</tr>
</tbody>
</table>

**Chi Square Values**

<table>
<thead>
<tr>
<th></th>
<th>All Adults</th>
<th>Parents</th>
<th>Teachers</th>
<th>Clergymen</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>1.25(NS)</td>
<td>6.75(*)</td>
<td>8.21(*)</td>
<td>1.39(NS)</td>
<td>36.23(**)</td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td>13.70(**)</td>
<td>6.88(*)</td>
<td></td>
<td>41.72(**)</td>
</tr>
<tr>
<td>Teachers</td>
<td></td>
<td></td>
<td>8.34(**)</td>
<td></td>
<td>43.18(**)</td>
</tr>
<tr>
<td>Clergymen</td>
<td></td>
<td></td>
<td></td>
<td>36.37(**)</td>
<td></td>
</tr>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significance at 5 percent
**Significance at 1 percent
NS Not significant at 5 percent
The results of this question further indicate that 68.9 percent of the physician group accepted pregnant students until the last month of pregnancy at the intermediate grade level; in contrast only 20.8 percent of the parent respondents took a similar position. This information shows that there is a significant difference at the 1 percent level between the physician group and the parent group attitudes in relation to this question. Taking into consideration the way in which each group answered this question the evidence indicates that the physician group had a liberal attitude toward the admission of pregnant girls until the last month of pregnancy at the intermediate grade level in contrast with the parent group which demonstrated a conservative attitude. It is further seen that other highly significant differences were found between the physician group and the other four groups.

The results which were presented here show sufficient evidence to confirm the null hypothesis that states: 1) that there is no significant difference in attitudes between the student group and the student group and the adult group.

However, the significant difference which was found among the groups who answered question 63 presented sufficient evidence to reject the other null hypotheses in this study.

In general, it was found that almost all the respondents did not accept the admission of pregnant students until the last month of pregnancy at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. This is an indicator that the great majority of the population of the areas under study had a very strong
conservative attitude toward the kind of students that should be enrolled at the intermediate grade level in the schools of the areas in this study.

Finally, the evidence showed that the physician group demonstrated a more liberal attitude in regard to the admission of pregnant students to the intermediate grade level in contrast with the conservative attitude shown by the other groups.

The opposition of the student, parent, teacher and clergymen group to the admission of married and pregnant students to the intermediate grade level demonstrated that their taboos and doubts regarding the status of the student was sufficient evidence to say that these groups demonstrated a highly conservative attitude toward such situations.

**Hypotheses Testing**

**Testing Hypotheses for Part I**

All the above results discussed are summarized in order to present evidence to test the eleven null hypotheses:

What is being done in sex education programs at the intermediate grade level in the schools of the areas under study?

Hypothesis 1: There is no significant difference in attitudes between the student group (A) and the adult group (B-1, B-2, B-3, B-4).

Based on the results of the chi square value analysis, this null hypothesis was rejected in relation to the following:
1) Existence of a sex education program in the intermediate grade level at the schools of Gandul, Tras Talleres and Figueroa.

2) The existence of subject matter like abortion, menstruation, masturbation, etc., in a sex education program in the intermediate grade level school.

On the other hand, the data demonstrated that this hypothesis was accepted in relation to the existence of the subject matter: menstruation, pornography, conception and childbirth in the sex education program at the intermediate grade level.

Hypothesis 2: There is no significant difference in attitudes between the student group (A) and the parent group (B-1).

The data demonstrated that this hypothesis was rejected in the following cases:

1) The existence of a sex education program in the intermediate grade level in the school of the areas under study.

2) The way in which the student and parent groups showed knowledge of the existence of subject matter (biological facts, sexual intercourse, etc.) in a sex education course in their schools.

This hypothesis was accepted in the following matters:

1) Existence of menstruation in a sex education program.

2) Existence of sex and religion.

3) Existence of pornography and homosexuality.

Hypothesis 3: There is no significant difference in attitudes between the student group (A) and the teacher group (B-2).
Results demonstrated that this hypothesis was rejected in the following situations:

1) Existence of a sex education program.

2) Existence of the subject matters such as biological facts, marriage and parenthood, sexual intercourse, contraception, etc., in a sex education program in the intermediate grade level.

However, this hypothesis was accepted in the following cases:

1) Existence of conception and childbirth as subject matter of a sex education course.

2) Existence of menstruation and pornography as subject matters of a sex education course.

Hypothesis 4: There is no significant difference in attitudes between the student group (A) and the clergymen group (B-3).

On the basis of the data analyzed, this hypothesis was rejected in regard to:

1) The existence of a sex education program in the intermediate grade level.

2) The existence of the majority of the subject matter of a sex education course.

However, results reported also indicated that this hypothesis was accepted in relation to the following cases:

1) Existence of the subject matter conception and childbirth in a sex education program.
2) The existence of subject matters menstruation and pornography in a sex education program at the intermediate grade level.

Hypothesis 5: There is no significant difference in attitudes between the student group (A) and the physician group (B-4).

This hypothesis was rejected in the following situations:
1) The existence of a sex education program at the intermediate grade level.
2) The existence of the majority of the subject matters of a sex education course.

However, this hypothesis was accepted in regard to the subject of pornography as a subject matter in a course in sex education.

Hypothesis 6: There is no significant difference in attitudes between the parent group (B-1) and the teacher group (B-2).

This hypothesis was rejected in relation to their attitudes toward the existence of the subject matter sexual intercourse and contraception in a sex education program. However, the results indicated that this null hypothesis was accepted for the majority of the subject matter.

Hypothesis 7: There is no significant difference in attitudes between the parent group (B-1) and the clergymen group (B-3).

Examination of the data revealed that this hypothesis was rejected in regard to:
1) The existence of a sex education program at the intermediate grade level.
2) The existence of the subject matter sexual intercourse in a sex education program.

However, the results indicated that this null hypothesis was accepted in the following matters:

1) Biological facts
2) Marriage and parenthood
3) Contraception
4) Conception and Childbirth
5) Abortion
6) Menstruation
7) Masturbation
8) Sex and Religion
9) Pornography
10) Homosexuality

Hypothesis 8: There is no significant difference in attitudes between the parent group (B-1) and the physician group (B-4).

This hypothesis was rejected in relation to the following situations:

1) The existence of a sex education program at the intermediate grade level.

2) The existence of subject matter such as biological facts, marriage and parenthood, sexual intercourse, contraception, etc., in a sex education program.

On the other hand, this null hypothesis was accepted in regard to;
1) The existence of the subject conception and childbirth in a sex education course.

2) The existence of the subjects masturbation and pornography in a sex education course.

Hypothesis 9: There is no significant difference in attitudes between the teacher group (B-2) and clergymen group (B-3).

This null hypothesis was rejected in relation to the following cases:

1) The existence of a sex education program in the intermediate grade level.

2) The existence of subject matter such as biological facts, sexual intercourse, contraception, etc.

However, the evidence indicated that this hypothesis was accepted in relation to the following subjects:

1) Conception and Childbirth

2) Marriage and Parenthood.

3) Menstruation and pornography

Hypothesis 10: There is no significant difference in attitudes between the teacher group (B-2) and the physician group (B-4).

This hypothesis was rejected in relation to:

1) The existence of a sex education program at the intermediate grade level.

2) The existence of subject matter like biological facts, sex and religion, homosexuality, etc., in a sex education course.
On the other hand, this hypothesis was accepted in relation to the subject matters masturbation and pornography.

Hypothesis II: There is no significant difference in attitudes between the clergymen group (B-3) and the physician group (B-4).

This hypothesis was rejected in relation to:

1) The existence of a sex education program at the intermediate grade level.

