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PREFACE

During the last few years the Unesco Institute for Education in Hamburg has been interested in certain areas of the school curriculum of 15 - 16 year old pupils. Health education in the curriculum was the topic of the conference convened in February 1964, in which experts in the fields of education, sociology, psychology and medicine read papers concerning their experience and research findings and participated in three study groups.

The first group had to deal with the teaching of the dangers of drugs and tobacco, particularly at those ages when the body is still growing. The social, medical and economical effects were among the subjects this group dealt with.

The second group had as its topic sex education. There are few topics in our time which have caused so much controversy as sex education, the main cause of this being presumably the general emancipation of the subject. At the turn of the century, on the contrary, the topic was rarely touched upon in public life. Authors such as Oscar Wilde in England and August Strindberg in Sweden were persecuted for writing books which shocked the public by their realism. In the schools it was quite out of the question to deal with such problems. What the boys and girls learned about these matters was picked up elsewhere, rather than in the school, and rarely in the home. The scene has indeed changed and some people even maintain that the pendulum has swung too far in the opposite direction. The media of mass communication have produced a deluge of material on this subject which should infuse educators with a sense of the necessity of instilling a critical sense into young people in school. It is an ever-growing task which cannot be limited to youngsters of the age of puberty, but must begin in the earliest classes of school - and even earlier. But at that early age the responsibility still rests with the parents.

The role of the parents was examined from another angle by the third group which had as its topic "Preparation for Family Life". Many aspects of the curriculum in health education can be seen in perspective first when they are viewed in the wider context of family life. Such aspects are, for example, social and psychological relationships in the family, among peers and in society. Sex education is also a part of family life, and rather than teaching it separately it should be taught within the framework of learning to create a happy family life.

The present report cannot pretend to have answered all the problems in this area. It can only modestly claim to have taken stock of present views on the problems. It is also hoped that it may encourage further penetrating studies of this topical area in education.

We acknowledge with gratitude the contributions of individual participants and particularly those of Mrs. R. Fröyland-Nielsen and Mr. Torsten Wickbom who advised us on the final version of the report. Thanks also go to Mr. Jean Vanden Bossche, Programme Officer of the Institute, who was charged with editing the report.

Gustaf Ögren
INTRODUCTION

Children of the age 14 - 16 are in our days exposed to many dangerous influences as regards their mental and physical development. These influences are often caused by early participation in adult life, increased contacts with the outside world, numerous means of communication, e.g. mass media, the leveling of social classes.

The physical and moral health of a society is of vital importance. In order to preserve and develop this health everything should be done to enable the young members of the society to receive all possible help. In cases where this health is lacking, it is the society's task to furnish handicapped persons with the means to live their lot courageously by using their resources to a maximum. This important problem has been the subject of the meeting "Health Education, Sex Education and Education for Home and Family Life" for students aged 14 - 16 years who are school leavers. The addition of an extra two years to compulsory schooling should not only mean revision and reinforcement of what has already been learned but also a new initiation into the problems of adult life.

However important medical services are in this field they cannot by themselves maintain and improve the physical and mental health of the community. A great deal of education is required, firstly, for people to accept medical and psychological services and, secondly, for them to cooperate by offering these services favourable conditions in which to carry out their work.

The aim of the conference was to find ways by which a child could be made conscious of the importance of his bodily health for his physical and moral development and to prepare him for a healthy married life, the success of which depends to a large extent on the balance between physical and moral aspects.

The role of the school 1) is especially important at a time when parents are not taking the role of initiators, when they consciously avoid the task or are incapable of undertaking it.

Of the problems brought up during the conference the difficulty of freeing oneself from traditional ways of thinking was considered among the most acute. This problem concerns questions relating to intimate personal problems which we normally think of as concerning the family alone. Adding to this difficulty is the fact that for each person the idea of "The Family" has very personal connotations which prevents this concept from being seen in a broader or international perspective.

Another difficulty arose from the fact that the three subjects of the conference were not primarily school subjects in the same sense as "the three R's", social studies and the like. Health, Sex life, Home and Family life are all

facets of every day life outside the school. This means:

1. They should first and foremost be tackled inside the personal and intimate circle of the family.

2. It must be borne in mind that these tasks call for attention at a much earlier stage in life than the ages with which our conference was concerned. Whatever is done at later stages will be built on the solid or shaky foundations which have been built for the child earlier.

3. Effective education in the three fields demands a close working relationship between the homes of the children of all ages and the school. The activities of each unit should be recognized, respected and coordinated reciprocally.

4. These tasks seemed particularly difficult to solve because the participants represented a variety of cultures and traditions.

5. The last point concerns a vital challenge which has been a central question from the time of John Dewey and the other school reformers throughout the first half of our century: Education is not only a question of imparting knowledge; more than anything, education is living, experiencing, experimenting. This means a different kind of organization and administration of schools. It can be done, and it is fundamental, especially when we think of the three topics of the conference.

The following questions were examined during the conference with the latter points in mind:

1. What information, attitudes and habits are necessary in the fields of
   a. health education and the preservation of health seen within a framework which includes health (from a medical point of view) as well as safety;
   b. sexual education;
   c. preparation for home and family life?

2. How should this education be organized?
   a. Organization of the curriculum.
   b. Methods and evaluation.
   c. The teacher, the school and the community in their joint efforts to help health education, sex education and education for home and family life.
Before the conference a questionnaire was distributed to the participants from which a comparison of existing curricula in the participating countries was drawn up (see Appendix 2).

Although it was not possible to resolve all the problems dealt with, this conference, organized by the Unesco Institute for Education in Hamburg, proved fruitful for its analyses of the problems and in defining the goals yet to be accomplished.
HEALTH EDUCATION
HEALTH EDUCATION 1)

The main objective in health education should be to offer the human being a physical and moral potential enabling him to undertake certain tasks, to improve his contacts with his environment through better understanding and to face up to the problems of social life.

A. The Curriculum

The purpose of health education is not only to give information but to motivate desirable health behaviour.

The Conference had been called because of the extension or the proposed extension of the school leaving age to sixteen years, and the group's duty was to consider what the school should do about health education. The Chairman of the group proposed that we consider the needs of the children entering the group and of those leaving it. He suggested that it would be difficult to formulate a definite program because local conditions would, in many cases, determine its content.

1. Personal Health

Under this topic were included: sleep, rest, exercise, dental care, personal appearance, etc. It was assumed that these topics would, in many countries, have been dealt with before the children reached the age of fourteen but some instruction should be given in the age-group being dealt with.

1) see also the contributions of J. Ravez, H. Kilander, J. Bach, D. Reja, L. Kaspryzk, W. Warden, B. Ganick, p. 41 to 77. The group was composed by H.F. Kilander (chairman), C.A. Bresnihan (rapporteur), I. Bach, F. Christiansen-Weniger, I. Ravez, D. Reja, J. Vanden Bossche.
The importance of exercise and of physical training was stressed and it was agreed that this age-group should have a course in physical training as well as being taught its importance.

The importance of team sports in the development of good team-spirit and co-operation was noted. Nevertheless individual sports also have an important place, especially those which the pupil can carry into adult and family life.

2. Nutrition

It was accepted that this is one of the most important topics to be taught because so many health problems arise from faulty eating. Both boys and girls should have a knowledge of the subject to prepare them for independent adult life. Most of the delegates said that the problem of unbalanced eating exists in their respective countries. Excess weight in teenagers was one of its manifestations in some countries. In other countries we find manifestations of opposite cases.

Most of the countries represented provide school-meals to a greater or lesser degree - in some cases the meals are cooked, as part of their training, by girls in the Domestic Science classes. A well-planned school-lunch program can be an important educational device.

One of the most important things to be taught in this area is a proper sense of values. This is necessary because so many people in many countries cut down the amount they spend on food so as to use the money for clothes, a car, a refrigerator or some other status symbol. Reference was made to the number of well-dressed but under-nourished people there are.

3. Community Health, Sanitation and Contagious Diseases

These are regarded as important subjects. We should teach that it is the individual's duty to the community to protect himself from contracting, and so spreading contagious diseases. The theory of immunisation should, therefore, be taught.

The children should know that some diseases are endemic in certain countries and that people visiting these countries are unlikely to have any natural or acquired immunity and are, therefore, liable to contract such diseases in a severe form. This is important in view of the great increase in international
travel which has also contributed to the spread of contagious diseases.

Some delegates were of the opinion that we should teach the various methods by which germs enter the body and the first symptoms of the common contagious diseases. Others thought that because of the decreased incidence of these diseases such teaching would not be necessary but that general hygiene and other methods of prevention should be emphasized.

It was agreed, however, that individual communities would have varying needs and would, therefore, differ in their ideas of how much should be taught in this area.

Children should be taught what health and welfare services are available and advised to make early use of them throughout their lives.

4. Consumer Health

The question here is "how much of one's resources should one spend on health?"

This is partly a matter of family budgeting and will vary with the national or local health services available to a community.

The danger of health superstitions and of health advertising should be made known.

5. Mental and Emotional Health

This is considered to be a most important field. The emotional health of a community must be seen as a product of its civilization.

Mental hygiene can be promoted by children being made aware of the importance of acknowledgement, recognition and encouragement of the individual's development and of his relations with his age peers and of his having a feeling of "belonging" within his group. It will then be easier to resolve tensions and overcome frustrations which stand in the way of the integration of the individual into the community.

Children should know something of personality development in the context of heredity and of physical and social environment. Self-discipline, determination, independence and the ability to
accept reality should be shown to be signs of emotional maturity.

Instruction in literature and the arts in addition to discussions on the mass media such as films, newspaper and magazines, radio, television, etc. represent an essential objective within the framework of education for mental health, especially for these age groups. It is most important to develop a critical mind toward these productions as well as to assist in the formation of desirable attitudes and judgments of value.

Wholesome environment, wholesome family relationships, knowledge of one’s own capabilities and limitations, a feeling of security, a good philosophy of life, religious and ethical convictions, a sense of humour and development of opportunities for wholesome physical and social leisure-time activities must be recognized as factors which promote mental and emotional health.

6. Stimulants and Depressants 1)

The extent to which this aspect of health education needs to be taught will depend to an extent on the mental and emotional health of the community, but schools should, by every means available to them, emphasize the dangers especially of both alcohol and tobacco, to the age-group under discussion.

Nevertheless, one of the participants pointed out that excessive use of stimulants and depressants is in relation with the mental structure and the psychological conditions of the individual and that from this fact the motivation for excessive use of stimulants and depressants can be explained.

Teachers should try to do away with the idea prevalent among young people in many countries that a young person gains in prestige if he is able to smoke and/or drink.

1) see also the contribution of B. Ganický, p.75 to 77.
7. Safety

Statistics show that the majority of deaths among children aged 14 to 16 years are due to pulmonary illness and to accidents. It would be better if much of the education on driving safety were given before the age of 24. It is important to teach the theory of occupational safety between the ages 14 and 16. The pupils should be taught to realize and to try to anticipate the possibility of danger at work, whether it be in field or factory, but individual hazards need not be emphasized. The safety aspects of games and sports should be taught.

8. First Aid

First aid should be taught to this age-group in school if it is not being taught by some outside agency. Apart from the practical value of such teaching, the individual has a responsibility to equip himself to be able to deal with an emergency. One never knows when one may be the only person present at the scene of an accident where prompt aid may save a life.

9. Home Nursing

This should be taught, particularly as many children between 14 and 16 act as baby-sitters.

10. Driver Education

In only two of the countries represented can a young person get a driving licence at the age of sixteen - and then only with the parents' consent. In other countries where one cannot get a driving licence until the age of eighteen, it is felt that 14 to 16 is too young for Driver Education. Traffic education should, of course, be taught in all schools, and attention should be drawn upon one's responsibility in the community in order to avoid imprudent acts.

It is recommended that a total of one hundred and sixty hours be devoted to health education during the two years under review. It is agreed, however, that needs will vary according to whether or not the pupils being taught are proceeding to higher education. There will also be schools in which much of the subject matter which we have been discussing will be integrated with other
subjects on the curriculum. In any circumstances the number of hours devoted to formal health education should not be less than eighty.

Examples of how these hours are at present allocated to the different aspects of the subject have been submitted by three delegates (Appendix 3 - Poland), (Appendix 4 - Czechoslovakia). They differ but slightly from one another and seem appropriate.

B. Methods of Teaching Health Education

A multiplicity of methods needs to be used in promoting health education. The need for variety in method is probably greater in this than in any other subject. Education may be said to include:

1. the teaching of facts, for which the study of texts is necessary;
2. the developing of attitudes, which can best be achieved by the use of all available ancillary aids, by group work techniques, etc.;
3. the development of skills and habits which must be acquired by practice. Thus it can be understood that all modern methods of teaching have application in the field of health education.

A good teacher will, himself, best decide how to teach the material in hand and he should be provided with all the necessary means to do so.

Lecturing should be reduced to a minimum and audio-visual aids should be used as much as possible. It is important that there be proper documentation of audio-visual material. Health museums and the use of animal and other experiments are useful aids to teaching.

In this respect one of the participants gave an example of an experiment in school by which a little cat was given alcohol. The children were very impressed by the reactions of that cat under influence of alcohol.

Another participant thought that creating positive attitudes had more possibilities of deterring young people from wrong habits than convincing them of the danger of such habits. It has been noticed that in one of the countries represented, the abolishing of tobacco coincided with the increase of the use of alcohol. In this respect sports can contribute to limit the use of tobacco and alcohol.

