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A suggested approach to a sex education instructional unit for girls on the secondary level

Lillian Cervenka

The University of Montana

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A SUGGESTED APPROACH TO A SEX EDUCATION INSTRUCTIONAL UNIT FOR GIRLS ON THE SECONDARY LEVEL

by

Lillian Cervenka
B. A. Montana State University, 1940

Presented In Partial Fulfillment of the Requirements for the Degree of Master of Arts

MONTANA STATE UNIVERSITY
1957

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[Signatures]
Chairman, Board of Examiners
Dean, Graduate School

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CHAPTER I

INTRODUCTION

Because many teachers with little or no training in the teaching of sex education may be unexpectedly confronted with a teaching assignment in this education area and realizing that they have very limited time to plan for this instruction, and also because many teacher training institutions offer meager training in the practical aspects of education in this area, there is a need for developing usable materials and methods for use in teaching a sex education unit in girls' health education classes on the secondary level.

I. STATEMENT OF THE PROBLEM

The purpose of this study is to determine methods and to discover materials which could be used in presenting an instructional unit in sex education for tenth grade girls and the materials were assembled particularly to assist teachers inexperienced in this educational area. The paper includes aims and objectives, introductions and

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outlines to the formal lectures, samples of questions students ask and suggested answers thereto, an evaluative test, types and sources of teaching aids useful in presenting the lectures, teacher and student references, public relations techniques, and similar information needed in the successful presentation of such a unit of instruction.

II. BACKGROUND AND SETTING OF THE PROBLEM

In order to facilitate a better understanding of the organization of the materials and methods proposed in this thesis, the reader should realize that much of the material was developed for an already-existing sex education program. The school where this program evolved is Billings Senior High, which, according to the Montana State Board of Health, is the only school in the state offering this type of instruction. This high school, composed of grades ten, eleven, and twelve, has an annual enrollment of approximately 1850 students. Of this number more than 350 tenth grade girls are enrolled each year in the required health education program. These girls come primarily from a highly competitive business and professional community of approximately 75,000 population. Practically all the girls registered for the classes are about fifteen years of age. Two other important factors, which must be considered for a better understanding of the program proposed in this thesis, are that (1) in the existing curriculum, the girls' Health Education classes must
share the time allocated for Physical Education classes, and (2) each Health Education class is composed of about forty members. During the nine weeks period Health Education classes are conducted each group meets for a total of thirty lessons and of this number approximately twelve are devoted to sex education.

Perhaps because of better home backgrounds, these girls exhibit through their behavior a greater degree of emotional maturity than most adolescent girls of comparable age. Cadet teachers working within the department comment that the girls' conduct is much like that of young college women. Home life seems to have instilled in them mature social and ethical values, which the school's established health program endeavors to augment and firmly cement.

Since the girls' Physical Education classes are constantly confronted with the physiological functioning of the reproductive system, it is very natural that questions and problems associated with its functioning would be discussed freely among the girls in the department. It has been the policy of the girls' Physical Education department at Billings Senior High to expect girls to participate in the regular activity program during the menstrual period, and to grant excuses only when absolutely necessary. Discussions of related problems become a natural point of departure into a sex education instructional unit, a vital area of knowledge for all teen-age girls.
III. IMPORTANCE OF THE PROBLEM

The results of this study might be of value to teachers, inexperienced in developing personal health attitudes, who are faced with the problem of presenting courses related to this area. It could also be of value to undergraduates who are preparing to teach Health and Physical Education. In many colleges some effort is being made to provide teachers-in-training with factual information and with theory regarding methods, but a survey of college catalogs indicates that the majority of colleges do not provide their trainees with directly applicable, or easily adaptable, methods and materials for teaching sex education.

Justification for incorporating sex education into every high school program can be found in statements made by nationally recognized authorities such as Kirkendall, Kinsey, Whitman, and others. At Billings the fundamental reasons for this instruction were found to coincide closely with the statements of the above authorities. Some of the issues on which there seems to be universal agreement are these:

(1) Some concept concerning sex is inevitable. There is no argument as to whether or not young girls shall or shall not learn about sex. They cannot avoid such learning. As pointed out by Kirkendall, "Information about and allusions to sex would have to be isolated from newspapers, radio,
associates, magazines, and most adults." O'Brien further emphasized this point by noting that:

Sex is shot into the public consciousness by pictures, magazines, newspapers, radio, advertisements, and the cinema. No one, old or young, can be shielded from the impact of all these agencies unless he be isolated in a social vacuum.

Some concept of sex has come through the various avenues of information open to all teen-age girls before they arrive in high school, although much of the information which pre-adolescent girls obtain from their peers is often confused and distorted. As stated by Kirkendall, "The most fertile source of sex information of youth is the education which they give to one another."

If this first concept is other than one of beauty, reverence, and respect, then those who guide adolescent girls must make everything associated with love and its ramifications not only scientifically factual but inspirationally beautiful. In a nationally recognized health education text, the above is supported by this quotation, "Sex needs to be taught as a life-function that is normal, clean, respectable, and

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4Ibid., p. 8.
admirable. We may hope to have children accept it accordingly."

A wholesome objective classroom discussion of this very important aspect of life seems preferable to the warped information gleaned from ignorant and uninformed teen-agers. Kirkendall stresses the need for organized instruction when he writes:

"Another evidence of need is the inability of youth to make critical judgments of the literature they read, the movies they see, and the conversations they hear. . . . One of the reasons for a ready acceptance of poor materials and undesirable attitudes is that young people have been taught so little that they are unable to judge the value of what they see and read."

Bibby gives his support to the teaching of sex education in the classroom when he says, "There is no escaping the conclusion that sex education is very largely the task of the educational specialist--the teacher." and "The school is, in short, the crucible of character training. And one important element in the crucible is sex education."

(2) Because natural forces bring about rapid anatomical and physiological maturation in early adolescence,

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6O'Brien, op. cit., p. 11.


8Ibid., p. 108.
the fundamental interests and problems of adolescent girls are in direct proportion to this accelerated maturation. The appearance of the physical changes in a girl's body and the onset of menstruation itself, coupled with a lack of factual knowledge, results in fears, worries, and misconceptions relative to the menstrual cycle. There is a definite need for girls to understand the anatomy and physiology of their own reproductive system in order to alleviate these natural fears and worries. With such knowledge should come also the formation of wholesome attitudes and the answers as to why the human female body is designed as it is. A large percentage of the queries made by teenage girls are only to gain reassurance that they are developing normally and that the exciting and disturbing feelings which they are experiencing for the first time are normal. A reference emphasizing the importance of the above truth comes from O'Brien:

... there are many authorities who assert that more complexes, phobias, and maladies of the mind have their origin in the fears, cravings, and inhibitions connected with sex than in any other urge in human life.9

Problems concerning heterosexual adjustment are of major importance to adolescent girls. Responses on anonymously answered surveys indicate that social adjustment with the opposite sex is the primary problem of teen-agers

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9 O'Brien, op. cit., p. 10.
and that problems in this area are universal in our culture. Girls should be taught to understand acceptable behavior responses to psycho-biological stimuli and should be guided in such a way that they understand their responsibility for their own behavior in their relationships with the opposite sex. Mutual responsibility in the behavior responses of the sexes toward one another is the ultimate goal, but on the early adolescent level the girl must be taught first to evaluate her own behavior in terms of what it does to her own personality development and to her own social adjustment. Duvall emphasized the above statement in her expression, "In no area is there more urgent need for wholesome wise guidance of the young and not-so-young than in this no-man's land of personal-social-sex-relations." Many adolescent actions stem from a lack of this understanding. English and Foster put it thus:

... Sometimes adolescents indulge in sexual experimentation in a wish to spite parents who have surrounded sex with taboo, shame, and veiled mystery. More often they merely want to satisfy their curiosity about something that was never explained to them in the preadolescent years. ... 11

Although, ideally, the home should meet the problems of adolescent girls by providing adequate knowledge and reasons for expected behavior with regard to the human reproductive system and its functioning, it more often than not fails in this responsibility. Parents cannot or will not try to impart information concerning this very basic aspect of education for life.

Perhaps the primary reason for this inadequacy on the part of the home is the inability of the mother to break down her own emotional inhibitions and reticence with respect to a discussion of sex, and to find scientific terminology for communicating her ideas concerning the reproductive system and its physiology. In some few instances there does not exist a close relationship between mother and daughter, and this factor becomes another obstacle to frank discussion. Then too, in any large group of girls, several will have lost their mothers through death, and thus will not have received the information to which every girl is entitled.

It is becoming more and more the responsibility of the school to prepare the present generation for competent parenthood. This paper supports the view that those who guide adolescent girls toward more responsible parenthood must begin with the present high school generation. As Bibby presents it in his book, "[With knowledge] A new generation of parents, better educated, with few inhibitions
and more biological knowledge, may undertake the task [sex education] with success." Wood also arrived at the same conclusion before he wrote:

It is desirable that a generation of parents should be trained whose attitudes will not only be sound and wholesome, but who will have a sense of sacredness of being husbands and wives and parents. Parents are shapers of personalities and builders of the world that is to be. . . .

Of necessity, it behooves those who direct teen-age girls to help them to understand themselves and their future offspring, since practically all high school girls will marry eventually and become the mothers of children. As Kirkendall says:

Unless some better kind of education is provided youth, prospective parents, and parents, the only kind of sex education we can expect from the home in the future is either evasive, or a strong concentration on prophylaxis. To those people who protest that sex education should be given in the home: the adequate sex education of one generation of youth outside the home will result in long strides in that direction.

Furthermore the same author says:

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12 Bibby, op. cit., p. 27.


14 Kirkendall, op. cit., p. 39.
An effective school program on instructing young people for their role as parents eventually would bring the home much more actively into sex education than it is now. The undisputable fact is that parents are not equipped to give their children adequate sex education. Nor will they ever be until there is instruction which properly prepares them. . . . The way to break this vicious circle of unpreparedness which has hampered generation after generation of parents is to give young people an adequate understanding of sex so as to insure their own individual satisfactory adjustment and education as youth.15

(5) The mobility of the American family has had its effect on the teen-age girl's attitudes toward important life values. Guidance information formerly imparted to young people by a stable home and community is now lacking. The adolescent girl is unprepared to cope with the greater freedoms which seem to result from this family instability. This becomes another basic reason for the need for sex education. In our democratic way of life much responsibility is placed upon the girl to make her own decisions relative to very important factors influencing her whole life, decisions with reference to friendships, to associations with the opposite sex, and to the eventual selection of a life mate. If adolescent girls are expected eventually to make the most satisfactory decisions, they must be given the factual knowledge to help them. Trabue also stressed the school's responsibility when he said:

15Ibid., p. 126.
The traditional preoccupation of schools with academic and vocational matters has undoubtedly contributed to this general neglect of guidance in personal relations by other institutions of our culture, but the public school cannot escape its responsibility for providing wise guidance in this field [sex education] so vitally important both to the individual and to society.15

(6) Another important factor entering into the picture is youth's changed attitude toward religion and the moral code upon which our society is founded. The modern day trend toward more liberal thinking within the church has had its influence upon present-day high school girls. With the greater emphasis upon scientific knowledge, adolescents are no longer restrained by the fear techniques formerly employed by many religious groups. Also, since the church is no longer an influence upon the lives of some of our teen-agers, it becomes the responsibility of the school, as a community agency contacting all youth, to teach the evolution of and respect for our moral and ethical codes. The foregoing statement is substantiated by Kirkendall when he wrote, "Youth are always being called upon to judge, accept and reject things they hear. Unless they are well fortified in knowledge they are incapable of doing this."17

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Mechanization is influencing the life of present day youth and is causing many of the most disturbing problems of adolescent girls. Unchaperoned young people, who have constant access to the use of a car and to the commercialized recreation of the present day, need to be given the factual knowledge to help them to control better their emotional behavior responses. For her own safety such knowledge becomes a "must" for the teen-age girl.

The car gives emotionally unstable adolescents a mobility which was undreamed of until quite recently. In a matter of a half-hour teen-aged boys and girls can be great distances from the home community, and can become completely anonymous. This anonymity, in combination with the emotional atmosphere created by suggestively romantic pictures projected upon the screen of an outdoor theatre, for example, places the emotionally unstable adolescent boy in a state of mind which poses definite problems for the young girl. Whitman also emphasizes the need for such information when he quotes Dr. Henry, "'Lack of sex education is one of the major causes of the sex variant.' There is hardly any challenge to this thesis any more. Doctors agree. Educators agree. Clergy agree."

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There comes a time in the life of every teenage girl when she seeks outside her home some additional answers to her most perplexing questions pertaining to sex. As has been said by Center:

Every young person, at one time or another, feels the need to take his personal problems to someone outside the family in whom he has implicit confidence. And here the school must help the home.19

Also Mrs. Weamer added support to the above statement when she expressed it thus:

The adolescent, shy and self-conscious, especially needs the impersonal, objective classroom approach. . . . The adolescent seeks security in his own group and assurance from respected adults outside the home. Group attitudes and standards are improved and stabilized by group study, discussion and activity.20

Dr. Lesher wrote:

Children in groups are not the same as children with their parents. When they discuss questions together, they find strength in 'the binding of the group.' Group discussion tends to make the subject less personal and emotional.21

Wolf declared:


The time comes when healthy maturing brings with it the need to turn away from close family ties of the early years. . . . This is the time when people other than his parents are in a strategic position to help him. . . . This altogether legitimate adolescent need is exactly what the school, if it were equipped, might provide. Nobody in his senses would go all out to substitute teachers for parents as the proper guides of youth. But most thoughtful parents would hope for teachers with the capacity to support and extend the ideals for which their homes are striving, recognizing the importance of their supplementary role.22

Thus it becomes the duty of those who guide adolescent girls to build a feeling of mutual confidence so that the girls' questions can be discussed and answered in an objective atmosphere, one in which no emotional barriers exist. Group discussions in a natural classroom setting, with teaching aids such as charts, models, and films, help to create such an atmosphere, and objective, satisfying answers to the girls' questions tend to place sex in proper perspective in the lives of the students.

The preceding eight reasons for the importance of teaching sex education are best synthesized in the following statement by Whitman, "In the final analysis the stark costs of failures in sex education are borne by the entire community, by all groups and creeds, in equally tragic measure."23


IV. REVIEW OF RELATED LITERATURE

A review was made of books, periodicals, pamphlets, courses of study, and theses, all of which had been published within the last ten years, to determine how other school systems presented a teaching unit in this area of education. This research revealed that a vast amount of work has been done in the theory of teaching sex education (what ideally ought to be included in a sex education unit), but—probably because this is a relatively new area of education—comparatively little has been published with regard to directly usable materials and methods. In addition, this review made evident the fact that the teaching approach in sex education is determined largely by the local community situation. Undoubtedly one reason this is true is that sex education remains as yet a highly controversial issue in most communities.

There are many published materials available for the parents and teachers of the pre-school and early grade school age concerning methods of approach and ways of answering children's questions, but for the parent or teacher of the student at the pre-adolescent or adolescent level the direct opposite seems to be true. The materials available for this age level are primarily in the realm of theory and suggestion.

Review of related literature also lead to the discovery that many of the books concerning the instructional
aspects of sex education, published five to ten years ago, are just as applicable to present-day classroom teaching as those published more recently. Some of the most applicable instructional materials are not of recent publication.

Review of literature also showed that some states and some large city school systems have developed unit guides for the purpose of assisting the teacher inexperienced in teaching sex education. In many instances these guides were found to be theoretical outlines in correlated programs of instruction which at best could be interpreted correctly only by experienced teachers working in highly supervised school systems. Other guides consist of such general topics that, at the completion of such a unit, the students would not have sufficient basic information to help them solve their own personal-social problems.

Most guides reviewed presuppose that many hours can be devoted to the presentation of this material. Because time is a limiting factor in the instructional programs of many schools, some of the more helpful guides could not be adopted in those schools.

V. DELIMITATION OF THE PROBLEM

This paper is concerned primarily with the problems of presenting a Unit in Sex Education to tenth grade girls. The materials and methods are selected particularly for teachers
who are inexperienced in this educational area and for teachers who must complete the unit within a limited time.

The chapters and appendix are confined to those materials through whose use an inexperienced teacher can assist in developing a favorable public opinion for the program and in reaching the recognized objectives of the unit. The materials and methods take into account the psychological and sociological approaches as well as the biological information.

Since time is a limiting factor for many teachers, each lecture is planned to be presented within a minimum number of class periods. Other supplementary materials proposed for the unit can be added or deleted as time permits.

In the development of these materials it is assumed that the girls registered for the classes will have had little previous scientific information. Further limitation is based on the assumption that the teacher organizing the instructional unit will have no student reference library, or at best a very limited library, and will have few if any local agencies to which she may turn for assistance.

VI. DEFINITION OF TERMS

All reference made to the term "sex education" in this paper can best be interpreted by the meaning conveyed in the following excerpts from several authorities' definitions of the term. Bigelow's definition reads:
All scientific, ethical, social, and religious instruction and influence which directly and indirectly may help young people prepare to solve for themselves the problem of sex that inevitably comes in some form into the life of every individual. . . . learning to guide a strong emotion into constructive channels, without the old emotions of fear and prejudice.  

O'Brien adds to the meaning with:

. . . all educational measures which in any way may help young people prepare to meet the problems of life that have their center in sex instinct. . . . any information that helps boys and girls, or men and women live more richly and fully together.

According to Lesher the term would be interpreted thus:

". . . sound Sex Education is more concerned with the interpretation of facts, development of ideals, and the provision of inspiration. . . ."  

Bibby, an English authority, qualified his definition with these words, " . . . people should grow up with the idea that sex is something fine and clean and wholesome. . . ."  

Strain states it in this way, " . . . sex education is not 'sexy' and has nothing for the seeker of thrills."  

Kirkendall finally synthesizes the above interpretations into this excerpt:

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26 Lesher, op. cit., p. 58.
27 Bibby, op. cit., p. 85.
28 Strain, op. cit., p. 15.
guidance in matters relating to sex understanding and patterns of conduct, the building of sound bases for marriage, family life, and constructive community living, the assumption of social responsibilities and any other matters relating to normal associations between the sexes. 29

For this paper definition of the term "guidance" suggested by Trabue will be used:

... guidance and education are intimately related. As a matter of fact, educational guidance, social guidance, emotional guidance, vocational guidance, and all other desirable types of guidance are merely different phases of a single program whose purpose is to build the happiest and most fully integrated personality possible upon the foundation with which nature and previous experience have provided the individual. 30

Since it is a generally accepted fact that for best results this type of information should be imparted to teenage girls by an adult of their own sex, all references made to "teacher" in this thesis refer to women teachers only.

In this study the use of the term "unit of instruction" refers to the materials and methods used for reaching the desired and recognized objectives of this educational area.

Frequent references are made in this thesis to the term "public relations". A synonymous interpretation is conveyed by the definition given in the booklet Putting

29 Kirkendall, Sex Education As Human Relations, p. 57.

VII. METHODS OF PROCEDURE

In order to develop the methods and materials suggested in this study for the beginning teacher, a review was made of the publications of writers recognized in the field of sex education. Also, to gain a better background knowledge of what other educators had learned through teaching experience in this area, a survey was made of the available books, pamphlets, and teaching guides produced by such well known instructors as Kirkendall, Bibby, and O'Brien to determine the methods which they had developed for their particular teaching situations. In addition, since a lack of sufficient time for instruction hinders the development of many sex education programs, the instructional materials of several existing programs were reviewed to find where revisions or deletions might be made to accelerate instruction.

Since it is generally recommended that the sex education teaching unit ought to be presented from a guidance point of view so that desirable functional attitudes

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and behavior will result, every effort should be made to meet the girls' needs and interests. To discover typical student needs and interests an anonymously answered survey was conducted in which the girls were asked to write questions and problems considered of greatest concern to them. These questions and problems were obtained as the students' first health education class assignment of each school year and surveys were repeated over a period of thirteen years. Many other indications of their needs and interests were obtained through the use of a question box. Also, during these years, many of the girls' problems and difficulties were voluntarily brought to the attention of the health instructor during counseling interviews, and became one of the guides in the organization of the materials.

The questions and problems were analyzed with reference to the type of information students wanted for meeting their needs. These materials were assembled into categories concerning anatomy, physiology, and human relations.

Since the time factor had to be considered in the planning, lectures were developed through which the girls' needs could be met most quickly. The succeeding chapters and appendix materials are the outcome of conducting the program over a period of years.
SUMMARY

The purpose of this study is to determine methods and to discover materials which could be used in presenting an instructional unit in sex education for tenth grade girls. The study was designed to help teachers, inexperienced in this educational area, who may be unexpectedly confronted with such a teaching assignment and who may have limited time for preparation. It could be of value also to students preparing to teach Health and Physical Education, since they might be expected to present such a unit of instruction as a part of their first teaching responsibilities.

Included in this introductory chapter is a background description of an already functioning program, together with the reasons why that program was created and the procedures used in obtaining the information needed for developing the unit. Definitions which will be used in this paper are given and also a brief account of methods used in developing the instructional unit.
CHAPTER II

NECESSARY BACKGROUND INFORMATION

The foresighted teacher will not begin planning an instructional unit in this educational area until she has obtained a complete mental picture of the school and the community. Although a superficial analysis of the community may give every evidence that the young girls need information pertaining to human maturation and reproduction, and that the school will have to assume a leading role in providing this information, the teacher must remember that any area of education which involves human emotions should be approached with full knowledge of all factors which might affect the outcomes.

In obtaining this overview of the school and the community, the teacher will need information regarding community support and student support for the sex education program, the place of this program within the curriculum, facilities, teaching aids and reference materials, resources, and personal qualifications. The teacher should become familiar with any previous attempts to present the proposed, or similar material, and understand the reasons for the success or failure of these attempts. To secure this

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essential information, she should find satisfactory answers
to questions similar to those presented in this chapter.
Comparable lists of questions may be found in many of the
references listed in the bibliography, and particularly
helpful material is offered by Bibby, Kirkendall, and
Baister, Griffiths, and Pearce. In the chapters concerned
with the development of a favorable public opinion and with
sex education methods, the instructor will find a number of
suggestions for meeting some of these questions.

Questions to which answers should be sought before planning
the instructional unit:

A. Community Support:

1. Will I get administrative support? From the super­
intendent? From the school board? From the
principal? From the established faculty members?

2. If criticism should arise after instruction is
initiated, will I get support from the administration?
From my colleagues? If support is forthcoming in
theory, and if later the community should exhibit
a pronounced resistance attitude, will I still get
support?

3. Will I get community support? From the parents?
From organizations? From churches?

4. What community organizations might assist me in
gaining community support? P.T.A.? Service
organizations? Churches? Other groups?

5. Has instruction in sex education ever been given
in this community?

6. If instruction has been given, how has it been
accepted?

7. What can I learn from these previous attempts which
would be helpful to me?

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8. How was the instructional unit titled? How was it approached? What methods of presentation were employed?

9. How were the classes organized? Were the classes segregated? How much time was allocated per class period? How much for the entire unit? Were the classes elective or required? What was the number of students per class period?

10. Was the unit developed for the purpose of meeting the discovered and specific needs of the girls?

11. If instructional attempts were made and the unit was not accepted, why was it not accepted?

12. What were the most frequent causes of criticism? Could these have been eliminated?

13. Was there an organized public relations effort prior to the beginning of instruction?

14. If a concerted public relations effort was made, where did the effort fail?

15. What is the general educational level of the community? The vocational level of the community? How will these levels affect the approach to the public relations effort and to the instructional methods?

16. What effect will the educational level and the vocational level have upon the students' reaction to such a unit of instruction? How will these levels affect the psychological approach to instruction and to course content?

17. Where can I obtain helpful information relative to public relations councils? Could I help organize a permanent public relations council to keep the public constantly informed regarding methods, printed materials, audio-visual aids, etc.? Would it be worthwhile?

18. What does the community want with reference to the final educated product of the school? What preparation for life in the community? What preparation for life outside of the community? Is it important that the end educational product represent the community favorably?
19. What do the institutions of higher learning expect of the school's graduates? With respect to behavior? With respect to factual knowledge?

B. Student Support:

20. Will it be difficult to secure student support? How can I gain student support? What things can I do to secure and to improve that support?

21. What are the predominant problems encountered by these students? Can I help with their solution?

22. How can I find out more about student needs and interests?

23. How do the educational level and the vocational trends of the community affect the needs and interests of the students?

24. How can I develop the unit to answer the needs and interests of the students? Their immediate needs? Their ultimate needs?

C. Intracurricular Status of Unit:

25. What relationship will this unit of instruction have to other similar instructional units of the curriculum? Is this material taught incidentally in related subject areas? Is it taught as a separate unit of instruction in related subject areas? What will be the relationship of information given by the counselors? By the dean of girls? By the science or biology instructors? By the home economics instructor?

26. How can we coordinate our efforts to provide maximum benefit to students?

D. Facilities:

27. Does the classroom provide a comfortable, relaxed atmosphere? Is the classroom furniture movable? Is the classroom located so that it provides complete privacy? Will there be freedom from distracting interruptions? Does the room have provision for projecting films?
E. **Resources--Teaching Aids and Reference Materials:**

28. Is there an instructional unit already published which would fit my situation? Are there recommended units of instruction which I could adapt to my teaching situation? Are there guides available from which I might obtain ideas for possible course content?

29. Where are successful programs being offered? What publications review content of established school programs?

30. Where are in-service training courses available? Where may I obtain information about established in-service training programs?

31. Are there charts, models, films, and projectors readily available for use? If not, are there finances available to purchase the necessary teaching aids? Are funds available to purchase additional teaching aids as needed? If finances are inadequate, could teaching aids be financed through cooperation among departments? What is the administrative procedure relative to projecting films? Relative to the use of projectors? Relative to obtaining student operators for projectors? Relative to ordering films from the state film library? Relative to rental of films from out-of-state?

32. Is there a student departmental library available for use in conjunction with the instructional unit? Are the printed materials on the students' comprehension levels? Are these printed materials easily available to students? Are there finances to purchase needed reference materials? What are the administrative requisition procedures to be followed when purchasing teaching aids?

F. **Resources--Personnel:**

33. Will I be able to secure cooperation and assistance from the school nurse? The school doctor? The counselors? Local and state consultants?

