

Venereal Disease Education in Schools of the District of Columbia

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VENEREAL DISEASE education has been part of the junior and senior high school curriculum of the District of Columbia public school system since 1958. In 1956 Dr. Hobart M. Corning, superintendent of schools, appointed a citywide committee to meet with him and his staff to consider what the District schools should do in regard to education in sex and venereal disease. The committee included representatives from the health department, medical society, social hygiene society, Congress of Parents and Teachers, ministerial association, Urban League, and others.

Through its deliberations, the committee came to agreement on the following points:

1. Each child makes his or her own decision concerning sexual conduct. A responsible decision implies adequate knowledge and wholesome attitudes. Many children in the District were not acquiring these prerequisites either at home or in a religious environment. Many parents feel incompetent to instruct. Many children have no contact with a church.

2. Children and youth are going to receive some sort of information about sex and venereal disease from some source. Studies indicate that peers constitute the major source of knowledge of sex, venereal disease, and pregnancy (1).

3. The school has a responsibility to provide accurate information on venereal disease from

official sources through competent, understanding teachers.

4. Facts are important but not enough. A vital part of all programs to provide venereal disease information is the effort to develop in students an understanding of desirable and undesirable social behavior. Children and youth should be encouraged by every possible means to develop proper individual and group standards of sexual behavior.

5. Venereal disease education should be an essential part of a broad program of sex education. Sex education should be part of a broad program of family life education which places adequate emphasis on duty and responsibility. Helping young people understand themselves with a view toward preventing promiscuity, illegitimate pregnancy, and venereal disease is a worthy objective.

The Program

After this broad base of agreement was established, an outline was prepared for a program of sex and venereal disease education for elementary, junior high, and senior high school levels. Units of instruction in venereal disease were included for grades 8, 10, and 12.

The unit taught in the eighth grade is part of a semester's course titled "Health and Family Life Education." In the senior high school, instruction in venereal disease is included in the 10th grade health education course titled "Personal Health" and repeated in the 12th grade as a "Community Health" topic.

In these units of instruction, venereal disease is treated as a type of communicable disease.

Dr. Hansen is superintendent of schools in the District of Columbia. This article is based on a paper presented before the World Forum on Syphilis and Other Treponematoses in Washington, D.C., September 6, 1962.

Emphasis is placed on accurate information from official sources and upon desirable standards of sexual behavior. The same basic information is presented in the three grades, but with greater detail in the higher grades. In brief, the topics concerning gonorrhea and syphilis are: (a) how infections are contracted, (b) symptoms, (c) seriousness of the infection in relation to future happiness and health, (d) necessity for early recognition of symptoms and professional care, and (e) avoidance of quacks.

The program was instituted as a pilot project in certain schools during the 1958-59 school year. The number of schools participating increased each year until 1961-62, when all schools entered. Since it is well understood that the most important factor in the school room is the teacher, many workshops have been held for teachers and administrators. Courses in sex and venereal disease education have been conducted at the District of Columbia Teachers College. We consider it highly desirable that teachers should feel competent and comfortable when presenting such sensitive subjects.

Evaluation

An exact evaluation of the effectiveness of the venereal disease education program is extremely difficult. Improvement in sexual behavior and attitudes cannot be gauged easily.

Disease incidence rates (see table) cannot be relied upon to reflect the effectiveness of instruction, since there are too many factors at work for any one to have sole responsibility for improved or deteriorated conditions. Considering the rising national rates for venereal disease, particularly among teenagers, we find some en-

Reported incidence of primary and secondary syphilis and gonorrhea among persons aged 15-19 years, District of Columbia, 1958-61

Year	Number of cases	
	Syphilis	Gonorrhea
1958.....	28	1, 836
1959.....	24	2, 242
1960.....	48	2, 289
1961.....	87	1, 810

couragement in the drop in the reported incidence of gonorrhea in the District during the past 4 years. On the other hand, the figures for syphilis give cause for increased concern.