One of the participants felt that certain laws could encourage young people to lead a healthy life. Such laws can be of either a preventive or educational nature. Other participants felt that these laws can be useful but are not essential. As such they rarely protect young people. They felt that what is most important is to organize leisure time.
It is recommended that evaluation procedures be used by teachers and schools to measure the educational results of health education, namely health knowledge, health attitudes, health practices and health skills.

Information so obtained will help in improving the individual health education programmes and will suggest areas where further research is needed.

C. The Preparation and the Role of the Teacher in Health Education

The specialized character of the subject calls for a well prepared teacher. The health-educator should:

1. be a trained teacher;
2. be a regular member of the school staff;
3. have taken special courses in all aspects of health education. This is important since most of the teachers are only disposed to teach what they prefer or know best, and this works against a well-balanced curriculum. In order to be up-to-date, teachers should also take regular refresher courses.

Where a health-educator is not available, it should be made possible for an ordinary teacher to attend special courses and bring himself up to standard.

The health-educator should be at liberty, when deemed necessary, to call on the services of an expert in particular aspects of the subject - for example, the school doctor or school nurse for some teaching in a classroom.

D. The Participation of the Community in Health Education

It is not possible to educate pupils in health matters by school-teaching alone. The school needs assistance, especially from the family. Therefore, there should be discussions between teachers and parents.

Television, radio, press, societies such as the Red Cross, women organizations, workers' organizations, traffic control organizations, youth organizations, Health Departments and sports organizations can all assist and should be involved. A useful method of doing this is by the establishment of health councils on which all these organizations would be represented.

Parent-teacher associations and such groups do not interest the 14 - 16 age-group as much as they do other age-groups, but are still important.

The school doctor and other health personnel should be in especially close contact with the group.
Several participants also drew attention to the fact that the teaching of health education should start before school age in order to avoid wrong attitudes and habits which are difficult to remove when the child has reached the age of 14 - 16 years. Therefore, parents should be made aware of their responsibility and be prepared accordingly.
SEX EDUCATION
Chapter 2

SEX EDUCATION 1)

The term "Sex Education" has caused much misunderstanding. As one of the participants pointed out, this is due to the fact that people seem to emphasize the word sex and neglect the word education. In the teaching of the subject, education is - or ought to be - the main thing. A good way to eliminate this misunderstanding would be to introduce a new term which in a better way emphasizes the psychological facets.

It is most important that sex education never be allowed to be isolated from other teaching in general, but should be integrated with other subjects, particularly with biology, hygiene, social science, psychology, etc.

It is also important to realize that moral norms are relative concepts which change with time. Another consideration is that within the same country different social groups apply different moral norms. Sex education must naturally follow the values which are valid in that particular society in which they are taught. On the other hand it must be understood that other people have other values and sex education can contribute to create respect and understanding for these norms.

An initiation into a healthy sexual life is of utmost importance for the life and prosperity of the individual and the community. It is the school's duty to deal with this subject which has only rarely appeared in school curricula.

Nevertheless, the group 2) emphasized most strongly that sex education must in the first place, be given in the home during the pre-school period.

1) See also contributions of H. Keilson, P. Chambre, M.B. Bergstrom-Walan, A. Kelisod, p. 79 to 92.

2) The group which dealt with sex education was composed of P. Chambre, Chairman, Mrs. Bergström-Walan, rapporteur, J. Bergier, Y. Donnen, H.A. Keilson, Mrs. A. Kelisod, N.W. Paget, T.N. Postlethwaite, T. Wickbom.

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The school can only come in at the second stage; it is recommended, however, that the school should help parents or guardians in this education at the pre-school period.

The schools should at all levels co-operate with the social, educational and religious organizations which are interested in sex education so that various programmes may complement each other.

With the increased speed of communication and mobility in the world, sub-groups of a nation (e.g. rural, religious, working, academic, etc.) which are previously isolated are now becoming integrated to the extent that some have merged with each other and others have even disappeared. This has often resulted in the leveling of different moral values so that in some societies, as one member pointed out, young people feel not only a non-restriction but a positive liberty in sexual relationships. Another phenomenon of certain societies in modern times is that the problem of sexuality has become more central than in former times. One member pointed out that the changed environment contributes to increased eroticism. Again, sex is emphasized commercially in the mass media. One reason suggested for the need for sex education was that of earlier somatic puberty.

There is a rise in the number of divorces. Many families are not so strongly united as formerly. In some countries the age for marriage seems to be dropping and sex education seems to be necessary to prepare young people to fill the roles of husband and wife. In a world where many parents do not take upon themselves the responsibilities for the sex education of their children, it is incumbent upon the school to take this education upon itself.

The over-all aim should be to channel each child’s natural interest in sex in such a way that the child will achieve an individual equilibrium and at the same time be able to have contact and form wholesome (balanced according to the mores of the particular society) relationships in the home, school and society. Both sexes should learn to respect the dignity of the other and this education should lay particular emphasis on preparation for unselfish love and marriage. One special aspect of this education is to inculcate healthy attitudes and to correct mistaken and unhealthy attitudes acquired in an “erotic” environment.

Apart from enabling the children to learn the content laid down in the next paragraph, the school should, if possible, undertake to establish a relationship with the home of each child so that the home participates fully in this sort of education.

1) The phenomenon is less apparent in Eastern European countries.
A. The Curriculum in Sex Education

Such education should be gradual and questions should be answered as children raise them. It is obvious that there are certain aspects of sex education which should be given at a very early age and that two very important ages for many points of sex education are 3 - 5 and 10 - 12 years.

Thus, it should be realized that the age of 14 - 16 years is too late to begin sex education. The aim here should be to repeat much of what has been taught before. In the 14 - 16 year group there are many new social and emotional aspects to be considered in sex education. Where possible, boys and girls should be taught together - preferably in small groups for spontaneous discussion according to their social, emotional, physical and intellectual development and needs. However, it may occur that certain aspects of what is laid down in the content of the section may be of particular interest to one of the sexes, and, in this case, it would be justified to deal with this separately, at the same time as much as possible of sex education should be covered by both sexes before the end of compulsory education, since in no country can 100% of parents be relied upon to give it.

Most subjects can be dealt with in the classroom (either to mixed or separate groups), but for certain children individual talks might be necessary in particular aspects of this education.

It should also not be forgotten that it is possible to integrate the continuation of health education, sex education and education for home and family life into courses in school or college following the end of compulsory schooling, e.g. "les cours d'apprentissage de l'éducation civique", etc. (in Czechoslovakia 90% continue to go to school).

Obviously sex education should preferably be integrated into the whole curriculum. There are many aspects, mental, biological, social, emotional, moral, ethical, etc. which can be dealt with as they come up in various school subjects. It is further desirable that there be close cooperation between members of the school staff and the teacher responsible for sex education in the school (should there be one) or the class teacher; it is most important, where aspects of sex education are touched upon in other subjects, that the specialist or class teacher should be informed of this. This is of paramount importance for the integration of sex education in the school. It should be stressed that what will be taught from the following content will vary from country to country. The information about sex given to boys and girls should be taught in a way which would support the existing family, social and educational patterns of individual countries.

Two different versions were presented by the participants as regards the general topics for 14 - 16 year olds.

The opinion of the majority of the participants was in favour of version A; some participants were for version B but with fewer detail.
The following general topics are suggested for 14 - 16 year olds. These topics should be dealt with not only in a scientific but also in a moral and ethical way.

1. Differences between the sexes
   Anatomical, physiological, emotional, psychological, genetic. (Subsumed in the above headings are such topics as: structure and function of the genitals, hormones, menstruation, masturbation.)

2. Boy-girl Relationships
   Emotional attraction, responsibility and personal dignity, importance of self-control. Pre-marital relations. Dangers of alcohol and narcotics, stress on moral, ethical, psychological, economic and social aspects.

3. Childbirth
   Conception, development of foetus and pregnancy, confinement and delivery, moral and psychological aspects of pregnancy and delivery, education for childbirth (see also point 11).

4. Incomplete Families

5. Sterility, Impotence and Frigidity

6. Abortion
   Spontaneous, legal (in such countries, where it exists), warning against illegal abortions.

7. Birth Control

8. Menopause
   Age, reasons for (hormones), effects of e.g. relationship to husband, etc.

9. Venereal Diseases

10. Sexual Deviations
11. Preparation for further Sex Education
Preparation for parenthood, preparation for childbirth, preparation for role of parent as sex educator (even when this will be available after compulsory schooling).

Version B

The following general topics are suggested for 14 - 16 year olds. These points should be dealt with not only from a factual point of view but also from an emotional, social, ethical, etc. point of view.

1. Differences between Sexes
   Anatomical, physiological, emotional, psychological, genetics.

2. Boy-girl relationships
   Emotional attraction, responsibility and personal dignity, dangers of alcohol and narcotics, stress on moral, ethical, psychological, economic and social aspects.

3. Childbirth
   Conception, pregnancy, delivery, post-natal care.

4. Role of the Parents
   Respective responsibilities of father and mother.

5. Other Problems
   Sex hygiene, family regulation, abortion, venereal diseases, homosexuality, sex and delinquency, etc.

6. Preparation for Marriage in the Future
   Importance of self-control

7. Preparation for wise use of Leisure-Time
   Literature, films, dances, etc.

In the field of sex education the problem of birth control led to discussions among several participants. One of them stressed the importance of this problem in regard to its repercussions on the religious, social and economic life. Some participants maintained that the teaching of anti-conceptional methods at school is not advisable because too early an age constitutes a danger. Other participants did not share these fears. The task of the school mainly consists in
creating correct behaviour and healthy attitudes towards sexual problems.

B. Methods of Teaching Sex Education

The schools should aim at the development of sound communication between the parents and the children, especially through establishing a common vocabulary so that parents can assist their children in deepening their knowledge about sex.

Schools may fulfil this function through:
1. group meetings in and out of school
2. individual counselling by teachers
3. informative literature
4. films, film strips and slides
5. newspapers, radio, television broadcasts
6. group meetings with parents and children

The group recommended that specialized services be established whenever possible so that sex problems of children and parents could receive individual attention.

The group recommended that there was a need for continuing international exchange of information and that further research be considered in sex education with regard to the evaluation of contents and methods.

C. The Preparation and the Role of the Teacher in Sex Education

The personal qualities of the educator should include specific knowledge, and like other educators, the individual should be a mature and balanced personality and must be comfortable about providing sex information.

All those who might be required to teach sex information such as schoolmasters, doctors, nurses, social workers, and other health specialists should be taught how to teach this subject in teacher training colleges, graduate schools and universities or through in-service training programmes. (Training programmes approved by the organization by whom the educator is employed.) Ministries of individual countries should establish a separate department concerned with the teaching, co-ordination and the promotion of sex education, in co-operation with existing national organizations of parents and other social, educational, political and religious associations.

It should be stressed that parents need assistance from the school in teaching their children about sex. The schools have a dual role with respect to sex education: for the children and for the parents.
D. The Role of the Community in Sex Education

Information must be given about sex when this information is required. Thus, it is up to the people or organizations responsible for children and adolescents to give this information. There should be constant communication between these bodies (i.e. the home, the school, industry and such organizations as the Red Cross, etc). The school should contact parents before giving sex education and while they are giving it, so as to keep the parents up-to-date with this aspect of their children’s education.

One of the participants gave the example of the practice of the administrative authorities in Louisiana. This consists of sending the parents bulletins informing them regularly of the way in which they should educate their child. The parents receive these bulletins from the moment when the wife knows that she is pregnant until the child goes to school.
EDUCATION FOR HOME AND FAMILY LIFE
Chapter 3

EDUCATION FOR HOME AND FAMILY LIFE 1)

The objectives of education for family life are:
1. the protection, preservation, improvement and development of the family structure;
2. the development of constructive attitudes regarding inter-relationships within the family and the wider relationship between the family and community;
3. the presentation and acquisition of knowledge and understanding as essential to the development of desirable habits, ideals and standards of conduct and behaviours, in relation to individual attitudes toward sex and family;
4. to encourage and assist young persons in understanding themselves and each other and in appreciating their future roles as husbands, wives, parents in a family, and members in a community.

A. The Curriculum in Education for Home and Family Life

The programme of family education varies with the society in which it is practised.

In this field it is even more necessary to emphasize understanding rather than knowledge. Attitudes and skills are more important here than information.

1) The groups which dealt with this problem was composed of: Mrs. Frøyland-Nielsen (chairman), Mrs. Lachs (rapporteur), Mrs. Aczel, E. Braithwaite, T. Brocher, O. Farrag, W. Koelle, Mrs. Warden.
Nevertheless it seems necessary to deal with some topics which will be of great help in daily life such as domestic sciences, home economics, housekeeping, housecraft, budgeting, child care, hygiene, etc.

Some of these topics having direct bearing on preparation for home and family life may be presented through the general subjects (e.g. social sciences, natural science, literature, arts, etc.) while others would require special treatment in correlation with the curriculum.

Preparation for family life should be an essential phase of each learning experience. In each experience youth should be given opportunities to build and extend knowledge and to develop attitudes and acquire skills and habits conducive to healthy family life.

Schools must include the "home-family perspective" in their teaching programmes wherever this is pertinent. In all cases the teacher must know how to accomplish this without intruding into privacy.

To achieve this, it is important that the areas of responsibility for teaching in these wide terms be clearly defined, planned and executed through continuous consultations and co-operation among staffs in schools.

The group agreed that attitudes are not a subject for direct teaching but depend essentially on the organization of school life taken in its widest sense and implying the relationships between parents, other groups, and social systems.

B. Method in Teaching for Home and Family Life and Evaluation

The group supports the general concept of co-education at all ages in all group activities (extra-curricular activities, student councils, etc.) as providing the best possible background and atmosphere potentially favourable to the development of helpful attitudes.

