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Signature Lois Mary Wheeler

Date August 5, 1970

SEX KNOWLEDGE OF FRESHMEN AND SENIOR NURSING STUDENTS

by

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ABSTRACT

Our Western society is preoccupied with sex. The nurse's role as health educator and resource person requires the use of sex knowledge to instruct others. An inquiry into the sex knowledge level of student nurses was deemed appropriate at this time to locate areas of strength and weakness in order to establish guidelines for curriculum improvement.

Two tests on sex were administered to sixty-eight freshmen nursing students in the fall of 1969 and to forty-two senior nursing students in the spring of 1970. One test was a sex knowledge inventory and the other examined knowledge of vocabulary and anatomy.

Test results indicated a low level of knowledge in the freshmen class. Senior nursing students scored high in reproductive anatomy but their fund of sex information was meager. It was concluded that students in a baccalaureate program are not sufficiently well informed about human sexuality to function as health educators and resource personnel in this area.

It was recommended that: (1) the nursing curriculum be revised to include course content in sex education, (2) anatomy, physiology, and obstetric text books be examined to insure recency of publication and authenticity of information, (3) a study be made to explore sex attitudes of nursing students, and (4) this study be replicated in another baccalaureate school of nursing.

Chapter 1

INTRODUCTION

As long as man has inhabited the earth he has had to come to terms with the drives and problems that occur because of his sexuality. The human being is free to use his sex not only for reproduction but also for his own enjoyment, both psychologically and physiologically. Due to our culture and mores the sexual relationship is often accompanied by insecurity, fear and attitudes of guilt.[1] The primary importance of understanding human sexuality is to enable the individual to make responsible choices that will promote and sustain good physical and mental health.

Statement of Problem

As a school nurse I have been confronted with the contemporary problem of sex education. In my particular school system it was felt by a large number of teachers that the school nurses were the most qualified and most suitable persons to give instruction in sexuality because of their knowledge of anatomy and physiology, and because it was thought that they would be less embarrassed and more able to present sex education information to students. Upon evaluation our knowledge and preparation was found to be inadequate for the task. A special class in sex education was arranged and offered by

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[1] Frank D. Cox, Youth, Marriage and the Seductive Society (Dubuque, Iowa: Wm. C. Brown Company, 1967), p. 8.

extension for school nurses and teachers by the University of Wyoming through their department of education. This experience caused me to speculate about the sex knowledge of nursing students.

The problem was one of approach: (1) to determine the sex knowledge of freshmen and senior student nurses in a baccalaureate program, (2) to ascertain whether graduating seniors were adequately prepared to function as resource personnel or instructors of sex education, and (3) to gather accurate and pertinent data that could be used to establish guidelines for curriculum improvement.

Purpose

The purpose of this investigation was: to (1) determine if students of a baccalaureate nursing program were well informed about human sexuality and sufficiently knowledgeable in this area to instruct others, and (2) to locate areas of strength and weakness in order to improve curriculum.

Assumptions

The nurse's role as a health resource person and teacher requires the use of knowledge to instruct others about human sexuality.

Methodology

The tools used in this survey were the Sex Knowledge Inventory Form X revised, and the Sex Knowledge Vocabulary and Anatomy Form Y, published by Family Life Publications, Incorporated, Durham, North

Carolina. Form X has a reliability coefficient of 0.88 and the validity is more suggestive than conclusive. Form Y has a reliability coefficient of 0.92. There was no information about the validity. Test X contains thirteen categories with varying numbers of questions in each. There is a total of eighty questions. Test Y contains three parts: the first two parts test a knowledge of anatomy and the third part tests vocabulary. There is a total of one-hundred questions in Test Y.

Test X and Y were administered to eighty-six freshmen nursing students during fall quarter of 1969 and to forty-two senior nursing students during the spring quarter of 1970. Tests were purchased by the investigator.

Limitations

1. Not all freshmen test scores could be used, as some students were unable to complete the tests in the time allowed. Sixty-eight X and Y tests were completed by freshmen. There were one-hundred-seventeen freshmen nursing students enrolled but only eighty-six volunteered for sampling.

2. Of the seventy-six senior nursing students enrolled, forty-two volunteered for testing.

3. There are no national norms for student nurses.

4. Only knowledge is tested.

Definition of Terms

For the purposes of this study the following population terms are arbitrarily defined, as there is no agreement among definitions in sociology texts, geography texts, and encyclopedias.[2]

1. Rural in this paper connotes individuals residing on a ranch or farm.

2. Small town means an aggregate population in one community of less than 10,000 inhabitants.

3. Small city implies a population in one community setting of more than 10,000 but less than 25,000 persons.

4. Suburban is a district outside of but adjoining a large city.

5. Large city is defined as a community of more than 25,000 people.

6. Human sexuality. There are three elements involved in human sexuality. First, the genetic factors set the sexual pattern and define the general limits within which other factors may operate; second, the hormonal factor develops organs needed for the sex act and

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[2]Glenn T. Trewartha, Arthur H. Robinson, and Edwin H. Hammond, Elements of Geography, ed. John C. Weaver (5th ed.; New York: McGraw-Hill Book Company, 1967), p. 547.

"Unfortunately, there has been no general agreement among nations about what constitutes a city, so that the distinction between rural and urban is indefinite and variable."

increases their sensitivity for stimulation; and third, the psychological factors essentially control the choice of sex object and the intensity of sexual emotions in the human being.[3]

Justification

In our Western world we are bombarded with sex daily. Newspapers report crimes of sexuality, movies portray sex, advertisements appeal to sexuality and our literature abounds with eroticism. Religious leaders discuss this topic in periodicals and from their pulpits. Because our society is so preoccupied with sex this investigation attempted to reveal the actual level of sex knowledge attained by students in a baccalaureate nursing program.

SUMMARY

Victorian reticence in regard to sexuality is rapidly disappearing from our contemporary social, religious and educational scene. Attitudinal changes are evident in the population. The trend is toward openness, awareness and a demand for sex education. The general public looks to the nursing profession for knowledge and instruction and it is one of the roles of the nurse to function in the area of sex education.

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[3]William H. Perloff, Sexual Inversion, ed. Judd Marmor (New York: Basic Books, Incorporated, 1965), p. 67.

This study was relevant because of the preoccupation of our society with sex. Its purpose was to learn if students are well enough informed about human sexuality to instruct others, and to locate areas of strength and weakness in order to improve the nursing curriculum. The Family Life Publications testing sex knowledge were used as survey instruments.

Chapter 2

REVIEW OF LITERATURE

INTRODUCTION

Sexuality has always been of great concern to mankind and through the years much has been written on this subject. The medical profession, the clergy, anthropologists, sociologists and psychologists have been particularly interested in sexuality as it influences human behavior and interaction.

In 1961 Betty L. Cuthbert used the Sex Knowledge Inventory Form X to test sixty-seven nursing students at Johns Hopkins School of Nursing. In this survey the students had been in college nineteen months. As a result of the survey the curriculum was evaluated at Johns Hopkins and discussion periods on dating, courtship and marriage were added in the preclinical period. The test was then used as a teaching tool in obstetrics for discussion groups. A favorable response was given by the students and instructors.[4]

> One of the obligations of parents to their children is to give sex guidance throughout the years. The nurse may be called upon to increase the parents' information or work with them to formulate a plan. . . The nurse with others may work to improve the parents' attitude about sex. She may suggest books, pamphlets

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[4]Betty L. Cuthbert, "Sex Knowledge of A Class of Student Nurses," Nursing Research, X (Summer, 1961), 145-150.

> and other material which is helpful for parents, giving them information and a proportionate increase in their self-confidence.[5]

In order for the nurse to be knowledgeable about sexuality, she should be familiar with some of the literature that has been published. Sociological, cultural, psychological, theological and physiological aspects of sexuality will be presented in the following sections of this paper as they contribute to and influence mans' behavior.

CULTURAL-SOCIOLOGICAL ASPECTS OF SEXUALITY

The social code pertaining to sexual behavior of children and unmarried adolescents in the United States is very restrictive. Pressure is constantly exerted to prevent any form of sexual behavior until marriage. A great deal more pressure is exerted on females than on males and premarital sex is condemned and sex knowledge is kept hidden from children, lest it damage their moral character.[6] Much of the sexual misery and inadequacy in Western culture today stems directly from the methods of child rearing urged on parents by Dr. Elizabeth Blackwell and other Victorians, and is still followed to a

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[5]Wayland J. Hayes and Rena Gazaway, Human Relations in Nursing (2d ed; W. B. Saunders Company, Philadelphia, 1959), p. 383.

[6]Milton L. Barron, Contemporary Sociology (New York: Dodd, Mead and Company, 1964), p. 304.

considerable extent by many parents.[7]

Until World War I many authorities agreed that sexual feeling in young women was pathological and abnormal. Women were cautioned against the dire consequences of "self-abuse" which, it was asserted, would cause an undue amount of blood to flow to the genital organs, thus depriving other parts of the body of nourishment. This was presumed to produce a diseased condition and to be the foundation for consumption, paralysis and heart disease, as well as weakening the memory and making many lose their minds.[8]

Women's behavior is governed by a double standard of morality and women are now caught in the process of social change. Cultural restraints hold them to traditional roles while new roles are offered by economic and social forces: moral principles comprise the social philosophy of a society and configurations are basic units of a social value system.[9]

Bogardus states that in most countries of the world the rural mind is essentially the underdeveloped mind; it has not been freely or fully stimulated; it has strong opinions, prejudices and religious

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[7]Edward M. Brecher, The Sex Researchers (Boston: Little, Brown and Company, 1969), p. 153.

[8]Edward and Ruth Brecher, An Analysis of Human Sexual Response (New York: Signet Books, 1966), p. 129.

[9]Barron, loc. cit.

faiths.[10]

Social systems of rural people have fewer conflicting norms because they are influenced by fewer reference groups having varying traditions and norms.[11] Religion establishes group norms and ritual enforces the norms. The old ways are the right ways. United States rural society has been characterized by a less developed technology, a low level of literacy and education, social relationships limited to the local community, primary social relationships and a lack of empathy or open-mindedness toward new roles.[12] However, rural communities are now moving toward a more modern social system and the influence of contemporary sexual attitudes and practices is penetrating these areas. The sexual emancipation of women and feminine freedom has caused the double standard of morality to start withering away.

Man is the only animal who arrives at sexual maturity before he reaches social maturity. Society is protective of women in regard to reproductivity but punitive with respect to erotic aspects. In

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[10]Emory S. Bogardus, Sociology (New York: The MacMillan Company, 1950), p. 132.

[11]Charles P. Loomis and J. A. Beegle, Rural Sociology: The Strategy of Change (Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1957), p. 84.

[12]James H. Copp (ed.), Our Changing Rural Society: Perspectives and Trends (Ames: Iowa State University Press, 1964), p. 41.

societies where manifestations of strong sexual desire in women is penalized, it produces females whose sexual impulse seems inferior to the male. Women are just as quick to respond sexually as men, but it has been a time honored assumption that women are subject to less urgent sexual needs than men and this has led to a more strict control of their conduct.[13]

In the Western world the interpretation of sex has been characterized by one of two outlooks: naturalism, which means a positive and accepting attitude toward the physical material world, including accepting sexual nature of man with gratitude and joy; or dualism, that regards the body merely as a tomb from which the immortal soul must be released with lust disciplined and extirpated. Hellenistic dualism contributed so heavily to Western civilization that it became the predominant pattern for behavior.[14]

Adultery has traditionally been condemned by religion, society and law. In cities where formal sanctions can be ignored, sexual inhibitions are being discarded and a deviant subculture is arising, which has come to be known as "The Swinging Scene." The "Swingers" are

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[13]Eberhard and Phyllis Kronhausen, The Sexually Responsive Woman (New York: Grove Press, 1964), pp. 16-19.

[14]William G. Cole, Sex in Christianity and Psychoanalysis (Oxford: Oxford University Press, 1966), p. 3.

generally middle class married couples who organize and attend parties with other married couples for the express purpose of sexual intercourse with each other's partners. Of the 204 swinging couples surveyed, the chief characteristic was their inherent normality.[15] Kinsey previously revealed that there was a high percentage of deviation from accepted moral standards of society.

There are two generalizations that can be made concerning heterosexual coitus: it is the most prevalent form of sexual behavior for the majority of adults and it is rarely the only type of sexual activity indulged in. Cultural considerations of right and wrong exert a profound influence on sexual behavior. Copulation between males and females is biologically adaptive, as it promotes perpetuation of the species.[16]

Most of the preparatory activity that takes place between humans occurs on the symbolic level and may consist primarily of language responses; this is opposed to animals who are dependent upon direct body stimulation. Both man and animal indulge in some type of foreplay. There are two reasons for this: it enhances the probability that copulation will be attempted by increasing the level of

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[15] Brecher, op. cit., p. 254.

