

Mr. Ewing,

Summary

of the Conference on

SEX EDUCATION—

A SCHOOL RESPONSIBILITY?

NOVEMBER 16, 17, 18, 1967

HOTEL ROANOKE

ROANOKE, VIRGINIA

VIRGINIA EDUCATION ASSOCIATION
116 SOUTH THIRD STREET
RICHMOND, VIRGINIA 23219

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PROGRAM

Thursday, November 16

4:00-8:00 p. m.

Registration for all Participants - Oval Room

8:00 p. m.

General Meeting - Crystal Ball Room

Presiding: Earl C. Funderburk, Division Superintendent, Fairfax County, Chairman of the Conference

Overview: Dr. Robert F. Williams, Executive Secretary, Virginia Education Association

Address: "Responsibility for and Issues Involved in Sex Education"

Speaker: Dr. Eleanore Luckey, Chairman, Department of Child Development and Family Relations, University of Connecticut, and Special Consultant for Family Life Education, Office of the Chief, Children's Bureau, Department of Health, Education and Welfare

Interrogation of the Speaker

Address: "The Present Situation As It Relates to Sex Education in Virginia"

Speaker: George Burton, State Department of Education

Interrogation of Speaker

Topic: "Implementation of Virginia's Program"

Panel: Dr. Henry Gardner, Director of General Programs, Arlington County Schools, and Member of the Steering Committee

Jeane L. Bentley, Supervisor of Physical Education, Roanoke City Schools, and Member of the Steering Committee

Richard L. Vaughn, Director of Instruction, Lynchburg City Schools, and Member of the Steering Committee

Interrogation of the Panel

Friday, November 17

9:30 a.m.

General Meeting - Crystal Ball Room

Presiding: Earl C. Funderburk, Chairman of
the Conference

Address: "The Parent Looks at Sex Education"

Speaker: Dr. Eleanore Luckey, University of
Connecticut, Storrs, Connecticut

Interrogation of the Speaker

10:15 a.m.

Address: "The Clergy Looks at Sex Education"

Speaker: The Rev. Mr. Churchill Gibson, Jr.,
Chaplain, St. Stephens School, Alexandria, Virginia

Interrogation of the Speaker

11:15 a.m.

Address: "The Medical Profession Looks at
Sex Education"

Speaker: Dr. William G. Thurman, Professor
and Chairman, Department of Pediatrics,
University of Virginia School of Medicine,
Charlottesville, Virginia

Interrogation of the Speaker

12:00 Noon

Lunch Break (Everyone on his own)

2:00 - 3:00 p.m.

General Meeting - Crystal Ball Room

Presiding: Earl C. Funderburk, Chairman
of the Conference

Address: "Sex Education Patterns"

Speaker: Miss Helen Manley, Executive Director
Social Health Association for Greater St. Louis,
St. Louis, Missouri

Interrogation of the Speaker

3:00 - 4:30 p. m.

Concurrent Sessions: Participants will have a choice of topics. They will attend two of the three concurrent sessions. The first session will begin at 3:00 p. m. and a repetition of each of the topics will begin at 3:45 p. m.

A. "Sex Education Patterns in the Senior High School" - Crystal Ball Room

Presiding: Jeane L. Bentley, Member of the Steering Committee

Speaker: Dr. Esther White, Assistant Professor of Health, Department of Health, Physical Education and Recreation, University of North Carolina, Chapel Hill, North Carolina

Discussion

B. "Sex Education Patterns in the Junior High School" - Shenandoah Room

Presiding: Mrs. Doris Ennis, Director of Guidance, Kecoughtan High School, Hampton City Schools

Speaker: Miss Helen Manley, Executive Director, Social Health Association for Greater St. Louis

Discussion

C. "Sex Education Patterns in the Elementary - Primary School" - Cavalier Room

Presiding: Wilbur L. Taylor, Principal, George W. Watkins School, New Kent County

Speaker: Mrs. Juanita Winn, Director of Supervision, Elementary Schools, Washington, D. C.

Discussion

8:00 p. m.

General Meeting - Crystal Ball Room

Presiding: Earl C. Funderburk, Chairman of the Conference

Address: "Implementation of the Sex Education Program"

Speaker: Dr. Evalyn S. Gendel, Associate Director of Maternal and Child Health Division, State Department of Health, Topeka, Kansas

Interrogation of the Speaker

Saturday, November 18

9:30 a. m.

General Meeting - Crystal Ball Room

Presiding: Earl C. Funderburk, Chairman of the Conference

Address: "In-Service Training and Selection of Teachers"

Speaker: Dr. Evalyn S. Gendel, State Department of Health, Topeka, Kansas

Interrogation of the Speaker

Conference Summary: Dr. Robert F. Williams, Executive Secretary, Virginia Education Association

STEERING COMMITTEE MEMBERS AND CONSULTANTS

Earl C. Funderburk, Superintendent of Fairfax County Schools, Chairman

Lucien Adams, Assistant Superintendent of Richmond City Schools

Jeane J. Bentley, Supervisor of Physical Education, Roanoke City Schools

Eugene P. Brondoli, General Supervisor, Waynesboro City Schools

Henry D. Garnder, Director of General Programs, Arlington County Schools

John R. Grinnell, Supervisor of Health & Physical Education,
Fairfax County Schools

James E. Laughlin, Superintendent of Covington City Schools

Bernard Shields, Supervisor of Health & Physical Education,
Virginia Beach City Schools

Dr. Jane Shumway, Medical Director, Richmond City Schools

Richard L. Vaughn, Director of Instruction, Lynchburg City Schools

CONSULTANTS:

George Burton, Director of Secondary Education, State Department of
Education

Dr. Robert F. Williams, Executive Secretary, Virginia Education
Association

Mrs. Virginia Lewis Dalton, Director of Professional Services,
Virginia Education Association

OVERVIEW

by

Dr. Robert F. Williams
Executive Secretary
Virginia Education Association

We've come here to determine, to some extent, whether sex education is a school responsibility.

I have a very personal interest in this. I have a granddaughter, age 8, and a granddaughter, age 6, so Easter, we decided we'd give them a rabbit. I took a whole Saturday off and built a hutch, and we got this beautiful male rabbit.

They had this rabbit about three or four days and they decided that they'd like, because of the beauty and the love they had for this rabbit, for it to reproduce itself. We took the matter up with the mother in the family, and the mother said that she would be amenable to it, if my wife and I were to buy the rabbit.

So I got my granddaughters and took them to the pet shop, and before I had been able to talk to the saleslady, they had already picked out the rabbit. I said, "Wait just a minute, that rabbit might not do." And Sarah, age 8, said, "Why?" I said, "Well, we've got a boy rabbit, we've got to get a girl rabbit." She said, "That's silly." And I said, "No, it isn't silly either. In order to get any little rabbits, you've got to get a female rabbit." But she said, "But, I want that rabbit." I said, "Well, we've got to see if it's a boy or a girl." And she said, "I don't see that that makes any difference."

So there I was, confronted, without having had the benefit of any sex education courses myself, with a real-life situation, and I'm sure I resolved it inadequately.

I said, "Now let me tell you how it is. Now, you take at your house, for example, you've got your mother and you've got your father, you've got a boy and a girl." Sarah said, "Yes." And I said, "And you have children, two brothers and you." They shook their heads in assent, and I said, "Now, you know Mrs. So-and-so, and she doesn't have a boy living with her, and they don't have any children." Sarah said, "Oh." "And you take Miss So-and-so, she doesn't have a boy living with her." And Susan said, "She doesn't have any rabbits?"

Increasingly, the conviction is developing among the American people that sex education is a school responsibility. I looked up the figures, and I was surprised to find out that in this country today, three out of ten schools have sex education courses in kindergarten through grade six. And country-wide, one in five schools have planned instruction below grade four to help children to understand the life cycle. In one school out of twenty, boys and girls together are given instruction in sex education, and even here in Virginia around twenty of our school divisions either have programs or have inquired about material.

So now, we're going to be here talking about "Is sex education a school responsibility?" What is to be taught if we do decide that it is? At what grade level? By whom? What are the outcomes that we could reasonably expect from a well-taught, comprehensive content program of sex education?

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KEYNOTE ADDRESS

RESPONSIBILITY FOR
AND ISSUES INVOLVED IN
SEX EDUCATION

Eleanore Braun Luckey, Ph. D.
Professor and Head, Department of Child Development
and Family Relations
University of Connecticut

Four areas on which we can focus our comments:

- (1) What are the objectives of such education?
- (2) How do we best reach these objectives?
- (3) When do we reach them?
- (4) Who is to offer the guidance?

If we begin with objectives, we ask ourselves:

- (1) What are we educating for?
- (2) What are we hoping to produce?
- (3) What kind of behavior?
- (4) What kind of person?

This brings us to the core of one of the most difficult problems we must face in the area of sex education, and that is the problem of sexual values. There is a broad continuum of values represented within our contemporary American society; at one end, what might be called total sexual freedom, and at the other, use of sex for reproduction only. Between these two extremes, there is a tremendous variance in attitudes and practice.

There are many reasons we hold different values--our education, our religion, our socio-economic group, ethnic background, family background, plus the individual experience.

Nevertheless, our culture has exerted some rather strong and predominating influences. We come out of a long history of restrictive, puritanical attitudes that have surrounded sex with silence and sinfulness. At the same time, our competitive capitalistic society has discovered the selling power of sex, and our whole world is simply crammed full of sexual stimuli. Essentially, we live in a world where sex is over-glamorized, over-valued, and held up to be extremely desirable; and at the same time we have enforced by punishment all kinds of restrictive attitudes.

Given this setting, what specific goals might we expect to establish in a sex education program? What behavior are we eager to bring about? Most of us can say that we would like our children to have adequate information about the physiology of sex--about the reproductive system, the genitals, their own bodies, and the bodies of the opposite sex. Yet we seem to be extremely fearful of giving youngsters full and accurate information. We have acted on the belief that if we gave young people information with regard to sex, they would want to put their knowledge into practice.

A second objective that we frequently say that we are striving for is to create the "right" or "wholesome" attitudes toward sex, yet we live in a society that is obviously confused about what a proper attitude toward sex is--or even whether there exists a right attitude. Our goal--like all sound goals-- is to provide information and whatever else is necessary for individuals to live satisfying, fulfilling lives sexually, but in the context of our society.

We do have to consider the welfare of the group. For example, our society has not yet provided a very adequate way of caring for children born out of wedlock, thus one of the goals of sex education would be to reduce illegitimate births. Another social concern is venereal disease. Homosexual practices are of social concern because reproduction of the species requires a heterosexual pair. However, all three of these major problems are likely to find solutions before too long.

We cannot deny that our goals are ambiguous and confusing, and certainly that they are changing. What is immoral in today's society may be quite moral in tomorrow's.

We must think, not about educating for sex, but for use of self. We must help individuals grow into a selfhood and a maturity that permits them to relate in a caring, responsible way to other human beings.

In many ways, I think the very term "sex education" misleads us. We are not wanting to produce only a sexually fulfilled individual, but one who accepts and values his total self. We want to foster individuals who can live in freedom and who choose their freedoms keeping in mind their neighbors' freedoms. We want to produce individuals who can reveal themselves to each other without fear. This is communication. This is relatedness, and sex is one way of expressing relatedness. There is no sexuality that is separate from personality. And whenever we attempt to deal with it in this way, we set a trap for ourselves by dealing with sex out of context.

Unfortunately, by the emphasis we have given sex, we have already pulled it out of its context as merely one very important aspect of self and social relationships. We must be careful not to embark on a program which is likely further to emphasize and isolate the sexual factor from the total self or from a total society. Our goal is the mature individual able to feel genuinely concerned for the welfare of others. If we can achieve this goal, sexual behavior takes care of itself.

Let us tackle the questions how, when and by whom.

The how can be answered fairly simply. Sexuality is a normal part of personality. If we dealt with sexual matters as they present themselves to the child from earliest infancy in an open and frank way, there would be no problem of sex education at all. This implies, of course, the answer to our question, when.

There is only one logical answer to the question when: At the time the child is curious about it. And because there is not likely to be, in normal circumstances, any one set of persons around when children are curious, the question, by whom, all but answers itself. For it requires that all of us may be at some time in a position to give a younger person information.

I am very sure that all of you would agree that this is the kind of education on sexual matters that you would like to see your children have. It would provide slow, natural growth and the discovery of sexuality in self that would avoid shocks and morbid curiosity.

Why can't the solution be this simple? The obvious answer is because it is we--you and I--who are trying to bring this about, and we have been raised in a culture that has not dealt with sexuality and sexual behavior in a natural, easy way.

The kind of education that we are attempting in the schools at this point is a type of emergency measure, a kind of Band-Aid job.

I believe the central focus of sex education right now must be on us, the adult generation, more than on our children. It is impossible for us to do much for our children until we clarify our own viewpoint, until we are able to deal with sex openly. I am not inferring that we are bad, or are misusing sex, but I know that we are confused. I have been consistently impressed with how little we know of sex outside our own experience.

We cannot deal with premarital sexual behavior until we deal with the total cultural attitude toward sex. We need to consider the morality and immorality of sexual relationships in marriage as well as out of marriage. We need to consider the commercial use of sex that is flaunted everyday on TV and in advertisements. It seems incongruous to me that we should launch extensive sex education programs in the schools without launching equally vigorous education for adults.

Now, having implied that our generation may be so messed up that we can't be of a great deal of help to our youth, I am ready to consider what we might hopefully do to some advantage.

It is not only the school that needs to define its role; the home must define its role, too, for the home has by far the more crucial role. Sexual attitudes are formed very early and are well set before a youngster comes into even a preschool situation. The church, too, must define its part. It must do what a public school in a democratic society cannot--take a value position and defend it. As it stands now, TV, our movies and Playboy magazine are probably the most effective sex educators in our society.

I would like to see every teacher in the school system from preschool to high school able to deal openly and frankly with any kind of sexual problem that presents itself. There are a multitude of examples that are presented throughout the school years in a wide variety of experiences. The usual literature in the high school English courses are full of all kinds of opportunities to educate for use of self sexually. Social science courses offer opportunities to deal with today's social problems which include sex; and certainly our health classes offer an opportunity to deal with menstruation and reproduction and venereal disease. Our home economics classes in child development and family relationships probably offer the best opportunity for full discussion on dating, courtship, marriage and how sex is a part of these.

Except in unusual situations, these are opportunities lost primarily because teachers are not taught how to use them. As an attempt to overcome this kind of inadequacy, we are currently creating courses or units which we are injecting into the junior high and the high school, which are concerned more specifically with what we call family relationships.

Regardless of where or how sexual information is given, the effectiveness of it will be dependent primarily upon the individual--the teacher--who gives it. This points the finger very squarely, it seems to me, at our universities and colleges which prepare our teachers, and at our state departments of education which set up standards and certification requirements. It also places a responsibility on school systems themselves to develop in-service training. It means helping all teachers. The best way I know to do this is through sensitivity group training under trained leadership.

I'm aware that there are problems. For example, I have said nothing about the receptivity of the community to such a program. Fortunately, most parents are extremely grateful for a helping hand.