In such an atmosphere it should be possible to introduce courses on preparation for home and family life. The initiative for discussion of these various matters may originate with the children as well as the teachers.

While appreciating that much of the material will be dealt with by traditional ways of instruction, the fact that many aspects touch the emotional and cultural background of the pupil makes it essential that opportunities for more flexible methods must be provided such as: discussion techniques, role playing, psycho- and socio-drama, youth conferences, parent conferences, well planned PTA-meetings, counselling, films, pamphlets.

Evaluation is itself an important aspect of education and should be a regular and continuing feature of any programme designed for application either within or outside school-hours. The results obtained from close observation of any active situation and from other methods of evaluation provide invaluable data
and bases for immediate change and adaptation and scientific research within the situation.

C. The Preparation of the Teacher and his Role in teaching

Education for Home and Family Life

While some countries and some particular schools envisage such work, the preparation of teachers for all these tasks (contact with parents and organizations of meetings as well as the problems regarding teaching programmes and the carrying out of them) is essential. It seems necessary to stress it as a task for the official administration of teacher training colleges. The group also wants to stress the value of the in-service-training, that is, constant co-operation between staff and leader, personal supervision and consultation. All this should be included in the daily programmes of schools.

Several participants drew attention to the fact that there is a generally wide-spread tendency to burden teachers with too many responsibilities. The teacher cannot entirely replace the parents' role because of lack of time necessary for doing so and/or for lack of experience. Therefore, it is important that the teacher's task be clearly co-ordinated with the parents.

In some countries, parents are invited to come to school so that children and adults learn to live together and so that the teacher might have a better insight into his pupil's family life.

D. The Participation of the Community in Education for Home and Family Life

Apart from the school, the agencies and institutions involved in education for family life are:

1. the home;
2. out-of-school activities and other public bodies as churches, institutions of adult education, etc.;
3. mass media.

1. The Home

The structure of a family may vary according to countries and/or cultures. Such structures vary and are, at present, changing even within societies. Although each family represents different traditions, they all have in common the fact that they are simple security-oriented units consisting of father, mother - child or children relationships.

Education in this unit consists not only of the conscious and unconscious influence of the adults on their children.
but also of the interaction among all persons concerned, old and young. It should be borne in mind that still other forces play a role in the home, such as economy, housing, environments etc. Stress and fatigue are other factors which play a decisive role in the modern society.

Where planning new housing areas these factors should be considered, so that living space might be adequate and divided fairly between all the members of the family.

Work, as well as working hours, and distribution of leisure time are other aspects which have repercussions on life and happiness within the family.

Even though the average family may be able to cope with these demands all their lives and exchange the love, consideration and understanding necessary to their existence, they may, in periods of special stress and unforeseen problems, need advice and direct help from adequate social organizations (family counsellors).

Home instruction should be supplemented by the school at all stages and the various agencies with which youth comes in contact during the formative years. The correct administration of this education requires complete co-ordination between school and other organizations and demands the best which science, society, personal inspiration, idealism, sound pedagogy and religion can bring to the adolescent.

2. Out-of-school Activities

Although we have mentioned the different relationships between the home and different social agencies, it seemed necessary to mention all the different arrangements made for children within the framework of the school as well as outside it (boy scouts and girl guides and other associations for children and young people, dancing-, music- and other lessons, etc.). This means enrichment for both the young people and for the family (home) as a whole. But these will always involve questions of integration with the other activities - problems of capability, endurance and time. There should always be time for duties in the home and for non-programmed activities. Again problems to be considered by all those responsible for the development and welfare of the young people.
3. **Mass-media (radio, television, films, books, newspapers and other printed matters)**

In our days the mass-media is becoming more and more important, especially for young people. This enthusiasm may constitute considerable aid for the distribution of ideas favourable to healthy attitudes, from the family and social point of view. However, the mass-media may also be prejudicial to education if not carefully used.

Together with the content of mass-media other problems must be considered, such as duration and time of their use, their influence on the family atmosphere and the economic problems they involve.

It is of utmost importance that the use of time be carefully studied. The mass-media should not limit the indispensable tasks of the family or the necessary time for rest. Moreover, the mass-media should not influence daily life in such a way that they prevent the individual contact necessary among members of a family. This detrimental influence may also hamper any conversation on which the flow knowledge between parents and children depends.

It is often impossible for a family's financial means to permit the enjoyment of some types of mass-media in the home. In order to aid these families the community school might arrange to make certain instruments of the mass-media available to the community members.

The preceding should stress the necessity of close collaboration between school and community.
The following are contributions by participants.


Those of H.A. Keilson, P. Chambre, M.-B. Bergström-Walan, A. Kelisová deal with problems of sex education and the family.
A. The need for a feeling of personal dignity

Man is unable to behave adequately on either the social or individual level without a feeling of personal dignity. Doubtless this is only common sense, but I believe it is useful to emphasize its importance.

1. Social behaviour (This paragraph does not call for development since it is not directly concerned with the subject of my contribution.)

How am I able to appreciate others if I do not appreciate myself? If I do not value them, how can I help them?

2. Individual behaviour

The idea which one has of oneself conditions the interest which one has for one's own person (hygiene, appearance, ....).

The feeling of dignity results in the individual considering certain actions, certain behaviour as unworthy of himself (alcohol or drugs prevent him from "being himself"; they debase).

Finally it can be observed that self-respect cures coherent individuals of certain disastrous feelings such as envy or jealousy.

B. How can a feeling of personal dignity be inculcated?

1. Preliminary comment

To inculcate this feeling presents difficulties for the educator, since personal dignity results from a value judgement and cannot be proved by a logical demonstration. Moreover, as the term indicates, it is a matter of feeling.
The most efficient method of attaining the proposed goal seems to me to be that of giving the child progressive confidence in his potential. This confidence can only be brought about insofar as the adult allows the child relative autonomy: authority and heteronomy obviously go together.

2. **Practical means**

   a) The child should acquire confidence in his own reasoning.

   This assumes anti-dogmatic methods of teaching; the ex-cathedra type of course, should be eliminated — discovery of truth should result from a collaboration between the teacher and the pupil.

   The child should never be left with a feeling of failure (which on one hand implies the necessity of a judicious teaching orientation in such a way that the child does not find himself confronted with tasks which are too difficult for him; on the other hand, the educator should accustom the child to the facts as they are and to persuade him not to waste his energies on unrealisable goals.

   The teacher should try to eradicate certain self condemnations from the mind of his disciple.

   "I shall never understand mathematics" says the pupil: This is a form of fatalism "which proves itself as soon as it is believed" (Alain).

   b) The child must be shown that if he tries to change himself he can.

   It is important to teach the child not to conform to, or more exactly not to let himself follow either his own inclinations or events. What one receives is mediocre in comparison with what one makes of oneself. The world is absurd if we do not give it meaning.

   The value of example should not be neglected — not only the virtuous example which is in all the handbooks on morals but also the living concrete example taken from daily life or from what actually happens.

   Perhaps it would be possible in this connection to define the idea of happiness. Happiness is not
the result of passivity but of action and will.

c) The child should have confidence in his physical potential.
   Practice at sports can contribute to this.

d) It would be desirable for the adult to permit the child a certain material autonomy in allowing him, for example, to manage his own pocket money.

e) Finally, situations must be avoided where the child is left feeling powerless.
   Situations which are too much for him (parental disagreement, international conflicts ...). But this is a matter of long term action which goes beyond the immediate aim which we are discussing.

Conclusion

The child should acquire confidence in himself, autonomy, and a sense of responsibility; he can only do this if the adult has confidence in him, eliminates useless restrictions and gives him responsibility.
The many topics in Health and Safety Education mentioned in the state and city courses of study and in textbooks can be conveniently organized into eleven areas, as follows:

Health Areas
1. Personal Health (or Personal Living);  
2. Nutrition;  
3. Community Health, Sanitation, and Contagious Diseases;  
4. Consumer Health;  
5. Mental and Emotional Health;  
6. Stimulants and Depressants (Tobacco, Alcohol, Addicting Drugs)  
7. Family Living (Sex Education);

Safety Areas
8. Safety;  
9. First Aid;  
10. Home Nursing;  
11. Driver Education.

The main topics included under each of these eleven health areas are given in the first paragraphs. The relative emphasis for ages 14 - 16 is given in the second paragraphs.

1. Personal Health
   The meaning of health; good personal appearance; activity and rest; care of special senses - eyes, ears, dental health; physical environment and personal health; non-communicable diseases and ailments - such as cancer and heart disease; health appraisal; body structure, function and growth.
Many of these topics should have been considered in the elementary school; some should be continued. More attention should now be given to human physiology and to non-communicable diseases.

2. Nutrition

Signs of good nutrition; functions of foods; nutrient groups needed by the body; nutritional needs as indicated by the Recommended Dietary Allowances and the Basic Food Groups; meal planning and preparation; digestion and health aspects of nutrition; maintenance of desirable body weight; food sanitation; food storage and preservation; food production and conservation; consumer protection and education.

The topic of foods and nutrition needs consideration at this level with a review of what has been learned earlier and with special attention to meal planning and to weight control. Many of these pupils will soon be on their own when it comes to food selection, because they are soon likely to be working or married. A close tie-in with the school lunch programme is essential.

3. Community Health, Sanitation and Contagious Diseases

History of disease-producing organisms; how germs are spread; immunization; specific contagious diseases such as tuberculosis, malaria, venereal diseases. Sanitation: Sanitation in relation to medium - water, sewage, etc.; home sanitation; school sanitation, travel problems. Community Health Agencies and Organizations: Health departments, voluntary health agencies; hospitals and clinics; schools; professional groups; international agencies.

These topics need considerable attention. The teaching of these topics in health education should be closely correlated with that occurring in general science and in biology which the pupils in the United States are probably studying together.

4. Consumer Health

The term "consumer health" refers to that area of health teaching which is concerned with giving students (the consumer) a background which will enable them to make sound decisions in the selection
(purchase) and use of professional health services and products. Topics include: selecting health advice and services; insurance plans; hospital care; evaluating health advertising; consumer protection by government; health superstitions; quackery; self-medication; budgeting for health protection; health careers.

All of these topics are appropriate for the 14 - 16 year age group. The student will soon be earning and spending his own money and so it is important that he be given some understanding of these related topics.

5. Mental and Emotional Health

Personality; making adjustments; factors promoting mental health; cultural patterns; anatomy; and physiology of nervous and endocrine systems; mental and emotional illness.

The emphasis is on wholesome attitudes from early childhood. However, the adolescent also needs to have some of the scientific facts presented as indicated in the previous paragraph. Little attention needs to be given to the morbid and pathological aspects of the subject at this age.

6. Stimulants and Depressants

Drug addiction including opium, marihuana, cocaine, barbiturates, treatment; alcohol and alcoholism; tobacco; common drugs such as aspirin, and tranquilizers; habit-forming drugs in beverages such as caffeine.

Emphasis needs to be given to the subject of alcohol and tobacco in all schools. The need for considering drug addiction will vary for the community, yet all pupils should have some information on the subject.

7. Family Living (Sex Education)

Boy and girl relationships including building friendships, good grooming, and social behaviour; dating; growth and development; reproduction, heredity, social and emotional problems related to sex such as masturbation, homosexuality, venereal
disease, etc.; preparation for marriage; 
adjustments in marriage; preparation for 
parenthood.

For the 14 - 16 age group, boy-girls relation-
ships, dating and physiological changes need 
to be given adequate attention. In anticipa-
tion of early marriage, many of the related 
topics also need to be included in the school 
programme.

8. Safety Education

Safety in the home, school, recreation and 
occupation; street safety; fire prevention; 
school safety organizations; accident and 
fire insurance; civil defense; disaster relief.

This area should be related to the accident 
problems common to the age group. Included 
should also be occupational safety depending 
upon what areas of work might be anticipated.

9. First Aid

Wounds, shock, artificial respiration, poison-
ing, injuries to bones and muscles, burns, 
common emergencies, transportation.

Students need to know first aid at all age 
levels. At ages 14 - 16 they are old enough 
to be able to master all the common skills in this 
area of health education. In the United States, 
the Junior Red Cross First Aid Course is usually 
followed.

10. Home Nursing

Causes and symptoms of illness; illness and how to 
meet it; the patient in bed; nursing care in 
special conditions; home emergencies; personal 
and family health; baby sitting.

Girls at this age may be receiving such instruc-
tions in their home economics programme. Boys 
at this age should have some similar instruction. 
Youths of this age are capable of helping consider-
ably at home in the care of sick members of their 
families.
11. Driver Education

The motor vehicle in modern life; the
driver-physical requirements, attitudes and
social responsibilities; legal matters related
to motor vehicle use; characteristics of
streets and highways as related to efficient
driving; fundamentals of automotive mechan-
ics; skills in driving.

All students should have training in driver
education, whether supplied by the school or
some other agency. If in the schools, it can
be included in health education or be offered
as an independent subject. The best time to
offer this topic is shortly before the student is
likely to become a driver.

An Outline of a Semester Course

Here follows a suggested outline for eighty useful class periods for one
full semester of eighteen weeks of five class periods each. Classes are usually
40 - 50 minutes long in the United States. It is assumed that this will be the
only direct teaching of health during a three-year period which includes this se-
semester. The same content could be divided up among the several years, or could
be expanded if more time were available.

