Summer 8-1989

An Analysis of Selected Family Life Education Curricula

Phoebe Terry Butler
Old Dominion University

AN ANALYSIS OF SELECTED FAMILY LIFE EDUCATION CURRICULA

by

PHOEBE TERRY BUTLER
B.S. 1983, Radford University

A Thesis Submitted to the Faculty of
Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF SCIENCE

COMMUNITY HEALTH EDUCATION

OLD DOMINION UNIVERSITY

AUGUST, 1989

Approved by:

Gregory H. Frazer, Ph.D.

John L. Echternach, Ed.D.

Robert C. Ascher, M.Ed.

ABSTRACT

A CONTENT ANALYSIS OF SELECTED
FAMILY LIFE EDUCATION CURRICULA

PHOEBE T. BUTLER
Old Dominion University, 1989
Director: Dr. Gregory H. Frazer

The purpose of this study was to examine the content of family life education curricula in Virginia's public schools and determine its appropriateness for the mentally handicapped students. It was the intent of this study to determine if existing curricula were designed to address the needs of mentally handicapped students according to a standard curricula designed by the American Association for Health, Physical Education and Recreation and the Sex Information and Education Council of the United States. The 15 participants of this study were selected from a random sample of 69. The response rate was 20.2%.

A letter soliciting family life education curricula was submitted to 69 randomly selected public school districts in October, 1988 to which 33 schools responded, but only 15 had curricula available. The other school districts reported that they were in the process of revising their curricula to meet the newly established standards of learning adopted by the State Department of Education.

The study consisted of comparing each curriculum's content to the standard. Means were then calculated for each content and subtopic area. The results of the study suggest that none of

the schools have designed their curricula with the needs of the mentally handicapped in mind.

TABLE OF CONTENTS

TABLE OF CONTENTS (CONT'D)

LIST OF TABLES

LIST OF TABLES CONT'D

ACKNOWLEDGEMENTS

The investigator wishes to express her heartfelt appreciation and thanks to the many persons who have encouraged and assisted her. Particular thanks are extended to Dr. Gregory Frazer, Chairman of the Thesis Committee, for his guidance and support throughout the author's program of graduate studies. He cheerfully and consistently contributed his time, wisdom, expertise, critical appraisals and helpful suggestions. He patientlty taught the researcher how to use Word Perfect 4.2. His genuine concern helped to make this assignment which often seemed impossible and endless a fascinating quest for excellence in health promotion.

Sincere appreciation is also extended to other members of the committee, Dr. John L. Echternach and Robert Ascher for their interest, assistance and criticism. Dr. Robert Haney from the College of William and Mary is recognized for his assistance with the selection of the evaluation instrument which was vital to the completion of this study.

The cooperation and support from the administration and my coworkers at the Newport News Public Schools also made it possible for me to complete these studies. The assistance received from Patricia Garrett and Ann Wilkins were essential in having the computer literacy and flexible schedule needed to meet the requirements of this study. The support of mentors

JoAnn Richardson, Jeanne Potter and Dr. Dorothy N. Cowling provided the author with the courage and strength to continue when she stumbled.

A debt of gratitude is due the writers parents Payton T. Butler Sr. and Louise D. Butler; and siblings Kimberly B. Green, and Payton T. Butler Jr. for their encouragement, patience, and understanding throughout this study.

Lastly, the author wishes to thank her friends who have been a source of inspiration and encouragement throughout the authors program of graduate studies.

CHAPTER ONE

INTRODUCTION

The question of sex education for the general population has been hotly debated (Kempton, 1975). The general purposes of programs are to provide young people with information that would assist them in developing healthy views of sexuality, protect them from sexually-related diseases, and prepare them for marriage and parenthood (Wilson, 1985). The primary purpose is to prevent or reduce sex-related problems, with the underlying assumption being that knowledge changes behavior (Mosely, 1982). Some contend that sex education increases sexual activity among young people. Others believe that sex education should only be provided by parents. Total ignorance of sexual information is of course impossible in contemporary society. The emphasis on romantic love and erotic suggestions in the entertainment media give youth a totally distorted view regarding sex and relationships between males and females. Several studies report that peers and the media are the primary sources of sexual information for most children and adolescents (Kirby, 1981). Therefore total misinformation regarding human sexuality is fairly common among teenagers (Kempton, 1975).

The need to provide children and adolescents with accurate education about human sexuality has gained increasing concern and attention. In response to the disturbing, increased incidence of adolescent pregnancy and sexually transmitted diseases, including the Acquired Immune Deficeiency Syndrone (AIDS), many agencies serving youth have begun to develop and implement sexuality education programs. No social institution except the public school touches so many children for so many hours a day, except, the family.

Research indicates that sex education should be provided by schools rather than parents (Russell & Hardin, 1980). We live in an era of public school response to community social needs including that of sex education. Schools can and should encourage students to take pride in positive living skills and examine their behavior in light of those living skills.

In an information age, it is ironic that so many young people attending public schools in the United States do not have the opportunity to learn about human sexuality and family life in the classroom. Denying them the opportunity to learn about common core of knowledge concerning about emotional and physical maturation denies them a right to education, and to knowledge which can help to prepare them for adult society. Numerous studies report that approximately 75 to 82% of Americans support

human sexuality instruction (Wilson, 1985). Support for sex education programs reached its zenith toward the end of the 1960's (Wilson, 1985). Programs gained wide acceptance in the education community and among leading public and private national organizations including the National Congress of Parents and Teachers, the American Medical Association and the United States Commission of Education. In spite of this support, most school policy makers avoid creating new programs or extending existing programs. Many are fearful of political opposition, and allow a vocal minority to control the activities of the entire sex education curricula development.

In 1987, the Commonwealth of Virginia passed legislation requiring the Department of Education to develop standards of learning and curriculum guidelines for a comprehensive, sequential family life education curriculum in grades K through 12 by December 1, 1987. Implementation of this statewide mandated family life education program is scheduled to begin in August, 1989. Therefore, school districts throughout the state are in the process of adopting or revising their family life education curricula to meet the state guidelines.

Since state policy allows each locality to develop its own program, programs vary widely -- from those that have a curriculum unit integrated into existing classes to those that have separate sex education courses. Some

schools include units in home economics (with limited male enrollment) while others include units in health classes and some include units in life science classes. For some students it is an elective program but for most students it is part of a required course. Parents are allowed to refuse permission for their children to participate in some of the programs if they choose.

The family life education class is usually taught as part of the health class at the secondary level in most school districts. In accordance with Public Law 94-142, the Education of Handicapped Children Act of 1985, mentally handicapped students including the mildly and moderately retarded are mainstreamed into the health classes where family life education is taught. Therefore students ranging from low intelligence to superior intelligence (Talented and Gifted) are placed in the sex education classes together.

The purpose of mainstreaming special education students into the regular classroom is to place students in the least restrictive environments and prepare them for social access to the mainstream. (Meyen & Altman, 1982). Empirical efforts to provide evidence on the overall success of children in various classroom settings ranging from segregated to regular classes have been interpreted as inconclusive (Meyen & Altman, 1982). It has been suggested that despite improved academic

achievement, social adjustment is poor when mainstreaming occurs (Meyen & Altman, 1982).

Research supports the premise that sex education is important for the mentally handicapped (Johnson, 1981). Current trends in the direction of normalization and deinstitutionalization will require the provision of appropriate social/sexual information for the mentally handicapped. These special persons need formal sex education to avoid exploitation. The mentally handicapped are vulnerable and easily misled (Graff, 1983).

Mentally handicapped students have questions and concerns about their sexuality just as their peers of normal intelligence. Schools must provide timely sexuality education for mentally handicapped students by well trained and experienced sex educators. It is imperative to provide sex education for the educable and trainable mentally handicapped to allow them an opportunity to achieve the adequate social adjustment which is generally considered of the primary goals of a curriculum designed for the special education population. (Russell & Hardin, 1980)

PURPOSE

The purpose of this study was to analyze the availability of appropriate sex education curricula in the public schools in Virginia for the mentally

handicapped populations. It is the intent of the study to determine if the content addressed in the curricula meets the particular and unique educational needs of the population it is to serve.

JUSTIFICATION FOR THE STUDY

The need for sex education of the developmentally disabled has been firmly established through research in the last decade. Teachers of mentally handicapped students recognize the need and advocates for its provision. Parental attitudes toward sex education of mentally handicapped children also tend to be highly favorable.

Mainstreaming of the mildly and moderately mentally retarded into the family life education classes will require considerations for program curricula. The lessons must be modified to address the needs and concerns of these special populations.

ASSUMPTIONS

This study was based on the following assumptions:

1. The 69 schools which were surveyed responded honestly to the request for a copy of their curricula.
2. The curricula received from the schools provided adequate information to determine their appopriateness for the mentally handicapped population.

3. The assessment method/tool will appropriately evaluate the curricula's strengths and weaknesses in meeting the needs of mentally handicapped students.

LIMITATIONS

The limitations of this study were as follows:

1. Only 69 schools were surveyed in this study.
2. In response to House Bill No. 1413, many school districts are in the process of developing or revising their curricula to meet the newly required guidelines of the State Department of Education and did not have a final draft of the curriculum.
3. The amount of research which has been conducted on the sexuality of mentally handicapped youth is limited.
4. Only 14 curricula were received from the 35 schools which responded. The other schools were either using the state objectives or revising their curricula.

DELIMITATIONS

The delimitations of the study were as follows:

1. Only 69 of the 138 (50%) school districts were contacted to participate in the study.
2. Random sampling was used to determine which schools would be contacted to participate in the study.

3. The curricula evaluation will focus on the needs of the mildly and moderately (educable) mentally retarded for this study. They comprise 83% of the mentally retarded population.

