San Fernando Valley State College

A Venereal Disease Education Program for the Los Angeles Free Clinics

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Science in Health Science

by

Wendy Wayne

January, 1972
The thesis of Wendy Wayne is approved.

San Fernando Valley State College
January, 1972
ACKNOWLEDGEMENTS

My sincerest appreciation to my family, friends and advisors who provided thoughtful guidance, spirit and continuous moral support.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>viii</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST OF FIGURES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ix</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACKNOWLEDGEMENTS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>iii</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABSTRACT</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vi</td>
</tr>
</tbody>
</table>

## CHAPTER

I. INTRODUCTION ................................. 1
   Statement of the Problem .................. 4

II. REVIEW OF THE LITERATURE .................. 6
   A. Venereal Disease ...................... 6
   B. Free Clinics ......................... 10
   C. Use of Volunteers .................... 13
   D. Programmed Instruction ............... 16

III. METHODOLOGY AND RESULTS ................. 21
   A. The Target Population .................. 21
   B. Programmed Instruction ................. 23
      1. Curriculum Analysis ................ 23
      2. Determination of Existing Knowledge .. 24
      3. Development of Training Objectives .. 28
      4. Preliminary of the Programmed Instruction .................. 32
      5. Individual Testing of the Instrument 32
      6. Review of Instrument by Subject Matter Expert ................ 40
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Group Testing of the Instrument</td>
<td>45</td>
</tr>
<tr>
<td>8. Field Testing</td>
<td>45</td>
</tr>
<tr>
<td>IV. DISCUSSION, RECOMMENDATIONS AND IMPLICATIONS FOR HEALTH EDUCATION</td>
<td>50</td>
</tr>
<tr>
<td>V. SUMMARY</td>
<td>58</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>60</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>66</td>
</tr>
<tr>
<td>A. V.D. Questionnaire to Determine Free Clinic Volunteers' Level of Knowledge</td>
<td>66</td>
</tr>
<tr>
<td>B. Diagram of Programmed Instruction Frames</td>
<td>70</td>
</tr>
<tr>
<td>C. Pre Test for Group Testing</td>
<td>72</td>
</tr>
<tr>
<td>D. Programmed Instruction for Group Testing</td>
<td>78</td>
</tr>
<tr>
<td>E. Post Test for Group Testing</td>
<td>83</td>
</tr>
<tr>
<td>F. Pre Test for Field Testing</td>
<td>89</td>
</tr>
<tr>
<td>G. Programmed Instruction for Field Testing</td>
<td>95</td>
</tr>
<tr>
<td>H. Post Test for Field Testing</td>
<td>100</td>
</tr>
<tr>
<td>I. Venereal Disease Lecture</td>
<td>106</td>
</tr>
<tr>
<td>J. Free Clinic Venereal Disease Poster</td>
<td>116</td>
</tr>
</tbody>
</table>
ABSTRACT

VENEREAL DISEASE EDUCATION PROGRAM FOR
THE LOS ANGELES FREE CLINIC

by

Wendy Wayne

Master of Science in Health Science

January, 1972

The current venereal disease epidemic attacks hundreds of people daily. Many of those afflicted with syphilis or gonorrhea have turned to the free clinics for treatment of these health problems. Until now, there have been limited educational efforts at the Los Angeles Free Clinic.

This thesis proposed a multi-faceted venereal disease education program. In addition to conventional methods, a programmed instruction in venereal disease was developed and validated. This programmed instruction was designed to provide clinic volunteers with a teaching instrument which they can study at their own pace, without the assistance of an instructor. The venereal disease information that the volunteers learn from the programmed instruction prepares them to serve as health education aides. It was recommended that the programmed instruction be utilized as part of a program to train clinic volunteers to
do individual venereal disease counselling.
LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Results of Questionnaire Given to Determine Volunteers' Level of Knowledge</td>
<td>25</td>
</tr>
<tr>
<td>2. Item Analysis of Venereal Disease Questionnaire</td>
<td>26</td>
</tr>
<tr>
<td>3. Analysis of Group Test Results</td>
<td>48</td>
</tr>
<tr>
<td>4. Analysis of Field Test Results</td>
<td>49</td>
</tr>
<tr>
<td>FIGURE</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>1. First Draft of the Programmed Instruction</td>
<td>34</td>
</tr>
<tr>
<td>2. Second Draft of the Programmed Instruction</td>
<td>41</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

"My boyfriend thinks he has V.D. and I'd like to be treated."

"I'd like to see the doctor, I've had a drip for the past week."

"I've got the 'clap.'"

Statements of this sort are heard in hospitals, doctors' offices and health centers across the country, as the epidemic of venereal disease continues to affect hundreds of people every day. In 1970, 80,000 cases of syphilis and over 2,000,000 cases of gonorrhea were reported in the United States, one of the most medically progressive countries in the world. (24:109)

The problem in Southern California has reached pandemic proportions. It is estimated that in Los Angeles County, someone contracts venereal disease every thirty seconds. (13) Despite efforts by numerous city, state, and federal agencies, the disease continues to spread throughout the country with little sign of abatement.

Nationally, about 50 percent of all infectious venereal disease occurs in persons twenty years of age and younger. (1:105) In recent years, many of this age group, who refuse to obtain or cannot afford establishment type
health care, have turned to free clinics for treatment of their health problems. One of the original free health centers, the Los Angeles Free Clinic, has served over 110,000 people free of charge since its incorporation in 1968. Within the medical division, most of the problems seen are drug and sex-related. In fact, the Los Angeles Free Clinic treated 5,449 venereal disease patients in the three year period from 1968 to 1970. In 1970, thirty one percent of the patients seen were treated for either syphilis or gonorrhea.

The clinic services of the Los Angeles Free Clinic are completely staffed by professional and lay volunteers who are dedicated to the non-judgmental approach espoused by the clinic. Until now, however, there have been no organized venereal disease health education programs initiated. Venereal disease patients acquire some knowledge about syphilis and gonorrhea from the conversations they have when they are seen by the doctor. However, the large number of patients prevents doctors and nurses from devoting the necessary time to convey important information about the venereal diseases. For this reason, a multi-faceted health education program on venereal disease is essential.

Patients who come to the free clinic for treatment usually have a long wait between the time they register and when they are seen by the physician. During this time, if
A volunteer nurse is available, she leads a 'rap' session for all clinic patients in the waiting room to inform them about the extent of the venereal disease problem and offer them information on the causes, symptoms, treatment and prevention of V.D.

Once the patient is placed in an examining room, there is again a delay in time before the doctor comes in. While waiting, the patients are exposed to venereal disease information in the form of original posters which are placed in every examining room. These posters outline the symptoms and preventive measures for both syphilis and gonorrhea. In addition, pamphlets on venereal disease are distributed by the clinic pharmacist to every patient receiving medication for treatment of a venereal disease.

These educational methods may be informative but do not allow the patient an opportunity to ask questions which may be particular to his own condition. In addition, many patients are aware of facts about venereal disease, but have never internalized this information. The first step in understanding a patient's health behavior, involves determining how he defines the situation and what significance he recognizes in it for himself, and others.

(38:227) There is, therefore, a need for communication at the personal level in order to establish what V.D. means to the patient. Understanding the patient's perception of the disease is essential before he can be educated, and
if necessary, influenced to change his health behavior, for example, to prevent reinfection. This understanding could come through an individual confrontation between the V.D. patient and a health educator.

Unfortunately, there are no professional health educators currently volunteering at the Free Clinic. There are, however, over two hundred lay volunteers who are anxious to become involved in meaningful work at the clinic. Very often, people who come to the clinic for help, offer their time and become lay volunteers. Having done various jobs in the clinic, these volunteers are aware of the venereal disease problem and relate well to their peer group, the Free Clinic patients. If these volunteers could be trained, they could play a valuable role in the clinic as health educators.

Statement of the Problem

The purpose of this thesis was to develop a program that would train Free Clinic volunteers to do venereal disease counselling. This program was designed to teach volunteers how to educate patients to recognize the symptoms and effects of V.D. infection and the importance of prompt medical treatment, as well as respect for one's body and health, and responsibility to sexual partners.

The training program consisted of a programmed instruction on venereal disease knowledge, in which, the
subject content was presented in instructional units which required the student to take an active part in the learning process.
CHAPTER II

REVIEW OF THE LITERATURE

Venereal Disease

Gonorrhea and syphilis rank first and fourth, respectively, among the reportable communicable diseases in the United States.

In California, in the past decade, the state's population has increased twenty five percent. In the same period, reported gonorrhea cases have increased 435 percent.

In 1970, Los Angeles County reported more gonorrhea cases than the total for the entire state of New York.