<table>
<thead>
<tr>
<th>Number of Class Periods</th>
<th>Health Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Personal Health</td>
</tr>
<tr>
<td>8</td>
<td>Nutrition</td>
</tr>
<tr>
<td>13</td>
<td>Community Health, Sanitation, Contagious Diseases</td>
</tr>
<tr>
<td>4</td>
<td>Consumer Health</td>
</tr>
<tr>
<td>7</td>
<td>Mental and Emotional Health</td>
</tr>
<tr>
<td>11</td>
<td>Family Life</td>
</tr>
<tr>
<td>2</td>
<td>Stimulants and Depressants</td>
</tr>
<tr>
<td>6</td>
<td>Safety Education</td>
</tr>
<tr>
<td>11</td>
<td>First Aid</td>
</tr>
<tr>
<td>0</td>
<td>Home Nursing</td>
</tr>
<tr>
<td>80</td>
<td>Total</td>
</tr>
</tbody>
</table>

Driver Education is not included this early in the United States. It
is likely to be offered one to three years later depending upon the age at which a
student may obtain a Driver's licence, which varies with the states.

A certain amount of integration and correlation of health education
with other school subjects is strongly recommended. But such a plan should not
be a substitute for direct, separate health-teaching classes.
<table>
<thead>
<tr>
<th>Health Areas</th>
<th>Pre-school level</th>
<th>Grades and Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>G R A D E S</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>1. Personal Health</td>
<td>xx</td>
<td>xx</td>
</tr>
<tr>
<td>2. Nutrition</td>
<td>xx</td>
<td>xx</td>
</tr>
<tr>
<td>3. Community, Health + Sanitation</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4. Consumer Health</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5. Mental Health</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6. Stimulants + Depressants</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7. Family Life</td>
<td>x</td>
<td>xx</td>
</tr>
<tr>
<td>8. Safety Education</td>
<td>x</td>
<td>xx</td>
</tr>
<tr>
<td>9. First Aid</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>10. Home Nursing</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>11. Driver Education</td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>
Explanation to the above table:

Note:  xxx - Major emphasis on this area at this grade level
       xx - Moderate emphasis on this area at this level
       x  - Some attention, particularly to attitudes and
              practices rather than to knowledge
       blank - No attention to this area at this grade level.


The increased time and attention suggested for the secondary school primarily reflects the need for more teaching of facts than is possible at the elementary school levels. It is advisable to plan for continuity in such a manner as to assure logical progression from grade to grade.
THE COMMUNITY HEALTH PROGRAM

<table>
<thead>
<tr>
<th>School Health Services</th>
<th>Healthful School Living</th>
<th>Health Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appraising health status of pupils through observation, screening, health examinations.</td>
<td>1. Healthful arrangement of school day.</td>
<td>1. Separate health instruction classes.</td>
</tr>
<tr>
<td>2. Counseling pupils, parents and others concerning appraisal findings; encouraging correction of remediable defects.</td>
<td>2. Emotional health aspects, friendly teacher-pupil relationships.</td>
<td>2. Integrated and correlated health education with other subjects and services.</td>
</tr>
<tr>
<td>3. Planned emergency services for those injured or suddenly ill.</td>
<td>3. Safe school facilities.</td>
<td>3. Education emphasis on health knowledge, attitudes, practices, skills.</td>
</tr>
<tr>
<td>5. Assisting in identification and education of handicapped children.</td>
<td>5. Health aspects of school construction and equipment.</td>
<td>5. Health education of parents and other adults.</td>
</tr>
<tr>
<td>10. School lunch program.</td>
<td>10. School lunch program.</td>
<td></td>
</tr>
</tbody>
</table>

School Pers. Involved

<table>
<thead>
<tr>
<th>Physician: school and family; Nurse: school or public health; Dentist: school and family; Dental hygienist, school dietitian, Health educator, Classroom teacher, Physical education teacher, School administrator, Guidance person, Psychologist, Parents.</th>
</tr>
</thead>
<tbody>
<tr>
<td>School administrator, Classroom teacher, Custodian, City health department, Sanitation, School physician, School nurse, Health educator, Physical education teacher, School bus driver, School lunch manager.</td>
</tr>
<tr>
<td>Health educator, Elementary school teacher, Physical education teacher, Biology teacher, General science teacher, Home economics teacher, Social studies teacher, School nurse, Dental hygienist, School lunch manager, Parents.</td>
</tr>
</tbody>
</table>

The subjects for discussion at this conference are of very great importance both for the individual and the community.

In the Danish Education Act (compulsory schooling from 7 - 14 years of age) it was enacted that Health, Sex and Family Education should be incorporated in the teaching of biology and history not later than in the 7th school year.

However, it would appear to be of even greater importance to provide further education in these three subjects in those sections of the "Danske Folkeskole" concerned with the teaching of adolescents (aged from 14 - 16).

In the above-mentioned sections of the "Danske Folkeskole" Health Education and Family Education have been successfully incorporated in the curriculum and cover fields in which the teachers and the pupils are usually highly interested. Parents and school authorities find it natural that instruction in Health and Family Education should be given.

However, the introduction (in the age groups 14 - 16) of Sex Education has met with great opposition in many parts of the country both from authorities and parents. The introduction of an ideal Sex Education throughout the country has proved to be almost an impossibility due to the many variations in local emotional feelings attached to this subject.

In Copenhagen and its suburbs and in the big cities and towns Sex Education has been introduced. It is given either by the teacher or by doctors. In some schools, the parents' permission must first be obtained before a child may attend the instruction. This permission is seldom refused.

In many small villages and rural districts a completely different picture appears. Here the local school authorities are undecided on the subject. This indecision is most common in those parts of the country where old-fashioned sexual prejudices are strongest and most wide-spread among the population.
The Danish Ministry of Education has very clearly emphasized the importance of Sex Education in a publication entitled "Seksualundervisningen i Skolen" (Sex Education in the schools), but some time will elapse before understanding of this important question spreads throughout the population. Therefore, it is of great interest to us to participate in this conference as we hope that conclusions will be reached which will assist us in our work in Denmark.

Interest in the two subjects – Health and Family Education – has been successfully stimulated by the planning of special courses of instruction for teachers, and by the issuing of many new textbooks. But, the three subjects, Health, Sex and Family Education cannot be divided from each other if we wish to give our adolescent pupils the best opportunity for harmonious integration into the adult life of the community.
COURSES FOR HEALTH EDUCATION AMONG VILLAGE YOUTH

D. REJA

Within its health education programme and with full support of the authorities, the Yugoslavian Red Cross has undertaken the organization of courses in health education for village girls.

The aim of these courses is to give the young girls, future women and mothers, a basic knowledge of the maintenance of health and necessary hygienic habits in their personal life and within the family, hoping they will as Red Cross "health activists" transfer the knowledge acquired in the course to their environment. The courses are based on school knowledge; the lecturers are mostly teachers. The medical lecturers are nurses, midwives and doctors lecturing on special subjects. The courses last two years and are generally held in the winter months. During the 140 hours of these courses the following fields are covered:

- Man and his health
- Hygiene of the House and its Surroundings
- Nutrition, Matrimony and Family
- Sick Nursing
- First Aid
- Hygiene of the Village and Health Protection of the village population

The lecturers are prepared for these courses in special seminars. The teachers are provided with the medical knowledge, and the medical doctors are trained in the method and psychology of health education. Special committees for health education attached to the Red Cross commissions guarantee a required standard for these courses and have organized a special service for this purpose.

Of course, the execution of these courses has met with a number of difficulties presently being analysed and studied. This will, it is hoped, lead to an improvement of the course. The studies showed that the courses were chiefly theoretical in nature at the beginning and that the lecturers did not show enough imagination in practical exercises.

The presentation of the matter was often too little adapted to the specific needs of the village. In addition the matter taught was not sufficiently illustrated with statistical data on the social pathology of our nation which would have helped the lecturers considerably in their work.
In the years 1953 to 1963 these courses were attended by almost 700,000 girls aged 15 to 18. In connection with these courses more than 10,000 teachers attended elementary or supplementary seminars in which they acquired knowledge about health education or increased what they knew already.

To evaluate these courses in order to set up guide lines for their future development questionnaires on the method of selection were given both to the course participants and to lecturers and organisers of the course. Although the answers to the questions were subjective in character, the opinions of the participants and the teachers, nevertheless, concurred on many points.

The evaluation procedure used through many years contained the following steps:

1. Measuring the intelligence of the village girls and their writing skill;
2. Examining their hygienic conditions in the families at the beginning of the course;
3. Testing the knowledge of the girls at the beginning of the course;
4. Testing the knowledge of the girls in the middle of the course;
5. Examining the hygienic conditions in the families at the end of the first and the second year of the course;
6. Counselling the girls who have married and started families;
7. Examining the achieved results in special courses.

The evaluation indicated without a doubt the positive educative value of the course. Several experimental courses indicated that the knowledge of the girls in the various subjects of the programme was 25.5% in the beginning as compared with 83% at the end of the course. The educational value of the programme is further confirmed by the fact that the majority of the girls (up to 97%) are presently applying the knowledge gained in the courses to their lives.

The social value is particularly visible in girls from conservative families in their increased liberty, in their greater participation in the public life of the village and in their active co-operation in the Red Cross and other organizations.

The reports of the health workers, especially those in various health advisory centers confirm the progress achieved through these courses in new attitudes towards health service and in improvement of the general hygiene of the village, etc.

In the families of the participants themselves fewer changes were noted in hygienic conditions, in the general way of life or in diet. This confirms a basic principle in health education that in any undertaking, all groups concerned must be persuaded to co-operate if any lasting effect is to be achieved. Although
these girls had been provided with the necessary knowledge, they could not, nevertheless, introduce improvements in their parents' homes, in their way of life or in the running of the household because of other members of their families who were too conservative and unenlightened. Later studies, however, indicated that these girls were able to apply their knowledge and practical experience to their own homes.

The health education programme should be adapted to meet the needs of present-day society. This is necessitated by the efforts to speed up health education and hygiene in our village, by the general advance in our state, the changes in the social system of the community, the development of the village, and the changing role of the woman.

The rapid industrialization of our rural areas and the consequent increased fluctuation of the village youth demand a reduction in the length of the Red Cross courses from the original two years to one year. After further consideration and lengthy experimentation, a forty hour programme was established for the Slovenian Republic. The Slovenian Republic is more developed; it has eight years of compulsory attendance and, thus, provides a better base for health education at school and outside school, for instance in the People's Universities ("the school for life" and various lecture series) enabling the village youth to receive sufficient health education in spite of the reduction of the courses.

It is the responsibility of the health service to adopt this wider programme to the problems of the different localities and to the interest of the population, to provide the needed textbooks and audio-visual teaching aids, and to train the lecturers for their work. It is the task of the community, especially its social organs, to provide the financial basis and to ensure the co-ordination necessary in order that this programme might not only be executed but also further developed.
This paper is designed to report on information in the field of health, sex and family education given to boys and girls in Polish schools. The report is preceded by a brief introduction to the organization of Polish primary and secondary education.

Two years ago a school reform was enacted in Poland which increased compulsory school attendance from seven to eight years and also increased the number of hours devoted to mathematics, physics and handicraft.

The number of periods per week now amounts to eighteen in the first class, rising up to thirty three in the eighth class, totalling two hundred and thirteen periods a week over the eight classes. After completing eight years of compulsory schooling, practically every pupil has the opportunity to continuing his education. Of those who complete their compulsory school in 1963, 78% continued their education, 20% of these went to secondary grammar school and 80% to a vocational school. In the secondary grammar school attendance lasts four years and prepares the pupils for the university. The vocational schools can be divided into two main groups. The technical school of five years duration trains technicians and enables its pupils to move on to a technical university. The other vocational schools last two or three years and serve the future skilled labourers in industry and agriculture. Elementary school teachers are trained in either teacher training schools or in teacher training colleges. Admission to the teacher training schools is possible after completing compulsory schooling and then lasts five years. Admission to the teacher training colleges requires completion of the secondary grammar school and then lasts either two or five years.

Health education is carried on within the context of various school subjects; in the eighth class of the compulsory school and in the fourth class of the secondary grammar school there are additional periods for health education.

The following passages deal with health education leaving aside health protection at school.

In the first class, children are familiarized with the elements of body hygiene during their mother tongue lessons. They are shown the dangers of
accidents by fire, gas, electricity and traffic and they are taught to recognize the most important traffic signs.

In the second class, children learn general cleanliness and keeping their home and books clean and tidy. They are taught to cross the streets safely in town and country. In home craft lessons they learn how to lay the table. In physical education they learn the traffic signs and discuss the more frequent forms of road accidents.

Health education in the third class deals with cleanliness of clothing and the body. They are taught healthy reading and writing habits, precaution against infection, the importance of vaccination and the danger of fire, gas, electricity and explosives from the last war. Furthermore the following subjects are dealt with:

The importance of sleep and recreation for health;
the dangers of swimming, boating and skiing;
the avoidance of accidents in road or rail traffic and bicycling.

Avoidance of road accidents is also dealt with in physical education. The biology lessons deal with the nutritional value of fruit and vegetables and the preparation of meals. In botany the subject of procreation is dealt with.

In the fourth class the following subjects are dealt with in biology classes:

The component parts of air and water; pollution of the air, of wells and water pipes; basic knowledge of the muscles and bones of the human body (rickets); posture; fatigue, sleep, recreation; details concerning nutrition and basic knowledge of the digestive system; hygiene of food stuffs; eating schedules; dangers of alcohol consumption; illnesses of digestive organs; (diarrhoea, typhoid) and infection prevention; respiration; position of the respiratory organs; hygiene of respiration; microbes in the air; infection of the respiratory organs; danger of tuberculosis; blood circulation and heart action; wounds and dressings; use and cleanliness of the lavatories; eyes and ear care; the ill-effects of noise.

In the fifth class the danger of accidents from electricity and first aid in the case of carbon dioxide inhalation or suffocation are taught in biology lessons.