DEFINITIONS

1. Educable mentally retarded - condition of mental retardation that includes students who are educable in the academic, social, and occupational areas even though moderate supervision may be necessary (Johnson, 1988).
2. Education of the Handicapped Children Act (P.L. 94-142) - mandates that special students be offered educational programs in the least restrictive setting (Johnson, 1988).
3. Family Life Education - educational concepts and experiences that influence attitudes toward family living, personal relationships, sexual development, and other aspects of human sexuality. For the purpose of this paper, sex education and family life education willbe used interchangeably (Kirkendall, 1981).
4. Handicapped - one who has an exceptionality which many or may not require special education (Johnson, 1988).
5. Individualized Education Program - instruction that is particularized to the interests, needs and

achievements of individual learners (Johnson, 1988).

6. Labeling - categorizing or classifying students for the purpose of educational placement (Johnson, 1988).
7. Learning Disabled - a disorder in one or more of basic physiological processes involved in understanding or using language, spoken or written, which may manifest in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations (Johnson,1988).
8. Mainstreaming - a plan by which exceptional children receive special education in the regular classroom as much of the time as possible (Johnson, 1988).
9. Mentally handicapped student - a student whose mental powers lack maturity or are so deficient that they hinder normal achievement (Johnson, 1988).
10. Special Education - direct instructional activities or special learning experiences designed primarily for students identified as having exceptionalities in one or more of the cognitive process and/or as being underachievers in relation to the general level or mode of their overall abilities (Johnson, 1988).

11. Rehabilitation Act (P.L. 93-112) - established in 1973 to assure the educational rights of the handicapped as federal civil rights (Johnson,1988).

12. Trainable mentally retarded - condition of mental retardation that includes students who are capable of only very limited meaningful achievement in the traditional basic academic skills but who are capable of profiting from programs of training in self-care and simple job or vocational skills (Johnson, 1988).

CHAPTER TWO

REVIEW OF LITERATURE

The purpose of this chapter was to report the current literature on family life education and the mentally handicapped. The studies and reports in this chapter were organized under the following headings: (1) family life education, (2) education of the mentally handicapped, and (3) family life education of the mentally handicapped.

FAMILY LIFE EDUCATION

According to the Virginia Departments of Health and Education (1983), family life education refers to "those educational concepts and experiences that influence attitudes toward family living, personal relationships, sexual development, and other aspects of human sexuality." It should develop knowledge of physical, emotional, and social growth and maturation, understanding of individual needs and the ability to make decisions. It should involve an examination of male and female roles in society and their relationships to each other (Bailey et al., 1986). According to Crosby (1981), the purpose of family life education should be to help children and their families live healthier and more productive lives as individuals and or family members. Benefits including reduced health risks such as unplanned pregnancy, abortion, sexually transmitted diseases,

mental illness and stress are also possible. Kirby (1984) cited additional goals including improved knowledge, higher self-esteem, greater clarity of needs and values and improved decision making, communication and assertiveness skills to reduce unwanted pregnancies and facilitate healthier relationships. Scales (1983) contended that sex education programs provide information to help young people make the best decisions they can, the best choices possible from the best options they can identify.

In the late 1800's and early 1900's the YMCAs, YWCAs, Child Study Association and National Congress of Parents and Teachers all advocated the need for sex education, and in the early 1930's the United States Public Health Service was surveying principals to determine the need for sex education in public schools (Scales, 1983). When Gallop conducted his first national opinion poll on sexuality education in the schools, he discovered that nearly seven in ten adults approved of it in 1943 (Kirkendall, 1981). Social controversies such as sexual freedom and abortion public opinion to 65% approval in 1971. Research by Kirby (1983), demonstrated that less than one% of parents refuse permission for their children to participate in sexuality education programs. Many polls in recent years have indicated strong support for school programs in family life

education. A recent Harris poll reported that 85% of parents supported sexuality education in the schools. Polls of students reveal that 90 to 95% of the students favor such courses (Kirby, 1984). The need to provide children and particularly adolescents, with education in human sexuality is generally agreed upon. The issues of concern center on the appropriate provider of, access to, and content of sex education, and particularly on the respective roles of the family and the state (Pipel, 1981).

Sex education is not a new issue for the public schools. The phrase "sex education" was used by the International Conference on Hygiene in 1912 when calling for sex education to be included in programs for youth (Wilson, 1985). Sex education in the United States began as a response to societal concerns about unwed mothers, unwanted pregnancies and the spread of V.D. During World War I and the Roaring 20's, the public became aware that adolescents and young adults didn't know very much about the process and mechanics of human reproduction and contraception. Therefore, initially sex education curriculum were biologically oriented, focusing on facts about reproduction and taught to sex-segregated groups.

During the last 60 years, the focus of sex education has broadened to include understanding one's own sexuality and being sensitive to others. This refinement

has come as a result of increased knowledge about psychosexual development and increased knowledge about human sexual functioning.

The decision about whether sex education should be included in the public school curriculum and what is to be taught generally reflects the attitude of the community. Sex education in the elementary school is usually included in curricula for self-awareness, family roles and reproduction in animals and often is considered in health, science, and social studies. Chaltas (1983) reported that there are only a few family life education programs in elementary schools. Formal sex education is most often taught at the secondary level. It is difficult to measure how many students actually receive sex education courses. Kirby, Alter and Scales (1979) suggested that at that time less than 10% of all teens were receiving a separate course, with as many as 50% receiving some kind of instruction. The secondary curriculum may be biology oriented or interdisciplinary including sociology, biology, health, psychology, and philosophy (ethics and morals).

When the state, acting through the public school system, provides sex education as part of the public school curriculum, legal issues may arise. Parents have the right to prevent their children from participating in such programs and to question who should determine the

content of the programs. More recently with the expanding recognition by the courts and Supreme Court of the United States, the constitutional rights of minors both in the area of free expression and in connection with the right to privacy regarding matters of their sexuality, questions have begun to arise about the rights of children and adolescents to have access to information and programs relating to sexuality and to express their views concerning sexuality.

The education of children has traditionally been considered to be the province first of the family. As public schools were established by the states, the government provided education for children through the powers reserved to the states under the United States Constitution. Federal involvement has been limited for the most part to funding and research, either through the states or private organizations and institutions. The question of what should be included in the curriculum of public schools has not been addressed by the federal government. A study by the Alan Guttmacher Institute contains a comprehensive report of current state laws in the area of sex education. According to its research, the provision of sex education in public schools is addressed on the state level either by statute or regulation or in the policy statements of the relevant

state board of education in 31 of 50 states (Pipel, 1981).

Of these, nine states and the District of Columbia either mandate or strongly recommend the inclusion of courses dealing with family life or sex education in the public schools. Until recently, the teaching of sex education was prohibited by law in two states, Michigan and Louisiana. These restrictions are being appealed in both. There are 19 states which have no statute, regulation or official policy providing for inclusion of sex education in their school curricula. State guidelines in the form of suggested curricula prepared by the Boards of Education, contains reference to sex education courses in all but six states.

As sex education has become a recognized element of the public school curriculum throughout the country, legal restrictions continue to affect the content and quality of these courses. No state prohibits the discussion of contraception. Ohio suggests that local school districts avoid birth control and some state laws include restrictions on the inclusion of "how to do" approaches (Pipel, 1981).

In 1988 the Virginia General Assembly passed legislation requiring all public schools to offer comprehensive sexuality education for all students. The State Department of Health and State Department of

Education issued a set of curriculum guidelines to aid localities in developing programs.

Realistic assessments and evaluations of what family life education programs can accomplish reveal the following:

(1) Increase in Knowledge--Family life courses are similar to other courses, in that they tend to increase knowledge but seem to have little or no effect on behavior. Some programs may help students clarify their values but do not appear to change attitudes or values to any great extent (Kirby, 1984).

(2) Impact upon attitudes--Several studies suggest that some sexuality courses may increase the tolerance of the students' attitudes towards the sexual practices of others. However the courses seem to have minor impact on the students' personal morality. The beliefs students have about their own sexual behavior with others doesn't appear to change following a sexuality course. The belief that sex education will make students more sexually permissive has not been substantiated by the literature. (These studies were based upon small sample sizes and a few contradicted each other, Kirby, 1984.)

(3) Impact upon sexual activity-- Surveys by Zelnik and Kim, 1982; Spanier, 1978; and Wiechmann and Ellis, 1969 have indicated that high school sexuality education programs are not associated with sexual activity. College classes have been evaluated for the impact of instruction on sexual behavior. The results of these studies suggest that college courses which are usually more permissive, exhaustive and explicit than high school classes don't increase sexual behavior. Therefore secondary classes probably don't either.

(4) Impact upon use of contraception--Zelnik and Kim (1982) found that teens who had had sex education were more likely to use some method of birth control.

(5) Impact upon pregnancies and births--Using their national survey data, Zelnik and Kim (1982) also examined the relationships between sexuality education and pregnancies. They found that among most groups of females, there were not statistically significant differences in pregnancy rates between those who had had sex education and those who had not. However, when their data from 1976 and 1979 were combined, the pregnancy rate among females who

had taken sex education courses was significantly lower than those who had not.

(6) Long Range Effects--While family life courses may not show any immediate increase or decrease in sexual activity among teenagers, they may have longer range effects in helping children and teenagers understand themselves and others as persons. Programs beginning in the elementary grades seem to have more impact on students (Bailey et al., 1986).

(7) Parental Involvement--Parents who participate in planning and evaluating family life programs gain a sense of satisfaction from this activity. But parents who actually participate in programs by interacting with children and/or teenagers receive even greater satisfaction. Both parents and children indicate a higher level of meaningful communication as a result (Bailey et al., 1986).

(8) Need for Reinforcement--Family life education alone, will probably not significantly increase desired behavior. But when such courses or programs are reinforced by parental involvement and support, coupled with medical and social services, consequences including

> teen pregnancy may be reduced tremendously. The essential ingredient of reinforcement seems to involve the need to help build up each teenager's sense of self-esteem and help them to develop an awareness of meaningful long-range goals (Bailey et al., 1986).