There is going to be no one way to deal with problems of this nature. Solutions will depend very much on the specific problem. However, I would like to see the school administration help shoulder the responsibility of developing programs to help parents and adults face their own attitudes and values toward sex. I would like to see the school sponsor small group meetings under professional leadership where parents could face their own fears and attitudes, and could be permitted to define more clearly what they really want for their child.

In summary, I see the school's function at this point in our history as serving a kind of emergency, first aid measure.

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INTERROGATION OF DR. LUCKEY

One of the most successful total programs, I expect, has been carried on through the parent associations connected with the schools.

There have been many community programs organized by co-operative efforts, social agencies and churches. In some places there have been parent and child groups. These are some of the ways that a community can move with, and frequently without, the support of the school.

SECOND QUESTION: You say give the child the answer when he's curious. What do you do if the child never asks a question?

This happens in our culture because there are so many negative signals that the child gets even at a pre-verbal level.

It's almost impossible these days for our youngsters not to have sex information. I think that if they don't ask questions, we leave books around, we give them the opportunity, we discuss it within our family, so that they have the opportunity to hear us discussing it; they will usually join in.

THIRD QUESTION: Why do you say that we can't take a moral stand on this issue in the classroom?

I said we can't take a value position. By moral, we mean that which the society endorses or does not sanction. We have come to a time in our history where we no longer have a clear-cut moral dictum on sex. And we're going, I'm afraid, to find that the preferences within the area of sexual behavior are going to be pretty much like those in the areas of religion and politics, that we can choose our own position. You should be permitted to do this; we will have the basic value on which we can all agree, I believe, which is a sense of self-respect, and respect for the other person, and beyond this I'm afraid that we do not have from our society any clear-cut moral dictum. You have the responsibility to teach all positions. This makes it more imperative that the home and the church make very clear what value system they wish to enforce.

FOURTH QUESTION: Do you think that sex education should be taught in mixed groups, especially at the high school level?

Most of our studies have indicated that the separation of sexes is more for the comfort of the teacher than for the youngsters. If the teacher is going to be very uncomfortable with a mixed class, then I think the class should be separated. If the teacher can be comfortable with a mixed class, I think it is better to have the groups together, because I think they should have an exchange

of feeling and information of what each sex can bring to the other. In addition, I think there must be ample opportunity for youngsters who are shy and will not ask questions, with mixed groups or even in groups of those of their own sex, to ask questions. Very frequently this can be done by a question box.

FIFTH QUESTION: What qualifications should one have to teach sex education?

The personal qualification of being comfortable with oneself, sexually, is probably most basic. Information, almost all of us learn or we can look up.

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ADDRESS

THE PRESENT SITUATION
AS IT RELATES TO SEX EDUCATION
IN VIRGINIA

George Burton
State Department of Education

The interest on the part of the public, especially in certain localities, has increased significantly during the past year. There is a growing awareness among our school people, and in community organizations, concerning the need for instruction in family life and sex education. I like to use that term.

Several months ago the curriculum and textbook committee of the State Board of Education instructed the department to determine by appropriate procedures the curriculum development in family life and sex education in other states and major cities.

We received course outlines, descriptive materials, curriculum guides and related materials from California, Connecticut, Illinois, Maryland, Michigan, New York, Oregon and Wisconsin, and the District of Columbia.

We received the same materials from Anaheim, California, Chicago, Detroit, New York, San Francisco and University City, Missouri. The department has prepared a summary, and copies are available.

A majority of state programs assign their major responsibility to the localities for developing a program designed to meet their needs. In our opinion, the program in Virginia compares favorably.

At the state level, we recognize the need for a program of instruction in family life and sex education as a measure for solving or attempting to solve some of the existing problems among our young people. Some of these problems are the sharp rise in venereal disease, especially among teen-agers, the increase in illegitimate births, the increase in teen-age marriages, the problem of illegal abortions, the increase in divorces and broken homes.

Despite these serious problems, evidence shows that most children and teen-agers still get the major part of their sex education from peer groups, and other sources outside of the home, the school and the church.

Family life and sex education transcends the narrow concept of instruction in reproduction and venereal diseases. In general, it includes all of the instructional measures designed to help young people meet the problems of life which are centered and related to the human sex instinct, and the personal social family relationship of boys and girls.

This question is often asked: Can family life and sex education be taught in the public schools of Virginia? Yes, in any locality, provided that preparation and the procedures comply with state policies and guidelines.

Is there a state course of study? At the present time there is no prescribed state course of study. For more than a decade the State Board of Education has had in effect a regulation that requires that all instructional materials in any public school which deals with sex education must be approved by the State Board of Education. The procedure, by this regulation, places the initial responsibility on the local school authorities.

The regulation further requires a careful review of the program and materials at the local level, by appropriate school personnel, after which the division superintendent submits to the director of secondary education his request for approval of the materials proposed for use.

Following a review and evaluation of the request, the department presents a report, including a recommendation to the curriculum and textbook committee of the State Board. Special emphasis is being made at this time of the fact that all materials are approved by the State Board specifically for the locality submitting the request.

Since the adoption of this regulation, state approval has been granted to quite a list of instructional materials, some 20 films, more than 25 pamphlets, a number of textbooks, film strips, tape recordings, and so forth.

Instructional materials have been approved for 11 counties and nine cities. You may ask: "Is the program, at the present time, limited to these 20 localities?" For a long time there has been some instruction in sex education conducted in a number of our classes; home economics, for example, health education, biology and various science classes. But insofar as specific programs, only 11 counties and nine cities have made requests.

All requests for approval of programs and materials submitted by the school divisions during the past 18 months have received favorable action by the State Board of Education.

As a means of implementing the state policy on sex education, guidelines for local schools were approved by the Board in 1963. These guidelines state that "In view of the fact that many of the subject matter fields in the existing curriculum of secondary schools have a logical contribution to make to the development of understandings in the broad area of sex education, and in order that learning experiences in this area of instruction may be held in proper perspective, a separate course in sex education is looked upon with disfavor."

The guidelines provide the following suggestions for incorporating sex education into the existing curriculum:

The instructional program should be characterized by cooperative and careful planning, involving school administrators, teachers, parents, church, civic groups, local medical societies and public health officials.

Certain phases of the instructional program should be offered only in classes in which the sexes are separated. That does not say that in all circumstances this should be true.

Adequate time should be provided to teach thoroughly each instructional unit.

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PANEL

PANEL ON LOCALITIES' PROGRAMS

Jeane L. Bentley, Roanoke City

We have moved with a great deal of caution in getting ready to implement a sex education program. In 1965, our health advisory committee, composed of medical and school personnel, felt a concern over the lack of sex education. We conducted a health education evaluation with our 1,200 seniors in the early spring of 1966. Over 80 per cent replied that there was a definite need for information and instruction in sex education.

We began collecting materials and selecting personnel to conduct a workshop for the development of a curriculum guide to supplement our present health guide. In July of 1967, we conducted a seven-day workshop. Elementary teachers, guidance counselors, elementary principals, secondary health and physical education instructors, the local health commissioner, and the director of public health nurses participated.

In the development of our guide, we included teachable materials for grades K-11, and placed the emphasis upon the development of wholesome attitudes.

An overview is given at the beginning of each unit. This is followed by specific objectives for the unit. The basic content is spelled out, so that it can be taught with the use of suggested activities. This is followed by terms and concepts. A section on evaluation is included, and resource materials are listed.

The general goals we are trying to attain are:

(1) To provide answers to simple questions arising from the natural curiosity of children.

(2) To give the child a knowledge and appreciation of the importance of the family as a basic unit of society, and his responsibility as a member of his family.

(3) To supply factual information about reproduction.

(4) To help the child understand sex differences and to guide him in the development of his appropriate sex role.

(5) To help the child to establish standards of sexual behavior and develop a wholesome attitude toward sex.

(6) To educate the child for the prevention and reduction of social ills related to sex.

(7) To help a child prepare a suitable foundation for marriage.

We have grouped the first grades, K-3, so that the content can be taught at the discretion of the teachers, and as the opportunities present themselves. The specific objectives at this level are to develop an understanding of family members, to develop and encourage the use of correct terminology in talking about the body, to develop an understanding of the reproduction and nature of plants and animals, and to develop an understanding of behavior patterns.

At the fourth grade level, we go into the understanding of the development, structure and function of cells, which is in connection with the science instruction, the understanding of growth patterns and the understanding of responsibilities and duties of the members of the family.

At the fifth grade level we are striving to develop an understanding of the patterns of growth and development, to develop the knowledge of the reproductive system and how life began, to discuss with openness, the problems of growing up sexually, and to give correct and understandable answers to all questions on reproduction.

At the sixth grade, we are concerned with the understanding of the complex physical, emotional and social changes that one undergoes in the process of growing. The knowledge of how reproduction occurs and understanding of the role of the individual in the family also figure here.

We skip grade seven and go on to grade eight. Here we re-emphasize the growth changes in the early teens and what the changes mean for adult life, develop the knowledge and appreciation of the masculine and feminine roles, and bring out the knowledge of the diseases.

We again skip the ninth grade, and moving on into the tenth, we deal with adolescence. At the eleventh grade, this section deals directly with the knowledge and factors which we consider a preparation for marriage, understanding of the causes of conflicts in marriage, the importance of adjustments being made, the realization of the importance of family planning and the development of knowledge of factors to be considered in planning a family.

This guide is in the stage where it is ready to be presented to our school board.

Henry L. Gardner, Arlington

The past few years, in Arlington, there have been indications from civic groups, clergymen, and parents that someone was not "carrying the ball" regarding sex education, and that someone included the public schools.

We initiated a process, which we hope will eventually produce a comprehensive human growth and development program, extending from early childhood, through the secondary schools into maturity.

Two of the major criticisms against an earlier program centered around the use of unqualified regular classroom teachers, particularly at the elementary school level, and allowing the children to view certain films at too early an age. So we decided that we had best begin our program at the secondary level, junior and senior high schools.

Rather than include a unit identified as sex education, we planned the curriculum so that biological, social and psychological components of growth and development would be introduced at stages of the curriculum which correlate with the average student's stage of human growth and social and psychological development.

Simultaneous with the rewriting of the health curriculum by teachers and nurses, we began a procedure for enlightening the community, obtaining their evaluation and approval of our program as designed. We realized that we needed backing and understanding both within the school system and from the community. The first draft of the proposed curriculum was presented to appropriate supervisors and directors of curriculum, and the principals.

Members of those groups offered suggestions, and a revised draft was presented to a committee of representative community and church organizations. This committee decided that six parent organizations of this group should have the opportunity of a further look at the entire curriculum. Some of the problem areas that came to us were the ones on the moral issue, the values.

On the basis of their evaluation, and our experiences with them, we reorganized the curriculum again. We then took it back to the supervisors and the directors and the principals, they reworked it and then the revised draft, which was now in its fourth revision, was presented to the superintendent, who subsequently presented it to the School Board for their approval. It was then sent to the State Department of Education and approved, and this year we began to implement it into the curriculum. It will take approximately three years to implement this entire phase. To complete the process, we have two groups working simultaneously in the county to implement a program, or design a program, or adapt a conceptual program for the elementary schools. One is a group of teachers and supervisors, the other is a community task force who are undergoing a year's study to look into the whole area of human growth and development.

Richard L. Vaughn, Lynchburg

This is the first year of an expanded health program in the Lynchburg schools, and as you notice, I called it a health program. We do not have a true evaluation of the program.

Our basic philosophy is that the normal functions of the body should be discussed at appropriate times, as they can be woven into the various health units. The cultivation of wholesome attitudes and moral values needs to start very early, and expand as the student progresses. Because of the confusion of the physical and emotional change of adolescence, we felt that the junior high school was the logical starting point. There are fewer obstacles to overcome, thus providing greater assurance for success and a solid foundation from which to recommend future changes in materials, content, and grade placement. For one thing, the health and physical education classes are already separated by sex, they are taught by a physical education teacher or majors who, in most instances, have taken more courses which would make them better qualified to handle the topics.

The teachers and the supervisory staff were involved in making the recommendations to the School Board. The state has given approval for the use of some tape recordings to supplement our health and physical education program. There is a teacher's guide to accompany this. The teachers follow the state health education manual, grades 8-12, and suggested topics in their present health text adoptions.

One further consideration is that presence in the class when the tapes are being used is not required. Parents were sent a letter explaining the program, and were asked to sign a form indicating their feelings.

The average has been about 15 parents out of the 800 students objecting to the student being in the class.

Teachers know several days before the tape will be used and can quietly inform the student involved and make arrangements for other worthwhile activities. There is no embarrassment to the student. So far, we have not had any problem.

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ADDRESS

THE PARENT LOOKS AT SEX EDUCATION

Dr. Eleanore Luckey
University of Connecticut, Storrs, Connecticut

This morning I want to talk to you, really, as a parent. I am the mother of three children, all of them are boys. I have to admit that I think that my attitude, probably, toward this whole field is a little different than it would have been had I had a daughter. I think that the honest truth of the matter is that we do have a different attitude toward boys. You bring him up, or her up, in the expectations

that your culture has for that person behaving as a male or a female. I'm very much aware that the personality structure of my children is going to be reflective of the relationship between my husband and me, and between me and my children. Whether they like themselves, respect themselves, and understand themselves in their sexuality is going to depend a great deal on the very early relationships that I and their father, as parents, have had with them. If I can help my youngsters to respect themselves, and like themselves better than they dislike themselves, I have confidence that they will be able to extend this same kind of acceptance to other people.

In addition to accepting themselves, I have, as a parent, a great deal to do with how well these youngsters understand themselves. And this again reflects a good deal of how much I understand my own behavior as a parent, and how much I am willing to reveal of that behavior to them.

A third thing that I determine a great deal in my relationship with my youngsters is how well they can communicate, how much they share, and how much they want to share with each other, and with me. If I expect to have my youngster communicate with me, honestly and openly, and share himself with me, it's my responsibility, I think, to set that example, and this means really sharing my emotions, my joys, my sorrows, and not keeping life off their backs.

In addition to these things, parents of the opposite sex have a very special relationship. The mother and the son, and the daughter and the father. Much of what our youngsters learn about themselves, sexually, comes because they have a parent of the opposite sex to try themselves against. Youngsters need both sexes, and they need to find their sexuality in relation to the sex that they do not belong to, and their identification with the sex that they do belong to.

Whatever the home does, it does basically. It's pervasive, it sticks. It goes into the core, personality formation, and it's done early.

Another thing that I am pretty responsible for is the values that my children hold. These are based on what my children believe that my values are, as they see me live them, and demonstrate them.

It seems to me that this is one of the very greatest responsibilities that we have as parents; to know, with regard to sex, what values we hold, and why we hold them, and to demonstrate them. I think in the area of sex we are maybe phonier than we are in any other area.

As a parent, my youngsters have a look at my values, and they make a decision on whether these are any good or not, and I think that I have the responsibility then to not demand that they live to my values, but to expose them to my values and to let me defend them.