[16] Clellan S. Ford and Frank A. Beach, Patterns of Sexual Behavior (New York: Harper and Row, 1970), p. 28.

excitement and it synchronizes the reactions of the male and female so that copulation will be successfully completed.[17]

In all infrahuman species heterosexual intercourse is the most frequent form of sexual expression, although monkeys and apes engage in other types of sexual habits in addition to copulation.[18] In contrast with humans who assume a variety of positions, subprimates and terrestrial animals have sexual contact which always involves rear entry.[19]

In nearly every human society and for all species of infrahuman animals, sexual intercourse is generally preceded by sensory stimulation. In our own society some people indulge in a minimum of foreplay and others devote long periods of time to physical intimacies prior to intercourse. Social level frequently determines the amount and kind of foreplay among people of the United States. Manual manipulation of the female breast occurs regularly in 96 percent of the histories of the married males of the upper level and manual manipulation of the female genitalia by the male is regularly found in about 90 percent.[20] Manual manipulation of the female breast occurs

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[17] Ibid., p. 52.

[18] Ibid., p. 29.

[19] Ibid., p. 41.

[20] Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin, Sexual Behavior in the Human Male (Philadelphia: W. B. Saunders Company, 1948), p. 367.

in only 79 percent of married males at low levels and manipulation of the female genitalia occurs in only 75 percent of the cases. Many persons in the upper levels consider a certain amount of oral eroticism as natural, desirable and a fundamental part of love making. Eighty-seven percent of the upper social levels use the deep kiss as a prime source of arousal, but the lower level male considers such oral contacts to be dirty, filthy and a source of disease. Mouth-breast contact occurs at all social levels but predominates at the upper levels. Mouth-genital contacts are quite common in the sexual activity of many other mammals, especially anthropoids.[21] In college educated men 72 percent of the males had at least experimented with such contacts. Males who have never gone beyond eighth grade had an accumulative incidence of 40 percent of oral-genital contacts.[22]

"Western sphincter morality" is a learned response to powerful aversions to human waste products and odors. After women overcome conditioned embarrassment, shame, and guilt they find oral-clitoral stimulation very pleasurable.[23]

Masturbation

Masturbation commonly involves handling, rubbing or mouthing of

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[21]Ford, op. cit., p. 62. [22]Kinsey, op. cit., p. 371.

[23]Kronhausen, op. cit., p. 160.

the genitals and is considered a perversion by some members of our society. Michael Balint classifies perversions as: (1) homosexual aberrations, which can range from the beautiful to the hideous, (2) sadism and masochism, (3) exhibitionism and voyeurism, (4) fetishism, which is a turning away from a living object and replacement by something inanimate, (5) transvestitism and (6) bestialism. Balint says this occurs for want of something better, a low I.Q., no opportunity or no hope of finding human partners. His last category is necrophilia and use of immature children. He considers these manifestations of sexuality to be a psychosis rather than a perversion. He defines perversions as creating a high state of excitement without gratification.[24]

Ninety-two percent of American males masturbate to orgasm at least once during their lives and this is the chief source of sexual outlet for males until adolescence. Males of lower educational levels are more apt to replace masturbation with heterosexual coitus at adolescence and are more likely to consider masturbation perverted.[25]

Self-stimulation is not limited to the masculine sex in our society. Victorian accounts advocated amputation or cautery of the

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[24]Michael Balint, "Classification of Perversions," Perversions, Psychodynamics and Therapy, ed. Sandor Lorand, M.D. (New York: Random House, 1956), pp. 17-19.

[25]Kinsey, op. cit., p. 499.

clitoris, straitjackets to make the genitals inaccessible to the hands, chastity belts, sewing the vaginal lips together to put the clitoris out of reach and surgical removal of the ovaries for correcting female masturbation.[26]

Although adult masturbation is generally frowned upon by most societies, a different attitude is often taken toward auto-genital stimulation by children. Nursing texts advise that if genitals are kept clean and free from irritation, masturbation must be regarded as a normal phase of development. It is an unimportant aspect of childhood behavior and the child should not be condemned, threatened, punished or restrained, as it arouses fears and promoted secrecy and guilt feelings.[27]

Evidence suggests that adults in other societies rarely ever engage in auto-genital stimulation. The Crow Indians interpret masturbation by an adult as a confession of inability to obtain a lover, and it is something of which a man or woman should be ashamed.[28]

In some subhuman primates it is obvious that masturbation is performed with the express purpose of producing an orgasm. Male apes

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[26]Donald W. Hastings, M.D., "Can Specific Training Procedures Overcome Sexual Inadequacy?" An Analysis of Human Sexual Response, ed. Ruth and Edward Brecher (New York: Signet Books, 1966), p. 232.

[27]Inez L. Armstrong and Jane J. Browder, The Nursing Care of Children (Philadelphia: F. A. Davis Company, 1964), p. 323.

[28]Ford, op. cit., p. 163.

and monkeys stimulate themselves manually, orally, or by rubbing the penis against some object. Masturbatory behavior is less frequently observed in females of all species and never produces a clear cut climactic result as in males.[29]

Homosexuality

Our society disapproves of homosexuality and most communities have strict laws for punishing this type of behavior in the male. The legal code in this matter does not usually pertain to females. Four percent of white males in this country are exclusively homosexual.[30] Males identify each other by exchanging glances. If the man being glanced at catches and holds the glance and returns it, he is also a homosexual. The majority of male contacts are made by "cruising" in bars and are one night stands.

The attitude of Americans toward female homosexuality is characterized by disregard. In some societies there is approval of homosexuality. Among the Siwans of Africa all men and boys engage in anal intercourse. Keraki bachelors of New Guinea practice sodomy. Among the Australian Aranda women stimulate each other's clitoris. The Nama women in Africa use an artificial penis in mutual masturbation.[31]

Bachelor baboons who have restricted opportunities for contact

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[29]Ford, op. cit., p. 168. [30]Kinsey, op. cit., p. 651.

[31]Ford, op. cit., pp. 139-141.

with females sometimes have homosexual relationships.[32] There are recorded instances of homosexual relations in female primates, but this behavior is not noted as frequently as in the male.

Homosexual activity has been described for all species of mammals. Behavior of this type is so common in domestic animals that it goes unnoticed unless it is used as an indication of the estrus cycle.[33]

Contraception

Contraception has been practiced in one form or another since ancient times in an effort to control family size. One method of birth control technique that has been used for centuries is coitus interruptus and another is sexual abstinence. The population explosion and the fact that two-thirds of the human population live under conditions of poverty, hunger and disease reflect urgent need for reliable contraception.

In 1961 the National Council of Churches decreed that couples are free to use the gifts of science for conscientious family limitation and to provide means that are mutually acceptable, noninjurious to health and appropriate to the degree of effectiveness required in a

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[32] Ford, op. cit., p. 143.

[33] Judd Marmor (ed.), Sexual Inversion (New York: Basic Books, Inc., 1965), p. 38.

specific situation. Motives rather than methods are the primary moral issue.

At the Lambeth Conference in 1958 the Anglican Communion stated that the means of family planning are matters of clinical and aesthetic choice, if admissable to Christian conscience.

The Roman Catholic Church declares that artificial methods of birth control are immoral because they frustrate one of the natural ends of the marital act, procreation of children.[34]

The condom can be traced to primitive societies. In prehistoric caves, sketches of men and women engaged in intercourse depict the male seemingly using some form of a sheath. Ancient Romans used the bladders of animals for this purpose and the Chinese used sheaths of oiled silk. Today the condom is a thin strong sheath made of rubber or a synthetic material and is widely used throughout the world. The sheath fits tightly over the male's penis and, when correctly used, is very reliable.

Oral contraceptives contain hormone-like substances which enter the blood stream and prevent ovulation. Generally one pill is taken daily for twenty days on a precise schedule during the menstrual cycle. The pills are available through prescription only. The pill is

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[34]"Birth Control," Encyclopaedia Britannica (1969), III, 707.

a very dependable method of contraception and can be used successfully by women of little education and low intelligence.

The diaphragm and jelly was first used in Germany in the 1880's. The diaphragm is made of soft rubber mounted on a flexible metal rim. It is placed in the vagina to cover the cervix, which prevents pregnancy by blocking passage of semen to the uterus. When properly fitted by a physician and used according to instructions it is very effective. Highest protection is achieved when the diaphragm is used in combination with spermicidal jelly.

The cervical cap, which may be made of plastic or metal, fits snugly over the cervix. It is smaller than the diaphragm but acts in the same way to stop passage of semen. It must be fitted by a physician. It has a high rate of effectiveness.

The inter uterine device is made of an inert material molded into shapes such as spirals, loops, and circles and are about 20 to 30 mm. in diameter. The inter uterine device is inserted into the uterine cavity by a physician and left in place until a pregnancy is desired. It is thought to prevent the fertilization of the ovum. The special advantage of the inter uterine device is that only one contraceptive act is required for lengthy protection.

Spermicidal compounds in the forms of foams, jellies and creams are injected into the vagina before each act of intercourse by means of a slender plastic applicator. This type of contraception

is not as reliable as methods mentioned above.[35]

The rhythm method of contraception is traceable to prehistoric societies based on some coincidental but causally unrelated phenomenon, such as phases of the moon. Until the twentieth century any success with this technique must have been accidental because of the general ignorance about the sensitive menstrual-ovulatory timetable upon which it depends. The method requires sexual abstinence during the fertile period, those days just before and after ovulation when impregnation is most likely to occur. Even with medical guidance the rhythm method is difficult for many women to employ because their cycles are irregular. Precise records of menstruation and temperature changes are utilized to help pinpoint expected ovulation dates. Statistically, this method has been found to fail substantially more often than the techniques previously discussed.

Coitus interruptus dates back almost to the beginning of recorded history. Conception is avoided by withdrawal of the penis before ejaculation. Withdrawal may often fail if the action is not completed in time. Precise timing is complicated by the fact that small amounts of semen sometimes may be emitted before the male climax. Rigorous self-discipline is required and coitus interruptus is not always a successful method.

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[35]Ibid., p. 708.

The emerging consensus on world needs for limiting the growth of human numbers was expressed in a broad social context by an international group in 1960. In a statement presented to the United Nations' secretary general, they said,

> Unless a favorable balance of population and resources is achieved with a minimum of delay, there is a prospect of human misery, famine, undereducation and unrest which could generate growing panic exploding into wars fought to appropriate the dwindling means of survival. We believe that widespread, effective and voluntary use of medically sound birth control is essential.[36]

INFLUENCE OF RELIGION

As Bogardus states, there is a relationship between the rural community and religious teachings (see page 9). Since Montana is an essentially rural state it would be expected that students' attitudes toward sexuality would reflect opinions, prejudices and inhibitions of religious teachings. In some religious groupings a high value is placed on the suppression of the sex drive. The implication is that this drive can then be sublimated into religious expression. Love and religion have a close association and the standards for sex conduct come from religious sources.[37]

Calvin attempted controlling sexual drives and this led him

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[36] Ibid., p. 709.

[37] John W. Drakeford, Psychology in Search of a Soul (Nashville: Broadman Press, 1964), p. 107.

into moralism and legalism which are considered the parents of prudery. Luther thought that sex was inevitable but he was not convinced that it was good.[38]

Bishop Fulton Sheen sought to interpret sex as a positive force, natural and acceptable but the undertones of dualism in Roman Catholic thought and practice render this a difficult task to carry through consistently.[39]

The idea that man has more libido than he can handle seems to be a remnant of the prejudice against sex for pleasure. Contemporary protestant theologians, Brunner and Niebuhr, regard shame as intrinsic to the human situation and explicitly deny that it springs from cultural conditioning.[40]

No elaborate sex code can be developed from the teachings of Jesus, but from the total message of revelation a general sex ethic emerges. This approach reveals that sex is not an evil, but that it is good and necessary. Sex is one of God's many gifts to man and a part of man's total personality. Sexual intercourse may be an expression of tender, spiritual love between husband and wife.[41]

During the time of the writings of the Old Testament the

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[38]Cole, op. cit., p. 131.

[39]Cole, op. cit., p. 159.

[40]Cole, op. cit., p. 194.

[41]Henlee H. Barnette, Introducing Christian Ethics (Nashville: Broadman Press, 1961), p. 117.

Jewish people, who were originally nomadic and who had recently turned to an agrarian way of life, considered the daughter of the family as an economic asset and a part of the father's property. As such she was to be respected. As a prospective wife and mother she brought a good marriage price. If she were damaged goods she lost her merchandise value. Therefore, the laws of the ancient Jews were stringent and punitive in regard to premarital sex.[42]

Prostitution is noted in the Old Testament and many warnings are given against harlotry:

> Her house is the way to hell, going down to the chambers of death.[43]

The New Testament condemns prostitution and sexual activity outside of marriage but Jesus himself forgave prostitutes.

Adultery was viewed as a serious sin in the Old Testament because of the great concern for the family and bloodlines. The word is brief, "Thou shalt not commit adultery."[44] The New Testament is more verbose and more rigorous:

> Ye have heard that it was said by them of old times, Thou shalt not commit adultery:
>
> But I say unto you, that whosoever looketh on a woman to lust after her hath committed adultery with her already in his heart.

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[42]William Graham Cole, Sex and Love in the Bible (New York: Association Press, 1959), p. 237.

[43]Proverbs 7:27.

[44]Exodus 20:14.

