Attitudes of Prospective School Teachers on Teaching Venereal Disease Information

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THE RESURGENCE of syphilis infections during the past decade has prompted review of the methods for preventing and controlling venereal disease. Public health officials were concerned because the rate of reported primary and secondary syphilis infections increased from 3.9 cases per 100,000 in 1957 to 12.3 cases per 100,000 in 1965 (1). The majority of these infections occurred in persons under 25 years of age.

A task force report (2) recommended that an intensive and aggressive program to control and eliminate syphilis be based on (a) increased efforts to find and treat persons with venereal disease and (b) intensified efforts to educate professional and lay leaders. Consequently, it should not be surprising that efforts to expand and strengthen school health instruction will become a key factor in venereal disease prevention and control.

Among the obstacles in implementing instruction about venereal disease in school systems are inadequate preparation of teachers by their training institutions and the reluctance of teachers to assume responsibility for presenting this subject. The purpose of this paper is to report the reactions of future educators to the prospect of assuming a role in venereal disease prevention through teaching.

Need for the Study

The paucity of venereal disease information in school curriculums has been well reported. Deschin (3) in a case-study approach, found that only 10 percent of her respondents had an adequate understanding of the nature, transmission, and importance of venereal disease. Deschin recommended more education and introduction to the subject in the earlier grades.

At the national level Sliepcevich (4) discovered that not only did students lack understanding of venereal diseases, but also that most schools in large school districts (25,000 or more students) did not include the topic in their curriculums. Instruction about venereal disease in most medium (3,000–25,000 students) and most small (300–3,000 students) school districts was restricted to grades 10 to 12.

Lenz (5) and Logan (6) cited a need for venereal disease information in teacher-training curriculums as an initial step toward establishing it in precollege courses. Early success of education as a method of prevention and control, however, is directly dependent upon cooperation between public health personnel, teacher-training educators, and school teachers.

Therefore we sought, through a questionnaire, the opinions of future teachers regarding the relative importance of information about venereal disease. We tried to ascertain if and how education majors would support teaching information about venereal disease, their own

Mr. Neser and Dr. Wiechmann are assistant professors in the department of community health and medical practice, and Mr. Neser is also associate professor in the school of social work at the University of Missouri, Columbia. willingness to teach it, and how effective they thought learning about venereal disease would be as a tool in its prevention.

Method

The University of Missouri offers a two-credit undergraduate course in community health education which is taught by faculty members in the school of medicine. Topics in this course include environmental health, mental health, child growth and development, chronic and infectious diseases, and reproduction education. This course is required for education majors who desire certification to teach in the State of Missouri. It is offered also as an elective to other undergraduate students.

The course was being revised for the 1966 fall term, and the need to prepare teachers to present venereal disease information was evident. Therefore the faculty decided to expand course content on venereal disease and sex education and to obtain the students' reactions. Material on venereal disease, two 1-hour lectures by a physician, was presented approximately in the middle of the semester. It was part of a unit on infectious diseases.

The historical background, mode of transmission, symptomatology, direct secondary processes, and treatment of syphilis were discussed.

A 20-minute film, "The Innocent Party," was used to supplement the lectures and to demonstrate the type of films available for classroom use. (The film is available in English and Spanish from the Public Health Service Audiovisual Facility, National Communicable Disease Center, Atlanta, Ga.) Students' opinions were expressed on anonymous questionnaires administered and collected in class within 2 weeks of the instruction on venereal disease.

The study population was comprised of 295 students, 242 education majors and 53 others. The students, 68 men and 227 women, were about evenly distributed between the freshman-sophomore class group compared with the junior-senior class group. About 89 percent of the students were unmarried, and 88 percent were residents of Missouri.

Results

Responses to the questionnaires indicate that 161, or 54 percent, of the 295 students previously had received instruction in sex education. However, 174, or 59 percent, reported no previous instruction about venereal disease. The difference between the 33, or 49 percent, of the men and 141, or 62 percent, of the women who had not received information about venereal disease seemed significant. Of the 121 students who

Opinions of education majors and other students, by potential role in venereal disease education and beliefs about its effectiveness

Opinions	Education majors			Other students			Total		
	Yes	No	No response	Yes	No	No response	Yes	No	No response
Potential role: Would allow their children to attend venereal disease education class Would vote for venereal disease educa-	242	0	0	52	1	0	294	1	0
tion classes	232	7	3	51	2	0	283	9	3
Would be willing to teach venereal disease education————————————————————————————————————	202	35	5	47	6	0	249	41	5
real disease infection	213	25	4	45	6	2	258	31	6
Knowledge would prompt seeking treatment	236	4	2	52	1	0	288	5	2
pression	184	51	7	42	10	1	226	61	8
Venereal disease education would deter promiscuity	149	78	15	24	24	5	173	102	20
problem	167	63	12	24	25	4	191	88	16

previously had instruction about venereal disease, only 10 had not seen a film on this subject.