In the past decade, teen age cases (15-19 years old) of gonorrhea have risen five hundred and eighty four percent. (16)

Statistics supporting the venereal disease epidemic in this country, continue to alarm public health officials, particularly in the County of Los Angeles. The problem persists despite the millions of dollars that have been allocated for venereal disease control programs, in California. In fact, very little has been accomplished in reducing society's number one communicable disease.
Of particular concern to health authorities is the estimate that one in ten Californians between the ages of fifteen and twenty five will have gonorrhea in this year. (9)

Numerous studies have been conducted to try to determine the reasons for the surge in venereal disease cases, particularly among the young, in order to improve venereal disease control programs. In 1961, Deschin led a team of investigators who interviewed 600 people between the ages of twelve and nineteen who had venereal disease or had had contact with someone who was infected. The object of the study was to identify the influences that caused persons to become exposed to or infected with venereal disease. An analysis of the cultural setting relevant to the problem showed that there were trends in twentieth century American life that tended to exert pressure on adolescents towards premarital experimentation. The adolescents interviewed, reflected a considerable variety of personal and familial characteristics, but showed generally that while interest in and concern about sex had increased, knowledge about sex in the sense of understanding it's meaning and relation to life had not increased appreciably. The study denoted a need for clarification of the role of sex and, in particular, standards of sexual behavior. Another interesting finding of the study was that 509 of the 600 teenagers
indicated that they did "nothing" in their spare time. The researchers concluded that this was indicative of a serious societal problem and a need to examine societal values. (5:124) The conclusions of Deschin's research have tremendous value and provided insight into the backgrounds and personalities of the venereal disease patients interviewed. One suggestion that was emphasized by the study was the need for counselling for venereal disease patients. This recommendation was also made by deKite who found that patients at a V.D. clinic formed thirty three and one third percent of sixty nine psychiatric casualties. (4:135)

In another study, Loeb (1960) attributed the higher rate of venereal disease in the younger age group to the redistribution of population. He pointed out that the population was moving from rural areas to urban centers with great rapidity and there were, therefore, very high concentrations of teenagers in the large urban centers. He also observed that the adolescents in our society were increasingly aware of sexual pleasures, were stimulated toward sexual activity, and were interested in living for the present moment. (15:191) A more recent study suggested that the introduction and widespread use of antibiotics in the last few decades had altered public attitudes towards venereal diseases, and the previous fear of their consequences had been replaced by
indifferences, which has, in turn, contributed to sexual permissiveness. (10:321)

Many of the causative factors which have been enumerated by these studies cannot be eliminated by a venereal disease education program. It is beyond the scope of a specific health project to try and alleviate the societal pressures that cause health problems. It is possible, however, to try and deal with the fact that there is a lack of adequate knowledge of sexual information and awareness of responsibility.

In 1963, a Special Subcommittee of the National Public Advisory Committee on Venereal Disease Control met to examine the current quantity and quality of venereal disease education in schools. One of the conclusions of the committee was that venereal disease education should be initiated not later than the seventh grade and continued at least through senior high school. Other recommendations made by the committee which are applicable to programs outside of school were:

1. V.D. authorities should recognize that their primary educational focus is V.D. education per se. Nevertheless, they should endorse related programs of sex education, character guidance and family life education when appropriate.

2. V.D. education per se should consist of the presentation of a body of information about syphilis and gonorrhea which may be expected to motivate the recipient as follows:

   a. To be sufficiently concerned about the
disease to do what he can within the total framework of his own knowledge and behavior to avoid it.

b. If exposed, to recognize the possibility of infection, know what to do about it, and do it.

c. As a responsible member of the community, to demand community action to halt its spread. (22:2)

These recommendations demonstrated a need for an education program which involves more than disseminating factual information about venereal disease. They indicated a need to emphasize awareness of the dangers of venereal disease and individual responsibility for an individual and others he is involved with. Based on the conclusions of the Subcommittee Report, the California State Department of Health listed behavior and attitudes which should be expected of students after they have had a venereal disease education program. (22:3). Many of these objectives have been included in the program for the Los Angeles Free Clinic.

Free Clinics

The current epidemic of venereal disease, particularly in Los Angeles County, caused the Los Angeles County Health Department to establish additional venereal disease clinics. For a number of reasons, however, many of those afflicted with syphilis or gonorrhea have turned to the free clinics for diagnosis and treatment of these problems. It is important to know the development of the
free health clinics in order to understand the influence they have been having on the delivery of health care services, particularly in drug and sex related health problems.

The present administrator of the Los Angeles Free Clinic explained the historical development of the free clinics in the following way:

The dehumanizing effects of mass production, mass education and the ignoring of their by-products -- ecological, emotional and economic -- have shifted the attention of young people into areas of social concern the most salient of which is their own right to have and pursue such concerns.

While generational value gaps have occurred before, this moral judgment has made the struggle of the young and other disadvantaged minorities a struggle to also escape the American morality play, to effect social change in the face of it. This added dimension, when added to the present world problems appears to be responsible for the vehemence and bizarre nature with which the young symptomatically express their disaffection -- that is, through the most forbidden, morally disapproved of activities; pre-marital sex and drug use. The moral disapproval attached by our society to such behavior made it virtually impossible for the present social service agencies to deal constructively with young people; they, along with parents, teachers and other traditional sources of counsel were too emotionally horrified by what they had been conditioned to believe about such activities.

Out of such a social situation grew the need for a non-judgmental organization, the Free Clinic. It's purpose was to deal with the immediate needs resulting from the non-traditional ways in which young people expressed their disaffection...The fact was that usual public health agencies would not or could not handle symptomatic problems of the young culture --drug overdoses, unplanned pregnancies, hepatitis from the unsterile hypodermics of drug abusers, and venereal disease -- without threatening a kid, morally, legally or emotionally. (30:36)

The concept of the free clinic is simple but
subtle; traditional medicine treats the DISEASED person, the Free Clinic cares for the diseased PERSON. (26:3)

To patients and staff, the term FREE has meant far more than no charge for patient visits. The word has embodied the basic philosophy of the free clinic; no red tape, no probing questions, no "morality trips," and no labeling or judging. The identity of the free clinic is rooted in the concept of people to people involvement. (29)

Today, public agencies have adopted much of the free clinic's approach in dealing with young people. This has been particularly evident in Los Angeles, where newly established County Youth Clinics acknowledged the role of the Free Clinics in developing the concept of free health care for the young. (27:758)

In addition to proving that community based programs were one of the best ways to gain the trust of alienated young people who are suspicious of impersonal bureaucratic agencies, free clinics believe they have also affected public legislation. During the first several months of 1968, the clinics helped thousands of minors who had contracted venereal disease, were pregnant, or wanted birth control pills -- all of which, by law, required parental consent. It took an act of civil disobedience -- the clinic's treatment, without parental consent, of minors for communicable diseases, pregnancy and birth control -- to draw the public's attention to
the needs and rights of minors. (30:33) Thus, the Free Clinics have become a significant force for total health care improvement and have also proven that medical practice can be oriented to people rather than to disease. (29:12)

The Los Angeles Free Clinic, one of thirty in the Southern California area, has offered services in the following areas: medical, psychological, dental, legal counselling, draft counselling, birth control information, prenatal information, feed-in, job co-operative, pregnancy and abortion counselling and a free school. Since it was opened in 1968, the clinic has seen over 110,000 patients. The clinic has been completely supported by donations and has been staffed by volunteers, and four paid administrators. The volunteers have been mostly professionals who were interested in the free clinic idea, and teenagers who were in search of meaningful work. These volunteers assumed complete responsibility for the smooth functioning of the clinic.

Use of Volunteers

Health educators have always been faced with the problem of manpower shortage to carry out health education programs. A variety of efforts have been made to seek out aides to assist in the implementation of programs.
In the 1950's significant contributions of indigenous health aides were made among the American Indians in the Navajo reservations. Soon after, official agencies began to adopt and implement similar aide training programs. By 1969, aides had been used in programs for environmental health, sanitation, housing, health education and home health care. (31:979)

Health aides have served several purposes in the health care team. In addition to increasing the number of people who were working to provide health services, the health aide has allowed for greater communication with the specific target population. Particularly in health education, the use of non-professionals has been a significant help in overcoming the shortage of trained health education personnel and in bridging the gap between professional and client cultures.

Several projects in the last few years have utilized health education aides to supplement the work of professional health educators. Conn reported on the employment of health education aides to counsel pregnant women in Washington, D.C. Short term evaluation of this program indicated that the aides were successful in motivating pregnant women who had received little or no prenatal care, to seek medical attention early in pregnancy. (34:1571)

In 1970, a statistical study was done at the Los Angeles County/University of Southern California
Medical Center on the use of health education aides. The results showed that trained community health aides performed as well as nurses and physicians in teaching mothers how to care for their children. The general conclusion was that the utilization of indigenous, non-professional health aides was rapidly emerging as a major social force in the delivery of care. (33:1904)

In a recent program in Chicago, health education aides were trained to motivate residents to change their attitudes with regard to environmental sanitation practices. The philosophy of the project coordinator, Knittel was that health education aides could be conditioned, through training, to be sensitive to human concerns and problems. It was his contention that health education aides could be more influential because they had a better understanding of the application of the knowledge, with a view towards producing motivation and attitude change. He pointed out that first, people must care enough to solve their problems and this was the benchmark which the aide sought to discover. The aide tests for the depth of concern and builds on what he has found. (37:1574)

These studies on the utilization of health education aides confirmed the feasibility of training free clinic volunteers as venereal disease counsellors, as proposed in this thesis.
**Programmed Instruction**

In planning a training program for free clinic volunteers, it was necessary to find an instrument which would give the most amount of factual information, in the least amount of time, with a minimum of guidance and supervision. This was important because of the high turnover rate of volunteers and the limited number of qualified persons available to train them. The method chosen was programmed instruction, a self-instructional unit which does not require instructor participation for implementation.

Programmed instruction, although spoken about in connection with the "new educational revolution" is neither new or revolutionary. It has ties with the ancient Greeks and is strongly associated with some nineteenth century workers such as Pavlov and Thorndike. Some twentieth century pioneers in this field are Pressey, who in the 1920's developed a "teaching machine," Skinner, the father of linear programming, and Crowder, the leading advocate of the branched or intrinsic program. (42:278)

The principles used in the development of programmed instruction have stemmed primarily from reinforcement learning theory. The program is an educational device in which the student progresses through a planned sequence of experiences leading to proficiency, in terms of stimulus-response relationships that have proven to be
effective. (43:vi) The subject matter is presented in instructional units in which the student is required to take an active part (overt or covert) in the learning process.