Given these things, what do I want the schools to do about sex education for my youngsters? Well, first of all, I would like the school to give information that I can't give. I would like the school to be able to demonstrate that sex can be talked about openly and honestly by other people than just parents. I would like to expose my youngsters to the

materials that the school has access to, that I as a parent don't. I'm dependent on you in the schools to produce good film strips, to use good film strips, to show the films, to have the books and the pamphlets that I can't have.

I want the school to interpret the social limits and the whys. We have the rules in our society that we have for a reason. Every society has regulations on sex. These vary, and I'm not all sure that we have the only good rules, but I do think that we have to help them understand why we have the rules we have, and then help them to judge in which way they can move rationally, and well, from these rules.

I would like the school to be able to discuss values which are different from mine. Other people do hold different positions, and they can defend them, and it might be that those other values are just as good as mine.

I would like to have my youngster's questions, whenever they come up, wherever they come up, answered honestly.

I think that as a parent, I have to ask the school to deal, particularly at adolescence, with some of the issues that I can't deal with, with my children, simply because both my child and I are sexual creatures and because a special relationship has existed. We are just now psychologically beginning to do some investigation on what this barrier is. I have thought for a long time that it is nothing more or less than a communication barrier.

As my youngsters came into adolescence, I found that this was really not true. I found it very difficult to talk with my boys about many sexual matters. It probably has, we think, something to do with the original incest barrier, and there are set up psychological guards between parent and child that increase at adolescence when both the parent and the child are sexual beings. The communication gap has always been there, it always will be there, it's a normal barrier, when youngsters begin to step away. They should be able to keep more things to themselves.

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INTERROGATION OF DR. LUCKEY

FIRST QUESTION: What is meant by incest barrier?

Every society has sexual rules and regulations, but almost universally there has been the regulation of incest, coitus between parent and child, or between siblings. We don't honestly know the origin of this barrier, we don't know whether it is something built in us.

There are biological disadvantages, you can prove it genetically. Society has learned this very early and has simply built it into the family structure. And this is what I mean by the incest barrier. There is some social or psychological barrier, and that is for the good of the individual and most certainly for the good of the society.

SECOND QUESTION: Why does our society so readily accept a "tomboy" as being cute, and at the same time look with distaste on the sissy boy?

This is, I think, because it's primarily a man's society, and the standards in our society are basically masculine. Our whole social heritage has been oriented--look how easily women have entered professions that have been primarily masculine; look what a hard time a man has in being a nurse, or a hairdresser, or an interior decorator.

THIRD QUESTION: With the predominance of women teachers, how does this affect the sexuality of a child from a broken home?

It very much depends on the broken home, and it's going to depend on what the teacher does with her femininity. There is a lot of question about the whole problem of our boys being raised with so much female influence these days. I think it is much harder today to be a man than it is to be a woman. I think it is going to be harder for our boys to be male. Part of this is because the tasks between the male and the female are not so clear, the role is changing.

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ADDRESS

THE CLERGY LOOKS AT SEX EDUCATION

The Rev. Mr. Churchill Gibson, Jr.
St. Stephens School, Alexandria

We are not a group that speaks with one voice on all matters. I have talked with some of my fellow clergy and we have agreed on some things. It may be that when you begin a community action program for sex education in the public schools, the clergy will have some negative reactions. I think that many of the clergy will feel that children are being titillated and stimulated toward more sexual promiscuity through a sex education program, and I think that your presentation of what the school is trying to do can clear this up a great deal.

People have sexual experience in different ways and interpret these in different ways. I think there has got to be room for different interpretations. But I think that what people do with the information that they get really does depend on them, and that our attitude in permitting the kind of freedom in which people can grow and know some kind of personal and community joy is what sex education is all about to me as a priest of the church.

I think when we talk about one of God's gifts, a very powerful one, like human sexuality, like human personality expressing itself in this most creative way, that the sex educator is the guy who is bringing good tidings of great joy which can be to all people--which can be. The mission of the sex educator is to look at the gods or spirits of fear that have attacked this God-given power, and to work out some sort of a missionary way to communicate.

We've tried different missionary techniques in the church. Some of them have worked and some of them haven't. We tried one time, for example, to go with a box full of values and walk up to a people in a culture and say, "Here's the box full of values and you're going to accept this on our terms." It's not that we don't have values. We raise the question as to whether an overlay of values is the best way to be a missionary.

What we want to happen in the churches, the community, and in the schools, is that whatever teaching goes on, is done in such a way that each child can grow into full, mature, joyful, God-given personality in sexuality.

In the home, some things happen from my point of view, the way a child is looked at is important. And for me, as an individual Christian-type human being, a child gets born and it's very important that I see that it's not "my baby" but that this is the Lord's child that has been put in my hands to raise up for awhile until he can go away and live on his own. My job is not to possess the child.

In terms of sex education in the home, I guess we have all gotten some. I had a great father, but in the sex education bit, he was terrible. But, by golly, I had seen what went on between this great big old guy and my tough little old mother, and it was great. In spite of this awkward misinformation that I did get from him, the quality of the relationship was there. I had learned already for me what it meant to be a man, and my goal was to grow to be that kind of a man.

But the time has got to come when there is information, and this is the job of the school and the church. Sex education is going to go on in the schools. The job of the church, I think, is to support the teacher, and to be in the community whatever kind of resource it can be, so that people can grow. I hope that we can all do this together, whatever this might be.

I think we've got two basic responsibilities in order to let some kind of joy happen. First of all, there is courage. The Church is always, I guess, yelling at power; at least in Bruton Parish Church. But I do think that the demand is constantly on people in the highest position of responsibility, in the State Board of Education, in all other places, to have the courage to lead, to be progressive, because the individual guy in the classroom has got to have progress at the top, or else he is going to be cut off and be hurt unnecessarily.

There has got to be talent in the classroom. I think here again, some people are free to communicate their own sexuality in happy constructive ways. Some people will not. Our job is to seek out and to train those who have a talent for open communication among people, and to get them into the classroom, and, I think, to continually examine, theologically, our task, which is to know in terms of God's basic and profound gifts to man, one of which is our sexuality, that God's will for us is that we enjoy ourselves here, that we learn to control ourselves here, that we get enough knowledge so that we can make responsible decisions here, as free men who've got the equipment to make responsible decisions.

INTERROGATION OF MR. GIBSON

FIRST QUESTION: Do you have any suggestions for breaking down the community fear and abhorrence of sex discussions in public schools of rural areas, predominantly composed of low income, poorly-educated adults?

I think that certainly tact has got to be used. It seems to me, here again, that the low-income, poorly-educated adults might respond to the power-structure. This is why, I think, the leadership has got to come from the top, so that the teacher living in the community hasn't got the onus on him completely. I think we've got to work trying to communicate with the adults, educate the adults in the fact that, first of all, human sexuality is more than a genital operation.

The responsibility of the church in the sex education among their own members, I think, is considerable. Gather together the whole congregation, adolescents and all of their parents, and have a common presentation. We do this biologically, we do this in terms of a personal presentation.

SECOND QUESTION: Is the hippie movement a rebellion against the lack of sex education?

I think the hippie movement is a monastic movement in many ways. I think this is a very healthy judgment on a tight culture, yes. A hung-up culture, in some instances.

THIRD QUESTION: How do we approach the culturally-deprived child, living eleven in three rooms and witness to too much intimacy?

I think that the movement has got to be in two directions. One is in terms of housing, to try and get more room; the other one, the next thing would be in terms of birth control.

Thirdly, I think that the classroom thing can begin to make some sense.

FOURTH QUESTION: Do you think the Church should teach a particular standard of values and morals?

It depends on what you mean by a particular standard of values. I tend, as an individual, to talk about two things. One is what I'm going to do with my own sex and to try and raise the question about which is the strong posture. There is an alternative position to this which has to do with individual strength. To raise this question of strengths and control, and to talk with people about it, I think there is a set of values. I think, though, that it has to come out of listening, and to come out of relationships.

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ADDRESS

THE MEDICAL PROFESSION LOOKS AT SEX EDUCATION

Dr. William G. Thurman
Professor and Chairman, Department of Pediatrics
University of Virginia School of Medicine

I'm not so sure that teachers, parents and everybody else in this country today know what most of us in the medical profession feel sex education, good sex education, could really prevent.

I'd start off with a topic that is well known to all of you, the increasing problem of illegitimacy that we see in association with younger and younger mothers. In one of the hospitals in this state last year, we delivered 117 girls who were under 17 years of age, the youngest of whom was 12. Of those 117 children, 64 were illegitimate.

This leaves us with two medical problems, the psychology of what has happened to the girl who carried the child and delivered it, and then the care of the infant itself. We know, for instance, that in our institution, the children who are born out of wedlock are children that we see more often, not only in the clinic environment, but also as far as hospitalization is concerned. They suffer from inadequate parental supervision. We believe quite strongly that adequate sex education would more than halve the rate of illegitimacy.

The second area that bothers us a great deal as far as medicine is concerned is that of all these babies who are born to the younger mothers; we see a very high rate of prematurity. But we've made real strides forward in this area, and a premature infant has a better chance for survival now than he's ever had in the past.

What happens, though, to that premature infant, and why are we concerned about it? His problems are that he has a much better chance of being deaf or hard of hearing in at least one ear than the normal term baby. He's got at least a 50 per cent better chance of needing glasses for adequate vision in the first four years of his life, not to mention the rest of his life. Is he going to be mentally retarded or physically retarded in some way? The answer to that is the same. Something is wrong with the development of the brain and the nervous system in many of the children who are born prematurely. The incidence of cerebral palsy and mental retardation in the premature infant exceeds 50 per cent over what we would normally expect in a normal birth-weight child.

How does this relate to our problems in sex education? The girl who has never understood what goes on in the normal processes of intercourse, conception, and then delivery turns out to be the girl who is a high risk for delivery of premature infants. She doesn't know how to take care of herself adequately during her pregnancy. All of these things mean that this girl has a much higher number of premature infants than somebody who has had adequate education as to sex.

The third problem is, of course, that of abortion. I don't know what is right or what is wrong about abortion, and I'm not here to speak morally. Our concern about abortion is, if it cannot be provided for the girl who needs it, who is going to seek it regardless, then she has it done by a second-class hack in the worst possible environment many times, and has an excellent chance of becoming infected and/or bleeding to death. We feel quite strongly that only qualified physicians, of the best types, should give abortions to girls who are over eight and nine weeks into their pregnancy.

We are not going to stamp out the problem of illegal abortion in your and my lifetime. We can look at countries where abortion is legal, and we find that they cannot meet the needs and there are still illegal abortions.

What can we do to help? We feel strongly, of course, that adequate sex education may prevent pregnancy. We also feel strongly that if we can get over to these girls the point that if they are going to seek some type of abortion, then do the best that they can to find the best that is available to them, then we are going to prevent some of the tragedies that we see.

We do feel that we can make the environment better for these girls, by having them understand what's going on, avoiding some of the pregnancies that lead to illegal abortions, and then insuring in their minds that they need and have to have the best possible approach to medical abortion that can be provided.

This has nothing to do with the children, because we very, very seldom see a truly damaged baby, because of a missed illegal abortion.

I guess our most prevalent problem, in reference to sex education in the minds of the medical profession, would be that of venereal disease.

I think that those of us who came along in medicine after World War II, with the introduction of penicillin, got out of the habit of seeing syphilis and gonorrhea as two major health problems in this country. We get so used to it that we ignore some of the guideposts that we should follow in making sure that a woman who is pregnant does not have active disease and does not incur active disease during her pregnancy.

The problems around this, of course, are that women are having sexual intercourse, now, later and later in their pregnancies.

Again, for the infant, what do we see? We see the infant who is usually born blind. We see the infant that is grossly infective to all those who handle him many times. If they are not blind, they may have severe liver disease that leads to an early death. They may have bone changes that will keep them from ever walking properly, and growing in the fashion that we expect of a newborn baby.

There has been an alarming rise in the United States since 1951 in the number of cases of syphilis that we see every year. This will continue to rise until we can get the idea of adequate syphilis prevention over to large numbers of young people. We need to provide an understanding of this disease, the problems that it causes, and the methods of prevention, for our children of today, if we are going to see this rising curve turn and go down.

Even more of a problem is gonorrhea. We are now beginning to see the organism that causes gonorrhea become resistant to penicillin. As long as we face that problem, gonorrhea will probably be our largest public health problem, related to venereal disease, in this country.

Gonorrhea also faces us as a public health problem in relation to the fact that the female who carries gonorrhea frequently will become infertile.

The last medical problem that we see with inadequate sex education is a tremendous psychological impact on the children of today and the children of tomorrow. Nothing grieves me more than to have to sit in my office and explain the so-called facts of life to a child because a mother or father won't do it. I do it because I know they won't get it otherwise, but I never do it without raising Cain with the parent who has asked me to do it. Children cannot get it from me on the day-to-day basis that they need in their home environment. This begins to mount in a child as a major psychological problem, and they have no one to talk to on a regular basis in whom they have confidence. So instead, they talk to their schoolmates, who are just as much in the dark as they are. I don't know the answer to this problem.

The answer is not in providing a sex education course for a small group, because we still don't reach the large mass of children that we need to reach, and more importantly, we do not reach their parents.

We have to have an understanding of sex and what it means to the growing and developing child, in the minds of the parents, to avoid severe psychological trauma to that child. It appalls me as a pediatrician to realize

how much emotional illness has sex as a background. And I don't know that there is a rapid answer for this.

The child who carries a baby, the child who wonders what her problems are going to be in going to school and completing her education, the boy who is an outcast because he did impregnate a girl; these are psychological misfits the day that it happens, and without adequate understanding and preparation for them, they are going to be psychological misfits for the rest of their lives. And I think, of all the things that I have mentioned, possibly the most important because of its frequency is what the lack of understanding of sex means in the psychological background of the child. I think that I would choose that as my best single target in which we need to work the hardest.

Let's look then at the needs as far as a physician is concerned. We need better teachers. Sex education must be handled on a perfectly clean, honest and above-board basis, or else we will not get the message to that child, and that child is going to go away from such a course feeling, very strongly, that there is something wrong, and that they are going to have to look into it with their friends to find out how it's going to be done.

That is why I say that I think we have a group of psychologically maladjusted adults, because there are just too many people at your and my age that cannot discuss sex in an honest and straightforward manner with children of all ages. Until we learn to do so, we are not the people who should be teaching it.

I've been very much impressed with a program that, in cooperation with the State Department of Health, the two medical schools have put on for the last four years. We bring in two physical education, or health education, teachers from every college in the state, and we have tried to bring them up to date with health affairs, not just sex. This has changed the people that I have seen over those four years. They can now ask me questions in an open audience of men and women that they wouldn't have dreamed of asking three and four years ago, because they feel more comfortable in talking about these words, words that are normal parts of conversation for your child and mine who is in high school today. I just wish that we could reach more people with that type of program. It's hard to teach how to teach sex education in a group this large. I would hate to have to ask you, if I read off 10 words right now, how many of you really knew what they meant. And until you know that, you are not capable of teaching sex education. You will continue to be embarrassed because it is about sex, and because you don't understand it.

