

THE NEED FOR VENEREAL DISEASE EDUCATION AS
PART OF THE HEALTH EDUCATION PROGRAM
IN JUNIOR HIGH SCHOOL

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CHAPTER I

INTRODUCTION

A young girl returned home from school and asked: "Mother, why didn't you tell me?" A father commented to his daughter when asked a question: "I thought you knew." The student remarked to her teacher: "No one ever told me this before." The cause of the excitement in each case--one of the oldest and yet least discussed problems of our world today--sex education.

Sex education has not been a part of our educational program because people do not talk about such things. This misconception has been going on from generation to generation with the same morbid results. Sex is a part of our life, and as long as we are able to reproduce ourselves, will continue to be a part. Everyone is involved whether he wants to be or not. Anything that is such a large part of life itself must be discussed and people educated in the role it plays.

Today, with the expedience of life itself, the teen-ager is exposed to everything at a much earlier age than in previous years. This exposure includes sex, and as a result sexual diseases may become a part of sex life.

I. STATEMENT OF THE PROBLEM

It was the purpose of this study (1) to point out that venereal disease is again on the rise in the United States, particularly in the

teen-age group; and (2) to present information that will be of assistance to an instructor in the presentation of material in educating the young people.

II. JUSTIFICATION OF THE PROBLEM

At one time it was believed venereal disease was associated with the lower class individual and happened only in the older age group. Now it is found venereal disease is not limited in its choice of victims and is spreading to all classes and all age levels.

III. LIMITATIONS OF THE PROBLEM

This study is limited to the available findings and reporting of known cases of venereal disease. Health authorities are aware that all cases of venereal disease are not reported. The estimated number of cases cited were taken from reports by known authorities in the field.

IV. ASSUMPTIONS

The researcher assumes that educators would like to provide all students with a well-rounded education. It is also assumed many educators are not fully aware of the vast need for sex education. It is further assumed many educators would like to present sex education as part of their program but are undecided as to the proper approach.

V. METHOD OF PROCEDURE

Information on the increase of venereal disease in the United States was gathered from reports published by the United States Department of Health, Education, and Welfare; Bureau of Vital Statistics; State Departments of Health, and through interviews with representatives of state and local agencies.

The data was analyzed with a particular interest in venereal disease among the teen-age group. A program of study for instructing this age group will be presented.

VI. DEFINITIONS OF TERMS USED

Venereal disease. Diseases of the reproductive system, particularly, but not necessarily limited to, syphilis and gonorrhoea.

Health education. That part of the school curriculum so designed to give instruction in the function and care of the human body to enable the individual to make changes in his behavior pattern in order to lead a better life.

Junior high school. Reference is made to grades seven, eight, and nine.

CHAPTER II

THE NEED FOR EDUCATION

Veneral diseases are a world-wide problem. Every country in the world can claim many victims of these dreaded diseases. Of 106 nations reporting to the World Health Organisation, no fewer than seventy-six have a rising incidence of syphilis.¹ The United States was high on the list of the reporting countries. A staggering nine million Americans are estimated to have syphilis, or to have had it at some time in their lives; probably 1,200,000 are now suffering from untreated syphilis.²

The incidence of syphilis and gonorrhoea reached a peak in the United States directly following World War II. As normalcy returned to the United States both of these dreaded diseases began to decline. According to Table I the spread of gonorrhoea, from a reported high of 313,363 cases in 1945, dropped steadily to 286,746 cases in 1950. In the next five years a drop to 236,197 was reported. A drop of ten thousand more reported cases occurred in 1956 and the all-time low of 214,496 cases were reported in 1957.³

¹Medicine, "Resurgent Syphilis: It Can Be Eradicated," Time Magazine, LXXX No. 12 (September 21, 1962), p. 87.

²Ibid.

³United States Department of Commerce--Bureau of Census, Statistical Abstract of the United States (Washington: Government Printing Office, 1962), p. 1312.