Razik described programmed instruction as a method of education which offers essentially a well-disciplined and organized approach to instruction that is characterized by specificity of purpose, by behavioral analysis and by careful control of stimuli and student response. It is also characterized by a self-pacing feature which is especially valuable because it allows for the flexibility necessary so that each student is learning at his own level. Razik concluded that, when applicable, a programmed instruction offers inherent qualities of more rapid learning, adaptation to individual differences, being directed toward specific objectives, and better retention. (50:34,38)

Educational courses in programmed instruction have been developed in almost every field of knowledge. Application of programmed learning to medical education was first attempted in a systematic way in the early 1960's. (41:220) The earliest study to test the method in a medical school curriculum was done at Dartmouth Medical School. An experimental program was prepared as a programmed text for use in the course in parasitology for second year students. The results of the experiment
showed the programmed instruction to be an effective technique of teaching. Not only was there significantly higher test performance following programmed instruction compared with test performance following conventional instruction, but also the efficiency of learning resulting from programmed instruction was considerably greater for almost all students in the experiment. Improvement in performance was shown in two ways. The more productive students achieved the same high level with less study time and the less productive students not only benefited by spending less study time in programmed instruction, but also achieved significantly higher scores on the examination. (44:774)

In 1965, Podshadley conducted a study in the use of programmed instruction to teach public health to dental and dental hygiene students. He not only demonstrated the effectiveness of the program, but showed that student reactions to the program were, in general, very positive. Sixty five percent of the students felt that the programmed books were clear, interesting and an easy, active way to learn. (49:891)

A more recent study tested the effectiveness of a programmed learning text on gynecologic cancer at six medical schools. In each of these schools, experimental groups were compared with matched control groups of equal size. The control groups received the conventional
instruction and the experimental groups received the programmed learning text. The criterion for evaluation was the student's performance on the standard National Board of Examiner's test. In five of the six medical schools, the average scores of programmed learning students were significantly higher than those studying in the conventional way (p=0.05); in the sixth school, the average scores for programmed learning students were higher but the difference was not significant. In addition, attitude measures were used and the authors concluded that "the attitude of the students to the programmed text was a strongly favorable one." (52:132)

The utilization of a programmed instruction to teach venereal disease has been evaluated at the high school level. In 1965, Glass and Campbell compared three types of venereal disease instruction: 1) programmed learning, 2) the conventional non programmed approach, and 3) both types of presentation. The results of post tests scores indicated that the group of students who were given programmed instruction performed better than those who had received conventional lectures and films. The best post test scores were made by those students who had received both the programmed instruction and the conventional approach. The combined instructional approach also seemed to provide retention of venereal disease information at a higher level. The study suggested
that more investigation was necessary as a means of testing the utilization of programmed venereal disease instruction in venereal disease education. (8:326)

The application of programmed instruction for the training of venereal disease counsellors seemed appropriate since it provides an educational tool which has been successfully tested in related health subjects. In addition, it is an instrument which can be administered independent of a trainer and can be utilized by individuals who have varying levels of knowledge about venereal disease.
CHAPTER III

METHODOLOGY AND RESULTS

The development of the program for training Los Angeles Free Clinic volunteers as venereal disease counsellors is described in this chapter. Specific consideration will be given to the target population and construction and validation of the programmed instruction.

The Target Population

This training program was designed for lay volunteers at the Los Angeles Free Clinic. These are people who have offered their time to fulfill the many duties necessary to keep the clinic functioning. At present, there are over two hundred volunteers registered at the clinic. The lay volunteers at the clinic generally have the same characteristics and philosophies as the clinic patients; in fact, many volunteers are former patients. The fact that volunteers are interested enough to work at the clinic is indicative of their concern about improved health care which is important if they are to attempt to educate and motivate venereal disease patients towards good health behavior.

Clinic volunteers have an added advantage in that they can communicate with the patients in their own vernacular and are thus, more apt to develop trusting
relationships. This rapport will facilitate volunteers in relaying information which will help create awareness and understanding which will hopefully encourage venereal disease patients to accept responsibility for such health concerns as preventing reinfection and seeing that their contacts come in for treatment for venereal disease.

The training program is offered to any who feel they have the required interest in venereal disease education and sensitivity to "rap" individually with clinic patients.

Twenty five volunteers at the clinic took the initial venereal disease questionnaire to assess the level of knowledge of clinic volunteers. As the programmed instruction was being developed, individual volunteers participated in the process of testing and revising the program.

Students at local Medical Assistants' Colleges were used to do the group testing of the programmed instruction. These students were chosen because of the difficulty in gathering groups of volunteers at the clinic, at the same time. The medical assistant trainees were tested and found to have the same level of knowledge as clinic volunteers. In addition, the instructors of the medical assistants found the programmed instruction to be a valuable adjunct to their regular curriculum on venereal disease.
Programmed Instruction

Construction and validation of the programmed instruction involved the following steps, which will be described in detail:

1. Curriculum Analysis
2. Determination of Existing Level of Knowledge
3. Development of Training Objectives
4. Preliminary Writing of the Programmed Instruction
5. Individual Testing of the Instrument
6. Review of the Instrument by a Subject Matter Expert
7. Group Testing of the Instrument
8. Field Testing of the Instrument

1. Curriculum Analysis

The curriculum phase of the material analysis involved examining the written materials that are presently being used. In this phase, the programmer tried to determine what is being taught, at what level it is being taught, and how results are being measured. This knowledge gave some idea of the scope and content that was necessary in the programmed instruction and enabled the programmer to become familiar with the terminology used in the particular subject area. (43:19-20)

An extensive literature review provided a compilation of educational material currently being used in the field of venereal disease. There are presently
several programmed instructions on gonorrhea available for professionals in the medical field. (11) (17) However, none were found that were directed to the level of knowledge demonstrated by free clinic volunteers. A valuable source of information was a channeled book on venereal disease geared to eighth grade students which included an appendix of Teacher's Resource Materials.

(20) Once a thorough review of existing materials had been accomplished, it was necessary to determine the target population's level of knowledge.

2. Determination of Existing Level of Knowledge

Before preparing a programmed instruction, it was first necessary to determine the amount of information on the subject matter that the target population knew. The test used to determine the existing level of knowledge of free clinic volunteers was a twenty question, true-false quiz (Appendix A). This quiz had been previously administered to participants at a Los Angeles Teen Age Fair as well as a group of "educated" adults attending a health workshop. (25) (7)

Table I gives an analysis of the test results which indicate a high level of knowledge about venereal disease among the volunteers. Table II gives an item analysis of the quiz to show which questions should be included in the programmed instruction. Test items 6, 8,
Table 1
Results of Questionnaire Given to Determine Volunteers' Level of Knowledge

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<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 2
Item Analysis of Venereal Disease Questionnaire

<table>
<thead>
<tr>
<th>No.</th>
<th>% Wrong</th>
<th>% Wrong</th>
<th>T</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>12</td>
<td></td>
<td>F</td>
<td>1. Since syphilis germs can live a long time outside the body, it is possible to acquire the disease in a variety of ways.</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td></td>
<td>F</td>
<td>2. Sores and rashes can always be found on people who have syphilis, therefore, people usually know when they get syphilis.</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td></td>
<td>T</td>
<td>3. The symptoms of syphilis will go away even if a person does not obtain proper medical treatment for the disease.</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td></td>
<td>T</td>
<td>4. If a pregnant woman has syphilis, she can transmit the disease to her unborn child if she does not receive treatment soon enough.</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td></td>
<td>F</td>
<td>5. Once a person has syphilis and the disease is cured in the early stage, he can never get the disease again.</td>
</tr>
<tr>
<td>6</td>
<td>24</td>
<td></td>
<td>T</td>
<td>6. Some people have syphilis yet may never have any outward sign of the disease.</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td></td>
<td>T</td>
<td>7. If syphilis is not treated, it may cause blindness, insanity, cripple or even cause death.</td>
</tr>
<tr>
<td>9</td>
<td>36</td>
<td></td>
<td>F</td>
<td>8. Syphilis can be genetically passed on for generations.</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td></td>
<td>F</td>
<td>9. Gonorrhea is often caused by lifting a heavy object. (strain)</td>
</tr>
<tr>
<td>11</td>
<td>44</td>
<td></td>
<td>T</td>
<td>10. If gonorrhea in the female is not treated, she may never be able to have a baby. (damage the woman's reproductive system)</td>
</tr>
</tbody>
</table>
Table 2 (continued)

<table>
<thead>
<tr>
<th>No.</th>
<th>% Wrong</th>
<th>T</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>44</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>F</td>
<td>12. If a person has gonorrhea once and is cured, he will never get it again.</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>T</td>
<td>13. It is possible for a female to have gonorrhea and not know it.</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>F</td>
<td>14. If gonorrhea is not treated, it will turn into syphilis.</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>T</td>
<td>15. Syphilis and gonorrhea are almost always acquired by sexual contact with an infected person.</td>
</tr>
<tr>
<td>4</td>
<td>16</td>
<td>T</td>
<td>16. It is possible for a person to have both syphilis and gonorrhea at the same time.</td>
</tr>
<tr>
<td>11</td>
<td>44</td>
<td>F</td>
<td>17. A blood test can be used to diagnose both gonorrhea and syphilis.</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>F</td>
<td>18. Both syphilis and gonorrhea are frequently acquired by contact with any object an infected person has used such as toilet seats, lipsticks, and towels.</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>F</td>
<td>19. People with syphilis or gonorrhea have a distinctive appearance so that it is possible to tell an infected person just by looking at them.</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>T</td>
<td>20. In the early stages, both syphilis and gonorrhea can be cured by proper medical treatment.</td>
</tr>
</tbody>
</table>
11, and 17 needed to be emphasized in the programmed instruction, since over twenty four percent of the subjects who took the exam failed to answer these items correctly.

The results of this quiz indicated that the programmed instruction could exclude some of the basic venereal disease information that students are expected to have learned in high school. This was encouraging because it allowed for the programmed instruction to include more advanced information that a venereal disease counsellor should know.

3. Development of Training Objectives

Once the curricula available had been analyzed, and the target population's level of knowledge had been established, the programmer developed behavioral goals. These are the facts which the volunteers are expected to learn from the programmed instruction. Based on the results of the venereal disease questionnaire and recommendations made by the California State Department of Health, the training objectives were written to include the following content.