My proposal is better teachers, and I think that we are open, as far as the medical profession is concerned, to any discussion that a teacher or a group of teachers wants to bring to us, in how we can prepare you to teach sex education. We also need to expand our programs from the children to the parents.

We do badly need, in this country, to be concerned about the moral aspects of sex, the religious aspects of sex. Let's don't twiddle our fingers

waiting to straighten out the problems that revolve around the moral and religious aspects of sex. There are some right ways to do it now. We know from studies that in the areas in which adequate sex education has been provided to school children, the five major medical problems that I listed earlier are all of less incidence in this generation of teen-agers than they were in the generation before.

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INTERROGATION OF DR. THURMAN

FIRST QUESTION: Do you feel that birth control pills are one factor in the recent increase in venereal disease?

We have no proof of this. We do not feel, in general, that these have contributed significantly to the increase in venereal disease. The pattern of incline of the incidence of venereal disease in this country had started prior to the ready availability of the pills. We were very concerned that with the availability of the pill, we might see a tremendous increase in VD. We have not. The rate of increase, if anything, is slowing. We attribute this partly to adequate sex education in some areas; we attribute it to better case finding.

The one that I'm glad somebody didn't ask, or hasn't yet, is: Do we feel that the pills are increasing sexual promiscuity? That is going to be much harder to answer.

SECOND QUESTION: Could the University of Virginia offer a class in the instruction of sex education in the public school, the course properly geared to the classroom teacher's approach?

All we would need is a letter from interested individuals. The introduction of such a course carries a tremendous amount of both political and moral implications, therefore it is impossible for me to just say "yes." The biggest problem in sex education is that people think that a lot of people are still excitement-seeking in the areas of sex education. There are plenty of us at the university who feel capable of teaching sex education to classroom teachers, and we'd be pleased to provide it.

The related question is: If we don't offer it now, why not? Because this is still an area where a great many parents have misgivings. That has got to change, but until we can get the impact that we need, we've not been able to just freely offer this type of course in the university.

THIRD QUESTION: How can a teacher, guidance counselor or school nurse best handle the psychological impact of a pregnant student in our schools?

The thing that Virginia needs more than anything else is understanding superintendents of school programs, who would realize that pregnancy is going to occur in the school-age girl, and until we provide continuing adequate education, and let them graduate, we are putting a large segment of our girls at high risk in a very bad potential for the future. There is no reason why we

cannot offer adequate continuing high school education to pregnant girls, and yet there are only two areas in the state where this is provided.

As far as the psychological impact, if the girl is obviously pregnant, she should have the opportunity, with the guidance counselor, the nurse, her parents, and a physician, to say: "Am I going to continue to carry this child until the school superintendent kicks me out of school, or am I going to go to some other community, have my child there, and come back to this community for continuing care and possibly place my child for adoption?" This requires having the parents in an environment with someone who understands the problem. That can be the school nurse, it can be the guidance counselor, it can be a physician, or anybody else, because the question of what happens to that child has to be decided.

There is no reason that they should be booted out of school, in my mind, and again I must say that I am not touching on the moral and religious concepts. Why should we make this girl feel that badly and that different because of one small mistake? Instead, we end up with a very maladjusted teen-ager who is going to become a very maladjusted adult. Get this girl together with somebody who can really help as far as crossing the bridges that are necessary.

FOURTH QUESTION: What if the mother refuses to accept her role in this?

You're in trouble. The only thing is, to find the person who is closest to the mother, be it clergyman, friend, physician, or someone else, and let them put the pressure on the mother to understand this girl and her problems.

FIFTH QUESTION: Several years ago, I heard someone mention a study that was not completed regarding incidence of cerebral palsy in attempted abortion. It was felt that there were some indications that there is a correlation between them. You mention that you have seen or heard of little evidence of damage to infants of attempted abortion. Will you elaborate?

Most abortions that are done reasonably well are complete. They may not be complete from a medical standpoint when they have to bring a girl in and do a D and C to completely clean out the uterus, but on the other hand the infant dies. It is the utilization of materials that the pharmacist will often sell a girl when he finds out she is pregnant, that creates a cerebral palsy problem. These do not result at all in abortion, and then she ends up with a damaged fetus. Cerebral palsy and gross birth defects of many kinds. As far as actually injecting things into the uterus, instrumentation of the uterus, and all, most of these products of conception die, so that we are not left with a significant increase in cerebral palsy.

SIXTH QUESTION: What is the truth of the matter of painless, harmless, chemical-inflicted abortion?

We can do clean, straightforward abortions in a good environment, in a hospital, which are painless and which are harmless, and can be chemically induced. These are related to overdoses, usually, of one of the

best known hormones that we have. Nine girls out of ten will abort that fetus with no difficulty, but that tenth girl will not abort it. This is related to how far along the pregnancy is, it's related to the state of the girl's health at the time, and then we choose which method is best for that girl and that circumstance.

SEVENTH QUESTION: How about the German inverted suction apparatus?

It is one of the most popular things on the market. Often it will not be successful in aborting the fetus. Yet I can tell you two places in Virginia where you can buy the German inverted suction apparatus. It will cost you about \$200. It is not worth 50 cents. I would condemn it because it usually doesn't do the job. Similarly, to put such an apparatus into the vagina, and around the mouth of the cervix, creates an infection problem.

EIGHTH QUESTION: Do you feel that GYN and OB specialists make good resource people in teaching sex education in the school, re: Because they have seen so often what happens to girls?

I would say that not every physician is good in this line. You have to be interested. I don't believe that every pediatrician makes a good sex educator. There is no one specialty that has a lock on this field. Instead, it is a matter of interest, associated with the knowledge that we have available to us.

NINTH QUESTION: What are the 10 words that teachers need to know before teaching sex education?

I should have known that this was going to happen. It is a lot more than 10 words. What I mean is, when we start teaching a group of people how to teach sex education, we usually want to know which ones are going to take the most work, so that we choose (and it's not always the same 10 words), ten words, and we'll say, okay, let's talk about homosexuality. How many of you in this room know truly what homosexuality is, the mechanism of the act. Well, then you can look at the group that you are teaching and you will see some people that are ready to leave immediately, and you know that if they last that they are going to have to require more of your time than the guy in the front row and the girl in the front row who are sitting there still waiting to hear what you have to say. I guess that the ten words that we often choose are impact words, not words that tell us how much or how little the people that we are trying to teach know. It means that we would have to start with a vocabulary of understanding, not a vocabulary of action and mechanism. I guess if I had to define the number of words, I'd put it closer to three to four hundred, because remember that every word that we use has eight or ten other catch words that you read written on the bathroom walls.

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ADDRESS

SEX EDUCATION PATTERNS

Miss Helen Manley
Executive Director, Social Health Association
for Greater St. Louis, St. Louis, Missouri

Children, we all know, learn from all experiences. I don't think I need to tell any of the gentlemen in the audience that we have had sex education in our schools for decades. Not called that per se, and not with an organized group, but it was there. It is still there in that negative way. As far back as in the 1920's, Dr. Maurice Bigelow put out a book, and also taught a class at Columbia University in which he tried to do what we are talking about today, some teacher education. He felt that one of the difficulties was terminology. At that time they used the term social hygiene, and he felt that if we would plainly say sex education, probably then we could get it in our schools. We are mixed up in terminology.

We are still quarreling and discussing if we could have a better terminology, but terminology doesn't affect children. Perhaps it does matter a bit in the acceptance of adults.

Many school systems were doing various things which we would call the area of sex education for many, many years. And when you do surveys of what's going on, you will note that many people are doing many things that you didn't know that they were doing.

There came then another impetus. It came into our schools under the title of family living. There were many people, especially home economics people, who were doing excellent work. They had excellent background for teaching this, but as soon as there were criticisms, their superiors said, "Well, I would just omit that one unit on sex."

Again, the courses that did get into the curriculum sometimes suffered from an overenthusiastic teacher who did not get any parental acceptance.

There are timid communities. It is amazing to me, it isn't the rural area, it isn't the deprived area, it isn't the cities who are so wrapped up, often, in politics and in other issues. It is the leadership where programs go and start, where someone who is dedicated to the needs of children, realize that we, as educators, have said glibly that we educate the whole child, and yet we pull out from our education sex. We can't pull sex out from the lives of children. They have it, but we have to do something about helping them understand it and live with it.

As of today, there is an immense boom. Last week I was in Fergus Falls, Minnesota. It's a small town of about 19,000, and for the first time in five years, I had to take a train, because there are no airplanes that go there. But this community has worked on a course of study, that they are implementing

from kindergarten to twelfth grade. Now where did they get their impetus? The Minnesota Education Association, State Department of Health, and State Department of Education took leadership. They have had many workshops at their teachers institutions, and they have had an annual program at the University of Minnesota. Many school systems have for years been doing sex education. I have the highest respect for the elementary and especially the primary school teacher.

When you know your children as you do in the primary grades, you help them in the use of the bathroom. You can't help but teach sex education in the primary grades, you are just down to human nature.

For years they have had gardens, they know that they have to plant seeds. Practically 90 out of 100, I should say, primary rooms in many schools hatch eggs at Easter time, and they know today how difficult it is to get fertile eggs. This is sex education.

We have found the home economics people, as a whole, have done an excellent job, but whom have they taught? Mostly, all girls, and what is a family with all girls?

They also receive, in our college-oriented communities, the girls who are not particularly able to go on to college. Again, we find courses in biology. Now biology, as you people in education know, again depends on the teacher. So the biology sometimes completely omits it. When we get to the high school level we need something beyond reproduction. We need something beyond the typical science. We need to work on behavior.

Health, in my estimation, and I know I am prejudiced, is the place where this belongs in your secondary schools. It is a phase of health because health is interested in behavior. Now what has happened to health? I hope Virginia is not like Missouri. There is very little health being taught in Missouri, it is all science.

There is a decided trend today in starting with the kindergarten. The kindergarten child comes from a family. There is the unit of family life and development. We have found in some spotty courses, sometimes, some excellent teaching done in a class of sociology or a class of psychology, also, in our high schools.

Unfortunately, we begin most good things at the top level. They start in the college, and then they come down. And so it was, and so it has been, with sex education.

So now we are working on many, many areas, on a unified program from kindergarten through the twelfth grade.

I have had a great deal of experience in the area of health, and I feel that we made a big mistake, many years ago, in teaching everything, every grade, until the kids said s. o. s. - same old stuff. I think we can do the same thing with sex education. I believe if you would have a plan--this is what children ought to know at the end of the primary, rather than do this in the first grade, the second grade,

the third grade, it would work better. Give teachers some guidelines. There are many books now being published, many good teaching aids. The sixth grade level is a pretty good age. It is an age where youngsters are not too much interested in each other yet, in which they are terribly interested in the human body.

I think that all of us should be comfortable in answering children's questions, but certainly someone must be allocated the responsibility to see that certain things, certain units, certain areas are taught at the appropriate grade level.

Where, in our secondary schools, should this be taught? It must be in the curriculum. I do not go along with a special subject.

We find again, some of the courses are given without any approval of the board of education. The board of education must say this is part of the curriculum. The superintendent must support it, must see that it is in. The principals must use it in their supervision as they do any other area of the curriculum.

Our planned program in the secondary school only has been pretty much a pattern, and I think that it is so easy in the elementary school. Children are so honest, the older they get, the more tricky they get. They are so honest in those elementary years, you can really help them to find answers.

Sex education, we know, starts at birth and continues into death. No single institution has the total responsibility for this. No one plan may fit all communities. But an educational plan must be implemented which will give all children and youth factual information combined with social and moral attitudes, practices and standards. The children and youth of our country need help. They can't wait until tomorrow. Parents must start when the baby enters his home, but the school must take the children where they are when they come from the home and teach them according to their age, interest and ability, by a plan or a curriculum approved by the board of education. The school has the responsibility for planning a progressive curriculum in sex education and in seeing that it is well taught.

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CONCURRENT SESSION

SEX EDUCATION PATTERNS
IN THE SENIOR HIGH SCHOOL

Dr. Esther White

Assistant Professor of Health, University of North Carolina, Chapel Hill

We are in fairly general agreement that for one or several reasons, many families are not prepared to give adequate information and understanding to their

children in this vital area of preparation for living. One of the things that we need to understand, perhaps, is what Dr. Saxe states in an article in the Journal of the American Medical Woman's Association, where she says that the three major characteristics to the adolescent are: (1) changeability, which seems to me to be in our favor; (2) self-interest; (3) readiness to relate to adults other than their parents.

Another factor to consider is the biological, social and emotional changes which occur at puberty. One of the big problems facing our youth today is the time lag between biological maturity and the emotional, social and economic maturity. This gives a span of years in which youth must know how to use and control sex, in personal as well as in socially and culturally acceptable ways.

Another thing we might ask ourselves: What are we doing to prepare these people for marriage and for living in the family which they will establish?

Inexperience is one of the biggest difficulties facing the adolescent. He has a great desire to experiment. Our youth is constantly bombarded with a myriad of sexual stimuli, and a wide range of sexual behavior.

Perhaps if we were to stop thinking in terms of sex, and normal sex behavior, and consider sexuality as individualistic, we might be better able to set goals for family life and sex education. If we can accept the concept that sexual growth includes factors that are physical, intellectual, emotional and social, then we can realize that it is an impossibility to set unbreakable, sequential patterns of sexual development.

Managing all of these factors is a constant challenge. We're told, and we read over and over, and we say that in our rapidly changing society today the young people are asking, demanding, taking greater freedom in individual behavior than ever before. Sometimes I question this.

I think we need to look beyond the present sexual morality to a much broader concept of morality which is based on the use of self and on one's personal freedom for the benefit of others. This thing, how free are you to be free? How free are our youngsters to be free? The goal is not only sexual fulfillment, but it is the acceptance and value as one's total self as a person who understands himself, understands his behavior and has his value system formed, and who has the integrity to defend his principles. The ultimate goal is a person who can communicate with others without fear, who can reveal himself and can listen to and be concerned about the welfare of others.

Sexuality can't be separated from personality, nor can sexual morality be separated from social morality. Our responsibility is the total development of young people.

Education in this area demands a cooperative and a comprehensive plan of action which includes the parents or the home, the community and the schools.

Family life education in the senior high school assumes significant importance when we realize that this is the last formal opportunity for the majority of our youth, prior to their marriages, to consider the facts, knowledge, relationships and implications of family living. With the motile year for marriage for girls being 18, and the motile year for bearing their first child being 19, it seems to be our privilege, as well as our responsibility, to offer realistic, factual and functional programs of family life and sex education throughout the school curriculum. The sexual adjustment is only one of many adjustments included in living. It may be that with youth, a more sensitive and complete orientation to the other aspects of family life may help them obtain a more realistic and wholesome perspective for their sexual adjustment.

Other than the classroom setting, we have many opportunities.

What kind of person are you, if you are going to teach? What is needed? How much courage do you have? Do you really try to find out what the students want to know? Are you going to give them the same old stuff?

In terms of the actual program, it is apparent that the timing of the course content would depend largely upon your individual community. Each community must appropriately meet its needs through study, survey, knowledge of what is needed, involving the parents and others in the community.