34. In what areas could each of the above assist me?
G. **Qualifications of the Teacher:**

35. What minimum training and qualifications should I have before undertaking teaching in this area?

36. Which of the following qualifications do I have? What qualifications must I strive to attain?

Knowledge - factual information  
Philosophy  
Easy approachability  
Friendliness  
Enthusiasm  
Emotional stability  
Self-confidence; poise  
Wholesomeness in living  
Fairness  
Honesty  
Patience  
Forgiveness  
Good judgment; sensitivity  
A sympathetic understanding of young people  
A confident, unhurried manner  
A broad-minded and tolerant outlook  
A sense of idealism to inspire students  
A clear concept of group dynamics

**Summary:**

Prior to planning the instructional unit, the teacher should consider many aspects of the program, especially from the standpoint of community acceptance and her own qualifications. In addition, the teacher aiming at success in sex education will secure constructive answers to as many of the above listed questions as possible. The instructor should realize, too, that specific questions relative to the local situation should be formulated.

The good teacher will be constantly aware of the fact that, regardless of how well the program may have been planned, questions answered for the present do not necessarily
remain answered and she should be prepared to cope with anticipated problems concerning cultural mores and religious beliefs. A careful analysis of the local teaching situation through questions of this nature should aid immeasurably in the successful launching of the program.
CHAPTER III

DEVELOPING A FAVORABLE PUBLIC OPINION

Inasmuch as the whole area of instruction in sex education is permeated with human emotions, attitudes, and ideals, it seems understandable that a community might be very apprehensive concerning the effect of such instruction in the schools. Thus, since the schools seem obligated to assume for some time an important role in imparting this information, all school personnel have a responsibility for interpreting to the community the philosophy, the trends, and the content of any such program which they undertake. Until they understand what their schools are attempting to do, school patrons are justified in questioning the wisdom of certain controversial courses in the curriculum. In the text *Health Education* the statement is made that:

Any school program of sex education should be developed in close cooperation with parents and parents' groups. It is essential that parents understand what is done and are willing that it be done. Invitations to assist will often result in helpful cooperation and yield surprisingly fruitful results.¹

No other area of education arouses such controversy, and no

other area calls for such care in developing a favorable public opinion.

Community acceptance of an instructional unit in sex education in the school hinges primarily on alleviating parents' fears about an inexperienced teacher's presentation methods and about the consequences which misinterpreted information might have in the community. For that reason it is particularly important that an accurate interpretation of the school's philosophy and presentation methods be made to the people most affected by the outcome. Two authors who are vitally concerned with promoting superior sex education programs in the schools support the foregoing statement thus:

Because they [parents] love their children very much they are concerned with everything which affects them. . . . Whenever educators have attempted to go too far ahead of the understanding and convictions of the majority of interested citizens, the results have usually been a loss of ground rather than progress.2

Plan to move forward with the program gradually and in an unostentatious way. . . . as a logical and natural development in the instruction already being offered.3

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The purpose of this chapter is to present a suggested progression in the development of a favorable public opinion. A series of public relations meetings will be described and certain public relations techniques will be suggested which can be utilized by school personnel, in the community and in the classroom prior to instruction, during the instructional period, and after completion of the program.

A. Preliminary Public Relations

1. Teacher:

Statements set forth by Strain and Kirkendall emphatically support the premise that one of the most important factors in the public's acceptance of sex education as a legitimate part of the established curriculum is the degree to which the teacher is qualified to impart the information. As in any other educational area, a large share of the success of the program depends upon the personality, the philosophy, and the methods of the instructor.

In preparation for meetings held to acquaint the faculty and the public with the planned sex education

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program, the teacher should improve her qualifications by becoming well informed concerning the current trends, the philosophy, and the teaching procedures of sex education. She should become familiar especially with the works of Kirkendall, Bibby, Strain, and O'Brien, four authors whose publications will help her to become aware of the opinions of and studies made by recognized sex educators. This background information should give her sufficient confidence to appear before any meeting as a public relations agent for the school and to defend or justify tactfully this proposed addition to the curriculum. Such presentation should be simply worded and convincing, reflecting the insight and the sincerity of the speaker. As brought out in the book, Effective Home-School Relations, "... no fundamental conflict exists between parents and those of teachers. Language gets in the way of understanding."  

Also, in preparation for these organized meetings, the foresighted teacher should conduct inventories covering the general and specific interests and needs of her students. As a part of preparing students for

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democratic family living, Ruth Grout makes this statement:

Pupil planning on a school-wide and even a system-wide basis is an equally important procedure for gaining experiences in citizenship. Young people should be made to feel that they are a part of what goes on around them, and should have the experience of sharing with others in the solution of problems that are in any way of concern to them.  

The teacher should compile the results in a clear and understandable form, and should be prepared to interpret the results to the public. As the instructor she should also have obtained anonymous questions and statements of the problem from her students, and should have classified these questions and problems into various categories from which sample questions could be quickly extracted to use for purposes of illustration at the meetings. With this information the teacher will be better prepared to demonstrate to the public the need for such instruction and to explain the school's position regarding the proposed program to meet this need.

Another public relations technique which the teacher can employ advantageously prior to the organized  

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meetings is to prepare dittoed copies of a statement giving the purpose, the proposed approach, and, very briefly, the outline of the content of the course. With the advance approval of the superintendent, this statement can be placed in the hands of the school board members, the principal, the counselors and deans, and the leaders of community organizations. The composition of this statement not only becomes a skillful public relations technique, but also helps to clarify the teacher's own position relative to important factors affecting the program.

Many times public approval of the content of a sex education course can be obtained by using another approach at the informational meetings. Before the meetings, the teacher should prepare a check-list of the topics which would be included in the course, organizing the items into categories corresponding to the headings used in the instructional unit, and should distribute this check-list to all adults attending the meetings. When the sex education items are listed in the natural sequence of the unit's subheadings, they assume their relative position and importance in the total unit and do not appear as startling to the public as they otherwise might if they were listed alone.
As Kirkendall said:

... [objections to] tend to disappear when an adequate explanation is given, and sex education is placed in a broad human-relations setting.7

Space should be left after every item, and also at the end of the check-list, for written comments and suggestions. If the teacher solicits comments and suggestions for the complete list in a democratic manner, the people attending the meetings who are consulted feel that their opinions are important in the development of the program. In most instances community members will approve a proposed program which they have helped to develop.

Previous to the meetings the teacher should analyze her own strengths and shortcomings in meeting people and in presenting the proposals orally before organized groups. The information which the instructor will be called upon to present must be well organized so that the presentation is complete, yet concise, and not excessively time-consuming. The teacher must make specific plans to accentuate her strong qualities of presentation and to improve her shortcomings. Her

7 Kirkendall, op. cit., p. 48.
appearance, her use of voice, her organization and presentation of materials may be deciding factors in the public acceptance or rejection of the proposed program. Kirkendall substantiates this with:

In any phase of education the assurance, confidence, and poise of the teacher is an important factor in its success. . . . An attitude of confidence is some guarantee against error. 8

During every meeting called for the purpose of informing the community with regard to the proposed sex education program, it must be always kept in mind that the meetings should be conveniently timed and progressively developed so that they may reach as many members of the community as possible. The teacher must realize that most members of progressive communities have many obligations.

As the instructor of the proposed program, the teacher is obligated to attend every meeting of the series and to support in every way possible the school's effort to win endorsement for the course. The teacher's presence and interest in the discussions may influence acceptance or rejection of many proposed phases of the program.

8 Ibid., p. 162.
An example of a typical series of meetings is given below, together with public relations techniques which could be utilized at these meetings. The outline incorporates suggestions presented by Kirkendall and Strain, and also certain "common sense" approaches frequently discovered through trial and error.

Communities, which are well-informed on all matters concerning their schools, need not be conducted through the complete sequence of meetings suggested here. If two or three segments of the community need to be better informed about the program, possibly meetings can be held with those groups only. Another possible alternative is to hold one meeting with several more or less homogenous community groups.

2. Faculty and Community:

A series of meetings should be planned to gain the support of several community groups. A logical order for scheduling these meetings is proposed in this section.

(a) Administration-Faculty: Within the school the faculty might be compared to the members of a family and therefore, as in any family relation—

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9 Strain, op. cit., chapter 2; and Kirkendall, Ibid., chapter 14.
ship, any proposed changes affecting the group should first receive the support of its members. As Strain points out, "... the faculty has first right to be made acquainted with the general character of the work [sex education]." For that reason the first meeting called by the administrator should be an administration-faculty meeting. At this meeting the administrator explains to the faculty members the reasons why such a course is being proposed as a part of the curriculum, the objectives, the proposed content, and the methods to be used. The administrator must show his active and overt support for the program. Ruth Grout stresses the importance of the administrator in the initiation of any addition to the curriculum:

Upon the school administrator rests the basic responsibility for the provision and development of a sound program, properly integrated with the total school program and with community activities. ... His wise leadership is a first essential in any program.11

10 Strain, Ibid., p. 20.

11 Grout, op. cit., p. 103.
Once the faculty is thoroughly briefed on the above four points and convinced of administrative approval, and when all members have had the opportunity to ask questions and to make suggestions, then the faculty is in a much more favorable position to interpret the school's viewpoint to anyone who makes inquiries.

(b) Administration-Departmental Faculty-
Representatives of Community Organizations:
Once the faculty has been convinced of the program's worth, the next meeting should be expanded to include the influential members of the community, the leaders who influence community thinking. Every effort should be made to have the entire membership of the ministerial association and the representatives of all community service organizations attend this meeting. The administrator is the mainspring of this meeting and should present convincingly the sociological background of sex education, the purpose of the course, an overview of the content, and the way in which the program will

12 Kirkendall, Ibid., chapter 14.
be incorporated into the curriculum. At this meeting the administrator should be supported by the departmental faculty, who may be called upon to interpret the survey returns. The prepared check-list concerning the proposed course content should be presented for approval and suggestions. Time should be made available for a question and answer period.

(c) Administration—Departmental Faculty—Parent and Son or Daughter: In preparation for this meeting the administrator compiles a list of the exceptionally mature boys and girls from names submitted by the faculty. These leaders and scholars are called together to invite them as a group to attend another scheduled meeting, if accompanied by their parents. Letters of invitation to attend this meeting are extended to the home through this group. There is every indication that, if the boy or girl is emotionally mature, the home is probably an emotionally stable home. The public relations effort is now aimed at presenting the proposed program to the stable parents of the community, for this type of parent will be more likely to interpret the program correctly and to approve it. At this
meeting the routine of the previous meeting is repeated, the only difference being that when the information is directed toward the parents it is presented on a different intellectual level. An administrator's carefully thought out talk to parents is directly quoted in Bibby's book, *Sex Education: A Guide for Parents, Teachers, and Youth Leaders*. This speech could be helpful to an administrator faced with a like assignment.

(d) P.T.A. and Other Community Organizations:

The administrator and the teacher should be prepared to appear at any time before any community group, when called upon, to give an overview of the sociological background, the need for, the objectives, the content, and the methods of the course. People of the community are interested in what their children will be learning when they reach the secondary level. If the meeting is a P.T.A. meeting, another good public relations technique is to distribute sex

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education bibliographies for parents of young children and to have available sample copies of published sex education literature which the parents can browse through after the meeting. Again, time should be allocated for a question and answer period.

(e) Permanent Public Relations Council: If the school has a permanent council of administrative, faculty, student, and parent representatives which keeps the community informed about the school, the same approach used during the meetings with the other organizations should be used in acquainting the council with the proposed program. Once the sex education program receives the endorsement of this group, the teacher must continue to support the efforts of the council by keeping the members informed of the most recent developments in sex education.

3. Students:

The sex education instructor who meets students in activity situations outside the classroom earns for herself a favorable relationship with her students. Entering into school-community activities which students enjoy will automatically gain for the teacher a status
which is a definite asset in the classroom. Ideally, a teacher of sex education should be an approachable and respected friend and counselor of students, and these teacher-student relationships outside the classroom have a tremendous carry-over value. As a public relations technique this friendly relationship serves a most worthwhile purpose.

By the time young girls arrive in high school they have reached a degree of maturation where discussions concerning human reproduction may be emotionally disturbing for them. The best policy, and one which minimizes the emotional aspects, is to incorporate the sex education teaching unit into an established course where boys and girls are already segregated as in Health Education. The discussions carried on by these segregated class groups places the program in a more natural setting for the students. Also, in the eyes of the community this classroom organization is important for the program's continuance.

A profitable technique which the teacher can use is to conduct a health interests inventory at the beginning of the school year to find the general areas where students feel that they want or need information. With respect to the above statement, Lantagne makes his recommendation in this manner:
All curriculum directors and teachers of health on the secondary level should explore pupil health interests as a basis for partial determination of curriculum content. . . . Student interests and needs are not always synonymous, but often correlate to a surprising extent. Instructors must exercise due caution to consider both interests and needs of students while constructing curriculum and altering health courses.

These survey returns can be used to advantage in two directions. First, they can serve somewhat as a guide for course content. Second, they provide an excellent public relations approach. More compatible student-teacher relations result if the students feel that they have had a share in planning the course.

Once the statistics of the health interests inventory have been compiled, this data should be followed up with a survey to find the students' specific health interests. The most frequently listed items in the health interests inventory should serve as headings for the specific interests inventory. An important public relations aspect of securing the information through the two surveys is to conduct them anonymously. Students feel more secure if they can state their wishes

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freely on a survey, with no fear that they may be held individually accountable for every statement they make.

In addition, the procedure of asking for anonymously written questions and statements of personal problems in the human relations area is an effective public relations technique. Students appreciate the application of any teaching procedure which will help them to overcome their reticence concerning the human reproductive system and when questions and problems are written anonymously, discussions are made easier for them. Together with its public relations value, this information can be used to advantage in planning course content and also for the purpose of analyzing the needs of the students.

A brief review of the content of the course is another technique beneficial to the teacher and to the students. The overview has a motivational objective in that the students understand the purpose and content of the course and are therefore better able to realize how the information will be of benefit to them in their lives. When the values of the course are understood, students apply themselves better during the instructional period and teaching becomes a much easier task for the teacher since students are largely self-motivated. Students' high regard for an instructor's ability to teach well
reaches the homes of any community for the girls are the school's representatives to the home. Therefore, the ability to teach well becomes an indirectly applied public relations technique.

The most important public relations technique which must be carried out effectively by the sex education instructor is the introductory lecture which precedes the instructional program. It is during the introductory lecture that the instructor establishes the atmosphere for the remainder of the unit. This lecture should include the reasons why the information will be given, the intellectual and emotional level at which the material will be presented and why, an overview of the content of the unit, and, briefly, some of the aspects concerning public relations which may prevent community misinterpretation of the material to be taught in the classes. It is very important that the instructor's presentation of this introductory material be made in a poised, serious, unhurried, and business-like manner. An illustration of an introductory lecture is included in the appendix.

B. Continuing Public Relations

1. Teacher:

   Even though a favorable community attitude toward
sex education in the schools may have been established at the preliminary informational meetings, the teacher must be constantly aware of any changes in community thinking.

The public relations-conscious teacher will tend to follow a "go slow" policy at the beginning. Dr. Lesher adds support to the above assertion when she writes:

In its approach the school must avoid the introduction of a hasty or ill-considered program or untimely efforts. It may be necessary to omit or qualify certain phases of proposed program in order to gain community support. The approach to instruction should be positive and carefully planned.15

A foresighted procedure is to give instruction the first year over only a portion of the total content of the unit and to secure public acceptance for those portions, thus giving the community time to develop a favorable mental attitude toward the complete program and perhaps even to request additional instruction. The foregoing statement is borne out by an excerpt from Colwell's article, "Home-School-Community Relations from a Parent's Viewpoint," in which she says:

Whenever educators have attempted to go too far ahead of the understanding convictions of the majority of interested citizens, the result has usually been a loss of ground rather than progress. 16

Successfully carrying out a sex education program depends upon mutual cooperation between the teacher and the community. Since support for the sex education program must come from the parents in the community, the teacher must reciprocate and through the instruction given in this program, support the efforts of the parents in the training of their young daughters. Basically, the parents and the sex education instructor are working toward the same goal in the character training of adolescent girls and they must mutually support one another in their efforts. At every opportunity the instructor is obligated to make known to the parents that through this program she is attempting to discover and to support the favorable influences of the home.

Parents like to hear favorable reports concerning the progress of their young daughters in school. The teacher who is interested in maintaining good public relations with the community will emphasize the

achievements of the daughters when talking to parents and will minimize the deficiencies or will make tactful suggestions as to how these deficiencies can be overcome through mutual efforts. The desired end product of education in any community is young citizens who are prepared to assume their place as members of society, and the school and the home should cooperatively support one another to accomplish this end.

Also, until the sex education teacher has established her status in the community, keeping a file of written notes concerning items discussed in class and the teaching approach employed may give an added feeling of security. Although such protective measures may never be needed, such evidence of the material covered will become a type of insurance if any of the lessons happen to become a controversial issue in the community.

2. Faculty:

As the instructional program progresses, the faculty members should support the public relations effort through their accurate and sympathetic clarification of the school's program when inquiries are made by school patrons. They can do this only if the sex education instructor keeps them up to date on the
methods and materials, and maintains their continuing interest through anecdote and illustration.

Faculty members should be encouraged to refer adolescent girls' problems to the sex education instructor when the problems are such that they might be profitably discussed in sex education classes. Then too, when faculty members discover a student who has a problem related to sex education they should realize that the nature of the information presented in the sex education classes makes it easier for the girl to discuss her problem if they refer her to the sex education specialist for guidance.

3. Students:

No factor in the area of sex education establishes more profitable public relations with students than does a sound instructional program. Students' respect for the instructor is warranted when the information is imparted and interpreted on a scientific and high intellectual plane. The information must be skillfully delivered from a positive, guidance point of view. To be effective, the instructional material must be well organized because the students want purpose and progression in learning. The program must be made so worthwhile that students readily realize that the course is worth their time and effort.
Experienced instructors know that students want the factual information imparted frankly and objectively, yet imparted with discretion. The public relations-conscious teacher will be well informed concerning community attitudes and mores, and at all times will consider them when presenting the information in the classroom. Since students come from various home backgrounds, the information may be emotionally-loaded for some girls for a time. To maintain best relations with her students, the teacher will overlook any symptoms of embarrassment. Such symptoms disappear when the student becomes emotionally adjusted to the instruction.

Whether or not the sex education program will be effective with students may depend upon the methods of presentation used by the instructor. Since the factual, scientific information must usually be conveyed through lectures, the instructor must speak slowly and clearly, and enunciate distinctly in order that there not be any misinterpretation of information. Strains reaffirms the above teaching experience when she writes:

Fully as important as carefully chosen speech is a well modulated voice. . . . sex education requires a trained voice, one that is low pitched but with good carrying qualities. . . . Under all circumstances, but especially in the pursuit of sex teaching, voices like speech must be pruned and modified to suit the time, the place, and the listener. 17

The information should be given with an enthusiasm and a sincerity which will inspire the students to wholesome living. As one authority puts it:

**Emphasis upon high ethical principles and moral values is essential in any program of sex education.**

The central problem is always the development of a philosophy of life, the creation of a set of socially acceptable and understandable values, and the enthronement of a wholesome personality for oneself and for others as one of the major goals of life.18

Close student-teacher relationships in the classroom result when the sex education instructor is a friendly, approachable, understanding person. Fundamentally, sex education instructional materials are serious in nature. In order to achieve the desired outcomes of such a program, a relaxed atmosphere must be maintained. The teacher's personality may be a deciding factor in the establishment of such an atmosphere.

Students must never be spoken to condescendingly. The introductory lecture will have brought student thinking on a high intellectual plane and this level of thinking must be permanently maintained between student and teacher. Student-teacher relationships are strengthened if the students are always treated as emotionally-mature young adults.

Another factor which the teacher should bear in

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mind is that, in the discussion of human relationships, human beings are so unpredictable that one can never know the answers to all the questions which students ask. The instructor does not lose status with her pupils when she must say, "I don't know," in response to an occasional question. A sex education instructor's professional status before a group is maintained only as long as questions are answered honestly, even if one must admit frankly that the answer is not known, for insincerity is sensed immediately by students. However, if at all feasible, the teacher should prepare an answer before the next class meeting.

The re-wording of poorly stated questions or statements made by students can be employed as another technique for building wholesome teacher-student relationships. As the sex education instructional program progresses, there should be an increase in the number of oral questions. Many times, because of inadequate vocabulary, questions are not stated correctly and class members may begin to make fun of the query or to ridicule the student who asked the question. The instructor must remember that it took courage on the part of the student to ask the question orally and that, as instructor and friend, she must come to the immediate support of the student by interpreting and clarifying the poorly-worded statement. At the same time the teacher must explain that the entire class will
benefit when questions are asked from the floor and that they can encourage one another to ask oral questions. Under no circumstances should a teacher allow an incident to pass which might cause a student to lose status with his peers. Robinson's reiteration of this statement is worded thus:

Rarely does one ever re-establish a wholesome relationship after causing children to "lose face" with their classmates. Never eradicated are the scars left on the pupil who feels that the teacher's methods have held him up to ridicule. . .19

In addition, student-teacher relationships are enhanced whenever a teacher can add to a student's prestige with classmates. Whenever a class member voluntarily contributes material of benefit to the class, that contribution should be displayed to the groups concerned and credit given to the student making the contribution. The teacher must be careful to give equal opportunity to all to make contributions.

Due to the serious nature of sex education information, occasions for humor are rather uncommon. However, if a naturally humorous situation happens to arise, one which will cause no embarrassment, students and teacher should frankly enjoy it. When humor is injected and is not at the expense of any class member, and if it does not in any way discredit the factual information, then a comment at which the class can laugh may be in order. At times, students need a release

from the serious atmosphere of this type of instruction.

Sex education teachers must always keep in mind the fact that students are the school's representatives to the home. Each day, before the instructional period is completed, the instructor should briefly re-emphasize the important points which have been taught and should check correct interpretation on the part of the students. The authors of the booklet, *It Starts In The Classroom*, present the same idea thus:

Day by day, the teacher's greatest public relations opportunity is to prepare his pupils to answer the frequently adult question, "What did you do or learn in school today?" . . . Some teachers have found great public relations value—and teaching values too—in taking several minutes at the close of the period or the day to evaluate the day's activities. 20

The teacher should emphasize to her students the importance of presenting the total picture of the class discussion, pointing out that description of an isolated and out-of-context incident can create misunderstanding and can have disastrous effect upon the program. Sex educators must bear in mind the repercussion that might occur in a community when upon Polly's arrival home from school, she immediately and half-breathlessly announces, "Guess what Miss--------- taught us in school today. She taught us what 'wet dreams' were!"

Another aspect of the school being represented through the students in the home is the matter of homework assign-
ments. Unless the assigned activities have educational value, they deserve no place in the program. "Busy work" activities reduce favorable relations between teacher and parents. Again Robinson and his co-authors support this with:

Every homework assignment has a negative, neutral, or positive effect on the relationship existing between home and school. Too often the effect is negative. A new emphasis on the improvement of assignments is long overdue. Consider, for example, what happens to parents' attitudes when a pupil toils over homework given solely for disciplinary purposes. A particularly heavy strain is put upon goodwill when home assignments require an abnormally long time for completion, have no recognizable purpose, assume that the pupils will have the assistance of well-educated parents, and compete with major school and community events.21

Evaluation procedures can become another effective student-teacher public relations technique. Greene verifies this when he writes:

Examinations play an important part in the public relations contacts of the school. To a certain extent they carry to the parents in the community the educational purposes of the school, the aims of specific subjects and courses, and the various emphases held important by the instructional agents of their school.22

However, students must understand the purpose and the methods of evaluation before they will accept a testing program. To measure the effectiveness of the instruction methods, a test covering the factual information should be administered. After the test papers are graded the tests should be returned

21 Ibid., p. 29.
to the owners only temporarily for review purposes. A test paper which examines student knowledge concerning the biological facts of the human reproductive system should never leave the classroom. If such a paper reached the hands of a younger brother or sister with insufficient background, or the hands of a new or unindoctrinated community member, disastrous misinterpretation of the program would be almost certain to result.

The personality and extra-curricular activities of the sex education instructor should naturally lead to a close teacher-student relationship. This relationship gains for her a strategic advantage. Also, because of the nature of the information given and the methods used in sex education classes, such a close relationship places this teacher in a more favorable counseling position than that of almost any other faculty member. Consequently, the teacher must train herself to make schedule adjustments if necessary, but never to be too busy to listen to girls' most personal problems and to be an understanding counselor.

C. Post-Instruction Public Relations

1. Teacher:

If the expected outcomes of the sex education instructional unit have been reached, the teacher will observe a decided change in the attitudes of the girls. This change is evident in their acceptance of themselves
and the other girls as they are, for they should have gained a clearer insight into expected behavior responses. Changed attitudes should also become apparent in their more ladylike behavior, in their increased understanding of, and respect for, the opposite sex, and in their expectance of gentlemenly conduct from the fellows. The questions they ask, and the comments they make, indicate that they are becoming less interested in their own personal satisfactions and are becoming more deeply concerned with the contributions which they as young women can give to society. This subjective evaluation can be an important portion of post-instruction public relations if the teacher makes it a point to comment favorably to parents upon their daughter's adult-like social behavior and growth. Parents appreciate compliments concerning their daughters and they usually attribute much of the behavior changes to the information given in the sex education classes. Thus, parents give the program positive support.

2. Community:

A program that has been well-planned and well presented builds for itself a positive evaluation. One meaningful evaluation comes in the forms of favorable comments from school patrons, doctors and nurses, ministers, and alumni, and develops slowly. The teacher should not doubt the program's worth just because considerable time elapses before
favorable evaluation comes to her from these recognized community leaders.

3. **Students:**

   Especially in the developmental stages of a sex education program, a post-instruction public relations technique of direct benefit to the teacher and to the public relations effort is to give students the opportunity to evaluate the program anonymously. When appraisal of the program is solicited from the students, the fact should be emphasized that suggestions are desired for improvement of the teaching methods and materials are not for praise. If the students have found the course informative and useful to them, their appraisal will be almost totally positive. A sample evaluation sheet is included in the appendix on page 192.

**Summary:**

Community support, faculty support, and student support for a sex education program are forthcoming only when the school offers a constructive instructional program and makes every effort to interpret this program to the public.

The teacher aiming for successful contacts with a community in connection with a planned sex education course must consider the kinds of information the school's patrons should have when the program is in the planning stage, the
information the public needs when the instruction is in progress, and the informational procedures that ought to be continued after the instruction is completed.