> It has been said whosoever shall put away his wife let him give her a writing of divorcement.
>
> But I say unto you, that whosoever shall put away his wife saving for the cause of fornication causeth her to commit adultery: and whosoever shall marry her that is divorced committeth adultery.[45]

Homosexuality has existed from earliest times and some societies have tolerated it, some have encouraged it and some condemned and punished it severely. The Hebrews and the early church felt that homosexuality was a sin and crime and this viewpoint has continued through Christianity to modern times. The first mention of homosexuality in the Bible occurs when two angels stayed at Lot's house in the town of Sodom and the males of Sodom came to Lot's residence demanding to "know" the angels.[46] The word sodomy is derived from this incident. Judges 19 has a similar story, Deuteronomy 23:17-18 and Leviticus 18:20 deal with homosexuality. The penalty was death.

Transvestism is dealt with in the Bible as follows:

> The woman shall not wear that which pertaineth unto a man, neither shall a man put on a woman's garment: for all that do so are abomination unto the Lord thy God.[47]

Masturbation is referred to in a questionable manner and deals with the story of Onan and his widowed sister-in-law, Tamar. According to the law of the Levirate marriage, it was Onan's duty to impregnate

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[45]Mathew 5:31-32. [46]Genesis 19. [47]Deuteronomy 22:5.

the childless Tamar. Onan was unwilling and "spilled his seed on the ground."[48] This act could be interpreted as coitus interruptus or as masturbation. The Catholic Church believes that the story may be applied to either or both acts and condemns them as unnatural and as mortal sins. Protestants have traditionally been in agreement with Rome in opposing both acts.[49]

Rape is mentioned in Genesis 34, which gives the first Biblical accounting of this act. Judges 21 also contains a reference.

Incest is the most widespread sexual taboo and is found in nearly every culture. However, the two daughters of Lot had an incestuous relationship with their father. This was not disapproved of nor punished, as there were no other men available to perpetuate the family name and Lot was excused because he was intoxicated at the time.[50]

Bestiality was a common and troublesome problem, probably due to the agrarian culture of the ancient Jews. Exodus 22:19 says, "Whoever lies with a beast shall be put to death." Leviticus 20:15 states, "If a man lies with a beast, he shall be put to death: and you shall kill the beast." Leviticus 18:23 continues, "Neither shall any woman give herself to a beast to lie with it: it is a perversion."

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[48]Genesis 38: 1-11.

[49]Cole, op. cit., p. 297.

[50]Genesis 19: 30-38.

Since the Bible treats the whole range of human sexuality, some students will be familiar with the aforementioned quotations. Those students adhering to fundamentalistic principles will, by their religious instruction, have a different viewpoint on sexuality than those students who have come from homes where religious interpretation is more liberal or even absent from the family circle.

A Vatican Two Decree is a solemn conciliar utterance setting forth the Roman Catholic church's present understanding of its own nature. This document was accepted and promulgated by Pope Paul VI, November 21, 1964.[51] The Vatican Two Decree on Education states,

> Parents must be acknowledged as the first and foremost educators of their children. Their role as educators is so decisive that scarcely anything can compensate for their failure in it. For it devolves on parents to create a family atmosphere so animated with love and reverence for God and men that a well rounded personal and social development will be fostered among the children.

The Council further states that, "As they advance in years, they should be given a positive and prudent sexual education."[52]

The basic purpose of all sex knowledge is to help the individual to a fuller knowledge of himself as a person.

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[51] Walter M. Abbott, S.J., (eds.), The Documents of Vatican II (New York: An Angelus Book, 1966), p. 11.

[52] Rev. James T. McHugh, "Sex Education Basic Teaching Attitudes," Religion Teacher's Journal, II (July, 1969), pp. 16-17.

PSYCHOLOGICAL ASPECTS

> Regardless of how much sex may be banalized in our society, it still remains the power of procreation, the drive which perpetuates the race, the source at once of the human being's most intense pleasure and his most pervasive anxiety. It can, in its daimonic form, hurl the individual into sloughs of despond, and, when allied with eros, it can lift him out of his despondency into orbits of ecstasy.

Rollo May also stated that sexual freedom, because it involves the responsibility of choice, increases internal anxiety and guilt. Preoccupation with one's own performance and concern with orgasmistic proficiency create conflicts that contribute to the depersonalization and mechanization of sexual union. "Enlightenment" is an escape from the anxiety involved in an imaginative and passionate relationship.[53]

In contrast Freud stated that inhibitions are related to functions and noted a relationship between inhibition and anxiety. He felt that the sexual function is specifically related to inhibition and that disturbances of sexuality in men consist of a turning aside of the libido at the initiation of the act, absence of physical preparedness, suspension of the act before its natural culmination and the non-occurrence of the psychic effect.[54] Since the ego is the

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[53]Rollo May, Love and Will (New York: W. W. Norton and Company, Inc., 1969), pp. 38-43.

[54]Henry Alden Bunker, M.D. (trans.), The Problem of Anxiety, by Sigmund Freud (New York: W. W. Norton and Company, Inc., 1936), p. 12.

locus of anxiety, repressed impulses automatically become converted into anxiety. Freud found that coitus interruptus, frustrated excitement, and enforced abstinence give rise to outbreaks of anxiety and a general predisposition to anxiety which may be induced whenever sexual excitation is inhibited, frustrated or diverted in the course of its gratification. Disturbances of the libido become converted into anxiety.[55] In other words anxiety neurosis is caused by repeated experiences of sexual arousal terminating in frustration rather than fulfillment. In a Victorian world Freud provided enlightenment and made it possible and permissible for people to think and talk about sex.

Havelock Ellis recognized that normal gratification leads directly to the social sphere, as it involves another person. This encroaches upon the sphere of morality, "As no one is entitled to seek his own good in any line of action which involves evil to other persons."[56] Ellis did not consider masturbation in children as perverted and thought it was natural when the adult was deprived of normal heterosexual outlets.[57] He thought that tight lacing of

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[55]Ibid., p. 40.

[56]Havelock Ellis, Psychology of Sex (New York: A Mentor Book, 1938), p. 13.

[57]Ibid., p. 80.

corsets contributed to masturbatory practices.[58] It was a commonly held belief in that era that masturbation led to insanity. Ellis regarded homosexuality as having congenital origins.[59] He stated that transvestism was associated with homosexuality and named it "Eonism." He postulated that too close attachment to the mother encourages the appearance of Eonism.[60] In regard to frequency of intercourse Ellis realized that there were widely divergent needs and that the individual should follow his own course of action. However, he did state that the physical and spiritual benefits may tend to be lost by frequent repetition.[61] He made the observation that variations of posture in the sex act were not unnatural and vicious as was commonly supposed in his generation. Ellis liberalized thinking on this subject and dignified man's sexuality.

Adler agreed that sexuality exists very early in life but he felt that children should be distracted from any manifestation of sexuality and that they were specially stimulated by pictures, books and movies. He stated that the inferiority complex was the core of sexual abnormalities.[62] Children with an inferiority complex grow up

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[58]Ibid., p. 94.

[59]Ibid., p. 174.

[60]Ibid., p. 179.

[61]Ibid., p. 213.

[62]Alfred Adler, The Science of Living, ed. Heinz L. Ansbacher (Garden City, New York: Anchor Books, 1969), p. 126.

confusing their sexual desire with the desire for conquest and superiority. Overstressed sexuality is significant among the perverted because they exaggerate their tendencies as insurance against having to face the problem of normal sex life. He further stated that, in addition to childhood environment which is reflected in the life style, political and economic conditions have an influence on sexuality.[63] He felt that sexual excesses lead to disharmony of sexual activity. He disagreed with Freud that a suppressed libido is the cause of a neurosis. He posited that neurotic persons do not find their proper sex expression.[64]

According to Fromm, since sexual desire is associated in the minds of most people with love, they are easily misled in concluding that they love each other when they only desire each other physically. Sexual desire can easily blend with and be stimulated by any strong emotion, examples include the anxiety of loneliness, the wish to conquer or be conquered, vanity, and the wish to hurt as well as to love. Love is supposed to be a spontaneous emotional reaction but it is a decision, a judgment and a promise. Love is not the result of adequate sexual satisfaction, but sexual happiness is the result of love.[65] Fromm believes that the most frequent sexual problems,

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[63]Ibid., p. 128.

[64]Ibid., p. 130.

[65]Eric Fromm, The Art of Loving (New York: Bantam Books, 1956), p. 45.

frigidity and impotence, are caused by inhibitions which make it impossible to love. If a sexually inhibited person can emerge from fear or hate and become capable of loving, his or her sexual problems are solved. If not, no amount of knowledge about sexual techniques will help.[66] In a somewhat contradictory statement Fromm characterizes modern man as unable to postpone the satisfaction of wishes and as needing to consumate sexual desires immediately. He further mentions that this lack of inhibition leads to the paralysis and destruction of the self and that sexual appetite may not be as natural as it is supposed.[67]

Eleanor Hamilton states that sexual communication is one of the most sensitive acts requiring positive knowledge and practiced skill. We are not born sexual artists. Sexual communication is stimulated and carried on in an atmosphere of approval and mutual involvement in each other's well being. Caressing words are powerful stimulants. Words should express appreciation of the sex organs. The verbal caress is the touch of love. Non-verbal sexual communication includes what is said with the eyes; they may be passionate or frozen. The body also communicates. The art of touch says, "You

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[66]Ibid., p. 75.

[67]Eric Fromm, The Sane Society (Greenwich: A Fawcett Premier Book, 1955), pp. 148-149.

are liked."[68]

Viktor Frankl suggests that love is not interpreted as a mere epiphenomenon of sexual drives and instincts but that love is as primary a phenomenon as sex. Normal sex is a mode of expression for love and sex is justified, even sanctified, as soon as, but only as long as, it is a vehicle of love. Love is not to be understood as a mere side effect of sex. Sex is a way of expressing the experience of that ultimate togetherness that is called love.[69]

Maslow states that one can accept and enjoy one's needs and welcome them to consciousness if a past experience with them has been rewarding and if present and future gratification can be counted on. This is as true for thirst, sleep and dependency needs as for sex needs. He says that if needs constitute tensions, they are pleasurable tensions and should be self-actualizing.[70] The gratification of primary needs causes the emergence into consciousness of higher needs.

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[68]Eleanor Hamilton, "Sexual Communication," Counseling in Marital and Sexual Problems, ed. Richard H. Klemer (Baltimore: The Williams and Wilkins Company, 1965), pp. 177-181.

[69]Ilse Lasch (trans.), Man's Search For Meaning, by Viktor E. Frankl (New York: Washington Square Press, Inc., 1959), p. 177.

[70]Abraham H. Maslow, Toward A Psychology Of Being (2d ed.; Princeton: D. Van Nostrand Company, Inc., 1962), pp. 30-31.

May proposes welcoming the body back into the union with the self. Sexual feelings are particularly significant because they are among the earliest feelings used by the child in self-identity. Unfortunately sexual feelings have been widely tabooed in the past in our society and the child has been led to believe that such feelings are "naughty." Since feelings are a part of the child's identity, the taboo would clearly imply, "Your image of yourself is dirty." This is one important part of the origin of the tendency to despise the self in our society. The tendency to separate sexual activity from the rest of the self is illustrated by Puritan attitudes. To welcome the body back into union with the self suggests recovering an active awareness of one's body. It means experiencing one's body, the pleasure of eating or resting or the exhilaration of using toned-up muscles or the gratification of sexual impulses and passion, as aspects of the acting self. It is not the attitude of "My body feels," but "I feel." One aspect of interpersonal relationships is the experiencing of sexual desire and passion.[71]

Our society has a tremendous preoccupation with sex, which may be considered an obsession that drains off anxiety from another area and prevents us from being confronted with something distasteful.

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[71]Rollo May, Man's Search For Himself (New York: A Signet Book, 1953), p. 94.

May says the clamor of sex all about us drowns out the ever-waiting presence of death. Sex is the easiest way to prove that we are not dead yet.[72]

Albert Ellis is a proponent of liberality in sex. He states that normal individuals cannot remain abstinent for long periods of time without physical consequences: these include headaches, gastric upset, congestion of the pelvic region and high blood pressure. However, he feels that the main dangers of abstinence are not physical but psychological. He attributes the inability to concentrate, insomnia and extreme nervousness to abstinence.

On the subject of masturbation Ellis says that this form of sexuality is beneficial, harmless and tension-relieving when performed without fears and anxieties.[73] He reiterates that sex guilt is not justifiable because no one should ever be guilty about anything he does. He says that man makes mistakes but that he can change himself and do much better in the future; therefore, there should be no guilt about the past.[74] Ellis advocates kissing, caressing and petting to climax as long as both people enjoy themselves.[75]

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[72]Rollo May, Love and Will, op. cit., p. 106.

[73]Albert Ellis, Sex and the Single Man (New York: Lyle Stuart, Inc., 1963), p. 27.

[74]Ibid., p. 34.

[75]Ibid., p. 109.

ANATOMY AND PHYSIOLOGY

Until 1966 accurate and definitive information was not available to the general public about human sexual responses. Most of what had been published previously was conjecture and unsubstantiated by research. After eleven years of scientific study with human subjects, Masters and Johnson published the findings of their work.[76]

According to these authors the male and female go through four phases in the sexual cycle: (1) the excitement phase, (2) the plateau phase, (3) the orgasmic phase and (4) the resolution phase. Since the obvious anatomical manifestations of erection of the penis and constriction of the scrotal sac have been well known for as long as man has observed these phenomena, the physiological details of the phases will be omitted in this paper. Little has been known about the female response and some aspects will be included here.