EDUCATION OF THE MENTALLY HANDICAPPED

People who are labeled as mentally retarded encompass all age groups and lifestyles, many different handicapping conditions, and a range of cognitive, social, and emotional abilities (Hamadock, 1982). The regulations of P.L. 94-142 (1975) define mental retardation as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance." Children are identified as mentally handicapped according to their IQ scores. Mental retardation ranges from mild to profound with varying degrees in between. Some handicapped individuals are barely distinguishable from their so-called normal peers. At the other end of the spectrum are persons whose handicapping conditions are so extreme that they may never learn to perform simple tasks of self-care such as eating or dressing.

Descriptive categories used by professionals who teach people with handicaps are "trainable" and "educable". The trainables possess an IQ of less than 50. Most people in this group cannot function independently and have limited potential for introspection and abstract communication with others. However, many successfully adapt to supervised living arrangements in the community (Hamadock, 1981).

Educable persons have IQ scores 50 - 69. The educables can be expected to reach the fourth or fifth grade level in schoolwork. However, more than normal time will have to be spent to assist these persons in reaching this level. It also means that these children can learn how to get along with others (socially adaptable behavior). When the educable children grow up with proper training and direction, they will be able to work at a job and be independent (Wood, 1984). Many live independently and enjoy dating, marriage and competitive employment (Hamadock, 1982).

Improvements in educational theory and technology, along with changing social values prompted some educators to question the validity and appropriateness of special class placement. Mainstreaming is the current trend in educational programming (Meyen et al, 1981) Mainstreaming is an educational approach in which some mentally retarded children are educated along with

children of normal intelligence. Mainstreaming is the popular name for the legal doctrine of least restrictive environment (Yoshida, 1987). Segregation was said to deny some children the opportunity of an education on equal terms with others. Integration was extended to include the handicapped in the cases of PARC v. Commonwealth of Pennsylvania (1971) and Mills v. Board of Education of the District of Columbia (1972). Educational institutions were encouraged to place students in the most normalized settings possible and discouraged from placing them in stigmatizing or segregated ones. Effective mainstreaming of handicapped students depends on teachers who can provide successful learning experiences (Dunn, 1986). The teacher must establish a psychosocial atmosphere which encourages the acceptance of individuals who are different (Santomier, 1985). In many cases the sex educator will need to modify their curricula be better meet the special needs of the mentally handicapped students.

According to the United States Department of Education (1984), 68% of handicapped students receive their instruction in regular education classes, and 25% are enrolled in special classes located in buildings with regular education classrooms. Placement in regular classrooms or in school buildings with regular classrooms is believed to provide handicapped students with an

increased opportunity to be in contact with nonhandicapped peers. Its hoped that such exposure will present behaviors for handicapped students to emulate. With successful integration, handicapped and nonhandicapped students are more likely to achieve acceptance of one another.

Enforcement and monitoring the implementation of Public Law 94-142 has been inadequate. Problems are related to the insufficient collection of data, using insufficient methods to analyze data reported, not investigating complaints of widespread noncompliance, and focusing on review of state and local policies and assurance of compliance rather than on actual assessment of practices (Meyen et al, 1981).

Empirical efforts to provide comparative evidence on the overall success of children in various classroom settings ranging from segregated to regular classes have been interpreted as inconclusive. In general these reviews suggested that handicapped children may profit in regular classes in terms of academic achievement but that their social adjustment is poor. Meyen, MacMillan and Yoshida (1980) contend that efficacy studies as a group have been so thoroughly criticized in terms of methodological inadequacies that it is difficult to draw any programmatic conclusions from them based on traditional review techniques (Meyen et al, 1981).

SEX EDUCATION OF THE MENTALLY HANDICAPPED

Eighty percent of the mentally handicapped are educable. This group is capable of academic learning up to the sixth grade level. They are also capable of engaging in relationships with others. The higher the IQ of a mentally handicapped person, the greater his or her probability of forming intimate relationships. Many retarded do marry and have children.

There is growing recognition that mentally handicapped persons are human beings and deserving of the same opportunities as everyone else. Greater attention is being focused on the normalization of the mentally handicapped or disabled populations. Many are receiving jobs and skills training them to become contributing members in society. Additionally, they are encouraged to live within the community and neighborhoods so they can experience the rights and responsibilities of citizenship (Schultz et al, 1987).

Experts in the field (Gordon and Snyder, 1980; Kempton, 1978; and Kempton and Forman, 1976) have advocated family life education programs for the disabled. Studies of parents, teachers, and youth also demonstrate support for the sexuality education of this special population. It is unrealistic to believe that retarded students do not have questions and concerns about their sexuality. As caring and concerned educators

and parents, we must not overlook their interests, questions and concerns. In the past century, more attention has been given to the rights of the handicapped. These rights have been in terms of meeting their basic needs and include educational opportunities and the right to fulfill their potential growth and development. Rights regarding sexual expression have been overlooked. This is not surprising since our society in many ways is sexually regressive. An examination of modern knowledge of and attitudes toward human sexuality with special application to people who are handicapped has been conducted by Johnson (1980) who concluded that sexually speaking the mentally retarded may range from high to low in reproductive ability, sexual interest and activity. Labelling a person tells us little about the sexual ability of that individual. Persons with handicaps are likely to be disadvantaged with regard to sexual fulfillment and enjoyment. Still, many if not most, can be helped to understand their sexuality better and incorporate this dimension of their personalities into their lives as other humans attempt to do.

SUMMARY

Societies have evolved ways of channeling sexual expressions into what are considered socially beneficial ways. In our tradition the only recognized socially

beneficial expressions have been sex within marriage for reproductory purposes. However, individual gratification rarely confines itself to societal prescriptions with sexual enjoyment being sought in numerous ways depending on individuals and opportunities.

In addition to dreading unwanted pregnancy and disease, there is the traditional notion that nearly all sexual intercourse and other forms of sexual expression are bad or evil. Therefore mentally handicapped have been left out of any legitimate sexual gratification on the moral grounds that they can not or should not reproduce.

Another belief is that sexual interest and activity, especially masturbation, cause various disorders, especially mental deterioration. Because parents tend to believe this upsurd notion that masturbatory behavior alone or with another, or interest in "unnatural" sexual acts will cause or worsen mental or neurological deterioration, they are bound to go to any length to prevent such behavior.

The advocacy of mainstreaming in school and the movement away from custodial institutional care and toward community living supply the impetus for focusing on the sexual rights of the mentally handicapped (Cunningham, 1987). In conjunction with the philosophy of protecting basic human rights, sex education is hoped

to achieve the same impact for the handicapped as for the nonhandicapped. The development of sexually fulfilled persons who understand themselves, their values and resulting behaviors is a concern.

Margaret Mead once said that "we owe a lot to the retarded because they have taught us as much about the rest of us." Perhaps once we have helped special group members live more comfortably with their sexuality, we will have learned a great deal about what all of us need to know about personal and interpersonal sexual health (Johnson, 1975).

CHAPTER 3

METHODS

This chapter included discussion of the methods utilized in this study. Methods for the study were divided into the following subheadings: the hypothesis, research questions, selection of the sample, data instrument selection and evaluation methods used to address research questions.

HYPOTHESIS

The hypothesis of this study is that current family life education used by public schools in Virginia has not been designed to address the special needs of mentally handicapped students.

RESEARCH QUESTIONS

The purpose of this study was to test the appropriateness of existing family life education curricula for mentally handicapped students attending public schools in Virginia. A secondary purpose of the study was to determine if mainstreaming in health classes would affect the ability of the special needs students to receive suitable instruction.

Two research questions were generated from the statement of purpose:

1. Is family life education curricula designed to meet the needs of mentally handicapped students attending public schools in Virginia?

2. Have provisions been made by school districts to address the family life education needs of the mentally handicapped?

SELECTION OF SAMPLE

In 1988, selected family life education curricula of public schools in Virginia were studied. Schools selected for the study were chosen randomly from a sample of 139 public schools. A written request for their participation was distributed to school superintendents of the 69 school districts. A sample letter requesting participation in the study is in Appendix A.

DATA INSTRUMENT SELECTION

A letter requesting copies of family life education curricula from school districts in Virginia was distributed to school superintendents witha designated response of two weeks to be returned via enclosed self-addressed stamped envelopes. The researcher's telephone number was given for telephone contact if provide any additional information was needed.

EVALUATION METHODS

The tool used to analyze the curricula was an adaptive discrepancy evaluation based on Kaufman's Needs Assessment Evaluation (Kaufman et al., 1980). Kaufman's Needs Assessment approach compares perceptions to actuality to determine gaps and deficiencies in

curricula. It provides a systematic means of evaluating the process of instruction which is very valuable in curriculum planning. This approach allowed the researcher to assess what is present in the curricula compared to what should be in the curricula to effectively meet the family life education needs of mainstreamed mentally handicapped students.

Each curriculum was evaluated to determine the amount of emphasis placed on each of the recommended content areas as outlined in the standard curriculum. The standard curriculum was developed by the American Association for Health, Physical Education, and Recreation and the Sex Information and Education Council of the United States (AAHPER Publications, 1974). The content areas being measured are physical changes, peer group relationships and responsibility to society. Each content area has specified subtopics. The subtopics discussed under physical changes are sexual differences, identification with like sex and understanding opposite sex, social role of child, awareness of individual differences, preparation for changes, acceptance of changes, changing relationships and social expectations, emotional responses to opposite sex; conception, contraception and sterilization; limitation of conception, pregnancy, childbirth and information areas (includes sexually transmitted diseases). The subtopics

discussed under peer group relationships include development of self-respect, respect for others, peer expectations, responsibilities to groups, prelude to group relationships, identifying with the same and opposite sex - masculinity and feminity, acceptance of changing roles in relation to others - the family as a societal unit, social heterosexual relationships - preparation for dating, and classification of premarital intercourse. The subtopics covered under responsibility to society were single life, preparation for marriage, selection of a mate, financial obligations of marriage, husband-wife relations, contraception, responsibility of care for a household, and personal resources.

