

clined to refuse because I am classified as an ethnologist and sociologist rather than a biologist. On reflection it occurred to me that this might be an opportunity to stress certain facts that have grave import today. There has never been a time when it was more necessary to distrust our own emotions and impulses and quietly weigh the facts to get at the actual truth of the situation in which we find ourselves. The cool, objective findings of science invariably have a way of tempering our enthusiasms and lessening our prejudices. All scientists worthy of the name should be especially useful in time of war, not chiefly because of their positive contributions in the way of developing better instruments for the extinction of human lives, but especially by the quiet orderly fashion in which they meet new situ-

ations and share with their fellows the changing fortunes of the Home Front.

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## The Present Status of Sex Education in the United States

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In 1920 a survey was made by the United States Health Service and the United States Bureau of Education on the status of sex education in the secondary schools of this country.<sup>1</sup> This was followed in 1927 by a second survey by the questionnaire method from which 745 responses were obtained from principals of the schools involved. A comparison of these responses was made in an interesting bulletin which appeared in 1928.<sup>2</sup>

<sup>1</sup> The Status of Sex Education in High School, *Education Bulletin* No. 5, Government Printing Office, Washington, D. C. 1921.

<sup>2</sup> Usilton, L. J. and Edson, N. W., Status of Senior High School Education in 1920, *V. D. Bulletin No. 87, Public Health Service*, Washington, D. C. 1928.

This publication gave a very complete picture (from the viewpoint of the principal) of the nearly 6,000 schools responding, as answers were received from every state in the Union. The finding showed clearly that certain parts of the country, notably the Southern states, lagged considerably in their interest in sex education as judged by the percentage of replies received and the kind of sex education presented. The findings also showed that during the interval between 1920 and 1927 there had been a considerable change in the type of sex education presented. While in 1920, 25.2% of the schools gave an "emergency" type of sex education, in 1927

there were only 16.2% of the schools responding that gave this type of course. (By emergency sex education it was meant that the instruction is given in a special presentation, often by outside lecturers, and not as an integral part of the school program.) On the other hand in 1920, 15.5% of the schools responding gave an integrated course in which sex education appeared as an integral part of the subject matter, while in 1927 29% of the schools responding gave an integrated course. Of the schools responding 59.3% gave no sex education in 1920, while 29.1% gave none in 1927. Thus the picture showed a considerable advance during the eight years that elapsed between the two surveys.

The bulletin just quoted also showed that while there were several subjects with which sex education might be integrated, biology seemed to be the one outstanding subject which reported integration. About 30% of the schools reported sex education integrated with biology; 18% with social studies; 13% with hygiene; about 11% with physiology; 8% with psychology; about 5% with physical education; and less than 5% each with general science and home economics. The bulletin further showed that the lecture method with special lectures to large groups was rapidly giving way to the saner and more systematic instruction by the classroom instructor.

Those of us interested in the social hygiene movement have seen the gradual evolution of sex teaching from the type described in this bulletin and subsequent articles by Bigelow, Gruenberg, and others, to a much more social type of education. Gruenberg well describes its present status as a phase of character education.<sup>3</sup> And a similar point of view

<sup>3</sup> Gruenberg, B. C., and Konkonen, J. L., High Schools and Sex Education, *Educational Pam-*

phlet No. 7, United States Public Health Service. 1939.

by Bigelow<sup>4</sup> appeared in the latest edition of his splendid contribution and by the writers of the still more recent Thayer report,<sup>5</sup> given us by the Progressive Education Association. As the latest revision of the Report on Health Problems<sup>6</sup> well puts it, "Sex education is a trend in the life study. It should lead directly to the preparation for marriage and parenthood." While there may be considerable difference in opinion as to the best vehicle of approach, thinking teachers are agreed that just as health education is a responsibility of the entire school, so sex education or social hygiene is also a responsibility, either directly or indirectly, of the departments of science, home economics, social science, English, and physical training. All departments of the school must work for the common end, and the work of these must be coordinated if the end is to be accomplished.

If we grant the statement above, we need to know more about the conditions as they actually exist in the secondary school. No surveys such as were made earlier have appeared, although a good many recent articles indicate that the trends mentioned above do exist. Dr. Bigelow<sup>7</sup> recently made a national survey in which he traveled 12,000 miles and visited most of the educational centers of the country. He states that he encoun-

<sup>4</sup> Bigelow, M. A., *Sex Education*, American Social Hygiene Association. 1936.