Excitement Phase

Nipple erection is the first evidence of the breasts' response to sexual tension. This occurrence is the result of involuntary contraction of muscular fibers within the nipple. The veins of the breast become engorged with blood and there is an obvious increase in

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[76] William H. Masters and Virginia E. Johnson, Human Sexual Response (Boston: Little, Brown and Company, 1966).

the actual size of the breasts in young women under forty who have not suckled babies.[77] In women over the age of fifty there may be erection of only one nipple and there is a marked reduction of the vasocongestive reactive potential of the breasts. There is very little clinically discernable increase in breast size in aging women.[78]

Plateau Phase

Marked areolar engorgement develops late in the excitement phase, creating an illusion that the responding woman has partially lost nipple erection. The unsuckled breast will have increased in size from one-fifth to one-fourth. Women who have nursed more than one child rarely demonstrate significant increase in breast size under the influence of sexual stimulation, nor do aging women.

A sex flush first appears over the epigastrium either late in the excitement period or early in the plateau phases of the sexual cycle. This measles-like rash spreads rapidly over the breasts to the abdomen and shoulders and may spread to the anterior and lateral borders of the thighs and over the buttocks and the entire back.[79] Carpopedal spasm is frequently present late in the plateau phase or

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[77] Ibid., p. 28.

[78] Ibid., pp. 224-225.

[79] Ibid., p. 32.

during orgasm.

Orgasmic Phase

There is no specific breast reaction to orgasm. The heart rate is significantly elevated and may reach 180 beats per minute. The systolic blood pressure may rise from 30 to 80 mm. of mercury and the diastolic pressure elevations may range from 20 to 40 mm. of mercury during orgasm. Spastic contractions of the uterine musculature occur.[80]

Resolution Phase

The nonsuckled breasts lose their deep vasocongestion slowly and the nipples lose their erection. The sex flush subsides in opposite order of its appearance. A film of perspiration may appear as a surface coating on the entire body from shoulders to thighs. The feet, hands, foreheads and upper lips of orgasmistic women perspire profusely.[81]

The female genitalia also undergo change during sexual excitation. In young women the labia majora thin out and flatten against the perineum. There is a slight elevation of the labia in an upward and outward direction away from the vaginal outlet. The labia minora increase at least two, and occasionally three, times in diameter. In

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[80] Ibid., p. 36.

[81] Ibid., p. 36.

the nulliparous women the minora undergo a color change which ranges from a pink to a bright red. In the multipara the color varies from bright red to a deep wine.

Prior to the Masters-Johnson investigation it was presumed that the Bartholin glands were responsible for the lubrication of the vaginal canal prior to and during the sex act. This assumption was found to be in error, as the vaginal barrel produces copious amount of lubrication through a process described as "sweating."[82] The Bartholin glands produce only a minute amount of fluid.

Clitoris

The clitoris is a unique organ in the total of human anatomy. Its express purpose is to serve both as a receptor and transformer of sensual stimuli. It is totally limited in physiologic function to initiating or elevating levels of sexual tension.[83] There is marked variation in the normal size of clitorides among women. Some women experience clitoral glans tumescence under sexual influence and some do not.[84] Most clitorides developed shaft elongation in the excitement phase. In the entire population studied by Masters and Johnson, the whole clitoral body retracted from the normal pudendal overhang

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[82] Ibid., p. 69.

[83] Ibid., p. 45.

[84] Ibid., p. 49.

position during the plateau phase. If high sexual tension levels are allowed to fall by withdrawal of stimulation the retracted shaft and glans will return to the normal position. No specific orgasmic-phase reaction of the clitoris was established. During the resolution phase the clitoris returns to the overhang position within five to ten seconds after cessation of contractions.[85] Clitoral size has no relationship to the effectiveness of the female's sexual performance.[86]

Most marriage manuals emphasize the importance of direct clitoral manipulation. The Master-Johnson report states that direct manipulation of the clitoris is painful and that stimulation of the entire mons area produces physiological responses of the clitoris. The female requires continued stimulation during the actual orgasmic experience in opposition to the average male's reaction to his ejaculatory experience. The female is frequently not content with one orgasmic experience. There may be great variation in duration and intensity of orgasmic experience, varying from individual to individual and within the same woman from time to time. Clitoral and vaginal orgasms are not separate biologic entities, as was stated by Freud.[87]

As the mores of our society come to accept objective sex research, widespread sexual problems will be attacked effectively either by medical or behavioral scientists.

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[85]Ibid., p. 53. [86]Ibid., p. 57. [87]Ibid., p. 67.

SUMMARY

Sexuality has always been of concern to mankind. The medical profession, the clergy, anthropologists, sociologists and psychologists have been particularly interested in this subject insofar as it influences human behavior and interaction.

Primitive people have established taboos on various practices but there was no uniformity among peoples as to what was prohibited and what was allowed or encouraged. Mores are particular to each individual culture. Most of the sexual misery in our Western culture today stems from the methods of child rearing originating with the Victorians. Our social code is still restrictive to unmarried adolescents, but the sexual emancipation of women has caused the double standard of morality to start withering away. New roles have emerged for women as a result of educational, economic, and social forces.

Contemporary American cultural attitudes are reflected in: the acceptance of masturbatory activity in children, disapproval and persecution of male homosexuality, and, availability of contraceptives.

The Bible has exerted a profound influence on the sexual customs of Christians and Jews. When the Old Testament was written, virginal daughters were an economic asset and brought a good marriage price to their fathers. All phases of sexuality are in the Bible and interpretation ranges from fundamentalistic to liberal.

Psychiatrists and psychologists have long recognized that sex plays an important part in the psycho-social relationships of individuals. Many and diverse theories have been postulated about the role of sex in mental health. Freud posited that repressed sexual impulses are converted into anxiety; Fromm wrote that sexual happiness is the result of love; Maslow related sexual gratification to rewarding past experiences and May stated that sexual freedom and preoccupation with performance increases anxiety and guilt.

The scientific study of Masters and Johnson threw new light on human sexuality and several old theories were refuted. New information was disseminated. The fact that human beings were used as laboratory subjects points out the enormity of attitudinal alteration since the Victorians. Society would not have permitted such a study to have taken place prior to World War II.

Chapter 3

ANALYSIS OF DATA

In December 1969 the Sex Knowledge Inventory Form X revised and the Sex Knowledge Vocabulary and Anatomy Form Y, published by Family Life Publications, Incorporated, Durham, North Carolina, were administered to eighty-six freshmen nursing students prior to their formal instruction in reproductive anatomy. Of the eighty-six tests given sixty-eight were completed and usable for this study. Near the end of spring quarter 1970 forty-two senior student nurses were given these same tests. The students who took these tests did so on a volunteer basis and the sample does not represent 100 percent of either the freshmen or senior nursing class. There were 117 freshmen nursing students enrolled in December 1969 and seventy-six senior nursing students enrolled in May 1970 when the tests were administered.

There was a significant difference between the knowledge of the freshmen and senior students. The freshmen mean on Text X was 42.34 and the senior mean, 50.58. The mean difference on Test X was 8.24. There were eighty questions on Test X. The result of the t test was 4.80, Test X. The freshmen mean on Test Y was 64.07 and the senior mean was 81.77 representing a mean difference of 17.70 raw score points. There were 100 questions on Test Y. The correlation coefficient for all freshmen and senior scores was 0.60. The t test equaled 4.80 for X scores and the t test was 7.37 for freshmen and

senior Y tests. See Table 1.

Table 1

Freshmen and Seniors
X and Y Scores

Category	No.	Test X		Test Y	
		Mean	S.D.	Mean	S.D.
Freshmen	68	42.34	9.62	64.07	12.45
Seniors	42	50.58	7.38	81.77	12.08

Correlation significant at the 0.05 level. Critical value of t = .05, two tailed test at D.F. 108 is 2.00.

The range of scores for freshmen on Test X was 10 to 59 and the range of scores for seniors on Text X was 33 to 67. 2.9 percent of freshmen made 70 percent or above on Test X. 23.81 percent of the seniors made a 70 percent or above on this test, as shown in Table 2.

Table 2

Rank Order Comparison of Freshmen and Senior Scores Test X

Raw Score	Freshmen No. Receiving Grade Of A	B	C	D	F	Raw Score	Seniors No. Receiving Grade Of A	B	C	D	F
72-80						72-80					
64-71						64-71		1			
56-63			2			56-63			10		
48-55				21		48-55				21	
40-47					27	40-47					6
32-39					9	32-39					4
24-31					5	24-31					
16-23					3	16-23					
8-15					1	8-15					
Total			2	21	45	Total		1	10	21	10

Freshmen scores ranged from 38 to 89 on Test Y and seniors ranged from 40 to 97 on Test Y. 32.3 percent of the freshmen made 70 percent or above on Test Y and 90.48 percent of the seniors made 70 percent or above on Y, as illustrated in Table 3.

Table 3

Rank Order Comparison of Freshmen and Senior Scores Test Y

Raw Score	Freshmen No. Receiving Grade Of A	B	C	D	F	Raw Score	Seniors No. Receiving Grade Of A	B	C	D	F
90-100						90-100	13				
80-89		10				80-89		14			
70-79			12			70-79			11		
60-69				20		60-69				2	
50-59					16	50-59					
40-49					9	40-49					2
30-39					1	30-39					
Total		10	12	20	26	Total	13	14	11	2	2

The mean score for all freshmen and seniors tested was 45.53 with a standard deviation of 9.68 on Test X. The mean score for all freshmen and seniors tested was 70.93 with a standard deviation of 15.02 on Test Y. Please refer to Table 4.

Table 4

All X and Y Scores

Category	No.	Test X Mean	Test X S.D.	Test Y Mean	Test Y S.D.	*r
All	110	45.53	9.68	70.93	15.02	0.60

*Correlation significant at the .05 level.

There is a significant difference between the scores of students twenty years old and younger and those twenty one or older. Those twenty one or older scored higher. The t test on X scores was 4.09 and the t test on Test Y was 6.97. See Table 5.

Table 5

X and Y Scores by Age

Category	No.	Test X		Test Y	
		Mean	S.D.	Mean	S.D.
20 or less	66	42.69	9.25	64.21	12.49
21 or more	44	49.86	8.68	81.16	12.59

Correlation significant at the 0.05 level. The critical value of t = .05, two-tailed test at d.f. 108 is 2.00.

There is a significant difference between the knowledge level of single and married students. Married students scored higher than single students. The result of the t test on X scores was 2.27 and 2.24 on Y scores. Refer to Table 6.

Table 6

X and Y Scores by Marital Status

Category	No.	Test X		Test Y	
		Mean	S.D.	Mean	S.D.
Single	98	44.82	9.76	69.84	14.73
Married	12	51.42	6.55	79.92	14.39

Correlation significant at the 0.05 level. The critical value of t = .05, two-tailed test at d.f. 108 is 2.00.

Rural, small town, suburban and large city students scored significantly higher on Test X than did small city students. There was no significant difference in the scores among students from rural, small town, suburban and large city populations on Text X.

On Test Y students from large cities and suburban areas scored significantly higher than students from small towns and small cities. There was no significant difference between scores of rural and suburban or large city students, as shown by Table 7.

Table 7

X and Y Scores by Population

Category	No.	Test X		Test Y	
		Mean	S.D.	Mean	S.D.
Rural	33	47.91[1]	7.93	72.74	15.78
Small Town	39	45.53[2]	8.69	68.21[1]	14.71
Small City	18	38.72[1,2,3]	10.58	65.33[2]	14.38
Suburban and Large City	20	47.60[3]	10.49	78.20[1,2]	10.95

[1]Text X, t Test 3.53. Critical value of t = .05, two-tailed test at d.f. 49 is 2.00.

[2]Test X, t Test 2.57. Critical value of t = .05, two-tailed test at d.f. 55 is 2.00.

[3]Test X, t Test 2.59. Critical value of t = .05, two-tailed test at d.f. 36 is 2.00.

[1]Test Y, t Test 2.68. Critical value of t = .05, two-tailed test at d.f. 57 is 2.00.

[2]Test Y, t Test 3.12. Critical value of t = .05, two-tailed test at d.f. 36 is 2.00.

There was no significant difference between the sex knowledge of students who labeled themselves catholics or protestants. The scores of those students who stated that they had no religious affiliation were not computerized statistically due to the small size of the sample. The t test for X scores was 0.09 and for Y scores was 0.72. See Table 8.

Table 8

X and Y Scores by Religion

Category	No.	Text X		Test Y	
		Mean	S.D.	Mean	S.D.
Catholic	31	45.78	9.59	69.28	14.32
Protestant	77	45.58	10.42	71.58	15.44
No Religion	2				

Correlation significant at the 0.05 level. The critical value of t = .05, two-tailed test at D.F. 108 is 2.00.

ITEM AND QUESTION ANALYSIS

Scores with correct frequencies under ten were studied to ascertain what type of question was missed most often by both freshmen and seniors. Results are shown in Appendix A, Tables 12, 13, 14, and 15.