TABLE I

RECORDED CASES OF SYPHILIS AND GONORRHEA
 1945-1962 AS REPORTED BY THE U. S.
 DEPARTMENT OF COMMERCE
 1962

YEAR	GONORRHEA	SYPHILIS
1945	313,363	351,767
1950	286,746	229,723
1955	236,197	122,075
1956	224,342	126,219
1957	214,496	110,552
1958	232,513	116,630
1959	240,158	119,981
1960	258,933	120,249
1961	263,926	125,262
1962	276,138	128,886

The spread of syphilis declined even more sharply during this period. In 1945 a reported 351,767 cases was an all-time high. In 1950 this figure had been cut to 229,723 reported cases. In 1955 the figure was reduced almost one-half and by 1957 the reported cases totaled 110,552.⁴

Since 1957 the reporting of both syphilis and gonorrhea has again been on the rise. From the reported low of 214,496 cases, the recorded cases of gonorrhea jumped to 258,933 in 1960, and to 263,926 in 1961. In 1962, the known cases of gonorrhea again showed a jump to 276,138 cases, an increase of over fifty thousand cases in the last five years.⁵

Along with its counterpart gonorrhea, syphilis also was being reported at a steadily increasing pace. In 1960, the reported cases were 120,249. By 1961 the figure had moved upward to over one hundred twenty-five thousand, and in 1962 another increase showed 128,886 reported cases.⁶

The 1962 incidence of infectious syphilis is 448 per cent of the low reached in 1957. Public health authorities received reports of 21,143 cases of primary and secondary syphilis.⁷

Table II indicates cases of primary and secondary syphilis reported to the public health service and rates per one hundred thousand population and points out the same facts. In 1950, the incidence had increased to 32,148 cases at the rate of 21.6 per one hundred thousand population.

⁴Ibid.

⁵Ibid.

⁶Ibid.

⁷Currents in Public Health--Ross Laboratories, Columbus, Ohio, Vol. 3, No. 7, (July-August, 1963), p. 1.

TABLE II

CASES OF SYPHILIS REPORTED TO THE
PUBLIC HEALTH SERVICE AND RATES
PER 100,000 POPULATION
FISCAL YEARS 1950
TO 1962

FISCAL YEAR	PRIMARY AND SECONDARY CASES	RATE*	TOTAL OF ALL CASES	RATE*
1950	32,148	21.6	229,723	154.3
1951	18,211	12.1	198,640	131.8
1952	11,991	7.9	168,734	110.8
1953	9,551	6.2	156,099	100.8
1954	7,688	4.9	137,876	87.5
1955	6,516	4.1	122,075	76.0
1956	6,757	4.2	126,219	77.9
1957	6,251	3.8	110,552	78.3
1958	6,661	3.9	116,630	68.5
1959	8,178	4.7	119,981	69.3
1960	12,471	7.1	120,249	68.0
1961	18,781	10.4	125,262	69.7
1962	21,143	13.7	128,886	76.2

*per 100,000

This figure reduced sharply in 1951 to 18,211, or a rate of 12.1 per one hundred thousand. From 1952 steady progress was shown until 1957 when a low of 6,251 reported cases brought the rate per one hundred thousand down to the all-time low of 3.8. In 1958 the increase was evident again and by 1962 had jumped to 21,143 cases or a rate of 13.7 per one hundred thousand population.⁸

I. AGE GROUP REPORT

According to Table III, from 1954 through 1958, the incidence of venereal diseases for all ages steadily decreased. In 1958 and 1959 there were slight increases; in 1960 and 1961, 50 per cent increases.⁹

The number of primary and secondary syphilis cases reported in the United States shows the largest increase in the fifteen to nineteen years age bracket. In 1956, eleven cases were reported of children under nine years of age. In 1957, this number increased to thirty-three. The following year, 1958, the number reported was only twenty-three and by 1960, twenty children were reported to have this disease. This was an increase of 81.8 per cent over 1956.

In the ten to fourteen age bracket, seventy-five cases were reported in 1956. A steady increase showed eighty cases in 1957 and ninety cases in 1958 and 1959. One hundred thirty-nine cases were reported in 1960 or an increase of 85.3 per cent.

In the fifteen to nineteen year age group 1,093 cases were reported in 1956. The rise began in 1957 with 1,192 cases, jumped to 1,228 cases

⁸Statistical Abstract of the United States, loc. cit.

⁹Ross Laboratories, loc. cit.

TABLE III

CASES OF PRIMARY AND SECONDARY SYPHILIS
AND GONORRHEA REPORTED IN THE
UNITED STATES BY AGE
GROUP 1956-1960

Age Group	1956	1957	1958	1959	1960	Per Cent Increase 1956-1960
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PRIMARY AND SECONDARY SYPHILIS

0-9	11	33	23	39	20	81.8
10-14	75	80	90	90	139	85.3
15-19	1,093	1,192	1,228	1,620	2,577	135.8
Total 0-19	1,179	1,305	1,341	1,749	2,736	132.1
Total All Ages	6,399	6,581	7,134	9,798	16,144	152.3

GONORRHEA

0-9	1,222	1,628	1,164	1,325	1,619	32.5
10-14	2,425	2,363	2,706	2,601	3,261	34.5
15-19	44,264	43,705	48,723	50,088	53,649	21.2
Total 0-19	47,911	47,696	52,593	54,014	58,529	22.2
Total All Ages	224,687	214,872	232,818	240,265	258,933	15.2

in 1958; 1,620 cases in 1959 and a staggering 2,577 cases in 1960, an increase of 135.8 per cent over 1956.