On the other hand, to have a crash program, or to force lectures and materials at a stage when the particular pupils are not ready for it, seems a terrible mistake. Most authorities are reluctant to commit themselves to the one-shot course, or the one-shot lecture.

This area of the curriculum should be a thread woven from the kindergarten through the secondary schools and should involve all pupils and most teachers, as well as the parents and the community. Information about sex could be a part of such courses as biology, home economics, health and social studies. Films concerning pubertal changes, both physiological and emotional, can be used and discussed in health classes on a level with the age and development of the pupils.

Where do you take the time, where does it come from? I don't see why you can't take it from math or English, as well as from physical education. Maybe if we lengthen the school year, we will find time to do something to help them live and do away with some of the emotional and psychological blocks in so many of our maladjusted adults.

One of the best things that I know of, as a guideline, is a publication, the May 1967 issue of the Journal of School Health. It is called Growth Patterns and Sex Education. A suggested program, kindergarten through grade 12. You may order it through the American School Health Association for \$2.50 plus 15 cents postage.

This publication also gives basic principles which have been tested in several communities, that includes suggestions for teaching each grade,

an excellent bibliography, an annotated list of films and film strips. If you are not familiar with the SIECUS newsletters, and their discussion guides, you should be.

Then, of course, the joint committee on health education, on the problems of health education in the NEA, and the AMA, have their pamphlets.

All of these things can act as starting points. They can only be suggestions because it isn't feasible or practical to base your program on someone else's.

According to Dr. Schultz and Dr. Williams of SIECUS, there are four predominant patterns of family life education found in our schools. One is a one-shot, family life and sex education course. This may be in home economics, it may be a unit in the 10th grade biology class, it may be in sociology.

Then there is the planned or incidental film showing or lecturer. It probably does more harm than good.

The third type is the content and human sexuality running through all subject matters. This requires close coordination to avoid overlap or gaps.

Science classes present the anatomy and physiology, social studies and language arts the behavioral aspects, some units in the health classes may touch upon parts of family life education.

Then the fourth pattern is where there is a department of family life and sex education. We have full-time faculty who are responsible for teaching the subject matter, and the curriculum permits detailed planning on a sequential basis and a selectivity of teachers.

A primary importance is the personality, the honesty and the understanding of the teacher as well as her preparation in both content and classroom dynamics. The student dialogue-centered approach brings the most rewarding results.

Teachers must control their biases and allow unrestricted discussion, as well as have a sound knowledge of the content.

Although the family life and sex education curriculum may be the ideal situation within the department, realistically we have to admit that this is in the future and maybe in the far future.

There are some apparent differences in opinion among authorities as to what shall be taught and when. However, it seems reasonable to suppose that by the time the student reaches the 10th grade he will have an understanding of the anatomy and psychology and the growth and development, as well as a respect for and understanding of the opposite sex. Dating will have been discussed, and, hopefully, a positive philosophy and an ethical sense of self-responsibility will have been developed. This would then permit youth, in the last two years, to study and discuss the understanding of the emotional conflicts, the adjustments and attitudes of teen-agers and how youth adjusts to society.

For the 11th grade pupils, the content would run the gamut of the problems and issues of boy-girl, male-female relationships, including the debating of problems of going steady, necking, petting, love, engagement, courtship, personal responsibility, setting standards, and decision-making. Included in this should be the discussions of perversions, abnormalities, homosexuality. Masturbation, especially, should be discussed early.

Coeducational classes seem to me to be the correct way to do this.

For the 12th grade course, the emphasis would be on family living and marriage and the family, in order to help individuals to understand their responsibility in marriage, to set realistic goals and/or prepare for imminent marriage. The content would include masculine and feminine roles in their society, emotional maturity, marriage and preparation, the family as a social institution, child rearing, child development, and marital problems.

The methodology might well include use of guest participants. Discussion is the key to the factual material and to a shifting of feelings and a development of values. Youth wants frank and honest discussions and answers.

I'd also have a tendency to tell young people what their values and behavior should be. Perhaps our responsibility is to help them think through their decisions, have more control over these decisions. The youth are looking for meaning, for values in life. They need facts and they need an open forum and some good guidance from some responsible, knowledgeable adults to achieve these values. Adults can help them consider all aspects of any issue.

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CONCURRENT SESSION

SEX EDUCATION PATTERNS
IN THE JUNIOR HIGH SCHOOL

Miss Helen Manley
Executive Director, Social Health Association
for Greater St. Louis

I think that all of you who are interested in junior high school realize that this is one of the most difficult ages in which children live today. What you do in the junior high school, of course, depends on what you have done in the elementary school. I don't think that we have to go back completely, but I think that we must be assured that at the junior high age, they do have certain areas of instruction.

One of the greatest problems at the junior high level, of course, is growth. We know the great concern boys have in the locker room if they have not developed. We know, also, the great concern that girls have in the locker room if they have too much breast development, or too little. All of these things are really hard for children, and I think that we have to

do a job somewhere in the junior high curriculum in assuring them that there will be a change.

Then, I think that we have to give boys and girls quite a fine attitude; we have to help them to understand parents. One of the greatest problems of the junior high age is getting along with parents.

I think, again, we have a big job to do with parents because parents don't understand that these children are in a different world. They have to keep their controls at the junior high age, but they have to treat them more like grownups, give them more responsibility, listen to them more.

I feel that in our junior high school we have to give them information on how they grow; we have to give them information on why--why the parts of their body develop as they do, the responsibility of having an adult body, emotional control. Certainly a part of health is controlled with emotions, and they need a great deal of this teaching in junior high.

I think that in junior high they must get a great awareness of the responsibilities of being a boy or a girl. Much time should be given to discussion. But they are at the age when nobody wants to let the other guy know that they don't know everything, so it is hard to get discussion. Your discussion groups should be small.

I think, definitely, that there must be a time when boys and girls are together. I also feel that they ought to have an opportunity at that age level to be with their own sex maybe once or twice within the unit that you are teaching.

It is perfectly nauseating to our junior high youngsters to have the same thing given to them all the time, and you will find, lots of times, "Aw, let's don't talk about menstruation," because they have talked about it and talked about it. Certainly the boys need to know about seminal emissions. We must face up to masturbation. We have done a great deal in helping girls avoid rape, but we have done very little in helping boys avoid approach from homosexuals. I think that is something else that happens in the junior high age about which we must be concerned.

I have a list of just a few things that I think would be included in a junior high program. A unit as part of health or physical education, whichever it is, in seventh, eighth and ninth grades is very nice. I think you can do something in the seventh grade, some physiology and getting along with your family, and the responsibility of being in junior high and being grown up, things of that sort. In the eighth grade you can hit pretty hard in growth and the beginning of boy-girl relations, and then in the ninth we must hit emotional development.

I think that if you are going to have these children understand dating, they have to understand the whole physiology of the glands, they have to understand the excitement that stimulates glands, and that the stimuli differ

with the sexes. It might be a real strong unit in the ninth grade. I feel strongly that before these youngsters get into senior high school, there must be a strong unit on emotional control and dating.

These are some of the usual areas: boy-girl relationships, body changes and adjustments, conception and pregnancy, which would, of course, include such things as determination of sex and multiple births. I think that we have to spend quite a little time with family relationships, because that, of course, is the area in which they are having their greatest problems in this particular unit.

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INTERROGATION OF MISS MANLEY (Questions not recorded)

(1) At that age, I think there has been some repelling, earlier, by their parents, in which they have not gotten good answers. I would think that you could go beyond animal reproduction and into human reproduction. This is very easily done at the sixth-grade level. That starts the youngsters in their discussion. Another approach would be to get some of the usual questions that children in the sixth grade ask, and then let them ask you one of those questions. I think sixth grade is really pretty young to have this inability to communicate.

(2) In regard to planned parenthood, we must have it in the schools and must start before the youngster is an adolescent. We must do something in the elementary schools. I have the greatest confidence in teachers, as part of their education is psychology. They have also had child growth and development. I think we are going to have to help teachers in two ways. First, by getting administrative approval that comes from the top. Second, by freeing the teacher to be able to do it, free them from themselves, the phobias.

I think they are having, in some places, what they are calling sensitivity training, that is, getting you used to using terminology.

On the junior high level, you have special teachers and, therefore, do not have so many that are going to teach the unit. However, all of us ought to be able. So I think that if your school system is doing an in-service education program, don't omit the math teacher or the English teacher.... Also, they ought to have a philosophy on this that will not cut down your program.

(3) Anaheim, California, has been written about a great deal. They are in their second year, they have a different unit for every grade and they teach it five weeks every year. The first was self-understanding, the second was philosophy of life and values and the third was morals in dating and pre-marital relations. Then they go on in their tenth grade to human sexuality, engagement and mate selection, and in their eleventh, communication. They do quite a little. In the twelfth, the family, marriage and child care. That is their six-year unit.

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CONCURRENT SESSION

SEX EDUCATION PATTERNS
IN THE ELEMENTARY-PRIMARY SCHOOL

Mrs. Juanita Winn
Director of Supervision, Elementary Schools
Washington, D. C.

One way of helping this program succeed in the schools is to involve the parents in your planning. In your initial planning, bring in a representative group of parents to sit in on the planning, the laying of the framework, the setting up of policies. When it is apropos, let your parents know that they, too, are teachers.

Whatever label children give to a part of their body or body functions, they get it at home, and how we treat the body functions, how we use the toilet, all that sort of thing is part of sex education.

I'd like to call your attention to this periodical I know, American Education, November 1966, published by the U. S. Department of Health, Education and Welfare, the Office of Education. The article I want to call to your attention is called, "Goodbye to the Birds and the Bees."

A second one that is published by HEW, Children's Bureau, is called, Children, and the particular issue is July and August, 1967. The two articles are, "Helping Children Grow Up Sexually--How, When and by Whom," and "Starting a Sex Education Program."

On the stands today, the current (November 1967) Readers Digest-- "An Experiment in Sex Education" is an account of a young high school teacher's project on sex education.

In February, 1967, Readers Digest, there is an article, "Sex and Sexuality," and in May, 1967, "The Case for Enlightened Sex Education."

An article called, "On Teaching Children About Sex," was in Time Magazine on June 9. It tells what's going on throughout our country.

August, 1967, McCalls has a tremendous article, "Not a Case History, Not a Statistic, Our Daughter." It is a poignant account of the happening in a middle-class family who had wished to have their daughter have every advantage.

Here is another article. This is one of our professional magazines, The Grade Teacher, May-June 1967, "Sex Education in the Classroom," reports on programs now in use by classroom teachers.

The Instructor had an excellent article in the August-September issue, 1967. It had to do with how to help parents in relation to sex education.

Another splendid periodical is the National Elementary Principals Journal, November 1966. It has a whole section of articles dealing with sex differences and the school.

I'd like to tell you about some information that is available through SIECUS, the Sex Information and Education Council of the United States. One particular newsletter, volume 2, number 4, gives the SIECUS purpose and a summation of films, film strips, articles, pamphlets, journals, etc.

We are pioneers in Washington, of a sort. In 1958, there was information that in the city there was a tremendous percentage of unwed teen-age mothers, mothers of illegitimate children, some of them as young as twelve. It was brought to the attention of the school board that the schools should accept some responsibility, trying to bring about education that would ease this serious problem. The family is the bulwark of our society, and we like to have children born to couples who have married and wish to found a home.

We decided that sex education, per se, was not what we wanted. We were interested in developing health in four areas--physical, intellectual and mental, social and emotional, spiritual values. We checked and found that our health curriculum was rather neglected. We set up a committee to reframe it. We had brought in some key teachers, some parents and other members of the community. We decided that sex education was a strand in the total health education program. In the elementary schools, we called our program Personal and Family Living, and on the secondary level, we called it Family Life Education.

We began with the physical health, and that had to do with subtopics such as care of the body--that began in kindergarten and extended through grade twelve. Food and nutrition, prevention and control of disease (VD came in here), structure and function of the body.

Under the structure and function of the body, we included the reproductive system. There was a section on community health, personal development and family living.

We began with a pilot project in six elementary schools, representing different parts of the city so that we would have a good cross section.

We met with the teachers and principals and supervisors for in-service training. We found that our health textbooks were obsolete. Since then, there has been a tremendous upsurge in health education texts.

We decided that each building would be smart if it would develop a definition of personal and family living. By the end of the year, a committee made a composite definition. It is still working.

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ADDRESS

IMPLEMENTATION OF THE SEX EDUCATION PROGRAM

Dr. Evalyn Gendel
Associate Director of Maternal and Child Health Division
State Department of Health, Topeka, Kansas

So often the public image of sex education is that this overwhelming urge, if it is brought into the open, if it is discussed, if we are educated about it in school, we will open Pandora's box of sexual license. In a dictionary definition of implementation, I was quite disappointed. We are told that it is the act of implementing, or carrying out a condition, or accomplishing or fulfilling a proposal. I think that the last part of that definition is what we are stuck with, "provision of instruments or means of practical expression of a condition or a proposal."

It is at this point, on the practical application of the things we have talked about, that we have the most difficulty.

The patterns of sex education that have been developed in the past often leave out the person, or the recipients, or the consumers of this program, the students themselves. They are tremendously interested, and they have a number of very good ideas.

We have a project going on in which high school graduates are designing the curriculum for their younger brothers and sisters coming through. The preliminary documentation of what these students have listed as objectives at various age levels have shook up the troops pretty well, in terms of our educational prejudices.

I'd like to read for you several questions from the students. This is a class at senior high school level, discussing abortion. A physician has discussed the medical aspects. A girl in the back of the room says, "What about all the women who have had illegal abortion, and are perfectly fine, and they have now had more babies, and they've never had a moment of regret about their abortion, and they are working and functioning well within their family situation?" Another girl says, "My mother told me that what might have been my brother, she had removed because our family couldn't afford another addition, and, gee, she's just fine and a wonderful mother."

How do we answer these questions? Quite often what we do is talk about the medical concerns, the social or ethical concerns about a problem, but we are not quite or completely honest. In my own private practice, I had a woman who had had thirteen abortions, "because my husband doesn't believe in birth control."

Now this is a perfectly legitimate, I suppose, reason on her part, but if you stop and think about the communication between husband and wife, you can see a great kind of breakdown that has so many ramifications. But it did indicate to me that I needed to begin to question my own medical prejudices about certain kinds of problems, and to admit, as much as I

didn't like to admit it, that there were procedures that might not fit into what we would assume to be proper. In any case, we must recognize that some of the taboos may not be so, and that young people are quite aware, from the pipeline that young people have, that these things do happen. I am using abortion as one example.

Now, how did this class get to a subject like abortion? This would be part of the program of implementation. First of all, the goals and objectives will have to be established, and there will have to be some community consensus, though certainly not community permission or approval.

Second of all, there has to have been a unanimity of opinion among the educational personnel involved, a resource of individuals to call on for various types of discussion.

What are we going to do about getting this thing into effect? First, it requires looking into what is already going on within the school system, I'd say at the elementary level. Are we doing team teaching? Have we moved into the communications media? Have we listened to students at the sixth, and fifth, and fourth, and kindergarten level?