The number of constructs in each content and subtopic area was measured and means calculated. Following content analysis of the curricula, the researcher determined where the emphasis was placed in each curriculum and whether the curricula meet the standard qualifications for lower functioning students. The findings are arranged into frequency distributions of content areas and specified subtopics. The focus of the analysis was to determine if any significant deficiencies occured between what should be included in family life education curricula of the mentally handicapped and what is included in each curriculum.

SUMMARY

This chapter provided a discussion of the methods utilized in this study. Kaufman's Needs Assessment was the model used to measure the distribution of content areas and specified subtopics. The goal of the model was to compare what exists to what should exist in each curriculum based on the standard curriculum.

CHAPTER 4

RESULTS AND ANALYSIS

The purpose of this chapter was to report the findings of the study and to present an analysis of the data collected from the participants' curricula. This study was designed to investigate the extent to which selected family life education curricula in Virginia's public schools meets the needs of the mainstreamed mentally handicapped population. The curricula received from school districts were studied in terms of content areas, constructs and specified topics.

Means were calculated to analyze the data in accordance with the methods described in Chapter 3 on methodology. For the purpose of explaining the results of the study, a scale was developed to represent the findings.

ANALYSIS OF GRADE SIX

Covington and Rockbridge were the only two schools with sixth grade programs. The Covington curriculum's major emphasis was on peer group relationships but physical changes and responsibility to society were also addressed. The Rockbridge curriculum's major emphasis was on physical changes with peer group relationships being covered briefly. There was minimal coverage of responsibility to society by both districts. The distribution of content areas is presented in Table 1.

The mean number of curricular citations for physical changes were 14, peer group relationships were cited 13 times, and responsibility to society were cited 3.5 times.

Subtopics addressed under preparation for physical changes by Rockbridge's curriculum included sexual differences, social role of child, pregnancy, and informational areas which includes sexually transmitted diseases. The specifications of physical changes are presented in Table 2. The subtopics addressed under peer group relationships by Covington's curriculum were responsibility for others, peer expectations, and classification of premarital intercourse. The Rockbridge curriculum addressed development of self-respect, responsibility for others and prelude to group relations. The specifications of peer group relationships are presented in Table 3. Responsibility to society was addressed briefly. The Rockbridge curriculum focused on single life and briefly addressed preparation for marriage. The Covington curriculum only addressed personal resources. The specifications of responsibility to society are presented in Table 4.

ANALYSIS OF GRADE SEVEN

Alexandria, Fairfax, Orange, Roanoke, Rockbridge, Shenandoah, Warren and Westmoreland had Seventh grade programs. Rockbridge and Shenandoah had programs which

TABLE 1

GRADE 6

DISTRIBUTION OF CONTENT AREAS BY SIXTH GRADE

	PHYSICAL CHANGES	PEER GROUP RELATIONSHIPS	RESP. TO SOCIETY
COVINGTON	6	15	1
ROCKBRIDGE	22	11	6
M =	14	13	3.5

TABLE 2

GRADE 6

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Sex Diff.	Ident. Sex	Soc. Role	Aware. Indiv. Diff.	Prep. for chgs
Covington	0	0	0	0	6
Rockbridge	3	0	4	0	0
$\underline{M}$ =	1.5	0	2	0	3

TABLE 2 (CONT'D)

GRADE 6

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Accep. of chgs	Chging rel.	Emot. Resp.	Conc. Cont. Ster.
Covington	0	0	0	0
Rockbridge	0	0	0	5
$\underline{M}$ =	0	0	0	2.5

TABLE 2 (CONT'D)

GRADE 6

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Limit of conc.	Preg.	Child.	Info. Areas	M
Covington	0	0	0	0	.46
Rockbridge	0	7	0	3	1.7
M =	0	3.5	0	1.5	

Legend:

Sex Diff = Sexual Differences
Ident Sex = Identification with like sex and understanding opposite sex
Soc. Role = Social Role of child
Aware. Indiv. Diff. = Awareness of individual differences
Prep. for chgs = Preparation for changes
Accep. of chgs = Acceptance of changes
Chnging rel. = Changing relationships and social expectations
Emot. Resp. = Emotional responses to opposite sex
Conc. Cont. Ster. = Conception, contraception and sterilization
Limit of conc. = Limitation of conception
Preg. = Pregnancy
Child. = Childbirth
Info. Areas = Informational Areas

TABLE 3

GRADE 6

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Dev. of self	Resp. for otrs.	Peer exp.	Resp. to grps	Pre. to gp rel.
Covington	0	6	3	0	0
Rockbridge	4	4	0	0	3
M =	2	5	1.5	0	1.5

TABLE 3 (CONT'D)

GRADE 6

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Ident. with same	Accp. of roles	Accp. of emp.	Soc. rel.	Class. of int.	M
Covington	0	0	0	0	6	1.5
Rockbridge	0	0	0	0	0	1.1
M =	0	0	0	0	3	

Legend:

Dev. of self = Development of self-respect
Resp. for otrs. = Respect for others
Peer exp. = Peer expectations
Resp. to grps = Responsibilities to groups
Pre. to gp rel. = Prelude to group relationships
Ident. with same = Identifying with the same and opposite sex - masculinity and feminity
Accp. of roles = Acceptance of changing roles in relation to others - the family as a societal unit
Soc. rel. = Social heterosexual relationships - preparation for dating
Class. of int. = Classification of premarital intercourse

TABLE 4

GRADE 6

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Sing. life	Prep. marr.	Sel. mate	Fin. marr.	Hus/wif rel.
Covington	0	0	0	0	0
Rockbridge	5	1	0	0	0
M =	2.5	.5	0	0	0

TABLE 4 (CONT'D)

GRADE 6

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Cont.	Resp. hous.	Child care	Pers. res.	M
Covington	0	0	0	1	.11
Rockbridge	0	0	0	0	.7
M =	0	0	0	.5	

Legend:

Sing. Life = Single life
Prep. Marr. = Preparation for marriage
Sel. mate = selection of a mate
Fin. marr. = Financial obligations of marriage
Husb/wif rel. = Husband-wife relations
Cont. = Contraception
Resp. hous. = Responsibility of care for a household
Pers. res. = Personal resources

were classified as 6-8 grade. All programs except for Shenandoah placed major emphasis on physical changes. The Shenandoah curriculum focused mainly on peer group relationships with little coverage of responsibility to society. The Shenandoah and Westmoreland curricula had some coverage, whereas the Orange and Rockbridge curricula had very little. The distribution of content areas is presented in Table 5. The mean number of curricular citations for physical changes were 32, peer group relationships were cited 32 times, and responsibility to society was cited seven times.

Physical Changes were addressed by the schools as follows: The Fairfax curriculum addressed sexual differences and informational areas and the Orange curriculum covered preparation for changes, limit of conception, pregnancy and childbirth. The Roanoke curriculum covered sexual differences, social roles, limit of conception, pregnancy and childbirth. More emphasis was placed on pregnancy and childbirth. The Shenandoah curriculum covered identification with like sex and understanding of opposite sex, social role, limit of conception, pregnancy, and childbirth. The greatest emphasis was placed on social role of the child. The Warren curriculum covered sexual differences, social role of the child, preparation for changes and pregnancy. The Westmoreland curriculum emphasized the social role of the child. Other topics addressed were acceptance of changes,

pregnancy and childbirth. The specifications for physical changes are presented in Table 6.

Peer group relationships covered by the Orange curriculum were development of self, responsibility for self and others, peer group expectations and prelude to group relationships and social heterosexual relationships - preparation for dating. Peer group relationships addressed by the Shenandoah curriculum were development of self, peer expectations, social relationships and classification for premarital intercourse. The Warren curriculum addressed development of self and responsibility to groups. The Westmoreland curriculum addressed development of self and social heterosexual relationships, and preparation for dating. The specifications of peer group relationships are presented in Table 7.

The responsibility to society issue addressed by the Orange curriculum was responsibility of care for a household. The Shenandoah curriculum addressed contraception and childcare while the Westmoreland curriculum addressed single life and personal resources. The specifications for responsibility to society is presented in Table 8.

ANALYSIS OF GRADE EIGHT

Alexandria, Bedford, Fairfax, Roanoke, Rockbridge, Shenandoah, Warren, and Westmoreland had eighth grade programs. The Alexandria, Bedford, Fairfax, Warren, and Westmoreland curricula emphasized physical changes. The

Alexandria, Roanoke, Warren, and Westmoreland curricula addressed peer group relationships and only the Bedford, Roanoke, Shenandoah and Westmoreland curricula addressed responsibility to society. The distribution of content areas is presented in Table 9. The mean number of curricular citations for physical changes were 26, peer group relationships were cited 19 times, and responsibility to society was cited three times.

The subtopics covered under physical changes are as follows: The Alexandria curriculum addressed the social role of the child, awareness of individual differences, preparation for changes, acceptance of changes, and limitation of conception. The Bedford curriculum only addressed informational areas. The Fairfax curriculum addressed sexual differences and informational areas. The Roanoke curriculum addressed the social role of child and informational areas. Warren emphasized pregnancy and childbirth. Other topics covered include informational areas, limitation of conception and acceptance of changes. The Westmoreland curriculum emphasized the social role of child as well as sexual differences, conception, contraception and sterilization, pregnancy, childbirth, and informational areas. The specification of physical changes is presented in Table 10.

Peer group relationships covered by the Alexandria curriculum were development of self-respect, respect for others, peer expectations, and identifying with the same and

opposite sex. The Roanoke curriculum addressed social heterosexual relationships - preparation for dating, and classification for premarital intercourse. The Westmoreland curriculum briefly addressed social heterosexual relationships - preparation for dating. The specifications of peer group relationships are presented in Table 11.

Responsibility to society subtopics covered by the Bedford curriculum were husband-wife relations and personal resources. The Roanoke curriculum addressed responsibility of care for a household and the Westmoreland curriculum briefly covered childcare. The specifications of responsibility to society are presented in Table 12.