For all ages, 1956 showed 6,399 cases reported. In 1957, health authorities had 6,501 cases called to their attention. The continued spread brought the 1960 report to 16,144 or an increase of 152.3 per cent from 1956.¹⁰

Although not as alarming, the reporting of gonorrhoea also showed a sharp rise in all age brackets. Reports of infected children under nine years of age rose from 1,222 cases in 1956 to 1,619 cases in 1960--an increase of 32.5 per cent. Between the ages of ten and fourteen 3,261 cases were reported in 1960 as compared to 2,425 in 1956. This is an increase of 34.5 per cent. Although a smaller percentage increase was noted in the fifteen to nineteen year age bracket, the reported cases were considerably higher. From 44,264 recorded cases in 1956, an increase of 21.2 per cent brought the 1960 figure to 53,649. The total number of reported cases for all age groups increased 15.2 per cent from 224,687 to 258,933.¹¹

II. REPORT BY STATES

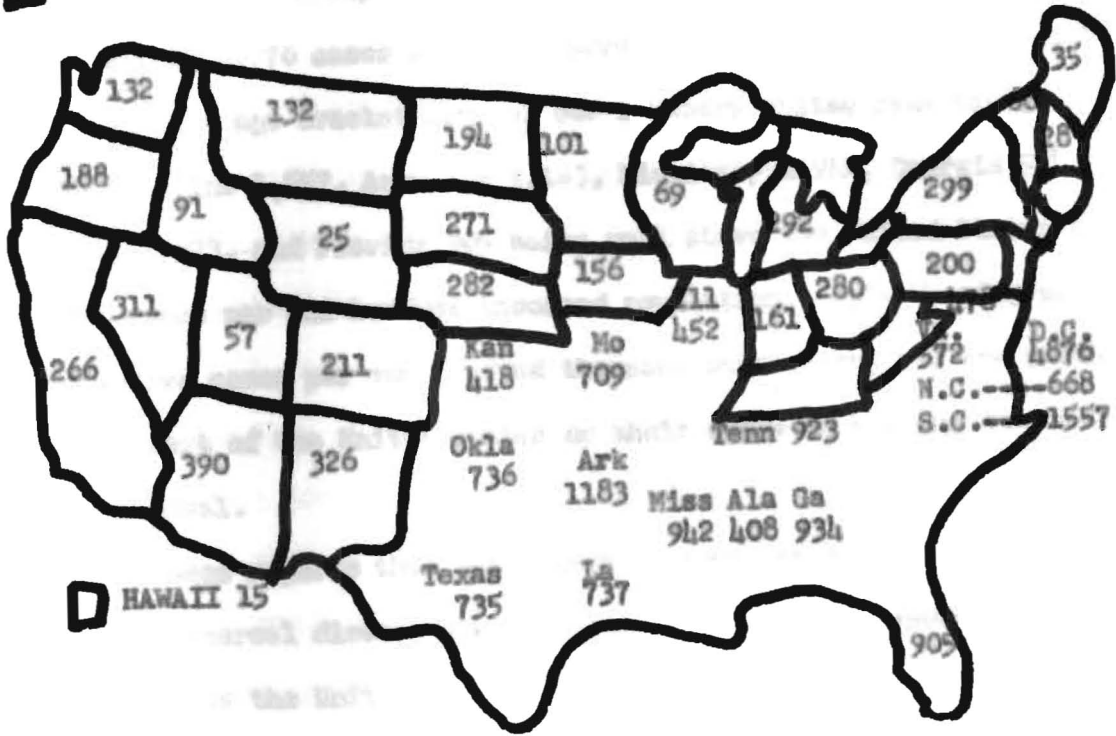
It is apparent from Figure 1 that venereal disease is being reported with increased frequency throughout the country.¹² The increasing mobility of our population has caused venereal disease to be a major problem for health authorities in each of our states. During

¹⁰Statistical Abstract of the United States, loc. cit.

¹¹Ibid.

¹²Ibid.