On Test X, Table 12, fewer than ten freshmen correctly answered questions 1, 15, 27, 49, 57, 77 and 79. On Test X, Table 13, fewer than ten seniors correctly answered questions 1, 7, 9, 15, 16,

27, 49, 57 and 79. These questions were as follows:

Question 1. "What is the relation between being sexually attracted to a man or woman and being in love with that person?" Eight freshmen answered correctly and six seniors gave the correct answer. The majority of the students did not recognize that sexual attraction and love may be present at the same time.

Question 7. "On the average, how do men and women differ in fundamental potential capacity for responsiveness to sexual stimulation?" Victorian training and attitudes perpetuate the erroneous belief that women are not as capable of responsiveness to stimulation as men. Eleven freshmen and nine senior students answered this question correctly. Some women have to unlearn inhibitions acquired from prudish and protective home training and overcome anxiety, fear and guilt before they are able to respond effectively to sexual stimulation. A high percentage of the students tested were unaware that females have the same potential for responsiveness as men.

Question 9. "How do men and women who are aroused and ready for orgasm differ in their needs for orgasm?" Twenty-six freshmen answered this question correctly while only nine seniors knew that men and women do not differ greatly in their orgasmistic needs. The students missing this question were under the misconception that there is a difference in sexual needs between men and women. This too reflects the Victorian sexual myth heritage.

Question 15. "When she is sexually excited a woman's clitoris may be noticeably enlarged and quite firm. What is likely to happen to the enlarged clitoris as the woman progresses in sex desire to readiness for intercourse?" One senior and three freshmen answered correctly that the clitoris will be withdrawn beneath protective folds of flesh. This phenomenon was not recognized until the Masters-Johnson study was made. These students have not learned by experience, discussion or reading that this occurs.

Question 16. "By what kind of behavior in relation to the clitoris will a husband be more likely to bring his wife to readiness for intercourse and for orgasm?" Twenty freshmen and six seniors answered, by indirect stimulation through rubbing and caressing adjacent areas, which is the correct answer. The remainder of the students lacked authentic anatomical information.

Question 27. "How often is failure to find sexual satisfaction in marriage caused by a fundamental difference between the man and wife in capacity to want and to enjoy sex relations?" This question is a recapitulation of Question seven and nine. Seven freshmen and nine seniors answered correctly that this is a rare occurrence. Erroneous answers were undoubtedly a holdover from the Victorian attitude that sex isn't quite nice and well bred ladies do not enjoy or desire it.

Question 49. "If the population of the United States is to

remain at its present level, no couple may have more than:" how many children? Seven freshmen and four seniors answered, three, which is the correct answer according to the answer sheet. In view of the population explosion students should be aware of this fact. A need for discussion is indicated.

Question 57. "How often are there male sperm cells, which could cause pregnancy, in the fluid which flows from the male sex organ before orgasm?" Seven freshmen and nine seniors correctly answered that this fluid contains sperm cells at times. Because of the occasional sperm content coitus interruptus is not always a reliable method of birth control. If a nurse is called upon to teach a class in family planning she should be cognizant of this fact.

Question 77. "How curable are syphilis and gonorrhea?" The answer sheet states that <u>almost</u> every case of either disease can be cured. Nine freshmen gave this answer as did fourteen seniors. The fact that two-thirds of the seniors checked another response may be indicative that senior nursing students are aware of the sequelae of tertiary syphilis and recalled that "the majority of patients with early latent syphilis will remain sero-reactive for more than one year following treatment."[88]

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[88]Charles E. Lyght, M.D., et al. (eds.), <u>The Merck Manual of Diagnosis and Therapy</u> (Rahway, New Jersey: Merck Sharp and Dohme Research Laboratories, 1966), p. 1465.

Question 79. "How soon after the beginning of menopause may a woman safely discontinue the practice of birth control?" Five freshmen and five seniors knew that when a woman has not menstruated for two years she may safely dispense with birth control methods. Knowledge is clearly lacking in this area.

On Test Y, Table 14, freshmen students made fewer than ten correct answers on anatomical questions numbers two and eight, Part I. In the male anatomical diagram the epididymis and the seminal vesticles were either unidentified or misidentified by freshmen. Seven freshmen correctly identified the epididymis and eight correctly labeled the seminal vesicles. The senior students, Table 15, having had courses in anatomy, scored much higher on the anatomical section of the test. However, it was interesting to note that six freshmen nursing students were unable to identify the penis as were two seniors. Twenty-seven freshmen did not recognize the diagram of the vagina nor did four seniors. It is incomprehensible to this investigator that graduating senior nurses could fail to identify these two reproductive structures from anatomical drawings.

When verbally questioned two freshmen nursing students reported having taken a course in sex education at the high school level. No seniors reported having had a course in sex education either at the high school or collegiate level.

COMPARISON WITH OTHER GROUPS

235 female marriage counselees were given Test X in 1968 and the statistics reported by Family Life Publications, Inc. The mean age of this group was 20.9 and their mean score was 48.6. The 110 Montana State University student nurses had a mean age of 20.22 and a mean score of 45.53. The average nursing student score was 3.07 below the mean for premarital counselees tested in 1968, as shown in Table 9.

Table 9

Comparison of Freshmen and Senior Nursing Students and 235 Female Counselees

235 Female Counselees		110 Student Nurses	
		Age	
Age Range	16-44 years	Age Range	17-33 years
Mean Age	20.9 years	Mean Age	20.22 years
		Education	
Range	9-20 years	Range	12-16 years
Mean	13.5	Mean	13.5
		Scores	
Range	20-73	Range	10-67
Mean	48.6	Mean	45.53
S.D.	8.84	S.D.	9.68

The forty-two senior nursing students scored 1.98 points higher on mean scores than did the counselees, as presented in Table 10.

Table 10

Comparison of Senior Nursing Students and 235 Female Counselees

235 Female Counselees		42 Senior Nursing Students	
		Age	
Age Range	16-44 years	Age Range	21-33 years
Mean Age	20.9	Mean Age	22.29
		Education	
Range	9-20 years	Range	16 years
Mean	13.5 years	Mean	16 years
		Scores	
Range	20-73	Range	33-67
Mean	48.6	Mean	50.58
S.D.	8.84	S.D.	7.38

The female counselees' mean score was 6.26 higher than freshmen nursing students. It was determined statistically that there was a significant difference in the scores of those age twenty and younger and those age 21 or older. The freshmen nursing students had a mean age of 18.26 while the counselees had a mean age of 20.9. Please refer to Table 11.

Comparison with the nursing students tested in 1961 at the Johns Hopkins School of Nursing was not made because the question

content of Test X has been changed somewhat since those nurses were tested.

Table 11

Comparison of Freshmen Nursing Students
And 235 Female Counselees

235 Female Counselees		68 Freshmen Students	
		Age	
Age Range	16-44 years	Age Range	17-21 years
Mean Age	20.9	Mean Age	18.26
		Education	
Range	9-20 years	Range	12 years
Mean	13.5 years	Mean	12 years
		Scores	
Range	20-73	Range	10-59
Mean	48.6	Mean	42.34
S.D.	8.84	S.D.	9.62

There are no comparisons with Test Y for other groups as this information was not available from the Family Life Publications, Inc.

SUMMARY

Sixty-eight freshmen were given the Sex Knowledge Inventory, Form X revised, and the Sex Knowledge Vocabulary and Anatomy Tests in December 1969 before they had had formal classes in reproductive anatomy. In May 1970, forty-two senior nursing students were given these same tests just prior to their graduation from Montana State

University, Bozeman, Montana.

The statistical calculations for this study were done by the computer on the Montana State University campus. In analyzing the data it was found that there was a significant difference between the knowledge of: (1) freshmen and senior nursing students on tests X and Y, (2) students twenty years old and younger and those twenty-one or older on tests X and Y, (3) single and married students, tests X and Y, (4) rural and small city students, tests X and Y, (5) large city and small city students, tests X and Y, and (6) students from large cities and students from small towns and small cities, test Y. There was no significant difference between the sex knowledge of catholic and protestant students on either test.

There was a low level of knowledge in the following areas: (1) general information, (2) sex techniques, (3) possible causes of poor sexual adjustment, (4) birth control, (5) conception, pregnancy and childbirth, and (6) effects of menopause on sex life. Misinformation and Victorian attitudes accounted for incorrect answers on several questions that were missed by a large percentage of the freshmen and seniors.

The 235 female premarriage counselees who were tested in 1968 scored 1.98 lower on their mean scores than did senior nursing students. The counselees averaged 6.26 points higher than freshmen nursing students. No statistics were available for test Y from Family Life Publications, Incorporated.

Chapter 4

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The problem was to: (1) determine the level of sex knowledge of freshmen and senior student nurses in a baccalaureate program, (2) ascertain whether graduating seniors were adequately prepared to function as resource personnel or instructors of sex education, and (3) gather accurate and pertinent data that could be used to establish guidelines for curriculum improvement.

The instruments selected to gather the desired information were the Sex Knowledge Inventory, Form X revised, and the Sex Knowledge Vocabulary and Anatomy, Form Y, published by Family Life Publications, Incorporated, Durham, North Carolina.

The population consisted of one-hundred-seventeen freshmen and seventy-six senior students, representing one-hundred percent of both classes. All were given the opportunity of participating in the testing. Sixty-eight freshmen and forty-two senior tests were completed. A total of 58.1 percent of the freshmen class and 55.3 percent of the senior class were tested. This was a sufficient sample from which to draw valid conclusions.

It was found that students twenty-one years or older scored significantly better on both tests than students who were twenty years old or younger. Married students scored significantly higher

than single students on both tests. Students from small cities scored significantly lower than other students. There was no significant difference on scores among students from small towns, large cities and rural areas on test X. On test Y students from large cities and their suburbs scored significantly higher than students from small towns and small cities. There was no significant difference between scores of rural and large city students. Religious affiliation made no significant difference between the scores of catholic and protestant students.

In the item analysis of test X scores, it was found that fewer than ten seniors correctly answered the following questions in the areas listed: 1, 7 and 9, general information; 15 and 16, sex techniques; 27, possible causes of poor sexual adjustment; 49, birth control; 57, conception, pregnancy and childbirth; and 79, effects of menopause on sex life.

All questions on test Y were correctly answered by ten or more of the seniors.

Conclusions

The conclusions presented were drawn from the data obtained from the survey. The recommendations follow the conclusions and are based on their results.

CONCLUSION: Students in a baccalaureate program are not sufficiently well informed about human sexuality to function as resource personnel or teachers.

1. Weaknesses of knowledge are in the following areas:
   a. General information
   b. Sex techniques
   c. Possible causes of poor sexual adjustment
   d. Birth control
   e. Conception, pregnancy and childbirth
   f. Effects of menopause on sex life
2. Areas of strength are:
   a. Sex dreams
   b. Sterilization and circumcision
   c. Menstruation
   d. Superstitions, misconceptions and misinformation
   e. Masturbation
   f. Anatomy, with the exception of the clitoris
   g. Vocabulary

CONCLUSION: There were variables that made a significant difference in the students' sex knowledge.

1. Age was a significant factor. Students over the age of twenty-one had more sex knowledge.
2. Marital status was a factor. Married students scored

significantly better than single students.

3. The population of the community of origin was a factor in some instances.
   a. On test X students from small cities scored significantly lower than other students.
   b. On test Y students from large cities and their suburbs scored significantly higher than students from small towns and small cities. Students from small towns and small cities have the least knowledge of sexuality. They are influenced more by cultural and religious restraints which mold them into traditionally protected and ignorant feminine roles. They are more sheltered by their reference groups and their social relationships are more circumscribed by restrictive community mores.
4. Class level in college was a factor.
   a. Seniors had more knowledge than freshmen.

CONCLUSION: There were variables that made no significant difference in test scores.

1. Religious affiliation was not a factor. The Vatican Two Decree on Education has not made an appreciable difference between the sex knowledge of catholic and protestant young people.

2. Rural origin was not a factor. Isolation in the country does not preclude the acquisition of sex knowledge.

Recommendations

It is recommended that the nursing curriculum be revised to include course content in sex education. More emphasis should be placed upon: (1) birth control, (2) conception, pregnancy and childbirth, and (3) venereal disease control. Students should be provided with the opportunity to discuss psychological and attitudinal factors, techniques, causes of poor sexual adjustment and the effects of menopause on sex life. These classes should be held concurrently with the students' enrollment in anatomy and introductory psychology courses.

It is recommended that anatomy, physiology and obstetrical text books be examined to establish the recency and authenticity of information on the clitoris.

It is recommended that a study be made to explore sexual attitudes of nursing students. An investigation of this nature might illuminate some of the reasons why some students did not participate in a sex knowledge survey.

It is further recommended that this study be replicated in another baccalaureate school of nursing to establish reliability.