In the sixth class the biology lessons deal with bacteria and vaccination; the protection of plants.
In the seventh class, the following items are dealt with in biology lessons:

- Disease-spreading parasites, parasites such as worms in the digestive system; and the procreation of animals.

In civics, communal hygiene is dealt with as well as the prevention of accidents during work; the organization of ambulance service in Poland; and the importance of sports and recreation for health.

In the eighth class the girls learn about diet and cooking in Home Economics lessons. The biology lessons are devoted exclusively to anatomy, physiology and the hygiene of man.

In the field of anatomy they learn as much as is necessary for understanding physiology. Thus the syllabus includes the following items:

1. Body construction;
2. the limbs;
3. structure and function of the digestive organs;
4. structure and function of the respiratory organs;
5. structure and function of the blood circulation;
6. structure and function of the urinary system;
7. structure and function of the skin;
8. structure and function of the nervous system.

Under this latter heading is included:

- Healthy mental work; fatigue and exhaustion;
- the proper daily distribution of work, food, recreation and sleep; the influence of working conditions and home surroundings on the nervous system; and the damaging influence of alcohol and nicotine.

9. The development of the organism

This chapter deals with the procreation of plants and animals; the male and female sex organs; the foetus and its development; the characteristic phenomena of babyhood, childhood and youth; sexual, physical and psychological maturation; the social and moral importance of the family; baby and child care; the hygiene of puberty and the dangers of venereal diseases.

10. The development of life on earth;
11. health service in the Polish People's Republic.

Sixty lessons a year are devoted to these items during the eighth year of compulsory school.
During the fourth class of the secondary grammar school thirty lessons a year are devoted to the teaching of hygiene. The chief aims of the teaching of hygiene in the secondary grammar schools are preparation for life and the proper distribution of work and recreation. The programme includes the physiological basis of mental health; the basis of manual and mental labour; family and social life.

In the teacher training school sixty periods in the last class are devoted to the teaching of school hygiene; emphasis is put on the hygiene of the school building, the furniture and other equipment; work hygiene at school; methods of health education, school meals and the hygiene of the teaching profession.
SOME NOTES ON THE SITUATION IN ENGLAND
AND ILLUSTRATIONS OF SYLLABUSES AT WORK

W. WARDEN

A. There is no central organization and control of school courses by government (Ministry of Education) or local (Education) authority. Consequently each individual school organizes its own courses and determines which these shall be, and the nature of their content.

The strongest influence on the pattern of such courses, at the secondary stage of schooling, is that exerted by the examination requirements for entrance to University and other Colleges. The effect of this is particularly strong on the High School Curriculum; on other schools (Secondary Modern) it is less strong and there is greater flexibility.

With reference to the High School the tendency is for academic studies which give entrance for specialist training to be all important. Consequently Health Education, Family Education, are rarely mentioned. Domestic Science, Human Biology do form a part of entrance requirement studies but the number of students using them are few.

It is claimed that many points of interest in the topics before this conference are dealt with as a part of the courses in Biology and other subjects.

B. Having outlined the general position it must now be stated that recent government reports, prepared by the Central Advisory Council for Education (England) have stressed the need for a broader concept of education; and for the need to include instruction and advice to the pupils as human beings who will grow up, marry and have families.

The following quotations illustrate this point:

   Title - Fifteen to Eighteen (The Crowther Report) 1959.
   Terms of reference:
"to consider, in relation to the changing social and industrial needs of our society, and the needs of its individual citizens, the education of boys and girls between 15 and 18, and in particular to consider the balance at various levels of general and specialized studies between these ages and to examine the inter-relationship of the various stages of education." (Later the committee was asked to include its views on the place of examination.)

Among the principle conclusions and recommendations of this report occur the following:

a) It seems clear that most families can now support their children throughout a longer school education than would formerly have been practicable. This is a consequence of earlier marriage, earlier child-bearing within marriage, smaller families, longer expectation of life and more opportunities of paid employment for married women.

b) If the family is to be as secure in the future as it has been in the past (and we can be content with nothing less), there will have to be a conscious effort to prepare the way for it through the educational system on a much greater scale than has yet been envisaged.

c) The problem of sexual ethics is wider than marriage. Young people enjoy a freedom of unsupervised association which is quite new and brings both gain and loss. At the same time there is much public indecision over what is right and wrong. Disaster often results for the young.

d) Juvenile delinquency and other social problems are especially marked in certain areas in which, more even than elsewhere, the teacher has to be a social worker. A quick turnover of teachers is to be especially avoided in these areas, but is commonly to be found in them.

e) The fact that the peak age for juvenile delinquency is the last year at school suggests that more thought ought to be given to the conditions of boys' and girls' life, both in and out of school, during the last year or so before they reach the leaving age.
f) Teen-agers are especially exposed to the influence of the "mass-media" of communication. The duty to see that this power is used responsibly is one for the whole community, but there is a specific educational responsibility to see that the young learn how to approach the mass-media with discrimination.


Title - Half our Future (The Newsom Report)

Terms of references:-

"To consider the education between the ages of 13 and 16 of pupils of average or less than average ability who are or will be following full-time courses either at schools or in establishments of further education. The term education should be understood to include extra-curricular activities."

Among the recommendations of this report are:

a) Positive guidance to adolescent boys and girls on sexual behaviour is essential. This should include the biological, moral, social and personal aspects. Advice to parents on the physical and emotional problems of adolescents should be easily available.

Schools of whatever type should contrive to provide opportunities for boys and girls to mix socially in a helpful and educative environment.

b) The school programme in the final year ought to be deliberately outgoing - an initiation into the adult world of work and leisure.
Memorandum on Health Education submitted by Health Education Panel of H.M. Inspectorate

I. Educational Objectives

1. To know something of the background to life in modern society, its risks and challenges;
2. To be aware of how the human body is constructed and how it functions and so to know and understand simple rules of healthy living;
3. To acquire a way of life based on good moral and ethical standards;
4. To be ready to share in the heritage which civilization carries with it - the heritage of literature, music, art and the mastery of the environment which scientific knowledge has brought;
5. To create opportunities for the individual to exercise choice and to help him to make decisions against a background of advertising pressure and conflicting values.

Health Education has something of value to offer in striving to attain all these objectives. It can contribute to the education appropriate for all levels of ability and seems of particular value for the average and less-than-average pupils, since it offers something which they can appreciate and use to the full in their home life and at work.

II. General Observations

It is assumed in the following notes that by the end of the second year in the secondary school:

1. The climate of the school and the attitude and example of the head teacher and staff on matters concerning good health practice will have prepared the way for more direct and positive health teaching in the third to fifth years.

2. The pupils will have had opportunities for good health practice in the school and on the playing fields.

3. Both boys and girls will have followed a basic course of biology and, girls at least, will have had some training in practical housecraft.
III. Planning the Course

In considering Health Education for pupils of average or less than average ability aged 13 to 16 years the following points must be taken into account:

1. The differing rates of maturity of boys and girls of the same chronological age. In Health Education physical and emotional development often have more relevance than differences in intellectual ability.

2. The effect of outside pressures from observations of adult standards and from advertisements and other forms of mass-media on moral attitudes and behaviour patterns.

3. The need to consider the social norms of the neighbourhood in which the pupils live.

4. The differing attitudes of pupils in the A, B, C, and D. streams. Through lack of success in the classroom, the gymnasium and on the playing field, the C. and D. pupils often lose interest in schoolwork, and, seeking personal recognition and affection, look outside the school for social situations and for personal relationships in which they can equal or excel their more intellectually gifted contemporaries.

5. Because of the pressure of large classes and of a high staffing ration, the ablest and the least able pupils sometimes have an undue share of attention and the needs of the average of "B" pupils are neglected. Classes of these pupils are often large but the most effective work is done where groups are small and the individual feels he is of account.

6. Because it deals with practical matters concerned with real issues of a personal nature and because of its obvious link with life at home and in the outside world, Health Education can provide an incentive to effort and learning and can offer opportunities for achievement not always possible in the more abstract and verbalized subjects in the curriculum.

IV. The Place of Health Education in the Curriculum

Health Education should have a definite and established place in the curriculum of the average and less than average pupil. This does not necessarily
imply that it should be included as a separate subject on the timetable but rather that:

1. There should be a suitably qualified, knowledgeable and experienced member of staff who has special responsibility for the subject and for its co-ordination.

2. Each member of staff concerned with specific aspects of Health Education should know its complete syllabus and know which part he is to cover and which parts are to be covered by colleagues in different departments of the school.

3. The school premises and its environment should provide adequate facilities for good health practice.

4. Each member of staff should know and practise the essentials for good bodily, mental and spiritual health and by example set a sound pattern of living for his pupils to follow.

5. Each member of staff should be alive to the need for establishing good health conditions in the working environment.

6. Each member of staff should be alert to detect signs of malaise, handicap or ill health in individual pupils and refer them to the head-master for suitable action.

7. There should be good liaison between all those concerned with the health of the pupils - the parents, the staff, the school doctors, school Health Visitors and other social and welfare workers.

8. The Health Education course should be essentially practical and provide opportunities for doing rather than listening to verbal expositions on physiology and anatomy as was too frequently the case in the now out-moded "Hygiene" courses.

V. Aspects of Health Education - Links with other Subjects

Careful planning should aim at obtaining a contribution from all appropriate subjects. Biology and other sciences, Physical Education, Housecraft, Religious Education, Literature, History and Geography all have a part to play in Health Education.
1. Biology

It seems appropriate to expect all schools to provide a biology syllabus for their pupils, both boys and girls, which gives lessons on such topics in Human Biology as Limbs; Muscles and Sinews; Breathing, the breathing organs; Blood circulation; Food and the Digestive organs; Excretory and Reproductive organs and the development of the embryo; the Brain and the nervous system; man's place in evolution; the Sociological value of the family unit. The emphasis should be on the working of the parts of the body in the healthy Individual; but some consideration of disease and of modern institutions, such as the Health Service and other public services, which play an important part in maintaining such freedom as has been attained.

Many schools experiment with teaching methods in which the pupils take on active rather than a passive role. These prove particularly appropriate when older pupils are being introduced to topics like these.

Much controversy rages around the place of sex education in schools (Chapter 6, Health Education Pamphlet); but many schools now have a settled policy in this and there seems fairly general agreement that parents welcome attempts by schools to answer children's questions about sex frankly and naturally from an early age. Many schools include a study of sex as one of the typical life processes of animals met with in biology courses, feeling it right that boys and girls should know their facts and have an appropriate vocabulary of terms before they leave school. Rather fewer schools tackle the difficult subject of sex relations although most introduce their pupils to moral codes through religious instruction and the stories of English literature.

Some experiment successfully with courses for leavers on many social topics, sex education and preparation for married life among them. They often call on the services of outsiders in this work, such as social workers, doctors (particularly those in the school health services), marriage guidance counsellors. Some authorities employ special health education lecturers - often with medical qualifications to help schools in such work. Reference to the changing role of the medical services in schools is made in the 1960 report of the Chief M.O. of the Ministry "The Health of the School Child".

Perhaps the most successful work of this kind is found in schools which give due regard to Health Education at all stages, in classroom teaching, in group discussions for
older pupils, and in the every-day affairs of school life. One Comprehensive School has a Health Council of pupils to advise the main School Council on practical matters directly affecting the health of the pupils - disposal and cleansing of dust-bins, products for sale in the tuck-shop and such matters.

2. Physical Education

It is regrettable that in some schools pupils of less than average ability do not have a fair share of the available facilities for physical education. Where adequate opportunities are offered, the C. and D. pupils can in fact achieve a distinct measure of success. There may be too much concern for the reputation of the school in games, gymnastics and athletics with the result that coaching, equipment and even social clothing are reserved exclusively for members of school teams who are not infrequently drawn mainly from the A. and B. forms.

The contribution of physical education to health education includes teaching and practice of natural movement and bodily skills, good posture, personal cleanliness (showering, suitable clothing, changing of clothing after exercise), games, athletics and gymnastics, swimming and dancing, adventure projects, camping and a variety of open-air pursuits carried out individually or in groups or teams.

Specific instruction on various aspects of health may also be given - rest, sleep, exercise, bodily functions, dangers of smoking and alcohol.

3. Housecraft

The small groups in housecraft lessons and the obvious links between home, school and the outside world are favourable to a discussion of personal problems related to growing up and to family life. Because of shortage of accommodation and staff in many mixed schools, housecraft teaching is restricted to girls. In view of its importance to boys, it may be well to shorten the course for girls so that all boys may have some nutrition and housecraft teaching before they leave school. In Boys' schools there is obvious difficulty, but the handicraft course might be adapted to include more work of the "Do It Yourself" type and to give practice in the kind of handyman's jobs that it is expected that boys and men should be able to do in their own homes. Furthermore, it should be remembered that many vital aspects of housecraft can be taught
in a classroom by non-specialist teachers, who have the right attitudes to personal relationships, family life and the home.

Housecraft and health education are closely linked on such matters as safety in the home, food hygiene, nutrition, personal cleanliness and cleanliness in the home, choice and care of clothing, organization of time and effort to reduce fatigue and nervous tension, wise spending and saving (often marital disagreement and its effect on mental health arise from muddle in money and home management) and child care.

4. Religious Education

Through Bible study and discussion, religious instruction can show young people Christian standards and values; it can help them to know the kind of Christian behaviour which Christianity advocates; it can provide opportunities to consider the duties of Christian citizenship in contemporary life.