ALASKA 475



Cases per 100,000 Population

Median 276

FIGURE 1

of 6
 INFECTIOUS VENEREAL DISEASE
 15-19 YEAR AGE GROUP
 CALENDAR YEAR 1960
 UNITED STATES

the calendar year 1960, infectious venereal disease for the fifteen to nineteen year age group ranged from fifteen cases per one hundred thousand in Hawaii to 4,876 cases per one hundred thousand population in Washington, D.C. In this age bracket many of our southern states rank high, with South Carolina 1,557, Arkansas 1,183, Mississippi 942, Georgia 934, Tennessee 923, and Florida 905 being well above the United States median of 276 cases per one hundred thousand population. Only Wyoming with twenty-five cases per one hundred thousand population, and the north-eastern part of the United States do their share in keeping the median at this level.

Kansas reports that teen-agers account for one-third of all reported venereal disease cases in the state.¹³ The reported 418 cases is well above the United States median in the teen-age bracket. This is a state-wide problem with most of the 105 counties reporting at least one case.

III. VENEREAL DISEASE CONTROL EXPENDITURES

During the past ten years the increase in the cost of living in the United States has risen steadily. The amount of money spent during this same period of time on venereal disease control has declined at an even greater rate. In 1950 when venereal disease was spreading rapidly the state and local governments spent \$13,797,102 or a per capita rate of \$.09 for the control of venereal disease. In the same year the

¹³Kansas State Board of Health--Division of Vital Statistics, (Topeka: State Printing Office), April, 1963.

federal government spent an additional \$16,000,000 or a per capita rate of \$.11. During the decrease of venereal disease in the next few years, the expenditures dropped accordingly to reach a low in state expenditures in 1954 of \$13,426,539 and a federal low of \$3,000,000 in 1955. When venereal disease again began to rise throughout the country, so did the expenditures of the government; however, the rate of increase of the amount spent did not keep up with the rapid spreading of the disease. In 1961, the state expenditures had risen again to \$14,600,000 or a per capita rate of \$.08 while the federal government spent an additional \$5,814,500 but only a per capita rate of \$.03. The total amount spent in 1961 was \$20,414,500 or a per capita rate of \$.11 compared to the \$29,797,102 or a per capita rate of \$.20 in 1950.¹⁴

A vast amount of money is being spent in the treatment of venereal disease victims. During the year 1962, over \$50,000,000 was spent for psychiatric care and \$6,000,000 was spent for treatment of the blind who were victims of venereal diseases. These expenditures, along with the rapid increase of the diseases, have prompted the United States Public Health Service to request, for fiscal year 1964, \$9,588,000, an increase of \$1,994,000 over the comparable 1963 appropriation.¹⁵ The federal government is seeing the need of more money for prevention of venereal diseases.

¹⁴Statistical Abstract of the United States, loc. cit.

¹⁵Statement by Henry Mandro, Wyandotte County Venereal Disease Officer, Wyandotte County Health Department, Kansas City, Kansas, Personal Interview, November 7, 1963.

IV. REASONS FOR INCREASE OF VENEREAL DISEASES

Many factors have been offered in an attempt to explain the increase of venereal disease among teen-agers. Some of these include:

1. The reluctance of many private doctors to report a case of venereal disease. In a survey prepared by the United States Department of Health, 183,000 private medical doctors in the United States were questioned. Seventy per cent of those approached returned their questionnaires. These private physicians reported to health authorities only 12.7 per cent of the infectious syphilis cases, and 38 per cent of the gonorrhoea cases they had treated.¹⁶
2. A more mobile population.
3. Rapid growth of cities.
4. Society puts great pressure on young people through advertising, television, movies, and magazines.
5. Loosening of family ties.
6. The world is pushing young people into earlier maturity.
7. Teen-agers have increased income and many own cars.
8. Increasing promiscuity and declining morals.
9. Removal of fear.
10. Incomplete detection of carriers before they can spread the disease.

All of these and possibly many others may be contributing factors to the increase of the spread of venereal diseases.

¹⁶Statement by Gene Lockhart, Venereal Disease Officer, Kansas State Department of Health, Topeka, Kansas, Personal Interview, January 21, 1964.

V. SUMMARY

The spread of both syphilis and gonorrhea dropped from the post-war era high to a low in the mid 1950's. Since 1957, both diseases have been reported at a steadily increasing rate. This increase has taken place in most of the countries in the world. In the United States, the reporting incidence of these diseases has increased at a high rate with the largest increase coming in the teen-age group.