Techniques are suggested through which an inexperienced teacher can examine her personal qualifications as well as become familiar with the current trends, philosophy, and teaching procedures of successful sex education programs. Also a suggested progression of meetings is given for presenting information to the public concerning the proposed addition to the curriculum and for bringing community members into the planning of the program.

When well-qualified, public-relations-conscious teachers are available to teach sex education, the program should cease to be a controversial issue in the schools. Until such time, school personnel must employ all possible means to better help students and parents understand what the schools are attempting to do. The better the public understands, the more successful the program will be.
CHAPTER IV

SETTING THE STAGE FOR LEARNING

The delay in dissemination of sex education information in the schools is fundamentally due to the lack of qualified teachers. Hesitancy on the part of teachers to enter this area of education stems from the fact that teachers feel themselves inadequate to the task, since their generation is also the product of an era in which no information was given. The average teacher reaches adulthood with emotional inhibitions regarding sex so deep-seated that it is difficult to communicate the factual information to young girls in an unembarrassed, straightforward manner. And as might be expected, this lack of qualified teachers results in undesirable programs, which in turn leads to adverse criticism. This cycle of no-information-received—no information-given must be broken.

Teen-agers are asking for, and have the right to receive constructive sex information. Educational institutions must meet this need by developing well-qualified teachers who can formulate constructive instructional programs.

However, even though many teachers have good factual
 backgrounds, they often lack confidence in their ability
to teach sex education. Confidence grows with experience,
but even without experience it can be developed by
applying certain techniques and there are many techniques
available to the instructor which make teaching in this
area an easier task. The purpose of this chapter is to
make suggestions which can help to overcome the feelings
of personal inadequacy.

It is of utmost importance, especially in a
teaching area related to health, that the instructor be
appropriately dressed and immaculately groomed when
appearing before a class. In a sex education classroom
the one factor that immediately gains silent approval or
disapproval for the teacher is the matter of personal
appearance. Strain concurs with the above observation
with, "For young people it [dress and grooming] should
inspire not envy but an admiration which is an inspiration
"That is the way I'd like to look when I'm grown".
A teacher may be certain that as soon as she appears before
her class her appearance and grooming are analyzed and
appraised by her students. When the instructor is certain
that she will win the students' immediate approval with

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1Frances Bruce Strain, Sex Guidance In Family Life
reference to appearance, an inward confidence is established which then allows her to concentrate on the presentation of materials.

A teacher must genuinely believe in the material which she teaches, and in the students whom she teaches, especially in an area like sex education. If a teacher is thoroughly imbued with the feeling that what she is teaching is right and important, then her enthusiasm for what she teaches is passed on to her students. If she believes in youth and in their desire to be good and to be trusted to do what is right, that faith is another factor that will lead to success in sex education teaching. This feeling toward young people, which leads to success in teaching, is shared by O. S. English when he writes:

... those who share personal and social problems with adolescents and even younger children find that these young people have a strong sense of moral and social responsibility and merely need the interest and encouragement of their elders to live up to it.

Young girls intuitively sense the sincerity and confidence of the instructor and respond accordingly. As Whitman put it, "It is necessary to come close to the child, win his confidence by demonstrating that your own attitude is one

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of liberality and wholesome acceptance of life. In an area where inhibitions must be understood and reticence overcome the teacher must be a most understanding individual. Belief in what she is teaching and belief in youth are powerful boosters to teacher-confidence.

The teacher should not be too concerned when it takes her some time to develop an "at ease" feeling when presenting the information about the human reproductive system and its functioning. As in any other teaching area, confidence is gained through practice. This statement is made in a recently published sex education booklet, "Facts Aren't Enough", "The ability to get along well, and to talk easily with young people may be cultivated, and may grow with experience, as many a teacher has learned who faced her first pupils with diffidence." To gain confidence, an effective procedure for the inexperienced teacher is to teach only a part of the complete unit the first year and to secure community approval for that portion, as for example, presenting the introductory lecture and the lecture concerning the


the female reproductive system and its functioning. As her confidence increases, the teacher can enlarge the area of instruction the following year—perhaps adding heredity and prenatal growth and development to the unit. The succeeding year the teacher might add the lecture concerning the anatomy and physiology of the male reproductive system, and in successive years she can continue to make additions to the total unit until all the information can be imparted with complete confidence.

Prior to the day's lesson, the inexperienced teacher should vocalize those portions of the lecture of which she is not too certain, especially the scientific terminology and the definitions of anatomical parts of the reproductive system. If the teacher can express the terminology and the definitions correctly and fluently, it adds much to a dignified, objective presentation. The sound of her own voice verbalizing the terms help the instructor to overcome her own inhibitions and thus she gains confidence.

The factual information of a sex education unit must be presented frankly, yet idealistically. Teen-age girls are romantic and idealistic, and the teacher should add substance to these adolescent characteristics by presenting the factual information in such manner that her students do not lose sight of their ideals of marriage and family life. Attitudes and behavior accepted by society
do not come to teen-agers from factual information alone. Bibby supports this philosophy when he says, "Behavior is dependent upon ideals and inspiration as well as upon knowledge and intellectual understanding." Many inexperienced teachers hesitate to inject their own feelings into the discussions, but adolescent girls want the feeling of personal warmth and sincerity added to the basic facts—especially in answers to their questions. Again, the booklet, Facts Aren't Enough, presents this quotation, "... sharing of attitudes and feelings is fully as important in sex education as the sharing of information." Adolescent girls have many uncertainties and many fears concerning their future roles as wives and mothers. At every opportunity the teacher must offer reassurance, supplementing the factual information with a realization of society's rewards and compensations for socially acceptable behavior, and assisting the girls to think through their problems and to make their own decisions. The teacher will find that, as she gains experience, a confidence develops in the presentation of this information, and that courage to express her own idealistic approaches to these problems will hasten the development of that confidence.

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6Lerrigo, op. cit., p. 9.
Organization of materials is necessary to give direction to the program. As in any other teaching area, the objectives of the sex education unit are attained only through good organization and it is only through systematic planning that the teacher can achieve the unit objectives in the prescribed time. As students progress in knowledge, they become aware of this direction and progression, and their favorable comments, which are verbal evidences of student confidence in the instructor and her program, in turn create a self-confidence within the teacher.

Teacher-confidence is furthered if she has various visual aids to strengthen her oral presentation. The scientific nature of the factual information necessitates the use of accurate and diagrammatic teaching aids. Kirkendall has discovered that,"... charts being medical in nature, carry a certain prestige and make for objectivity." Ready reference to medically accurate teaching aids adds objectivity and effectiveness to the presentation, and the teacher's confidence increases as she becomes more certain that the information presented is being assimilated by her students. Then too, the students respond with greater interest and understanding and this in turn creates confidence within the instructor.

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State and national consultant services are available to teachers in the form of personnel, information, and materials. Such consultant service is especially valuable to the morale of the inexperienced teacher in planning the content of the course and in coping with unexpected circumstances.

Self-assurance is almost automatically established when the sex education instructor is certain that the materials and methods in her instructional program have the endorsement of recognized authorities. The well-qualified teacher will have done research reading in order to learn as much as possible about recommended methods and established programs. When an instructor knows that her materials and procedures correspond to the recommendations of authorities, self-assurance develops naturally.

Dr. Kirkendall made this statement in his book:

"Base the procedures used on the suggestions of authorities. The use of proved and workable procedures lends prestige to the program with everyone concerned. It will give an added measure of security to the teacher to have studied, thumbed, marked, and indexed authoritative literature. Evidence of thorough knowledge and understanding of reliable experience can be strongly influential in winning the support of less well-informed persons."

Segregated classes are conducive to the self-assurance of the inexperienced sex education instructor.

\[\text{Ibid., p. 165.}\]
If the instructor is well-qualified otherwise, emotional inhibitions are more easily dispelled when she speaks only to girls. The communication of factual information, and the answering of questions or the discussion of problems concerning her own sex, come much more easily when they can be imparted from a woman's point of view to young women only, and are of much greater value to her students. For the enhancement of teacher self-confidence and the development of rapport between teacher and students, classes should be segregated in this educational area on the secondary level. The above authority supports this procedure when he writes:

... certain topics of considerable importance can hardly be discussed satisfactorily in teen-age mixed groups. ... Neither boys nor girls, in the present state of public opinion, will ask before one another the searching questions about personal adjustments, behavior problems, and premarital standards that they will in segregated groups.9

Symptoms of embarrassment may be evidenced within some girls when instruction in sex education is first initiated, and a teacher's confidence increases with the realization that this is a natural situation, caused by the insecurity of the student rather than by the inadequacy of the instructor. The teacher must remember that the students come from diverse home backgrounds, and

9 Ibid., p. 66.
that discussions concerning the anatomy and physiology of the human reproductive system may have become emotionally-loaded for some few girls. Occasionally undesirable symptoms, such as giggling, are intentionally exhibited as a defensive measure on the part of some emotionally immature student. The instructor will better maintain her own composure and will do her students a service if she is able to ignore any signs of embarrassment or uneasiness and to show that she is in no way disturbed by these signs of immaturity. If the introductory lecture has established the desired atmosphere, these few students should become emotionally adjusted very shortly.

Asking for anonymously written questions and problems in advance of the discussion periods is another procedure which helps build self-confidence. If the instructor has time to think through her answers to the questions or to the student problems, she can be more sure of giving objective, impersonal, and well-composed replies. The teacher will also find this procedure an advantage in that it will make it possible to re-word questions and statements for clarity, or to look up additional information on questions of which she is not quite certain. This procedure also gives the teacher the opportunity to formulate the best possible sociological approach to the statements she will make in class. Bibby, the English
sex education authority, even admits that:

It is, indeed precisely because it is often so difficult to think out the best answers on the spur of the moment, that it is necessary to prepare them well in advance.10

The sex education instructor should realize that research is not necessary for answering every question, and that she need not be upset if it becomes necessary to admit that she does not possess the needed information. Experience soon shows her that students do not expect their teacher to know all the answers, especially in the human relations area. Bibby lends his support to this, too, when he writes:

It is obviously impossible to give clear-cut answers to such questions, precisely because we are unique beings and not mass-produced identical robots. What is required is an explanation of this fact, with an estimate of the range of variability and an assurance that there is no one norm to which all must conform.11

Many times the correct approach to a question is much more effective than the factual or logical approach. Teacher-student relationships improve when she approaches student questions and problems in the role of a guide or counselor rather than that of an oracle. If the teacher must admit that she does not know the answer, but listens sympathetically and guides the class discussion, student confidence

10Bibby, op. cit., p. 117.

11Ibid., p. 173.
in the teacher is assured and this in turn builds confidence within the teacher.

A productive classroom relationship between teacher and students is readily established and maintained through the application of the correct teaching technique at the opportune moment. Any factor which brings about the students' respect for the teacher and her program will contribute to rapport. Teacher-confidence and rapport in the classroom are so closely interrelated that several items which have been discussed from the standpoint of the teacher must also be briefly reviewed from the standpoint of the student; for example, appearance, personality traits, adequate teacher preparation, and segregation of the sexes. The teacher who is constantly aware of student attitudes and who consciously strives to make use of student thinking in her teaching more easily gains the rapport essential for building her own self-confidence.

The instructor's personal appearance is of fundamental importance from the viewpoint of students. In the minds of students health is associated with cleanliness and orderliness and because of the very nature of the teaching the sex education teacher will have to do, the instructor must always appear before her classes appropriately dressed and immaculately groomed. Strain points out the potential weight of this factor for successful sex
education teaching when she writes:

In sex education work, one's dress does well to carry with it some of the subtle qualities of sexual living—beauty, esthetics, modesty, health, grace, and simplicity.12

... In sex education, as in any kind of work, one's dress must be not only attractive and pleasing but in harmony with one's subject and one's interpretation of it, for one's dress is an expression of one's way of thinking.13

By the time girls reach the secondary school level many of them exhibit inhibitions and reticence with regard to discussions concerning the human reproductive system. To help themselves to overcome these restraints, students want to have the normality and the dignity of sex interpreted by an instructor who exhibits friendliness, confidence, approachability, and who exemplifies all the ideals she teaches. The teacher must realize that for the development of ideal rapport, much depends upon her own personality.

Girls want their teacher to be thoroughly familiar with all the normal aspects of the human reproductive system so that she can communicate this information skillfully. Kirkendall substantiates this with, "... he needs to know enough about the nature of sex and its manifestations to feel that it is a natural and normal aspect of

12 Ibid., p. 315.
13 Ibid., p. 314.
human development, and that in its proper role it possesses dignity and wholesomeness. In this she should be an artist of her profession, for students never want to be embarrassed for her when she presents the factual information. As the discussions progress students want to ask questions and they want their teacher to make it easy for them to do so.

Adolescent girls emphatically subscribe to segregation of the sexes in the classroom for this type of instruction on the secondary level. They feel that adult woman-to-woman conversation in this educational area is not meant to be heard by the opposite sex. Girls want a woman's understanding and interpretation of the facts of human reproduction, especially the information concerning their own sex. However, they want to listen to this information with their own sex only, because they feel emotionally more secure and they feel that segregation of the classes is more conducive to bringing about the best class discussions. Strain has this to say, "... they [girls] value the presentation by women who are able, on the whole, to be more idealistic in the handling of these phases than are men, without as the same time evading issues."

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14Kirkendall, op. cit., p. 195.
Classroom environment is also an extremely influential factor contributing to the success of the instructional program. Conclusions drawn from studies made with regard to methods of teaching show that:

... the adjustment of an individual pupil to his group and to a particular teacher as well as the quality of the over-all social climate of the group may contribute as much or more to the success or failure of teaching than the choice and execution of a particular pattern [method] of teaching.  

The classroom itself should not only insure complete privacy for the class, but should also exhibit a pleasant, companionable atmosphere. Also, students want informality in the classroom. This can be achieved easily through placing the chairs in a close semicircle near the instructor. When the girls sit in close, congenial groups, they feel more at ease and the instructor gets their undivided attention. In addition, the security girls gain from a congenial group leads to more freedom of expression on their part.

These classes should be free from all extraneous interruptions. The scientific nature of the factual information makes it rather difficult to understand and students are annoyed by interruptions. More often than not, the instructor's psychological and sociological interpretation of the material clinches the point being

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emphasized and for this reason the undivided attention of the students must be maintained. Nonessential interruptions make student understanding of these interpretations most difficult.

For better relationships with students, the instructor must remember to give recognition where recognition is due. Through this psychological technique students are encouraged to contribute to the learning process and to the instructional teaching aids. The teacher who gives due credit wins the respect of her students and this leads to more harmonious relationships in the classroom.

Meeting girls on an adult level in activity situations outside the classroom is another technique which pays dividends in the classroom. When students feel that they know their teacher as an average and respected human being in the community, they like her better, and this factor is most conducive to best teacher-student relationships.

Students have most respect for the teacher who carries on the sex education discussions with them on a mature adult level. They want their teacher to have enough confidence in them that they can understand materials which are presented on a scientific and mature level. Even though students cannot repeat back to the teacher, word for word, the points which she may have just explained, they want her to feel that they do comprehend on that level.
even though their vocabulary may be inadequate to express their understanding. They do comprehend, and the teacher who immediately begins presenting this information on this mature level does much to promote better relations with her students. Whitman's years of experience in the sex education teaching field lead him to make this generalization, "When we err as to the comprehensiveness of children we generally err by underestimating rather than overestimating. . . . Don't talk down to them. . . . I have felt it was better to give them too much than too little."

The understanding teacher never allows an incident to pass uncorrected where a student might lose status with her peers. To be socially secure is of vital importance to teen-age girls. Students want their teacher to understand them and to support them if on any occasion this personal security should be at stake.

As the instruction progresses, many personal problems are touched upon which teen-age girls would like to discuss personally with someone in whom they feel they can confide. Because matters of personal adjustment always involve the teen-ager's emotions, it usually takes a great deal of courage for the girl to ask voluntarily

17 Whitman, op. cit., p. 83.
for a counseling interview with the sex education teacher. The teacher must make it as easy as possible for any girl by being a confident, unhurried, and understanding listener. All matters discussed during the interview must thereafter remain confidential between herself and the student.

Summary:

Adults must assume the responsibility for providing youth with truthful information concerning human reproduction. For some time it will be the responsibility of individuals, who feel their obligation to society, to train themselves to communicate this information to young people, or perhaps even to train others to do so. Because today's adults have had little straightforward information in their own youth, they have developed a natural and deeply ingrained reticence which is difficult to dispel. Confidence comes gradually through practice, and until confidence is gained, certain techniques described in this chapter may help overcome the initial hesitancy on the part of these adults.

Most women sex educators are concerned about girls' problems and are anxious to help girls to meet those problems. Girls seem to sense a teacher's readiness to present this information. Inexperienced teachers need not

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be afraid of failure, remembering that worthwhile sex education programs develop gradually.

Teachers who sincerely wish to help students with problems of growing up, should master some or all of the teaching procedures discussed in the chapter, realizing that they were developed through teaching experience. Thus inexperienced teachers may develop sufficient security and courage to carry them through the early stages of acquiring the experience which will give a more automatic confidence.
CHAPTER V

PLANS FOR INSTRUCTIONAL UNITS

Good planning is essential for productive teaching in all educational areas, but is doubly important in sex education for the teacher must plan for the development of attitudes and ideals as well as for the presentation of factual information. In addition, the inexperienced teacher planning the progression for a sex education unit must make the lesson plans not only understandable to herself, but also to her supervisors and her administrator.

The purpose of this chapter is to assist the teacher with the planning of a sex education unit by outlining and describing briefly (A) a suggested plan for the general progression of the entire instructional area and (B) a suggested plan for one subdivision of the total unit. Investigation disclosed no single completely adequate unit outline, although many have been proposed. Four suggested plans, which were published in the Journal of Health, Physical Education, and Recreation, seemed to offer a number of worthwhile ideas and these articles were used for background information for the plans recommended.
Likewise, the Minnesota course of study for Health Education was particularly valuable in developing the subdivisions of the complete instructional unit.

A. Progression Plan for the Total Sex Education Unit

1. Health Interests Inventory: The purpose of the Health Interests Inventory is to discover the health interests and needs of the students and to find the areas in which students feel their knowledge is inadequate. As brought out by the authors of the Denver study:

... differences in the physical, emotional, and mental resources of individuals, create many special health needs and interests for any particular individual. ... Research studies may point the way to some of the common needs and interests of children, but the individual teacher is the one who can best identify the special needs and interests of his group.

The students are asked to list anonymously a variety of health and human relations topics for which they would

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2Dean M. Schweickhard and others, Individual And Community Health Efficiency For Living (St. Paul: State of Minnesota Department of Education, 1946).

like to have class time allocated. The instructor may recommend some topic-heading suggestions, such as the nervous system and mental health, the digestive system and nutrition, the endocrine system, and should include human reproduction and the human relations areas as possible topics. The results of research done in the Denver schools reveal health areas which students of any locale might wish to explore. The inexperienced teacher will find many helpful suggestions in this study when planning for the Health Interests Inventory.

2. Specific Health Interests Inventory: From the returns of the Health Interests Inventory a check-list is compiled of perhaps five to ten of the most frequently named topics in order to find the more specific interests and needs of the students. The number of headings selected for the check-list will be determined somewhat by the number of class periods that can be devoted to this instruction. During the next class meeting the students are asked to check three or four items on the check-list in order of preference, which further limits the number of topics to be covered by the classes. If sex education is listed on this survey, studies show that this area

\[4\text{Ibid.}, \text{pp. 115-16; 118-19.}\]
undoubtedly will be most frequently selected by the students. A sample sheet of suggested questions, which might be used when conducting the Specific Interests Inventory, is included in the appendix on page 147.

3. **Questions and Problems:** On the basis of the facts assembled from the Specific Health Interests Inventory, students are then asked to write anonymously any specific questions or problems relative to the area of sex education which they would like to have discussed in class. Students are most cooperative with regard to this assignment as they all seem to have many questions in mind and each student will usually list five to ten questions or problems. Before the next class meeting, these questions and problems are arranged into categories so that they may be considered in a logical order. Also, when questions are filed under the various subdivisions, sample questions or problems can be easily previewed by the instructor and poorly stated questions can be re-worded. That this third survey has significant value for understanding pupil needs in this area is further supported by education research people who made this joint statement. "... that teacher attitudes toward pupils and methods of handling pupils were improved

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improved as the result of the teacher being supplied with specific information relative to problems of adjustment which pupils face." On pages 193-202 of the appendix to this thesis are listed some questions and problems that the inexperienced teacher should anticipate as a result of this type of survey.

4. **Overview of the Unit**: For motivational purposes and for better understanding on the part of students, during the following class meeting the instructor should present a brief overview of the planned sex education instructional unit. The teacher ought to explain how the unit will be developed from the returns of the Interests Inventories. Students should be made acquainted with the materials which will be presented in the complete course, so that they will have a better understanding of the interrelationship of the various divisions. Local conditions will determine to some extent what the teacher will include in this overview of her unit.

5. **Introduction**: The classroom climate for the complete unit is established during the introductory period. At this time the instructor explains the intelligence level upon which the materials will be presented, the need for

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learning the scientific vocabulary, and the reasons why the students should have the information embodied in the course. The teacher should conclude with an explanation of student responsibility in helping to maintain a favorable public opinion for this portion of the Health Education program. As a possible aid for the sex education teacher-to-be, pages 150 to 161 of the appendix present the exact wording of a sample introductory lecture.

6. **Presentation Procedure**: Due to the scientific nature of the materials to be presented and to the lack of suitable published materials for secondary girls, well-planned lectures seem to be the only effective alternative for presenting this information. Understanding, adult woman-to-adolescent girl-talks properly presented are far superior to reading assignments. The foregoing assertion was substantiated by a recognized child psychologist and clinician, Fritz Redl, when he made the statement that, "No book can ever replace the emotional relief of a really well-planned talk between an adult and the child. You cannot escape your educational duties by handing children a book instead of talking with them." To be educationally productive these lectures must be accompanied by the constant use of effective teaching aids. Following

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the outlines for each lecture found in the appendix materials are specific suggestions for making each lecture more effective. In addition, more specific instructions are given for the use of these teaching aids during the delivery of each lecture. Also in the appendix on pages 219-222 is a listing of teaching aids sources for this educational area and the types of aids available from each source.

7. **Subsequent Questions and Problems:** When the factual information has been completely presented, most of the questions which the students handed in prior to the lectures will have been answered. However, other questions will come into the students' minds as the lectures progress, and the girls should be encouraged to ask these questions orally. If there are questions or problems which they hesitate to voice orally, girls should be given the opportunity to place these anonymously written questions and problems into a question box provided for this purpose.

8. **Audio-visual Aids:** Although the competent teacher makes use of many good teaching aids, such as charts, models, and chalkboard diagrams when presenting the lectures, she likewise makes use of audio-visual aids such as films for clarification and summarization purposes. But before films or slides are presented, the teacher should make it clear to each class that these audio-visual materials are being
shown for clarification purposes and should explain what the students may expect when they view the film. Previous to showing such audio-visual materials in the classroom, the instructor should always preview these materials so that she will be prepared to point out where the students can expect clarification of important points brought out in her lectures. The future sex education teacher will find helpful teaching aids sources and the materials which are available from each source listed on pages 219-222.

9. **Summary**: Following the viewing of films, the total unit should be concisely summarized for the students. In this summary the teacher should point out the knowledge that the students should have gained. Finally, time should be made available to students for any remaining questions.

10. **Evaluation**: The evaluative procedure depends upon the emphasis the instructor places upon the measurement of knowledge students should have acquired from the unit. No valid test has been devised which accurately measures the desired functional outcomes of a sex education unit. However, increase in factual knowledge can be measured objectively. Previous to beginning the instruction, a pretest can be administered to check student deficiencies in factual, scientific knowledge concerning the human reproductive system, heredity, and prenatal development. Then when the instruction is completed, the pretest, or
an equivalent form of the pretest, may be administered again to check the effectiveness of the teaching methods. A true evaluation of a sex education instructional unit comes when the teacher asks the students for anonymously written suggestions for evaluating or revising the teaching procedures. Objective questions for such an evaluation are included in the appendix on page 192.

B. Progression Plan For One Subdivision of the Total Unit

In order that the outcomes for each subdivision of the total unit may be achieved, the instructor must prepare well-thought-out teaching plans for each section of the total unit. The purpose of the second portion of this chapter is to outline and briefly explain a plan which may help the inexperienced teacher in developing plans for such a sub-area. The subdivision is divided into its various headings and a brief explanation is given for each part.

1. Name of the Subdivision: Students should be made familiar with the title of the section to be studied. The title should be motivational and informational; for example, "Your 28 Day Clock Is Ticking", instead of "The Anatomy and Physiology of the Female Reproductive System".

2. Overview: Students should be given a brief mental picture of what will be included in the lectures which will cover the particular area. As for example, previous to the
study of the female reproductive system, the students should know what will be studied in that particular section and should understand its relationship to the other subdivisions of the total unit. They should also be given a brief review showing how this new area will be approached. Some sample questions should be read to them to illustrate the types of questions which were handed in relation to this specific sub-area.

3. Expected Outcomes: The outcomes of each specific sub-area of the complete sex education unit should be determined in light of student needs, interests, and comprehension level. The instructor should select a few functional outcomes which can be achieved by students. The general and specific health interests inventory returns should serve somewhat as guides in determining what the unit outcomes ought to be. On pages 148 and 149 are listed desirable outcomes for sex education, many of which might apply in most teaching locales.

4. Useful References, Sources: It is especially helpful for the teacher to have an up-to-date bibliography of all books, guides, periodicals, and teaching aids which she will need for the specific instructional subdivision. As many of these materials as possible ought to be card-filed for quick reference. The students should be given a bibliography of available books, pamphlets, such as the Science Research Associates publications, or free printed materials, which
they can read in order that they will have some background for the information about to be presented. Such a teacher reference and student reference bibliography is included on pages 223-224.

5. **Needed Equipment, Materials, Teaching Aids:** The sex education teacher presents this information much more effectively if teaching aids such as charts, models, projectors and slides, pertaining to the specific subdivision of the unit are at hand for immediate use as her lecture progresses. A much greater degree of student understanding is achieved when the instructor constantly refers to these aids as she lectures. The purpose of this portion of the lesson plan is to provide a quick inventory of materials she will need during the respective lecture and discussion period.