5. Literature

"Young people are still forming their standards of value and their attitudes to sex and the other physical aspects of life will be profoundly influenced by their immediate surroundings, including contemporary books, films, broadcasting and the press. In the hands of sympathetic teacher the study of literature can help, without preaching, to introduce them to standards going beyond their immediate environment and representing the human race at its finest". Health Education Pamphlet - Chapter 5.

6. History

History offers many opportunities for the discussion of topics affecting individual, family, community and world health such as reforms and development of the social and welfare services, the World Health Organization and biographies of men and women who have given pioneer service for the benefit of humanity.

7. Geography

"The teacher of Geography can point to major environmental factors such as climate which influence the health of the individual and the community". 
possible to admire what civilization has done to increase the world's food supply, arranging for its transport with the help of refrigeration and other means of transportation and so making possible a more varied diet and improved health. "Such topics and questions as these make a real contribution both to geography and to the study of health in its relation to the life of the community."

Health Education Pamphlet - Chapter 5.
Each school will decide which topics are to be dealt with in the different subjects of the curriculum, but no pupil should leave school without some opportunities to discuss such matters as Race and Colour; World Population; Nutrition and contemporary sociological problems.

VI. Teaching Methods

Attention is drawn to the following features of Health Education:

1. Opportunities for practical work and for projects concerned with health, using the local and topical occurrences to emphasize some aspect of health education.

2. Opportunities for discussion with a sympathetic and understanding member of staff.


4. Opportunities for discussion with specialists in fields of work outside the school - members of the School Medical Staff, social workers, members of voluntary organizations.

5. Close liaison with all those concerned with health subjects.

6. Contact with parents to discuss health matters, development of the adolescent, social and moral problems of young people at home, at school and at work.
This syllabus is intended to cover the four years of a Secondary Modern School. It has been compiled to provide a broad background of general science in the first and second years with specialization in the third and fourth years when boys and girls are taught separately.

In the third and fourth year the subjects have been grouped to form topics or centres of interest and it is hoped to invite outside speakers such as Public Health Officials, Nurses, National Insurance Officers, etc. to contribute. The lower streams will follow the syllabus where possible - but in less concentrated form and the H.E. should be particularly stressed, i.e. personal relationships, hygiene, etc.

1. Children should be encouraged to keep their workbooks original and up-to-date - perhaps in folder form.
   All diagrams large, clear and well labelled - drawn and labelled in pencil.

2. Experimental work and participation of pupils is very necessary wherever possible.

3. It is hoped to build up a library of visual aids - flannelgraphs - films, etc. - available to those teaching this subject.

4. The classroom boards and display areas should be used to build up displays where topics lend themselves, e.g. Public Health, Care of teeth, Home safety, etc.

5. Departure from the syllabus is encouraged where particular interest is shown by the children.

6. Assessment and evaluation of the work should be done when each particular topic is finished.

Centres of Interest

Parentcraft

Ante natal and post natal care; birth of a baby - care of the baby - clothing; feeding; bathing, etc.; responsibility of parenthood; a happy home.
Personal Relationships

Use of leisure - smoking and drinking, etc., getting on with friends and parents; people at work; responsibilities; meeting and making new friends - mental health - behaviour with friends; needs of the individual; pocket money - budgeting and spending.

Personal Care

Habits; exercise; rest and recreation; cleanliness; clothing (choice and care).

Make up - care of skin
Teeth and their care, etc.

Hair - hair care
Diets and slimming.

Prevention of Infection

Bacteria - useful and harmful; disease, epidemics; methods of infection; dealing with epidemics; chains of infection; Pasteur; vaccination; immunization; sterilization; disinfectants; vectors of disease, pests, pets, vermin; clean milk supplies; clean water; refuse disposal; sewage disposal.

Accident Prevention

(Home and Road). Safe homes, what the housewife can do; simple first aid - fractures, sprains, bruises, burns and scalds, poisons, fainting, artificial respiration, pressure points, etc., clinical thermometer.

Science in the Home

Household hot water; thermometers; ventilation - heating. Thermos flasks, thermostats, gas and electricity supplies; electric circuits; appliances; costs; refrigerators; fires; ovens, etc.; hard and soft water - soap; smoke and fuels.

Going out to Work

Choosing a job; budgeting; how to get on at work; punctuality; absenteeism; doctors certificates.

Public Health/National Health

Services available; how to get help; what we pay for, what we get.

Our responsibilities.
Recent scientific facts and arguments relating to the harmfulness of smoking habits have been gathered. From the point of view of public health education, this situation requires a new attitude toward the younger generation.

Smoking is a complicated social phenomenon; its solution is also complicated and will require much time and effort. It is important to find the quickest and easiest way of removing factors known to induce smoking.

Smoking prohibition for young people up to the age of sixteen, eighteen, and sometimes even up to twenty-one, as well as complete smoking prohibition has been proposed. The last is unrealizable. It is even difficult to achieve prohibition for the children up to the age of sixteen and to see that it is carried out. One danger is that teenagers tend to react against such prohibition so as to give the impression of having reached adulthood. This method has more negative results than might be expected.

Recently, as a result of experiments in other countries, many anti-smoking clinics have been started in our country. They aim at curing the smoker of smoking. Results remain problematical, but to unteach something is not our main task.

The fight against smoking requires a complex approach: to define the main aim, the required applied methods and suitable methods for the different population groups. This assumes that a thorough analysis of the reasons and motives for smoking will have to be carried out.

Our aim is to protect our small children from the effects of adults' smoking, to convince the younger generation of the harmful effects of smoking and to cut down the number of teenage smokers.

The problem of teenagers' smoking cannot be isolated from that of adults' smoking. Young people's behaviour is often modelled on adults' behaviour whether this be good or bad. Our first aim in our drive against smoking is to have public opinion support non-smokers, to protect non-smokers from the effects of smoke, and at the same time to help smokers to give up smoking.
The first thing is to convince teenagers and adults that smoking is detrimental to their health. Persuasion is preferable to repressive and other administrative measures.

It has been scientifically proved that smoking is harmful to health. From these principles, doctors, health-workers and other teachers working in schools or in post-school training will work on the basis of new ideas emphasizing the harmful effects of smoking. After having trained the health workers and teachers we shall forbid smoking in our health clinics, our schools and other buildings where children assemble.

Means of mass communication, such as the press, broadcasting, television, exhibitions, medical lectures and talks to parents associations are suitable for the dissemination of propaganda to combat smoking.

Cigarette and tobacco advertising does not exist in our country. Television, films and the theatre quite often seem to have overlooked the harmful "educational effect on young people" of popular actors and personalities smoking on the screen or stage.

It is obvious that the existence of cigarette machines can be psychologically harmful to young men. We are fighting for their removal from public places.

Lessons dealing with smoking are now being included in the school curriculum - the subject is also appearing in textbooks. It is, however, the personal example of the teacher, doctor, father or mother which is considered more effective. We are propagating the idea that the mental and physical development of an individual is harmed by smoking. The anti-smoking movement is also being developed among sportsmen.

Because teenagers often neglect adult advice on what is healthy and unhealthy we emphasize facts such as: smoking results in lower body activity and poorer physical ability, particularly in boys because of the continual deterioration of the breathing organs and of the heart and circulation systems. As for girls, we emphasize the aesthetic point of view: nicotine fingers, bad breath, rough voice. For boys and girls we emphasize the financial aspects.

We do not exclude certain smoking doctors and teachers from our drive against smoking until they fully realize the harmfulness of smoking and behave in a well disciplined way towards non-smokers, condemning this habit in public. At the same time we try to prevent non-smokers from making extravagant claims and thus making the whole matter ridiculous.

The protection of adult and adolescent non-smokers from the effects of smoke is a topical problem, especially since concentrated carcinogen has been found in the atmosphere in rooms blackened with smoke. We are proposing that in closed workshops and work places, dining rooms, restaurants, long distance buses and short-route planes, smoking should be forbidden. In trains, provision must be
made for both smokers and non-smokers. The sale of cigarettes and tobacco at grocers’ shops is considered ill-advised. Smoking at cinemas and theatres has not been allowed for many years.

The Central Institute of Health Education in Prague, the Slovak Institute of Health Education in Bratislava and several departments of medicine are organizing sociological investigations into teenagers' smoking habits, the reasons for them and the social conditions which are related to them. They intend to study how young people spend their free time, and what the relationship is between smoking and patterns of leisure-time activity. Concerning this problem, several educational studies have been published, several films made, travelling exhibitions prepared and methods of instruction elucidated.

The Ministry of Health in charge of the drive against smoking has appointed an Advisory Committee at the suggestion of the Council of Science. Apart from the National Advisory Committee, regional and district committees are being set up.
The term sex education has for a long time caused misunderstanding. It was considered a separate chapter in the general education of the child, calling for special attention. Generally, this attention centred on the problem of sexual information, a field to which one thought it necessary to give a central place in the process of sex education. The whole problem of sex education apparently lay in answering properly the questions which the small child asked concerning itself and its relations to the future sex partner. This "proper" way of answering proved, in practice, to be nothing else than preaching biological truths in a solemn moralising tone. The adult tried thereby to escape from the awkward position into which he had been brought through the questions of the child. This awkward position in itself manifests a typical aspect of human existence, namely the tendency to communicate to another person biological facts closely connected with the feelings and experiences of both the questioning and the answering person, whereby the emotional relationship of both is being illuminated, enlarged or narrowed in a specific way.

The problematic relationship that every person has towards truths and facts - even if mere biological facts are concerned - is most clearly noticeably when one discusses with an adult or a child problems that concern them in their inner selves, in other words, that arouse in them feelings of happiness, guilt or fear. Perhaps this is one of the reasons why a one-sided conception of the notion of sex education has developed and why the adult considers sexual information so extremely important.

It should be mentioned here that already at the time when the theory of psycho-analysis was developed, giving us valuable insight into the emotional development of the child, warnings were uttered against a one-sided and isolated formulation of the problems of sex education. In reading ancient volumes of the journal "Psychoanalytische Pädagogik" one repeatedly finds the remark that sex education can only be understood if one sees it as an integral part of the entire education of the child.

Thus one is justified in calling the education of the child from its birth on, a sexual education, understanding the term "sexual" in a wider sense than usual.
In an age of bestsellers, generally not very long-lived, it seems useful to remember the ancient publications just mentioned. Apart from the fact that nobody likes to be seen leafing through past volumes of journals, it seems to be the tragedy of some of the new scientific discoveries that the misunderstandings they cause live longer than their substance itself.

Sociology has taught us that new scientific discoveries can be grasped only in the particular circumstances of their ages. This is true of discoveries in physics as well as in psychology. Or were the ancient Greeks less intelligent than we are today because they did not discover radio, television and electronics? This is surely true in a science that tries to understand man as a human being, and tries to express this understanding in new formulations. The notion sex education may, then, through the expansion of the notion "sexual", have led to misunderstandings. In one respect it has proved to be a successful new coinage: in linking the two notions sex and education to each other, it became clear that it is possible to understand and formulate the development of adult sexuality in certain developmental phases, thereby at the same time influencing its channeling and shape in the same way as any other development. Thus it became an object of pedagogy. This shows that sex education is more than sex information and at the same time less, if separated from the entirety of the cultural world in which educator and child are equally imbedded.

All ages have their peculiar pedagogic handwriting. That is to say, every age opens up anew the discussion of the relationship between educator and child. Certainly this relationship is essential for a pedagogic situation. In the field of education this discussion never ends. Hence so many pedagogic trends exist side by side in the rich variety of human societies, wherein each cultural climate is mirrored by its spiritual trends. It would be wrong, then, to believe that the relationship between educator and child is restricted to personal dealings between two individuals. The pedagogic situation is at the same time a mirror for the conscious and unconscious elements of the scene.

The subject occupying our meeting can only be treated from the point of view of the present situation. This differs in many respects from the time when the notion of sex education was first formulated psycho-dynamically. One might describe this difference psychologically and sociologically in various ways. Whoever wants to study comparative cultural history will here find excellent source material. What we particularly notice is the enormous shift that has taken place regarding the general cultural pattern of our time. In the field of literature and films, for instance, one is surprised at the excessive amount of sexual themes often treated with pathological subtlety. The casual observer might have the impression of progress here, of liberties gained, of an overcoming of old-fashioned ties which had manifested themselves chiefly in prudery and false shame. A critical observer, however, is induced to think twice about this surfeit of sexual themes, especially if he measures them against liberties lost in non-sexual fields within the same cultural pattern. Undoubtedly everyday-life has been cleansed of many old prejudices and resentments, as far as sexuality in the narrow sense is concerned, although one must not forget that there are many "underdeveloped" areas in this field still in need of urgent help. Yet, the
surfeit of sexual themes must not blind us to other less prominent human problems. We must in all earnestness ask ourselves: Has not development to the opposite extreme already set in? Must we not consider the overemphasis of the sexual problem as a new form of defence mechanism? It seems to be a paradox, yet we must ask: Has not the prudery, the false shame and the untruthful sentimentality of former days which was a distinct defence mechanism against the sexual problem, found a new form in the over-accentuation of sex in our time? This question must be answered in the affirmative regarding the many modern novels and films in vogue at present with their many aggressive components. Those gentle feelings, however, which Freud showed to be basic human feelings have been pushed into the background. That is to say, they have been denied or suppressed. This duality in our feelings and the repression of one component part as is frequently observed during puberty, literally hang over our heads as a threat. We only need to think of the technical progress of modern ballistics.