The federal, state, and local governments, after cutting back the expenditures when venereal disease began to decline, have not appropriated sufficient funds to keep pace with the rapid increase of the spread of the diseases. Instead, a vast amount of money is being spent on treatment of victims of the disease. In 1964, however, the United States Public Health Service has requested an increase of governmental budgets in an attempt to prevent the spreading of the diseases.

The reasons for the spread of venereal diseases to the teen-age group are many and varied. The population of the United States has become more mobile and many families are moving to the city. The income of the teen-ager has increased and much of this money has gone into automobiles. These factors, and various others, have caused the teen-ager to have an opportunity to come into contact with the venereal diseases.

CHAPTER III

A CURRICULUM GUIDE

The researcher will not attempt to prescribe a teaching outline for each grade level of the school instructional program. The lack of experience in curriculum material of this type, the wide range of academic skill and interest among the students, the different resources in the schools of the state--all add up to too many variables to make a detailed plan practical.

The teaching guide used in this chapter is included to help the classroom teacher in planning his or her own study unit. The length and depth of study pursued by each class should depend on the needs, maturity, interest, and ability of each particular educational situation.

Before introducing the unit on venereal disease, teachers would do well to check their own attitudes toward the subject and their own inventories of educational techniques. Many persons, because of childhood training, are forever unable to deal comfortably with any subject that has any appreciable content of "sex." Others are quite able to teach comfortably in this area except for their uneasiness about prevailing community attitudes. This is particularly true in those communities where the society is apt to look askance at anything even faintly suggestive of a school assuming responsibilities that are the prerogatives of parents.

For teachers who are undecided on the best procedure, the following facts may be of assistance:

1. The venereal diseases are, in the final analysis, only a special example of the general problem of communicable disease. In a pinch, they may be taught as such, doggedly, with a bare minimum of "sex" or moral overtones.
2. Very few parents have available to them the information of a curriculum guide, or could use it effectively with their children if they had one.
3. Generally speaking, the family has been unable to operate effectively in the area of venereal diseases and their control. Human society made no progress in reducing sickness, insanity, and death from these diseases until extra-familial institutions began to take over the job.
4. To the three traditional institutions that form the values of children--Home, School, and Church--there has been added a fourth, Advertising. Many people today think that Advertising has more of an effect than any of the other three. If one looks at present-day Advertising with a critical eye, it is obvious that sexual stimulation is a dominant motive. Home and Church need all the assistance that School can bring to bear in counteracting this force.
5. The children who will suffer most from venereal disease are largely found in the group that drops out before the end of high school. Unless information is provided them before they drop out, it will probably never reach them at all.
6. A venereal disease curriculum is strongly endorsed by the Kansas State Board of Education and the State Board of Health.¹

I. FORMULATING OBJECTIVES

The teacher should formulate objectives to guide the study of students. Objectives can be set up as a result of class discussion, as well as in the pre-planning done by the teacher.

¹Kansas State Board of Health, Venereal Disease Education, Kansas State Printer, Topeka, Kansas, 1962, p. 34.

It would be well for general objectives to be arrived at during the pre-planning period, with the specific objectives growing out of the needs and wishes of the class. Objectives are valuable only when they have meaning for the group. They should be established only if they will actually serve as a guide to learning; they should not be listed if they are not a logical goal of the study.

Suggested general objectives for the teacher might include:

1. To develop a sound scientific understanding and attitude toward the venereal disease problem and its threat to the health of the community.²
2. To acquaint students with various agencies and people who are responsible for the diagnosis, treatment, and control of these diseases, such as departments of health, public health agencies, and private physicians.³
3. To develop an appreciation of the value of health with respect to freedom from venereal disease, especially in marriage and parenthood.⁴
4. To inform students about the problem of venereal disease through an understanding of its history, recognition, treatment, and control.
5. To point out that these diseases are becoming more prevalent among those of adolescent age.
6. To help students understand the symptoms of the venereal diseases and the ways they are transmitted.
7. To acquaint the students with the tragedies associated with letting these diseases go untreated.
8. To break down misconceptions about venereal disease.

²Virginia State Department of Health, Virginia Health Bulletin, Virginia State Printer, Richmond, Virginia, 1961, p. 11.

³Kansas City Social Health Society, Inc., Venereal Disease Education, Kansas City, Missouri, 1961, p. 4.

⁴Virginia Health Bulletin, loc. cit.

9. To develop a sense of personal responsibility with regard to the prevention of the spread of the venereal diseases.

It is possible at this time to formulate a few specific goals for students to obtain in this unit. Some suggested specific goals for students might include:

1. Development of attitudes and ideals.

- a) Believes that each individual has a responsibility to himself, as well as to society, to be informed and to design his living in such a manner as to assure himself of the optimum in physical and mental health.
- b) Believes that individual concern and effort is required to control the venereal diseases.
- c) Realizes that venereal disease can and should be cured by medical treatment.
- d) Believes that his physician is a source of help, and has confidence in the professionalism of medical treatment.