Goals and Guidelines

Elizabeth S. Force of the American Social Health Association has said, "Education is forever battling three ancient and formidable foes: Ignorance—the Don't Know; Indifference—the Don't Care; Thoughtlessness—the Don't Think" (2). In our program of venereal disease education in the District of Columbia schools, we hope to change the "don't know" pupil by giving him accurate information at the proper time through a competent, understanding, and concerned teacher. Through additional straightforward efforts to improve attitudes and sexual conduct, we hope to change the "don't care" and "don't think" pupil.

In our experience so far in our program of instruction, the following guidelines have been especially helpful to us:

1. Set up and work closely with a general committee consisting of representatives of public and private organizations that serve youth. They can provide vital support for the program and can also serve as a good public relations medium.

2. Keep parents and community leaders informed about the program. Most of our schools had a parents' committee from the parent-teachers association or the home and school association which worked closely with the principal and faculty in instituting the program. The committees were kept fully informed. They saw films and textbooks to be used in the program. Most parents want a venereal disease education program for their children and will support it fully when they understand its objectives and content.

3. Make it clear that the program has the official support of the board of education and of the superintendent and his staff. An official statement of policy should be issued which points out any limitations. A clear and official statement gives confidence to teachers and removes fear of criticism from thoughtless, demanding, and unfair parents.

4. Be certain that the content of the instruc-

tion is appropriate and accurate. We do no direct teaching concerning venereal disease in the elementary schools; this is reserved for the junior and senior high schools. The subject of venereal disease is approached first from the point of view that it is a type of communicable disease.

5. Emphasis is given to experiences that will improve standards of social and sexual conduct. Teaching to improve standards of personal and group conduct should not be limited to one area of instruction. There are many opportunities for such teaching in other areas; and these should be used fully.

6. Since teaching materials and aids on the subject of venereal disease are limited, we rely on our teachers to develop suitable information. Our policy has been to advise teachers, "If you don't know, don't teach." Opportunities for teachers to acquire such information are provided through individual and group conferences, department meetings, workshops, bulletins, memorandums, intervisitation, and demonstration lessons. The teacher must be well informed and enthusiastic if she is to remove from the minds of her pupils the superstition, false information, misinformation, and misunderstandings which are so prevalent.

Many basic textbooks on health contain little or no information on venereal disease. Apparently such sensitive matters present prob-

lems in regard to acceptance of the textbooks by States. There are few films on venereal disease that are suitable for showing to teenagers; however, we have found two that have been helpful: "The Invader," produced by the Communicable Disease Center, Public Health Service, Atlanta, Ga., is about venereal disease in history and is suitable for showing to secondary school pupils as an orientation film. "The Innocent Party," produced by the Kansas State Health Department, depicts the problems of teenagers with venereal disease; it is suitable for showing to senior high school pupils. Both films are available for loan or purchase.

Finally, we recommend that, in setting up a program of instruction about venereal disease, every step be carefully considered and that each be carried out only with the support of parents and school officials. One rash, hasty, or extreme step can set back the entire program and may even kill it.

REFERENCES

- (1) American Social Health Association: Teen-agers and venereal disease; a sociological study. Communicable Disease Center, Public Health Service, Atlanta, Ga., 1961.
- (2) Force, Elizabeth S.: Teaching family life education, the Toms River program. Bureau of Publications, Teachers College, Columbia University, New York, 1962, p. 18.

Nutrition, Chronic Disease, and Aging

The proceedings of the Institute on Nutrition in Chronic Disease and in Relation to Aging and Care of the Aged, a 220-page report, is available from the University of North Carolina School of Public Health, Department of Public Health Nutrition, Chapel Hill, N.C. The institute, held at Chapel Hill in August 1961, was jointly sponsored by the school, the North Carolina State Board of Health, and the Division of Chronic Diseases of the Public Health Service.