2) Identification of different subject matters in the sex education course.

However, the hypothesis was accepted in relation to the identification of subject matter such as masturbation and pornography as part of a sex education program in the intermediate grade level.

Testing Hypotheses for Part II

What should be done in sex education at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa?

Hypothesis I: There is no significant difference in attitudes between the student group (A) and the adult group (B-1, B-2, B-3, B-4).

This hypothesis was accepted in the following situations:

1) Necessity of sex education.

2) Responsibility of the school.

3) Teaching of sex education course as a separate one at the intermediate grade level.

4) Selection of the subject biological facts as a matter of sex education courses.
However, this hypothesis was rejected in the following cases:

1) Admission of girls and boys in the same classroom for sex education courses.

2) Inclusion of a sex education course with another course.

3) Subjects which will be included in the content of a future sex education course.

4) Personnel needed to teach a sex education course at the intermediate grade level.

Hypothesis 2: There is no significant difference in attitudes between the student group (A) and parent group (B-1).

This hypothesis was accepted in regard to:

1) Necessity of sex education program at the intermediate grade level.

2) Responsibility of the school regarding sex education program.

3) The teaching of a sex education course as a separate one in the intermediate grade level.

4) Inclusion of the topic biological facts about sex in a sex education program.

However, it was accepted or rejected in the following cases:

1) To have boys and girls in the same classroom in a sex education course.

2) Inclusion of a sex education course with another course.

3) Subject matter content for a future sex education program.

4) Personnel needed to teach future sex education courses at the intermediate grade level.
Hypothesis 3: There is no significant difference in attitudes between the student group (A) and the teacher group (B-2).

Based on the results of the chi square analysis this hypothesis was accepted in the following situations:

1) Responsibility of the school toward the sex education program.
2) Inclusion of the subject biological facts in a sex education course.

However, it was rejected in the following cases:

1) Necessity of sex education.
2) Introduction and placement of sex education courses.
3) Boys and girls in the same classroom in a sex education course.
4) The inclusion of a sex education course with another course.
5) Teaching a sex education course as a separate one.
6) Content of different subjects in a future sex education course.
7) Personnel needed to teach sex education courses at the intermediate grade level.

Hypothesis 4: There is no significant difference in attitudes between the student group (A) and the clergymen group (B-3).

On the basis of the data analyzed, this hypothesis was rejected in the following cases:
1) Necessity of sex education.

2) Responsibility of the school toward sex education programs

3) Introduction and placement of a sex education course at the intermediate grade level.

4) Boys and girls in the same classroom in a sex education program.

5) Teaching of sex education as a separate course.

6) Inclusion of a sex education course with another matter

7) Subject matter for sex education courses.

8) Personnel needed to teach future sex education courses.

Hypothesis 5: There is no significant difference in attitudes between the student group (A) and the physician group (B-4).

This hypothesis was accepted in relation to the:

1) Necessity of sex education.

2) Responsibility of the schools toward a sex education program.

3) Introduction and placement of sex education courses.

However, this hypothesis was rejected in relation to the following cases:

1) Ways of teaching future course in sex education.

2) Subject matter for a sex education course.

3) Personnel needed to teach future sex education courses.

Hypothesis 6: There is no significant differences in attitudes between the parent group (B-1) and the teacher group (B-2).
The data revealed that this hypothesis was accepted in relation to the:

1) Responsibility of the school toward the sex education programs.

2) Inclusion of the subject biological facts in a sex education course.

However, this hypothesis was rejected in relation to the following cases:

1) The necessity of sex education.

2) The introduction and placement of sex education at the intermediate grade level.

3) The ways to teach future courses in sex education.

4) The subject matter for sex education courses.

5) The personnel needed to teach future sex education courses.

Hypothesis 7: There is no significant difference in attitudes between the parent group (B-1) and the clergy-men group (B-3).

This hypothesis was rejected in the following cases:

1) The necessity of sex education.

2) The responsibility of the school toward sex education courses.

3) The introduction and placement of sex education programs at the intermediate grade level.

4) The ways to teach future courses in sex education.

5) The subject matter for sex education courses.
6) The personnel needed to teach future sex education courses.

Hypothesis 8: There is no significant difference in attitudes between the parent group (B-1) and the physician group (B-4).

Based on the results this hypothesis was accepted in relation to the:

1) Responsibility of the school toward the sex education program.
2) Introduction and placement of sex education courses at the intermediate grade level.
3) Belief that sex education should be taught as a separate course.

However, this hypothesis was rejected in relation to the following cases:

1) The necessity of sex education courses.
2) The ways to teach future courses of sex education.
3) Subject matter for sex education courses.
4) Personnel needed to teach future sex education courses.

Hypothesis 9: There is no significant difference in attitudes between the teacher group (B-2) and the clergy-men group (B-3).

Based on the results of the chi square analysis this null hypothesis was rejected in relation to the following cases:

1) The necessity of sex education at the intermediate grade level.
2) The responsibility of the school toward sex education programs.
3) The introduction and placement of sex education courses.
4) The ways of teaching future courses in sex education.
5) The subject matter for sex education courses.
6) The personnel needed to teach future sex education courses.

Hypothesis 10: There is no significant difference in attitudes between the teacher group (B-2) and physician group (B-4).

Based on the analysis of the data this null hypothesis was accepted in relation to the:

1) Responsibility of the school toward sex education programs.
2) Inclusion of the subject biological facts in a sex education program.

On the other hand the null hypothesis was rejected in relation to the following cases:

1) The necessity of sex education.
2) The introduction and placement of sex education programs in the intermediate grade level.
3) The ways of teaching future courses of sex education.
4) The subject matter for sex education courses.
5) The personnel needed to teach future sex education courses at the intermediate grade level.

Hypothesis 11: There is no significant difference in attitudes between the clergymen group (B-3) and the physician group (B-4).

This hypothesis was rejected in relation to the following topics:

1) The necessity of sex education.
2) The responsibility of the school toward the sex education program.
3) The introduction and placement of sex education programs at the intermediate grade level.

4) The ways of teaching future courses of sex education.

5) The subject matter for sex education courses.

6) The personnel needed to teach future sex education courses.
FOOTNOTES FOR CHAPTER IV

CHAPTER V

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS
FOR FUTURE RESEARCH

SUMMARY

This study investigated the relationships between attitudes toward sex education in selected culturally deprived areas of San Juan, among student and adult groups (parents, teachers, clergymen and physicians). The main purpose of this study was to examine empirically the attitudes of adolescents (students) and adults in regard to what is being done and what should be done in sex education in the intermediate grade level in the geographic areas of Gandul, Tras Talleres and Figueroa. An attempt was made to determine if a sex education program was needed in the intermediate grade level in the schools of these areas. The student and adult populations were selected for this research because the literature seemed to indicate that they would prove to be the first research of its kind which examines the opinions and attitudes of both groups together regarding the subject of sex education in these culturally deprived areas in Puerto Rico.

If, as the literature seemed to indicate, many Puerto Rican adults are now demanding the teaching of sex education in the intermediate schools more than at any other time in history, then the same
demands should exist among the population selected for this study. Through examination of the opinions and attitudes of the students and adults, the extent and nature as well as the interrelationships of what is being done and what should be done in sex education at the intermediate grade level in the schools of the areas in this study were determined.

The test instrument was administered to 728 persons from Gandul, Tras Talleres and Figueroa areas in San Juan, Puerto Rico. Of the 728 persons, 364 were students and 364 were adults. Due to excessive missing data on some questionnaires the total number of observations employed in the analysis included 360 students and 362 adults (202 parents, 81 teachers, 34 clergymen and 45 physicians). The instrument developed for this study consisted of three parts: Part I contained 22 questions which dealt with the opinions and attitudes of the future teaching of sex education programs. Part II consisted of 10 questions which were concerned with a possible sex education program and Part III included 7 questions involving demographic and sociological information of this population.