A psychiatrist who wants to extend his orientation outside his narrow field and dares to add one further lecture on sex education to the many held already, feels himself in a similar situation to that of a man in a modern job, namely that of a colour advisor. When such an expert was recently asked to relate something about his interesting work, he formulated the following dictum: Since people have discovered that colour can have a certain meaning in daily life and that one can achieve something with it, we colour advisors consider it our duty to prevent people from using too much colour. Please understand me, Doctor, colour there must be, but one should not throw it about. If you sometimes look around.... "

To transfer this dictum of a colour advisor to the talk of a psychiatrist on sex and sex education illuminates the curious position in which he finds himself today: Partly he has to act by giving information and stimulation — let me remind you of my remarks about underdeveloped areas — partly he has to put on the brakes and raise a warning voice. Otherwise he will be guilty of encouraging a defence mechanism not only in the sense of emotional balance but also of physical health.
1. Sex education is above all a concern of the parents.

In 1948 the Ministry of Education appointed a committee to make a study to determine "to what extent and in what way sex education could be introduced into the national school system". The committee stated that it is within the family unit that this education could be undertaken most naturally and efficiently. "If the parents met this obligation", they went on to say, "the problem of sex education in the schools would not arise".

2. "Sex" and "genital" must not be confused.

Those who confuse the two are led to limit the concept of sex education to an introduction to the procreative organs and to the union of the sexes. It can be said without fear of excessive Freudianism that sexuality forms the personality of each person, masculine or feminine, whether from the point of view of the physical and mental well-being of the individual, or of his relations with family and society.

3. Sex education is inseparable from general education.

It will never be a subject in itself except for specialized branches such as physiology, hygiene or ethics. On the contrary, sex education, such as it is, concerns the whole man in whom spirit and body are inseparable. The subject is complex and delicate. Ideas of geography and of arithmetic can be grasped on a purely intellectual level whereas sexual concepts affect the entire person. In spite of their appearance of detachment, those engaged in discussions of this subject engage at the same time the very depths of their personality. Whether one likes it or not, all convictions in this domaine bear the mark of one's home, upbringing, one's own discoveries, and the
goals of one's youth and adulthood.

4. Sex education creates mature adults and healthy marriages.

It must certainly have a specific objective. In certain Scandinavian countries, for instance, the major objective is to prevent "accidents" among young people over 14. Even leaving aside the religious aspects of the problem, a considerable number of opinions concur in a desire to give a profounder meaning to sex education. The Ministry's report expressed the hope that it might be founded on positive values such as "respect for oneself and for the female sex (those from whom will be chosen one's life-companion) and a feeling of responsibility in the event of accident or of possible disastrous results from extra-marital relations". For both believers and non-believers can aspire to build a solid and healthy home and to enter into the great adventure of marriage with fresh, unjaded enthusiasm.

5. Young people have a right to the truth.

Let us look at several statements, representative of hundreds of others. "We are told too little about such questions, and we have the impression that we will be plunged into something unknown when we leave high school. We are taught everything but this major part of human life and are left to grope in a sort of inner confusion. Earlier, many of us felt that these must be shameful things since they were never spoken of."

Children and adolescents deserve to have the truth and it can be seen from the preceding statements how the truth should be explained: References to the animal and vegetable kingdoms are useful but it is dangerous to proceed from these to man as if he were simply a more complicated organism. With Man everything is entirely different. As Doctor Biot said in "L'Education de l'Amour": "In approaching a sexual problem the emphasis must be on love; the biological process is only one element of it".

6. To provide the facts is not enough.

Dr. Berge has often emphasized that the problem is not to explain the facts of a process but rather to provide for its exercise. Sex education could be defined, he said, as "the application of those means which should
produce the best exercise of the forces originating in the reproductive instinct." He is presently making a study of the ways in which this education contributes to the ability to love and to the needs of private and social life.

Goethe said, "Everything which frees our spirit without giving us self-discipline is pernicious". In order to avoid the errors of some types of sex education it would be wise to make a distinction between simply giving sex information and truly giving sex education. To learn at a young age to discipline one's instincts and to overcome selfishness is an element important to the success of a future marriage.

7. This education must take place gradually and flexibly.

This follows from everything that has just been noted and from the fact that here we are not teaching a subject as much as helping the individuals entrusted to us to mature. Obviously it is the family that provides the best environment for gradually adapting to each child's needs. The question of presenting the truth requires the same adaptability as does the presentation of such subjects as arithmetic or Latin grammar; vocabulary and explanation of rules must be adapted to the level of the pupils.

8. Sex education is difficult when collective.

Once having established the necessity for flexibility and adjustment in sex education it is generally difficult to conceive of group instruction. What must be rejected is the idea of collective initiation of young children unfamiliar with the subject. On this level it would be almost impossible for the school to replace the family. But when it is a question of the tactful and opportune insertion of certain ideas concerning sex into the general framework of the subject matter, then more flexibility is necessary and the following will indicated how the schools could manage this.

Difficulties of the school's role

It must be admitted that the obstacles are numerous. The committee's report summarizes them as follows:

1. Families which do not take it upon themselves to instruct their children do not agree that the school should do it.
2. How can individual education be realized in a group situation?

3. Can sex education be given in a scholastic environment, often anti-educational and destructive to this very subject?

4. How can teachers be charged with this instruction when so often they themselves have never received it in a healthy and normal manner and when often they are among those parents who dare not approach these subjects with their own children?

With these factors in mind one could be sure that if a referendum were held among these teachers, the great majority of them would echo the words of this teacher: "Let the parents explain it! Aren't they able to? Educate the parents! As a teacher with a large family I firmly believe this. I have always been against sex education courses for the pupils and frankly in favour of the parental school."

THREE POSSIBILITIES FOR IMMEDIATE REALIZATION

At this time the schools could act in three areas which we will introduce briefly. We are not asking that the schools take on new tasks but that they be more flexible and broad-minded by treating the subject of sex naturally and simply whenever it seems necessary.

Informing the parents

Everybody agrees that the first step is to educate the parents. Busy teachers cannot always attend to the education of the parents. But it would be practicable for the school to aid the efforts of the Parents' School on a local level just as the Ministry does at the national level. Thanks to more frequent contact between school and family and the increasing activities of parent organizations there are now many opportunities to inform them. Of the subjects that the Parents' School is asked to discuss, sex education is the most often mentioned along with "the highly-strung child" and "the child's scholastic difficulties". Let us not forget the excellent little book edited by both parents and educators, Comment parler à votre enfant de la sexualité, which should be widely distributed at parent association meetings. Finally, personal conversations with parents can serve to enlighten them concerning their child's behaviour and to remind them of their duty to explain the subject correctly.

The teacher's preparation

Even if the teacher believes that his pupils' sex education is not within his province, he should be sufficiently informed about these problems to enable him to approach them naturally, simply and competently when occasions arise such as little incidents during the school day, explanations of delicate words in
Official Action

Individual initiative might be useful at the beginning to lay the groundwork, but nothing lasting or productive can be accomplished without definite and co-ordinated action by the Heads of the Department of National Education, and the teaching and parent organizations.

First the curriculum.

How many anomalies still exist such as the study of venereal diseases in certain technical courses when the process of reproduction has never been touched upon. The Ministry committee (departmental committee, ministerial commité) has drawn attention to these gaps and made proposals which until now have only received partial application (for example in the Home Economics sections of the high schools or in the child care courses for girls). But again what should be envisaged in this field are simple curriculum adjustments rather than sex education as a specific programme. Sex education should ideally be reserved for special optional meetings organized with the parents. Rather than stop here, it is imperative that these sexual questions be situated in the larger context of modernising education. Scholastic psychology, school life, boarding school education, co-education, adolescent leisure, etc. should all be considered in this new light.

If the official organs of National Education demonstrate that they have grasped the importance of this question and that an end must be put to hypocrisy and cowardice, and if instead they work at the education of young people and families together, the teachers will more easily and sincerely revise their own attitude towards what is a major problem within both their professional and personal lives.

They will be ready to prepare themselves loyally at special study meetings and sessions organized for them (the young teachers in the normal schools and regional centres will be of particular importance). With help and encouragement they will not hesitate to join in these undertakings, especially in the most fruitful, the adolescent discussion groups.
Sex Education

1. Since 1955 sex education has been compulsory in Swedish schools (ages 7 to 16).

2. Who should do the teaching in sex education?
   - Classes 1 to 3: the class-teacher
   - Classes 3 to 6: the class-teacher
   - Classes 7 to 9: The biology teacher together with other teachers, e.g. of social science, religion, child nursing, domestic science and those teachers who may be interested in the subject. It might also be possible to have an expert come to the school. He can either be the school doctor, the school-nurse, a midwife, a psychologist, or any other person suitable for this kind of education.

3. Curriculum for the third grade (ages 14 to 16) (Some of these subjects have already been explained earlier)
   - Medical aspect of sex education: embryology - anatomy of the genitals, venereal diseases
   - Physiological aspect: hormones - ovulation - menstruation - onanism - pregnancy - labour
   - Technical aspect: contraceptives - sex - hygiene
   - Ethical point of view: how to live together - relationship between boys and girls - reasons for legal abortion - moral and social aspects of sex.
As regards family-life and society, the emphasis should be on explain-
ing to young people how important it is that a child should be welcome. They
must understand that in case of trouble (pregnancy) the school will not reject
them and that they will be cared for and receive help throughout that difficult
period. Illegitimate children are not to be condemned.

Tactfulness is required on the part of all educators when giving pupils
sexual information. The teacher is asked to present and discuss the different
possible attitudes towards life. Teachers ought to convey to pupils good and
genuine knowledge but also explain to them the importance of knowing how and
where to apply their knowledge.

Children are given the opportunity to ask questions which must be
answered with the greatest possible objectivity. Special emphasis is put on indi-
vidual contact which might be desired between pupils who have special problems
and the teacher he or she trusts most.

Sex education should not be isolated in time or space, i.e. it should
be built up gradually and be adapted to the different degrees of maturity. The
aim of sex education goes beyond mere information; it should have a formative
character in the first place. We must make young adolescents understand the
importance of individual responsibility, tolerance, human dignity, etc.

One of the difficult problems here is how to ascertain that the more
unfortunate young pupils, i.e. those with a very low I.Q. understand the deeper
meaning of sex education. How to teach them to take care of themselves, to
acquire a certain sense of their social responsibilities and human dignity. This
is the most delicate part of our task.

Let us not forget that although we can use many audio-visual aids
such as e.g. films, slides, radio and television in addition to lectures, these
means can never be a substitute for true human contact between educator and
class or between educator and the individual pupil.

It is necessary to contact parents and teachers first before starting sex
education. I do not think that young people today are any worse regarding their
moral attitude and behaviour than our generation was, but this young generation
is more outspoken and unchecked. They ask for guidance and sincerity. Here,
as in many other topics and tasks, the teacher has a key-position. Education
demands not only a great deal of knowledge from the teacher but a great deal
from his or her personality.
Sex education and preparation for family life are part of the teacher's duties. They form an integral part of ethical, emotional, social and health education according to the child's age, and are characterized by a type of explanation which is tactful, truthful, and remains natural.

On the basis of an analysis of student programmes of different subjects the author has drawn conclusions about the topics dealt with and particularly of the methodology of sex education in the first to the ninth grade of the nine-year comprehensive school.

The teacher should collaborate very closely with parents not only individually but should inform them in parent's meetings about the modern concept of sex education.

In his task, the teacher is helped first and foremost by the medical inspector of schools and by the regional centre for health education. The doctor rounds off the teaching in the seventh, eighth and ninth grades by way of organized discussions. This form of education has shown itself to be effective only when the following conditions are observed:

1. The subject matter should be related to themes being studied in a class at a particular time.
2. The doctor should be trained in the methodology of sex education and should not deal only with biological aspects but also with ethical and social ones.
3. The discussion with pupils should be preceded by a lecture for parents and at the same time by a talk to the school staff.

The teachers should be well prepared for their task of sex education. For this reason it was proposed to enlarge, beginning in 1964/65, the programme in these subjects for pupils, students, institutes of education and training colleges; students' learning of sex education and preparation for family life will be evaluated at the time of the final examination. Within the framework of postgraduate studies of teachers, the regional educational centres and the
institutes for teachers postgraduate studies will organize, with the co-operation of regional health educational centres and the school medical service, courses on the methodology of sex education and preparation of youth for family life progressively for all members of the teaching staffs of the nine-year comprehensive school.
APPENDICES
Appendix 1

Recommendation No. 20
from the
International Conferences on Public Education
UNESCO - I.B.E.,
Recommendations 1934 - 1960 (Geneva)

THE TEACHING OF HYGIENE (HEALTH EDUCATION)
IN PRIMARY AND SECONDARY SCHOOLS (1946)

The International Conference on Public Education,
Convened at Geneva by the International Bureau of Education and
being assembled on the fourth of March at its ninth session, adopts on the eighth
of March, nineteen hundred and forty-six, the following recommendation:

The Conference,
Considering that personal hygiene and social hygiene are, in many
countries, regarded more and more as educative disciplines, quite apart from
their utilitarian value for the individual and for society;
That health education has great moral value since it introduces into
school life the ideal of human dignity, of solidarity in time and space and the
sense of duty towards oneself and others;
That the necessity of diffusing the principles of hygiene appears
urgent as a result of the war;
 Recommends to the Ministries of Education in the different countries:
1. That instruction in hygiene and health education be
   compulsory in all infant schools, primary and secondary
   schools, post-school courses, teacher training colleges
   and normal schools, though not necessarily in the form
   of definite lessons;
2. That health education be essentially practical in
   character in the elementary grades, where, without
   overloading the programme, it can be given daily as
   part of the school life, primarily through training in
   good health habits, personal cleanliness, tidiness and
   good manners, etc.;
3. That in the upper classes of the primary schools and in continuation courses, health education be given concurrently with other subjects, in the form of "centres of interest", extending beyond the confines of the school to touch upon family life, labour problems and social questions;