An overwhelming majority of 293 to 2 favored including venereal disease information in the community health education course, and 109, or 30 percent, of the students wanted more factual information than was given in the 2 hours. Regarding the relative importance of venereal disease information compared with other subjects taught in the course, 95 percent of the students felt venereal disease information was equally important. However, only 35 percent would condone receiving information about venereal disease as an alternative to excluding the course content on other infectious diseases.

All education majors (242 of the 295 total) would permit their children to attend a course containing venereal disease information, and 97 percent would vote to support a school system that offered courses including information about venereal disease (see table). More than 85 percent of the education majors were willing to teach information about venereal disease, and 89 percent of the students majoring in other subjects would willingly accept this assignment provided they were teachers. *Compulsory* instruction about venereal disease was favored by 91 percent of the students.

Of all respondents, 98 percent believed venereal disease knowledge would motivate seeking treatment promptly. Belief that such knowledge would reduce the risk of contracting venereal disease was expressed by 89 percent, and 79 percent thought that venereal disease education would influence general attitudes toward sexual expression. Regarding the effects of information about venereal disease on risking infection, seeking treatment, or forming attitudes toward sexual expression, there appeared to be no major differences of opinion between education majors and other students.

The opinion that information about venereal disease would tend to reduce promiscuity was held by 63 percent of the responding students. Optimism regarding the influence of venereal disease education in reducing promiscuity produced some difference of opinion between education majors, 66 percent, and other students, 50 percent, but this category also produced the largest number of no responses, 7 percent.

In answer to an inquiry concerning the rela-

tionship of venereal disease to morality, 73 percent of the responding education majors compared with 45 percent of the other students believed that contracting venereal disease is a moral problem. This difference in opinion seemed most pronounced. Analysis of responses to this same question by sex revealed that 75 percent of the responding women contrasted to 47 percent of the men viewed venereal disease infection as a moral problem. (The proportion of men majoring in education and those with other majors was equal.)

In distinguishing between opinions regarding the moral aspects of contracting venereal disease and those pertaining to the method of presenting venereal disease information, 95 percent of the students approved of the instructor's morally "neutral" approach in presenting the subject. (The morally "neutral" approach acknowledged that venereal disease is amenable to medical treatment and as such was presented as one of several current public health problems. The moral issue was deliberately excluded from the instruction.)

Co-educational classes, as a setting for presenting information about venereal disease, were favored by 88 percent of all respondents. The educational levels at which students felt instruction about venereal disease should begin were elementary school—2 percent, junior high school—24 percent, and first or second year of college—1 percent.

Students' opinions regarding the educational level at which instruction about venereal disease should be repeated were almost equally divided among the 48 percent who favored senior high school and 47 percent who preferred the college freshman or sophomore years. Of the remaining 5 percent, 2 percent believed no repetition was necessary, 2 percent sanctioned repeating the subject in junior high school, and 1 percent approved iterating the material during the college junior or senior years.

Discussion

The majority of the class had no instruction about venereal disease before this course. Apparently the lectures alerted the students to the problems of venereal disease because most felt that the material should be included in the course. The students considered information about venereal disease equally as important as the other course content but did not believe it warranted extended presentation which would necessitate excluding material pertaining to other infectious diseases.

As future teachers, education majors strongly supported—to the point of making it compulsory—inclusion of information about venereal disease in school curriculums and also strongly recommended that children be given the opportunity to obtain this knowledge in junior high school. As prospective parents they also desired this opportunity for their own children.

A high percentage of all students were willing to accept an assignment teaching information about venereal disease, but a slightly larger percentage of the students with other majors were willing to teach the subject. Nearly all students expressed the opinion that knowledge about venereal disease would help persons decide to seek treatment. Proportionately, there was little difference between the beliefs of education majors and other students that such knowledge would reduce the risk of venereal disease infection and influence general attitudes toward sexual expression.

Prospective teachers, however, were notably more optimistic about the effectiveness of venereal disease information in reducing promiscuity and strongly viewed venereal disease infection as a moral problem. A majority of all students thought that venereal disease education should begin in junior high school and should be repeated either in senior high school or during the first 2 years of college.

Summary

Opinions of 295 college students in a community health class were collected after venereal disease information was presented. The responses of 242 education majors were compared with those of 53 other students and also by sex of respondent.

No previous instruction about venereal disease was reported by 174 students. Of the 121 students who previously had instruction about

venereal disease, 10 had not seen a film on the subject.

Of the education majors, 97 percent would give political support to teaching information about venereal disease. More than 85 percent of the education majors and 89 percent of all other students were willing to teach it, and 89 percent of all respondents thought such education would facilitate prevention. Responses of potential educators indicate that 98 percent recognize the value of information about venereal disease in prompting treatment, and 89 percent accept the preventive role of education in reducing risk of infection.

Compared with their peers preparing for other careers, future teachers feel more strongly that venereal disease infection is a moral problem as well as a health problem. Students majoring in education and those concentrating in other areas are inclined to start venereal disease education in the same school grades, but education majors are more optimistic regarding the effectiveness of venereal disease education to deter promiscuous behavior.

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