Much of our information from listening to pre-school children indicates that little children have great concerns about their own sexuality, and about their relationship to the adults around them.

This nursery school gossip brings us right into the area of terminology at the early kindergarten period. We have been unwilling, as a society, to recognize these conceptual concerns of little children in the objective, child-oriented way in which they have been expressed.

We have this highly commercialized, biased, subsidized sex education going on all the time, through the mass media. We don't know that these kinds of influences really determine the sexual behavior of young people. I don't know why we need to get so excited about it. On the other hand, there isn't any other area of education that we treat that casually. The more opportunity the child has for open dialogue with responsible, knowledgeable adults, in a respectful setting, the better able we are to cope with the subject. What we say is that we expect young people to develop certain skills, and some basis for decision making.

Although human sexuality has some emotional overtones, in the early years, for young people it does not have all these emotional overtones, and the opportunity for feelings to be discussed at the time they are important to children is part of the basic implementation program.

They would be a lot more interested and a lot less anxious if there was an opportunity for them to learn, perhaps back in third or fourth grade, some of the basic factual material that is needed for them to understand their future changes.

Part of our basic concern in implementation is the kind of attitude that will permit us, in our teacher training, in the policies that we develop in the educational system, student representation.

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ADDRESS

IN-SERVICE TRAINING AND SELECTION OF TEACHERS

Dr. Evalyn Gendel

Associate Director of Maternal and Child Health Division
State Department of Health, Topeka, Kansas

Ten years ago, there were three medical schools with specific kinds of programs in sex education. Today, there are thirty. But most physicians learn how to counsel their patients by learning from their patients, not from anything taught in medical school. The emphasis has been on devising programs of education for physicians at the post-graduate level and at the undergraduate level.

In-service education in the area of sexuality almost has to begin wherever we are. Hopefully and ideally, beginnings ought to be within our college programs, with particular study of the psychosexual development of the child. There should be opportunities of seminar programs in specific areas, discussion of subjects not ordinarily in the curriculum: the discussion of homosexuality, sexual deviation, causes of illegitimacy, pre-marital and extra-marital sexual difficulties, and the social, ethical, and legal problems related particularly to sex, but that are really social, ethical, and legal problems rather than sex problems themselves.

Most significant of all, in any kind of a program, is the expression and self-confrontation on the part of the people participating in a course. There isn't much to be gained, if we have a great deal of information about sexuality, if we ourselves have not examined our own attitudes toward sexuality, our judgmental and standard-seeking concepts, and our concepts of ourselves as a sexual human being.

These are sensitivity groups, very special kinds of training that the individuals themselves may wish to seek. The concern is primarily with self-evaluation and examination.

A foundation or a base line for sex education has very little to do with just knowing anatomy and physiology and being prepared to answer questions openly, because that would never occur until we ourselves examine our own sexuality, our attitudes toward sex in the society today, and we can't do this without the assistance and without the scientific information that will help us to make some decisions, perhaps not to change our own prejudices and backgrounds, but to understand some of the forces that are working within the society.

Seminar sessions in small groups are tremendously important. They require a great deal of planning, and this takes us to the selection of teachers. Perhaps it is important to have a broad base line education for all of us going through college.

How in-service programs are done is really dependent on the political and education setup in your own area. These can be week-long programs in the summer that are not necessarily for credit, they can be extended courses. We have been doing them for about five years for graduate and undergraduate credit in the area of understanding child growth and human growth and development, with a special emphasis in the area of sex education, and only after three years progressing to the area of what is going to be the content of this program. Three of the years are devoted primarily to what an understanding of children is all about in the sexual field, and how this relates to the sexuality of the child. Then there are week-end courses over a long week-end, and these can be helpful, particularly if there is a possibility for feedback and for all types of discussion. In addition, the week-long, or twelve-hour type, evening courses, can be done, either in association with a college, or on a basis of some kind of exchange or extension program with one of the universities.

In terms of selection, there is one, self-selection, probably the most important to begin with. Get those who are interested in doing a program. In one metropolitan area, 160 teachers who had said, "I would like to get into this," were invited to attend an in-service week-long program. They were math teachers, health teachers, home economics teachers, many who felt that they needed more information and that they would be interested, in their community, in helping to design it if a program was started, in trying to reach fellow teachers.

There is the problem of orientation to sex. The approach of sexuality in advertising alone gives an entirely different image of sex. If we continue to make a problem of orientation to sexuality, how are we ever going to develop some feeling within people of trust for one another, if all we ever talk about are the exploitative aspects of sexuality? Certainly, problems of illegitimacy and venereal disease are primarily related to the exploitative behavior of individuals toward each other. There is exploitative behavior of one sex toward another within marriage. What concerns me more than these very dramatic problems are the ones related to companionship, to interpersonal relationships at all levels, because unless those are understood, and unless we are trained for them, then the whole concept of the marriage and the family are not going to really stay with us. There are many, what we may call hidden disturbances within the society, based on really primarily lack of trust, many times based on misinformation, many times based on cultural, ethnic, and societal background. Are we helping in our education of young people, other than by prohibitions and inhibitions? When children are little, we encourage parents to cuddle them, until puberty, and suddenly say, "Uh, uh, no touch." Then we say at marriage to turn it all on again. Now, how can we do this? Is this a method of education, or is there a better way to understand human sexuality and responsible use of same?

What does responsible use of sexuality mean? We have many guidelines; some social mores, some based on prohibitions that may or may not have been appropriate, that are still part of this society, and a great deal based on the inability to converse with the next generation. We need to develop ways in which young people are equipped for an understanding of responsible sexuality. It cannot be done in a five-week course at the junior high school level. It can't be done in a course at the senior year where we lump everything in together. If we can, instead, be interested in the anticipatory approach of letting people know what is going on in the real world, and how they are going to feel about it, give them an opportunity to express those feelings, we may be on the road to some understanding of sexuality.

The school ought to supplement those parents who have done their job and those who have done nothing. It provides an opportunity for children, in one setting, a school setting, to weigh this kind of information against information they get from peers, and against some forces within their society. But it must be anticipatory, and it must be repeated as we do with many other subjects.

#

INTERROGATION OF DR. GENDEL:

FIRST QUESTION: Educational leadership is apprehensive about beefing up the curriculum in terms of sex education. What would you suggest be done to get things moving?

Many administrators want to know about support of the community and interest of the community in this area. This is one kind of reluctance, so that there needs to be real spade-work done in finding out how do the people in the community feel. Another is for the teachers concern in the program. I suppose a lot depends on the superintendent, but certainly the superintendent is the leader, and the teacher who has this kind of concern may need to make a pitch about it. We have offered scholarships to sex education or in-depth programs for teachers, but the criteria for being enrolled is that your superintendent sent you, and wants you to be part of this program. Sometimes this is a way of initiating interest on the part of leadership. Of course, there are the collusions by community leaders who would like to lead, but would prefer to have their superintendent lead.

#

CONFERENCE SUMMARY

Dr. Robert F. Williams
Executive Secretary
Virginia Education Association

The complaint has been made that no classroom teacher was on the program, and I presume that the reason for that was that in Virginia, as yet, we have such a limited number of sex education programs in existence.

The objection was raised that there were no parents on the program. As far as I know, everybody on the program was either a parent or a grandparent.

We want to make sure that everybody understands that neither the executive committee, or the board of directors, or the delegate assembly of the Virginia Education Association has issued a policy statement that sex education should be a responsibility of the school. This is an entirely exploratory conference. But I believe that we have a consensus here that is bound to have a tremendous amount of effect on the local situation when you go back home.

I am of the opinion that one of the reasons for education is to help youngsters develop into self-realized, constructive individuals who have compassion, who live somewhat joyously, and who live, if possible, with some degree of abundance. Perhaps the greatest percentage of human happiness or unhappiness is dependent on the sexual role that is played by the individual male or female, and, therefore, I am glad that we are at long last coming to grips as educators with an element that should have been a programmed part of the curriculum down through the ages.

Sex education is not going to cure all of the ills that were medically presented to us, nor is it going to cure all of the ills that result from inept and accidental and inappropriate sex relations which make people psychological misfits, perhaps for life. But there is, according to this article in the Saturday Review, "The Pedagogy of Sex Education," this final and reassuring note:

"Sex education should be universally encouraged because even if it fails to help most young people to manage their own sexuality, and move toward some kind of sexual maturity, it may encourage those who have eluded difficulty to be less punishing to that minority of the young who fall into serious trouble."

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jc:1/3/68

ANALYSIS OF PARTICIPANTS

Classroom Teachers and Guidance Counselors	226
College Teachers	15
Superintendents of Schools	29
Assistant Superintendents	9
Directors of Instruction	26
Supervisors	40
Elementary Principals	36
Secondary Principals	60
Private School Representatives	2
State Department of Education	8
School Board Members	8
Others (Nurses, Coaches, Doctors, Etc.)	41
Representatives of Organizations	<u>8</u>
TOTAL PRE-REGISTERED	504

REPRESENTATION

School Divisions	103
Organizations	4
Colleges	14

PARTICIPANTS

ABEL, Allen J.
Charlottesville

ABSHER, Harold, Jr.
Radford

AHALT, P. E.
Giles County

AKERS, Mrs. Martha G.
Roanoke City

ALBERT, Mrs. Nola
Floyd

ALLEN, Mrs. June
Albermarle

ALLISON, Mrs. Elsie S.
Fredericksburg

ALLPORT, Mrs. Susan W.
Albemarle

ALWOOD, John
Fairfax

ANDERSON, J. Robert
State Department of Health

ANDERSON, Pauline
State Department of Education

ANDREWS, L. K.
Grayson

ANDERSON, W. Robert
Portsmouth

APPLEWHITE, Thomas
Chesterfield

ARMENTROUT, Frankye
Wythe

ASCHER, Robert C.
Newport News

ATKINS, Mrs. Phyllis
Fredericksburg

BAILEY, Virgil
Botetourt

BAKER, Barbara A.
Arlington

BAKER, Harriett M.
Portsmouth

BAKER, W. W.
Smyth

BANE, Mrs. Jean H.
Giles

BARNES, Vernon
Henrico

BARNETT, William E.
Bridgewater College

BATES, Lazarus
Halifax-South Boston

BAXA, E. G.
Danville

BEAHM, Frank W. Jr.
Roanoke

BEAUCHAMP, Mrs. Sarah T.
Russell

BEEDLE, Mrs. Ernest D.
Va. Congress Parents & Teachers

BELL, Patricia J.
Campbell

BENDER, Jon
Rockingham

BENTLEY, Jeane L.
Roanoke

BETTS, Mr. Edwin M. Jr.
President of the VEA

BINGLER, Joseph L.
Charlottesville

BLAND, Mrs. Ethel P.
Richmond

BOGGS, Mrs. Betty H.
Spotsylvania

BOLLINGER, Cecil
Roanoke

BONDS, Leon S.
Lancaster-Northumberland

BOOKER, A. Brooks
Augusta

BORROR, Mrs. Marlyn S.
Fairfax

BRADFORD, James C.
Hanover

BREWBAKER, Stuart P.
Lexington

BRONDOLI, Eugene P.
Waynesboro

BROOKMAN, Donald L.
Giles

BROUGHTON, Mrs. Joan G.
 Fauquier
 BROUGHTON, John
 Fauquier
 BROWN, Mrs. Sarah G.
 Richmond-Westmoreland
 BRUMFIELD, James G.
 Fauquier
 BURGESS, A. Edward
 Fredericksburg
 BURNETT, Kathleen
 Campbell
 BURTON, George
 State Dept. of Education
 BURTON, John C.
 Quantico Dependents School
 BYERS, Carolyn G.
 Buena Vista
 CAHOON, Mrs. Mary E.
 Spotsylvania
 CALDWELL, Raymond
 Bedford
 CALLISON, S. C.
 Waynesboro
 CAMPBELL, James M.
 Fauquier
 CAMPBELL, Ted W.
 Rockbridge
 CASHION, Mrs. Virginia
 State Dept. of Education
 CASSIDY, Howard R.
 Staunton
 CASTEEL, Mrs. Dorothy J.
 Floyd
 CHANDLER, C. B.
 Bristol
 CHAPPELL, Mrs. Barbara H.
 Galax
 CHEEK, Mrs. Ira
 Norfolk
 CHRISTIAN, Mrs. Lucy
 Orange
 CLARK, James A.
 Chesapeake
 CLAY, Walter B.
 Norfolk
 CLEMENT, Roland P. Jr.
 Goochland
 CLOSE, Lewis P.
 Orange
 COCKRELL, C. S.
 Lancaster-Northumberland
 COFIELD, Leroy
 Lynchburg
 COLAW, Daniel A.
 Rappahannock-Warren
 COLEMAN, Mrs. Jeanette V.
 Buena Vista
 COLEMAN, William D.
 Roanoke
 CONNER, Henry D.
 Culpeper
 COOK, Mrs. Alpha
 Richmond-Westmoreland
 COOK, D. M.
 Washington
 COOK, Roberta J.
 Appomattox
 COPLEY, Waverly E.
 Amelia
 COSBY, William M. Jr.
 Petersburg
 COTRON, Esta Dew
 Roanoke
 COUKOS, Mrs. Nota P.
 Richmond
 COUNTS, Oren
 Roanoke
 COUPER, Dr. Monroe
 Waynesboro
 COX, Stuart M. Jr.
 Carroll
 GRADDOCK, Barney E.
 Roanoke
 CRENSHAW, Geraldine C.
 Charlottesville
 CRIM, Mrs. Mary H.
 Rockingham

CROCKETT, Mrs. Christine
Richmond
CROCKFORD, Mrs. W. H. III
Richmond
CROOK, Connie
Newport News
CROWN, Martha Ann
Charlottesville
CUMMINS, Clara Y.
Staunton
CUMMINGS, Dennis W.
Roanoke
DANLEY, Robert
Shenandoah
DAY, Charles W.
Roanoke
DEAN, Sara
Bristol
DEBRANSKY, Michael
Suffolk
DENNIS, James L.
Buena Vista
DERTING, Calvin
Bristol
DICKINSON, Mrs. Nancy G.
Stafford
DOBBINS, Mrs. Janell N.
Radford
DOFFLEMYER, Larry M.
Hanover
DONAHOE, Chasell
Henrico
DORAN, Albert E.
Alexandria
DOWDY, Margaret A.
Hanover
DRANSFIELD, G. O.
Craig
DUBERG, Mrs. Mary A.
Newport News
DUKE, Mrs. Virginia
King George
DUKE, William
King George