ANALYSIS OF GRADE NINE

Alexandria, Bedford, Charlottesville, Chesterfield, Covington, Fairfax, Orange, Roanoke, Rockbridge, Warren,Westmoreland, and Wythe had ninth grade programs. The Alexandria, Bedford, Charlottesville, Chesterfield, Fairfax, Roanoke, Rockbridge, Westmoreland and Wythe curricula focused on physical changes. The Orange and Warren curricula focused on peer group relationships. All of the school districts except Alexandria addressed responsibility to society. The distribution of content areas is presented in Table 13. The mean number of curricular citations for physical changes were 23.5, peer group relationships was cited 10.75 times, and responsibility to society was cited 12.5 times.

TABLE 5

GRADE 7

DISTRIBUTION OF CONTENT AREAS BY SEVENTH GRADE

	PHYSICAL CHANGES	PEER GROUP RELATIONSHIPS	RESP. TO SOCIETY
ALEXANDRIA	32	59	3
FAIRFAX	16	0	0
ORANGE	43	21	2
ROANOKE	16	24	0
ROCKBRIDGE	22	11	6
SHENANDOAH	50	67	14
WARREN	18	9	0
WESTMORELAND	60	41	10
$\underline{M}$ =	32	29	4.4

TABLE 6

GRADE 7

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Sex Diff.	Ident. Sex	Soc. Role	Aware. Indiv. Diff.	Prep. for chgs
Alexandria	1	1	0	0	30
Fairfax	9	0	0	0	0
Orange	0	0	0	0	20
Roanoke	11	0	5	0	0
Rockbridge	0	0	0	0	0
Shenandoah	0	5	35	0	0
Warren	4	0	7	0	2
Westmoreland	0	0	32	0	0
$\underline{M}$ =	3	.1	10	0	6.5

TABLE 6 (CONT'D)

GRADE 7

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Accep. of chgs	Chging rel.	Emot. Resp.	Conc. Cont. Ster.
Alexandria	0	0	0	0
Fairfax	0	0	0	0
Orange	0	0	0	2
Roanoke	0	0	0	0
Rockbridge	0	0	0	0
Shenandoah	0	0	0	0
Warren	0	0	0	0
Westmoreland	22	0	0	0
$\underline{M}$ =	2.8	0	0	.25

TABLE 6 (CONT'D)

GRADE 7

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Limit of conc.	Preg.	Child	Info. Areas	M
Alexandria	0	0	0	0	2.5
Fairfax	0	0	0	7	1.2
Orange	2	8	3	0	3.3
Roanoke	2	9	13	0	1.2
Rockbridge	0	0	0	0	1.7
Shenandoah	3	2	5	0	3.8
Warren	0	3	0	0	1.4
Westmoreland	0	1	5	0	4.6
M =	.9	2.9	3.3	.88	

Legend:

Sex Diff = Sexual Differences
Ident Sex = Identification with like sex and understanding opposite sex
Soc. Role = Social Role of child
Aware. Indiv. Diff. = Awareness of individual differences
Prep. for chgs = Preparation for changes
Accep. of chgs = Acceptance of changes
Chnging rel. = Changing relationships and social expectations
Emot. Resp. = Emotional responses to opposite sex
Conc. Cont. Ster. = Conception, contraception and sterilization
Limit of conc. = Limitation of conception
Preg. = Pregnancy
Child. = Childbirth
Info. Areas = Informational Areas

* = curriculum designed for grades 6-8

TABLE 7

GRADE 7

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Dev. of self	Resp. for otrs.	Peer exp.	Resp. to grps	Pre. to gp rel.
Alexandria	19	6	0	0	0
Fairfax	0	0	0	0	0
Orange	6	4	3	0	2
Roanoke	0	0	0	0	0
Rockbridge	0	0	0	0	0
Shenandoah	17	0	7	0	0
Warren	4	0	0	5	0
Westmoreland	25	0	0	0	0
$\underline{M}$ =	8.9	1.3	1.3	.63	.25

TABLE 7 (CONT'D)

GRADE 7

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Ident. with same	Accp. of roles	Accp. of emp.	Soc. rel.	Class. of int.	M
Alexandria	0	0	0	0	34	5.9
Fairfax	0	0	0	0	0	0
Orange	0	0	0	6	0	2.1
Roanoke	0	0	0	0	0	2.4
Rockbridge	0	0	0	0	0	1.1
Shenandoah	0	0	0	29	14	6.7
Warren	0	0	0	0	0	.9
Westmoreland	0	0	0	16	0	4.1
M =	0	0	0	6.4	6	

Legend:

Dev. of self = Development of self-respect
Resp. for otrs. = Respect for others
Peer exp. = Peer expectations
Resp. to grps = Responsibilities to groups
Pre. to gp rel. = Prelude to group relationships
Ident. with same = Identifying with the same and opposite sex - masculinity and feminity
Accp. of roles = Acceptance of changing roles in relation to others - the family as a societal unit
Soc. rel. = Social heterosexual relationships - preparation for dating
Class. of int. = Classification of premarital intercourse

TABLE 8

GRADE 7

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Sing. life	Prep. marr.	Sel. mate	Fin. marr.	Hus/wif rel.
Alexandria	0	0	0	0	0
Fairfax	0	0	0	0	0
Orange	0	0	0	0	0
Roanoke	0	0	0	0	0
Rockbridge	0	0	0	0	0
Shenandoah	0	0	0	0	0
Warren	0	0	0	0	0
Westmoreland	9	0	0	0	0
$\underline{M}$ =	1.1	0	0	0	0

TABLE 8 (CONT'D)

GRADE 7

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Cont.	Resp. hous.	Child care	Pers. res.	M
Alexandria	0	0	0	3	.33
Fairfax	0	0	0	0	0
Orange	0	2	0	0	.22
Roanoke	0	0	0	0	0
Rockbridge	0	0	0	0	.66
Shenandoah	0	0	6	0	1.6
Warren	0	0	0	0	0
Westmoreland	0	0	0	1	1.1
M =	1	.25	.75	.5	

Legend:

Sing. Life = Single life
Prep. Marr. = Preparation for marriage
Sel. mate = selection of a mate
Fin. marr. = Financial obligations of marriage
Husb/wif rel. = Husband-wife relations
Cont. = Contraception
Resp. hous. = Responsibility of care for a household
Pers. res. = Personal resources

TABLE 9

GRADE 8

DISTRIBUTION OF CONTENT AREAS BY EIGHTH GRADE

	PHYSICAL CHANGES	PEER GROUP RELATIONSHIPS	RESP. TO SOCIETY
Alexandria	14	9	0
Bedford	4	0	2
Fairfax	16	0	0
Roanoke	8	10	6
Rockbridge	0	0	0
Warren	57	19	0
Westmoreland	56	38	1
$\underline{M}$ =	22.4	10.9	1.3

TABLE 10

GRADE 8

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Sex Diff.	Ident. Sex	Soc. Role	Aware. Indiv. Diff.	Prep. for chgs
Alexandria	0	0	2	6	2
Bedford	0	0	0	0	0
Fairfax	9	0	0	0	0
Roanoke	0	0	4	0	0
Rockbridge	0	0	0	0	0
Shenandoah	0	0	0	0	0
Warren	0	0	0	0	0
Westmoreland	1	0	29	0	0
$\underline{M}$ =	1.3	0	4.4	.75	.25

TABLE 10 (CONT'D)

GRADE 8

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Accep. of chgs	Chging rel.	Emot. Resp.	Conc. Cont. Ster.
Alexandria	1	0	0	0
Bedford	0	0	0	0
Fairfax	0	0	0	0
Roanoke	0	0	0	0
Rockbridge	0	0	0	0
Warren	3	0	0	0
Westmoreland	0	0	0	13
$\underline{M}$ =	.5	0	0	1.6

GRADE 10 (CONT'D)

GRADE 8

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Limit of conc.	Preg.	Child	Info. Areas	M
Alexandria	3	0	0	0	1.1
Bedford	0	0	0	8	.31
Fairfax	0	0	0	7	1.2
Roanoke	0	0	0	4	.61
Rockbridge	0	0	0	0	0
Warren	4	26	14	10	4.4
Westmoreland	0	2	3	4	4.3
M =	.88	3.5	2.2	4.1	

Legend:

Sex Diff = Sexual Differences
Ident Sex = Identification with like sex and opposite sex understanding
Soc. Role = Social Role of child
Aware. Indiv. Diff. = Awareness of individual differences
Prep. for chgs = Preparation for changes
Accep. of chgs = Acceptance of changes
Chnging rel. = Changing relationships and social expectations
Emot. Resp. = Emotional responses to opposite sex
Conc. Cont. Ster. = Conception, contraception and sterilization
Limit of conc. = Limitation of conception
Preg. = Pregnancy
Child. = Childbirth
Info. Areas = Informational Areas

TABLE 11

GRADE 8

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Dev. of self	Resp. for otrs.	Peer exp.	Resp. to grps	Pre. to gp rel.
Alexandria	3	2	1	0	0
Bedford	0	0	0	0	0
Fairfax	0	0	0	0	0
Roanoke	0	0	0	0	0
Rockbridge	0	0	0	0	0
Warren	0	0	0	0	0
Westmoreland	13	0	0	6	0
M =	2	.25	.13	.75	0

TABLE 11 (CONT'D)

GRADE 8

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Ident. with same	Accp. of roles	Accp. of emp.	Soc. rel.	Class. of int.	M
Alexandria	3	0	0	0	0	.9
Bedford	0	0	0	0	0	0
Fairfax	0	0	0	0	0	0
Roanoke	0	0	0	5	5	1
Rockbridge	0	0	0	0	0	0
Warren	0	0	0	15	4	1.9
Westmoreland	0	0	0	11	8	3.8
M =	.38	0	0	3.3	2.1	

Legend:

Dev. of self = Development of self-respect
Resp. for otrs. = Respect for others
Peer exp. = Peer expectations
Resp. to grps = Responsibilities to groups
Pre. to gp rel. = Prelude to group relationships
Ident. with same = Identifying with the same and opposite sex - masculinity and feminity
Accp. of roles = Acceptance of changing roles in relation to others - the family as a societal unit
Soc. rel. = Social heterosexual relationships - preparation for dating
Class. of int. = Classification of premarital intercourse

TABLE 12

GRADE 8

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Sing. life	Prep. marr.	Sel. mate	Fin. marr.	Hus/wif rel.
Alexandria	0	0	0	0	0
Bedford	0	0	0	0	1
Fairfax	0	0	0	0	0
Roanoke	0	0	0	0	0
Rockbridge	0	0	0	0	0
Warren	0	0	0	0	0
Westmoreland	0	0	0	0	0
$\underline{M}$ =	0	0	0	0	.13

TABLE 12

GRADE 8

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Cont.	Resp. hous.	Child care	Pers. res.	M
Alexandria	0	0	0	0	0
Bedford	0	0	0	1	.22
Fairfax	0	0	0	0	0
Roanoke	0	6	0	0	.67
Rockbridge	0	0	0	0	0
Warren	0	0	0	0	0
Westmoreland	0	0	1	0	.11
M =	0	.75	.13	.13	

Legend:

Sing. Life = Single life
Prep. Marr. = Preparation for marriage
Sel. mate = selection of a mate
Fin. marr. = Financial obligations of marriage
Husb/wif rel. = Husband-wife relations
Cont. = Contraception
Resp. hous. = Responsibility of care for a household
Pers. res. = Personal resources

TABLE 13

GRADE 9

DISTRIBUTION OF CONTENT AREAS BY GRADE

	PHYSICAL CHANGES	PEER GROUP RELATIONSHIPS	RESP. TO SOCIETY
ALEXANDRIA	19	5	0
BEDFORD	4	0	2
C'VILLE	37	22	27
CHESTERFLD	51	4	30
COVINGTON	0	0	0
FAIRFAX	12	4	9
ORANGE	13	52	33
ROANOKE	6	0	3
ROCKBRIDGE	7	3	3
WARREN	0	24	6
WESTMORELAND	39	5	19
WYTHE	85	10	18
M	23.5	11	12.5

TABLE 14

GRADE 9

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Sex Diff.	Idnt. Sex	Soc. Role	Awar. Indv. Diff.	Prep. for chgs.
ALEXANDRIA	5	8	3	0	0
BEDFORD	0	0	0	0	0
CHVILLE	16	0	7	0	6
CHESTERFIELD	0	0	0	0	11
COVINGTON	0	0	0	0	0
FAIRFAX	0	0	3	0	0
ORANGE	4	0	0	0	4
ROANOKE	0	0	0	0	0
ROCKBRIDGE	2	0	2	0	0
WARREN	0	0	0	0	0
WESTMORELAND	0	0	12	0	4
WYTHE	0	0	20	0	0
M =	2.3	.67	3.8	0	2.2

TABLE 14 (CONT'D)

GRADE 9

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Accep. of chgs	Chging Rel.	Emot. Resp.	Conc. Cont. Ster.
ALEXANDRIA	0	0	0	0
BEDFORD	0	0	0	0
CHVILLE	0	0	0	0
CHESTERFIELD	0	0	0	11
COVINGTON	0	0	0	0
FAIRFAX	2	0	0	0
ORANGE	0	0	2	0
ROANOKE	0	0	0	0
ROCKBRIDGE	0	0	0	0
WARREN	0	0	0	0
WESTMORELAND	0	0	0	0
WYTHE	0	0	0	0
M =	.17	0	.17	.9

TABLE 14 (CONT'D)

GRADE 9

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Limit of conc.	Preg.	Child.	Info. Areas	M
ALEXANDRIA	0	3	0	0	1.5
BEDFORD	0	0	0	2	.31
CHVILLE	4	0	0	4	2.8
CHESTERFIELD	6	21	2	5	4
COVINGTON	0	0	0	0	0
FAIRFAX	0	0	0	7	.9
ORANGE	0	0	0	3	1
ROANOKE	0	0	0	6	.5
ROCKBRIDGE	0	0	0	0	.53
WARREN	3	12	0	4	0
WESTMORELAND	0	0	0	0	3
WYTHE	0	0	0	0	3.8
M =	.58	3	.17	2.6	

Legend:
Sex Diff = Sexual Differences
Ident Sex = Identification with like sex and understanding opposite sex
Soc. Role = Social Role of child
Aware. Indiv. Diff. = Awareness of individual differences
Prep. for chgs = Preparation for changes
Accep. of chgs = Acceptance of changes
Chnging rel. = Changing relationships and social expectations
Emot. Resp. = Emotional responses to opposite sex
Conc. Cont. Ster. = Conception, contraception and sterilization
Limit of conc. = Limitation of conception
Preg. = Pregnancy
Child. = Childbirth
Info. Areas = Informational Areas

Physical changes addressed by the Alexandria curriculum include sexual differences, identification with like sex and understanding of the opposite sex, social role of child and pregnancy. The Bedford curriculum only addressed informational areas. The Charlottesville curriculum addressed sexual differences, social role of child, preparation for changes, limitation of conception and informational areas. The Chesterfield curriculum focused on pregnancy. Other topics covered were preparation for changes, conception, contraception and sterilization, limit of conception, childbirth and informational areas. The Fairfax curriculum covered the social role of child, acceptance of changes, and informational areas. The Orange curriculum addressed sexual differences, preparation for changes emotional responses to opposite sex, emotional responses to the opposite sex and informational areas. The Roanoke curriculum addressed informational areas only. The Warren curriculum addressed limitation of conception, pregnancy, and informational areas. The specifications of physical changes are presented in Table 14.

The peer group relationships subtopic addressed by the Alexandria curriculum was development of self-respect. The Bedford curriculum also addressed

development of self-respect. The Charlottesville curriculum addressed responsibility to groups, prelude to group relationships, social heterosexual relationships - preparation for dating, and classification of premarital intercourse. The Chesterfield curriculum addressed classification of premarital intercourse. The Fairfax curriculum addressed responsibility for others and acceptance of changing roles in relation to others. The Orange curriculum addressed respect for others, responsibilities to groups, prelude to group relationships, acceptance of changing roles in relation to others, social heterosexual relationships - preparation for dating and classification of premarital intercourse. The Rockbridge curriculum addressed development of self-respect while the Warren curriculum addressed development of self-respect and classification of premarital intercourse and the Westmoreland curriculum addressed classification of premarital intercourse. The specifications of peer group relationships is presented in Table 15.

Subtopics addressed in the area of responsibility to society by the Bedford curriculum included child care. The Charlottesville curriculum covered single life, selection of a mate, contraception, and child care. The Chesterfield curriculum covered single life,

selection of a mate, contraception, responsibility of care for a household, child care and personal resources. The Fairfax curriculum addressed personal resources while the Orange curriculum addressed single life. The Roanoke curriculum addressed single life, preparation for marriage, selection of a mate, and personal resources, and the Rockbridge curriculum addressed single life. The Warren curriculum addressed financial obligations of marriage while the Westmoreland curriculum addressed contraception, responsibility of care for a household and personal resources. The specifications of responsibility to society are presented in Table 16.

ANALYSIS OF GRADE TEN

Bedford, Charlottesville, Shenandoah, and Smyth had tenth grade programs. The Bedford, Shenandoah and Smyth curricula focused on physical changes while the Charlottesville curriculum focused on responsibility to society. Only the Bedford and Smyth curricula covered peer group relationships. The Bedford, Charlottesville and Smyth curricula addressed responsibility to society. The distribution of content areas is presented in Table 17. The mean number of curricular citation for physical changes was 34.5, peer group relationships were cited 3.5 times and responsibility to society was cited 25 times.

Physical changes covered by the Bedford and Smyth curricula covered peer group relationships while the Bedford curriculum only addressed the social role of child, preparation for changes and pregnancy. The Charlottesville curriculum addressed changing relationships and conception, contraception and sterilization and pregnancy. The Smyth curriculum addressed acceptance of changes, social role of child, limit of conception, pregnancy and informational areas. The specification of physical changes is presented in Table 18.

Peer group relationships addressed by the Bedford curriculum were respect for others and social heterosexual relationships - preparation for dating. The Charlottesville curriculum addressed development of self-respect, respect for others, peer expectations, responsibilities to groups, and prelude to group relationships. The Smyth curriculum addressed responsibilities to groups, prelude to group relationships and classification of premarital intercourse. The specifications of peer group relationships is presented in Table 19.

Subtopics covered under responsibility to society by the Bedford curriculum were husband-wife relations and personal resources. The Charlottesville curriculum addressed preparation for marriage and the Smyth

curriculum addressed responsibility of care for a household, childcare and personal resources. The specifications of responsibility to society is presented in Table 20.

SUMMARY

Chapter Four presented the data collected as a result of this research. The data collected consisted of the family life education curricula from selected school districts in Virginia. The data was analyzed by comparing its content to that of the standard family life education curriculum outline designed by AAPHER & SIECUS. In this chapter the frequency of content citations were noted. The schools which responded to the study were typically rural and had family life education programs for the seventh through ninth grades.

The mean number of curricular citations were calculated. The results show significant deficits in the curricula and suggest a dire need to revise existing curricula to better meet the needs of mentally handicapped students. Thus the two hypothesis were supported.