4. That at the secondary school level instruction in hygiene be complementary to the natural sciences in the junior classes, and be based on anatomy, biology and human physiology; that instruction in the senior classes be more distinctive in character, though still associated with the science of man, but of high moral and social import, rendering the pupil thoroughly aware of his personal, family, and social duties;

5. That, in addition to instruction on bodily functions, nutrition and exercise, health education be understood to include child study and first aid for the older pupils of both sexes, as well as hygiene of vocational employment; that a place be reserved also for mental hygiene and for health education pertaining to relaxation and holidays;

6. That the teaching of hygiene be intensified in a practical manner among children attending holiday camps, camps in the mountains, etc., whose importance nowadays is increasing;

7. That sex education begin at the primary school level; that in courses at the secondary school level doctors should talk to boys and girls on sex questions, taking account of sex and development; that the prevention of venereal diseases be the object of special compulsory instruction before leaving school, particularly in the form of medical talks illustrated by educational films, as is already being done in certain countries;

8. That, in all the teaching, the closest collaboration between the medical officers, teachers and social service workers be established, particularly for the common purpose of ensuring good results in health education at all grades;

9. That the collaboration between doctors, teachers and social workers be available to school clubs, pupils' clubs, and sections of public or private organizations working for the inclusion of hygiene and health education in primary and secondary institutions, so as to guide
the collective efforts of children for information in these problems toward better results;

10. That the school medical service, rationally organized in each country for the effective control of the children's and teachers' health, be authorized officially to supervise the teaching of hygiene, to guide and advise primary teachers on all occasions, and to collaborate with the teachers entrusted with hygiene teaching in secondary schools, by giving talks to the pupils, by showing films, by organizing debates between pupils on these questions, and by organizing refresher courses and instruction periods for teachers in service;

11. That the school social services entrusted to qualified welfare workers be associated with the teaching of hygiene and guide the older pupils towards the study of the true human environment through social hygiene;

12. That the doctors entrusted with the inspection of school hygiene be specialists in the problems of education, and be qualified to direct the health teaching at all levels of school life; that the school medical officers responsible for this instruction at the secondary school level have access to the class councils on the same footing as the teachers, and that together they organize the out-of-school activities where personal, family or social hygiene can be freely introduced;

13. That for health education, for which, use should be made of activity methods, team work and all the resources of visual techniques, sufficient teaching material be placed at the disposal of teachers;

14. That the doctors and teachers be encouraged to work together in extending health education outside school to adults and parents, by associating the parents of the pupils in health campaigns, family education and social education, by increasing the contact of pupils with life on all possible occasions, and by utilizing the reciprocal influence of children and parents;

15. That health education be in part left to groups of children working freely together according to new education methods, in connection with out-of-school organizations, such as the Junior Red Cross Society, scout movement, etc.;
16. That, finally, as a logical sequence to hygiene teaching, school administration throughout the world be induced to improve the sanitary conditions of school premises and material so as to ensure better hygienic surroundings for the pupils while at school.
SYNTHESIS OF INFORMATION SUPPLIED BY PARTICIPANTS

This document presents a synthesis of information supplied by participants in the questionnaire sent to them. Countries from which information was received are: Austria, Belgium, Denmark, U.S.A., France, Great Britain, British Guiana, Hungary, Ireland, Norway, Holland, U.A.R., Sweden, Switzerland, Czechoslovakia and Yugoslavia.

Health education and education for family life seem to exist in most countries although in different ways and to varying degrees.

Question 1

In your country, are there provisions for health education, sex education and education for home and family life at any stage of primary or secondary education?

Among the countries represented here such education seems to be organized (and independent) in Austria, Denmark, U.S.A., British Guiana, Norway, U.A.R., Sweden, Czechoslovakia and Yugoslavia. In other countries, this education for 14 - 16 year old pupils either does not exist or is not systematically organized (Belgium, France, Great Britain, Switzerland) or dealt with in connection with other subjects (Hungary - psychology and biology; Ireland - religion). Belgium, for example, deals with hygiene in the primary school and devoted some lessons or lectures to sex matters in the secondary school. France takes the opportunity of teaching certain principles of hygiene and initiating pupils to problems of life in the natural science courses; the same is true of Switzerland but it should be noted that in Switzerland girls in "domestic science schools" have compulsory courses in hygiene and social medicine. In Great Britain this varies from school to school since there is no central organization or control by the government. In the U.S.A. this education may vary between states. The three subjects are not separated as in certain other countries such as Belgium where health education is connected with biology or natural science courses whereas sex education is the province of "moral philosophy" teachers. In the U.S.A. health education includes sex education which, in turn, includes home and family education.
In general, one is tempted to say that it is in the Latin countries that this sort of education is least developed.

Question 2
In which grades (classes) does this education take place?

From information received, it would appear that in the majority of countries children begin health education well before the age of fourteen and sometimes as early as in their first school year. Sex and family education is usually introduced between the ages of eleven and thirteen, that is about the age of puberty.

Question 3
Is there a special curriculum for health education, sex education and education for home and family life for children aged 14 to 16 who are in their ultimate or penultimate year of compulsory schooling?

There are only certain countries who have special programmes for these two years. Countries where there is a programme are Belgium, Denmark, U.S.A., Hungary, Norway, Sweden and Czecho-Slovakia.

Question 4
Are courses for these age-groups obligatory or voluntary?

These subjects are compulsory in Austria, Denmark, British Guiana, Hungary, Norway, U.A.R., Sweden, Switzerland and Yugoslavia. In Belgium, France, certain states of the U.S.A. and in certain schools in Great Britain and Ireland they are optional. In Switzerland they are compulsory for the "household" courses.

Question 5
What is the number of hours per year devoted to these subjects in the grade in which most of the 15 year olds find themselves?

This varies between countries. Most participants were unable to give information about this. The fact that the number of hours varies from nine to one hundred and ten hours seems to indicate that all participants did not understand the question in the same way.

Question 6
For these students, what are the main topics dealt with in health education, sex education and education for home and family life?

From a detailed study of the programmes, it seems that in most countries health education includes the following topics: Hygiene, contagious diseases, accident first-aid, narcotics and stimulants, physical education and sport.
In a certain number of countries, pupils are informed about problems and institutions of world health.

In sex education, the most frequently dealt with subjects are boy-girl relationships, pregnancy and child development, the genital organs and child birth. In certain countries, emphasis is laid on the psychological aspect of love and of the repercussions of marriage and understanding in the home on social life.

In education for family life, there is a range from practical work such as needle work, child-care and household management to considerations of the cultural and social order such as the responsibility of parents, divorce, the rights and duties of children, morals, contraceptive methods, budgeting and even in certain countries "family life in a socialist society".

**Question 7**

Are there special courses aiming at mental health in the school of your country? If so, what are they?

Mental health is dealt with in only a few countries - in the other countries it is only dealt with occasionally. Great Britain and Sweden connect it to other subjects; in the U.S.A. it is dealt with at the same time as health education. In Czechoslovakia mental health is studied in more depth. The main topics covered are relationship with the environment, moral qualities and vocational choice. In Yugoslavia some textbook chapters are devoted to physical health, relationships with friends and factors influencing child and adolescent development.

**Question 8**

Are there courses from which students acquire notions of safety? What is actually taught?

Most countries seem to attach great importance to safety. On the basis of replies received only Belgium, British Guiana and Norway do not deal with the matter or only to a small extent. Safety seems to comprise mainly of road safety, work-safety and first aid. In the U.S.A. and in Czechoslovakia there is also an interest in harmful matters (e.g. gas, etc.) and radio-activity. Switzerland also deals with the thrift, insurance and other forms of social security.

**Question 9**

Is first aid in case of accidents taught? (Describe nature of courses)

Within the framework of safety we have included accident first aid. In nearly every country instruction in this subject is given. Often the teaching is limited to introducing a few topics such that they can be developed in non-school activities in co-operation with local Red Cross organizations.
Question 10

What games are played in your schools?

Physical education is varied and is often linked to climatic conditions. Most countries have ball games, athletics, gymnastics and swimming. In mountainous countries with a cold climate such as Austria, Hungary, Norway, Sweden, Switzerland and Czechoslovakia skiing and skating are very popular.

Question 11

Is there a trend towards emphasizing individual physical training or collective sports and why?

Most countries have collective sports since they develop team spirit and a sense of responsibility.

Question 12

Are health education, sex education and education for home and family life dealt with separately in a special course or are they dealt with in correlation with other courses?

In general, they are nearly always dealt with in connection with other subjects, although in countries such as the U.S.A., Great Britain, Sweden and Czechoslovakia there is a special course.

Question 13

Are these subjects taught to mixed classes or to the two sexes separately?

There were varied responses to this question. In Denmark, Great Britain, Sweden and Yugoslavia classes are usually mixed. In other countries boys and girls have separate classes and particularly so for sex education. Certain of the factors likely to influence whether classes are mixed or not are: school organization, religion and social organization.

Question 14

What methods are used in the teaching of these subjects? (Books, discussions, group-work, lectures)

This varies according to whether the subjects are in the normal programme or not. We have very little information on this matter. When it is part of the programme, health education and education for home and family life seem to be dealt with in theory by means of reading and discussions; if it is not in the programme, it is carried out by means of lectures, discussion groups, films, examinations, etc. In Belgium, Great Britain, Hungary, Czechoslovakia and Yugoslavia it occasionally happens that there are practical courses given by medical organizations such as the Red Cross or hospitals (e.g. in connection with child-care).
Question 15

What extra-curricular activities aiming at health education, sex education and education for home and family life are conducted?

There are extra-curricular activities in many countries mainly due to the collaboration of medical and religious organizations. Although schools usually make efforts to interest parents in the school's activities, in many countries parents are not yet associated with this type of education. Where this collaboration does exist, as in the U.S.A., Great Britain, Norway, Czechoslovakia and Yugoslavia, it is carried out by the P.T.A. (Parent-Teacher Association).

Question 16

Who imports health education, sex education and education for home and family life?

Whereas health and family education are usually taught by the head-teacher specializing in these subjects, sex education is frequently taught by a doctor or a clergyman, notably in Austria, Belgium, Denmark, U.A.R., Sweden, Switzerland and Czechoslovakia.

Question 17

Is it envisaged by educational authorities in your country that education in these spheres be carried beyond the end of compulsory schooling? By what institutions?

Education in these subjects continues after school leaving and is taken care of by adult education institutes, the Red Cross, physical education institutes, health information centres, marriage guidance centres, etc. in all the countries represented here. In Belgium such an extension of teaching is less wide-spread. There exist classes at the Red Cross or at certain religious organizations for the purely physical aspects of this kind of education.

Question 18

Is there any system of evaluation of results of health education, sex education and education for home and family life, and if so, describe the system used?

Eleven out of the fifteen countries replied "No". It is probable, however, that examinations are given each time this appears in a programme or if it is dealt with in connection with another subject.
Question 19

Is there an examination in these subjects and
if so, does this count for certification?

Certain countries indicated that certain aspects of this education
count in such subjects as biology, domestic science, etc. Physical education
and athletics can sometimes count towards the leaving certificate.
Point 1  Together with Point 3 (some of pt. 2, 6, 9) -- 33 hours
Point 2  Theory 6 hours. - Praxis ranging from 6 - 12 hours (but not all schools have the possibility of practical formation).
Point 3  Together with Point 1.
Point 4  5 hours (3 hours for theory and 2 hours for a hospital visit).
Point 5  8 hours - in the Grammar Schools 14 hours for the 18 year olds - moreover, there are programmes in the same subject prepared for the Berufsschule.
Point 6  There are no special hours. The subject is taught together with Point 1 and Point 5.
Point 7  8 hours (together with sexual hygiene), the same is taught in Grammar Schools and Berufsschulen.
Point 8  This subject is taught to the 7 - 11 year olds and then continued in the Berufsschulen.
Point 9  Together with Point 1 and in the organizations of the Polish Red Cross, also in the Mittelschulen and during the military formation.
Point 10  Very little is done in this matter. This training will be given by the Polish Red Cross.
Point 11  In the Berufsschulen for the 17 year olds where the possibility exists, this education will be undertaken. One considers introducing a bicycle permit for the 12 year old pupils.
## An Outline of a One Year Course for 14 Years (8th Form)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Biology</th>
<th>Physical Training</th>
<th>Work - education + Civics and ethics</th>
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<tbody>
<tr>
<td><strong>1. Personal health</strong></td>
<td>14</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td><strong>2. Nutrition</strong></td>
<td>8</td>
<td>-</td>
<td>66 optional</td>
</tr>
<tr>
<td><strong>3. Common health and common diseases</strong></td>
<td>8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>4. Consumer health</strong></td>
<td>8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>5. Mental health</strong></td>
<td>10</td>
<td>-</td>
<td>In civics: scientific world concepts 4 hours</td>
</tr>
<tr>
<td><strong>6. Stimulants</strong></td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>7. Family life and Sex</strong></td>
<td>8</td>
<td>-</td>
<td>For girls 33 compulsory</td>
</tr>
<tr>
<td><strong>8. Safety</strong></td>
<td>4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>9. First Aid</strong></td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td><strong>10. Home nursing</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>11. Driver education</strong></td>
<td>-</td>
<td>-</td>
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LIST OF PARTICIPANTS
List of Participants

at the expert meeting on Health Education, Sex Education, Education for Home and Family Life, held from 17th February to 22nd February, 1964 at the Unesco Institute for Education, Feldbrunnenstraße 70, 2 Hamburg 13, Germany.

<table>
<thead>
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<th>Position</th>
<th>Institution-Address</th>
</tr>
</thead>
<tbody>
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