Findings
In general, almost all the respondents in the five groups under study said that a sex education program did not exist at the intermediate grade level in the schools of the areas already mentioned.

The physician was the only group in which all the respondents indicate that a sex education program was not in existence at the intermediate grade level in these areas. Also, the clergymen and
the teacher groups expressed a very similar position toward the non-existence of sex education in the schools of the areas under study.

Examination of the attitudes and opinions of the student and adult groups revealed significant differences between the student and adult groups. There were significant differences in regard to the existence of a sex education program in the intermediate grade level between the opinion of the student and the adult groups. The student group had a higher percentage in the positive category in relation to the existence of a sex education program than the adult group.

The results showed that almost all the respondent groups (students, parents, teachers, clergymen and physicians) said that subjects such as biological facts, marriage and parenthood, contraception, abortion, etc., did not exist in a sex education program at the intermediate grade level in the school of the areas already mentioned. On the other hand, there were significant differences in attitudes and opinions between the student and the adult groups in regard to the identification of these subjects as matters which were included in the sex education program. Further examination revealed that there were significant differences between the two groups for the selection of subjects such as: biological facts, marriage and parenthood, sexual intercourse, contraception, abortion, masturbation, homosexuality and sex and religion as matters for a sex education program at the intermediate grade level in the schools in the areas under study. However, there were no significant differences in the selection of subjects such as conception and childbirth, menstruation and pornography.
Examination of the attitudes of the five respondent groups in regard to the existence of a sex education program revealed the following findings:

1) There were significant differences in attitudes between the student group and the parent group.
2) There were significant differences in attitudes between the student and teacher groups.
3) There were significant differences in attitudes among the students and the clergymen and physician groups.
4) There were significant differences in attitudes reported among the parent group and the teacher, clergymen and physician groups.
5) Highly significant differences in attitudes were found among the teacher group and the clergymen and physician groups.
6) There were significant differences in attitudes between the clergymen group and the physician group.

Significant differences were found in attitudes among the student group, parent, teacher, clergymen and physician groups in relation to the acceptance of different matters as part of a sex education course among the following subjects:

1) Biological facts
2) Marriage and parenthood
3) Sexual intercourse
4) Contraception
5) Abortion
6) Masturbation
7) Homosexuality
There were no significant differences in attitudes among the student and the parent, teacher, and clergymen groups in relation to the existence of subject matter in sex education, regarding the following subjects: conception and childbirth, menstruation, and pornography. Also, there were no significant differences in attitudes between the parent and the teacher, clergymen and physician groups toward the following subjects: conception and childbirth, masturbation, pornography and homosexuality. However, for the subjects biological facts, marriage and parenthood, sexual intercourse, contraception, abortion, menstruation and sex and religion, there were significant differences between the same groups.

The results presented in the summary showed that there were significant differences in attitudes between the teacher and the clergymen groups regarding biological facts, sexual intercourse, contraception, abortion, sex and religion and homosexuality. Although a similar situation was found in attitudes between the teachers and clergymen and the clergymen and physician groups regarding the existence of these subjects in a sex education course at the intermediate grade level.

Almost all the respondents in the five groups said that sex education was needed in the intermediate grade level in the schools of Candul, Tras Talleres and Figueroa. They pointed out that the public school should assume more responsibility for the teaching of a sex education program. These results demonstrated that from a general point of view all the population showed a positive attitude
toward the inclusion of a sex education program at the intermediate grade level in the schools of the areas already mentioned. Comparison of the results of this study to the one done by Puerto Rico Health Department revealed that sex education was needed at the intermediate grade level.

From the five groups of persons which participated in this study, the clergymen group was the only one which demonstrated a less favorable attitude toward the necessity of sex education at the intermediate grade level. However, the majority of their respondents indicate a positive attitude favoring a sex education program in the intermediate grade level.

Significant differences were noted in attitudes between the clergymen and all other groups due to the way in which the clergymen group answered questions which dealt with the necessity and responsibility of the schools in regard to a sex education program at the intermediate grade level. On the other hand, there were no significant differences in attitudes between the student group and the adult group for the same questions.

Based on the results about the necessity and responsibility for a sex education program in the intermediate grade level these findings revealed that the student and adult groups had a positive attitude which indicates the necessity for a sex education program at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa.

Further examination of the results revealed that the majority of the five groups had a positive attitude toward the teaching of sex education courses as a separate course. However, the majority of
the respondents demonstrated a low positive attitude toward the teaching of sex education courses for boys and girls in the same classroom. Also, the same respondents presented similar attitudes in relation to the teaching of a sex education course with another course.

The results indicated that there was no significant difference in attitudes between the student and adult groups in regard to the teaching of sex education courses as a separate course. On the other hand, there were significant differences in attitudes between both groups in relation to the teaching of sex education courses with another course at the intermediate grade level. On the other hand, the student and adult groups assumed a similar position in regard to the teaching of sex education classes for boys and girls in the same classroom. There were significant differences between both groups and between the adult groups. Also, results demonstrated clearly that conservative attitudes were found among the five groups.

Almost all the respondents demonstrated favorable attitudes toward different subject matters which were important as content for a future sex education program at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. Higher percentages which indicates a highly positive attitude from the respondents of the five groups were found for subject such as biological facts, masturbation, menstruation, venereal diseases, homosexuality, sexual intercourse and a family planning program. However, the evidence demonstrated that from these groups of subject matters biological facts was the only one toward which the student group and the adult group demonstrated similar attitudes. Although significant differences were reported in the attitudes between the student group and parent group toward the other subject matters of a sex
education program. Also, a similar situation was reported between the adult groups (parents and teachers, teachers and clergymen, etc.) in regard to contraception, masturbation, menstruation, homosexuality, etc.

Examination of the results indicate that the majority of the respondents demonstrated a positive attitude in favor of the inclusion of such matters as contraception, moral issues, deviant behavior, problems of premarital sexual intercourse, pornography, and erotic literature. Therefore, significant difference in attitudes was found between the student and adult groups toward these matters. The same results were reported between the parents and teachers, teachers and clergymen and clergymen and physician groups.

On the other hand, the clergymen group was the one which presented the least favorable attitude toward all these subject matters. Evidence presented among the relative frequency distribution in the different tables of Chapter IV showed that lower percentages were reported among the clergymen group. These findings indicated that religious persons have a more conservative attitude toward the inclusion and acceptance of such matters as the ones already mentioned for a sex education program. The results further revealed that the student group demonstrated a less favorable attitude toward the inclusion of these subject matters in a sex education program when compared with the adult group. Then the evidence revealed a highly significant difference in attitudes between the student and adult group in regard to the inclusion of the subject matters in a sex education program. The same situation was found between the student group and each separate group in relation to these subjects.
In regard to the personnel needed to teach sex education at the intermediate grade level, the evidence indicates that almost all the respondents in the five groups said that neither clergymen, teachers nor physicians were the best professionals to teach a sex education course individually. However, almost all the respondents agreed that a team of professionals was the best manner to teach a sex education course at the intermediate grade level.

Higher percentages among the undecided category were found in the student group. Also, the evidence here indicated that about fifty percent of the student respondents demonstrated that physicians were the best group of professionals who could teach a good course in sex education at the intermediate grade level. As a consequence significant differences in attitudes were found between the student and the adult groups toward the selection of personnel to teach future courses in sex education at the intermediate grade level. Also the results revealed that a similar situation occurred in the parent group. This evidence indicated that there were significant differences in attitudes among the parent and the other groups (teacher, clergymen and physician).