TABLE 15

GRADE 9

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Dev. of self	Resp. for otrs	Peer exp.	Resp. to grps	Pre. to gp rel.
ALEXANDRIA	5	0	0	0	0
BEDFORD	4	0	0	0	0
CHVILLE	0	0	0	4	5
CHESTERFIELD	0	0	0	0	0
COVINGTON	0	0	0	0	0
FAIRFAX	0	2	0	0	0
ORANGE	0	8	0	2	4
ROANOKE	0	0	0	0	0
ROCKBRIDGE	3	0	0	0	0
WARREN	12	0	0	0	0
WESTMORELAND	0	0	0	0	0
WYTHE	0	0	0	0	0
$\underline{M}$ =	2	.8	0	.5	.75

TABLE 15 (CONT'D)

GRADE 9

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Ident. with same	Accp. of roles	Accp. of emp.	Soc. rel.	Class. of int.	M
ALEXANDRIA	0	0	0	0	0	.5
BEDFORD	4	0	0	0	0	0
CHVILLE	0	0	0	10	3	2.2
CHESTERFIELD	0	0	0	0	4	.4
COVINGTON	0	0	0	0	0	0
FAIRFAX	0	2	0	0	0	.4
ORANGE	0	2	0	32	3	5.2
ROANOKE	0	0	0	0	0	0
ROCKBRIDGE	0	0	0	0	0	.3
WARREN	0	0	0	0	12	2.4
WESTMORELAND	0	0	0	0	5	.5
WYTHE	0	0	0	0	0	1
M =	.3	.3	0	3.5	2.3	

Legend:

Dev. of self = Development of self-respect
Resp. for otrs. = Respect for others
Peer exp. = Peer expectations
Resp. to grps = Responsibilities to groups
Pre. to gp rel. = Prelude to group relationships
Ident. with same = Identifying with the same and opposite sex - masculinity and feminity
Accp. of roles = Acceptance of changing roles in relation to others - the family as a societal unit
Soc. rel. = Social heterosexual relationships - preparation for dating
Class. of int. = Classification of premarital intercours

TABLE 16

GRADE 9

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Sing. life	Prep. marr.	Sel. mate	Fin. marr.	Hus/wife rel.
ALEXANDRIA	0	0	0	0	0
BEDFORD	0	0	0	0	0
CHVILLE	4	0	4	0	0
CHESTERFIELD	8	0	0	0	0
COVINGTON	0	0	0	0	0
FAIRFAX	0	0	0	0	0
ORANGE	5	9	8	0	0
ROANOKE	0	0	0	0	0
ROCKBRIDGE	3	0	0	0	0
WARREN	0	0	0	4	0
WESTMORELAND	0	0	0	0	0
WYTHE	0	0	0	0	0
$\underline{M}$ =	1.7	.75	1	.3	0

TABLE 16 (CONT'D)

GRADE 9

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Cont.	Resp. hous.	Child care	Pers. res.	M
ALEXANDRIA	0	0	0	0	0
BEDFORD	0	0	2	0	.22
CHVILLE	10	0	9	0	3
CHESTERFIELD	6	4	4	6	3.3
COVINGTON	0	0	0	0	0
FAIRFAX	0	0	0	9	1
ORANGE	11	0	0	0	3.7
ROANOKE	0	0	0	3	.33
ROCKBRIDGE	0	0	0	0	.33
WARREN	0	0	6	0	.67
WESTMORELAND	0	7	5	3	2.1
WYTHE	0	0	0	0	2
M =	1.8	.9	2.2	1.75	

Legend:

Sing. Life = Single life
Prep. Marr. = Preparation for marriage
Sel. mate = selection of a mate
Fin. marr. = Financial obligations of marriage
Husb/wif rel. = Husband-wife relations
Cont. = Contraception
Resp. hous. = Responsibility of care for a household
Pers. res. = Personal resources

TABLE 17

GRADE 10

DISTRIBUTION OF CONTENT AREAS BY TENTH GRADE

	PHYSICAL CHANGES	PEER GROUP RELATIONSHIPS	RESP. TO SOCIETY
BEDFORD	15	4	10
CHVILLE	38	0	71
SHENANDOAH	0	0	0
SMYTH	85	10	18
M =	34.5	3.5	24.8

TABLE 18

GRADE 10

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Sex Diff.	Idnt. Sex	Soc. Role	Awar. Indv. Diff.	Prep. for chgs.
BEDFORD	0	0	9	0	2
CHVILLE	0	0	0	0	0
SHENANDOAH	0	0	0	0	0
SMYTH	0	0	20	0	0
M =	0	0	7.3	0	.5

TABLE 18 (CONT'D)

GRADE 10

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Accep. of chgs	Chging Rel.	Emot. Resp.	Conc. Cont. Ster.
BEDFORD	0	0	0	0
CHVILLE	0	9	0	12
SHENANDOAH	15	0	0	0
SMYTH	0	0	0	0
M =	3.8	2.3	0	3

TABLE 18 (CONT'D)

GRADE 10

SPECIFICATIONS OF PHYSICAL CHANGES BY GRADE

	Limit of conc.	Preg.	Child.	Info. Areas	M
BEDFORD	0	4	0	0	1.2
CHVILLE	0	17	0	0	2.9
SHENANDOAH	0	0	0	0	0
SMYTH	11	14	0	25	6.5
M =	2.8	8.8	0	6.3	

Legend:

Sex Diff = Sexual Differences
Ident Sex = Identification with like sex and understanding opposite sex
Soc. Role = Social Role of child
Aware. Indiv. Diff. = Awareness of individual differences
Prep. for chgs = Preparation for changes
Accep. of chgs = Acceptance of changes
Chnging rel. = Changing relationships and social expectations
Emot. Resp. = Emotional responses to opposite sex
Conc. Cont. Ster. = Conception, contraception and sterilization
Limit of conc. = Limitation of conception
Preg. = Pregnancy
Child. = Childbirth
Info. Areas = Informational Areas

TABLE 19

GRADE 10

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Dev. of self	Resp. for otrs	Peer exp.	Resp. to grps	Pre. to gp rel.
Bedford	0	1	0	0	0
Chville	13	11	6	5	24
Shenandoah	0	0	0	0	0
Smyth	0	0	0	3	5
M =	3.3	3.5	1.5	2	7.3

TABLE 19 (CONT'D)

GRADE 10

SPECIFICATIONS OF PEER GROUP RELATIONSHIPS BY GRADE

	Ident. with same	Accp. of roles	Accp. of emp.	Soc. rel.	Class. of int.	M
Bedford	0	0	0	3	0	.4
Chville	0	0	0	0	0	0
Shenandoah	0	0	0	0	0	0
Smyth	0	0	0	0	2	1
M =	0	0	0	.75	.5	

Legend:

Dev. of self = Development of self-respect
Resp. for otrs. = Respect for others
Peer exp. = Peer expectations
Resp. to grps = Responsibilities to groups
Pre. to gp rel. = Prelude to group relationships
Ident. with same = Identifying with the same and opposite sex - masculinity and feminity
Accp. of roles = Acceptance of changing roles in relation to others - the family as a societal unit
Soc. rel. = Social heterosexual relationships - preparation for dating
Class. of int. = Classification of premarital intercourse

TABLE 20

GRADE 10

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Sing. life	Prep. marr.	Sel. mate	Fin. marr.	Hus/wife rel.
Bedford	0	0	0	0	1
Chville	0	12	0	2	0
Shenandoah	0	0	0	0	0
Smyth	0	0	0	0	0
M =	0	3	0	.5	.25

TABLE 20 (CONT'D)

GRADE 10

SPECIFICATIONS OF RESPONSIBILITY TO SOCIETY BY GRADE

	Cont.	Resp. hous.	Child care	Pers. res.	M
Bedford	0	0	0	9	1.1
Chville	0	0	0	0	7.9
Shenandoah	0	0	0	0	0
Smyth	0	8	4	6	2
M =	0	2	1	3.75	

Legend:

Sing. Life = Single life
Prep. Marr. = Preparation for marriage
Sel. mate = selection of a mate
Fin. marr. = Financial obligations of marriage
Husb/wif rel. = Husband-wife relations
Cont. = Contraception
Resp. hous. = Responsibility of care for a household
Pers. res. = Personal resources

CHAPTER FIVE

SUMMARY AND RECOMMENDATIONS

The following presents the summary and recommendations for this study. The chapter is organized under four headings: summary, interpretations and implications, conclusions and recommendations.

SUMMARY

The purpose of the study was to measure the extent to which existing family life education curricula meets the needs of mentally handicapped children. It was the intent of this study to determine the relationship between what currently exists and what should exist to address the needs of learning disabled students.

The following specific research questions were generated for this purpose:

(1) Is family life education curricula designed to meet the needs of the mentally handicapped students attending public schools in Virginia? Have provisions been made by school districts to address the family life education needs of the mentally handicapped?

The 15 participating schools in this study voluntarily agreed to participate by written request. The participants were selected by random sampling from a listing of the 139 public schools in Virginia. The majority of participants did not have a designated

family life education program to address the needs of the mentally handicapped.

The results of the study suggest that all of the school districts are woefully unprepared with family life education curricula to meet the needs of mentally handicapped students. An examination of specified content areas revealed huge gaps in desired content and a lack of broad, comprehensive nature. This is very disturbing because mentally handicapped students fail to receive necessary background information for their sex instruction that "normal" students receive through social studies and health education courses. Additionally, due to their limited ability to receive sexual information and lack of social skills, they are highly susceptible to sexual exploitation.

INTERPRETATION AND IMPLICATIONS

1. Many school districts have not developed comprehensive family life education curricula which includes emotional, mental, social and spiritual components as well as physical.
2. Several approaches are used by different districts to provide family life education instruction to students.
3. Physical changes were emphasized in most

curricula with minimal addressment of the psychosocial facets of human sexuality.

4. The mentally handicapped have been virtually ignored as a population in need of family life education instruction which has been modified to meet their special learning deficits.
5. Most family life education doesn't occur until the ninth grade which is often too late to significantly effect the value formation and healthy decision making skills of adolescents.

CONCLUSIONS

The following review of findings is based upon research questions and methodologies outlined in Chapter Three and data provided in Chapter Four.