APPENDIX A

Table 12

Item Analysis, Frequency of Correct Answers on Test X
Sixty Eight M.S.U. Freshmen Nursing Students

No.	Freq.	No.	Freq.	No.	Freq.	No.	Freq.
1.	8	21.	35	41.	47	61.	20
2.	49	22.	46	42.	33	62.	35
3.	34	23.	44	43.	42	63.	18
4.	61	24.	28	44.	50	64.	17
5.	64	25.	31	45.	18	65.	40
6.	46	26.	39	46.	44	66.	37
7.	11	27.	7	47.	14	67.	39
8.	39	28.	48	48.	42	68.	63
9.	26	29.	36	49.	7	69.	53
10.	33	30.	26	50.	47	70.	61
11.	40	31.	12	51.	45	71.	56
12.	53	32.	20	52.	45	72.	41
13.	53	33.	35	53.	66	73.	40
14.	47	34.	35	54.	33	74.	55
15.	3	35.	53	55.	56	75.	34
16.	20	36.	29	56.	45	76.	47
17.	29	37.	33	57.	7	77.	9
18.	53	38.	32	58.	58	78.	45
19	18	39.	27	59.	54	79.	5
20	31	40.	39	60.	43	80.	42

Table 13

Item Analysis, Frequency of Correct Answers on Test X
Forty Two M.S.U. Senior Nursing Students

No.	Freq.	No.	Freq.	No.	Freq.	No.	Freq.
1.	6	21.	19	41.	32	61.	22
2.	39	22.	30	42.	24	62.	41
3.	22	23.	35	43.	24	63.	11
4.	40	24.	21	44.	41	64.	19
5.	42	25.	25	45.	19	65.	37
6.	38	26.	30	46.	30	66.	28
7.	9	27.	3	47.	12	67.	29
8.	31	28.	36	48.	32	68.	42
9.	9	29.	29	49	4	69.	38
10.	28	30.	29	50.	35	70.	42
11.	32	31.	10	51.	31	71.	42
12.	37	32.	15	52.	25	72.	36
13.	28	33.	22	53.	41	73.	34
14.	36	34.	21	54.	37	74.	40
15.	1	35.	32	55.	42	75.	27
16.	6	36.	23	56.	37	76.	32
17.	17	37.	17	57.	9	77.	14
18.	41	38.	30	58.	40	78.	36
19.	20	39.	13	59.	34	79.	5
20.	17	40.	35	60.	38	80.	24

Table 14

Item Analysis, Frequency of Correct Answers on Test Y
Sixty Eight M.S.U. Freshmen Nursing Students

Part 1		Part 2		Part 3	
Question Number	Frequency	Question Number	Frequency	Question Number	Frequency
1.	15	1.	32	1.	65
2.	7	2.	27	2.	66
3.	48	3.	17	3.	64
4.	46	4.	55	4.	66
5.	62	5.	44	5.	64
6.	11	6.a	53	6.	63
7.	34	b	24	7.	63
8.	8	c	11	8.	65
9.	35	7.	53	9.	68
10.	30	8.a	32	10.	65
11.	14	b	32	11.	63
12.	37	c	24	12.	54
13.	22	9.	29	13.	45
14.	56	10.	11	14.	67
15.	31	11.	22	15.	56
16.	46	12.	41	16.	53
17.	60	13.	61	17.	48
18.	35	14.	53	18.	54
19.	59	15.	58	19.	51
20.	41	16.a	25	20.	68
		b	16	21.	63
		17.a	16	22.	56
		b	23	23.	32
		18.	32	24.	68
		19.	29	25.	63
		20.	22	26.	48
		21.	35	27.	55
		22.	56	28.	50
		23.a	49	29.	52
		b	31	30.	60
		24.	35	31.	46
		25.	24	32.	62
		26.	34	33.	45
		27.	41	34.	64
		28.	32	35.	57

Table 14 (continued)

Part 1		Part 2		Part 3	
Question Number	Frequency	Question Number	Frequency	Question Number	Frequency
		29.	40	36.	47
		30.a	47	37.	68
		b	39	38.	66
		31.	29	39.	47
		32	26	40.	34

Table 15

Item Analysis, Frequency of Correct Answers on Test Y
Forty Two M.S.U. Senior Nursing Students

Part 1		Part 2		Part 3	
Question Number	Frequency	Question Number	Frequency	Question Number	Frequency
1.	25	1.	28	1.	42
2.	21	2.	24	2.	42
3.	36	3.	10	3.	42
4.	34	4.	40	4.	42
5.	40	5.	38	5.	42
6.	32	6.a	39	6.	40
7.	39	b	28	7.	42
8.	10	c	18	8.	41
9.	36	7.	37	9.	42
10.	38	8.a	29	10.	41
11.	23	b	28	11.	40
12.	38	c	15	12.	40
13.	38	9.	27	13.	36
14.	40	10.	22	14.	41
15.	35	11.	18	15.	40
16.	41	12.	39	16.	42
17.	41	13.	40	17.	40
18.	38	14.	36	18.	40
19.	41	15.	35	19.	42
20.	38	16.a	22	20.	42
		b	16	21.	39
		17.a	29	22.	38
		b	34	23.	37
		18.	33	24.	42
		19.	25	25.	41
		20.	27	26.	36
		21.	36	27.	41
		22.	40	28.	40
		23.a	38	29.	40
		b	33	30.	39
		24.	20	31.	33
		25.	34	32.	38
		26.	35	33.	31
		27.	35	34.	41
		28.	37	35.	41

Table 15 (continued)

Part 1		Part 2		Part 3	
Question Number	Frequency	Question Number	Frequency	Question Number	Frequency
		29.	30	36.	42
		30.a	38	37.	42
		b	34	38.	41
		31.	24	39.	41
		32.	14	40.	37

APPENDIX B

S E X

K N O W L E D G E

I N V E N T O R Y

FORM X
REVISED

DEVELOPED BY

GELOLO MCHUGH

FAMILY LIFE PUBLICATIONS, INC.

DURHAM, NORTH CAROLINA

Place Answer Pad *under* the test booklet and line up Page 1 with Column 1 **1**

1. What is the relation between being sexually attracted to a man or woman and being in love with that person?	A. Sex attraction is physical desire; love is an attitude. B. Sex attraction and being in love are the same thing. C. If there is no sex attraction, there can be no love. D. Sex attraction may mean that love also is present. E. If there is no love there will be no sex attraction.
2. Sex relations are:	A. For physical pleasure. B. A way to relieve tension. C. A way to express love. D. A biological urge. E. All of the above.
3. Of the following, which one supplies the best evidence for predicting that a prospective husband or wife will be a good sex partner?	A. The "sex appeal" of the man or woman. B. His or her interest in or conversation about sex. C. His or her physical demonstrations of affection. D. All of his or her behavior during courtship. E. His or her response to physical closeness.
4. Happily married couples have sex relations:	A. Whenever they can; every day if possible. B. When the wife wants sex relations. C. When the husband wants sex relations. D. When both need sex relations. E. When sex relations are pleasing to both.
5. Happily married couples make each act of sex relations last:	A. As long as possible. B. No longer than necessary. C. Until the woman is satisfied. D. Until the man is satisfied. E. As long as it is pleasing to both.
6. How do men and women differ in readiness for orgasm?	A. They usually are ready at the same time. B. Women usually are ready sooner than men. C. Men often are ready sooner than women. D. Well matched couples usually are ready at the same time. E. Men always are ready sooner than women.
7. On the average, how do men and women differ in fundamental potential capacity for responsiveness to sexual stimulation?	A. Men can respond faster, more intensely than women. B. Women can respond faster, more intensely than men. C. Men and women probably do not greatly differ in this capacity. D. Men can respond faster but not as intensely as women. E. Women can respond longer but not as fast as men.
8. What is the most probable answer to the question of whether men and women are alike in the capacity to have and to recognize a physical urge for sex relations?	A. Apparent differences may be due to differences in learned attitudes. B. Apparent differences are real and are due to physical differences. C. Women are naturally less able to have sex hunger. D. A few women are equal to men in this capacity. E. There are no sex differences in this capacity.
9. How do men and women who are aroused and ready for orgasm differ in their needs for orgasm?	A. Men have a more pressing physical need. B. Women have a more pressing physical need. C. Failure to secure orgasm causes more emotional distress in men. D. Failure to secure orgasm causes more emotional distress in women. E. Men and women do not greatly differ in their needs.
10. In some women sexual excitement causes a noticeable enlargement and firmness of the clitoris. Other women become sexually excited with no noticeable change in the clitoris. How do these women differ in strength of sex desire and capacity for orgasm?	A. Absence of clitoral response indicates low desire and low capacity. B. Women with no clitoral response require direct clitoral stimulation. C. Noticeable clitoral response is unrelated to desire or capacity. D. an enlarged and firm clitoris indicates capacity for vaginal orgasm. E. An enlarged clitoris must be directly stimulated for orgasm to occur.

Now go on to the next page.

Be sure to line up Page 2 with Column 2 of the answer pad **2**

11. Many women are unable to achieve orgasm without manual stimulation of the clitoris through the rubbing or caressing of nearby areas. Some women easily achieve orgasm through penile stimulation of the vagina. How do these women differ in sex desire and in capacity for orgasm?	A. A need for clitoral stimulation indicates less desire and capacity. B. Response to clitoral stimulation indicates more desire and capacity. C. A vaginal response indicates more desire and capacity. D. A vaginal response indicates less desire and capacity. E. Stimulation required for orgasm is unrelated to desire or capacity.
12. What determines whether a husband and wife will be active sex partners up to and beyond sixty years of age?	A. Stronger than usual sex drives in both. B. A continuing need for sex relations by the husband. C. Better health than the average couple. D. Mutually satisfying sex relations through the preceding years. E. A moderate sex life with little or no masturbation by either one.
13. What is the main reason for sex play before intercourse?	A. To make the woman's sex organs ready for intercourse. B. To reduce sexual excitement in the man. C. To make intercourse more satisfying for both. D. To help a woman satisfy sex needs a man does not have. E. To make the man's sex organs ready for intercourse.
14. What kind of sex play do marriage counselors commonly suggest as appropriate for sex relations?	A. Sex play should be limited to kissing and hugging. B. Either may kiss or caress the other in any way pleasing to both. C. The man may kiss or caress the woman in any way pleasing to both. D. The woman should be very active in sex play. E. The couple should avoid oral-genital contacts and kissing.
15. When she is sexually excited a woman's clitoris *may be* noticeably enlarged and quite firm. What is likely to happen to the enlarged clitoris as the woman progresses in sex desire to readiness for intercourse?	A. It will be longer and more exposed, for contact in intercourse. B. It will be larger, longer, and more firm. C. It will be smaller, shorter, and less firm. D. It will be withdrawn beneath protective folds of flesh. E. There will be no noticeable change in its size or location.
16. By what kind of behavior in relation to the clitoris will a husband be more likely to bring his wife to readiness for intercourse and for orgasm?	A. By touching and rubbing it in all sex play. B. By avoiding it and adjacent areas at all times. C. By indirect stimulation thru rubbing and caressing adjacent areas. D. By stronger direct stimulation of it as sex desire increases. E. By direct stimulation of it until orgasm is achieved.
17. What parts of a woman's body are almost always found to be responding to sexual excitement by becoming noticeably larger or more firm?	A. Vagina, cervix, and clitoris. B. Inner labia, clitoris, and vagina. C. Breasts, vagina, and inner labia. D. Inner libia, breasts and perineum. E. Perineum, clitoris and cervix.
18. Of the following, which is the best position for intercourse?	A. A side position, which frees the hands for sex play. B. The man above with the woman facing him. C. The man above with the woman facing away from him. D. The woman above with the man facing her. E. Any position pleasing to both.
19. When they are aroused and ready for orgasm how many orgasms will a man or a woman need, and be able to have?	A. Both will need only one and can have only one. B. Men may need more but can have only one. C. Women often need and can have more than one. D. Men often need and can have more than one. E. Women may need more but can have only one.
20. What is the important reason why a woman should do everything she can to help her husband understand her sex feelings and desires?	A. So he can know her sex needs are different from his. B. So he will delay his orgasm until she is satisfied. C. So they will almost always achieve orgasm at the same time. D. So he will stimulate her adequately and give her satisfaction. E. So he will not feel guilty when she fails to achieve orgasm.

Now go on to the next page.