The evidence indicates that, in general, the respondents of the five groups agreed with the idea of a team of professionals as the best alternative to teach a sex education course at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. Also, it was found that teachers were not prepared to teach a course in sex education at the intermediate grade level. In a similar way, evidence reported by the attitudes and opinions of the five groups revealed that the clergymen and physicians were not prepared either.
The findings reported in part two revealed that biological aspects were ranked as the most important area in a sex education course by the respondents of the four groups. This means that the traditional matter in sex education continued in a preferent place. Also evidence demonstrated that students showed a different rank order for the areas of sex education when it was compared with the adult group and each separate group.

It was found that for the student group the area of physical appearance was selected as the second one in order of preference, while the parent, teacher, clergymen and physician groups ranked it in the last place. The evidence demonstrated that there were significant differences in attitudes between the student and the adult groups.

In regard to the different sources of learning about sex the results revealed that friends and classmates were the most important one. The five groups selected this one as the best source of information about sex for the students who are enrolled at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa. Significant differences were found among the other sources of learning about sex between the student and the adult groups. Ranks assigned by each group for all the sources of learning about sex indicate that significant differences in attitudes were found between the student and the adult groups. The adult group ranked the sources in a very similar way. As a consequence there were no significant differences among the groups for the majority of the sources of learning about sex.
Clergymen and physicians as sources for learning about sex were ranked in the last two places of preference. These results indicate that almost all the respondents believed that clergymen and physicians were poor sources of information about sex.

Highly significant differences in attitudes were found between the student and adult groups in ranking the second source of information about sex. The results revealed that for the students the second source of information was the parent while for the adults this is number six. On the other hand, evidence showed that for the adult group the second source of information about sex was novels and magazines while for the student group it was classified as one of the last sources of information ranking number 7 for it.

Considering the way in which each group answered the question which dealt with a specific problem regarding sex, the evidence indicates that conservative attitudes toward sex were found among the five groups. Also the evidence revealed that the majority of these groups advise the student in a restrictive way when they deal with problems of sexual relations. On the other hand the evidence indicates that referral of students elsewhere for assistance was the second choice chosen by the majority of the groups in regard to a sex relation problem. Also the results showed that differences were not found in the advise - permissive attitudes between student and adult groups. This evidence indicates that the adult group and student group maintained a conservative attitude toward sex problems.
Almost all respondents revealed a negative attitude toward the admission of unmarried pregnant students at the intermediate grade level. There were no significant differences in attitudes between the student and adult groups. Also evidence showed that there was a significant difference in attitudes between the physician and the other groups in regard to the admission of pregnant students at the intermediate grade level.

Evidence in this study indicates that there were no significant differences in attitudes between the student and adult groups in relation to the admission of married students to the intermediate grade level. Although results revealed that the physician group was the only one who reported a different attitude. Significant differences were found between the physicians and other groups.

Differences in attitudes were found between the student and the adult groups in regard to the admission of pregnant but married students to the intermediate grade level. Evidence showed that almost all the respondents took a conservative attitude with the exception of the physician group who took a liberal attitude. There were significant differences in attitudes between the physician and the other groups.

In general, the majority of the respondents assumed a negative attitude toward the acceptance of pregnant girls until the last month of pregnancy in the intermediate grade level. Also the evidence showed that there was no significant difference in attitudes between the student group and the adult group. On the other hand, the results
demonstrated that the physician group assumed a positive attitude
to this situation. As a consequence, there were significant differ­
ences in attitudes between the physician group and the other groups.

Almost all the population demonstrated a highly conservative
attitude in regard to the acceptance of pregnant and married students
at the intermediate grade level in the schools of Gandul, Tras Talleres,
and Figueroa because they did not accept married and pregnant students
in the school. In general, there were significant differences in
attitudes between the student and adult group. The evidence indicated
that the physicians had a liberal attitude toward the admission of
these persons in the intermediate grade level. Results demonstrated
that highly significant differences in attitudes were found between
the physician group and the other groups.

Conclusions and Interpretations

There was a general consensus among the five groups toward the
non-existence of a sex education program at the intermediate grade
level in the schools of Gandul, Tras Talleres and Figueroa. Besides
some findings from specific groups have been reported which sub­
stantiate this significant negative attitude toward the non-existence
of a sex education program at the intermediate grade level. For
example, almost all the respondents from the teacher group who worked
in the schools of Gandul, Tras Talleres and Figueroa concluded that
a sex education program did not exist in these schools. To be more
specific, nine out of ten in the total population of the teacher
group answered in a negative way. Also the evidence showed that a
great majority of the students who are enrolled in these schools
answered in a similar way. Then it can be concluded that almost all
the population who had a direct relationship with these schools
deny the existence of a sex education program.

Further examination of the data revealed additional results from
which a variety of interpretations can be made. Closer scrutinizing
of the relative frequencies among the different subject matters of a
sex education program at the intermediate grade level seems to provide
a clearer picture or profile of the negative attitudes of the respon­
dents toward the non-existence of a sex education program at the
intermediate grade level in the schools of the area under study. All
the physician respondents who had more education than the other
groups concluded that in the intermediate grade schools in the areas
where they work a sex education program was not in existence.

On the basis of the noted significant differences among the five
groups, the student group which is enrolled in the intermediate grade
level in the schools of Gandul, Tras Talleres and Figueroa were likely
to exhibit a more favorable attitude toward the existence of a sex
education program in contrast with the attitude assumed by the adult
groups (parents, teachers, clergymen and physicians). Also evidence
showed that in regard to the different subjects which were included
in the sex education program at the intermediate grade level schools.
a higher positive attitude toward the existence of these subjects in
the content of a sex education program was reported by the groups
which had a lower level of education (students and parents) in contrast with other groups that had a higher level of education (teachers, clergymen and physicians).

In general, the evidence reported in this study demonstrates that the five groups said that a sex education program was not in existence at the intermediate grade level in the schools of the areas mentioned.

Of considerable importance was the highly favorable attitude of the student and adult groups toward the necessity of sex education programs in the intermediate grade level schools in the areas under study. The student and adult groups here demonstrated a similar attitude toward the inclusion of a sex education program in these schools. Moreover, the evidence reported regarding the responsibility of the schools in a sex education program demonstrated that the student and the adult groups demand more responsibility from the school toward sex education programs. Also the student and adult groups said that the introduction on placement of a sex education program should begin at the intermediate grade level in these schools. The major conclusion here was that there were no significant differences in attitudes between the student and adult groups in regard to placement, responsibility and necessity of sex education in these schools because both groups demonstrated positive similar attitudes toward these themes.

Further examination of the data revealed that the teacher and clergymen groups reported significant differences in attitudes toward the necessity of sex education programs at the intermediate grade level.
From this evidence the researcher concluded that the clergymen demonstrated a more conservative attitude and the teacher a more liberal attitude. Also, in regard to the responsibility of the schools toward sex education, the data analysis revealed that the clergymen group was the only group which demonstrated a more conservative attitude. On the other hand, in regard to the introduction and placement of sex education courses in the intermediate grade level the analysis indicated that the teacher and clergymen groups had a more conservative attitude in comparison with the other groups. Based on these results the researcher concluded that there were significant differences in attitudes between the student and the teacher groups on the basis that teachers assumed a more liberal attitude toward the necessity of sex education and a more conservative attitude toward the placement of the sex education courses at the intermediate grade level. In the clergymen group they demonstrated a conservative attitude toward these situations.