DUNCAN, Mrs. Patricia
Craig
DUNN, Mrs. Elaine D.
Richmond
EADES, Mrs. Jane
Tazewell
EARP, James E.
Montgomery
EGGLESTON, Mrs. Polly
Chesterfield
ELLIS, Mrs. Donnis B.
Charlottesville
ELMORE, Randy
Lexington
ENNIS, Mrs. Doris M.
Hampton
ENTLER, Fred P.
Va. Congress Parents & Teachers
EVANS, Mrs. Deloris G.
Fairfax
EVANS, Mrs. Helen
Accomack
FITZGERALD, L. W.
Waynesboro
FLAHERTY, Mrs. Kate C.
Fairfax
FLEET, Alexander
Lancaster-Northumberland
FORD, W. Harold
Fairfax
FORTE, Theodore
Norfolk
FOX, William C.
Orange
FRANK, Kenneth B.
Staunton
FRAZIER, Cedric
Giles
FRAZIER, Forrest L.
Bedford
FREEMAN, Harvey O.
Richmond
FRESCOLN, Rees J. III
Charlottesville

HENDERSON, Mrs. Thelma
Washington
HICKMAN, Preston
Lexington
HILL, Roy B.
Spotsylvania
HINER, C. Alan
Augusta
HODGE, Robert
Fredericksburg
HOLT, Mrs. Helen C.
Stafford
HOOVER, H. Dennis
Frederick
HOWARD, Herman
Alexandria
HOWE, Mrs. Louise R.
Augusta
HUDGINS, Mrs. Frances
Virginia Beach
HUDSON, Leonard P.
Bedford
HUDSON, Mrs. Maude
Norfolk
HUFF, Mary B.
Bristol
HUGHES, Dr. Roscoe D.
Medical College of Virginia
HUGHES, Samuel J. Jr.
Amherst
HUMPHRIES, Laura
Richmond
HURLBURT, Frances A.
Radford
HYMAN, Mrs. Evelyn A.
Norfolk
ISHERWOOD, Mrs. Nikki
Winchester
ISHERWOOD, Raymond
Winchester
JACK, Mrs. Patsy R.
Winchester
JEFFRIES, Daniel A.
Lancaster-Northumberland

JENSEN, James C.
Fairfax
JESNAK, Anne
Arlington
JESTER, Dorothy
Sweet Briar College
JONES, Donald
Fairfax
JONES, Franklin Ross
Old Dominion College
JONES, G. Garland
Botetourt
JONES, Hunter
Campbell
JONES, Joe
Rockingham
JONES, Sandra P.
Tazewell
JONES, Willie W.
Roanoke
JOYCE, Mrs. Margaret
Giles
KEELER, Mrs. Audrey
Shenandoah
KELLY, Barbara
Norfolk
KING, Julian N. Jr.
Albemarle
KIRK, Evelyn B.
Independence
KURTZ, Charles F.
Staunton
LAKEY, Harold
State Dept. of Education
LANDES, Mrs. Ralph R.
Medical Society of Va.
LARSON, Donald F.
Loudoun
LAVINDER, Judith II
Nelson
LAW, DeWayne
Bath
LEATH, Mrs. Jessie G.
Nottoway

LEE, Eugene
 Prince William
 LEE, Nancy
 Quantico Dependent Schools
 LENOIR, Robert L. Jr.
 Roanoke
 LEONARD, Lawrence Jr.
 Loudoun
 LINDQUIST, Victor M.
 Fairfax
 LINDSEY, Henry C.
 Williamsburg-James City
 LITTLE, Sandra
 Norfolk
 LITZ, Mrs. Lois
 Wythe
 LONG, James M.
 Richmond-Westmoreland
 LOWMAN, Mrs. Constance H.
 Alleghany
 LUCK, Mrs. Wilma
 York
 LUCKEY, Dr. Eleanore B.
 Storrs, Connecticut
 LUNNIE, Mrs. Ruth D.
 Giles
 LUNTER, David
 Fairfax
 MCCLOSKEY, Teresa H.
 Essex
 MCCLUNG, Mrs. Nancy S.
 Lynchburg
 MCCOY, Robert G.
 Smyth
 MCKAY, Richard J.
 Clinch Valley College
 MCNEAGE, Lewis
 Roanoke
 MCNEER, James B.
 Colonial Heights
 MADDEX, Hunter J.
 Winchester
 MAJOR, Clarence E.
 King & Queen-King William

MALL, Thomas E.
 Charlottesville
 MANLEY, Helen
 St. Louis, Missouri
 MANNON, C. E.
 Carroll
 MARTIN, Louise
 Appomattox
 MARTIN, Mrs. Mucie L.
 Pulaski
 MARTIN, Mrs. Olivia
 Accomack
 MASLICH, Robert
 Montgomery
 MASSELLO, Jon F.
 Henrico
 MATTHEWS, Maxine
 Rockbridge
 MATTHEWS, Peter P.
 Lexington
 MAUCK, Margaret A.
 Fairfax
 MAXWELL, Pat
 Waynesboro
 MAYMI, Mrs. Jean
 Alexandria
 MAYS, Frances A.
 State Dept. of Education
 MILES, Mrs. Elizabeth
 Accomack
 MILLER, DeWitt
 Charlottesville
 MILLER, Mrs. Katherine
 Buchanan
 MINTER, J. M.
 Chesapeake
 MISHLER, D. Paul
 Warren
 MITCHELL, Walton F.
 Craig
 MOONEY, Ernest W.
 Richmond
 MOORE, Jeannette
 Quantico

MOORE, L. D.
 Chesapeake
 MOORE, Mrs. L. D.
 Chesapeake
 MOORE, Lynn F.
 Russell
 MORRISON, Gertrude
 Lexington
 MORROW, Mrs. G. L.
 Virginia Congress PTA
 MORTON, Mrs. Pauline C.
 State Dept. of Education
 MORTON, S. P.
 Franklin City
 MUIRHEAD, Betty P.
 Buena Vista
 MURPHY, M. Carter
 Petersburg
 MURRAY, Bobby
 King William - King & Queen
 NELSON, Mrs. Beth C.
 Pulaski
 NELSON, Wallace
 Washington
 NEWBY, Barbara W.
 Norfolk
 NEWBY, Thomas A.
 Norfolk
 NEWCOMB, C. Lynn
 Chesterfield
 NICHOLAS, Mrs. Mary L.
 Chesapeake
 NULL, Harry E.
 Albemarle
 O'DONNELL, James E.
 Harrisonburg
 O'NEAL, Mrs. Adelaide
 York
 ONESTY, Mrs. John E.
 Fairfax
 ORMOND, Howard E.
 New Kent
 ORROCK, Lila
 Spotsylvania

OVERTON, W. C.
 Danville
 OWEN, Sam A.
 Prince George
 OWENS, Robert L.
 Lexington
 PARDUE, Harry
 Louisa
 PARKER, Roy M.
 Pittsylvania
 PASSAGE, Mrs. Mary L.
 Newport News
 PATSEL, Mrs. Betty Jo
 Roanoke
 PEACHY, William S.
 Suffolk
 PENCE, Mrs. Amanda
 Rockingham
 PENRY, Doris
 Quantico
 PERRY, Mrs. Mae
 Warren
 PEYTON, E. W.
 Appomattox
 PHILLIPS, Col. Francis Jr.
 Powhatan
 PHILLIPS, Mrs. Yenna Y.
 Loudoun
 PINN, Carl F.
 Lynchburg
 PITTS, George C. Jr.
 Williamsburg-James City
 PLEASANTS, Mrs. Alma W.
 Charlottesville
 POTTER, Emory
 Lexington
 PRATT, Charles R. L.
 Va. League for Planned Parenthood
 PRICE, Paulus E.
 Rockbridge
 PUCKETT, E. H.
 Nelson
 QUARLES, Royce
 Bristol

QUATSE, Charles E.
 Rockingham
 QUESENBERRY, Mrs. Navahlia H.
 Lunenburg
 RAMSEY, Mrs. Mollie H.
 Augusta
 RANGE, J. C.
 Newport News
 REAMES, Mrs. Daisy
 Chesterfield
 REASOR, Jackson
 Isle of Wight
 RECTOR, Mrs. Opal
 Galax
 REID, Mrs. Eleanor
 Russell
 REYNOLDS, Mrs. Enza E.
 Alleghany
 REYNOLDS, Manuel
 Montgomery
 RICE, Mrs. Elizabeth J.
 Petersburg
 RICHMAN, Emily J.
 State Dept. of Education
 RIVERS, Mrs. Annie
 Brunswick
 ROBERTSON, D. Mott
 Roanoke
 ROBESON, J. M.
 Cumberland
 ROBINSON, Donald C.
 Brunswick
 ROGERS, Leonard J.
 Chesterfield
 ROGERS, Scott
 Henrico
 ROOKS, Dr. James E.
 Prince George
 ROUNTREE, Mrs. Shirley
 Virginia Beach
 SALE, Elizabeth G.
 Hanover
 SANDIDGE, Mrs. Elizabeth
 Radford
 SANDIDGE, F. Brent
 Culpeper
 SANFORD, Evalyn B.
 Westmoreland
 SANFORD, G. William
 Richmond-Westmoreland
 SAVEDGE, James R.
 Hanover
 SEAGRAVES, George
 Va. Congress of Parents & Teachers
 SHANER, Mrs. Marie E.
 Lynchburg
 SHELL, Charles F.
 Amelia
 SHUMWAY, Dr. Jane
 Richmond
 SHUTT, Kelly
 Giles
 SIEGFRIED, Winston T.
 Hampton
 SILVER, Mrs. Lou Y.
 Fredericksburg
 SIMMONS, Mrs. Donnalee H.
 Roanoke
 SIMS, James
 Roanoke
 SISSON, Sandra
 The Roanoke Times
 SMITH, Mrs. Alice K.
 Orange
 SMITH, E. J. Jr.
 Appomattox
 SMITH, J. D.
 Colonial Heights
 SMITH, Mattie P.
 Fredericksburg
 SMITH, Dr. M. B.
 W. Va. State Health Dept.
 SMITH, Michael
 Norfolk
 SMITH, REGINALD G. Jr.
 Nansemond
 SNYDER, T. L.
 Shenandoah
 SOWARDS, Alvin G.
 Loudoun
 SPAULDING, Mrs. Patricia
 Williamsburg-James City

SPEEKS, Dwight L.
 Tazewell
 SPELLMAN, Alfred B.
 Pittsylvania
 SPELLMAN, Mrs. Rosa B.
 Pittsylvania
 SPRATT, Thomas M.
 Spotsylvania
 SPRINGSTON, William C.
 Harrisonburg
 STAFFORD, T. W.
 Lancaster-Northumberland
 STANLEY, E. B.
 Washington
 STANLEY, Mrs. Evelyn A.
 Waynesboro
 STARK, Mrs. Carl
 Medical Society of Virginia
 STEPHENS, Mrs. Winston
 Roanoke
 STEWART, Mrs. Patricia G.
 Arlington
 STEWART, Tony
 Spotsylvania
 STONE, Mrs. Syble B.
 Norfolk
 STONE, Mrs. Virginia T.
 Smyth
 STRAIT, Mrs. Sally T.
 Falls Church
 SULLINS, Howard
 Stafford
 SWAIN, Gerald
 Spotsylvania
 SWANSON, J. M.
 Halifax
 SWINDELL, Robert M.
 Radford
 TARDY, Mrs. Virginia N.
 Lexington
 TARRALL, Elmer
 Virginia Beach
 TARTER, Mrs. Sandra
 Wythe

TATE, Mrs. Betty B.
 Smyth
 TAYLOR, Frank
 Virginia Beach
 TAYLOR, James C.
 Church Schools in the Diocese of
 Virginia
 TAYLOR, Mary M.
 Appomattox
 TAYLOR, Wilbur
 New Kent
 TERRY, Mrs. Blanche N.
 Botetourt
 THOMAS, Allen K.
 Botetourt
 THOMAS, Betsy A.
 Williamsburg-James City
 THOMAS, Donald
 Campbell
 THOMAS, Gerald R.
 Amherst
 THOMAS, Mrs. Juanita
 Hampton
 THOMAS, Nancy C.
 Chesterfield
 THOMPSON, E. R.
 Smyth
 THOMPSON, Harriet
 Covington
 THOMPSON, Lawrence R.
 Craig
 THOMPSON, Mrs. Lois D.
 Pittsylvania
 THOMPSON, Louise
 Roanoke
 THORNTON, Mrs. Virginia L.
 Buchanan
 THURMAN, Dr. William G.
 University of Virginia
 THURSTON, Charles I.
 Essex-Middlesex
 TURNER, Mrs. Barbara H.
 Nansemond
 TURNER, Juel M.
 Spotsylvania

WIDENER, Mrs. Bernice B.
 Smyth
 WILHOIT, Hazel
 State Dept. of Education
 WILLIAMS, Mrs. Charles
 Rockbridge
 WILLIAMS, Clyde
 Martinsville
 WILLIAMS, Elizabeth H.
 Stanton
 WILLIAMS, Harold F.
 Smyth
 WILLIAMS, Mrs. Louise W.
 Portsmouth
 WILLIAMS, Robert E.
 Fredericksburg
 WILLIAMS, Dr. Robert F.
 Virginia Education Association
 WILLIS, Hulon L.
 Virginia State College
 WILLSON, Dewey S. Jr.
 Pulaski
 WILLSON, Mrs. Margaret
 Giles
 WILLSON, Mrs. Virginia
 Radford
 WINN, Mrs. Juanita
 Washington, D. C.
 WOEHR, Mrs. Laura
 Hopewell
 WOMER, Robert C.
 Stafford
 WOOD, Mrs. Ellen
 Arlington
 WOOD, Udy G.
 Halifax
 WOODROOF, C. W.
 Bedford
 WOODWARD, Mrs. Glenna
 Dayton
 WOOLDRIDGE, Mrs. Virginia H.
 Amherst
 WOOLFOLK, Lindsay C.
 Louisa

TYLER, Kenneth S.
 Pittsylvania
 TYNDALL, Allen Jr.
 Amelia
 VARNER, Thomas L.
 Charlottesville
 VAUGHN, Richard L.
 Lynchburg
 WADE, Mrs. Sadie C.
 Roanoke
 WADKINS, Virginia
 Essex
 WALKER, Mrs. Caroline U.
 Northampton
 WALKER, Mrs. Mary
 Northampton
 WALTON, Robert M.
 Buckingham
 WARD, Mrs. Esther W.
 Pulaski
 WAREN, Mrs. Elva G.
 Portsmouth
 WARREN, Robert
 New Kent
 WATKINS, Mrs. Ruby
 Richmond
 WATSON, J. Hulon
 Chatham, Hargrave Military Academy
 Weaver, Mrs. Jane H.
 Smyth
 WHARTON, Mrs. Roberta
 Accomack
 WHITE, Mrs. Anne P.
 Suffolk
 WHITE, Dr. Esther
 University of North Carolina
 WHITE, Mrs. Margaret Hall
 Covington
 WHITE, William H.
 Chesapeake
 WHOLEY, Walter D.
 Brunswick
 WHORLEY, Mrs. Eleanor
 Bedford

WORRELL, Bill
Norton
WRIGHT, Mrs. Anna C.
Rockbridge
WRIGHT, Mrs. Edith W.
Washington
WRIGHT, Dr. Melton
Frederick
WYATT, Mrs. Anne
Accomack
YODER, Harvey
Eastern Mennonite High School
YOUNG, Mrs. Robert S.
Alexandria
ZIMMERMAN, Roland L.
Albemarle

Friday, November 17, 1967

Sex Classes In Schools

Initiative Must Be Taken By Localities, Official Says

By Robert Holland
Times-Dispatch
Education Writer

ROANOKE — Can children be taught in Virginia public schools about the facts of life? Yes, family life and sex education is permitted by the state, but local school systems have to take the initiative, a high-ranking State Department of Education official said here Thursday night.