6. **Suggested Content:** The greater portion of the lesson plan will include an outline of the topical headings and illustrations which will be used in developing the unit. If the lecture or discussion is to be repeated for several classes, the instructor should include notes on all the material which she must be certain to repeat each class hour. There is a tendency to forget important points related to the discussion when a teacher makes several repetitions of the lecture during one school day.

7. **Suggested Procedure:** This section of the lesson plan contains the teaching procedures through which the in-
structor expects to attain the objectives of the unit. A sample teaching procedure might include: a pretest to find the status of student knowledge, the introduction and the overview of the specific subarea, the lectures or discussions covering the factual knowledge, the activities related to the specific area such as use of audio-visual aids, panel discussions, viewing of films, evaluation; the combined methods employed by the teacher during the instructional periods.

8. Evaluation: Students should be measured on the degree of improvement in factual knowledge and the changes in attitudes that should have taken place. A subjective evaluation procedure for finding how effective the instruction has been is to ask students for anonymously written suggestions for improving the methods and materials of course content for future teaching of this unit. A sample sheet for such an evaluation will be found on page 192.

Summary:

The need for improving sex education teaching is recognized, and good planning aids materially in bringing about this much needed improvement. The ability to plan develops through experience, and the inexperienced teacher will find it helpful to have an annotated lesson plan which can be adapted to suit her needs. The plans, here suggested,
one for the entire unit and one for a specific subdivision of the complete unit, may be helpful to her in the preliminary organization of her teaching unit.
CHAPTER VI

METHODS IN SEX EDUCATION

Successful teaching in the area of sex education is dependent in large measure upon effective teaching methods. Effective methods make teaching easier for the teacher and learning easier for the learner, for it is through these teaching procedures that knowledge is organized and transmitted. The end results of superior teaching practices are: greater student interest, increased student participation in class discussions, greater knowledge gained, and a more satisfying sense of accomplishment. In addition, the students derive more enjoyment from the course and like the teacher better.

The purpose of this chapter is to suggest effective teaching techniques which can be applied in any sex education classroom. General procedures are suggested for use during the regular class presentations, and a few specific techniques are added which may be applied during the introductory period and during the final evaluation.

Establishing the Atmosphere

The establishment of an informal classroom atmosphere is perhaps the most important key to successful sex edu-
cation teaching. The subject of itself often develops tensions and embarrassments within the students, and a comfortable, friendly classroom climate helps to dispel such feelings. Teaching and learning are easier when students feel emotionally at ease. Educational research regarding teaching methods brought to light the fact that:

... the adjustment of an individual to his group and to a particular teacher as well as the quality of the over-all social climate of the group may contribute as much or more to the success or failure of teaching than the choice and execution of a particular pattern [technique] of teaching.¹

One of the teacher's most productive teaching techniques is to create such a classroom climate.

Seating arrangements can be used very effectively in structuring this friendly and relaxed feeling among the girls. Bringing the students into a close semicircle near the instructor does much to bring about informality in the classroom. Also, informality is promoted through allowing the girls to sit in their own small social groups. These more natural seating procedures contribute tremendously to the desired learning atmosphere.

Since the instructor has asked for the girls' questions and problems relevant to their reproductive system, another effective technique for establishing a harmonious atmosphere is to convey the idea to students

that each girl's needs are vitally important and that every effort will be made to meet these needs through the lectures and class discussions.

The successful teacher will do much through voice and posture to promote a relaxed atmosphere in the classroom. If her voice is unhurried and softly modulated, she will do much to make her students feel at ease. A recognized sex educator stresses the importance of the use of voice when she writes, "Fully as important as carefully chosen speech is a well-modulated voice. . . . sex education requires a trained voice, one that is low-pitched but with good carrying qualities." Then, too, posture has an effect upon her methods. A composed and professionally dignified bearing, free from tensions, builds a feeling of student confidence in the teacher and develops an "at ease" feeling within them.

The teacher should also give thought to eliminating any factors which might disrupt this friendly, relaxed atmosphere, once it has been established. Before the class arrives, she will make certain that the temperature and ventilation of the room will contribute to the desired atmosphere. She will have her teaching aids at hand so that the train of thought is not broken while she goes

in search of them, and she will take every possible precaution to prevent interruptions from outside the classroom.

Another effective technique which can be employed at the beginning of the teaching period to relieve the seriousness of the lesson is to read an amusing paragraph or poem to the class, or to tell a brief, humorous anecdote related to the day's discussion. It takes only a moment and need not be any more than the example which follows: "A Girl's Life Cycle: Safety pins—clot' es pins—bobby pins—fraternity pins—rolling pins—safety pins."

When they hear the above short statement read slowly, with a pause for thought at the end of each phrase, the girls think, laugh, and relax, and they are immediately more ready for the business of learning. As the lectures progress and the high plane of thinking has become established, humor may be added, if it fits the occasion, to relieve the seriousness of the discussions and to maintain the informal and relaxed climate. The same author makes this reference to the use of humor in sex education:

It [humor] may come later but not when one is establishing one's position with a group of young people on this subject. . . . inwardly they [students] are serious, deeply interested, sometimes even religious in their attitude. One must
meet sincerity and seriousness with sincerity and seriousness. . . . The lighter touch can enter gradually when confidence and understanding have been established.3

Presenting the Material

Once the instructional program gets underway, a number of techniques can make teaching more simple and more effective. One necessary technique is to present the factual information in a straightforward manner. A prominent sex education authority states:

An essential step in improving pupil attitudes is that the teacher be objective, unembarrassed, and easy in his attitude. Unless he is, there is no hope for improving pupil attitudes.4

The instructor must use discretion in selecting the materials which she will present to the classes. The students want factual information, but that information should be presented only to the point of meeting the needs of the particular group. With reference to the above teaching philosophy, another sex education writer says:

\footnote{Ibid., p. 207.}

So it comes about that programs of sex teaching are built up not logically but psychologically, not uniformly but variously, and in keeping with the current, normal, eager interest of each class of students.\(^5\)

The instructor should also be acquainted with state laws regarding the type of information which can be presented in a public school classroom and should make it clear to her students that the statutes place certain restrictions upon the information she can give them. Discussions concerning some aspects of the physiology of the human reproductive system have no place in the classroom. If, however, the question or problem is of such nature that an answer is needed by this age group, and such an answer is practicable in a classroom situation, then by all means the answer should be given. Kirkendall is in agreement with this statement when he writes:

> By the time adolescence is reached, information concerning no aspect of sex should be withheld from the adolescent if he wishes to know... though in the matter of abnormalities or deviations, skill in the imparting of information is important.\(^6\)

The lectures should be so timed that students have the opportunity to ask relevant questions which arise as the lecture progresses. When girls have questions related to the discussion, they want them answered as soon


\(^6\)Kirkendall, op. cit., p. 78.
as possible, or at least during the class period in which they arise, and the teacher's classroom methods should provide the opportunity for them to ask the questions.

Perhaps the most profitable teaching procedure puts the efficient sense of sight to work. Audio-visual aids stamp upon the brain center the final impression of a fact to be remembered. According to Roberts:

Visual education is a method of imparting information which is based upon the physiological principle that one has a better conception of the thing he sees than of the thing he reads or hears discussed.7

Even though visual aids materials for sex education for girls on the secondary level are not as plentiful as would be desired, the few good medical and diagrammatic anatomical charts, dissectible anatomy models, printed materials, and films, which are available for teen-age classes, should be used to advantage by the teacher. Conrad and Meister support frequent use of visual aids in the classroom when they presented these ideas:

In general, visual aids to instruction serve the great purposes of making subject matter less abstract or bookish, and of ameliorating verbalism, which exists in health education as much as in any subject, where words are learned without meaning.

It [chalkboard illustrations] insures emphasis where needed and is invaluable in many explanations. If properly used, the blackboard adds immeasurably to the interest of the lesson and provides a focus for the discussion in question and answer procedure.

In this visual aid [diagrammatic representation of function] there is practically no limitation to the inventiveness, the initiative, or originality that may be displayed by the teacher in presenting phenomena more or less complex.\(^9\)

The sources to which the teacher would turn most frequently for visual teaching aids might be the health education division of the state board of health, the state film library, and the manufacturers of certain biological products. Care must be exercised in the use of these visual aids in order to make certain that they serve an educational purpose. Before printed materials or films or film strips are used in the classroom, they should be previewed and evaluated by the instructor as to their worth in terms of time and cost. Oftentimes manufacturers produce sex education teaching aids which can be used to


\(^9\)Ibid., p. 99.

\(^10\)Ibid., p. 100.
advantage in the classroom if the advertising is held to a minimum. When the teacher orders free teaching aids or visual materials from any source, she should remember to be specific with reference to the types of materials desired, the general objectives of the course, and the age level for which the materials are to be used. This information helps the visual aids source personnel to be more discriminating in the selection of the materials requested. A listing of teaching aids sources and the materials which can be obtained from each source is included in the appendix.

Another time-saving technique relative to the use of audio-visual aids is to keep a file with brief annotations of the contents and the educational values of the various visual aids materials used in the classroom. Immediately after the use of a specific visual aid the teacher should make out an annotated card for her records of specific items that she wishes to call to the attention of her next term's classes. The teacher will find this file very helpful in subsequent years.

An opaque projector or an overhead projector is a necessary and valuable teaching addition to any sex education classroom. Many times while the instructor is lecturing, she needs a single-page illustration from some book that cannot or should not be placed in the hands of teen-age girls. Projection of an enlargement of the page
upon a screen makes the illustration accessible to all students at the same time and yet the book remains in the instructor's possession. This device makes it easy for the instructor to illustrate on the reproduced page the points to which she needs to direct attention in her lecture.

Constant reference to medically accurate charts and sequence diagrams or pictures is another very effective teaching technique. Every lecture concerning the anatomy and physiology of the human reproductive system should be supported with the use of these medically authentic visual aids. Also, the use of simplified diagrammatic illustrations drawn on the chalk-board and the use of a series of sequence illustrations projected on a screen by a film strip projector or opaque projector will help students to visualize more clearly what the instructor is describing. The charts and projection screen must be placed where they can be seen easily by all students.

Before beginning each new lecture, the instructor should employ charts and diagrams to review briefly the previous lecture. She should go over the main points of the previous lecture by pointing out the various anatomical parts and reviewing the terminology of the previous lesson.

As the lectures progress, constant referral to a dissectible anatomical model is another very valuable teaching technique in sex education. Most anatomical models
are life-size reproductions and this factor in itself becomes a productive teaching aid since students can better visualize the human reproductive system as it actually is designed in relation to their own body size. An excellent model of the female reproductive system is manufactured by the Denoyer-Geppert Company and is listed with the other visual aids sources in the appendix on page 221.

Before beginning the study of any one of the specific areas, especially where it is important that students retain the scientific information, as for example the female reproductive system, the instructor should provide all students with a small mimeographed, diagrammatic copy of the reproductive anatomy. As the teacher lectures, the students can label the parts of the drawing and make any notations they may wish on this mimeographed copy. This technique helps students to retain what they are expected to remember as they follow the lecture and chalkboard diagrams drawn by the teacher. Diagrammatic drawings seem to be more easily understood by teen-age girls than are some medical charts and should be used wherever possible to supplement the medical charts. The appendix materials of this paper contains a sample diagrammatic outline of the female reproductive system which may be copied for student use. Students
should be cautioned to staple these diagrammatic outline drawings to the inside cover of their Health Education notebook.

Preserved biological specimens, such as for example, a display of the human fetus at different stages of development, prove most fascinating to teen-age girls. Such a display is an excellent point-of-departure technique into the lecture on prenatal development. Students must be given sufficient time in class to have a close-up view of the preserved specimens and to ask questions about them. Conrad and Keister confirm the effectiveness of such a technique for they made this statement in their publication:

The use of the object, the specimen, or the model as a visual aid to health education should increase interest, save time in learning, make instruction more meaningful, and motivate further investigation.\textsuperscript{11}

Another productive sex education approach is the use of mimeographed vocabulary sheets which list the scientific terminology and the definitions of the words to be used during the day's lecture. Because of the scientific nature of the vocabulary, oftentimes students misunderstand the exact word used by the instructor, and

\textsuperscript{11}Ibid., p. 109.
consequently misinterpret the information. If the instructor can refer the girls to their own mimeographed vocabulary sheets, she minimizes possible misinterpretations.

Use of films for the final summary is a procedure of great educational value. However, before viewing the film, the class should understand that the picture contains nothing which has not already been thoroughly discussed in class, and that the film is being used only for clarification and summary purposes. As one sex education authority points out, "... films ought to be supplementary to a more complete educational program."

The instructor should call special attention to specific portions of the film, particularly those sections which illustrate points that were emphasized in the lectures, and to points which have been especially difficult for the students to visualize mentally during the lecture periods. Examples of lecture materials which a film clarifies are: mitosis and the transmission of nutrients, oxygen, and carbon dioxide through the placenta during pregnancy.

\footnote{12}Kirkendall, \textit{op. cit.}, p. 153.
Special Techniques for Introductory Lectures

The psychological procedures employed by the instructor during the introductory period establish the atmosphere for the remaining instructional periods. Desired attitudes and motivation can be developed through the methods used in explaining (1) the purposes of the general and the specific health interests inventories, (2) the need for a pretest, and (3) the need for frank expression of their questions and problems.

If the instructor presents this explanation in a sincere manner she ought to get a positive response from her students. The teacher should make it clear that the pretest is only a teaching device used to find the status of student knowledge in each particular class and that the content of the unit will be developed to cover the inadequacies disclosed by the test. During the introductory period every emphasis should be placed on the fact that the course is being developed solely to meet their immediate and ultimate needs.

Since good community relations for the course must be constantly maintained, the teacher should help her students to understand why they must present a complete picture of the class's discussion when speaking to any adult outside the classroom and why they should never discuss one isolated incident. Students are concerned that the girls coming into the high school in subsequent years
should not lose the opportunity to receive the same information and, once they understand what is involved, they become most cooperative in assuming responsibility for maintaining a favorable public opinion for the program.

**Special Techniques for Final Evaluation**

The primary role of measurement is that of obtaining a realistic appraisal of the teaching methods and materials. Every sex educator recognizes the need for administering some testing device at the conclusion of the instructional unit for this purpose. Garrison substantiates the above observation with, "The primary purpose of measurement and evaluation is to improve teaching and learning and, through these, the development of the pupil."

Sex education tests should be adjusted to the intellectual and emotional level of the students and should measure only those areas which are of immediate concern to teen-agers. These adolescent needs will have been revealed through the returns of the Specific Health Interests Inventory, and whether or not these needs have


14 Kirkendall, *op. cit.* , p. 220.
been met during the instruction can be measured at the present time only in terms of factual knowledge gained. Although every qualified sex educator aims to develop socially acceptable attitudes and behavior in young people, there is no psychological testing device developed yet which accurately measures these intangible qualities. Kirkendall verifies the above statement with:

Evaluation of the results of teaching in terms of changed attitudes and conduct is very difficult. If statistically provable results are demanded it is an impossibility.  

The inexperienced teacher will find the book by Beister, Griffiths, and Pearce a most helpful publication when making up a factual knowledge test for secondary girls. Also, the Sex Knowledge Inventory--Form Y, published by Family Life Publications, Inc., has much suitable material.  

In addition, on pages 214-218 of this thesis may be found a multiple-choice, factual knowledge test for this educational area.

Summary:

This chapter presents classroom-tested teaching procedures which can help the inexperienced sex education teacher carry on more effectively in the lecture room.

The chapter is subdivided into three sections to facilitate easy finding of specific teaching techniques of immediate concern to the teacher. The teaching techniques described are those which will help to create an informal classroom atmosphere, some special techniques which can be used during the introductory period, other procedures that can be used during the lecture periods, and finally, those which can be employed when evaluating the outcomes of the unit.

Since an informal classroom atmosphere has direct bearing upon sex education instruction, the inexperienced teacher should recognize that the physical environment, the organization of materials and teaching aids, and the instructor's personality, all help to create the desired classroom climate. These factors are discussed more fully within the chapter.

Once the lectures are underway, the inexperienced teacher can apply a number of additional techniques for making teaching easier and more effective. Teaching skills concerned with the actual presentation and with the use of visual aids, such as dissectible models, sequence illustrations, and diagrammatic anatomical charts, are also reviewed.

The chapter concludes with a description of the teaching devices found to be effective when presenting
the introductory lecture and when making the final evaluation. Suggestions are given for selecting and constructing tests and some information concerning the few tests now available. Additional helpful materials which may be used in conjunction with some of the above described teaching procedures can be found in the appendix.
CHAPTER VII

EVALUATION OF SEX EDUCATION TEACHING METHODS

The prime aim of ideal sex education teaching methods is to produce wholesome character traits and behavior responses within the individual. With the exception of an objective evaluation of the factual information, statistical measurement of the results of a sex education teaching unit is impossible, for such intangible behavior and character qualities cannot be validly measured with present-day testing devices. Ross presents the reasons for the difficulty with regard to measuring attitudes and behavior when he says:

Measurement in the social sciences presents a difficult problem. The social sciences are not only newer than the natural sciences but their data are more complex. They study human beings, the most complex of all biological organisms, and their social relationships, which are far more complicated than purely individual responses.¹

However, the alert instructor can observe some evidences of positive change in attitudes and behavior as the instruction progresses.

The purpose of this chapter is to review some of

the more definable evidences of increase in knowledge, a small but important part of the total objective, and also to review some of the unsolicited appraisals which, spontaneously bestowed upon a teacher by her students and the adults of the community, are revealing proof that the less tangible aims are also being achieved.

The teacher can estimate the value of the course and the girls' interest in the content by noting students' haste in arriving at the classroom and observing them compete for front row seats. If the lessons are meeting student needs and if girls are allowed to sit where they wish, the seats closest to the instructor are taken immediately and there are visible indications of dissatisfaction among the students who must take the remaining seats.

When an instructor is meeting student needs, students pay very close attention during the lecture periods. Their span of attention continues for the full hour and discipline never becomes a problem.

Another criterion is the degree of displeasure among students when discussions are interrupted, as when messengers enter the classroom to deliver administrative communiques. An additional favorable evaluation is visible sign of annoyance when the bell signals the end of the lecture period, for the fact that students do not want the class
period to end is evidence that the instruction is meeting their needs.

Another observable evidence of the effectiveness of the sex education teaching methods is improvement in boy-girl relationships. As the girls gain knowledge concerning emotional responses which can be expected as normal results of physiological functions, they learn to accept themselves and the boys as they are. Once the students understand how and why our cultural laws came into being, they voluntarily accept our social patterns for what they are, and more mature behavior can be observed among the girls. Kirkendall made note of this same evidence when he said:

If, in their parties, cooperative school and home activities, and conversations, boys and girls come to display more understanding and respect for one another, this growth in attitude of respectfulness and concern for the welfare of the other sex would be a major contribution.²

The effectiveness of the instruction becomes apparent to the teacher through the frank and more specific oral questions the students begin to ask before the class. Until the emotional barrier is crossed during the first lecture periods, students will not ask orally their more personal questions related to the

reproductive system. And if questions are asked, they are first very general in nature. As the students become more objective and feel more at ease with the subject and the terminology, they begin to ask more specific questions and to ask questions that formerly they would have been reluctant to venture even in a private conference. Kirkendall also observed this in his classes for he made the following statement in this book:

This, [freedom in raising questions] too, will be a gradual development, but in time those questions which pupils would at first feel could be asked only in the privacy of consultation, should seem more and more suitable for group discussion.3

The quality of the questions also indicates an educational growth; for example, questions showing misconceptions and misinformation tend to decrease and eventually to disappear. Too, if the course is well taught, the questions indicate that the students' gain in knowledge is gradually relieving them of their former anxieties and worries.

Another standard for judging the worthwhile results of the instructional unit is the number of student requests for counseling interviews to discuss personal problems with the instructor. Until students feel that the instructor is approachable, understanding, sympathetic, and tolerant of their problems, they will not request a

3Ibid., p. 226.
counseling appointment. With reference to the personality and resultant teaching techniques of the successful sex education instructor, Kirkendall's years of teaching experience lead him to this conclusion:

No individual voluntarily returns to an institution or a counselor whom he dislikes or from whom he got nothing. He returns for discussion and renewed associations, and to demonstrate progress, to those individuals whom he feels were responsible for giving him assistance.  

If during the course of the voluntarily-sought interview the counselee is only assisted to think through her problem in terms of social consequences, then the sociological objectives of the unit have served a worthwhile purpose and a positive evaluation of the teaching methods is indicated.

Proof of work satisfactorily done often comes in the form of unsolicited and spontaneous comments from members of the community. Especially when these commendable remarks come from the parents of the teen-age girls whom she teaches, can the teacher feel inwardly confident that she is contributing toward better community living. This is a most satisfying evaluation of the teaching methods of the course and this appraisal may not come to the teacher for a number of years. Comments such as these, "I wish we

\[4\text{Ibid.}, p. 227.\]
had a class where we would have been given information like this when I was in school," or "After sitting in your classes a while, all of a sudden our young daughter began acting like a young lady. She came home and talked to me about what they were learning in your classes; I had tried to tell her the same things, but when I did she acted as though I was lecturing her. She is getting identical information now, but she takes it differently when she gets it with other girls her own age," or "My daughter feels very free in talking to me about these things now. She couldn't before she was in your class. Now we feel closer than we ever were before," or "She has given me scientific information I never did know about before." The above experience make the teacher realize that her work merited community approval and appreciation. Several years may elapse before such positive evaluation comes to the teacher and she should not expect it until her status has been established in the community with respect to sex education teaching.

Any favorable observations made regarding the more adult-like behavior of the students may constitute a positive evaluation for the methods of the program. These may come not only from parents but also from fellow faculty members or from the administrative staff, from doctors and nurses, from the many youth workers, and are probably some of the most satisfying appraisals of work well done.
which a teacher can receive from a community. When church youth organization leaders, or Y.W.C.A. or Y.M.C.A. youth leaders, come to the sex education instructor for assistance in sex education, it is a definite indication that the community approves of the course she has developed and of the results being accomplished.

Favorable comments of former students, who are now young parents in the community, are rewarding evaluations of the unit's methods. The pride with which they show off the young generation, together with their acknowledgements of the benefits which they derived from the unit on human growth and development and from the standards stressed by the teacher in previous years, is a most gratifying experience for the teacher.

Several years may pass before the sex education teacher receives any compliments from college or university personnel with reference to her teaching. When college faculty people compliment her former students upon their commendable social behavior and the students in turn credit this behavior to the knowledge gained in the sex education classes, it reflects well upon the type of information given and upon the manner in which the materials were presented. When a sex education instructional unit brings about functional, socially acceptable behavior among students, to the point where observant adults
compliment the girls upon their behavior, then the teacher who developed the unit has a right to feel that her teaching methods warrant a favorable evaluation.

Perhaps the most candid evaluation of the instructional unit comes to the teacher in the form of anonymous evaluations written by students who have just completed the course. The basic purpose of soliciting such evaluations should be to obtain ideas from the students for improving course content and for improving teaching methods. However, teachers will find that students are very honest and sincere in their appraisal of the information received. Experience points out that students certainly give due credit to the teacher and her efforts if such credit is merited. One of the most highly recognized sex educators made the same observation and wrote:

[Spontaneous pupil expressions] This is a chance method of measurement, but nevertheless an important one.

Pupils cannot be forced into such expressions. When they occur they usually can be accepted as significant indications of achievement.5

An appraisal sheet with suggested questions for such an evaluation may be found in the appendix on page 192.

5Ibid., p. 227-8.
Results indicating the degree of improvement in post-test scores over pretest scores is tangible evidence of the effectiveness of the sex education methods and materials. In order that test results be valid, the students should be tested only on the factual, scientific information given in the lectures. The post-test may be an identical form of the pretest or it may be an equivalent form. If the teacher presents the information convincingly during the lectures, there should be a definite improvement in post-test scores over pretest scores. To assist the beginning sex education teacher, such a multiple-choice test is included in the appendix on pages 214-218.

In addition, many of the inexperienced teacher's questions concerning evaluation methods may be answered for her in Health Education and Health Teaching in Schools.

Summary:
Evaluation is an integral part of any complete instructional unit, and to determine the effectiveness of sex education instruction more accurately, the teacher

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Ruth E. Grout, Health Teaching in Schools (Philadelphia: W. B. Saunders Company, 1948), Chapter IX.
should be constantly aware of various means for measuring and evaluating the results of the program.

Although satisfactory tests have been devised for measuring the factual information presented in such programs, no valid test exists for measuring teen-age attitudes in this area of knowledge. Since written tests cannot measure behavior changes, even though behavior changes are the ultimate aim of such instruction, the teacher will have to rely on other observable criteria for obtaining a better estimate of the true value of the course. A number of these observation evaluation procedures are discussed in this chapter.
CHAPTER VIII

SUMMARY AND IMPLICATIONS FOR THE FUTURE

Present-day economic conditions have changed home life and community life to such an extent that young people are now confronted with life adjustment problems almost unknown to previous teen-age generations. Until the time when problems created by economic conditions and social standards are otherwise resolved satisfactorily for young people, those concerned with the education of youth are obligated to give teen-agers scientific facts and wholesome attitudes concerning human reproduction and human relations. Whitman gave major recognition to this problem thrust upon young people by society when he wrote:

Against the fulfillment of this demand [the sex urge] society has erected strong barriers. It does not sanction fulfillment before marriage. The weight of religious and moral indignation and boycott is thrown against the young transgressor. Yet the complexity of modern society has postponed until later and later the marriageable age. In this way it has greatly increased the temptation for the youngster to transgress, since the growing physiological urge becomes more and more demanding and its suppression proportionately more difficult.

1Howard J. Whitman, Let’s Tell The Truth About Sex (New York: Farrar, Straus, and Young, Inc., 1948) p. 129.
Research studies and personal teaching experience provide evidence that all adolescents have this basic need for scientific information. According to Kirkendall:

The present prevalence of sexual promiscuity, family instability, and juvenile delinquency, • • • are eloquent arguments for a positive educational program leading to better understanding of sex, and preparation for and success in marriage and family life.

Isaacs contends that:

• • • clinical case studies show that ignorant or distorted ideas about sex have been in large part responsible for widespread neuroticism, juvenile delinquency, sex crimes, venereal diseases, wholesale promiscuity, and the rising divorce rate. 3

Lack of information, in the opinion of Bundeson, results in secret fears and anxieties about sex. "A considerable part of the mental illnesses and breakdowns that occur in later life can be traced to these early fears and anxieties."