Be sure to line up Page 3 with Column 3 of the answer pad **3**

21. What is likely to happen to the internal and/or external female sex organs as a result of vigorous physical activities such as tennis, gymnastics, or horseback riding?	A. Some internal injury will occur. B. The vagina will be enlarged. C. Nothing is likely to happen. D. The hymen will be made thicker and stronger. E. The hymen will be torn or destroyed.
22. Women who have a hymen:	A. Have had no intercourse. B. Often have pain when menstruating. C. Do not masturbate. D. Are unable to become pregnant. E. None of the above is necessarily true.
23. How can one tell whether a woman has ever had intercourse?	A. Sexually experienced men can tell by the way she walks. B. One can tell by her social behavior and sex attitudes. C. One can know by whether she has an unbroken hymen. D. A physician can always tell by a physical examination. E. There is no sure way.
24. How painful will intercourse be for a woman with a hymen?	A. May be quite painful. B. Will not be painful. C. There will be no pain if the woman wants intercourse. D. First intercourse always is painful. E. There will be pain if the man's sex technique is poor.
25. What is the probable reason when muscles of a wife's vaginal entrance go into spasm, which may prevent intercourse altogether or cause her pain in intercourse?	A. Insufficient or inadequate sex play before intercourse. B. No sex desire or inability to enjoy sex relations. C. A learned involuntary reaction to sex relations as painful, dangerous. D. Normal expectation that sex relations are threatening or painful. E. An intentional act from fear of pregnancy or of intercourse.
26. How often is unsatisfactory intercourse caused by a difference in size of the male and female sex organs?	A. Almost always. B. Very often. C. Often. D. At times. E. Rarely.
27. How often is failure to find sexual satisfaction in marriage caused by a fundamental difference between the man and wife in capacity to want and to enjoy sex relations?	A. Almost always. B. Very often. C. Often. D. At times. E. Rarely.
28. What is the usual aftereffect of orgasm on a man or woman?	A. No noticeable effect. B. A relaxed, satisfied feeling. C. A tired feeling. D. A feeling of weakness. E. Nervous tension.
29. What is the most likely reason when a wife continues to find intercourse painful after medical examinations reveal no cause for this pain?	A. She and her husband are not physically well mated. B. Her husband's sex technique is inadequate or wrong for her. C. She feels guilty about or afraid of intercourse. D. She is having sex relations just to please her husband. E. She is trying to avoid sex relations by pretending pain.
30. Of the reasons listed, which one most often accounts for a wife's failure to be active in sex play or to be responsive in intercourse?	A. Her husband provides inadequate or insufficient sex play. B. Her husband wants and expects her to be passive. C. She has learned not to be responsive or fears pregnancy. D. She is physically unable to experience strong sex desire. E. She is sick or is too tired to enjoy sex relations.

Now go on to the next page.

Be sure to line up Page 4 with Column 4 of the answer pad **4**

31. What is the probable cause when sex relations have become less frequent and a felt need for sexual closeness often is absent in the couple that had an enjoyable and satisfying sex life during the early part of their marriage?

A. Sex has become less important than material and social success.
B. Their earlier sex behavior exceeded their real sex needs.
C. Other ways to enjoy each other have replaced sex.
D. Fatigue or marital conflicts are blocking sex desire.
E. Unrecognized sexual problems are preventing the enjoyment of sex.

32. What is the most likely cause when a husband develops symptoms of impotency in the form of inability to maintain erection, premature ejaculation, or failure to achieve orgasm?

A. A failure to meet and marry the *right* woman.
B. Dissatisfaction with and disappointment in sex in marriage.
C. Poor sexual health and a need for medical care.
D. Non-sexual marital conflicts, worries, resentments or fatigue.
E. Unrecognized sexual conflicts, worries, and resentments.

33. Which of the suggestions listed here may be the best approach to the problem when a wife fails in her efforts to overcome a lack of responsiveness in sex relations?

A. Become pregnant.
B. Seek professional help.
C. Take a more active part in sex play.
D. Improve her physical health.
E. Ask her husband to help her be more responsive.

34. Which one is the best indication of a successful sexual adjustment in marriage?

A. The amount of sex relations wanted by both husband and wife.
B. The degree of passion experienced by both throughout the sex act.
C. The wish to be together after sex needs are satisfied.
D. The frequency of reaching orgasm at the same time.
E. The couple's wish to learn new and better ways to enjoy sex.

35. A couple has sex relations enjoyable to both during the first weeks of marriage. What does this mean?

A. This indicates previous sexual experience.
B. This could be a good sign or may mean nothing.
C. This is a slightly favorable sign.
D. This proves they can get along together.
E. This proves they will be happily married.

36. Why do some newly married men reach orgasm much too soon to be effective sex partners?

A. Excessive masturbation in adolescence and adulthood.
B. Homosexual experiences in childhood or early adolescence.
C. Lack of sex experience or a wrong conception of the female sex role.
D. Diseased or unhealthy sex organs or glands.
E. A lack of confidence or a lack of sexual self control.

37. What is best for a man who *repeatedly* reaches orgasm before he wants to, and too soon for his wife to enjoy intercourse?

A. Permit no sex play during relations.
B. Reduce sex play before intercourse.
C. Think of other things during sex play and intercourse.
D. Seek professional help.
E. Have sex relations more often.

38. How do homosexual experiences in childhood affect sexual adjustment and performance in adulthood?

A. Often cause the adult to prefer homosexual relations.
B. Cause low sex desire and disinterested heterosexual performances.
C. Often cause inability to have heterosexual relations.
D. May have no effect or may do some psychological damage.
E. Often cause frigidity and premature ejaculation.

39. Is it likely or unlikely that an adult preference for homosexual relations can be changed to a preference for heterosexual relations by getting married?

A. Very likely.
B. Likely.
C. Unlikely.
D. Very unlikely.
E. Depends on person he or she marries.

40. What is a "wet dream"?

A. An abnormal loss of semen during sleep.
B. A normal discharge of semen often while one is dreaming about sex.
C. An abnormal discharge of semen during a dream about sex.
D. A discharge of semen caused by sex thoughts before sleeping.
E. A periodic discharge of male sex fluids similar to menstruation.

Now go on to the next page.

Be sure to line up Page 5 with Column 5 of the answer pad **5**

41. What is the usual reason for "wet dreams"?	A. Abnormal or excessive sex desire. B. Lack of self control in sex feelings and desire. C. A need for sex outlet, or sex tension resulting from a sex dream. D. Sex tension caused by sex thoughts before sleeping. E. Strong desire for sex relations with someone who is not available.
42. How often do women have dreams that release sex tensions?	A. Never. B. Almost never. C. Occasionally. D. Frequently. E. As often as men have "wet dreams."
43. What do physicians say about the effects of modern methods of birth control?	A. That they reduce a woman's chances to have a wanted pregnancy. B. That their use endangers the health of women. C. That they may harm the male sex organs. D. That they very rarely harm the health or fertility of either sex. E. That they protect the health of couples who use them.
44. When they are used in the correct way, how effective are medically approved methods of birth control?	A. Completely effective. B. Highly effective. C. Only moderately effective. D. A slightly better than no method. E. Completely ineffective.
45. What is the effect of birth control on pleasure in intercourse?	A. Increased pleasure for the wife, reduced pleasure for the husband. B. Increased pleasure for both husband and wife. C. Reduced pleasure for both husband and wife. D. Increased or reduced pleasure, depending on attitudes. E. No effect on pleasure for either husband or wife.
46. When consistently and intelligently used as directed by a competent authority, which of the following is an effective method of birth control?	A. A rubber sheath or condom. B. An oral contraceptive (pills). C. A vaginal diaphragm with contraceptive cream. D. An intrauterine device (I.U.D.) E. Any one of the above.
47. Which method of birth control requires no preparation just before sex relation by either husband or wife, but once in use provides continuous and highly effective control?	A. A rubber sheath or condom. B. Oral contraception (pills) C. An intrauterine device (I.U.D.). D. A vaginal diaghragm. E. The "safe period."
48. Of those listed here which is an unreliable method of birth control?	A. Withdrawal by the male before orgasm. B. Douching immediately after sex relations. C. The safe period. D. Sex relations without orgasm by the male. E. Any of the above.
49. If the population of the United States is to remain at its present level, no couple may have more than:	A. One child. B. Two children. C. Three children. D. Four children. E. Five children.
50. What is the *usual* effect of surgical sterilization as a method of birth control on a man's or a woman's sex desire, or pleasure in sex relations?	A. No change in desire or pleasure. B. Reduced desire in men but not in women. C. Reduced pleasure in men but not in women. D. Reduced pleasure in women but not in men. E. Reduced desire in women but not in men.

Now go on to the next page.

Be sure to line up Page 6 with Column 6 of the answer pad **6**

51. What is the effect of circumcision on sex activities in adulthood?	A. No effect. B. Increased enjoyment. C. Decreased enjoyment. D. Increased ability to prolong sex relations. E. Reduced desire to masturbate.
52. What is menstruation?	A. Clearing the body of impure blood. B. Bringing the ovum (egg) down into the womb. C. Clearing the unfertilized ovum (egg) from the womb. D. Clearing the womb to prepare again for possible pregnancy. E. Nature's way of reducing sex desire in women.
53. Is a menstruating woman sick?	A. Yes. B. She is in poor emotional health. C. Her resistance to infection or disease is low. D. She naturally feels weak and unwell from loss of blood. E. Menstruation is not an illness.
54. Of the items listed here which one is the *most important* in considering the possibility of intercourse during menstruation?	A. The attitudes of the man and the woman. B. Whether a woman can enjoy sex at this time. C. Whether intercourse increases depression of menstruation. D. Whether it is physically possible to have intercourse at this time. E. Whether intercourse during menstruation is dangerous to health.
55. What is the most likely result of intercourse during menstruation?	A. Injury to the woman's sex organs. B. Infection of the male sex organs. C. A normal pregnancy. D. An abnormal pregnancy. E. Nothing of importance to physical health.
56. What changes usually occur in menstruation after marriage?	A. No changes occur unless the woman becomes pregnant. B. Menstruation is more regular and less difficult. C. Menstruation is less regular and more difficult. D. Menstrual pains and headaches disappear. E. Depression and moodiness are no longer present.
57. How often are there male sperm cells, which could cause pregnancy, in the fluid which flows from the male sex organ before orgasm?	A. This fluid always contains sperm cells. B. This fluid often contains sperm cells. C. This fluid contains sperm cells at times. D. This fluid never contains sperm cells. E. No one knows whether this fluid contains sperm cells.
58. How many times must a woman have intercourse for pregnancy to be possible?	A. Once. B. Several times. C. Many times. D. Once, if she is passionate. E. Several times, if she is not passionate.
59. What kind of intercourse is necessary for a woman to become pregnant?	A. She must reach orgasm before the man. B. The man and woman must reach orgasm at the same time. C. She must reach orgasm after the man. D. Pregnancy is possible whenever sperm cells enter the vagina. E. The man must reach orgasm for pregnancy to be possible.
60. At what time in her cycle of menstruation is a woman most likely to become pregnant?	A. About two weeks before menstruation begins. B. During the three days before menstruation begins. C. During menstruation. D. In the first day after menstruation ends. E. During the first week after menstruation ends.

Now go on to the next page.

Be sure to line up Page 7 with Column 7 of the answer pad **7**

61. How soon after birth of her baby is it possible for a woman to become pregnant again?	A. Before menstruation begins again. B. Not until after she has menstruated. C. Not until she stops breast feeding her baby. D. Not until she feels sex desire. E. Not until she again is able to achieve orgasm.
62. How does being unresponsive in intercourse affect the possibility that a woman will become pregnant?	A. Makes pregnancy impossible. B. Greatly reduces possibility of pregnancy. C. Has no effect. D. Increases possibility of pregnancy. E. Reduces possibility unless her husband is very passionate.
63. By using a pregnancy test how soon after pregnancy could have occurred can a doctor *know* that the woman is, or is not, pregnant?	A. Ten to twelve days. B. Two to three weeks. C. Four to six weeks. D. Three months or more. E. Pregnancy tests are not reliable.
64. Without the use of a laboratory test for pregnancy how soon after pregnancy could have occurred can a physician be sure that a woman is pregnant?	A. After the first month. B. After the second month. C. During the third month. D. When he can hear the baby's heart. E. When the woman can feel the baby move.
65. For how long after a woman becomes pregnant can she and her husband safely continue their usual pattern of sex relations?	A. Intercourse should stop at once. B. They can continue for three months at their usual rate. C. They can continue for six months but less frequently than before. D. They can continue as long as the woman feels no discomfort. E. They should seek and follow the advice of their doctor.
66. What usually happens to the cervix and the vagina when a woman is having a baby?	A. They relax and are stretched as the baby passes through. B. The vagina is held open by the doctor or midwife. C. These openings must be enlarged by surgery. D. These openings are torn by pressure of labor. E. Pregnancy causes them to grow larger in preparation for birth.
67. What change usually occurs in the vagina as the result of having a baby?	A. It is much larger. B. It is slightly larger. C. There is no change in size. D. The woman can feel greater pleasure in intercourse. E. The woman can feel less pleasure in intercourse.
68. What does size of male or female sex organs indicate?	A. Size indicates whether the man or woman will be a good sex partner. B. Large sex organs mean greater sex desire and capacity. C. Size indicates how much the man or woman has masturbated. D. Large sex organs mean much experience in intercourse. E. Size of sex organs indicates none of the above.
69. Where can a person with low sex desire get a cream or a lotion that will cause him or her to want or be able to have sex relations more often?	A. Drug stores sell them. B. They exist but contain harmful drugs and are not for sale. C. A doctor can prescribe these creams or lotions. D. Some people know how to make them from herbs, oils, etc. E. There are no such creams or lotions.
70. What is indicated about her sex desire and responsiveness by the size of a woman's breasts?	A. Women with large breasts are more responsive in sex relations. B. Women with small breasts are more responsive in sex relations. C. Women with large breasts want sex relations more often. D. Women with small breasts want sex relations more often. E. Breast size is not related to sex desire or responsiveness.

Now go on to the next page.