2. Development of knowledge and understandings.

- a) Understands that venereal disease has played an infamous role in the history of mankind, especially since the Renaissance.
- b) Understands that the venereal diseases are not confined to any particular group or society.
- c) Has a general knowledge of the medical terminology of the disease.
- d) Has a general knowledge of the epidemiology of the venereal diseases.
- e) Understands the difference between medical treatment and quackery.
- f) Understands the congenital aspects of venereal disease.
- g) Has a general knowledge of the laws and the control programs pertaining to venereal diseases.⁵

⁵Kansas State Board of Health, Venereal Disease Education, op. cit.
p. 36.

II. TEACHING OUTLINE

A specific outline of the unit on venereal disease cannot be developed. The varied backgrounds of the students, the areas in which the students live, and the ideas and background of the individual teacher make a detailed and infallible approach to this subject not only improbable but unwise. However, a general outline and possible approach is suggested with the understanding it may be varied, changed, or ignored completely in accordance with the individual teaching circumstance.

The unit on venereal disease may well be handled in the area of communicable diseases. In developing the unit the instructor may determine the present knowledge of the class about communicable diseases. An example of this is to list information on the causes of communicable diseases and ways in which they are transmitted between individuals, communities, and societies.

In introducing the topic "venereal disease" it is important for the teacher to set the climate in which the study will be conducted. The topic is one in which students are intensely interested but at first may feel uncomfortable. At this time it is necessary to set the problem and clearly define terms that will be used in the unit.

A brief history of venereal diseases should be introduced including: their relation to the cultures of the world; the human suffering caused; the investigations carried out by various scientists;

the history of early treatment; the discovery and early use of penicillin; and the problem as it exists today.

The next class period could be devoted to the showing of a film on the subject. The instructor should preview the film carefully and be able to answer any question that might arise. To facilitate the discussion of the film and to pose questions that might not arise from a general discussion of the class, the teacher can have students write any questions they might have on cards to be handed in. The teacher would have an opportunity to go over these questions and formulate answers that would be appropriate for the group.

A more relaxed attitude should develop between the teacher and the students and reasons for the spread of the disease today should be introduced. The instructor should emphasize the effect of changes in social patterns on the spread of the venereal diseases to teen-agers today.

A presentation of the summary on venereal diseases should include the possible effects on a family; prevention or delay of marriage; sterility; still births; blind or syphilitic babies; appearance of congenital syphilis in a child; and rejection of a possible marriage partner.

In this summarization the facts must be presented but care must be utilized to prevent the development of fear of sex itself. The conclusion must be drawn that although venereal disease is a problem, sex itself has a definite and important part in life.

III. SUGGESTED ACTIVITIES

In the presentation of any unit of study, there are many ideas that can be incorporated. Like any other unit, it would be appropriate to test the material covered with possible emphasis on spelling and definition of the terms involved. In order to be better able to understand the need for study, the students could prepare graphs and charts showing the incidence of the venereal diseases in the United States. Other charts may be displayed that illustrate how this state compares with its neighboring states. The students could write biographical sketches of scholars, physicians, and others who contributed most to the understanding and control of syphilis and gonorrhoea. Research papers or themes on historical events particularly concerning the history of venereal disease and its effect upon mankind could be assigned. Some suggested topics for papers may be: the discovery of penicillin; venereal disease in English literature; the contribution of Thomas Parran; and the Wassermann test. A discussion of quackery and its effect upon proper medical treatment could also be discussed.

An outside speaker may be of great value during a class period on venereal disease. A local physician or the school nurse could be very helpful in discussing the questions that may arise from the students. A clergyman could discuss marriage and the importance of a venereal-disease free sex life. State or county health officers are

available to speak to the class about the observations they have made in dealing with venereal disease.

IV. SOURCES OF INFORMATION

An instructor preparing to handle venereal disease education for the first time may feel inadequate with the information he has from personal study. There are many sources of information available for the instructor who wishes to take the time and effort to obtain these materials.