Faced with indictments such as these, school ad-

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3Harold Isaacs, "Shall Our Public Schools Give Sex Education?" Newsweek, May 19, 1947, p. 100.

ministrators are attempting to make provision in current educational curricula for meeting these universal teenage needs. Since some concept of sex is inevitable, the school must substitute scientific and wholesome viewpoints for the common misconceptions gleaned from ignorant and misinformed peers. Although ideally the home should provide adequate knowledge and understanding of the human reproductive system and its functioning, it often fails its obligation and thus the school must assume the responsibility to prepare the present generation for more understanding and competent parenthood.

Girls in early adolescence cannot escape the problems connected with their rapid maturation, and without scientific solutions they become easy prey for fears, worries, and even mental illness. Heterosexual adjustment is one of their foremost problems, and they find themselves unprepared for the greater freedoms and the greater responsibilities for personal decisions which are inherent in our democratic way of life. This is particularly true when ethical guidance is lacking both at home and at school.

Today's schools are beginning to recognize a responsibility for providing adequate sex instruction and for reducing thereby the stark costs of failure in sex education which are borne by the entire community. As this type of instruction becomes more universal, many
teachers with little or no training in sex education find themselves assigned to classes for which they feel woefully unprepared.

The purpose of this study was to determine methods and to discover materials which would prove valuable to the inexperienced teacher faced with a need to present an instructional unit in sex education for tenth grade girls. Methods and materials were not limited to lecture hints, visual aids, references, and evaluations, but included also psychological approaches and public relations techniques, since these factors so often help or hinder the effectiveness of methods and materials.

The procedure used was to review current publications and recommendations of recognized sex educators and to combine these findings with methods and materials found to be effective from actual teaching experiences in sex education in a Montana high school, and through this combination to develop suggestions which might be used as a whole or be adapted to specific situations. The suggestions were grouped under the following headings: Necessary background information, developing a favorable public opinion, setting the stage for learning, plans for the instructional unit, methods in sex education, evaluation of sex education teaching methods, and the summary and implications for the future.
Briefly summarized, the essential points were these:

1. Prior to the development of an instructional unit in sex education, the conscientious teacher will secure a complete picture of the community and of the school in which the unit is to be presented. The points upon which the teacher will become informed are covered in a check-list, and include thought-provoking questions concerning possibilities of community and student support for the program, the intracurricular status of the unit, local facilities, resources available and teacher qualifications.

2. Also prior to the presentation of such a unit, the instructor will attempt to secure the understanding and the support of the school administrators, the faculty, the students, and the community as a whole. Since many parents feel a justifiable apprehension regarding the type of material to be covered and the method of its presentation, the successful teacher will try to overcome this apprehension before undertaking the unit. Too, in an educational area so closely linked with human emotions, attitudes and ideals, sex education often becomes controversial unless the program's purposes are fully
understood.

Materials and methods for developing a favorable public opinion are organized under the headings of preliminary public relations, continued public relations, and post-instruction public relations, presented in chronological sequence are specific public relations techniques which concern the administrator, the teacher, the school's faculty, the students, and the community. Among the specific recommendations are the following:

(a) that there be a complete administrative-faculty understanding of the program and mutual support for the program before organized meetings with community groups are initiated;
(b) that the school have survey returns for proving the need for this proposed addition to the curriculum before requesting public support for the program;
(c) that the administrator and the sex education instructor be well-informed concerning the current trends, philosophy, and the teaching practices and recommendations of authorities in order to be well-qualified public relations agents for the proposed program; and
(d) that the instructional program be developed somewhat around the local needs of the students.

3. The inexperienced teacher must overcome emotional uncertainties before an ideal student-teacher relationship can be established. The fourth chapter describes a variety of means by which the instructor may develop the self-confidence and gain the class rapport necessary to successful sex education. Among the aids listed are: the importance of personal appearance, the use of voice, importance of sincerity, and suggestions for building the self-assurance needed to teach in this area.

4. The successful teacher, endeavoring to provide a unit that is educationally constructive, realizes that careful planning is of utmost importance. In the fifth chapter specific help is given in (1) planning the entire unit and (2) planning each day's lesson. Specific suggestions are presented regarding (a) aims and objectives, (b) content, (c) procedures for reaching the objectives, (d) use of references and sources, and (e) suggestions for evaluation.
5. The experienced teacher develops **methods** through trial and error. The untrained teacher can profit by the experiences of successful teachers, and can by-pass many of the errors to which she might otherwise succumb. Some of the methods which have proved successful and are described in this chapter are (a) methods for using survey returns advantageously in developing course content, (b) employment of specific psychological techniques for establishing a relaxed classroom climate, and (c) use of specific visual aids for reaching the unit objectives productively.

6. The successful teacher **evaluates** the effectiveness of the instruction, in order to improve the areas in which weaknesses are discovered. In sex education, instructional methods and materials should produce two types of results: (a) the tangible results, in the form of factual knowledge, and (b) the intangible outcomes, in the form of actual behavior changes. Tangible information can be measured by objective tests, and a sample is given. Intangible changes in attitudes, appreciations, and behavior are impossible to measure through
written tests. This chapter suggests subjective means of appraising the results in these difficult-to-measure outcomes.

7. The inadequately-trained teacher often is further handicapped by lack of time for adequate preparation. In the appendix may be found various aids which will shorten materially the time needed for initial preparation, and which will add, at the same time, to the effectiveness of presentation.

The materials and methods presented herein have been developed for the purpose of assisting the teacher untrained in the presentation of sex education units. Teachers with experience in this field may find new ideas to incorporate in their present outlines, and teachers in related fields may discover suggestions which can be adapted to their particular areas.

The inexperienced teacher who approaches the problem with courage and resourcefulness, and who uses the suggestions given, will find the feeling of inadequacy soon disappearing, and can begin adding her own suggestions to those given. The teacher will find immeasurable satisfaction in the awareness that her program has made an invaluable contribution to the development of her students and, indirectly, to the welfare of her community.
Implications For The Future

Sex education is becoming more and more an integral part of the secondary school curriculum. There are far too many high school girls, however, who receive no instruction in this important phase of education. Before sex education can be included in the educational background of every teen-ager, a number of changes must be brought about in the world of education:

1. All teacher training institutions must meet the need for preparing qualified personnel for teaching in this specialized area. In large measure, young peoples' understanding and acceptance of our culture depends upon the methods and materials and the personality of sex education teachers, for instruction in this area is concerned primarily with the formation of attitudes and ideals. In addition, teachers trained for this instruction should be especially well qualified not only as instructors but also as counselors. Every prospective teacher should be required to complete a course in child growth and development as a pre-service training requirement in order that she better understand children and adolescents and that she be better prepared to counsel them with their problems.
Sex education materials and methods ought to be included as a part of this instruction. Each teacher training for service in any of the biological science areas in junior and senior high schools should receive a more comprehensive background in materials and methods for teaching both human reproduction and human relations.

Also, economic conditions are fast pushing another responsibility upon the schools— that of educating young people for competent parenthood. Sex education and human relations should be included as an important part of this family life education program. Since most young people do not continue their formal education beyond grade twelve, the responsibility falls upon teacher training institutions to train qualified personnel to meet this already existing nation-wide need below the college level.

2. Before complete endorsement for sex education within the schools can be forthcoming, educators must formulate a broad, positive, nation-wide philosophy to support the program. All too often sex education is rejected because emphasis
is entirely upon the pathological or prophylactic aspect of sex. As McCoy points out,

Modern education must provide youth with the abilities for developing an integrated personality, for assuming a successful place in group living, and for adjusting to the ever-changing problems of their culture if it is to remain a potent factor in a democracy.

Sex education can be such a constructive influence in the lives of young people when it is based upon the philosophy as stated by Dr. Lesher, "... sound sex education is more concerned with the interpretation of facts, development of ideals and provisions of inspiration than with formal instruction." Lamson adds his support to this interpretation of philosophy when he writes, "Not only should sex education convey the correct information, biological and psychological, but ethical ideals should be instilled." The obligation

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again falls upon teacher training institutions to implant such a broad philosophy within all students preparing for teaching in this educational area.

3. There is a nation-wide need for a *practical teachers' guide for sex education*. This guide should embody the recent, workable methods and materials of all successful sex educators' programs. These guide materials and methods should be organized for the different age groups, with a subdivision of the guide given over to each particular group, so that the inexperienced teacher need only to look for the division of concern to her to find there a composite, practical teaching unit. Each unit contained within the guide would be so well developed that the inexperienced teacher would need to make only few minor changes in adapting it to her locale.

4. Another very obvious public relations need is the development of *audio-visual aids*, which can be used at meetings to inform the public about the proposed program. Because of this present-day deficiency, school administrators and departmental faculty members find themselves deplorably handicapped when attempting to
develop a favorable public opinion for their proposed sex education program. These aids should show how changing community conditions are shifting problems upon the school which a well-planned sex education and human relations course could help to alleviate.

There is a need for parent education films which might be shown at P.T.A meetings and similar gatherings. Most present-day parents want to give sex information to their children, but since they themselves never had the opportunity to learn how to pass along this information, they lack the "know-how" for answering their children's questions. Films should be specifically developed for parents of children of different age levels. In conjunction, films ought to be designed to show the various phases of child growth and development, these to be used in parent education groups and for teacher training materials.

Also, more films, colorful, diagrammatic slides and film strips and sequence charts are needed for an effective classroom presentation of the scientific aspects of sex education.
5. **An annotated source list of sex education audio-visual aids should be published annually.** Oftentimes valuable audio-visual materials are available to the classroom instructor, but the teacher is not aware of the existence of such aids. Educational organizations, such as the National Education Association, should collaborate with audio-visual aids producers to publish and annually revise such an annotated source list.

6. Another evident deficiency in the sex education and human relations area is that of books written in teen-age language with the main points emphasized by cartoon illustrations. In many schools where the curriculum does not permit special instructional periods in sex education, many of the objectives of education could be accomplished if school libraries had available for students many different books concerning sex education and teen-age problems.

Sex education will become an accepted part of every school curriculum when teachers of successful sex education programs contribute to literature concerning methods and materials, philosophy, and public relations informational
techniques. Inexperienced colleagues can then avoid trial-and-error methods and worthwhile programs will develop more quickly.

Since the instruction in this area of education is of such tremendous importance to the future of our families and our communities, it is hoped that eventually every sex educator's philosophy and teaching will lead students to a true understanding of the familiar Biblical quotation, "And ye shall know the truth and the truth shall make you free," and that with this understanding they will build cooperatively a better world community.

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8 St. John, 8:32.
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C. UNPUBLISHED MATERIALS


STATUS-OF-INFORMATION INVENTORY

1. From whom did you obtain the sex education information which you now have? (Your parents, friends, minister, relatives, books, others).

2. Do you consider the information given to you to be rated as excellent, good, fair, poor?

3. List five or more questions or problems which you would like to have discussed in class.
EXPECTED OUTCOMES OF A SEX EDUCATION UNIT

To teach girls the facts concerning human reproduction:

1. Biological and Psychobiological:
   (a) To help girls to understand how they mature physically, psychologically, and socially.
   (b) To help alleviate the fears, worries and misconceptions experienced by most girls with reference to the functioning of their reproductive system.
   (c) To help girls to accept themselves as normal persons through a better understanding of normal psycho-biological responses and the ranges of normal responses.
   (d) To help them to realize that due to the normal functioning of the reproductive system, certain problems are common to all teen-age girls.

2. Vocabulary:
   (a) To help girls to acquire an understanding of the scientific terminology relative to their own reproductive system and to be able to use that vocabulary fluently.

3. Philosophy:
   (a) To help girls to develop a rational sense of values; standards by which each girl will be expected to weight factors which will be important in her life.

4. Social Responsibility:
   (a) To teach girls to understand what constitute acceptable attitudes toward sex in our society.
   (b) To teach girls why our moral code came into being and the contribution expected of every girl in upholding the standards set forth in that code.
(c) To teach girls the standards of acceptable conduct through which they can learn to think problems through for themselves and to accept the possible consequences of their decisions.

(d) To teach girls to have pride in themselves and in the families of which they are members and to appreciate their inheritance. To make them conscious of their responsibilities as the progenitors of the coming generation for the social betterment of our culture.

(e) To create within girls a consciousness of the costs to our society of socially unacceptable behavior.

5. Wholesome Concepts:

(a) To develop within girls a wholesome respect for the opposite sex.

(b) To help girls to understand and to appreciate love, marriage, and the importance of the family in our way of life.

(c) To help girls to understand the responsibilities and obligations of parenthood and to understand that marriage and the rearing of children is something which every girl ought to anticipate expectantly.

(d) To help girls to understand the interdependence of all human beings, and how the common courtesies extended to others is an indication of emotional and social maturity and how these courtesies can help them to attain a desirable personality in preparation for well-adjusted adulthood.
"The results of the general interests inventory which you girls checked showed, very definitely, that most of all you wanted factual information about the human reproductive system. Then when we conducted the status study, to find out what you already know and to find out through your anonymous questions the things you wanted to know, the results were most interesting to me. Sometimes you didn't have the words with which to state your questions very well, but in most cases you conveyed the idea of what you wished to have discussed or answered.

"Before you came here to the Senior High School, your Health and Science teachers taught you the anatomy (how your body is designed) and the physiology (how your body functions) of all the systems of the human body which are essential to maintain life. I believe that it is just about time that you were told about another very important-functioning system upon which rests the perpetuation of our species, one which most teachers do not seem to want to discuss with you except in a more or less superficial way. Most of the health textbooks are printed as though there were only bare skin from your waist to your knees. Since you requested this type of
information, here in the health classroom we will discuss this human reproductive system for a while.

"Because the time element is a very important factor here and we must complete as much as possible each day, and also because our departmental library does not have reference material in sufficient quantity, I feel that we can accomplish much more during each class period if I lecture and you take notes on all the important points which should be remembered. Taking notes probably will be a new experience for you. I will lecture slowly, and for emphasis, I will repeat points which you ought to remember. You will be tested in class on most of this lecture material so take good notes. Even more important, you will also be tested on this information in life, so learn it to remember it, not only for the class but for always.

"My lectures concerning the human reproductive system and its functioning are given on a very high scientific and emotional plane, and nothing which is said here should embarrass anyone. You are young adults now and I am going to talk to you as I would to emotionally mature young people, and I hope you will accept all this factual information on that level. Any girl who feels that she has not ‘grown up’ enough to take this information on that level should arrange to check out of this class before we meet again."
"Some few of you girls already received from your mother, or from some other person very close to you, very fine background information concerning the human reproductive system, and what I have to say here may be a repetition of what you have heard before. However, most of you thus far primarily have had only brief discussions of the superficial manifestations (that is outward appearance of the functioning of) your reproductive system—the menstrual cycle. Because the majority of you have not been given very much information with regard to your own reproductive system, you have many fears, worries, misconceptions, and wonderings of which you should be relieved as you learn the scientific facts about its functioning.

"In order to be able to discuss the reproductive system in these classes, we must have words with which to work. As far as we are concerned here, the only acceptable words for the anatomical parts and for the functioning of these organs are in terminology that science has given them. This is terminology which I will use here in the classroom, and you will be expected to acquire these words as a part of your speaking vocabulary as we progress. I will define and explain all new words as we proceed through each lecture, and you will have a chance to ask questions about them. From that time on, you will be expected to know their meaning.
These are some of the reasons why you will want to know what I will teach in these classes: In the not-too-distant future you will be of marriageable age and most of you will marry, and, as you know, the normal sequence of marriage is the bearing of children. When this time comes for you, you will be under the care of a doctor and any doctor will use this same terminology when he asks you questions or talks to you about your reproductive system. I would like to see you girls leave this high school familiar with the words your doctor will use, and I urge you to build a vocabulary so that you can give him the right answers using the correct words when you talk about the functioning of your reproductive system. If there were only this one reason why you should learn the correct words and the meaning of these words, then that would be reason enough.

"During the course of these lectures we will discuss a great many things which are in some way connected with our reproductive system, and which will show, because of the functioning of that system, why we think and respond the way we do.

"Among the things we will talk about here are some of the reasons for normal human behavior responses. Many of these behavior responses are indirectly due to the functioning of the endocrine and reproductive systems.
Human beings are so constituted by nature that in the latter teens and early twenties, biological urges are especially strong. Nature would prefer that you would respond naturally to these urges, but our moral code does not allow you to do this. Thus normal responses become inhibited and this sets up conflicts which create problems for you young people.

"In this class, when I refer to the moral and ethical code, I am referring to the sanctioned standard of conduct or behavior upon which our Western civilization is structured. Basically, these moral laws came into being for the protection of women and children. I hope that through our discussions here, you will better understand why human beings respond as they do and why it is the responsibility of each of us to help uphold this moral code. Try to realize how our civilization would fall apart if it were not for these laws, and you will understand why we are all obligated to adhere to this code since, fundamentally, it is for our own protection. My own philosophy basically is this—all of us should make this world a little better for our having been here, and in order to make it a little better we all have responsibilities for our own behavior. We will talk about this later.

"Then we must consider this modern convenience, the automobile, which is creating very definite problems for
you girls. Not too many years ago boys and girls came to this high school each morning on bicycles. Nowadays almost all of you young people think you have to 'go steady' as you interpret 'going steady' to mean, and in order for a boy to get one of you girls to 'go steady' with him, he must have a car. So in some ways it appears somewhat as though you girls bring this problem upon yourselves. This boy-friend with a car may be a hazard to you because of the way he drives, or shouldn't drive. He may be a more serious hazard because his physical and emotional maturation is far from complete. Because of this fact, when he takes you out on a date, he sometimes gets emotionally out-of-hand and becomes a problem for you to cope with. This can happen, for example, at a movie at an outdoor theatre, where most of the pictures projected on theatre screens these days are suggestively stimulating to him (as perhaps you have already learned). I wouldn't be a bit surprised if this has happened to most of you during at least one dating situation. For your own safety you need to understand the boys and why they respond as they do to psychobiological situations.

"You have very definite responsibilities for your behavior on dates. You have responsibilities to yourself, for your own protection; you have responsibilities to your family, who permitted you to go on this date; and you also have responsibilities to this boy, whose guest
you are for the evening. You will hear a great deal about these facts in our discussions here. Those discussions should help you to solve some of your more pressing boy and girl problems.

Another reason for mastering this information is that actually our bodies are very complicated and marvelously designed structures. Some of you girls have not as yet learned to accept your physical body as it is designed, but you are young yet and understanding of it will come with time. Through our frank discussions here, I know that as you learn more about its functioning, especially the functioning of the reproductive system, you will learn to accept your body as it is. It is surprising how many adult women, even in this modern day and age, have what we refer to as 'false modesty' when any reference is made to the design of, or the functioning of, their bodies. Probably because these women never had the opportunity to discuss the anatomy and physiology of the human body, and especially of the reproductive system, in such a class as this, they have never felt at ease in the presence of their doctor.

"Not being at ease with their doctors, and never having learned the correct terminology so that they could ask intelligent questions and could understand the doctor's explanations, many women have failed to have physical examinations when they were needed. As many
difficulties arise in the female reproductive system as in any other part of the body, and doctors tell us that a vast number of deaths could be prevented if women would not delay a physical examination until it is too late. This so-called 'false modesty' is what keeps women from having a complete physical examination until it is too late.

"The medical profession reports that fifty per cent of the cancer conditions found among women develop in the primary (the reproductive organs) or secondary (breasts) sex organs. The medical profession also reports that a large percentage of the deaths due to cancer among women could be prevented if women would appear regularly for physical examinations. As a result of our discussions here, I hope you will learn to accept your body as it is and, when the time comes for you to undergo a physical examination, you will feel more at ease in the presence of your doctor.

"You girls always ask some questions which I am not able to answer. As most of you know, I have never been married and have never had sex experience, and for that reason I cannot answer some of your questions. On the other hand, I think perhaps if I were married and had had sex experience that I probably could not discuss some of the things that I will talk about, for the simple reason that it would be a too-personal, a too-intimate
part of me, and my emotions would prevent a frank discussion of some of these things about which I will speak. All of you know, when we speak of the human reproductive system and its functioning, that human emotions are a very intrinsic part of it all. Never having had sex experience and being able to tell you only what I have learned from medical books and from the information I have received from doctors, I think perhaps I will be better able to answer some of your questions because my emotions will not enter into the discussion.

"Then, too, I feel that there are some questions to which we should not want to know the answers before marriage. There are some adjustments which I feel are sacred to marriage and, because human emotions are a very deep part of those adjustments, we have no right to pry too deeply into such very personal experiences. I have asked questions of very close women friends who are married, and you might as well know that they will answer questions only up to a certain point and from that point on they will tell no more. These things are intimate to marriage and should be respected by all of us.

"You girls usually want a definite answer for a definite question. When human emotions are concerned, however, those questions usually have no definite answer."
Doctors and psychiatrists tell us that no two human beings respond exactly alike psychologically to a given situation and for that reason the best we can do in this classroom is to give you a general answer to a question of that nature. Specific answers will have to be worked out individually, using the general answer as a guide.

"From our discussion here you have some idea now of what we will talk about in this class. You understand why we feel that you ought to have this information and why you will have to learn the words through which I communicate this knowledge. Also, it is normal that you would wonder about some of the things which you asked; at the same time, I hope you understand why I cannot answer some of your questions.

"I hope that all of you girls are close enough to your mothers so that you will go home and talk to them (preferably to your fathers too) about the things which we discuss here, but please be sure you give them the complete picture of our discussions. Do not talk about some isolated portion of our discussions, for they might misinterpret what we do here. Parents have a right to know what you girls are learning here and how it is being taught. It would be best if your parents, especially your mothers, could sit behind a glassed partition and listen to our discussions in this classroom. (We wouldn't know they were there because this partition would be made of
one-way vision glass). However, since we do not have such facilities, I would very much like to have you talk to your mothers about everything which we discuss here. I know that, as our discussions progress, you will feel more and more at ease, and you will perhaps feel that you can talk to them a little later on, if you are not ready to do so now. Your mothers are interested in what you learn here, but please be certain that you give them the whole picture of our approach here in the classroom— that is very important.

"Because this area of education is permeated with human emotions, and because these discussions are beyond the emotional needs of the junior high girls, I much prefer that you do not discuss what we talk about here with any of those girls. Because of their immaturity, they would be very apt to misinterpret what you might tell them. In all probability these girls would discuss their incorrect interpretation in their own homes and if the parents of that home happened to take the girl's interpretations at face value, the entire Billings community might get a misconception of the whole program. The end result might be that those girls who will enter the Senior High School in years to come might be deprived of this information, which I feel every teen-age girl has a right to know.
The next time this class meets we will begin our discussion with something of the history of the scientific discoveries concerning reproduction. Then we will go on to a discussion of the endocrine system, which influences our whole reproductive system. If you think of more questions, which you would like to ask, write them out and put them in the box on the desk in my office."
"The last time we talked about how important it is for us to have accurate information about and adequate understanding of our reproductive system. But it is only recently that anyone has known much about it, and today I am going to tell you something about how it happened that man found out the facts about the functioning of the human reproductive system as we know them today. Actually, science has just barely begun to understand Nature's supreme miracle: human reproduction. To stimulate your thinking in this direction, and to make you realize that some Power much greater than we seems to have a hand in this miracle, which science cannot possibly duplicate or even fully understand as yet, I am going to ask you some questions: (1) Why does the initial cell, the fertilized ovum, divide and re-divide to make the one thousand million cells which, scientists tell us, make up the adult human being? Why does the redivision of cells stop at a certain point, and thereafter only replacement of worn out cells take place? (2) Why do the cells of any body part—say of an arm—divide and re-divide until that arm reaches a certain length and size, and then stop growing? Why doesn't the arm continue to grow until it reaches the floor? (3) What are the genes?
These incredibly minute inheritance factors determine body stature, color of eyes, color of hair, color of skin, and the multitude of other features which we inherit from our parents and our ancestors. They are passed on unchanged from generation to generation. What keeps them from changing? (1) Why does the newly-conceived life begin to grow, and in many cases continue to grow almost to the point of birth, and then die? It is estimated that there are 6,000 recorded stillbirths in the United States annually. What causes these stillbirths?

"Science is probing for the solutions to these questions, but is far from having obtained completely satisfactory answers. If any of you girls are scientifically inclined, it is entirely possible that some day you will be the one who will give us the explanation to one of these questions.

"Now to give you something of the history of how it happened that man learned what we do know up to the present time. It doesn't make any difference to me which theory of mankind's origin you want to believe; here in the classroom we will approach it from the historical point of view.

"According to history, primitive man had only the crudest concept of time. It was a day-to-day existence
and a constant battle for survival with the elements of his environment. He thought only about the absolute physical necessities of life—very crude shelter, clothing, and food. Life was difficult because he didn't have much intelligence. Gradually he became a more social being and took a mate to live with him in his cave. Although by nature he satisfied his biological urges, he did not associate the sex act with the birth of offspring months later, because he didn't have any concept of the measurement of time. Consequently, he developed all sorts of superstitions about the origin of babies. An example of these superstitious beliefs was his idea that his offspring originated from a bubble of mud.

"And so it went through the ages until we come to a relatively recent time when the basis for the scientific explanation of human reproduction was laid by William Harvey. As you probably have already learned in other science classes, William Harvey was the English physician who became famous for having discovered the circulation of blood. He was the personal physician of King Charles I, and, as you probably also have learned, a king's estate always had a large deer hunting area and deer were always quite numerous in this protected hunting region. Because Harvey was a naturally curious man and also, perhaps, because he had sufficient time to make careful observations,
he noticed that, after a certain period of time after the mating season of these deer, little fawns were born. In an effort to find a reason for this, Harvey persuaded the king to have some of the does penned up for observation. The king ordered that a dozen does be taken alive just after the mating season and that they be placed in a pen adjoining the palace grounds. The does were killed at intervals and Harvey made examinations of the reproductive organs. Through these observations he witnessed the month-by-month development of the embryos which would have developed into baby fawns. Harvey did not know, however, the role the male parent played in the impregnation of the doe, and believed the embryos were secreted in some way by the uterus, as we might say an idea is conceived by the brain.

"This research caused other curious investigators of that day to wonder about the origin of life. As we know, there were not any microscopes with which to see anything smaller than that which could be seen with the naked eye, but one day a Hollander, Leewenhoek, who ground simple magnifying lenses as a hobby, saw the human sperm

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cells for the first time through these first crude microscopes.