A. The extent of the venereal disease problem:
   1. Syphilis and gonorrhea attack more than 600 teenagers a day.
   2. Syphilis killed more people in the United States in 1965 than plague, polio, typhoid and smallpox all together.
B. Transmission

1. It is possible to have syphilis and gonorrhea at the same time.

2. Microorganisms causing syphilis and gonorrhea survive best in moist, warm places.

3. Transmission is from person to person by sexual intercourse or close body contact involving the sex organs, rectum and/or mouth.

4. There is no danger of infection from toilet seats or drinking glasses.

C. Prevention

1. Avoid contact with an infected person.

2. Use a condom (rubber).

3. Contacts must be treated simultaneously to prevent reinfection.

D. Symptoms

1. Symptoms may disappear without treatment but the infection is still present in the body.

2. Symptoms are NOT always noticeable.

3. Syphilis
   a. A painless, open sore that appears 10-90 days after contact. This chancre always goes away, even if
untreated.

b. A rash, sore throat or chancre may appear six weeks to six months after contact and may recur for two years.

c. Some people do NOT have any early symptoms of syphilis.

d. Untreated syphilis can be passed on for two years.

e. A female can pass syphilis on to her unborn baby even after two years.

4. Gonorrhea

a. Burning, discharge and/or pain on urination.

b. Symptoms of gonorrhea are often NOT present in the female.

c. Other vaginal infections may show the same symptoms as gonorrhea.

d. Gonorrhea can cause blindness in newborns, which is prevented by eyedrops immediately after birth.

E. Results of Untreated Venereal Disease

1. Syphilis

a. Can cause blindness, insanity, and crippling.

b. Syphilis is not passed genetically.

c. The most serious damage from syphilis
occurs years after contact, if the person is untreated.

2. Gonorrhea
   a. Can cause sterility in both males and females.
   b. The infection can get into the bloodstream and cause arthritis.
   c. In the male, it can block the urethra so that he has difficulty urinating.

F. Diagnosis
   1. Blood tests for syphilis may NOT read positive for three months, so it is advisable to return for periodic blood tests.
   2. Treatment for syphilis should be followed by at least two negative blood tests.
   3. There is NO blood test for gonorrhea.
   4. Gonorrhea is diagnosed by laboratory tests.
   5. A female should be treated for gonorrhea if she has a positive lab test OR has had contact with an infectious person.

G. Treatment
   1. No sex for two weeks.
   2. Take all medication as prescribed, even if symptoms disappear.
4. Preliminary Writing of the Programmed Instruction

Once the fundamental information to be included in the programmed instruction had been established, and organized in outline form, the programmer was ready to develop the format of the instrument. For this lesson in venereal disease, a modified form of the branching method of programmed instruction was used. The content, which results in the achievement of behavioral objectives outlined above, was incorporated into instructional units called frames. Each numbered frame contained a fact about venereal disease and was followed by several statements. The student was expected to choose one of the statements. Each statement was followed by a number in parentheses which directed him to another frame. If the student chose a statement which had incorrect information, he went to a frame which corrected his error. If the student chose a correct statement, he bypassed the remedial frame. In this way, the student did not review material he was already familiar with.

The frames in the programmed instruction were diagrammed to insure that all frames were interconnected in the appropriate way. (Appendix B) The first draft of the programmed instruction was ready to be tested. (Figure 1)

5. Individual Testing of the Instrument

Individual testing of the program was used for the revision of the preliminary draft. The programmer
attempted to uncover as many program inadequacies as possible and eliminate them from the program.

In a Programmed Learning Manual, Krishnamurty, et al. presented a methodology for Individual Try-out. They explained that a programmer devises a program on certain assumptions about the initial behavior of the learners. The learner can use the program in a self-instructional situation only if the assumptions are valid and the program communicates. As such, the Individual Try-out can be used to determine the validity of assumptions and revise the program so that it can communicate in a self-instructional situation. The process of Individual Try-out was represented diagramatically as follows: (45,151,153)

Start Here

Try the draft on one learner at a time

Revise frames that do not communicate

Does each frame communicate with the learner?

NO

YES

Revise the part that does not communicate

Does the total program communicate with two learners consecutively?

NO

YES

Proceed for group validation
Figure 1
First Draft of the Programmed Instruction
### Syphilis and Gonorrhea

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis and gonorrhea attacked more than 600 teen-agers a day. Venereal diseases are considered:</td>
<td>a) as dangerous as smallpox, typhoid, polio and the plague</td>
</tr>
<tr>
<td>b) health problems that can be easily treated</td>
<td>(2)</td>
</tr>
<tr>
<td>Syphilis killed more people in the U.S. in 1965, than plague, polio, typhoid and smallpox all together. Syphilis and Gonorrhea are two different diseases. What causes them?</td>
<td>a) a microorganism</td>
</tr>
<tr>
<td>b) an injury</td>
<td>(3)</td>
</tr>
<tr>
<td>Syphilis and Gonorrhea are caused by two different organisms. Usually you get V.D. by:</td>
<td>(4)</td>
</tr>
<tr>
<td>a) Kissing</td>
<td>(5)</td>
</tr>
<tr>
<td>b) Sexual intercourse</td>
<td>(6)</td>
</tr>
<tr>
<td>These organisms survive best in moist, warm places. The most likely way to contract V.D. is by:</td>
<td>a) Skin to skin contact</td>
</tr>
<tr>
<td>b) Touching a contaminated drinking glass</td>
<td>(7)</td>
</tr>
<tr>
<td>A rubber (condom) will protect against V.D. by preventing skin to skin contact. Have you ever used a rubber to prevent V.D.?</td>
<td>a) Yes</td>
</tr>
<tr>
<td>b) No</td>
<td>(8)</td>
</tr>
<tr>
<td>Using a rubber can be fun!! And it protects you. Who is responsible for making sure you are prevented from getting V.D.?</td>
<td>a) It is up to you</td>
</tr>
<tr>
<td>b) You should depend on your sex partner</td>
<td>(9)</td>
</tr>
<tr>
<td>V.D. is usually passed through the sex organs, anus or mouth. The best way to prevent infection is to:</td>
<td>a) Avoid contact with an infected person</td>
</tr>
<tr>
<td>b) Use a birth control device</td>
<td>(7)</td>
</tr>
<tr>
<td>Every individual must take the responsibility for protecting himself against diseases. By caring for yourself you will also be protecting your mates. Avoid contact with an infectious person and use a Rubber. Go on to #10</td>
<td>(10)</td>
</tr>
</tbody>
</table>
Today, there is an epidemic of venereal diseases. If you suspect you have syphilis or gonorrhea you should:

- a) Get treated by a doctor
- b) Contact every person you have made love to
- c) Both a and b

Although your symptoms may disappear, you may still have a V.D. infection. Take ALL of your medication as prescribed. No sex for two weeks.

Go on to #14

A blood test is the only way to diagnose syphilis. A rash, sore throat or chancre may appear 6 weeks to 6 months after contact and may recur for 2 years. If your blood test is negative, you should

- a) have another blood test in 1 month
- b) be relieved

You can get both Syphilis and Gonorrhea again and again. If you are cured, but your contact is not treated at the same time,

- a) you may be reinfected
- b) you can share medication and treat yourselves
- c) your contact's infection will also go away

It is important that you and your contacts be treated at the same time. If the symptoms of V.D. disappear,

- a) V.D. disappear
- b) you may still have an infection
- c) you can never get V.D. again

The first sign of syphilis is a painless, open sore that appears 10-90 days after contact. This chancre always goes away.

- a) so there is no need to worry
- b) you are infected and should see a doctor

A syphilitic chancre is not always noticeable. Some people do NOT have any early symptoms. The only way to diagnose syphilis is by:

- a) A blood test
- b) Looking for other symptoms

The test for syphilis may not show positive for 3 months, so return for periodic blood tests. Treatment of syphilis should be followed by at least 2 negative blood tests. An untreated person can pass syphilis on for

- a) 2 years
- b) 3 months

Even though symptoms disappear an untreated person can pass on syphilis for 2 years. The most serious damage occurs years later. Do you know the results of untreated syphilis?

- a) Yes
- b) No
(19) Untreated syphilis can cause crippling, blindness, insanity—even death. Is it possible for a woman to pass syphilis to her baby?
- a) Yes
- b) No

(20) Damage to a baby from congenital syphilis can be caused by a woman even after 2 years (when she is NOT infectious). This can be prevented by
- a) a blood test for all pregnant woman
- b) there is no prevention

(21) A blood test early in pregnancy will detect syphilis so that a woman and her baby can be treated.
- a) True
- b) False

(22) The gonorrhea germ can cause blindness in newborns as they pass out the vaginal canal. A baby can be protected if
- a) the mother has an abortion
- b) the baby’s eyes are treated immediately at birth

(23) Blindness in newborns caused by the gonococcus is now prevented by adding drops to newborns eyes at birth. How does a woman know if she has gonorrhea?
- a) blood test
- b) other ways

(24) There is no blood test for gonorrhea. There are, however, other lab tests which MAY indicate an infection.
Go on to #25

(25) Burning and discharge are signs of gonorrhea and other vaginal infections. However, women often have NO symptoms of gonorrhea. To be sure;
- a) rap with your mate
- b) See a doctor immediately

(26) Since gonorrhea may go unnoticed in a female, she should be treated if:
- a) She has had contact with someone with gonorrhea
- b) She wants to prevent pregnancy

(27) A female is treated for gonorrhea if she has a positive lab test OR has had contact with a person with the infection. Do you know the male symptoms of gonorrhea?
- a) Yes
- b) No
Male symptoms of gonorrhea are discharge, burning and pain on urination. Gonorrhea can be cured in males and females if treated immediately. If treated:

- a) You can never get it again (29)
- b) It is possible to be reinfected (30)

You can contract gonorrhea again and again. Remember all contacts must be treated to prevent reinfection. Can gonorrhea do serious damage?