"We recognize at the state level the need for a program of instruction in family life and sex education as a measure for the solution of existing problems among our young people," George W. Burton declared.

Burton, state director of secondary education, made his report in a paper prepared for the opening session of a three-day Virginia Education Association (VEA) instructional conference for 500 educators or "Sex Education — A School Responsibility?"

Among the major problems making sex education desirable, the state official said, are a sharp rise in venereal disease among teen-agers and young adults, and increases in illegal abortions, illegitimate births, teen-age pregnancies and divorces and broken homes.

P-TA Criticisms

State Board of Education sex education regulations have been criticized by some groups — most notably Parent-Teacher Associations — as being unduly restrictive. The Virginia Congress of Parents and Teachers called Oct. 25 at its convention for a state-required course in sex education, including information on venereal diseases.

But Burton contended Thursday that the state education agency has recently conducted a survey of some states and cities considered to have significant programs, and "in our opinion, the state program in Virginia compares favorably with that found in many of the states included in the study."

Information on courses in California, Connecticut, District of Columbia, Illinois, Maryland, Michigan, New York, Oregon and Wisconsin, and the cities of Anaheim, Chicago, Detroit, New York, San Francisco and University City, Mo., was reviewed.

(A reporter's inspection of the department's study — not discussed at length by Burton — indicated that most of the states cited and advised localities on sex education, but left programs to local school board action. Most often instruction was part of health education classes. Illinois legislature enacted a Sex Education Act in 1965, establishing a state division of sex education and advisory board to recommend policies and materials.)

Despite serious problems of a growing number of youth,

the official said, "evidence shows that most children and teen-agers still get the major part of their sex education from peer groups and other sources outside the home, school and church — the three institutions responsible for proper instruction and guidance."

Burton said the field of family life and sex education goes beyond the "narrow concept" of instruction in reproduction and venereal disease.

"In general, it includes all the instructional measures which are centered and related to the human sex instinct and the personal-social-family relationship of boys and girls, men and women."

A "growing awareness" in Virginia of the need for such instruction was cited by Burton, who observed that young persons are growing up in a society whose traditional cultural patterns are being challenged and changed. (The Richmond public schools recently won state approval to use sex education materials as part of other school courses.)

Rules Exist

State Board of Education regulations on the subject have existed for more than 10 years, he said. Local school authorities have responsibility for developing the program and selecting materials. Materials must be carefully reviewed at local and state levels, and it must be indicated precisely the manner in which the materials are to be used, Burton said.

Currently, materials have been approved for only 11 counties and nine cities — out of more than 130 localities in

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the state — but all requests from school divisions in the past 18 months have been approved by the State Board of Education, he said. Three books, 18 films, five filmstrips, 26 pamphlets and eight tape recordings on the subject have been cleared.

Guidelines adopted by the board in 1963 call for sex and family life education to be incorporated into the existing curriculum rather than being set up as a separate course. However, Burton said this does not rule out the possibility that "under certain conditions" a locality may justify a special course.

The state's guidelines suggest careful pre-planning, involvement of P-TAs, systematic evaluation of program effectiveness, prior preparation of teachers, adequate time to teach each unit thoroughly and also stipulates that certain phases of the program be taught only in classes where the sexes are separated.

"As it stands now," a Connecticut educator said Thursday night, "television, our movies and Playboy magazine are probably the most effective sex educators in our society."

Dr. Eleanore Luckey said sex education is no more today than a kind of "emergency measure," or "band-aid job." Dr. Luckey, a special consultant to the U.S. Department of Health, Education and Welfare, described the problem this way:

"We are part of the society that has been afraid to educate or to discuss the sexual use of self, and now we have come to a period where we are afraid not to educate for this kind of use. Yet we are awkward and uncomfortable because we have never been able to incorporate it into our own personalities."

The "central focus" on sex education today should be not on the children, "but on us, the adult generation," Dr. Luckey said.

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Frank Talk About Sex Urged in Schools

By JACK CHAMBERLAIN
Times Staff Writer

The time has come to stop beating around the bush with the birds and the bees about sex, a child and family expert told members of the Virginia Education Association (VEA) Thursday night.

Dr. Eleanore Luckey, chairman of the department of child development and family relations at the University of Connecticut, said an atmosphere of "frank, open and honest" discussions about sex and society should be started in the schools.

All teachers should be prepared and willing to discuss questions about sex from the kindergarten through high school as the questions come up, she said.

Dr. Luckey is also a special consultant for Family Life Education, Children's Bureau, U.S. Department of Health, Education and Welfare. She spoke at the opening session of the VEA conference on "Sex Education—A School Responsibility?" The conference runs through Saturday morning at Hotel Roanoke.

Dr. Luckey said the schools, the home and the church have not provided the answers to questions children and youths have always asked about sex and morality.

Television, the movies and Playboy magazine "have been the most effective sex educators in our society," she told an audience of about 500 Virginia teachers and school administrators.

Dr. Luckey said the American culture throughout the years has been a strong influence in keeping the topic of sex hush-hush in mixed company and in the classroom, but now society is changing.

She said society today is "the most mixed up society as far as sexual attitudes are concerned." Where sexual morals used to be extremely rigid, she said, today's attitudes on sex range from complete sexual freedom for the fun of it to a very restricted use of sex for reproduction only.

Dr. Luckey said that sex education should be integrated into the total school curriculum, and not isolated in a single course, because sex is a part of the total personality.

She said many teachers and

parents feel uncomfortable discussing sex and sexual values with their students and children and that attaining a natural, easy way to discuss it will be a struggle.

Dr. Luckey said it probably will take several generations for the American public and the schools to accept and install the idea of openness and frankness in the public schools and in the home.

She stressed that sex education should begin as soon as a child asks questions and that teachers should be prepared for question and not get flustered and embarrassed.

The American culture has distorted sex out of context, she said, and sex education in the schools will be only a first-aid measure.

"Open frankness will help," Dr. Luckey said. "Teachers must develop an open and frank attitude about sex."

George Burton, director of secondary education in the State Department of Education, talked about state policies on sex education.

He said the department has guidelines for courses and materials for sex education and

family life that local schools should follow. He said 11 counties and nine cities have submitted outlines to the department and they have been approved.

Burton said the department is studying the programs of sex education used in other states.

Sex Classes Held Duty of Schools

By Robert Holland
*Times-Dispatch
Education Writer*

ROANOKE — Schools must share with the home, church and health agencies the responsibility for educating children about sex. The leadership should come from state and local boards of education and parents should be fully informed of what the schools are trying to do.

These were some of the main points raised by authorities in education, medicine and health who answered with an emphatic "yes" the question posed by the Virginia Education Association conference theme, "Sex Education—A School Responsibility?"

Past planning for sex education has tended to "give oil where there was a squawk;" the noticeable problems of sex have occurred in the adolescent stage, so the programs were started in secondary schools, said Miss Helen Manley, executive director of the Social Health Association for Greater St. Louis.

"Timid Communities"

"But now we have fifth- and sixth-grade children who go steady. The problems are pushing down and are making us aware that we have to start early," Miss Manley told the instructional conference of 500 Virginia teachers and supervisors here.

Of the some 120 school divisions represented here, only 20 have state approval to use sex education books and films.

The State Board of Education contends that starting such instruction is a local responsibility.

"There are timid communi-

ties," Miss Manley said, but the quirks of rural areas or "deprived" neighborhoods or big-city politics are not the chief obstacles to well-planned sex education. "It is the leadership where programs start and grow, where someone must recognize the needs of children and realize that we in education have said we educate the whole child, yet we pull out the sex."

A "national trend" toward launching a well-planned program as early as kindergarten with emphasis on family life and relationships was noted by

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Sixth Grade Suggested For Start of Sex Study

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the St. Louis speaker. She added that "the sixth grade is a particularly good time for a strong unit in sex education — the pupils are not too interested in each other yet, but they are terribly interested in the human body."

Leadership, declared an Episcopal chaplain from Alexandria, "must come from the top, from the State Board of Education and others."

"Kids Teach Each Other"

Leadership must be provided in order that "the teacher living in the community doesn't have the onus on him," added the Rev. Churchill Gibson Jr., chaplain of St. Stephens School.

Parents have the job of establishing personal relationships with their offspring, but providing much of the information about sex is the job of the school and church, Mr. Gibson contended.

"Sex education is going to go on in the school anyway," he said. "The kids teach each other. But it is better if they learn from someone who knows something."

From the standpoint of values, Mr. Gibson said, children should be told that sex is "God's tremendous gift to man," but this should be done in a free discussion without an atmosphere of moralizing.

Asked about special problems of sex education for poor children, Mr. Gibson conceded that "as long as families of 11 are living in three rooms, there is a limit to what can be done." Improved housing and birth control measures are needed for such situations, he said.

Emotional Problems

"It is appalling to me," a University professor declared, "to see how many emotional problems of young persons have sex as a background."

Dr. William G. Thurman, professor and chairman of the university's department of pediatrics, gave as one example the exclusion of pregnant girls from high school studies in all but a few Virginia divisions.

Schools should have special arrangements to provide continuing education opportunities for pregnant students, Dr. Thurman continued.

The U.Va. specialist called for better teachers and better parents as answers to the problem of a lack of sex education. The absence of instruction, he said, is a factor contributing to high rates of venereal disease, illegal abortions, illegitimate births and premature births of children involving a mother under the age of 18.

A girl under 18 who gives birth stands a high risk of having a baby born prematurely and with defects, he said, and girls need to receive education on these matters in school.

A parent of three boys, Dr. Eleanor Luckey of the University of Connecticut, said "as a parent, I want the schools to give the information I can't give. I want them to demonstrate that sex can be talked about openly and honestly by someone other than parents."

A family life education consultant to the U. S. Department of Health, Education and Welfare, Dr. Luckey said schools also have access to excellent films, books and pamphlets that most parents don't have, and that schools are in a position to "interpret the social limits and the whys to inquiring youngsters."

Educators Back Start of Sex Classes

Sex Classes Are Favored By Educators

By Robert Holland
Times-Dispatch
Education Writer

ROANOKE — Overwhelming sentiment for beginning planned programs of sex education as part of the existing public school curriculum was expressed here Saturday by approximately 400 state educators attending the final meeting of a Virginia Education Association (VEA) instructional conference on the subject.

Stressing that the VEA and its delegate assembly have adopted no policy statement yet on sex education, Dr. Robert F. Williams, VEA executive secretary, called for a show of hands among the teachers and administrators to indicate whether they now believe sex education is a school responsibility.

With three days of argu-
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ments by national experts still fresh in their minds, the conferees backed sex education with apparent unanimity.

'Push Your Superintendents'

Conference Chairman Earl C. Funderburk, superintendent of Fairfax County public schools, then remarked that the educators need to "go back and push your superintendents. That's what superintendents' staffs are for."

"I greatly fear a legislated curriculum," Funderburk said. "I'd hate to have a law passed forcing me to do it."

The Northern Virginia educator warned against a "crash program," saying that careful planning will be needed. And he reminded educators they might meet some community opposition.

"You won't be accepted with open arms," he said. "Nothing new is ever accepted with open arms."

Considering the major role sex plays in human happiness and unhappiness, Dr. Williams said in summarizing the conference, "at long last we are coming to grips with an element that should have been an important part of school down through the ages."

Acceptance Stressed

Under existing State Board of Education regulations, he said, you can develop any kind

of program you want. "All you have to have is community acceptance and state approval of the materials you plan to use."

Dr. Williams, however, suggested the possibility of a statewide committee on sex education" to provide the leadership, with a joint effort by the State Departments of Education and Health as is done in Kansas. The University of Virginia department of pediatrics has indicated it stands ready to provide teachers with seminars and training, and possibilities should be explored at the Medical College of Virginia, too, he said.

National consultants at the VEA conference repeatedly stressed that sex education has always been a part of schools, but, too often it has been a case of child "teaching" child on touchy subjects like venereal disease and premarital sex. Such instruction as has been offered through home economics and physical education classes has been "spotty" and less than frank, they said.

Most speakers urged that sex education be a sequential part of school, beginning as early as kindergarten when children can begin to explore such phenomena as birth and family life unemotionally and honestly. They suggested that it be a part of existing courses, and that teachers be trained to give objective information on

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sex to pupils whenever they have questions.

"Cold Facts Not Enough"

The final conference consultant, Dr. Evalyn S. Gendel of the Kansas Department of Health, said education in biological reproduction" and "cold clinical facts" are not enough.

Through in-service education, teachers need to understand the psychosexual development of children and "more important, of people in general, including ourselves."

As examples of some of the issues teachers ought to be prepared to discuss in class,

Dr. Gendel, assistant director of the department's division of maternal and child health, mentioned sexual deviance, premarital sex, sexual difficulties in male and female, the social, ethical and legal problems involved.

Not much will be gained if we ourselves have not examined our own attitudes toward sexuality," she said.

Schools must have concern for the psychological development of their pupils, Dr. Gendel said, and she gave as an example "the unwed male." Programs to salvage fathers of

illegitimate children have been very meager, she said.

The result has been that many unwed teen-aged fathers "could subsequently never readjust because of their own feelings of guilt, shame and concern over what happened," Dr. Gendel said.

In answer to a question, she said teachers should not attempt to impose a code of behavior on pupils whose background and family life may be much different, but teachers should be ready to give their opinions when asked and should explain why they hold their opinions.

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A Place to Learn

Men and women who advocate that public schools assume some of the burden—along with churches, homes, and health agencies—for enlightening young people about the rewards, hazards, and wonders of male-female relationships are physicians, parents, psychiatrists, and social workers deeply concerned about the welfare of the family and each of its members.

Their goal is an ever greater number of responsible adults equipped with the information and emotional maturity required to enter into fruitful, loving lives with spouses and offspring. They deplore the rates of divorce, illegitimacy, venereal disease, and abortion, and the culture's general exploitation of sex for commercial gain and superficial self-gratification.

The Virginia State Board of Education raises no barrier against sex education in the Commonwealth's public schools and approves films and books for use by school districts offering sex education classes. Only 20 of Virginia's school districts have or have expressed interest in such programs. Among these is Norfolk, which instituted a curriculum in all of the City's junior high schools a few years ago. The program is being expanded to include appropriate instruction in Human Relations, as the curriculum is called, from the seventh through eleventh grades.

Last week, troubled by the indifference of most Virginia school districts to sex education, speakers at a Virginia Education Association conference in Roanoke suggested

that the State Board of Education and local school boards take the lead in providing for well-planned family-life programs.

As family-life counselors remind us, the question is not whether a child will receive a sex education—he'll get one, of one kind or another—but by whom he will be instructed, from what motives and in what circumstances, and within what system of values.