"Another Dutch scientist named Regner de Graaf, who also spent time making observations through lenses, for the first time saw the ovum of a rabbit in the oviduct (tube leading from the ovary to the uterus). Later he discovered the follicles (sex cell chamber in the ovary of a woman, but he did not see the ova."

"It wasn't until 1827 that an Estonian, Karl Ernst von Baer, completed the story when he examined the ovary of a dog and saw the microscopic ovum, and he traced it to the oviduct and on into the uterus. From that time on, or for only about the last one hundred years, we have had a scientific explanation of how life is conceived and how it grows.

"The more you study the way in which a new life is created from a single fertilized microscopic cell and how it develops, the more you realize how marvelously the reproductive system is designed for its purpose.

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3Corner, op. cit., p. 12.
The more you study this, the more you realize how much could go wrong during the course of the developmental period and how amazing it is that so little does go wrong, and the more certain you are that a Power much greater than we has something to do with all this. When we speak of the 'miracle of birth' it is truly just that, for all the present day wonders of science cannot create a new life.

"During the course of our next lecture we will review the endocrine system, which will help you to better understand the way your body functions. Then you will be prepared for the lectures specifically concerned with the human reproductive system."
LECTURE—ENDOCRINE SYSTEM

Time: Two hours

Introductory Statement For Teachers:

Students should be familiarized with the functioning of the endocrine glands to help them to understand how the secretions of this system affect body growth and development. It is important to emphasize the physical, mental, and emotional effects of the normal functioning of this system. McConnell's Graphic Health Chart #16 or a similar chart showing the location of the endocrine glands should be used with the lecture.

Introduction To Lecture:

"Today I am going to discuss the endocrine system or the system of ductless glands. This discussion will help you to understand why you grew up and developed normally as you did. Also I am going to tell you what might have happened if any one of these glands in your body had not functioned properly. Most important to us here, however, is the normal functioning of these glands of internal secretion.

"The endocrine system is a system of glands which secrete substances which we call hormones. To define a hormone—we might say that these glands are so wonderfully designed that they have the ability to take from the blood stream certain chemical components and change these
original chemical substances, or perhaps a combination of several substances, to a completely different element. These new end-products, or hormones, are now again poured back directly into the blood. That is where the word endocrine gets its meaning— it implies that they are a system of glands producing internal secretions which have no system of tubes of their own through which these hormones can circulate.

"If these glands had not functioned in a very exacting manner in your body and the hormones which they produced had not been poured into your blood in very exacting amounts, you could not have possibly have developed normally as you did, either physically or mentally. Since these secretions are circulated through the body by means of the blood, they regulate and coordinate all the functions of the body. Each hormone stimulates all other endocrine glands to function properly and thus they seem to inform each other what is happening in all parts of the body. They are capable of initiating, accelerating, or decelerating certain functions within the whole body."

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Outline For Endocrine System Lecture:

**Pituitary Gland:**

Master gland of endocrine system.
All other endocrine glands subordinated to action of pituitary.
Location: at base of brain, directly in center of head; hangs by slender stalk into tiny depression on floor of cranial cavity.
Weight: less than 1/12 ounce. Size of a small cherry.
Function: creates 16 different hormones; controls growth, metabolism, blood pressure, muscular contractions, and development of secondary sex characteristics before puberty and development of reproductive organs (gonad-othropic hormone). Controls normal functioning of reproductive system, and in the female, the menstrual cycle is dependent upon its proper functioning. Lactation dependent upon another of its hormones. Deficiency causes individual to remain a normally proportioned midget; hyperactivity leads to giantism.

**Thyroid:**

Composed of two lobes joined by an isthmus.
Location: in lower neck, below and on each side of voice box.
Weight: about one ounce.
Function: essential to normal metabolism.
Diet should contain some iodine; deficiency of iodine causes enlargement of gland; then known as goiter. Deficiency of thyroxine (65 per cent iodine) causes retardation of metabolism; causes depression of mental and physical functions; hyperactivity causes opposite effect--individual becomes thin, nervous, excitable.
Child born without a thyroid or with a very deficient thyroid may become a cretin; physically stunted, short arms and legs, sometimes a grotesque-looking head, mentally retarded or mental development ceases.
Thyroid deficiency in adulthood results in obesity, hands and face become puffy, swollen, and attain enormous size, metabolic rate sinks very low, heart action and pulse rate slows, mental faculties dulled, memory usually fails, disproportionate growth of body parts.
Hyperactivity causes reverse effects of above symptoms.
Drug treatment outmoding surgery for over-active thyroids.
Parathyroids:

Four in number.
Location: two embedded behind each lobe of thyroid.
Weight: each parathyroid weighs approximately $\frac{1}{13}$ ounce.
Function: primarily regulates calcium level within the blood; secondarily, regulates calcium content of bones.
Deficiency causes reduction in resistance to infections, metabolism upset, causes muscle spasms and finally results in convulsions.
Hyperactivity causes bone deformities somewhat analogous to effects of rickets.

Pineal:

Size of a small pea. Gets its name from its pine cone appearance.
Location: on top of groove separating two hemispheres of the brain, in middle of head.
Function: controls physical, mental, sexual development.
Hyperactivity in childhood results in precocious physical, mental, and sexual development.
Deficiency causes opposite effects.

Adrenals (suprarenals):

Two in number.
Location: appear like little night-caps, one on top of each kidney.
Produce adrenalin, a powerful stimulant; also cortin, exact function not known.
In emergencies adrenalin is produced in quantities and when discharged into blood, causes sugar content to increase. Speeds up heart action, blood pressure increases, accelerates respiration. This governs output of muscular energy and body becomes "defensively ready" to meet an emergency. Deficiency decelerates metabolic rate, blood pressure falls, skin becomes discolored by a brown pigment, rapid wasting away of the body. Slows down all body activity.

Pancreas:

Location: below stomach.
Function: exocrine and endocrine. Large exocrine portion produces pancreatic juice, aids in digestion. Endocrine portion--islets of Langerhans--produce hormone insulin.
Function of insulin: to oxidize and store sugars.
Deficiency of insulin results in diabetes.
Pancreas - continued.

Diabetes: body cells starved from sugar while an abundance of sugar is circulating in the blood. Excess is constantly strained out by kidneys and discharged in the urine. In desperation body tries to produce sugar from protein. Results in wounds healing slowly, resistance is reduced, poisonous substances produced because cells cannot function properly. Without some other source of insulin, will result in death.

Thymus:

Location: at top of chest, behind breast bone; above heart, between lungs.
Large during childhood, gradually diminishes in size as child grows; atrophied after adolescence; vestige remains in adulthood.
Function: concerned with body growth and development; accelerates growth and hardening of bones.

Gonads:

Location: ovaries—within pelvic girdle; testes—within scrotum.
Function: endocrine—production of sex hormones; estrogen and progesterone in female; androgen in male. Exocrine—creation of sex cells; ova in female; spermatozoa in male.
Hormones produce secondary sex characteristics: In female: ovarian hormones cause development of breasts, widening of hip bones, retention of soft skin, development of body curves due to widening of hip bones and formation of fat layer under skin and development of breasts; development of feminine voice; growth of hair under arms and over pubic region; rapid increase in size of reproductive organs with beginning of menstruation.
Psychological change—development of retiring nature of the female; becomes submissive, conforming, less assertive. In male: androgen produces hair on body—face, chest, arms, and pubic region; shoulders broaden; hip bones broaden too, but seem less in proportion because of the widening of shoulders; voice deepens; texture of skin becomes more coarse; hands and feet become large in size; rapid increase in size of external genitals; periodic overflow of spermatic fluid begins. Psychological change—male develops an agressive nature, becomes more dominating.

"The next time this class meets we shall begin our discussion of the female reproductive system."

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LECTURE—FEMALE REPRODUCTIVE SYSTEM

Time: Three hours.

Since girls are periodically made very conscious of the physiological functioning of their own reproductive system, and since as young married women they will become even more conscious of its functioning, they should be made thoroughly familiar with its anatomy and physiology. This knowledge will help them to understand its normal functioning and to alleviate some of their fears and misconceptions if they suspect its malfunctioning.

To accomplish the desired objective whereby students will learn to accept the human reproductive system as it is, the biological information must be presented as matter-of-factly as the information concerning any other system of the body. Emphasize why it is necessary that they learn the scientific terminology. Use of the Amer-Frohse chart # 10, the six diagrammatic charts on menstrual hygiene, and the female genital organs model # Y81, will make the lectures more understandable for students.

Introduction To Lecture:

"Since we are constantly confronted with menstruation

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2 The Personal Products Corporation, Milltown, N. J.
3 Denoyer-Geppart, 5235-59 Ravenswood Avenue, Chicago 40.
in our Physical Education classes, we should not feel embarrassed to talk about it here in the classroom. You girls ought to be thoroughly familiar with the anatomy and physiology of your own reproductive system for the reasons given to you in the introductory lecture. Briefly, these reasons were: for your own general knowledge of its normal functioning, to alleviate some of your fears and misconceptions, and for your safety.

"Before we begin today's lecture, I would like to read one line which completely describes a girl's life cycle. Whoever thought this through certainly condensed it into as few words as possible, yet it includes a girl's life and her life as a young woman. It reads thus: 'A girl's life cycle: safety pins, clothes pins, bobby pins, fraternity pins, rolling pins, safety pins'. (This creates in the class an emotionally relaxed and attentive mood). Actually, we might say that our reproductive system is a potential baby assembly line."

Outline For Lecture On Female Reproductive System:

Three purposes of female reproductive system:

To produce ova.
To produce female sex hormones—estrogen and progesterone.
To provide environment and nourishment for unborn child.

Anatomy:

Location of external vaginal orifice in relationship to anus and urethra.
Location of reproductive organs within pelvic cavity (Sagittal section diagram).
Ovaries:

Female sex glands, two in number, one on each side of uterus; shape of an almond nut, 1/2 inches long, 1/2 inch wide, 2 inch thick; glandular tissue.

Uterine tubes (oviducts):

Also known as oviducts or Fallopian tubes. Two in number, muscular tissue; four to six inches long; diameter of a lead pencil; fimbriated (fringed) and funnel-shaped at ovary end; attaches directly to upper portion of uterus at other end; lined with cilia.

Uterus:

Appearance of an inverted pear; thick-walled, hollow, muscular organ; size of a small fist; normally three inches long; capable of expanding to fifteen inches in length and in proportionate width at full-term pregnancy; lower neck portion projects into vagina—cervix; circular, muscular mouth controlled by sphincter muscle—called external os; very stretchable; walls of uterus normally collapsed.

Vagina: (Birth canal)

Very stretchable, muscular tube; four to six inches long; normally walls lie in collapsed state; female organ of copulation.

Hymen:

Very thin membrane at lower end of vagina.
Function: prevention of bacterial invasion of female reproductive system; also probable deterrent to sexual intercourse before sexual maturity is reached.

Vulva:

External folds of skin and tissue with thick underlying layer of fat over pubic bones; for protection of vaginal and urethral orifices.

Physiology:

Ovaries create and mature ova; also produce female sex hormones estrogen and progesterone. Each ovary contains 30,000 ova at birth; less than 450 mature during reproductive years.
Physiology - Continued.

Ovum is surrounded by a follicle (a fluid-filled sac). As ovum matures the follicle burst through ovarian wall and ovum is extruded; process call ovulation. Ovulation usually occurs the 14th to 18th day before beginning of next menstrual period.

Ovum is like a tiny ball 1/200 inch in diameter (8,000,000 plus fill one cubic inch); barely discernible by naked eye; non-motile; contains nucleus which contains 24 chromosomes; after ovulation ovum remains fertile for 24 hours.

Gonadotropic hormone of the pituitary stimulates ovary to mature an ovum; prepares uterus for reception of a fertilized ovum by building up blood supply behind mucus membrane lining uterine cavity. Pituitary then loses control over reproductive system.

After ovulation, velvet-like lining of uterine tubes (cilia) propel ovum in direction of uterus; usually takes seven to eight days.

If ovum is not penetrated by sperm, it continues its journey toward uterus due to peristaltic and ciliary action of tube.

Ovum builds up an albuminous envelop for protection against undesirable sperms and for nourishment. If ovum is not fertilized before reaching uterus, it dissolves and is reabsorbed by the body.

Former follicle now turns a yellowish color (called yellow body or corpus luteum); now produces female sex hormone estrogen which in turn stops normal uterine contractions. Uterus now lies quiescent to make ideal environment for a fertilized ovum.

If ovum is not fertilized, mucus lining breaks down; mucus lining and blood that accumulated behind it is discharged as the menstrual flow. Pituitary gland again reassumes control over reproductive organs and cycle is repeated.

Suggestions Which Make Lecture More Effective:

1. When lecturing use colorful medical charts and dissectible model for authenticity and diagrammatic charts for clarity.

2. Distribute mimeographed diagrams of female reproductive system. Have students label parts as you lecture and jot down notes on anatomy and physiology of this diagram.

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3. Distribute vocabulary sheets containing all scientific terminology to be used during one specific lecture. Give definitions of all terms as a precautionary measure against misinterpretation or misunderstanding.

4. Diagram anatomical organs on the blackboard as you lecture and illustrate the physiological functioning of these organs wherever possible on this blackboard diagram.

5. Whenever possible emphasize reasons for normal functioning, even when questions are asked concerning malfunctioning. Stress the normal.

6. Review rules for healthful living and emphasize how adherence to these rules reflects upon menstruation.

7. To alleviate fears of menopause, compare cessation of menstruation, as much as possible to onset of menstruation at beginning of adolescence.
LEcTURF--MALE REPRODUCTIVE SYSTEM

Time: One hour.

Introductory Statement For Teachers:

Girls need to be familiarized with information concerning the male reproductive system at least to the degree where it will help them to better understand the behavior responses they can expect from the opposite sex. Facts point out that the majority of girls better control their own behavior when they have been given this information. Human emotions and the high ideals of acceptable conduct should be given utmost emphasis as the biological information is presented. Whenever possible, comparisons should be made of the two systems to eliminate any impressions of teaching sensational subject matter.

Introduction To Lecture:

"Since we are going to talk about the boys today, I want to tell you a little story about a little boy.

(Anecdote: Baby boy in hospital nursery talking to baby girl in next bassinet. Boy asks girl, "What are you?"

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She says, "I'm a girl"; she asks boy what he is. He says, "I'm a boy." She asks, "How do you know you are a boy?" He kicks up his foot and says, "See, blue booties!").

"You will not need to take notes today because what I will tell you is a lesson for life and not something on which you will be expected to pass a written examination. We can progress through the lecture much more rapidly because, for the time being, you will not be expected to remember the anatomical and physiological terminology of the male reproductive system. The scientific information will be given in a more general manner. Also because the functioning of the male reproductive system is more simple than the functioning of our own system, it will not take as long to explain the physiology. This lecture is planned as a general knowledge lecture for your benefit as a teen-age girl. However, if you should have the responsibility of passing this knowledge on to your son, libraries have good information where you can supplement your knowledge.

"Because the fellows mature physically more slowly than do you girls—a two year lag until the age of twenty-one—they also mature more slowly emotionally. That is the reason why you like to date boys one or two years older than you. We feel that, in our telling you about the functioning of their reproductive system you
will better understand their physical development, their emotional development, and their behavior. We believe that through this knowledge you girls will act as young women are expected to act in your relationships with them, and if your behavior is what it ought to be, you will help these emotionally immature boys to 'grow up'.

Assembled data shows that girls who know the facts are not as likely to have the ungentlemely advances made toward them as the girls who do not know. We feel that, if you understand the physiology of the male reproductive system and the emotional responses that normally result, you will better control your own behavior. Sometimes a girl unknowingly leads a fellow on to the point where it is like playing with explosives. More often than not these girls would not dare to act as they do if they only knew what it does to the fellow psychologically and physically. Through the behavior that you expect of the boys, they gradually develop into young gentlemen and they learn to respect and treat you as a young woman should be respected and treated. A boy with refined manners is never considered as anything but a gentleman by any emotionally mature girl. Set your sights high in your expectations of them—that helps them to become gentlemen. Eventually most of you girls will select one of these fellows for a life mate and that in itself ought to be reason enough why you should know something about how they 'tick'.
Outline For Lecture On Male Reproductive System:

Each sex is designed for specific purpose; designed to complement one another, not to compete with one another. Two sexes are very comparable: both have germinal glands; in both the sex glands are endocrine and exocrine; both have systems of tubes to transport the germinal cells; both have an organ for copulation. Female reproductive system more complicated because it is designed to also provide protective environment and nourishment for unborn baby.

Sex of unborn boy, from appearance of embryo, not determinable before third month (prenatal), although sex was definitely established when sperm fertilized ovum. Sex organs in both sexes similar in development and appearance through first two prenatal months.

Testes:

Comparable in size to ovary; two in number; suspended in scrotum. Composed of approximately three hundred sections; each section composed of tiny tubules about the size of a fine silk thread. Approximately forty-nine hundred feet (almost a mile) of these tubules in both testes. Function: to produce sperms and hormone androgen. Thousands of functional sperms constantly being created in the lining cells of these six hundred tubules. Tubes become collectors of immature sperms. Comparison to female function: only one cell normally produced per month. Before birth of baby boy, testes located in abdominal cavity. Testes descend into scrotum shortly before birth to prevent sterility of male. Sperms cannot survive to maturity at internal body temperature.

Epididymis:

Two in number; larger tube approximately twenty-one feet long; lies convoluted above and behind each testicle. Made up of a number of smaller, muscular tubes; each about twelve to forty-eight inches long; lined with cilia. Function: act as collectors and conveyors for sperms.
Vas Deferens:
Two muscular tubes; actually each is a continuation of the epididymis. Eighteen inches long; extends upwards into abdominal cavity around lower portion of bladder, then continues downward. Joined by openings from seminal vesicles. Function: transports mature sperms into internal portion of male reproductive system by rhythmic contractions.

Seminal Vesicles:
Two pouch-like glands located in front of neck of bladder. Function: add a secretion to seminal fluid which aids the motility of the sperms; also act as a reservoir for sperms.

Prostate Gland:
Located around exit to bladder below seminal vesicles. Function: gland adds another fluid to seminal fluid which aids motility of sperms. Gland contracts spasmodically and sperms move through it to ejaculatory ducts.

Ejaculatory Ducts:
Formed by union of seminal vesicles and seminal ducts. End in openings to urethra where they discharge sperms.

Urethra:
In male continues through length of penis.

Penis:
Male organ of urination and copulation. Seven to eight inches in length; half of total length inside pelvis. Composed of porous, erectile, muscular tissue. Capable of becoming engorged with blood during sexual excitation. Urination and copulation never occur simultaneously due to sphincter muscle at lower orifice of bladder.

Seminal Fluid:
Fluid from testes containing immature (later mature) sperms. Additions to fluid made from seminal vesicles and prostate gland. Grayish-white in color. Contains seventy million sperms per cubic millimeter.
Seminal Fluid - Continued.

A single discharge may have as many as 225 million sperms. (Eight million would fit into the cap of a toothpaste tube.)

Three to five cubic centimeters leave through urethra; equal to four hundred to five hundred million sperms.

Spermatozoa (sperms):

Microscopic in size; 1/500 inch in length. Has a head, middle portion or body, tail (flagellum).

Head contains nucleus, which contains hereditary factors from male. Body is intermediate portion, and tail gives sperm motility.

When expelled from male reproductive system sperm remains fertile for forty-eight hours on the average; has a life span of three days when introduced into the female reproductive tract.

Male reproductive system composed of a total of 5200 feet of tubules.

Sperms traverse through this maze of tubes in approximately two weeks during which time they mature.

Suggestions Which Make Lecture More Effective:

1. Support the lecture through constant reference to a large, colorful, medically accurate or diagrammatic anatomical chart.

2. At every opportunity refer to a comparable functioning with the female reproductive system; this to prevent any possible thoughts of teaching sensational subject matter.

3. When describing sperms, diagram a sperm on the blackboard, showing the location of its various parts and illustrate its functioning, especially that of the nucleus, when conception takes place.
LECTURE—CONCEPTION, PRENATAL DEVELOPMENT, AND BIRTH

Time: Three hours.

Introductory Statement For Teachers:

Since most girls will ultimately marry and bear children, they need to be familiarized with human prenatal growth and development to alleviate their fears of marriage and potential motherhood. The primary outcome to be affected by this lecture is that of preparing girls to have no apprehensions of marriage and of being understanding and cooperative during pregnancy. Use of the Amer-Frohse chart #10 and the Birth Atlas makes the lecture much more meaningful for the girls. Also the use of preserved biological human fetus specimens gives added interest to the lectures.

Introduction To Lecture:

"It is important that you understand human prenatal growth and development for the simple reason that most of you girls will eventually marry, and you know that the normal sequence of marriage is the bearing of children.

"To understand this discussion, we will return to the female reproductive system and I will describe what

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1 Maternity Center Association, New York, N. Y.

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would happen there if sperms were introduced into the upper vagina, and if ovulation had just taken place.

**Conception:**

Sperms introduced to area of cervix during copulation. Sperms are now "on their own;" seem to sense short life span. Millions of them swim desperately in search of ovum (swim about one inch in twenty minutes). Sperms now faced with adverse conditions: higher abdominal temperature, slightly acid secretions of vagina; must swim against lashing of cilia; against gravity and currents of vagina, uterus, uterine tubes; against the up and down convolutions of the internal uterine wall and tubes (swim up both tubes); white corpuscles mobilize against them and devour thousands of them, and thousands more die because of their own extravagant use of energy in a supreme effort to reach the ovum. If ovum has been extruded into uterine tube within the 24 hours that sperms reach the uterine tube, sperms will instinctively surround ovum; attempt to penetrate its outer membrane. Due to selectivity of ovum or strength of one sperm, one sperm only penetrates ovum. Head portion passes through membrane of ovum, body and tail remains outside. Nuclei merge; at that instant a new life is conceived. Ovum immediately begins to toughen its outer surface; entrance is denied to any other sperms. Fertilized cell weighs 15/10,000 gram.

**Prenatal Growth and Development:**

**Embryonic Period:**

First Month: Fertilized cell continues to move toward uterus; begins process of cleavage (division of cells to double their numbers). Corpus luteum (old follicle) now produces estrogen, which in turn stops normal uterine contractions; uterus lies very still; has accumulated blood lining. Fertilized cell nourished by yolk material during first ten days.

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First Month - Continued.

Takes fertilized cell approximately seven days to reach uterus.
Cleavage has taken place to the point where cell cluster is now a single-layered ball of cells called a "morula". Upon arrival of morula in uterus, it lies quietly, then about tenth day begins to burrow into uterine tissue (digests surrounding tissue and breaks open maternal blood vessels).
Uterus forms protective layer of tissue against this so-called "invader" (illustrate on blackboard diagram); this tissue later becomes the placenta.
Morula develops feeding cells.
Morula contains amniotic and yolk cavities with embryonic double-layered disc between (illustrate on blackboard diagram).
By seventeenth day blood cells appear as blood islands; circulation begins during third week in mesoderm layer; tube develops to form beginnings of heart and blood vessels; pulsations begin about twenty-fifth day.
Nervous system begins development as neural tube on what will be embryo's back; later develops into brain and spinal cord; at 4th week brain and spinal cord not yet formed.
Thickening appears for beginnings of digestive system; distinguishable back and abdomen; head and tail ends; has no face, but a deep hole where mouth will be; no arms or legs, but has rudimentary nibs for these; beginnings of lungs, liver, and thyroid; forming tiny tubules for first set of kidneys; has a tail; beginnings of umbilical cord (at first was feeding cells); beginnings of muscle tissue appear on what will be the back.
By end of first month embryo is 1/5 inch long; 8,000 time gain in weight, with the beginnings of almost every organ essential to life.

Second Month: Begins formation of human characteristics; grotesque-looking face; two pouches on each side of brain tube (beginnings of eyes); nose begins to form; internal ear begins development behind eye pouches; has a smooth neck, large head, beginnings of arms and legs, possessing fingers and toes and bends where elbows and knees will be; elongated trunk with back and abdomen; muscle tissue.
Sex organs seemingly develop identically the first two months.
Beginnings of soft, translucent cartilage for skeleton; tail regresses; head-end almost all brain; all cranial
Second Month - Continued.

nerves except optic and olfactory begun; face is
forming around eyes, nose and ears; eyes moving toward
front of head; eyelids develop and seal eyes shut for
following three months; arms form before legs, fingers
before toes; more muscle tissue developing on back;
tongue and palate appears; liver forms 1/10 of body
volume and temporarily forces intestines out into
umbilical cord; diaphragm forms; spleen forming blood
corpuscles; second pair kidneys formed and discarded;
gall bladder grows.
Steady growth to 35 mm. in length; 500 times in weight.

Third Month: Male advances rapidly in sexual development,
female remains sexually indifferent; tooth buds for
deciduous teeth laid down; mouth, nose, and throat
undergo considerable change; vocal cords appear;
digestive system shows signs of activity; liver now
forming blood corpuscles; pancreas formed; third pair
of kidneys and their drainage system formed; fetal
heart beat can be heard through stethoscope.

Fourth Month: Greatest growth occurs during 3rd and 4th
months; fetus now 6 to 8 inches long; head is 1/2 of
body length; wide face with widely spaced eyes, broad
nose, wide mouth, sharply outlined lips, well-defined
chin; nostrils plugged; hands and feet well-formed;
skin quite red and wrinkled (no fat layer under skin); female sexual system spurs ahead in growth; stirrings
and stretches of fetus can now be felt by mother.

Fifth Month: Skin and structures derived from it (hair
and nails) attain their final form; dead skin cells
sloughed off and when mixed with oil from sebaceous glands,
forms a cheesy paste (vernix caseosa) which covers
baby's body (protects fetus from absorbing amniotic
fluid); fine hair usually present on scalp; beginnings
of nails appear on fingers and toes; pearly enamel cap
of deciduous teeth formed; neck, abdomen, and pelvic walls
built up and fetus can straighten out; brain increases
in complexity; internal organs many of which were in
thoracic cavity, due to short nerves, now assume proper
position in abdomen; wrinkled skin; fetus about a foot
long and weighs about a pound. Could not maintain life
outside of uterus because of undeveloped nervous system.
Sixth Month: Eyelids separate; eyes quite complete in development; eyelashes and eyebrows develop; taste-buds appear on surface of tongue, roof of mouth, and throat; lungs could carry on respiration for a few hours with some success; fetal heart beats 120-160 times per minute; fetus weighs 2 pounds at end of 6th month; 14 inches long.