- a) Yes (31)
- b) No (30)

Sterility is NOT a form of birth control. The damaging effects of gonorrhea are permanent. Does gonorrhea affect more than the sexual organs?

- a) Yes (31)
- b) No (32)

Gonorrhea can infect the rectum. In the bloodstream, it spreads throughout the body and may cause crippling arthritis. In the male, it can block the urethra so that he is unable to urinate. It is a dangerous disease!!

- Go on to #33

Both Syphilis and Gonorrhea can lead to death. What is the best way to stop the spread of Gonorrhea and Syphilis?

- a) Treat all persons in contact with V.D. at once. (35)
- b) Treat everyone (34)

Diagnosis and treatment of V.D. is time consuming and costly. Individuals who have symptoms or suspect contact with an infectious person should seek medical treatment.

- Go on to #35

Untreated gonorrhea can cause serious damage. Both males and females can become sterile. This means:

- a) you can not produce children (32)
- b) You do not have to use birth control (31)

Diagnosis and treatment of V.D. is time consuming and costly. It is impossible for doctors to know who has V.D. It is up to us to report and see that everyone exposed to the infection is treated at the same time.

- Go on to #35
The preliminary draft of the programmed instruction was given to five individuals. Each time, the instrument was reviewed, frame by frame, with the author. The following instructions were given to individuals testing the program:

1. You are going to help rewrite the program.
2. Students must learn for the program to be considered successful.
3. This program is supposed to provide the student with knowledge of venereal disease so that he can educate venereal disease patients.
4. Point out areas in which you are not sure of your response.
5. Point out areas that are the slightest bit confusing.
6. Point out areas in which a particular statement is not consistent with a concept you gained from an earlier part of the program.
7. Point out areas in which the program seems to talks down to you. (43)

To exemplify the process of individual testing, comments made by one of the subjects interviewed are presented:

Frame 1: Choice (b) "V.D. is a problem that can be easily treated," is too obvious. This was changed to read "health problems that do not have serious effects."
Frame 20: Choice (a) "the mother has an abortion" is incorrect because the baby is not affected if the mother has an abortion. This was corrected by substituting "the mother is treated for gonorrhea immediately before birth."

Frame 30: This is a demeaning frame. The frame was omitted from the program.

As each individual try out was completed, the program was revised in accordance with comments made by the subjects, until communication with two consecutive learners was assured. The second draft was then developed.

6. Review of Instrument by Subject Matter Expert

After the individual testing, the second draft of the programmed instruction (Figure 2) was submitted to a subject matter expert in order to correct any errors in factual information, and add any pertinent material that the expert felt had been omitted. This programmed instruction was reviewed by Dr. Lennin Glass, who has been extensively involved in venereal disease education and qualifies as an expert in the field. Some of his suggestions were:

Frame 3: The phrase "V.D. is usually passed to the sex organs, anus or mouth" is unclear. This was restated to read: "V.D. is transmitted by some form of sexual contact with the sex organs, anus or mouth."

Frame 5: The last sentence should be amended to
Figure 2

Second Draft of the Programmed Instruction
Syphilis and gonorrhea attack more than 600 teenagers a day. Venereal diseases should be considered:

- a) as dangerous as smallpox, typhoid, polio and the plague.
- b) health problems that do not have serious effects

Venereal diseases should be compared to the plague, polio, typhoid and smallpox all together. Is it possible to have syphilis and gonorrhea at the same time?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td>b) No</td>
</tr>
</tbody>
</table>

It is possible to have syphilis and gonorrhea at the same time. V.D. is usually passed to the sex organs, anus or mouth. The best way to prevent infection is:

- a) Avoid contact with an infected person
- b) Use a birth control device

Only a rubber (condom) will protect against V.D. by preventing skin to skin contact. Who is responsible for making sure you are protected against V.D.?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) It is up to you</td>
<td>b) You should depend on your sex partner</td>
</tr>
</tbody>
</table>

Every individual must take the responsibility for protecting himself against diseases. By caring for yourself, you will also be protecting your mates. Avoid contact with an infectious person and use a rubber. Go on to #6

You can get both syphilis and gonorrhea again and again. It is important that you and your contacts be treated at the same time. If the symptoms of V.D. disappear,  

- a) you are cured  
- b) you may still have an infection

A syphilitic chancre is not always noticeable. Some people do NOT have any early symptoms. The only way to diagnose syphilis is by:

- a) a blood test
- b) looking for other symptoms

The first sign of SYPHILIS is a painless, open sore that appears 10-90 days after contact. This chancre always goes away, even if untreated. If you notice a chancre,  

- a) Wait to see if it goes away  
- b) You may be infected and should see a doctor

Go on to #8
A blood test is the common way to diagnose syphilis. A rash, sore throat or chancre may appear six weeks to six months after contact and may recur for two years. If your blood test is negative, you a) should have another blood test in one month b) do not have syphilis.

Untreated syphilis can cause crippling, blindness, insanity—even death. Is it possible for a woman to pass syphilis to her baby? a) Yes b) No

A blood test early in pregnancy will detect syphilis so that a woman and her fetus can be treated. GONORRHEA can affect a newborn baby.

The test for syphilis may not read positive for three months, so return for periodic blood tests. Treatment of syphilis should be followed by at least two negative blood tests. An untreated person can pass on syphilis for a) two years b) three months.

Damage to a baby from congenital syphilis can be caused by a woman even after two years (when she is NOT infectious). How can a woman know if she will pass syphilis to her baby? a) a blood test b) there is no way of knowing.

Blindness in newborns caused by the gonococcus is now prevented by adding drops to newborns eyes at birth. How does a woman know if she has gonorrhea? a) blood test b) other ways.

Even though symptoms disappear, an untreated person can pass on syphilis for two years. The most serious damage occurs years later.

Go on to #13
Since gonorrhea may go unnoticed in a female, she should be treated if she has a positive lab test OR has had contact with a person with the infection. Do you know the male symptoms of gonorrhea?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td>(21)</td>
</tr>
<tr>
<td>b) No</td>
<td>(20)</td>
</tr>
</tbody>
</table>

Male symptoms of gonorrhea are discharge, burning and pain on urination. Gonorrhea can be cured in males and females if treated immediately. If treated,

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) You can never get it again</td>
<td>(21)</td>
</tr>
<tr>
<td>b) It is possible to be reinfected</td>
<td>(22)</td>
</tr>
</tbody>
</table>

Untreated gonorrhea can cause sterility in both males and females. The damaging effects of gonorrhea are permanent. Does gonorrhea affect more than the sexual organs?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Yes</td>
<td>(24)</td>
</tr>
<tr>
<td>b) No</td>
<td>(23)</td>
</tr>
</tbody>
</table>

Gonorrhea can be passed to the rectum. In the bloodstream, it spreads throughout the body and may cause crippling arthritis. In the male, it can block the urethra so that he is unable to urinate.

Go on to #24

Both syphilis and gonorrhea can lead to death. What is the best way to stop the spread of V.D.?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Treat all persons in contact with V.D. at once</td>
<td>(26)</td>
</tr>
<tr>
<td>b) Treat everyone</td>
<td>(25)</td>
</tr>
</tbody>
</table>

Diagnosis and treatment of V.D. is time consuming and costly. Individuals who have symptoms or suspect contact with an infectious person should seek medical treatment.

Go on to #26
read: "Avoid contact with an infectious person and use a rubber or have your partner use one."

Frame 9 and 10: The "only way" should be corrected by substituting the "common way."

Frame 11 and 12: The term "approximately" should precede the time (two years) that a person can pass on syphilis.

The other criticisms and comments made by Dr. Glass were noted and incorporated into the programmed instruction and the draft for group testing was prepared. (Appendix D).

7. Group Testing of the Instrument

Once the program had been tried out on an individual basis and revised each time to eliminate inadequacies, the program was administered to a group of students with a pre and post test, to determine how much of the material they had learned.

The group test was given to eighteen medical assistant students. The procedure for group testing was different than that for one-to-one testing in that there was no personal contact between the programmer and the students while the students were taking the program. Students involved in the group testing were given the testing in the following format:

1. Students were instructed that they were taking a draft of a program, one that was still in
the developmental stages. The program was being tested, not them.

2. The pre-test was given to determine the extent of the student's knowledge in the area of venereal disease. (Appendix C)

3. The students were given instruction in the mechanics of the program and asked to mark any frames that were difficult for them. (The programmed instruction is found in Appendix D).

4. They were to note the times they began and ended reading the programmed instruction.

5. The post-test was given. (Appendix E)

6. Individual remarks about the programmed instruction were asked for.

Table III shows the results of the first group test. The results indicate a significant statistical difference between the pre and post test scores confirming the fact that the program was a useful teaching method for venereal disease education.

Some remarks made by individual students in the group, pointed out the need for several revisions in the instrument. These corrections were made before the Field Testing was performed.