A. FILMS

As previously suggested, a film can be beneficial in the presentations to the class. The following educational films are available from the Health Education Division of the State Board of Health, State Office Building, Topeka, Kansas. These films are supplied free of charge upon request, except for return postage on films.⁶

THE INVADER: A fascinating historical film which traces man's efforts, since the 15th century, to cope with the baffling and dismaying problems of syphilis. Gives the step-by-step development of medical knowledge and change in the public's attitude toward the disease. A dramatic effect is achieved by showing contemporary

⁶ Kansas State Board of Health, Venereal Disease Education, Kansas State Printer, Topeka, Kansas, 1962, pp. 38-39.

woodcuts, paintings, engravings, and drawings. The later story shows photographs of Paul Ehrlich and Sahachiro Hata, German and Japanese scientists, who developed the use of heavy metals to fight the spirochetes of syphilis. The work of Sir Alexander Fleming, Sir Howard Florey, and of the Public Health Service stalwarts, Dr. Thomas Parran and Dr. John Mahoney, is shown.

This is a superb film for high school and college students, and for all adults. It provides a general background of information about syphilis, its history, cause, and cure. (37 minutes)

This film may be correlated with other films. If a class is studying a unit on the venereal diseases, it is recommended that the film, "The Invader," be shown first to provide a factual and historical background about syphilis. This showing should be followed by class discussion. Considerable information for the teacher or discussion leader can be found in the pamphlet, "The Invader."

Following this showing and during a second class period, "The Innocent Party" should be shown and discussed. These two films will provide a class with a good understanding of this disease and how it could affect their lives. If the schedule does not permit two class periods on this subject, "The Innocent Party" should be the film shown.

THE INNOCENT PARTY: This film was produced by the Kansas State Board of Health and was designed especially for use in schools. It describes how one young man, in a moment of indiscretion, contracts venereal disease from a "pick-up," and what happens to him and his

"steady" girl. In terse dramatic sequences, "The Innocent Party" tells how he comes to learn the significance of his ill-advised actions and to realize his responsibility to himself and to those he loves. A simple, sincere document of the nature, recognition, cure, and control of syphilis. (17 minutes)

As previously mentioned, it is necessary to prepare the parents with the fact you are going to include "sex education" in the curriculum guide. A proper approach will not only indicate to the parents the need for school assistance in this problem but may find the community asking the school to help in presenting the problem. An excellent film available to help in setting up the background of "sex education" within the community is:

DANCE LITTLE CHILDREN: A film produced by the Kansas State Board of Health and designed primarily for use in P.T.A. and other community groups. This film dramatically depicts the extensive and rapid transmission of syphilis in a teen-age group. Emphasis is placed upon the various forces that today's society brings to bear on young people. It also shows how the venereal disease control program operates. (25 minutes)

B. SPEAKERS

Personnel, especially trained in the epidemiology and study of the venereal diseases, are available for school programs. The Health Education Division of the State Board of Health, Topeka, Kansas can supply a list of speakers.

A teacher located in a school far removed from the State Board of Health can contact the local county health department. Most counties have a county medical officer and a few have a venereal disease officer who are available for school programs.

In the local community, individuals with particular experience in this field may be available. Within the school, the school nurse would be a valuable assistant and should be consulted before, during, and after this part of the program. The nurse could also talk directly to any student who, for any reason, did not want to take part in classroom discussions.

A private physician interested in the health of the youth of the community may be enlisted as a speaker.

A clergyman may be brought in to discuss the effect of venereal disease upon marriage and family life.

C. BULLETINS

Many bulletins are available with information that would be valuable to the teacher in preparing this unit. The Kansas State Board of Health is willing to supply bulletins with each of the afore-mentioned films. Also available are:

1. "Venereal Disease Education--A Guide For Teachers," Kansas State Board of Health, Topeka, Kansas.
2. "Venereal Disease in Children and Youth," Communicable Disease Center, Public Health Service, Atlanta, Georgia.
3. "Venereal Disease Education--Curriculum Guide For Teachers," Kansas City Social Health Society, Inc., 1020 McGee Street, Kansas City 6, Missouri.

4. "Milestones--In Venereal Disease Control," United States Department of Health, Education, and Welfare, Public Health Service Publication Number 515. For sale by the Superintendent of Documents, United States Printing Office, Washington 25, D.C. (price 10¢)
5. "Some Questions and Answers About V.D.," American Social Health Association, 1790 Broadway, New York 19, New York. (Folder--\$1.00 per 100)

The state and county health offices will also supply many pamphlets that may aid the instructor in preparation of the unit.