<sup>5</sup> Thayer, V. T., *Science in General Education*, D. Appleton Century Co. 1938.

<sup>6</sup> *Health Education*, Report of Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association With the Cooperation of the Advisory Committees, National Education Association, Washington, D. C. 1941.

<sup>7</sup> Bigelow, M. A., Health Education in Relation to Venereal Disease Control Education, *Journal of Social Hygiene*. February, 1941.

tered "no important opposition to the larger social hygiene movement." He found a tendency (noted by the writer) to avoid the phrase "sex education" and "social hygiene education" and the substitution of other titles as "Family Life Education" and "Human Relations Education." All the educational leaders contacted agreed that sex education is important for the control of venereal disease in war time, and that the development of "sex-social" or "sex-character" education during the last twenty years has showed results. While Dr. Bigelow gives no statistics, he does report on some of the outstanding programs observed. Such are found in Minnesota, where excellent teacher training is being done; in Tulsa, Oklahoma, where an integrated program in the secondary schools has been under way for some time; in Oregon, where teacher training will soon show results in the secondary schools; in Tennessee, where funds are being devoted to the training of teachers *within* the schools; in California, where some schools are doing notable work in the preparation of parenthood; and in Texas, where excellent training is being done in the teacher training institution. Numerous recent articles in the *Journal of Social Hygiene*<sup>8, 9, 10</sup> show that individual "progressive" schools are doing excellent work in programs which stress character education and family education. But there seems to have been no attempt to carry on the survey of 1927.

The writer has therefore thought it

<sup>8</sup> Goldberg, T. A., Sex Character Education in Twenty-One Private Schools in New York City, *Journal of Social Hygiene*. November, 1941.

<sup>9</sup> The Schools Show Education in Family Life, *Journal of Social Hygiene*. November, 1941.

<sup>10</sup> Social Hygiene in War Time. The Program in Action, *Journal of Social Hygiene*. April, May, June, 1942.

worth while at this time to present some statistics obtained from two more recent questionnaires sent to teachers of science in all parts of the United States. The earlier of these, one of a series that dated back by ten-year intervals to 1910, were sent out to teachers of some 1500 representative Junior and Senior High Schools in 1930. Reports based on this questionnaire were published in 1931<sup>11</sup> and 1933.<sup>12</sup> While the questionnaire dealt with science sequence, placement, and enrollments in the secondary schools, it was quite comprehensive in scope and asked for information on the teaching of hygiene. In this section the following question was asked "To what extent are the problems of sex touched upon?" Fully \_\_\_\_\_ Slightly \_\_\_\_\_ Not at all \_\_\_\_\_ While this question was not covered in the papers quoted below, the answers were tabulated and were recorded graphically on page 397 of a text<sup>13</sup> written by the author from which the following figures are quoted by permission of the publisher. "In returns from 328 of the leading secondary schools of the United States, 68.15% of the senior high schools and 63.97% of the junior high schools do some work in sex education. 12.40% of the senior high and 5.15% of the junior high schools treat the subject fully, while 19.42% of the senior high schools and 30.88% of the junior high schools do no work in sex education." This would indicate a much higher percentage of

<sup>11</sup> Hunter, George W., The Sequence of Science in the Junior and Senior High Schools of the United States, *Science Education*. December, 1931.

<sup>12</sup> Hunter, George W., Science Sequence in Junior and Senior High Schools, *School Science and Mathematics*. February, 1933.

<sup>13</sup> Hunter, George W., *Science Teaching at the Junior and Senior High School Level*, American Book Company. 1934.

schools giving sex education than was stated in the 1927 questionnaire. Incidentally, the respondents were teachers of science and probably knew more of actual conditions than the school principals in the 1927 questionnaire.

Ten years after the figures just given, returns from another questionnaire<sup>14</sup> answered by 655 schools in all parts of the United States gave the following picture. In response to the question, "Is sex education given as a separate course or included in other courses in the curriculum, and when is it given?", 36 schools reported giving some sex education in the seventh grade, 49 in the eighth grade, 98 in the ninth grade, 111 in the tenth grade, 57 in the eleventh grade, 67 at the twelfth grade, and 2 at the junior college level—a total of 422 offerings. Only 23 schools reported separate courses in sex education, while 322 schools stated that the information was offered as a part of other subjects, primarily general science and biology. Over 93% of the schools responding, therefore, gave integrated courses. Ninety-four schools say that considerable emphasis is given to the subject, 244 say that little emphasis is given, while 55 say the subject is avoided or no emphasis is placed on material pertaining to sex education. Here again an interesting comparison may be made with the 1927 questionnaire. Where in 1927, 55.1% of the schools replying gave no sex education, in the 1940 questionnaire of the writer a little less than 14% of the schools replying gave no sex education. This indicates a considerable gain in 13 years.