Seventh Month: Fetus can maintain life outside of uterus under favorable conditions; nervous system (brain) developed to the point where rhythmic breathing can be maintained, fetus can cry, swallow, breathe, and maintain body temperature; red, wrinkled skin. About 16 inches long; weighs approximately 3 pounds.

Eighth and Ninth Months:

Taste buds regress except for those on the tongue; intestinal tract readied for full functioning; appearance improved; growth and maturity of all organs in preparation for life outside of uterus; gains 2 pounds in each of these two months; fetus is very active in movements.

Umbilical cord: Twenty inches long; 3 blood vessels—1 vein, 2 arteries (arteries to placenta, vein to liver and to heart); no nerves in cord.

Placenta: About 7½ inches in diameter, weighs 1 pound; thick circular disc of spongy tissue in which fetal and maternal blood vessels come in close proximity for exchange of nutrients, oxygen, water, carbon-dioxide. Virus diseases can pass through placenta to embryo.

Amniotic fluid: About 1 quart—for protection of fetus from physical injury before birth.

Birth:

At end of 280 days powerful involuntary, rhythmic contractions are initiated by pituitary hormone, to expel contents of uterus.\(^4\)

Act of birth called labor; labor divided into 3 stages.

First stage: Lasts 11 to 16 hours; moderate contractions 15 to 30 minutes apart; gradually increase in frequency and intensity; amniotic sac burst, fluid escapes

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First stage - Continued.

through vagina; head of fetus forced against cervix and vagina; slow process of stretching these tissues to permit child to pass out of uterus.

Second stage: Lasts about 2 hours; contractions more frequent and severe; gradually force child through cervix and vagina until top of head is visible; two or three very strong contractions and child is born. Some anesthesia may be administered during second stage. Umbilical cord ligated and cut.

Third stage: Usually lasts about an hour. Expulsion of placenta, amniotic sac, and remainder of umbilical cord from uterus.

Suggestions Which Make Lecture More Effective:

1. Illustrate on a blackboard diagram how sperm penetrates ovum.
2. Diagrammatically show the merging of the nuclei.
3. Illustrate cleavage on a blackboard diagram.
4. Diagram how the morula attaches itself to the uterine wall.
5. Use a cross-section diagram of a morula to show how the embryo becomes surrounded by the amniotic sac.
6. Illustrate all possible identical and fraternal multiple birth combinations on a blackboard diagram.
7. When speaking about childbirth, strongly emphasize that with knowledge, mothers do not have fear of childbirth; therefore, birth is a normal, natural process. (If it were as horrible an ordeal as old wives tales would lead us to believe, would any woman go through childbirth more than once?)

The next time this class meets we will begin discussing some of your questions and problems. I believe that most of your questions have been answered through
these lectures, but there are always some problems which girls like to talk over as a group. We shall take time to discuss some of them before we go on to the lectures concerning postnatal growth and development. Also, to help you to clarify the information I have presented in the lectures, we shall take time to view the film, "Human Reproduction."
STUDENT EVALUATION OF SEX EDUCATION UNIT

1. Did the lectures and discussion periods concerned with the study of sex education help you? If so, how?

2. How can the lectures and discussions be improved to make them better for the girls coming into the high school next year?

3. In what areas do you feel you would like more help? (Because of the lack of time we had to cover some areas very briefly; which areas do you feel are important enough to warrant that more time be given to them?)
TYPICAL QUESTIONS AND SUGGESTED ANSWERS

Introductory Statement For Teacher:

To find student needs, ask for anonymously written questions from the students before beginning the sex education unit. If you repeat this request over a period of several years, you will find that you can anticipate the type of questions which students will ask, and can include the answers in your lectures. There may be some questions and problems, however, which will fall into the "unusual" category, and if you do not know the answer, do not hesitate to admit your lack of knowledge and promise to try to secure the information before the next meeting. Many times there is no definite answer for some question or problem and students may need help in finding their own solutions.

Some of the more unusual questions and problems collected at Billings over a period of twelve years are listed below, together with a suggested answer or approach developed for use in the Billings classes.

Questions or Problems and Suggested Answer:

Question: Do boys have a discharge similar to our menstruation?

Suggested Answer: The only comparable function which they have, and it is not periodic as it is within us, is the
nocturnal emission. The male reproductive system continually produces thousands of sperms and the fluid for their motility. When the boy is completely relaxed, as when he is asleep, this excess of sperms and fluid is emitted from the body.

Question: Why do girls have cramps?

Suggested Answer: This is not a normal condition. The most frequent causes for cramps are: chilling, malposition of uterus, hormone imbalance, poor posture, anemia, emotional upsets, and chronic fatigue. Emphasize need for healthful living.

Question: What should you do if your period begins when you are on a date?

Suggested Answer: (First open question for class discussion). Teacher's summary: Your reproductive system cannot be separated from your psychological and emotional make-up. I strongly suggest that, since you are excitedly anticipating this date, that you go prepared as though you were having your period even though your period has not begun as yet. Most rest rooms provide for such emergencies.

Question: If you are having your period, how can you explain to a boy who wants you to go swimming that you cannot go? Especially if he thoughtlessly insists on knowing why you can't go?

Suggested Answer: (Open question to class for discussion). Teacher's summary: This is one question for which there is no definite answer. Probably your mother can help by telling the boy-friend that you are "grounded" and swimming is the one activity that she took away from you.

Question: Do boys actually know when we have our periods?

Suggested Answer: That depends upon your mental attitude and personal cleanliness. Stress body cleanliness and normal activity.

Question: Do the breasts normally enlarge before the menstrual period? Does the abdomen?

Suggested Answer: Due to a temporary hormone imbalance, the breasts may swell and even hurt; also the abdomen.
may swell. It is nothing to be concerned about and the condition will subside as soon as the menstrual period begins. Many girls worry about this—try to alleviate their anxiety.

Question: Is there ever a "safe-time" for a young woman to have intercourse?

Suggested Approach: Explain to the girls why you cannot answer this question in a public school classroom; also it may be a question of differences in religious beliefs. Inform them that they may ask this question of their physician just before marriage. Stress that many inadequately trained people may make unsupported statements concerning it.

Question: Is it all right for girls our age (16) to use internal protection such as Tampax?

Suggested Answer: (Quoted from Bulletin 15, "Can Unmarried Girls Use Tampax?" published by Tampax, Incorporated) "The question concerning the use of Tampax by virgins is one which frequently arises. Whether or not Tampax can be used by virgins depends on whether the hymenal orifice is sufficiently large to permit the entry of Tampax. It is evident, of course, that there must be an opening through the hymen for if there were not, menstruation would be impossible. This is a very obvious thing to us who are studying the problem constantly but is something which seems to be an entirely new thought to many women. Although there are cases in which this opening is small, from our study of medical literature and from medical advice we have received, it appears that the average hymenal orifice of the virgin is 3/4" to 7/8" in diameter. Since Regular Tampax is only 9/16" in diameter, there is no reason why the average virgin cannot use this absorbency-size without difficulty..." Young girls, not fully developed, may need to delay its use. My advise is for you to consult your physician.

Question: Please tell us what to expect during menopause.

Suggested Answer: (Quoting from Health Information Series No. 15, Federal Security Agency, August, 1947). "Menopause means the end of menstrual periods, and therefore, the end of childbearing years. It is also called the climacteric or 'change of life'. It is nature's plan for protecting women against childbearing beyond their years
of greatest physical energy. Usually the menopause occurs when a woman is between forty and fifty. It can occur earlier or come later. It starts gradually and is recognized by the change in menstruation. The monthly flow becomes smaller in amount, then irregular, and finally ceases. Often, the time between periods gets longer and longer—there may be a lapse of several months between them. Before and during these changes in the monthly periods, certain symptoms may appear, e.g., hot or warm flushes, dizziness, weakness, nervousness, insomnia. Many women have very mild symptoms; some have none at all; with a few, the discomfort is very severe. The symptoms are caused by the disappearance of the female sex hormone which the ovaries produce. The same ones occur when the ovaries are removed surgically because of disease (surgical menopause). After a period of months or a year or two, the body adjusts itself and the symptoms disappear. While this adjustment is taking place, hot flushes, etc., can appear. Modern medical treatment is very successful in relieving symptoms of the menopause. The doctor gives his patient medicine containing the ovarian hormone (or chemicals which act like it). In other words, he puts back into her body what nature is no longer producing. The treatment is continued until her body adjusts itself and hot flushes and other symptoms disappear. . . . Mental depression is not at all unusual at this time. . . . Remember that the menopause is not a complete change of life. The normal sex urges remain and women retain their usual reaction to sex long after the menopause."

Emphasize that with knowledge there should be no fear of menopause, that it of itself does not cause insanity, and that severe discomfort can be relieved by medical treatment. Stress keeping occupied with interesting activities, "taking it in stride"—many bring on invalidism by expecting it.

**Question:** What is love?

**Suggested Answer:** Love is physical attraction plus sharing experiences, discovery of similar interests, ideals, habit patterns, and aspirations; constantly filling the needs of the other person. Unselfish welfare of other person more important than own.

**Question:** How do you know you are really in love?

**Suggested Answer:** When you begin thinking in terms of "we" instead of "I"; when the happiness and well-being
of the partner is important above all else. It is very seldom that a 15 or 16 year old girl understands what real love is, beyond the one criterion—physical attraction.

Question: What makes people fall in love?

Suggested Answer: The secretion of sex hormones brings about psychological changes as well as physical changes and human beings become conditioned to falling in love.

Question: If you are dating a boy whom you really like very much and he says that he loves you, he wants you to prove your love by entering into sexual intercourse with him, what should you do?

Suggested Approach: (Open question to class discussion first). Teacher’s concluding statement: Any man who deeply loves a woman would never jeopardize her self-respect and welfare with regard to the laws of our moral code. If he truly loves her, she is more important to him than life itself and he will do all in his power to protect her. Therefore, he would never place her in the position where she might have to make a decision like that to prove her love for him. Getting back to the original problem—maybe this boy is only using this proposition as a test to build up his ego or to find out what this girl’s moral standards are.

Question: What is the difference between “necking” and “petting?”

Suggested Approach: (Open question to class discussion first). Teacher’s concluding summary. “Necking” is from the neck up; “petting” is from the neck down. It is the response to a very strong normal desire in all human beings to want to be loved and needed by someone; it is a deeply satisfying experience. A very normal expression of this desire to give love and to receive love is to touch, caress, fondle, kiss, and to hold each other close. Nature so designed our bodies that there are what are known as erogenous areas—areas that are super-sensitive when touched by one of the opposite sex of whom you are especially fond. Examples of areas which bring about a sexual response within us are the lips, breasts and genital area. It is normal to want to be near and to touch the person you especially like; it sends thrills up and down your spine and is due to hormones being secreted by your endocrine glands. You begin this association by walking together; occasionally touching
one another. Then you hold hands, and eventually it may lead to caresses, kisses, and to holding each other very closely. The sex urge is universal; nature planned love-making to be an enjoyable experience so that the human species would not become extinct. There is a definite, predictable sequence to this build-up for the sex act and every step makes the prevention of final consumption more difficult. When love-play is carried to a certain point, nature will take her course; there is no turning back--this force is very strong and insistent. Every girl has the instinctive urge for giving and receiving love, and at the same time every girl possesses an intuitive sense which tells her what affection she can give to the boy and still keep their relationship "in line." Since we do not respond like robots, no one can tell you how far you can go. The majority of you are sexually aroused more slowly than are these boys you date, but just because that is so, don't try to see how far you can lead a fellow. They do not all respond the same way. Since you know what you can expect, respect them, be affectionate, but always be a lady in your actions.

**Question:** If an unmarried girl became pregnant, could she make the father of the child marry her?

**Suggested Approach:** (Open question to class discussion first). Teacher's concluding summary: The usual result of attraction and love between a man and a woman is that they want each other's companionship, they want to live together and be faithful to each other. They want children. They want the respect and approval of their neighbors. Marriage laws and customs have grown out of recognition that society must encourage and protect these desires and family rights and privileges for the happiness and well being of all the people. The marriage contract is one of the oldest and most important documents devised by man. Its terms have been safeguarded from time immemorial in the interests of the contracting parties and their children. The moral laws upon which our society is structured are the result of hundreds of years of human experience. All children have a right to be born to parents who want them to love them and to care for them. Human experience has proved that a child born out of wedlock could not have these advantages, which eventually make this individual a worthwhile citizen of society. How could a woman alone earn a living for children and yet at the same time meet all the other requirements of ideal motherhood? It is in fairness to children that this moral law came into existence. Some girls unwittingly think, "What I do is nobody else's business but my own." That is not so. Any
girl who ever became pregnant outside of marriage bonds tragically found that it is not so. It becomes the serious concern of all members of a society when any one member fails to adhere to the ethical laws of that culture because those laws are primarily for the protection of women and children. Try to think what this world would be like if it were not for moral laws. That is the reason why we women and girls are obligated to do all in our power to uphold our moral laws. Finally, I don't believe a woman would have a very happy life with a man whom she had forced to marry her. It wasn't meant to be that way.

**Question:** Is it all right to discuss sex problems in a mixed group when you date? Some teen-agers think such a discussion is terrible.

**Should you tell a boy about the "facts of life" if he doesn't know something he ought to know?**

**Suggested Answer:** This depends upon the emotional maturity of the group. Immature boys would begin a discussion of sex to embarrass some girls, and emotionally mature boys would enter into the discussion on a high psychological plane. You can estimate their motives by what they want to discuss and how they act at the onset of the discussion. Sometimes boys sincerely want to know, or ought to know, and then such a discussion is in order.

**Question:** Do unmarried women have a longing sometimes for the sex act?

**Suggested Answer:** The sex urge is stronger in some women than in others. Keep busy physically (participate in sports activities) and mentally (expand your mental horizon through club activities, reading, travel, hobbies, etc.).

**Question:** What do you think about teen-agers "going steady?"

**Suggested Approach:** (Open discussion of question to class). **Teacher's summary:** Find out about the personalities of quite a few fellows before you decide about the one you want to live with the rest of your life.

**Question:** What is a girl supposed to do when she is out on a date with a boy who gets drunk?

**Suggested Answer:** Maybe the girl didn't know quite as much about the boy as she should have known before she dated him. The boy certainly forgot his respect and
manners. When a boy takes a girl out on a date, she is his guest and he is supposed to bring her home unharmed when the date is over. I would recommend that she make arrangements to get home with other responsible teenagers at the function, or that she call a cab. Since he forgot his responsibility, no girl needs to feel that she will hurt his feelings if she leaves him before the evening is over. If he is the right kind of person, the next day he will be glad that she was protected from the results of his lack of control.

**Question:** Is virginity important to successful marriage?

**Suggested Answer:** Facts gathered with reference to criteria making for successful marriage point out that it is a most important prerequisite. If you don't command a man's respect before marriage, what can you expect after marriage? Most of you girls dream about your own wedding in a beautiful white gown. Perhaps you ought to know that is what the white gown represents.

**Question:** Do you think a girl of high school age should get married and continue school?

**Suggested Approach:** (Open question to class discussion first). During the discussion project this question: What about the married high school girl who indicates pregnancy? Would the public know she was married and then not judge all girls in school as unwed mothers-to-be? Can she do both jobs well?

**Question:** What would you do if, after marriage, a terribly mentally defective child were born to you? Should you keep it and care for it or should you put it in an institutional hospital?

**Suggested Approach:** (Open question to class discussion first). During the discussion project this question with the explanation that this type of child could be born to any parents: What effect might this mentally defective child have on other children in the family? Might it not be happier and better off in an institution with others of its own intelligence level? Individual answers. Get medical advice.

**Question:** How often should a couple have a baby?

**Suggested Answer:** Several years ago insurance company statistics pointed out that it cost $7,000 to raise a child from birth to the time that his college education
was completed. Parents should not bring a child into the world in these highly competitive times without expecting to give that child the advantages of a college education, or a comparable education, if that child shows the ability and aptitude to do well on this higher education level. That should be one deciding factor. The other factor to consider is that a mother should have at least two years to fully recover from a previous pregnancy; this with medical approval for some even then.

**Question:** Why do some diseases cause injury to the baby?

**Suggested Answer:** It may be harmful to the fetus if the woman contracts a communicable virus disease during the first two months of pregnancy. It is during the first two months that the fetal organs essential to life are being formed. A virus can pass through the placenta and many times it results in the malformation of some part or possibly may cause a miscarriage.

**Question:** What is a tubular pregnancy?

**Suggested Answer:** Normally the ovum moves through the uterine tube to the uterus. When an ovum has been fertilized and remains in the tube instead of moving on to the uterus, the embryo begins to develop in the tube. This condition becomes very painful and the embryo must be removed surgically, for it cannot be adequately nourished nor grow in the tube.

**Question:** What are the advantages of the mother nursing the baby?

**Suggested Answer:** If the mother’s milk supply is sufficient and of good quality: (1) No danger of contamination (2) Mother’s milk forms smaller curds—thus making it more digestible for the baby (3) Immunity to human communicable diseases passed along to baby through mother’s milk (4) Psychological relationship that develops when mother holds her baby close while nursing it. Stress that it takes some days to develop satisfactory supply and relationship; many give up too soon.

**Question:** What causes birthmarks?

**Suggested Answer:** Birthmarks are due to a pressure which is greater than normal against a certain skin area. As
a result the blood capillaries lie very close to the outer surface of that portion of the skin. Blood circulating through these capillaries give the birthmark its reddish-purple color.

Teachers can gain much insight into adolescent problems by studying the questions on the following pages; questions compiled from many surveys and "question boxes" and quoted in the actual words of the student.
1. Why is it when a woman gets older she quits menstruating? What effect does it have?
2. How many periods does the menstrual period last?
3. What determines when a young girl's period begins?
4. Do boys have a menstruation something like girls?
5. Should a young woman carry on intercourse with her husband when she is menstruating?
6. What causes too long periods in menstruation?
7. How long does it take to become regular in your periods?
8. Should you eat and sleep more during your period?
9. Why do girls have cramps and what can you do for them?
10. If you have not begun to menstruate, how do you know when you will?
11. Why do girls have a menstrual period?
12. Can a boy tell if you are having your period? How does he know?
13. What would happen if you went swimming when you are having your period? Would you stop or get cramps?
14. What should you do when you start your period when you are on a date with a boy?
15. What should you do if you are living with your father when you start your period?
16. Is there any way to regulate the menstrual periods so they will be regular and you will know when to expect them?
17. Is it harmful for a girl to menstruate for 3 weeks straight and to stop for a week and start again?
18. Does altitude have any effect on menstrual periods?
19. Why are tampons not advisable for teenagers? At about what age can they begin wearing them?
20. Do twins menstruate at the same time?
21. Why can't you be popular while you are menstruating?
22. Why does the blood flow once a month?
23. Why is it when I lay extra hard my menstrual period starts early?
24. Why is it some girls start when they are 12 and others not until they are 14?
25. How can you explain to a boy who wants you to go swimming or something which is impossible to do when you are having your monthly period, that you cannot go, if they insist on knowing why you can't go?
26. Why should a menstrual period be upset by change of climate or altitude?
27. I have overheard boys speaking of having "wet dreams," what are they? Is it something like our periods?
28. What causes a girl not to be regular?
29. Is it harmful to have sexual intercourse during menstruation?
30. When the period starts and the ovum comes out of the body, where does it go? What does it do?
31. Do men go through a "change of life?"
32. Why do some girls have only three or less days in their periods, while others have 7?
33. Why do women have a harder time during their periods the first few months of their marriage then before?
34. How can a girl have a baby before she has menstruation?
35. After what day of your period can you have intercourse?
36. Why do some women go through the "change of life" before other?
37. Does a boy have any kind of period when he gives off excess materials?
38. After a girl is an adult could never having sexual intercourse cause irregularity in menstrual periods as well as acute cramps?
39. Is it advisable to take showers or baths during your menstrual period, especially the first day?
40. Can or should you use the powders or deodorants during your menstrual period?
41. Can anything be done to relieve cramps during the first day of menstruation?
42. Should you do reducing exercises while menstruating?
43. Why don't some girls menstruate?

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44. About how long should your periods go and if it goes over that time should you go to see a doctor right away? Or should you wait about a month and see if it goes the same next time?
45. Is it alright to take gym when we are having our menstrual periods?
46. Do you menstruate while pregnant? If you do, does it affect the baby?
47. What is the relation between the stopping of menstruation and pregnancy?
48. What if on a date your period starts and there are no pads available?
49. How is your menstrual period connected with having a baby?
50. When your menstrual period lasts longer than usual should you become alarmed?
51. Does baths and head washes bother menstruation?
52. Does it hurt to play sports during menstruation?
53. Why don't some girls when developed start until about 17?
54. Do the breasts enlarge during the period time? If so, what is the cause?

REPRODUCTION - PREGNANCY - BIRTH

55. How do twins come about? (Multiple births).
56. Are babies alive inside the mother? Do they turn inside the mother?
57. What determines whether it is one or two to be born?
58. When twins are born are they from the same cell or from two cells?
59. Why do some twins look alike and why do others not?
60. Why are not all twins identical?
61. Why can't some women have babies.
62. Why are some women unable to produce children?
63. Why can't some couples have children?
64. Why do some people have identical twins and some do not?
65. Does a woman have to see a doctor before producing children?
66. How does a woman become pregnant?
67. Is it possible to tell the sex of a child before it is born?
68. What causes "blue babies"?
69. How do you have a baby?
70. For what reason do girl babies have more chance to live than boy babies when born premature?
71. What causes still-born babies?
72. How is it that a person may have 3 or 4 children, then all of a sudden she has a still-born baby? What causes it?
73. Why does some diseases cause injury to a baby, such as measles?
74. Why are Siamese twins born?
75. What happens to the egg when it is fertilized?
76. How are babies developed?
77. What makes a baby? When can a woman have a baby?
78. How many children is a woman able to have?
79. Why do some people have triplets?
80. Do some couples marry knowing they cannot have children of their own?
81. How come some people who already have one child and want another, do not have another?
82. Why do some people have children every year?
83. Why are some women too weak to bear children?
84. What is sterility? What causes it?
85. What is the reproduction process? How do humans reproduce?
86. Is there any other way of reproducing besides intercourse?
87. At what age can a girl have a baby?
88. Why is it sometimes a married couple have a hard time getting the ove to combine with a sperm and unite for a child?
89. Why do some women have premature babies?
90. Why is it that if you gain too much during pregnancy, some doctors put you on a milk diet and others do not?
91. What way can you tell the quickest when you are pregnant?
92. Why do some women sometimes get pregnant just living with a man?
93. Could you explain what "gland" it is after you have several children, makes you put on weight?
94. How long does it usually take for sufficient fluid to flow into the body of the woman to make her pregnant?
95. Why is a baby born upside down?
96. Why are babies born the wrong way sometimes?
97. Does a lot of blood flow when you have a baby?
98. How many children can you have safely by Caesarian?
99. Why is it you may have children alright, then the time comes and you need a Caesarian operation?
100. Why are some babies born with syphilis? Effect on the child?
101. What are all the functions or processes of childbirth?
102. Do you think it is right for a woman to coope herself up while pregnant?
103. Why with so many ovum that only one baby is usually born?
104. Is there any certain day on which you can't have a baby?
105. What makes a women have milk only at childbirth? What is it like?
106. What are some of the pains a woman has while carrying and having a baby?
107. When a baby is overdue is it supposed to be a girl?
108. Why is it or could it be possible that a woman can have sexual intercourse until about the eighth or ninth month, that is while she is pregnant?
109. What causes a miscarriage and what is it?
110. If the mother had a contagious disease during the time the baby was born, would the baby have had it and would he then be immune to it?
111. How could you have an appendix operation a couple of months before the baby was born and not hurt it?
112. Why is it that the babies must come out head first?
113. When a baby came out feet first the doctor had to pull her and she has to have crutches for life. He said if it would have been a Caesarian this wouldn't have happened? Why didn't he do a Caesarian?
114. What makes you conceive?
115. What causes a person to have to have a Caesarian?
116. Is there any truth to the saying, "A women loses a tooth every time she has a baby"?
117. Would you please explain the RH factor?
118. A woman who had triplets had the first girl one day and four days later had another girl and boy. How could this be?
119. What causes incubator babies?
120. At what age is the unborn child considered living? How is it determined?
121. Will intercourse ever occur when a woman is pregnant? If it does, does it harm the baby or mother?
122. What happens to a woman when she is fertilized?
123. Can you have a baby right after your first menstrual period?
124. Could you give me a definition of what "pregnancy of the tubes" means or is this possible?
125. To become pregnant, must you have your menstruation period?
126. How is a baby possible by "test tubes"? Or is it possible?
127. Is it very painful for the mother when a baby is born?
128. Is the pain when the child is to be born any different from other pains?
129. If a girl marries at the age of 15 or 16 does it in any way harm her when and if a baby is born? Is the baby as healthy as that of a mother 20 or 21?
130. Is there ever any reason, relating to sex, why a young girl and man should go to the doctor before getting married? Besides blood, etc? (Blood test).
131. Why is childbirth painful?
132. Why can't a baby use a bottle right away instead of nursing?
133. What would a girl do if she was going with a boy and she was going to have a baby?
134. Why can't a baby be born with long hair like "Sparkle Plenty?"
136. How many months are there before a child is born?
137. Would you explain birth control and how it varies?
138. What causes birthmarks? Is it true that birthmarks are caused by something that frightened the mother?
139. Could smoking and drinking before the baby is born, kill the baby?
140. Why shouldn't pregnant women paint around the house?
141. Will most premature babies be alright?
142. If the doctor takes the baby, will you be able to have more children?
143. Why is a doctor necessary when babies are born?
144. Does it hurt when babies are born?
145. When a woman is pregnant and is from a month to six weeks late in giving birth to the baby, what usually causes this?
146. Tell us about the development of the fetus to full term.
147. How many hours does it take for a child to be born?
148. Does the process of intercourse have to take place during the woman's period or before?
149. Why do some babies have cleft palates?
150. Why are some women sick when they are two months with a baby?
151. How is the birth of a baby performed?
152. Why is it some women faint when they are going to have a baby?
153. Why is it you stop menstruating during the time you are going to have a baby?
154. Why should not the child of a healthy mother be as lively and strong in its body movements as she?
155. How does a mother know the time for her baby to be born?
156. How long does "labor" last?
157. What is the "after-birth" when someone has a baby?
158. What causes some children to be born blind?
159. How often can a woman have children and why is it that often?
160. Is it true that a woman can be fertilized only about two weeks after her menstrual period?
161. Is it safer to have a Caesarian birth if you are small?
162. Can you be sure your child will be normal?
163. Why do some babies have big heads?
164. When twins are born quite often one of the twins die, why?
165. Why do women who have had no children have to go to the hospital for an operation?
166. Is there a tendency to have twins in some families?