In regard to the ways to teach future courses of sex education at the intermediate grade level a positive attitude was found between the student and adult groups toward the inclusion of a course as a separate one in the intermediate grade level. This attitude breaks down for the traditional attitude of teaching matter of sex education as part of another course. Therefore, when the student and the adult groups answered the question about the teaching of sex education as part of another course, a negative attitude was demonstrated by both groups. The results indicate that the student group and the adult
group had demonstrated a more liberal attitude for the inclusion of sex education courses in the curriculum of the intermediate grade level. But these attitudes were oriented toward some specific ideas because students and adults showed highly conservative attitudes which were probably products of the religious background, taboos and poor knowledge about the real meaning of sex education. This point of view was supported by the results found in the question which indicates that sex education courses should be given to boys and girls in the same classroom. Almost the majority of the adult group demonstrated a conservative attitude when compared with the student group. To be more specific the analysis of the data reported lower percentages toward positive attitudes in the parent group and the clergymen group in relation to this subject. These data supported the religious point of view and the poor knowledge as variables which helped to demonstrate a more conservative attitude toward ways of teaching sex education courses in the future.

Evidence reported in this study demonstrated that in general the student group and the adult group had positive attitudes toward the inclusion of different subject matters in a course on sex education. Almost all the respondents in the five groups said that different subject matters regarding the theme of sex education were needed. The data based on the subjects which could be included in the content of a future sex education course supported this idea. More specifically over eighty percent of the respondents in the student group indicate that they would like to have sex education courses about contraception, biological facts about sex, homosexuality and sexual intercourse, among others.
Closer analysis of the different subjects seems to provide that there exists significant differences in attitudes between the five groups. It presents a clear picture of their conservative or liberal attitudes toward the acceptance or rejection of these subjects as matters which were important in a sex education program.

The evidence reported about the subject of contraception was accepted by the student, parent, teacher and physician groups as a subject which was needed in a future course on sex education. On the other hand, the clergymen group indicates that this subject was not an important one. From this evidence it may be concluded that the clergymen group had demonstrated a highly conservative attitude toward the subject of contraception while the other groups demonstrated a positive liberal attitude toward the same topic. Here the religious aspect influenced the attitudes of the clergymen because it is very well known that religious persons—especially catholics, did not accept contraceptives. The relative frequency distribution toward the different subjects showed that almost the great majority of the student, parent, teacher and physician groups demonstrated a positive liberal attitude toward the inclusion of subject matters such as masturbation, biological facts, sexual intercourse, problems of premarital sexual intercourse and family planning program. In contrast the clergymen respondents demonstrated a conservative attitude toward the same subjects when compared with the other groups. On the other hand, for subjects such as moral issues, venereal diseases, homosexuality and menstruation the clergymen group
demonstrated positive attitudes toward the inclusion of these topics in a sex education course at the intermediate grade level in the areas of Gandul, Tras Talleres and Figueroa. A closed point of view regarding these subjects were found among the other four groups. Based on these findings it is concluded that the clergymen group selected the subjects which were more concerned with their point of view of the religious position. This idea was supported by the data which demonstrated conservative attitudes toward the clergymen group. For example, the subject of contraception in which only about six percent of the clergymen group indicate the "strongly agree" category as an alternative to demonstrate a positive attitude while more than forty percent of the respondents in the other groups answered in the same category. Another important conclusion form this evidence was that it is very difficult to find a general agreement to make a program on sex education at the intermediate grade level in the schools of the areas of Gandul, Tras Talleres and Figueroa because independently of the positive attitude toward the acceptance of these subjects, significant difference in the way in which each group made the selection were reported. An example of this is that for the subject of deviant sexual behavior the following results were reported in the "strongly agree" category: 38 percent in the student group, 49 percent in the parent group, 28 percent in the teacher group, 68 percent in the clergymen group and only 24 percent in the physician group. Also other subjects reported similar results. This evidence supported this
idea of disagreement between the groups on the content for a future sex education program at the intermediate grade level.

Another important conclusion that can be drawn in regard to the different subjects needed in a sex education course is the finding that the majority of the respondents indicate a similar attitude toward the subject of biological facts about sex. Student and adult groups had similar attitudes toward this subject because there were no significant differences among them. In the same way the parent and physician groups demonstrated similar attitudes. This was the only subject matter that from a general point of view was accepted by the majority of respondents. Due to the traditional emphasis toward the biological facts as a theme which was used through time to identify sex education and considering that this subject was one which was included in the education health classes the selection of it as the one which demonstrated the major similar consensus of positive attitudes was expected.

In regard to the personnel needed for teaching sex education at the intermediate grade level in the schools of the areas under study, the evidence demonstrated that a team instead of any one individual professional is the best alternative to teach sex education courses at the intermediate grade level.

Almost all the respondents in the five groups demonstrated that clergymen, physicians and teachers, individually were not the best ones to teach a sex education course. Findings also reported that teachers themselves indicated that they were not the most adequate
persons to teach a sex education course. Over eight out of ten teachers said that they were not prepared. On the other hand, the clergymen group said that they were not prepared either. About nine out of ten in the clergymen group said that they were not prepared to teach a sex education course. Similarly, 83 percent of the physicians indicated that they were not prepared to teach a sex education course at the intermediate grade level. Taking into consideration all this evidence it is concluded that the teaching of sex education does not seem to be an easy matter in the intermediate grade level because professionals themselves demonstrated that none of them felt prepared individually to deal with the teaching. This evidence was one of the most significant findings in this study because the entire population was demanding the teaching of sex education in the intermediate school. But after these results, a question was raised as to who should teach sex education programs at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa if the professionals who were dealing with the students who are enrolled in these schools said that they were not prepared to teach this course. Each group emphasized that teaching should be by a team of professionals and not by any type of professional.

This finding provides a significant point of view for the Health and Education Departments in regard to the implementation of sex education programs in the schools. Evidence indicates that the teaching of sex education courses is not an easy task. It should be handled by a team according to all the groups under study.
Finally, in regard to data which dealt with specific situations the evidence demonstrated that based on the rank order analysis friends and classmates were the first source of information in order to learn about sex matters. It was shown in a clear way that all the five groups ranked friends and classmates as the main source of learning about sex. On the other hand, the analysis of the data reported that clergymen and physicians were classified as the last source of learning about sex. The evidence demonstrated that the students were learning about sex from sources that did not guarantee an adequate source of scientific information in order to give good guidelines to the students who are enrolled at the intermediate grade level in the schools of the areas under study.

A highly conservative attitude in regard to counseling about sex problems was found in this study. The advise - restrictive category which represented a conservative attitude was ranked by the five groups as the best category in order to give counseling to students when they were involved in sex problems. The second choice ranked by the five groups was to refer the student to another person for help. This evidence indicates in a very clear way that conservative attitudes predominate among the respondents of the five groups in this study.

Furthermore, the data presented in regard to the admission of unmarried but pregnant students, married but pregnant students and married students in the intermediate grade level support the idea of the conservative attitudes of the respondents of the five groups. There was found that almost all the respondents in the student, parent,
teacher and clergymen groups would not admit these kinds of students in the intermediate grade level in the schools of the areas under study. These attitudes support the idea of a highly conservative attitude of the respondents and one difficulty which limited a future sex education program at the intermediate grade level.

The researcher concluded that the findings of the present study can be used in a variety of ways by schools planning programs or people involved in the ongoing process of sex education. Where questions exist between students, parents, teachers, clergymen and physicians it is hoped that these findings can illuminate how parents are likely to feel in regard to general and specific issues concerning intermediate grade level sex education. Although parental support is important for the success of sex education, the needs and attitudes of students, teachers, clergymen and physicians are also to be considered. Should sex education programs be designed to meet student needs and goals or to satisfy parental needs and attitudes? These thorny issues will be left to Health and Education Departments and Communities to discuss.