D. MAGAZINES

Many magazines have recently published articles concerning the spread of infectious venereal disease among teen-agers. Among the most noted have been:

1. "V.D. is Still a Teenage Problem," Robert S. Bird, Parents Magazine, October, 1959.
2. "Sic Semper Syphilis," by Nicholas Fiumara, Boston Medical Quarterly, Vol. 8, No. 4, December, 1957.
3. "Syphilis Has Not Been Conquered," by James Donahue, et al., Public Health Reports, Vol. 70, No. 5, May, 1955.
4. "Venereal Disease Now a Threat to Youth," by Robert S. Bird, Readers Digest, October, 1956.
5. "Venereal Diseases Are Not Dying Diseases," by Dr. Th. Guthe, World Health, Vol. XI, No. 4, September-October, 1958.
6. "Why VD is on the Increase," by Lawrence Galton, Cosmopolitan Magazine, January, 1963.
7. "Seek and Ye Shall Find," by Harry Pariser, M.D., Medical Times Magazine, January, 1960.

Continued surveillance of current magazines will aid the teacher in obtaining additional information.

E. OTHER REFERENCES

Many medical journals carry articles on syphilis and gonorrhea. Such articles from medical journals would not be recommended for ordinary classroom work but could be beneficial to the teacher planning a unit on venereal disease. These medical journals can be found in the local public library.

Any instructor who feels that venereal disease education is a necessary and integral part of the health education curriculum will find sufficient information available to adequately incorporate this area within the program.

V. SUMMARY

A specific and detailed curriculum guide cannot be developed. The many variables involved makes an infallible outline improbable and unwise. However, after deciding to instruct the students on a unit about venereal disease, the teacher should have some definite objectives in mind. To reach these objectives, the unit may be discussed along with other communicable diseases.

Venereal diseases may be introduced by studying the history of the diseases and the role they have played through the centuries.

After progress has been made in the unit, the reasons for the spread of the diseases today should be discussed.

An instructor may find many teaching aids and sources of information to use as assistance in the unit on venereal disease. Included in these aids are three films available from the Kansas State Board of Health. Bulletins are also available from the above and other sources. An outside speaker, who has had experience dealing with the subject of venereal diseases, could be introduced to the class. Recently magazines have published many articles concerning the spread of venereal diseases. Many sources of information and suggested activities are available for the instructor to use to develop a well-rounded program of venereal disease education.

In the summary of the unit, all the facts must be presented, but the instructor must use care to prevent the development of fear of sex itself. The problem must be stated but a conclusion must follow that sex itself has a definite and important place in life.

CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

I. CONCLUSIONS

Venereal disease has been a subject that is not discussed. For many years, people have lived with the idea that such things are not talked about. Education of the youth has been left to the home, and many parents are not equipped, nor willing, to accept the responsibility of passing on to their children the knowledge necessary to combat the evils of venereal diseases.

The governments--federal, state, and local--believed venereal diseases had been conquered. The decline of the spread of syphilis and gonorrhea gave a false belief that venereal disease was under control. Current statistics prove that this is a misconception and at present the United States Public Health Service realizes the need for assistance with the problem. The governments are using money as a means to combat the venereal disease problem; however, despite all the effort that is being exerted, the venereal diseases continue to spread at an alarming rate with the teen-age group becoming increasingly involved.

The approach to the venereal disease problem that has been used in the past has proven, to some extent, unsatisfactory. An attempt at something new may be necessary to assist the health authorities in their attempt to conquer the venereal diseases. An organized plan in the education of the youth may be one of the answers to the problem.

II. RECOMMENDATIONS

Education needs to begin before the youth reaches the age of possible exposure to venereal disease. This education should begin in early adolescence before most youngsters have become involved with, or interested in, the opposite sex. This education can come from the school where competent, well-advised, and up-to-date teaching methods can be employed.

Almost everyone, at some time in his life, will become involved with sex and therefore needs proper instruction in the value of sex and the hardship that can be derived if improper use leads to disease. Therefore, it is recommended that venereal disease education be introduced in the junior high school, grades seven, eight, and nine, and that a carefully prepared plan of instruction be followed. The classes need to be available to the majority of the students and a required health education class is recommended rather than an elective class which might reach only a small proportion of the students.

The researcher also recommends that any instructor preparing to teach a class which will include venereal disease education make specific plans before beginning this instruction. A carefully prepared plan of approach will be as beneficial in this part of the course as at any other time.

Venereal disease is a problem in the United States. An unsuccessful attempt has been made to deal with the problem. The school,

with well-prepared plans, may aid the home in attempting to educate the youth in the understanding of life and to give them a better opportunity to select a behavior pattern that will lead to a rich and rewarding life.

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Book, 1911

Wood, H. J.
Chicago, Ill.

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