1. This study has limited generalizability because of the small sample size. However the response group consistently neglected the need to provide sex education curricula which would meet the needs of the mentally handicapped.
2. There is a significant gap in existing family life education curricula when considering the needs of the mentally handicapped students. Like other children, mentally

handicapped children have sexual feelings, and are exposed to sexual messages. By definition the learning disabled child is less capable of comprehending and understanding than normal students, thus they need special guidance to understand sexuality.

RECOMMENDATIONS

These recommendations have been suggested upon the completion of the study as follows.

1. Further research is needed to assess the family life education needs of mentally handicapped students in the classroom.
2. Teachers and curriculum specialists need to adhere to a standard of learning when developing family life education curricula to reduce gaps in learning.
3. It is important to identify educational tools to address the needs of the mentally handicapped.
4. Family life education instruction needs to be incorporated as a requirement in the individualized education plans of all handicapped students, especially since they are extremely susceptible to sexual exploitation.

5. Longitudinal studies showing effectiveness of family life education in the lives of special education students are needed.
6. Existing family life education curricula needs to be individualized to increase the learning disabled students' ability to learn and understand.

REFERENCES

Adam, H. and Gudalefsky, B. (1986). Sexuality and mental retardation. Unpublished paper presented at the World Congress of the International League of Societies for Persons with Mental Handicaps.

Alcorn, D. (1974). Parental views on sexual development and education of the trainable mentally retarded. Journal of Special Education. 8, 119-30.

American Association For Health, Physical Education and Recreation and Sex Information and Education Council of the United States. (1971). A resource guide in sex education for the mentally retarded. MD:AAHPER Publications

Anastasiow, N. (1983). Adolescent pregnancy and special education. Exceptional Children 49, 396-401.

Bailey, James and Brookman, R., (1986). Family life education, Virginia Health Congress: Major health problems for the 1990's and beyond. Virginia Department of Health.

Barnes, K. (1982). Mother to daughter: woman to woman talks. Exceptional Parent. 12, 47-49.

Bennett, W. (1987). Sex and the education of our children. Curriculum Review. 27, 7-12.

Commonwealth of Virginia Department of Education (1987). Family life education standards of learning objectives for Virginia Public Schools.

Cunningham, J. (1987). Sex education of the handicapped. Encyclopedia of Special Education. In Reynolds, C. and Mann, L. (ed.). N.Y.:John Wiley and Sons

Eash, M. (1972). Developing an instrument for assessing instructional materials. In. Weiss, J. (ed.). Curriculum Evaluation: Potentiality and Reality, Ontario Institute for Studies in Education

English, F. and Kaufman, R. (1975). Needs assessment: a focus for curriculm development. VA:Association for Supervision and Curriculum Development.

Fletcher, D. and Ogle, P. (1981). A realistic approach to sex education for the developmentally disabled: the human growth and development curriculum. Journal of Special Edcuation. 17,316-25.

Foxx, R. et al (1984). Teaching social/sexual skills to mentally retarded adults. American Journal of Mental Deficiency. 89, 9-15

Graff, D. (1983). Teacher preparation: the key to effective sex education for the mentally retarded. Health Education. 14,25-27.

Haight, S. and Fachting, D. (1987). Materials for teaching sexuality, love and maturity to high school students with learning disabilities. Journal of Learning Disabilities. 19, 344-49.

Hamadock, S. (1982). Sexuality Education with Persons who are mentally retarded. In Sex Education Coalition of Metropolitan Washington, D.C. Practical approaches to sexuality education programs.

Heshusis, L. (1982). Sexuality, intimacy, and persons we label mentally retarded: what they think, what we think. Mental Retardation 20,164-68.

Hingsburger, D. (1988). Clients and curriculum: preparing for sex education. Psychiatric Aspects of Mental Retardation Reviews. 7, 13-18.

Hingsburger, D. (1987). Sex counseling with the developmentally handicapped: the assessment and management of seven critical problems. Psychiatric Aspects of Mental Retardation Reviews. 6,41-45.

Johnson, J. (1988). Introduction to the foundations of American education. MA:Allyn and Bacon.

Johnson, W. (1975). Sex education and counseling of special groups, the mentally and physically handicapped, ill and elderly. IL:Charles C. Thomas.

Johnson, W. (1973). Human sexuality and the mentally retarded. In de la Cruz F. and LaVeck, G. (ed.).

Johnson, W. (1981). Sex education for special populations. In Brown, L. (ed.). Sex Education in the Eighties. New York: Plenum Press.

Karal, P. (1984). Parenting education for the young: a literature survey. Ontario Department of Education.

Kaufman, R. and Thomas, S. (1980). Evaluation without fear. N.Y.: New Viewpoints.

Kempton, W. (1975). A teacher's guide to sex education for persons with learning disabilities. MA: Duxberry Press.

Kempton, W. (1978). Sexuality and the mentally retarded: nine slide presentations for teaching the mentally handicapped individual: Standard Film Associates

Kenney, A and Orr, M. (1984). Sex education: an overview of current programs, policies and research. Phi Delta Kappan, 491,96

Kirby, D. (1984). Sexuality education: an evaluation of programs and their effects: Mahtech, Inc.

Kirkendall, L. (1981). Sex education in the United States: a historical perspective. In Brown, L. (ed.). Sex Education in the Eighties. New York: Plenum Press

Kenney, A. and Orr, M. (1984). Sex education: an overview of current programs, policies and research, Phi Delta Kappan, 491-96

Kranes, Judith, (1980). The hidden handicapped. N.Y.: Simon and Schuster

Lowenthall, B. (1987). Mainstreaming: ready or not. Academic Therapy. 22, 393-97

Meyen, E. and Altman, R. (1982). Special education. In Mitzel, H. (ed.). Encyclopedia of Educational Research, 5th Edition. N.Y.:Macmillan Publishing Co. Inc.

Moore, C. (1983). A readers guide for parents of children with mental, physical or emotional disabilities, an update. VA:Montgomery County Association for Retarded Citizens

Moseley, P. (1981). Sex education. In Mitzel, H. (ed.). Encyclopedia of Educational Research, 5th Edithion. N.Y.:Macmillan Publishing Co., Inc.

Obstfeld, L. and Meyers, A. (1984). Adolescent sex education: a preventive mental health measure. Journal of School Health. 54, 68-70.

Passer, A. (1984). Issues in fertility control for mentally retarded female adolescents: II Parental attitudes toward sterilization, Pediatrics. 73, 451-54.

Pincus, S. (1988). Sexuality in the mentally retarded patient. American Family Physician. 37, 319-23.

Pipel, H. and Rockett, L. (1981). Sex education and the law. In Brown, L. (ed.). Sex education in the eighties. New York: Plenum Press.

Russell, T. and Hardin, P. (1980). Sex education for the mentally retarded. Education and Training of the Mentally Retarded. 15,312-314.

Scales, P. (1983). Sense and nonsense about sexuality education: a rejoinder to the Shornacks' critical view. Family Relations. 32, 287-295.

Schultz, J. and Adams, D. (1987). Family life education needs of mentally disabled adolescents. Adolescence, 22, 221-30.

Sheek, G. (1984). A nation for families: family life education in public schools. A handbook of realities, recommendations and resources for educators, administrators, and community leaders: American Home Economics Association

Silverstein, C. and Buck, G. (1986). Parental preferences regarding sex education topics for six graders. Adolescence. 21, 971-80.

Tatum, M. (1981). Sex education in the public schools. In Brown, L. (ed). Sex Education in the Eighties. New York:Plenum Press.

Thurman, R. (1976). Sexuality, sex education and the mentally retarded: one educational approach. Mental Retardation. 14, 19.

Turnbull, A. and Schulz, J. (1979). Mainstreaming handicapped students: a guide for the classroom teacher. MA:Allyn and Bacon

Varnet, T. (1984). Sex education and the disabled-teaching adult responsibilities, Exceptional Parent. 14, 43-46.

Walbroehl, G. (1988). Sexuality in the handicapped. American Family Physician. 36, 129-33.

Wilson, Susan (1985). Creating family life education programs in the public schools: a guide for state education policymakers. N.J.: National Association of State Boards of Education

Wood, J. (1984). Adapting Instruction for the Mainstream. OH: Merrill

Yoshida, R. (1986) Mainstreaming. In Reynolds, C. and Mann, L. (ed.). Encyclopedia of Special Education. N.Y.:J. Wiley and Sons.

OLD DOMINION UNIVERSITY

College of Health Sciences
School of Community Health Professions and Physical Therapy
Norfolk, Virginia 23529-0288
804-440-4409

September 14, 1988

Dr. Edward L. Kelly
Superintendent
Prince William County Public Schools
P.O. Box 389
Manassas, Virginia 22110

Dear Dr. Kelly:

I am a master's degree student in Community Health Education at Old Dominion University and I am requesting your assistance in gathering data for my thesis. I am conducting an evaluation of existing Family Life Education curricula to determine its appropriateness for the mentally handicapped students. Mainstreaming of these students may require that they participate in the Family Life Education classes with the other students, however many will need additional assistance to help them comprehend and understand the lessons. Therefore, I respectfully request a copy of your Family Life Education curriculum for secondary instruction. Upon reviewing the curricula throughout the State, I will develop a curriculum for the lower functioning students. I believe that this study could have significant value for educators in our State, especially since most of the school districts are in the process of developing family life instruction for students. I would be happy to share my curriculum with you upon completion of my thesis.

Your assistance with this effort will be extremely helpful. Please forward a copy of your curriculum to me at P.O. Box 1452, Newport News, Virginia, 23601, before October 10, 1988. If you have any additional questions regarding this request, I may be reached at 804-596-3078. My thesis chairman is Dr. Gregory Frazer, School of Community Health Professions and Physical Therapy, Old Dominion University, Norfolk, Virginia, 804-683-4409.

We look forward to hearing from you soon. Your cooperation and support are appreciated.

Sincerely,

Phoebe T. Butler
Graduate Student

Gregory H. Frazer, Ph.D.
Associate Professor
Graduate Program Director