Finally, it should be pointed out that although nearly all respondents favored intermediate grade level sex education as defined, a majority favored the inclusion of a variety of subjects in sex education programs at the intermediate grade level in the schools of Gandul, Tras Talleres and Figueroa, nevertheless, the conservative attitudes of the five groups would make it difficult to have a really all inclusive program.
Therefore, one can anticipate praise or criticism from parents, and clergymen, depending on whether the sex education program tends to inhibit or stimulate sexual experiences outside marriage. However, as indicated above, the needs of students and the professional view of teachers, clergymen and physicians are additional variables to be considered in making a decision as to what should be the objectives and strategies of a sex education program.

**Recommendations**

The present study was based on certain aspects of a specific population. Because of this, there are specific limitations. However, the results of the study have revealed important points regarding sex education, hence several recommendations are justified. There are two types of recommendations: direct and future work.

A) Direct

Results are applicable to the three areas (Gandul, Tras Talleres and Figueroa); therefore, recommendations are made for these areas only for implementing sex education courses.

1) Sex Education courses should be taught at the intermediate grade level.

2) The public and private schools should assume more responsibility in regard to the teaching of sex education courses as a separate one at the intermediate grade level.

3) The courses of sex education can be taught by a team of professionals.
4) The biological aspects about sex is one of the subjects which had a general agreement and its inclusion in a sex education course is recommended.

B) Future Work

Due to limitations of study there are many unsolved problems which are recommended for future research.

1) Examination of other selected areas in San Juan and other towns of Puerto Rico, to determine their attitudes and opinions toward sex education programs is recommended.

2) Since the attitude of the professionals showed that they were not prepared to teach sex education courses at the intermediate grade level schools, further in-depth study of attitudes in sex education of professionals is suggested to determine if the reported results are consistent.

3) Because of the expressed need for sex education programs at the intermediate grade level in the areas of Gandul, Tras Talleres and Figueroa further research should be undertaken to determine which educational techniques and programs could be effective in future sex education programs. It is recommended that an examination of school officials and teachers be made to determine if they are prepared to plan and teach a sex education program at the intermediate grade level schools.
4) A longitudinal study is recommended to explore the attitudes and opinions toward sex education programs in the intermediate grade level between students, parents, teachers, clergymen and physicians.

5) It is suggested to study the attitudes and opinions of the private and public schools students toward sex education programs at the intermediate grade level in the area of San Juan and other parts of Puerto Rico.

6) It is recommended to study attitudes and opinions by age, sex, occupation, education, socio-economic status, family structure and size, and other variables of population of each group.

7) Duration of the course and the level of course and also at what grade to start should be studied for proper implementation of sex education programs.
APPENDIX A

SURVEY INSTRUMENT
INTRODUCCION

Este cuestionario es enteramente anonimo, no debe firmarlo. Estamos interesados en conocer las ideas generales y no las de un individuo en particular. No hay forma de identificarle, a través de sus contestaciones. Le agradeceremos nos conteste las preguntas con sinceridad y franqueza para que este cuestionario tenga validez.

Puede incluir cualquier aclaración que desee a las contestaciones.

DEFINICIONES

Las siguientes definiciones le podrán ser de ayuda:

Educación sexual se define como la información y discusión sobre actitudes sexuales, normas y comportamiento; los roles sexuales y la reproducción especialmente y cómo éstas afectan el desarrollo de la personalidad y las relaciones interpersonales.

La educación sexual está especialmente dirigida al estudio de los aspectos biológicos, psicológicos, sociológicos y fisiológicos de las relaciones entre varones y hembras. No es necesariamente una asignatura que se ofrece en la escuela intermedia
llamada Crecimiento y Desarrollo Humano, sino que puede verse como contenido de varios cursos que se relacionan en cualquier forma con el sexo y las relaciones humanas.

2. El nivel de Escuela Intermedia se define como la enseñanza que solamente incluye los grados séptimo, octavo y noveno. Recuerde que no nos interesa lo que usted toleraría en otros, sino las actitudes personales de usted mismo.

Marque con una (X) la letra (A) (B) (C) (D) (E) que indique su sentir para cada oración.

Marque
A - Completamente de acuerdo
B - De Acuerdo
C - Indeciso
D - En desacuerdo
E - Completamente en Desacuerdo

Ejemplo
(X) (B) (C) (D) (E) - Puerto Rico es un sitio agradable para vivir.

1. (A) (B) (C) (D) (E) - Las escuelas públicas deben asumir más responsabilidad por la educación sexual en el nivel de Escuela Intermedia.

2. (A) (B) (C) (D) (E) - Se necesita educación sexual al nivel de Escuela Intermedia en esta comunidad.
3. (A) (B) (C) (D) (E) - Los cursos de educación sexual deben

ofrecerse como una asignatura aparte a nivel de Escuela Intermedia.

4. (A) (B) (C) (D) (E) - La educación sexual debe ser enseñada como parte de otra asignatura. (Ejemplo - Educación Física o Educación en Salud).

5. (A) (D) (C) (D) (E) - Los cursos de educación sexual deben comenzar en el nivel de Escuela Intermedia.

6. (A) (B) (C) (D) (E) - Los ministros y sacerdotes son las únicas personas que pueden enseñar un buen curso en educación sexual.

7. (A) (B) (C) (D) (E) - Los médicos son los únicos profesionales que pueden enseñar un buen curso en educación sexual en forma adecuada.

8. (A) (E) (C) (D) (E) - Los maestros son los únicos profesionales que pueden enseñar un buen curso en educación sexual.

9. (A) (B) (C) (D) (E) - Un curso adecuado en educación sexual debe ser enseñado por un equipo de médicos, maestros y religiosos.

10. (A) (B) (C) (D) (E) - Los cursos de educación sexual deben proveer información sobre la prevención del embarazo a estudiantes de Escuela Intermedia.
11. (A) (B) (C) (D) (E) - Aspectos morales deben ser tópico de discusión en cursos de educación sexual.

12. (A) (B) (C) (D) (E) - Los aspectos biológicos del sexo deben presentarse en forma franca a los estudiantes de escuela intermedia.

13. (A) (B) (C) (D) (E) - Los cursos de educación sexual deben discutir la importancia de un programa de planificación familiar.

14. (A) (B) (C) (D) (E) - Los cursos de educación sexual deben ofrecerse a alumnos de ambos sexos conjuntamente.

15. (A) (B) (C) (D) (E) - Los aspectos a favor o en contra de la masturbación deben discutirse francamente en los cursos de educación sexual.

16. (A) (B) (C) (D) (E) - La menstruación debe ser tópico de discusión en los cursos de educación sexual.

17. (A) (B) (C) (D) (E) - Las enfermedades venéreas deben ser tópico de discusión en los cursos de educación sexual.

18. (A) (B) (C) (D) (E) - El tema de la homosexualidad debe ser discutido en los cursos de educación sexual.

19. (A) (B) (C) (D) (E) - Los cursos de educación sexual deben enseñar que el acto sexual se reserva sólo para el matrimonio y con la bendición de Dios.
Marque A - Completamente de Acuerdo
B - De Acuerdo
C - Indeciso
D - En desacuerdo
E - Completamente en desacuerdo

20. (A) (B) (C) (D) (E) - La conducta sexual anormal debe discutirse en los cursos de educación sexual.

21. (A) (B) (C) (D) (E) - La pornografía y la lectura erótica deben discutirse en los cursos de educación sexual.