LOVE

167. What is love? How do you know you are in love?
168. When the average man falls in love with a woman is he thinking mostly of sex?
169. How does a girl know she is in love?
170. What makes people fall in love?
171. Why do people think a person 1½ isn't capable of loving someone just as deeply as someone 4 or 5 years older? (For isn't there "mother love"?) And if a child can love its mother, why not love between a girl and her boyfriend? Maybe its because mother hes to see her "little girl" grow up, get married and leave home. Do you suppose?
172. Can teen-agers be serious in romance problems?
173. What about engaged couples, do they sometimes feel free to do things meant for marriage?

MARRIAGE

174. How do you adjust to married life?
175. How many children should an average couple plan on having, so it wouldn't have any drastic physical or financial effect on them?
176. How much difference in age do you think there should be in husband and wife?
177. Why does a blood test have to be taken before one can be married?
176. Does it usually take a long time for people to have babies after they are married?
179. Explain what sex relations husband and wife usually expect of each other?
180. Does the lack of sex intercourse and children result in an unsuccessful marriage?
181. Should people undress in front of each other on their wedding night?
182. About what age is a girl physically ready for marriage if she has been menstruating for five years?
183. Do you think that right after a couple are married they should start raising a family? If not, how soon?
184. What is the 1st night of your marriage like?
185. Is a girl to know everything about a man before she marries him?
186. Are sex relations important to a happy marriage?

**CONTRACEPTIVES:**

187. Is there any way to prevent pregnancy except from refraining from sexual intercourse?
188. Please explain "douching."
189. Is there anything to counteract pregnancy?
190. How can a married couple keep from having a baby when they do not want one for a year or so?
191. Is it true that contraceptives do not always work? What are the statistics on this?
192. Explain the diaphragm or protection a woman uses to prevent her from having a baby.
193. Why do some girls that are 15 and still in high school use a douche?
194. Explain "birth control."
195. Why is it possible to have intercourse without becoming pregnant?
196. How can you keep from being pregnant every ninth month?
197. How can a married woman keep from being pregnant?

**ABORTION**

198. Why aren't most abortions safe?
199. What would happen to a baby if its mother tried an abortion and it didn't work?
200. How does miscarriage differ from abortions?
201. How can you avoid having a baby after it is started?
202. What is the difference between a Caesarian operation and an abortion?
203. What is abortion?
204. Can a woman who is pregnant prevent having a baby if she knows she is pregnant?
205. If a girl is going to have a baby and does not want it, should she get rid of it in the early stages? Is it safe?
206. Is there any way to kill an unborn child? Does it leave you normal?
207. Is there any prevention a woman can do to keep from giving birth to a child?
208. If you are going to have a baby, how can you prevent it so it won't effect you?
209. If you once have an abortion can you have any more children?

**MISCELLANEOUS**

210. Why do mothers say, "Go with boys your own age and you will keep out of trouble."
211. What is "passion."
212. Could you tell me what raw oysters or raw or cooked fish have to do with sex?
213. What have on boys, relating to sex?
214. or have on sexual behavior?
215. es?
216. Why does a man have no responsibility to a woman?
217. Why do some girls go out and get drunk and fool around with boys and do things that they would not be seen doing when sober?
218. What should you do if you are out with a boy and you have to go to the restroom? If you are on a hike? At a party? In a car?
219. Why is it boys always make fun of a girl when she wears a tight sweater?
220. Should girls have as much right to ask for dates as boys?
221. If parents divorce, should one take both children or should they be separated?
222. Why is it a boy's emotions are more easily aroused than a girl's?
223. Why is a boy more emotional than a girl concerning sex, but not in other things?
224. Why do boys sit out of gym classes once in a while?
225. Is it alright to go out with older boys?
226. What makes some people vulgar and others nice?
227. Why is it a surprise to a girl when she finds out she is going to have a baby, doesn't she know what is taking place when it happens?
228. Why is it that beauty counts first with boys and brains last?
229. Do you think it is wrong to hold hands with a boy in the hall between classes?
230. How come boys are so "dead-headed" on some days?
231. How much do most boys in high school know about us girls?
232. Is a boy wrong if he tells a girl that she must do what he wants her to in order to prove to him that she loves him?
233. What causes a man to become a "sex maniac?"
234. How do you gain a boy's respect without being a "prude?"
235. What should you do if you feel emotional while out with a boy?
236. Would you ever put a child into an institution? Say, a mentally defective child?

**PETTING - KISSING**

238. Does petting affect the mind?
239. What does the word "petting" mean, that is, what does it involve?
240. Why do some boys try to pet every girl they go out with?
241. Why do most boys "pet" the girls they go out with the first time?
242. Why shouldn't a girl pet with a boy?
243. Do boys like girls who are strict rather than girls who are mushy and loving?
244. What should you do when you go out with a boy and he wants to pet; should you or should you not do it?
245. What do you think about "petting?"
246. What should you do if you are out with a boy and he tries to get "fresh" with you, what should you do?
247. Do you think it is right for a boy to get fresh with a girl, that is, for him to have wandering hands?
248. What are the dangers of petting?
249. Do you think petting is alright if you do not carry it too far?
250. What does a girl do when she is out with a bunch and is expected to pet, but her folks have told her not to?
251. Is petting really dangerous?
252. What do you do when boys become exceptionally "fresh?"
253. What should a girl do when a boy gets fresh with her during her period?
254. Do boys get fresh with a girl for pleasure or just to embarrass her?
255. If a boy says he loves a girl will this cause him to get fresh with her?
256. Why is it that every time you go out with a boy he starts getting fresh and wants you to have sexual intercourse with him?
257. Why does a boy get fresh even if the two of you haven't been necking? And why after telling him "NO" does he keep trying?
258. If you got a boy "warm" how can you "cool" him down quickly?
259. What can you do with a boy that gets "hot" and can't control himself?
260. Why isn't that when boys get "hot" their breath gets heavy and they shake something awful?
261. Should high school girls and boys kiss after a date?
262. If you kiss a boy, do you spread germs?
263. What do they mean by "French kissing?"
264. What should you do if a boy starts "French necking" with you?
265. Why is it always the girl is cheap when she necks, etc.?
266. What should you do if you are out with a boy and all he wants to do is to "neck?"
267. Should you let a boy kiss you on your first date?
268. Does a girl cheapen herself by "necking" on her first date?
269. Is there always a proper time to kiss a boy?
270. Is it alright to do a lot of "heavy necking?"
271. Why is it generally dangerous to neck?
272. On a date does kissing lead a boy on to other things?
273. Does necking lead to sexual intercourse?
274. Sometimes when a girl necks with a boy she may get him "hot." What causes him to get this way?
275. Is there any harm in kissing a boy? If so, what?
276. When you are out with a boy on a date and he wants to neck and you tell him you don't want to, what should you do?
277. Do you approve of necking if the boy is known quite well by the girl?
278. Should you ever "go all the way" with someone you love and plan to marry?

**SEX ORGANS**
279. After having your female organs removed why does it leave you nervous?
280. What are some causes of sterility and can they be prevented?
281. Tell about persons who are of both sexes? Hermaphrodites.
282. Why are there such things as morphodites and what causes them?
283. Can human beings who are double-sexed have babies?
284. What is "homosexuality?"
285. What are the "mechanisms" of the genital organs?
286. What is "masturbation?"
287. Is there a difference between male and female sex habits?
288. Just what distinctive characteristics come under the heading of sex?
289. Is there any trouble that boys have with their sexual sections during their teens?
290. What does "ovulation" mean?
291. What is "virginity?"
292. Is it true that girls can lose their virginity without sexual intercourse? What or that is, I heard that girls do because of falling down hard or other mishaps which occur without sexual intercourse.
293. Explain if girls are ever born without any sign whatsoever, of virginity?
294. What is the purpose of the "maidenhead?" (Hymen)
295. Is there such a thing as a "cherry" which is broken apart the first time sexual intercourse occurs in the female? (Hymen)
296. Is there any way to break the tissue called the "maidenhead," except by intercourse?
297. Why are boys more sexually inclined than girls?
298. Why do boys have complexion blemishes during adolescence?
299. How much alike are the boys and girls?
300. If you don't take douches regularly, will anything happen? Is it unseanitary not to?
301. What makes a girl look what is called "sexy?"
302. Is there any logical reason for giving the women the capacity for the reproduction within her body rather than the men?
INTERCOURSE

303. Is it possible for the husband to tell if the wife has had intercourse before marriage?

304. For a married couple, does the women decide the time for intercourse?

305. Should a girl and boy have experience before they are married?

306. When should a wife and husband intercourse for a baby?

307. If something happens to a girl and she finds herself pregnant and it wasn’t her fault, should she tell her parents?

308. Is it wrong to indulge in intercourse before marriage? Why?

309. Can two people have sexual intercourse immediately or is there a period for them to "warm up?"

310. Can a man tell if a girl has ever had intercourse after he had done it with her?

311. Is there any "safe time" in a month when a girl will not have a child after sexual intercourse? Why?

312. What is "frigidity?"

313. What position should the couple be in when performing the sex act?

314. Can sexual intercourse take place in more than one position?

315. If you love a boy very much and are engaged, is it proper to have intercourse with him?

316. How do you make sperms enter the female body?

317. What has to go on between male and female before she becomes pregnant?

318. Explain more about sex intercourse. What is it?

319. How long does sexual intercourse usually last?

320. How is the baby usually placed in the mother?

321. Why is it that some boys won’t go with girls who do not do such things?

322. When a boy tries to talk you into it and you refuse, but he still keeps it up, what should you do? Especially if you like him very much.

323. Is it true that when a boy likes a girl very much, he can hardly keep from wanting to have intercourse with her?

324. If a boy really had any respect for a girl and if he really liked her, would he still want and try to have intercourse?

325. If a boy has intercourse with you and you have no protection, will you have a baby?

326. Do many girls have intercourse with boys before they are married?

327. When is sexual intercourse possible?

328. How many times must intercourse be had before pregnancy occurs?

329. What does sexual intercourse feel like the first time?

330. What is the fluid called which is passed from male to female during intercourse?

331. What happens during sexual intercourse?

332. How often can a woman have a baby and what time of the month is sexual intercourse done?

333. Is there any effect on a man after he had gone through sexual intercourse? How often can he do this?

334. Can a girl tell if a man has had intercourse?

335. Can intercourse between teen-agers cause sterility in later life?

336. Is there a difference in the process of rape and natural intercourse?

337. What happens when you lose your virginity?

338. What is the "safe period?"

339. Is it safe for teen-agers to have sexual intercourse?

340. I read in a magazine that a man needs intercourse to keep him physically fit. Is this true?

341. Why is it that boys spend more time thinking about sexual intercourse than girls?

342. Someone told me that when a young girl has intercourse, her face will break out in a sort of pimples—they are more like sores. Is this true?

343. Should a girl expect to be "raped" the night she is married or soon after?

344. Why is it that at times intercourse results in pregnancy and other times it doesn’t?
What is the emotion at the intercourse? Is it sad?

Is intercourse always painful.

How long does intercourse last.

Does intercourse make you very shy at first? Some high school girls want intercourse.

VENereal DISEASES

Is there any permanent care or cure for syphilis, gonorrhea, or such diseases?

What is syphilis? How do you get it?

What is a "social disease?" How does one get it?

How can venereal diseases be picked up?

Is it possible to get sexual diseases other than by intercourse, like sitting on a public toilet?

What are some of the sexual diseases? How can they be prevented?

Can sexual diseases be caught easily?

Why and how are diseases carried through intercourse?

HEREDITY

What determines the sex of the child?

When cousins or relatives marry, are their children always born imbeciles?

How come if you marry a cousin—the baby is born right?

What causes crippled or defective children to be born?

Why do babies have blue eyes when they are born?

How do people get naturally curly hair?

What race or races were Adam and Eve?

How did all the different kinds of races originate?

What determines whether the baby is to be a girl or boy?

Why is it they say if your twins are your first, they are your last?

Are blood conditions inherited?

What makes a baby look more like his father or mother?

Do twins always have the same color hair?

Why are there defects in some people and not in others?

If there has been negro blood in the family 5 or 6 generations back, will it come out in a child? I mean will it be possible that he could be dark?

If a twin marries, do they usually have twins?

Are twins hereditary? Or may anyone have them?

Why is there a family resemblance between the parents and children?

Why is it that in some large families every other child is a boy?

Why are some people born with a hare lip?

Why does a child usually look different than his parents?

When a white woman marries a Mexican or negro, will their children have blotchy skin? If so, why?

A mother can have blonde hair; a father can have black hair; why does the baby have brown hair?

A mother has black hair; the father has blonde hair and the baby has red hair. Why is this?

Are twins hereditary from the father or the mother?

What causes midgets to be born to normal parents?

If your mother had twins, is it possible for you to have twins?

What is "inheritance"?

What determines sex?

How could babies be born with six toes and fingers on each foot and hand?

I understand that blondes are more likely to have twins than dark haired women. Is this true?

What things are inherited from the mother and the father?

Can T.B. be inherited?

If one looks like one's father, does that necessarily mean that you have his quality of character?

Are children born bow-legged and is this inherited?
MATURITY

392. What changes take place in a girl's breasts during her teens?
393. How does the pituitary gland control our growth and maturity?
394. At what age are boys fully mature?
395. What age in girls would be considered most trying? This in relation to question above?
396. At what age should girls learn the "facts of life?"
397. When is a woman fully matured enough to have a baby safely?
398. How old should a boy be before he causes a girl to have a baby?
399. When do you think the girl is old enough to think about love and marriage? Is 15 too young?
400. How old does a boy have to be to father children?
401. How old do you think a girl should be before she goes out with boys?
402. Should we go "steady?"
403. Do boys have a certain age, just like us girls, when they become mature?
404. Do boys have anything which determines maturity?
405. Why is it that boys usually mature later than girls?
406. When is a girl fully developed?
407. Why do some girls develop more rapidly than others?
408. Why is it that when a woman gets to be thirty they quite often get large abdomens?
409. How can you tell when a boy is emotionally mature?

SEX EDUCATION

410. Do you think sex education for high school pupils should be taught in separate classes or in classes consisting of both boys and girls? Why?
411. Don't you think that sex education should come before high school age—say, in junior high school?
412. Some people say that many boys and girls get themselves into bed situations as a result of reading magazine articles on sex, immorality, etc. Do you think this could be generally true?
413. Do you think that earlier talks about the "facts of life" between parent and child would be of more benefit than classes in sex education in teen-years?
414. What does "sex" mean?
415. What do you think of high school students talking over sex problems among themselves?
416. Do you think they should talk about marriage and having children?
417. Should a boy and girl talk about sex to each other; particularly on a date?
418. Will a boy respect a girl who talks about sex on a date?
419. Do you think our moral standards are being or have been lowered?
420. In case you don't learn all that you want from this course—what books are there which will explain things such as that?
421. How can a girl be popular and yet stay perfectly morally clean in spite of what others around you say or do?
422. What attracts male to female?
423. Is there any special reason of why young people get into such trouble?
424. I read this, what does it mean? "Some want to see what sex is like?" 
425. What are "sex intimacies?"
426. Is there any reason for the high rate of illegitimate children?
427. What do you think of the Kinsey Report? What value has it?
428. What is "self-gratification?" I have seen the term used in sexology books.
429. Why are boys so dirty when you are alone?
430. What would be a good age for a mother to begin to explain sex and childbirth to her daughter?
431. Why so, that when a girl is of age some mothers will refrain from explaining sex to them?
432. Would a woman be considered disgraced by having sex relationships without marriage bonds?
433. Why should a girl not want children?
What could be the reason for the fear of marriage and then sexual intercourse?

Are the boys' health classes also taught about sex? If not, why not?

Why is it that when an unmarried girl has a baby that she is so disgraced, but not the boy?

Why do some people object to a course in high school concerning the teaching of sex?

Do you think it is wrong to read sex books at the age of 15?

Why do some parents try to keep sex knowledge away from their children?

Why do boys always give sly looks to other boys or for that matter, girls, when anyone ever says anything pertaining to sex?

How can you make both boys and girls realize you don't like it, when they bring up the subject of sex in a vulgar way?

Is it harmful or beneficial for a teen-age girl to know about sex?

Should boys and girls talk about sex?

Why is sex considered unwholesome or sinful?

Just how much should a teen-age girl know about sex?

If your family is not willing to discuss sex freely with you, to whom should you go?

Why do most parents say that the reason for not letting daughters go out is because they know nothing about sex relationships?

How old should young people be before they are told about sex?

What are the facts pertaining to girl and boy sexual relationships?

What are the most causes of babies being born to unmarried young people?

What can we do as kids to prevent such doings?

What can a girl do to protect herself from a sexually inclined man if she meets him on a street alone?

Why don't they have a special class for sex education in all high schools?

Do you think that there should be open discussion about sex education in a mixed class of boys and girls?

Is 50% of love, sex?

What should you tell a 9 year old child when he asks about the sexes?

What should a girl say if something embarrassing is said around a group of boys?

Should a girl ever tell a boy anything about sex if he is ignorant?

Do you think it is the duty of the parents to answer their children about sex?

How should a mother tell her child how he or she came into being?

If a girl has a baby illegitimately, should she adopt it out or should she keep it?

Should girls discuss sex education among themselves?

What is "rape"?

What is meant by, "sterilization for better mankind?"
1. An egg is fertilized when it unites with (A) a gene, (B) a sperm (C) another egg (D) a follicle (E) none of these.

2. The place at which the ovum are produced is called the (A) ovary (B) vagina (C) uterus (D) ovary (E) urinary tract.

3. The ovum is (A) smaller than the sperm (B) larger than the sperm (C) about the same size as the sperm (D) can be easily seen without microscope aid (E) none of these.

4. Fertilized egg grows by (A) gradual but steady expansion (B) dividing into more cells (C) uniting with other fertilized cells (D) uniting with other unfertilized cells (E) none of these.

5. In the female the ovum passes from the ovary into the (A) vagina (B) cervix tube (C) uterus (D) bladder (E) none of these.

6. If the ovum is not fertilized, it (A) passes out of the body through the vagina (B) is absorbed into the body (C) is stored in the uterus for possible future use (D) dissolves and disappears before reaching the uterus (E) none of these.

7. The ovum are produced in the (A) testes (B) seminal vesicles (C) prostate gland (D) uterus (E) none of these.

8. In the female fertilization of the ovum usually takes place in the (A) vagina (B) uterus (C) uterine tube (D) cervix (E) follicle.

9. The process by which the uterus gets rid of its special lining after the supply is (A) fertilization (B) pregnancy (C) menstruation (D) gestation (E) none of these.

10. The human embryo gets its food through (A) the placenta (B) the uterus (C) the seminal vesicles (D) the amniotic sac (E) none of these.

11. The umbilical cord connects the (A) testes and seminal vesicles (B) seminiferous tubules and the wall of the (C) cervix (D) uterus (E) placenta.

12. The factor which makes each living thing produce other living things of the same species is the (A) plasma (B) gene (C) blood type (D) ovum (E) none of these.

13. The fertilized egg usually attaches itself to the wall of the (A) uterus (B) fallopian tube (C) ovary (D) cervix (E) vagina.

14. The period of prenatal life ends (A) about one month after fertilization (B) about six months after fertilization (C) about the tenth day after fertilization (D) about 200 days after fertilization (E) none of these.

15. During the third month of life the embryo (A) shows marked development of heart, brain, and kidneys (B) acquires a well-formed face and neck (C) has well-formed limbs and hands and feet (D) all of these.

16. During the fourth month the limbs (A) remain in size (B) develop completely (C) grow to just begin to form (D) grow to begin to form (E) none of these.

17. During the fifth and sixth months the body begins to develop nails on fingers and toes (A) begins to develop nails on fingers and toes (B) develops a heart, liver, and kidneys (C) all of these (D) none of these.
19. One of the most useful tests for pregnancy was the blood test, which sample from the woman into the presence of a hormone (1) that was not present in the blood of the female rabbit (2) due to (3) the presence of a rabbit (4) blood from the nose and the blood female rabbit (5) none of these.

20. Spontaneous abortion or miscarriage may be caused by (A) semen, vitamin (B) syphilis (C) routine blood tests (D) psychological none of these.

21. During labor there are (A) two stages (B) two stages (C) three stages (D) four stages (E) none of these.

22. The first stage of labor usually lasts about (A) 20 hours (B) 25 minutes (C) 15 to 20 minutes (D) 11 to 16 hours (E) none of these.

23. The embryo develops in the (A) amniotic sac (B) uterine tubes (C) ovum (D) cervix (E) none of these.

24. During embryonic development, the eyes first appear (A) on the front of the face (B) toward the upper part of the head (C) at the sides of the (D) toward the lower part of the face (E) none of these.

25. The kidneys in the embryo and fetus (A) are not present as those in the (B) have passed through the stages of development (C) have not developed yet after most of the other organs have been begin (D) go through the stages of development (E) none of these.

26. The infant has a good chance of surviving if he is born any week in (A) second month (B) seventh month (C) nervous system is developed (D) the sixth month (E) none of these.

27. In early pregnancy a woman (A) should eat about double the usual normal consumption (B) should avoid foods containing iron (C) should eat the same at least once a month (D) should avoid iron whenever possible (E) none of these.

28. Human prenatal life occurs in a period of (A) 2 days (B) 240 days (C) 3 days (D) 240 hours (E) none of these.

29. During birth the first bone of the skull that usually appears first in the shoulders (A) the front (B) tip of the head (C) bottom (D) none of these.

30. The cord connecting the baby with the mother is made up of the umbilical cord (A) umbilical cord (B) placental cord (C) blood vessels of the baby or (D) none of these.

31. A pregnant woman should have dental work (A) done as soon as a toothache (B) performed even during the last two months of pregnancy (C) postponed because it weakens the teeth (D) none of these.

32. The sex of the unborn child (E) can be determined by checking (A) the heart rate during the second month of pregnancy (B) the heart rate of the unborn child during the third month of pregnancy (C) none of these.

33. The mother's blood contains (A) oxygen (B) carbon dioxide (C) protein (D) urine (E) cholesterol (F) blood cells (G) all of these.
TEACHING AIDS SOURCES AND MATERIALS AVAILABLE
FROM EACH SOURCE

1. Book Companies: Reading lists and book catalogs list books according to educational area.

2. Libraries: Reference indexes such as (a) Reader's Guide—periodicals (b) International Index to Periodicals (c) Book Review Index (d) Education Index—periodicals (e) Books in Print Index—first half lists books by author, second half lists books by title (f) Publisher's Trade List—books. The teacher can obtain periodicals, books, guides and theses through the Interloan Library Service. Shipment of any of the above is made from the most closely located library source.

3. State Board of Health, Health Education Division: A specialized department where books, free printed materials, source lists, film lists, and publishers' lists are made available on loan for this area of education. Also consultant services are made available through this division.

4. State University and State Colleges: The director of the Health Education department can give the teacher the best leads for information wanted with reference to sex education. Regular staff members are often-times available in the capacity of consultants and can be made available to state schools for educational purposes. Many college and universities schedule special family life workshops during summer sessions.

5. State Department of Public Instruction: Through this department one may find sources in the state where other schools are currently teaching similar units. Also this department should be a source of information for finding other states' programs, guides, recommended books and reading lists.

6. American Association for Health, Physical Education, and Recreation, and the National Education Association, 1201 Sixteenth Street N. W., Washington, D. C.: Both organizations are sources for bibliographies, sources for free and inexpensive printed materials, and consultant services for this area of education.

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7. **American Medical Association, Health Education Division**, 535 North Dearborn Street, Chicago: Excellent source for authentic materials and bibliographies. Consultant services are available to the teacher, to whom one may write to obtain authentic and medically accurate information to any question, statistical facts, etc. Write for sex education publication list.


9. **Public Affairs Pamphlets**, 22 East 38th Street, New York 16: Source for pamphlets concerning a variety of topics including sex education, preparation for marriage, and family life. Write for publications list.


12. **American Social Hygiene Association, Inc.**, 1790 Broadway, New York 19: The outstanding source for the sex education teacher since the organization was organized for the dissemination of sex education information. Source for up-to-date guides, bulletins, course outlines, and book publication lists. Publishers of the *Journal of Social Hygiene*, a magazine of especial value to the teacher in this educational area. Each Journal includes an annotated bibliography of the most recent books published in sex education.

13. **National Council on Family Relations**, 575 South Drexel Avenue, Chicago 37: Excellent source for publications concerning marriage and family life. Teacher's kit for a course in family life education is available from this source. Write for publication list.

15. **Family Life Publications, Inc.**, P. O. Box 6725, College Station, Durham, North Carolina. Source for "Sex Knowledge Inventory—Form Y" and other sex education tests.


17. **Denoyer-Geppert Company**, 5235-5259 Ravenswood Avenue, Chicago 40: Source for dissectible models (excellent teaching aids). Write for catalog.

18. **Maternity Center Association**, New York: Source for "Birth Atlas" and posters showing reproductive organs and fetal development (excellent teaching aids).


**FREE MATERIALS SOURCES:**

23. **Personal Products Corporation**, Milltown, N. J.
**International Cellucotton Products Company**, Chicago.
**Tampax Inc.**, New York.

The above three companies are excellent sources for teacher's guides and free pamphlets for preadolescent and adolescent girls for teaching menstrual hygiene.
When requesting free materials, state the age level for which materials are wanted.

OTHER SOURCES:

24. **State Health, Physical Education, and Recreation meetings**: The teacher attending these meetings has the opportunity to talk to others who teach in the same area. Usually a source for an interchange of good teaching ideas.

25. **Doctors, Nurses, State and Local Consultants**: These resource people are excellent sources for any information needed by teachers in the area of sex education.
TEACHER REFERENCES:


STUDENT REFERENCES:


Faegre, Marion L. *Understanding Ourselves*. Minneapolis: The University of Minnesota Press, 1943.