8. Field Testing

Once the group test had been successful, the programmer was ready to test the program on the population
and under the conditions for which it was designed. The purpose of the field testing was to validate the program—to determine whether or not it could do the job. After a large enough group of students have been tested under similar conditions and the test results indicate a successful program, the program can be considered a valid one—one that will work whenever administered to a similar population under these same conditions. (43:116)

This field test was administered to sixteen medical assistant students. As before, all were pre-tested, given the revised programmed instruction and then post-tested (Appendices F, G, and H). The results of the field test are shown in Table IV. The test showed a statistical difference between the pre and post test scores; the programmed instruction was successful in teaching venereal disease knowledge to this group.
Table 3

Analysis of Group Test Results

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\[ \bar{D} = \frac{1}{18} \times 9.722 \quad \bar{d} = \frac{1}{18} \times 5.17 \quad \bar{d}^2 = \frac{82}{18} = 4.56 \]

\[ \sum d^2 = 173.41 \]

**t Test on Group Test Results**

\[ SD_d = 0.75 \]

\[ t = \frac{\bar{D}}{\frac{SD_d}{n}} = 6.08 \]

\[ t_{.05} = 2.13 \]

\[ df = 17 \]
### Table 4

Analysis of Field Test Results

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---

\( X_1 = 7 \)  \( X_2 = 2.125 \)  \( \bar{D} = 4.9 \)  \( d^2 = 83.76 \)

---

**t Test on Field Test Results**

\[ SD_d = 2.36 \]

\[ t = \frac{\bar{D}}{SD} = 8.3 \]

\[ t_{0.05} = 2.1 \]

\[ df = 15 \]
CHAPTER IV

DISCUSSION, IMPLICATIONS FOR HEALTH
EDUCATION AND RECOMMENDATIONS FOR FURTHER STUDY

Discussion

In the process of field training, this author had an opportunity to act as a volunteer at the Los Angeles Free Clinic. This position provided an ideal perspective to observe and participate in non-establishment type health care. The experience proved to be an invaluable addition to the theoretical framework given to graduate courses in community health education.

The free clinic atmosphere fosters a close relationship between patients and professionals. Because the staff and patients appear to share many of the same social customs, interests and moral attitudes, there seems to be a more successful rapport than is usually found in traditional health centers and hospitals. The lack of a distinct dichotomy between patient and professional health worker seems to foster greater communication, particularly regarding health. There is a concerted effort to help the patient understand his or her health problem and what is being done to alleviate it.

The free clinic represents a new trend in health care which emphasizes a holistic approach and personal
involvement with patients. Thus far, however, the clinic has served primarily as a treatment center, with minimal attention given to health education. In order to incorporate the concept of preventive medicine in its program, a multi-faceted health education program was initiated.

This thesis proposed the use of several methods for teaching venereal disease information: lectures, posters, pamphlets and individual counselling of venereal disease patients.

Lectures were presented to the entire clinic population in the waiting room, whenever a qualified volunteer was available. These 'raps' were very casual and were delivered in the vernacular of the patients. Attempts were made to explain the diseases so that they were relevant and meaningful; questions and discussions were strongly encouraged by the speaker. An example of one of these lectures, written by a volunteer nurse, Janetha Benson, is presented in Appendix I.

Original posters, prepared in the dialect of free clinic patients were hung in examining rooms where patients often have to wait (with nothing to do) for the doctor. This delay provided a perfect time for the patient to learn from visual materials. The posters were developed to describe the cause, symptoms, effects and prevention of syphilis and gonorrhea. The scientific terms were explained so that they were understood by the patients. (Appendix J)
Pamphlets, which were donated to the clinic, were distributed by the clinic pharmacist with medication and a supply of condoms to venereal disease patients.

This thesis proposed that clinic volunteers be trained to do venereal disease counselling. A programmed instruction in venereal disease information was developed to teach volunteers the essential information that they needed to educate venereal disease patients. Programmed instruction was chosen as the method of instruction because it taught the most amount of information, in a short period of time, without the use of a trainer.

The use of young, free clinic volunteers as venereal disease counsellors was consistent with an obvious trend in health care in which indigenous aides were employed to implement health projects. A program in which personal communication was emphasized also conformed with the basic philosophy of the free clinic: people to people involvement.

There were several reasons for selecting individual counselling for venereal disease patients: Venereal disease problems involve social behavior on a very personal level. An individual's sexual life is unique and a very sensitive subject. Other less personal methods of education often do not communicate information that might motivate appropriate changes in behavior and may also fail to answer individual questions.
Experiences at the clinic have indicated that many patients have been exposed to venereal disease education in the past. However, there has been no internalization of this information -- the individuals have never experienced this knowledge as having meaning to them, so that the advised preventive measures have not become part of their behavioral repertoire. It has been suggested that too much emphasis has been given to objective knowledge and too little to the situation which makes the knowledge relevant. "Information presented outside of the matrix of the subjective meaning or emotional experiences has little reality, and may soon be forgotten." (35:753) It is hoped that in a situation in which the trained clinic volunteer meets individually with a patient, the volunteer will be able to establish a warm, trusting relationship. In this atmosphere, the volunteer will be able to communicate information about personal health conditions which will create awareness and understanding and lead the patient to accept responsibility and take appropriate action for good health behavior.

Implications for Health Education

The use of programmed instruction as a method of education has been demonstrated in almost all areas of knowledge. It has been shown to be an effective and efficient method of training which allows a student to study at his own pace without the aid of an instructor.
In this thesis, a programmed instruction in venereal disease was developed and administered to free clinic volunteers as part of a program to train venereal disease counsellors.

The application of this programmed instruction in the unstructured setting of the Los Angeles Free Clinic has been shown to be successful in teaching venereal disease information. Subjects spent, on the average, six and one half minutes studying the programmed instruction with a statistically significant increase in knowledge. The program was designed so that it was only three pages long which facilitates duplication and use by clinic volunteers.

This condensed, independent study of venereal disease information could provide a useful tool for other health facilities that are interested in training volunteers to do health education. There are currently thirty free clinics in the Southern California area with programs similar to the Los Angeles Free Clinic. Adoption of this proposed program to train clinic volunteers to be venereal disease counsellors could be a useful addition to their programs.

Patients seem to be receptive to information and advice which is presented by individuals who share observably similar social values and represent authority in the field of health. This type of relationship
generates trust and therefore, encourages patients to discuss their health problems more openly so that they understand and respect their bodies and how they function. Once people have this understanding, it seems logical that they will be more motivated to practice good health behavior. This concept is basic to preventive medicine through health education, a program which is desperately needed in the free clinics.

Recommendations for Further Study

A program for training volunteers to do individual venereal disease counselling should include more than teaching facts about syphilis and gonorrhea. The programmed instruction that was developed for free clinic volunteers was tested and shown to be effective in increasing their knowledge about the venereal diseases, but did not sensitize them to the different concepts patients have of syphilis and gonorrhea. No two patients are alike, and it is important that the volunteers learn to be aware of the ways different people perceive venereal disease and what the diseases mean to them. This could be accomplished by having volunteers participate in discussion groups with experienced counsellors.

Preliminary group discussions in which counsellors were presented with hypothetical clinic cases have been held. In these groups, the counsellors were given the following cases to discuss:
Situation I: Lorraine calls herself a "groupie." For the past few years, she has been living with different rock groups when they play in the West Coast area. She depends upon the "group" for food and a place to live. She appears to show no concern about having a venereal disease; it is common among her friends and she is not worried about sterility as she can't become pregnant. Lorraine reports that several of her contacts are now travelling in the U.S. and it is impossible for her to locate them. She is reluctant to tell her contacts that she has gonorrhea because she does not want to be ostracized from the "group."

Situation II: Ralph has been hitch hiking around the states for over six months. He has only been in Los Angeles for a few days and is leaving tomorrow for Big Sur. He is sure that he has syphilis and wants medication so that he can 'take-off.' He indicates no intention of returning to the clinic for follow-up treatment or VDRLs. Ralph does not know who his contacts were and shows no concern about their being infected.

Situation III: Joe comes into the clinic with a discharge and burning on urination. He is obviously worried about the possibility of having gonorrhea. Joe has a steady girl that he's been going with for over a year. Last week-end he went out with a bunch of friends and 'balled' a girl he met at a party. He has no idea
what her name is or where she lives. He does not want to
tell his girlfriend that he has V.D. because she will
'never understand.'

Situation IV: Sarah is sixteen, but is living
away from home with a group of friends in Topanga Canyon.
One of the guys in her house has the 'clap' and told her
to come into the clinic for treatment even though she has
no symptoms. She appears quite anxious.

As each case was read, the counsellors were asked to
tell how they would educate the patient and offer ideas on
the most effective ways of approaching this individual.
In the preliminary discussion groups, it was found that
counsellors were able to share opinions on approaches for
successfully communicating with the clinic patients about
venereal disease. If volunteers in training participated
in these groups, with experienced counsellors, it is likely
that they would be better prepared to educate venereal
disease patients. It is recommended that the process of
group discussion be tested with clinic volunteers, and if
effective, incorporated as a second phase in their train-
ing program, after they have studied the programmed
instruction.
CHAPTER V

SUMMARY

The Los Angeles Free Clinic serves a large population of people who are seeking treatment for venereal disease. The medical section of this clinic has not yet provided any organized educational programs aimed at controlling the epidemic of venereal disease in this country.

This thesis proposed a multi-faceted venereal disease education program for the Los Angeles Free Clinic. The term multi-faceted implied using several different methods of presenting venereal disease information. These included lectures, posters, pamphlets and individual counselling of patients.

The proposed individual counselling program employed lay, free clinic volunteers. These people volunteered their time and energies to the clinic, and showed an interest in improved health care. They demonstrated the ability to communicate with clinic patients and therefore, were the best resources for educating and motivating change in health behavior.

To insure that volunteers had a working knowledge about venereal diseases, a programmed instruction was developed to teach the epidemiology, transmission, symptoms,
diagnosis, treatment and prevention of syphilis and gonorrhea. The programmed instruction was developed and validated by following the recommendations prescribed by several authorities on programmed instruction.

The programmed instruction was then submitted to a group to determine its effectiveness in teaching the venereal disease material. This group took a pre-test, then were allowed to read the programmed instruction, and finally, were given a post test. A t test analysis of the pre and post test scores indicated a significant difference between the two tests at a 0.05 level. This suggested that the programmed instruction was an effective tool in teaching venereal disease information to the population tested.
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Free Clinics


Use of Volunteer Aides


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Programmed Instruction


APPENDIX A

VD QUESTIONNAIRE TO DETERMINE FREE CLINIC

VOLUNTEERS' LEVEL OF KNOWLEDGE
HOW MUCH DO YOU KNOW ABOUT VENEREAL DISEASES?