22. (A) (B) (C) (D) (E) - Los cursos de educación sexual deben discutir los problemas sobre el acto sexual antes del matrimonio.

PARTE II.

Las siguientes aseveraciones se refieren al programa de educación sexual a nivel intermedio (7mo, 8vo, y 9no. grado). Indique cómo usted piensa respecto a cada uno de éstos.

1. Cree usted que existe un programa de educación sexual en las escuelas intermedias de Gandul, Tras Talleres y Figueroa?
   Si _____ No _____

2. Si la contestación es Sí cuál es su contenido? (MARQUE CON UNA (X) TODAS LAS ALTERNATIVAS DE LAS QUE SE OFRECEN A CONTINUACIÓN QUE SEAN PARTE DEL PROGRAMA DE EDUCACIÓN SEXUAL).
   Información sobre:
   a. _____ datos biológicos sobre el sexo
   b. _____ el matrimonio y como ser padre
   c. _____ el acto sexual
d. _____ como prevenir el embarazo

e. _____ concepción y parto

f. _____ aborto

g. _____ menstruación

h. _____ masturbación

i. _____ sexo y religión

j. _____ pornografía

k. _____ homosexualidad

l. _____ Otros (especifique)

3. ¿Cuál de estos aspectos considera usted más importante en un curso de educación sexual?

   INDIQUE POR ORDEN DE IMPORTANCIA. (SIENDO EL NUMERO 1 EL
   MAS IMPORTANTE Y EL 5 EL MENOS IMPORTANTE.)

   a. _____ aspectos biológicos

   b. _____ aspectos sociológicos

   c. _____ aspectos ambientales

   d. _____ apariencia física

4. Los alumnos de la escuela intermedia aprenden sobre sexo de
   las siguientes fuentes: (INDICA CUALES SON LAS FUENTES DE
   INFORMACION MAS FRECUENTES, ASIGNANDOLE EL NUMERO 1 A LA
   MAS FRECUENTE Y ASÍ SUCESIVAMENTE HASTA EL NUMERO 9 PARA LA
   MENOS FRECUENTE.

   a. _____ amigos y compañeros

   b. _____ libros
c. _____ novelas y revistas

d. _____ películas

e. _____ padres

f. _____ maestros

g. _____ sacerdotes y ministros

h. _____ médicos

i. _____ otros (especifique)

5. Si una estudiante le dice que ella y su novio desean tener relaciones sexuales que le diría usted? (A continuación se ofrecen unas respuestas para que seleccione la primera que usted le diría. Escribiendo al lado de la alternativa que seleccione en primer lugar el número 1, a la segunda le da el número 2, y así continua dándole números a las alternativas hasta el número 10, que sería la última que le diría.

a. _____ tengan relaciones pero use contraceptivos.

b. _____ tengan aquel tipo de relaciones sexuales que no conducen al embarazo.

c. _____ que esperen al matrimonio.

d. _____ que es un pecado tener relaciones sexuales con un novio.

e. _____ que se ocupen de otras actividades para evitar tentaciones.

f. _____ la referiría a un religioso.

g. _____ la referiría a los padres

h. _____ la referiría a un psiquiatra
i. le dejaría hacer su propia decisión, luego de discutir con ella los resultados buenos y malos de la situación.

j. Otros (especifique) ________________________________

6. ¿Estás de acuerdo en que en la escuela intermedia se admitan estudiantes solteras que estén embarazadas?
   Si _____  No _____

7. ¿Estás de acuerdo en que se admitan estudiantes casadas en la escuela intermedia?
   Si _____  No _____

8. ¿Deben admitirse estudiantes casadas que estén embarazadas en la escuela intermedia?
   Si _____  No _____

9. Si se permitiera a las estudiantes embarazadas asistir a la escuela intermedia, debería permitírsele asistir a clases hasta el último mes de embarazo?
   Si _____  No _____

10. ¿Son los términos "Educación Sobre Vida Familiar" y "Educación Sexual" sinónimos?
    Si _____  No _____

PARTE III. (POR FAVOR SELECCIONE UNA SOLA CONTESTACIÓN)

1. ¿Diría usted que ha vivido la mayor parte de su vida en:
   a. _____ zona rural
   b. _____ pueblo pequeño
c. ____ pueblo grande
d. ____ área metropolitana
e. ____ otros (especifique) __________________________

2. ¿Vive en alguno de estos sectores: Gandul, Figueroa o Tras Talleres?
   Si ______  No _______
   Si la contestación a la pregunta anterior es Si, que tiempo lleva viviendo en este sector?
   ______ seis meses a un año  ______ cuatro a diez años
   ______ más de un año, pero ______ más de diez años
   ______ menos de cuatro años

3. ¿A qué religión perteneces?
   a. ____ católica
   b. ____ protestante
   c. ____ pentecostal
   d. ____ judío
   e. ____ testigo de Jehová
   f. ____ ninguna
   g. ____ Otros (especifique) __________________________

4. ¿Con qué frecuencia va a los servicios religiosos?
   a. ____ nunca o menos de una vez
   b. ____ una sola vez al mes
   c. ____ dos veces al mes
   d. ____ tres veces al mes
   e. ____ cuatro a más veces al mes
5. ¿Con respecto a la religión? ¿Cómo usted se considera?
   a. _____ bien religioso
   b. _____ moderadamente religioso
   c. _____ inactivo

6. GRUPO FAMILIAR

Instrucciones: Enumere las personas que viven en su casa, empiece por usted. No escriba los nombres. Escriba la información que cada encasillado pide.

EJEMPLO

<table>
<thead>
<tr>
<th>Parentesco con Usted</th>
<th>Estado Civil</th>
<th>Edad</th>
<th>Sexo</th>
<th>Grado de Escuela Terminado</th>
<th>Ocupación</th>
<th>Ingreso Mensual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Padre</td>
<td>Casado</td>
<td>34</td>
<td>M</td>
<td>9no.</td>
<td>mecánico</td>
<td>$300</td>
</tr>
<tr>
<td>Esposa</td>
<td>Casado</td>
<td>30</td>
<td>F</td>
<td>6to.</td>
<td>ama de casa</td>
<td>ninguno</td>
</tr>
<tr>
<td>Hijo</td>
<td>Soltero</td>
<td>12</td>
<td>M</td>
<td>8vo.</td>
<td>estudiante</td>
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MUCHAS GRACIAS POR SU COOPERACION
I. **Introduction**

This questionnaire is entirely anonymous; it should not be signed. We are interested in learning the general ideas of the group and not the specific individual ones of its members. There is no way in which we can identify you through your answers. We would appreciate your honest opinion so that the questionnaire may be valid. Please feel free to clarify or to add any remark you wish to any of your answers.

II. **Definitions**

The following definitions might be of some help:

1. Sex education is defined as information and discussion of sexual attitudes, norms and behavior, sexual roles and reproduction especially as it affects the development of personality and interpersonal relations. Sex education is especially directed toward the study of biological, psychological, sociological and physiological aspects dealing with the relations between males and females. It is not necessarily a subject taught at the intermediate level called Human Growth
and Development, rather it can be seen as content from various courses that are related in any manner under sex and human relations.

2. The intermediate grade level is defined as the level of teaching which includes the seventh, eighth, and ninth grades only.

Remember, we are not interested in what you tolerate in others, we are only interested in your personal attitudes.

Mark with an (X) the letter (A) (B) (C) (D) (E) which indicates your feelings about each statement.

Mark:
A - Agree completely
B - Agree
C - Undecided
D - Disagree
E - Disagree completely

Example:
(X) (B) (C) (D) (E) Puerto Rico is a nice place to live.