Interesting trends were noted. In the far West more attention was given to the

<sup>14</sup> Hunter, George W., and Spore Leroy. *Science Sequence and Enrollments in Secondary Schools in the United States. Science Education*. December, 1941, February, 1942.

subject, and there was a spread of sex education materials through the several years of the high school, indicating rather complete integration with other subject matter in the curriculum. In the North Central States the pattern was different, sex instruction there apparently coming with biology in the ninth or tenth year. Ohio evidently gives such information fused with the general science course in the seventh, eighth, and ninth years. No such definite pattern was found in the South, although Oklahoma and Texas are evidently fusing the material with general science and biology. The New England States apparently do little but New Jersey, New York, and Pennsylvania seem much interested in sex instruction, most of it being given in connection with general science and biology. Another interesting fact was that the Southern states, especially South Carolina, Florida, Tennessee, Oklahoma, and Texas, emphasize sex instruction, which presents quite a different picture from the findings of the 1927 questionnaire. While exact comparisons are not possible, it appears that 64.42 per cent of all schools answering the 1941 questionnaire give some instruction in sex education, and that about 93 per cent of such instruction is given as a fusion with other subject matter. Less than 7 per cent of the courses in sex education are separate courses.

The national survey<sup>15,16</sup> of secondary school biology, conducted by Riddle and his committee, included some questions concerning sex instruction. The report

<sup>15</sup> Riddle, Oscar, and committee. *The Teaching of Biology in the Secondary Schools of the United States*.

<sup>16</sup> Riddle, Oscar. Amount and Nature of Biology Teaching in Secondary Schools. Data from a Questionnaire. *Am. Biol. Tchr.*, Vol. 4, p. 184. Mar., 1942.

says that "though teachers were asked to give data concerning the classes (subjects) in which 'sex education is a definite goal of instruction,' many of them drew a line through the word 'definite' and substituted 'incidental.' . . . Almost exactly one-third (958) of the 2,900 replies state that the topic is not taught. In New England and Southern states the topic is taught only slightly more often than it is omitted, while in Western states it is taught in approximately 75% of the schools. It is evident that the classes in general biology are most utilized for the teaching of sex education." This is in line with the practices as

outlined by Gruenberg<sup>17</sup> in 1939. His report, which is one of the sanest written in recent years, redefines sex education as "a phase of character education," and emphasizes the fact that sex education must be developed "as an organic part of the entire educational program. It must not be considered a special and isolated bit of 'curriculum' to be 'taught' at a given time, and then discussed and finished." It is a part of life experience, and as such must be the business of all the departments of a school, just as health education should be.

<sup>17</sup> Gruenberg, B. C., and Konkonen, T. L. *Op. cit.*

## The Radio in Biology

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The writer spends several hours during the school year discussing with students, either privately or in small groups, the truth or falsity of certain radio announcements. This discussion is not altogether limited to the youth, for many adults are not able to judge wisely which advertisements are authentic. The public is invited to become acquainted with a given product by a 3-cent stamp, a box top, a penny post card or by whatever bait the concern happens to be using. Free samples, trial packages, explanatory literature and testimonials are usually sent to the would-be buyer.

Those who fall for this prattle are the ones who least need such advice, and if they are sick, least capable of diagnosing for themselves. As an example, those who are overweight can find a ready means of reducing by taking some highly advertised product. When nos-

trums are taken promiscuously and without the advice of one who knows, serious results may be encountered. If the obesity needs remedying let the patient consult a physician who can determine the cause and then prescribe accordingly. From the many factors causing obesity, one is hardly able to make his own diagnosis. He may need to eat less, to exercise more, to take some hormone or to follow any combination of instructions as outlined by his physician and should in no wise rely solely upon the persuasive power of some paid radio announcer.

Neither should one take medicine to gain weight without first determining the cause. Underweight may be caused by such an array of factors that only a skilled physician, after several weeks of case study, can determine the cause. One must know if the underweight is caused by lack of food, parasitism, malnutrition or some pathological condition.