1. Since syphilis germs can live a long time outside the body, it is possible to acquire the disease in a variety of ways. T F

2. Sores and rashes can always be found on people who have syphilis, therefore, people usually know when they get syphilis. T F

3. The symptoms of syphilis will go away even if a person does not obtain proper medical treatment for the disease. T F

4. If a pregnant woman has syphilis, she can transmit the disease to her unborn child if she does not receive treatment soon enough. T F

5. Once a person has syphilis and the disease is cured in the early stage, he can never get the disease again. T F

6. Some people have syphilis yet may never have any outward signs of the disease. T F

7. If syphilis is not treated, it may cause blindness, insanity, cripple, or even cause death. T F

8. Syphilis can be genetically passed on for generations. T F

9. Gonorrhea is often caused by lifting a heavy object. (strain) T F
10. If gonorrhea in the female is not treated, she may never be able to have a baby. (damage to the woman's reproductive system)

11. The symptoms of gonorrhea will often go away even though the person is not cured of the disease.

12. If a person has gonorrhea once and is cured, he will never get it again.

13. It is possible for a female to have gonorrhea and not know it.

14. If gonorrhea is not treated, it will turn into syphilis.

15. Syphilis and gonorrhea are almost always acquired by sexual contact with an infected person.

16. It is possible to have both syphilis and gonorrhea at the same time.

17. A blood test can be used to diagnose both syphilis and gonorrhea.

18. Both syphilis and gonorrhea are frequently acquired by contact with any object an infected person has used such as toilet seats, lipsticks, and towels.
19. People with syphilis or gonorrhea have a distinctive appearance so that it is possible to tell an infected person just by looking at them.

20. In the early stages, both syphilis and gonorrhea can be cured by proper medical treatment.
APPENDIX B

DIAGRAM OF PROGRAMMED INSTRUCTION FRAMES
APPENDIX C

PRE TEST FOR GROUP TESTING
VENEREAL DISEASE PRE TEST

* Correct Answers are Underlined

1. If you had been exposed to (or in contact with) someone who might have had syphilis, which of the following would be the way to be most sure you hadn't become infected?
   A. A blood test one month later.
   B. A blood test three months later.
   C. Watching carefully for a sore, a rash, or other signs.
   D. A Physical Examination.
   E. I don't know.

2. For how long after he is infected with syphilis can a man pass the disease on to someone else?
   A. The first 90 days only.
   B. From 6 weeks to 6 months.
   C. For two years.
   D. I don't know.

3. Which disease is more likely to cause blindness in babies?
   A. Syphilis  B. Gonorrhea  C. I don't know.

4. Which of the following diseases killed the most people in the United States last year?
   A. Polio
   B. Gonorrhea
   C. Typhoid
   D. Syphilis
   E. I don't know.
5. Can you have syphilis and gonorrhea at the same time?
   A. Yes   B. No   C. I don't know.

6. Which of the following is the least likely way to transmit syphilis?
   A. Sitting on an infected toilet.
   B. Sexual intercourse.
   C. Sexual contact with the anus or mouth.
   D. I don't know.

7. What is the best way to be protected against V.D.?
   A. Have the male use a condom.
   B. Have the female use birth control pills.
   C. Have the female douche immediately after intercourse.
   D. I don't know.

8. Once you have had a venereal disease, can you get it again?
   A. Yes   B. No   C. I don't know.

9. If you are being treated for venereal diseases, the best way to prevent reinfection, is to:
   A. take penicillin every time you have intercourse.
   B. make sure all of your contacts are treated at the same time.
   C. come in for laboratory tests every week.
   D. I don't know.
10. Which of the following is NOT part of the treatment for venereal diseases?
   A. No sex for two weeks
   B. Take medications at the prescribed time.
   C. Continue taking the medication even if symptoms have disappeared.
   D. Share your medication with your sexual contact(s).
   E. I don't know.

11. Could a person who had a chancre (the first sign of syphilis) pass syphilis along to other persons without realizing that the chancre was there or that he or she was sick?
   A. Yes
   B. No
   C. Not likely
   D. I don't know.

12. Both syphilis and gonorrhea can be diagnosed by a blood test.
   A. True
   B. False
   C. I don't know.

13. The secondary symptoms of syphilis (a rash, sore throat and/or chancres) may appear
   A. 6 weeks to 6 months after contact and may recur for 2 years.
   B. 2 to 6 days after contact.
   C. Immediately after contact.
   D. I don't know.
14. When is syphilis most likely to cause serious damage to the body of the infected person?
   A. After 6 weeks
   B. Between 6 weeks to 6 months after contact.
   C. Years later.
   D. I don't know.

15. A woman with untreated syphilis can pass syphilis on to her unborn baby for how long?
   A. Up to two years after she's infected.
   B. As long as she has signs of the disease.
   C. Even after two years, when she is not infectious.
   D. I don't know.

16. A woman should be treated for gonorrhea if
   A. she has had contact with an infectious person
   B. she has a positive blood test.
   C. she has a vaginal discharge.
   D. I don't know.

17. If the urethra of a man is blocked by scar tissue from a gonorrhea infection, which of the following can happen;
   A. Blindness
   B. Insanity
   C. Arthritis
   D. Difficulty urinating
   E. I don't know.
18. What is the best way to stop the spread of gonorrhea?
   A. Do a blood test on everybody and treat everybody whose blood test shows 'positive.'
   B. Treat all persons in contact with gonorrhea, at once.
   C. Treat everyone who comes into the clinic.
   D. I don't know.

19. Is it possible for the gonorrhea infection to get into the bloodstream and spread throughout the body?
   A. Yes       B. No       C. I don't know.

20. Untreated gonorrhea can cause sterility in both males and females.
   A. True       B. False     C. I don't know.
APPENDIX D

PROGRAMMED INSTRUCTION FOR GROUP TESTING
The following is a programmed instruction in Venereal Disease. It is designed so that you can read at your own pace. Begin with Frame I. At the end of the frame are two answer choices. The number in parentheses directs you to the next frame that you should read. Continue in this manner until the end of the program.

<table>
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<tr>
<th>Frame</th>
<th>Question</th>
<th>Answer Choices</th>
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| 1     | Syphilis and gonorrhea attack more than 600 teenagers a day. Venereal diseases should be considered: | a) as dangerous as smallpox, typhoid, polio and the plague  (3)  
        | b) health problems that do not have serious effects                      |                                           |
| 2     | Syphilis killed more people in the U.S. in 1965 than plague, polio, typhoid and smallpox all together. Is it possible to have syphilis and gonorrhea at the same time? | a) Yes  (4)  
        | b) No                                                                 |                                           |
| 3     | It is possible to have syphilis and gonorrhea at the same time. V.D. is transmitted by sexual contact with the sex organs, anus or mouth. The best way to prevent infection is to: | a) Avoid contact with an infected person  (5)  
        | b) Use a birth control device                                            |                                           |
| 4     | Only a rubber (condom) will protect against V.D. by preventing skin to skin contact. Who is responsible for making sure you are protected against V.D.? | a) It is up to you  (6)  
        | b) You should depend on your sex partner                                 |                                           |
| 5     | Every individual must take the responsibility for protecting himself/herself against diseases. By caring for yourself, you will also be protecting your mate(s). Avoid contact with an infectious person and use a rubber or have your partner use one. |                                           |
| 6     | Since you can get gonorrhea again and again, it is important that you and your contacts be treated at the SAME time. If the symptoms of V.D. disappear, | a) you are cured  (7)  
        | b) you may still have an infection                                       |                                           |

Go on to #6
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<th><strong>(8)</strong></th>
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<td>Although your symptoms may disappear, you may still have a V.D. infection. Take ALL of your medication for two weeks. Go on to #8</td>
<td>The first sign of SYPHILIS is a painless, open sore that appears 10-90 days after contact. This chancre always goes away, even if untreated. If you notice a chancre, a) Wait to see if it goes away b) You may be infected and should see a doctor</td>
<td>A syphilitic chancre is not always noticeable. Some people do NOT have any early symptoms. The common way to diagnose syphilis is by: a) a blood test b) looking for other symptoms</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>(10)</strong></th>
<th><strong>(11)</strong></th>
<th><strong>(12)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A blood test is the common way to diagnose syphilis. A rash, sore throat or chancre MAY appear six weeks to six months after contact and may recur for two years. If you blood test is negative you a) should have another blood test in 1 month (11) b) do not have syphilis (11)</td>
<td>The test for syphilis may not read positive for three months, so return for periodic blood tests. Treatment of syphilis should be followed by at least two negative blood tests. An untreated person can pass on syphilis, a) for approximately two years (13) b) for approximately three months (12)</td>
<td>Even though symptoms disappear, an untreated person can pass on syphilis for two years. The most serious damage occurs years later if a person does not get treatment. Go on to #13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(13)</strong></th>
<th><strong>(14)</strong></th>
<th><strong>(15)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Untreated syphilis can cause crippling, blindness, insanity—even death. Is it possible for a woman to pass syphilis to her baby? a) Yes (15) b) No (14)</td>
<td>Damage to a baby from congenital syphilis can be caused by a woman even after two years (when she is NOT infectious). How can a woman know if she will pass syphilis to her baby? a) a blood test (16) b) there is no way of knowing (15)</td>
<td>A blood test early in pregnancy will detect syphilis so that a woman and her fetus can be treated. GONORRHEA can affect a newborn baby. a) True (17) b) False (16)</td>
</tr>
</tbody>
</table>
The gonorrhea germ can enter the eyes of the newborn as they pass out the vaginal canal and later cause blindness. A baby can be protected if,

a) the mother is treated for gonorrhea during delivery

b) the baby's eyes are treated immediately at birth

Blindness in newborns, caused by the gonococcus, is now prevented by adding drops to newborns eyes at birth. How does a woman know if she has gonorrhea?

a) blood test

b) other ways

There is no blood test for gonorrhea. Burning and discharge are signs of gonorrhea. Since other vaginal infections may have the same symptoms, lab tests must be done to determine the type of infection.