Be sure to line up Page 8 with Column 8 of the answer pad 8

71. What is the effect of eating certain foods such as oysters, raw eggs, olives, celery, etc., on sex desire and on capacity?	A. Noticeable increase in desire in young adults. B. Noticeable increase in capacity in older adults. C. Noticeable increase in both desire and capacity for all ages. D. Noticeable increase in desire and capacity in young adults. E. Little or no increase in either desire or capacity at any age.
72. What is the effect of masturbation on sex desire, on capacity to reach orgasm, and on ability to cause pregnancy or to become pregnant later in life?	A. Has no physical effect on later desire, capacity, or ability. B. Has no psychological effect on later desire, capacity or ability. C. The effect depends on how much the man or woman has masturbated. D. Reduces later desire, capacity and ability in men. E. Increases later desire and capacity in women.
73. How does masturbation affect intelligence and emotional control?	A. Causes some loss in both. B. May cause a nervous breakdown. C. Slows the growth of intelligence. D. The effect depends on how much one masturbates. E. Has no effect on either one.
74. What are the effects of masturbation on the human body?	A. Less strength. B. Temporary reduction of sexual tension. C. Retarded growth. D. Enlarged sex organs. E. Reduced resistance to disease.
75. To what extent can men and women with syphilis or gonorrhea have sex relations?	A. They want and can have sex relations more often. B. They want and can have sex relations less often. C. They want and can have sex relations as usual. D. They want but can't have sex relations. E. They neither want nor can have sex relations.
76. What has happened to the man or woman who had a chancre of syphilis or a discharge from gonorrhea and these disappeared without medical treatment?	A. The disease is cured; there is no further cause for worry. B. The uncured disease can not harm him or her but may harm others. C. The uncured disease may later harm him or her but will not others. D. The uncured disease is dangerous to the person and to others. E. The cured disease means the person is safe from having it again.
77. How curable are syphilis and gonorrhea?	A. Almost every case of either disease can be cured. B. Some cases of both diseases can be cured. C. Syphilis can not be cured; gonorrhea is easily cured. D. Gonorrhea can not be cured; syphilis is easily cured. E. These diseases can be cured only if treated soon after infection.
78. How do sex relations during or after menopause affect a woman's physical and emotional health?	A. This causes some physical distress or illness. B. This causes a nervous condition. C. This causes both physical and emotional illness. D. The effect depends on the woman's age when menopause begins. E. There is no change from the effect before menopause begins.
79. How soon after the beginning of menopause may a woman safely discontinue the practice of birth control?	A. As soon as she has missed three menstrual periods. B. As soon as she has missed six menstrual periods in a row. C. When she has not menstruated for one year. D. When she has not menstruated for two years. E. When she has not menstruated for four years.
80. What happens to a woman's sex desire and capacity for orgasm during and after menopause?	A. She has less desire and a lowered capacity for orgasm. B. She has a large increase in sex desire and capacity for orgasm. C. Her desire and capacity for orgasm remain about the same. D. Her desire and capacity are unchanged but sex relations are painful. E. There can be no orgasm after menopause.

Put the Test Booklet aside and fill in the blanks on the answer pad.

Form Y—Second Revision (*First Printing*) (*Experimental Edition*) File No._____

Sex Knowledge Inventory VOCABULARY AND ANATOMY

Developed by Gelolo McHugh

Author of Training for Parenthood for FAMILY LIFE PUBLICATIONS, INC.

DIRECTIONS: This inventory is for confidential use with you by your teacher, doctor, minister, or other counselor. It is to help you understand better the constructive part sex may play in life. This is not an intelligence test. It is a measure of what you know about sex. Be sure to read carefully all directions. *Answer every question.* If you do not know, *guess.* If you are guessing, place an X by your answer. If you want more information about any question, draw a circle around your answer. Complete the blanks on this page; then turn the page and begin.

DO NOT WRITE YOUR NAME ON ANY PART OF THE INVENTORY

Age:_____*years.* Sex: (*Check one*) ☐ *Male* ☐ *Female*

Marital Status: (*Check one*) ☐ *Single* ☐ *Married* ☐ *Widowed* ☐ *Divorced* ☐ *Separated*

How many brothers?_____*older*_____*younger.* How many sisters?_____*older*_____*younger.*

Education completed: (*Circle highest grade completed*) *High School-* 1 2 3 4 *College-* 1 2 3 4

Other_____

Your occupation:_____

Your father's occupation:_____

Type of community in which childhood was spent:

☐ *Country* ☐ *Small Town* ☐ *Small City* ☐ *Suburban* ☐ *Large City*

Childhood religious training:

☐ *Catholic* ☐ *Protestant* ☐ *Jewish* ☐ *None* ☐ *Other*_____

Are you a parent? ☐ *Yes* ☐ *No* If so, how many children do you have?_____

What is your state of health? ☐ *Excellent* ☐ *Good* ☐ *Fair* ☐ *Poor*

What physical handicaps, if any, do you have?_____

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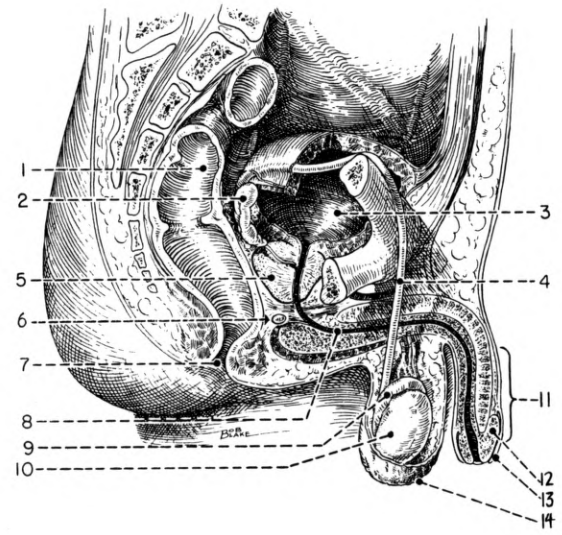
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PART I

DIRECTIONS: How well do you know the proper names for male and female sex parts? Given the proper name, you are to identify each part by its number. In the blank space by each name write its number from the drawing. Be sure to fill all spaces. If you do not know, guess. If you are guessing, place an X by your answer. If you want to know more, draw a circle around your answer. The term *sex part* is used here to mean either sex *organ* or sex *structure*. Each drawing shows one half of a human body which has been divided through the center from front to back.

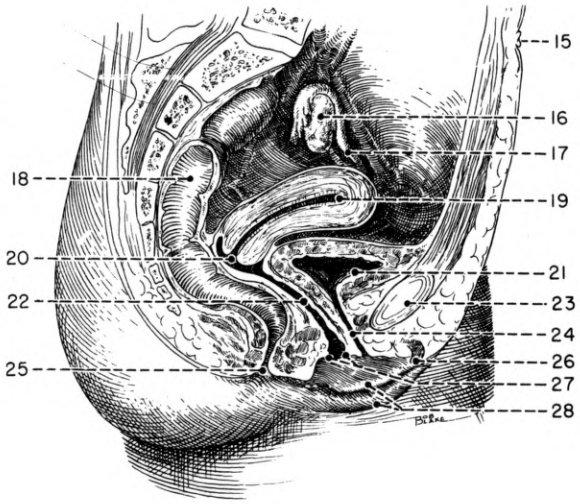
	Cowper's gland
	epididymis
	foreskin
	glans penis
	penis
	prostate gland
	scrotum
	seminal vesicles
	testicle
	urethra
	vas deferens

MALE SEX PARTS



	cervix
	clitoris
	Fallopian tube
	hymen
	labia
	ovary
	urethra
	uterus *or* womb
	vagina

FEMALE SEX PARTS



Now go on to the next page.

PART II

DIRECTIONS: You may understand much about male and female sex parts without knowing their names. Answer the questions below with numbers *only*. Select a number from the drawing to fill in each blank space. Be sure to fill *all* spaces. If you do not know, *guess*. If you are guessing, place an X by your answer. If you want to know more, draw a circle around your answer. The term *sex part* is used here to mean either sex *organ* or sex *structure*. Each drawing shows one half of a human body which has been divided through the center from front to back.

MALE SEX PARTS

1. What covers and protects the male reproductive glands? 1._____
2. Where are the male reproductive cells formed? 2._____
3. Where do the newly formed male reproductive cells accumulate? 3._____
4. Which is the male sex organ or structure used in sex relations and urination? 4._____
5. What male organ holds urine? 5._____
6. During sexual excitement:
   a. What male sex part becomes larger and firmer: 6a._____
   b. Where is the male most sensitive to touch? 6b._____
   c. Which male sex part becomes moist? 6c._____
7. Which is the male organ for sex relations? 7._____
8. At the highest point of male sexual excitement fluids are added to the male reproductive cells by three glands. These *three* glands are: 8._____ _____ _____
9. Which male sex part, if it is closed by disease, injury or surgery, will make it impossible for the male to become a parent? 9._____
10. Which male sex gland supplies the male bloodstream with products important to physical growth and health? 10._____
11. What male sex part is removed in castration? 11._____
12. Which is the male sex part that is partially removed in circumcision? 12._____

FEMALE SEX PARTS

13. Where are female reproductive cells formed? 13._____
14. Which female sex part first receives the completely formed female reproductive cell? 14._____
15. What covers and protects the outside sex organs and structures of the female? 15._____
16. During sexual excitement two female sex parts usually become moist. These are: 16._____ _____
17. During sexual excitement:
   a. What female sex part usually becomes larger and firmer? 17a._____
   b. Where is the female most sensitive to touch? 17b._____
18. Which is the female organ for sex relations? 18._____
19. Where does the male sex organ enter the female sex organ? 19._____
20. At what place inside of the female organ for sex relations does the male sex organ usually discharge male reproductive cells? 20._____
21. Where does a male reproductive cell meet and unite with the female reproductive cell? 21._____
22. Where do the united male and female reproductive cells continue to grow until the baby is ready to be born? 22._____
23. In being born a baby must pass through two female sex parts. These are: 23._____ _____
24. Where does a baby come out of its mother's body? 24._____
25. Which female sex part, if it is closed by disease, injury or surgery, will make it impossible for the female to become a parent? 25._____
26. What female sex gland supplies the female bloodstream with products important to physical growth and health? 26._____
27. What female organ holds urine? 27._____
28. Which is the female part or structure for urination only? 28._____
29. The menstrual flow comes from what female sex part? 29._____
30. In leaving the female body menstrual flow must pass through two sex parts. These are: 30._____ _____
31. Where does the menstrual flow leave the female body? 31._____
32. In douching where is the nozzle of the syringe placed? 32._____

When you finish, go on to Part III.

PART III

DIRECTIONS: In the blank space beside each definition below, write the *number* of the word that *best* fits the definition. Be sure to fill *all* spaces in both columns. If you do not know, *guess*. If you are guessing, place an X by your answer. If you want to know more about the meaning of a word, draw a circle around your answer.

1. Caesarean	5. labor	9. puberty
2. banian	6. menstruation	10. senility
3. conception	7. menopause	11. semen
4. douche	8. pregnancy	12. sterilization

_____ The stage of physical growth during which boys and girls become able to have children.

_____ Flushing the vagina with a liquid.

_____ The birth of a baby through the abdomen by a surgical operation.

_____ Fluid containing male sex cells.

_____ The shedding of a lining of blood cells by the womb.

_____ A surgical operation which prevents a person from becoming a parent.

_____ That time when a woman is losing her ability to have children.

_____ The joining of a male and a female cell.

_____ The physical effort of giving birth to a baby.

_____ The condition of a woman from the time her baby begins to develop until it is born.

13. climax	17. ejaculation	21. orgasm
14. coccyx	18. erection	22. ovulation
15. copulation	19. fervent	23. ovum
16. coitus	20. intercourse	24. sperm

_____ The separation of the female egg from the gland where it forms.

_____ } The highest point of sexual excitement in male
_____ } or female.
(Write two numbers.)

_____ The reproductive cells of the male.

_____ }
_____ } Sex relations.
_____ } *(write three numbers.)*

_____ Discharge of fluid by the male at the highest point of sexual excitement.

_____ The enlarged and firm condition of the male sex organ during sex arousal.

_____ The reproductive cell of the female.

25. adultery	29. gonads	33. mistress
26. fornication	30. hirsute	34. rape
27. frigidity	31. impotence	35. travesty
28. genitals	32. masturbation	36. vulva

_____ Low degree of sex desire—especially in women.

_____ Male and female sex parts.

_____ Sex relations of an unmarried male with an unmarried female.

_____ Sex relations forced upon another.

_____ Sex relations of a married person with someone other than husband or wife.

_____ The outside, visible parts of the female sex organs.

_____ Self-stimulation of one's sex organs.

_____ Lack of ability to perform normal sex relations—especially in men.

_____ Male and female sex glands.

_____ A woman who usually limits her sex relations to one man to whom she is not married.

37. abortion	41. infamy	45. prostitute
38. gonorrhea	42. miscarriage	46. syphilis
39. homosexual	43. prophylactic	47. taboo
40. incest	44. promiscuity	48. Wassermann

_____ A disease of the blood which usually enters the body through the sex organs.

_____ The birth of a baby before it can live.

_____ A disease of the inside lining of male or female sex organs.

_____ A blood test for a venereal disease.

_____ Natural or intentionally caused birth of a baby before it can live.

_____ Sex relations with a close relative.

_____ A woman who offers to have sex relations for pay.

_____ A person who has sex relations with a member of the same sex.

_____ A device or chemical used to keep one from catching a veneral disease through sex contacts.

_____ Sex activities with more than one person during the same period.

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