1. (A) (B) (C) (D) (E) - The public schools should assume more responsibility for sex education at the intermediate grade level.

2. (A) (B) (C) (D) (E) - Sex education is needed at the intermediate grade level in this community.
3. (A) (B) (C) (D) (E) - A sex education course should be taught as a separate course at the intermediate grade level.

4. (A) (B) (C) (D) (E) - Sex education should be taught as part of another course (e.g., physical education or health education).

5. (A) (B) (C) (D) (E) - Sex education courses should begin at the intermediate grade level.

6. (A) (B) (C) (D) (E) - Clergymen are the only persons who can teach a good course in sex education.

7. (A) (B) (C) (D) (E) - Physicians are the only professionals who can teach a course in sex education in an adequate way.

8. (A) (B) (C) (D) (E) - Teachers are the only professionals who can teach a course in sex education in an adequate way.

9. (A) (B) (C) (D) (E) - A good course in sex education should be taught by a team including teachers, physicians and clergymen.

10. (A) (B) (C) (D) (E) - Sex education courses should provide information about contraception for students in the intermediate grade level.

11. (A) (B) (C) (D) (E) - Moral issues should be a topic of discussion in sex education courses.
12. (A) (B) (C) (D) (E) - Biological facts about sex should be presented in an honest manner at the intermediate grade level.

13. (A) (B) (C) (D) (E) - Sex education classes should be given to both boys and girls in the same classroom.

14. (A) (B) (C) (D) (E) - The pros and cons of masturbation should be frankly discussed in sex education courses.

15. (A) (B) (C) (D) (E) - Menstruation should be a topic of discussion in sex education courses.

16. (A) (B) (C) (D) (E) - Venereal disease should be a topic of discussion in sex education courses.

17. (A) (B) (C) (D) (E) - The topic of homosexuality should be discussed in sex education courses.

18. (A) (B) (C) (D) (E) - Sex education courses should teach that sexual intercourse is reserved only for marriage and with God's blessing.

19. (A) (B) (C) (D) (E) - Deviant sexual behavior should be discussed in sex education courses.

20. (A) (B) (C) (D) (E) - Pornography and erotic literature should be discussed in sex education courses.

21. (A) (B) (C) (D) (E) - Problems of premarital sexual intercourse should be discussed in sex education courses.

22. (A) (B) (C) (D) (E) - Sex education courses should discuss the importance of family planning programs.
PART II

The statements listed below are all concerned with a sex education program at the secondary grade level (7th, 8th, 9th grades). Please indicate your feelings regarding each of the statements.

1) Do you think that a sex education program exists at the intermediate grade level in Candul, Tras Talleres and Figueroa?
   A ______ Yes  B ______ No

2) If you answered yes, what is the content of the sex education program? (Mark with an (X) all the alternatives which are a part of that sex education program).

Information on:
   A _____ Biological facts about sex
   B _____ Marriage and parenthood
   C _____ Sexual intercourse
   D _____ Contraception
   E _____ Conception and childbirth
   F _____ Abortion
   G _____ Menstruation
   H _____ Masturbation
   I _____ Sex and Religion
   J _____ Pornography
   K _____ Homosexuality
   L _____ Others (specify)
3) Which of these areas do you feel are more important in a sex education course. (Please rank in order of importance by assigning number 1 to the most important up to five to be the least important.)

A ______ Biological Aspects  
B ______ Psychological aspects  
C ______ Sociological aspects  
D ______ Environmental aspects  
E ______ Physical (appearance)

4) The children enrolled in the intermediate grade level learn about sex from the following sources:  
(Please indicate the sources of information by assigning a number 1 to the most frequent source up to number 9 to the least frequent source of information.)

A ______ Friends and classmates  
B ______ Books  
C ______ Novels and magazines  
D ______ Movies  
E ______ Parents  
F ______ Teachers  
G ______ Clergymen  
H ______ Physicians  
I ______ Other (specify)

5) If a student tells you that she and her steady boyfriend want to engage in sexual relations, what would you tell this
student? (Select from the following list of possible answers
in order of rank the first one that you would give her and
assign a number two to the second one up to a number ten for
the last one that you would give her.)
A _____ Have sex but be sure to use contraceptives.
B _____ Be sure to engage only in those sexual activities
   that can't result in pregnancy.
C _____ Wait until marriage.
D _____ It is a sin to have sex relations with a steady boy-
   friend.
E _____ Find other activities to avoid temptation.
F _____ Refer to clergymen.
G _____ Refer to parents.
H _____ Refer to psychiatrist.
I _____ Tell her to make her own decision.
J _____ Others (specify).

6) Do you feel unmarried pregnant students should be admitted
   at the intermediate grade level?
   A _____ Yes    B _____ No

7) Do you feel that married students should be admitted at the
   intermediate grade level?
   A _____ Yes    B _____ No

8) Do you feel that pregnant but married students should be ad-
   mitted at the intermediate grade level?
   A _____ Yes    B _____ No
9) Should pregnant girls in the intermediate grade level be allowed to attend classes up to their last month of pregnancy?
   A ______ Yes   B ______ No

10) Are the terms "Family Life Education" and "Sex Education" synonymous?
   A ______ Yes   B ______ No

PART III

Please select only one answer for each item:

1) Would you say that you have lived for the most part in:
   A _____ rural farm area   B _____ small town
   C _____ big town   D _____ Metropolitan Area
   E _____ others (specify)

2) Do you live in: Gandul, Figueroa or Tras Talleres?
   A _____ Yes   B _____ No

3) If you answered Yes, how long have you been living there?
   A _____ 6 months to one year.
   B _____ more than one year, but less than 4 years.
   C _____ 4 years to 10 years.
   D _____ more than 10 years.

4) What is your religion? (for clergymen only)
   What religion do you belong to? (for students, parents, teachers, physicians)
   A _____ Catholic   B _____ Protestant   C _____ Pentecost
   D _____ Jewish   E _____ Jehova Witness
   F _____ None   G _____ Others (specify)
5) Who often do you attend religious services?
   A ___ Never or have only gone once
   B ___ Once a month
   C ___ Twice a month
   D ___ Three times during the month
   F ___ Four or more times during the month

6) In relation to religion, how do you consider yourself?
   A ___ very religious
   B ___ moderately religious
   C ___ inactive

7) Family group:

Instructions: List all the persons who live at your house, begin with yourself. Do not write their names. Fill in the information required on the space provided under each heading.

EXAMPLE:

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<th>Age</th>
<th>Sex</th>
<th>Highest grade in School</th>
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Thanks for your cooperation.
Dear ________:

The Department of Human Development, at the Medical Sciences Campus, will undertake a scientific study about the attitudes that different groups have toward the teaching of sex education in the schools.

We would appreciate your sincere and frank answers on all the topics of the questionnaire so that it may have validity. You may clarify any answer by adding your comments to it.

Thanks for your collaboration with this project.

Sincerely,

Alessandro López Desyne, Supervisor
Health Education Unit

Associate Investigator
INSTRUCTIONS FOR ___________________

Purpose of Study

1) The purpose of this study is to determine the attitudes of teachers, students, parents, clergymen and physicians in regard to what is being done in sex education in the areas of Gondul, Tras Taleres and Figueroa.

2) Another purpose is to determine the attitudes of persons in the following categories (Teachers, students, clergymen, parents and physicians) regarding what should be done in sex education in the geographic areas of Gondul, Tras Taleres and Figueroa.

Instructions:

A similar questionnaire with a few changes was given to students, parents, clergymen and teachers.
BIBLIOGRAPHY