Male symptoms of gonorrhea are discharge, burning and pain on urination. Gonorrhea can be cured in males and females if treated immediately, if treated, a) you can never get it again

b) it is possible to be reinfected

You can contract gonorrhea again and again. Remember, all of your sexual contacts must be treated to prevent reinfection. Can gonorrhea cause sterility?

a) Yes

b) No

Untreated gonorrhea can cause sterility in both males and females. The damaging effects of gonorrhea are permanent. Does gonorrhea affect more than the sexual organs?

a) Yes

b) No

Gonorrhea can be passed to the rectum. In the bloodstream, it spreads throughout the body and may cause crippling arthritis. In the male, it can block the urethra so that he has difficulty urinating.

Both syphilis and gonorrhea can lead to irreparable damage. What is the best way to stop the spread of V.D.?

a) Treat all persons in contact with V.D. at once

b) Treat everyone
Diagnosis and treatment of V.D. is time consuming and costly. Individuals who have symptoms or suspect contact with an infected person should seek medical treatment.

Go on to #26

It is impossible for doctors to know who has V.D., without laboratory tests. It is up to us to report and see that everyone exposed to the infection is treated at the same time.
APPENDIX E

POST TEST FOR GROUP TESTING
VENEREAL DISEASE POST TEST

* Correct Answers are Underlined

1. Is it true that untreated gonorrhea can cause sterility in both males and females?
   A. Yes  B. No  C. I don't know.

2. If a person has gonorrhea, and is not treated, the infection can spread throughout the body?
   A. True  B. False  C. I don't know.

3. Which of the following will help stop the spread of gonorrhea:
   A. Treat all persons who have had contact with someone with gonorrhea.
   B. Treat everyone with a positive blood test.
   C. Treat all people who come into the clinic.
   D. I don't know.

4. If a gonorrhea infection has caused scar tissue to form in the male seminal duct, which of the following will result,
   A. Sterility
   B. Blindness
   C. Arthritis
   D. I don't know.
5. Since a female may have no symptoms of gonorrhea, she should be treated if,
   A. She has a vaginal discharge and burning.
   B. She has a positive blood test.
   C. She has had sexual contact with a person with gonorrhea.
   D. I don't know.

6. A woman had untreated syphilis more than two years ago. Can she still pass it to her baby?
   A. Yes          B. No          C. I don't know.

7. Untreated syphilis can cause crippling, blindness and insanity. When are these results likely to occur?
   A. 6 weeks after contact.
   B. Between 6 months and 2 years after contact.
   C. Years later.
   D. I don't know.

8. When are secondary symptoms of syphilis (a rash, sore throat and/or chancres) most likely to appear?
   A. 2 to 6 days after contact
   B. Up to 2 years after contact.
   C. Immediately after contact.
   D. I don't know.

9. A person can find out if he has gonorrhea or syphilis by having a blood test.
   A. True         B. False        C. I don't know.
10. Is it possible for a person to have a chancre (the first sign of syphilis) and pass syphilis along to others without realizing that the chancre was there?

A. Yes  
B. No  
C. Not likely  
D. I don't know.

11. If you are being treated for a venereal disease, which of the following would NOT be part of your treatment?

A. No sex for two weeks  
B. Take medication at the prescribed times.  
C. Continue taking the medication even if symptoms have disappeared.  
D. Share your medication with your sexual contact(s).  
E. I don't know.

12. The best way to prevent reinfection, if you are being treated for a venereal disease, is to

A. take penicillin everytime you have intercourse.  
B. make sure all of your contacts are treated at the same time.  
C. come in for laboratory tests every week.  
D. I don't know.

13. Once you have had syphilis or gonorrhea, is it possible to contract it again?

A. Yes  
B. No  
C. I don't know.
14. The surest form of protection against V.D. is
   A. A condom (rubber)
   B. Birth Control pills
   C. Having the female douche immediately after intercourse
   D. I don't know.

15. The **least** likely way to transmit syphilis is
   A. Sitting on an infected toilet.
   B. Sexual intercourse.
   C. Sexual contact with the anus or mouth.
   D. I don't know.

16. Which of the following diseases killed the most people in the United States last year?
   A. Polio
   B. Gonorrhea
   C. Typhoid
   D. Syphilis
   E. I don't know.

17. Blindness in babies is caused by
   A. Syphilis
   B. Gonorrhea
   C. I don't know

18. It is possible to have syphilis and gonorrhea at the same time.
   A. True
   B. False
   C. I don't know.

19. It is possible for a man to pass on syphilis to another person for
   A. the first 90 days only
   B. From 6 weeks to 6 months
   C. For two years
D. I don't know.

20. Which is the most sure way to know if you have become infected with syphilis?

A. A blood test one month after contact.
B. A blood test three months after contact.
C. Watching carefully for a sore, a rash, or other signs.
D. I don't know.
APPENDIX F

PRE TEST FOR FIELD TESTING
VENEREAL DISEASE PRE-TEST

*Correct Answers are Underlined

1. If you had been exposed to (or in contact with) someone who might have had syphilis, which of the following would be the way to be most sure you hadn't become infected?
   A. Two negative blood tests following contact
   B. Watching carefully for a sore, a rash, or other signs.
   C. A physical examination.
   D. I don't know.

2. For how long after he is infected with syphilis, can a man pass the disease on to someone else?
   A. The first 90 days only.
   B. From 6 weeks to 6 months.
   C. For two years.
   D. I don't know.

3. Which disease is more likely to cause blindness in babies?
   A. Syphilis
   B. Gonorrhea
   C. I don't know.

4. Which of the following diseases killed the most people in the United States last year?
A. Polio  
B. Gonorrhea  
C. Typhoid  
D. Syphilis  
E. I don't know.

5. Can you have syphilis and gonorrhea at the same time?  
   A. Yes  
   B. No  
   C. I don't know.

6. Which of the following is the least likely way to transmit syphilis?  
   A. Sitting on an infected toilet.  
   B. Sexual intercourse  
   C. Sexual contact with the anus or mouth  
   D. I don't know.

7. What is the best way to be protected against V.D.?  
   A. Have the male use a condom.  
   B. Have the female use birth control pills.  
   C. Have the female douche immediately after intercourse.  
   D. I don't know.

8. Once you have had a venereal disease, can you get it again?  
   A. Yes  
   B. No  
   C. I don't know.
9. If you are being treated for venereal disease, the best way to prevent reinfection, is to
   A. Take penicillin every time you have intercourse.
   B. Make sure all of your contacts are treated at the same time.
   C. Come in for laboratory tests every week.
   D. I don't know.

10. Which of the following is NOT part of the treatment for venereal diseases?
    A. No sex for two weeks.
    B. Take medication at the prescribed times.
    C. Continue taking the medication even if symptoms have disappeared.
    D. Share your medication with your sexual contact(s).
    E. I don't know.

11. Could a person who had a chancre (the first sign of syphilis) pass syphilis along to other persons without realizing that the chancre was there or that he or she was sick?
    A. Yes
    B. No
    C. Not likely
    D. I don't know.

12. Both syphilis and gonorrhea can be diagnosed by a blood test.
    A. True    B. False    C. I don't know.
13. The secondary symptoms of syphilis (a rash, sore throat and/or chancre) may appear
   A. Six weeks to six months after contact and may recur for two years.
   B. Two to six days after contact.
   C. Immediately after contact.
   D. I don't know.

14. When is syphilis most likely to cause serious damage to the body of the infected person?
   A. After six weeks
   B. Between six weeks to six months after contact.
   C. Years later.
   D. I don't know.

15. A woman with untreated syphilis can pass syphilis on to her unborn baby for how long?
   A. Up to two years after she's infected.
   B. As long as she has signs of the disease.
   C. Even after two years, when she is not infectious.
   D. I don't know.

16. A woman should be treated for gonorrhea if
   A. She has had contact with an infectious person
   B. She has a positive blood test
   C. She has arthritis
   D. I don't know.
17. If the urethra of a man is blocked by scar tissue from a gonorrhea infection, which of the following can happen:
   
   A. Blindness
   B. Insanity
   C. Arthritis
   D. Difficulty urinating
   E. I don't know.

18. What is the best way to stop the spread of gonorrhea?
   
   A. Do a blood test on everybody and treat everybody whose blood test shows "positive."
   B. Treat all persons in contact with gonorrhea, at once.
   C. Treat everyone who comes into the clinic.
   D. I don't know.

19. Is it possible for the gonorrhea infection to get into the bloodstream and spread throughout the body?
   
   A. Yes
   B. No
   C. I don't know.

20. Untreated gonorrhea can cause sterility in both males and females.
   
   A. True
   B. False
   C. I don't know.
APPENDIX G

PROGRAMMED INSTRUCTION FOR FIELD TESTING
The following is a programmed instruction in Venereal Disease. It is designed so that you can read at your own pace. Begin with Frame I. At the end of the frame are two answer choices. The number in parentheses directs you to the next frames that you should read. Continue in this manner until the end of the program.

<table>
<thead>
<tr>
<th>Frame</th>
<th>Question</th>
<th>Answer Options</th>
<th>Next Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Syphilis and gonorrhea attack more than 600 teenagers a day. Venereal disease should be considered: a) as dangerous as smallpox, typhoid, polio and the plague. b) health problems that do not have serious effects</td>
<td>a) Yes (4)</td>
<td>Go on to #2</td>
</tr>
<tr>
<td>2</td>
<td>Syphilis killed more people in the U.S. in 1965 than plague, polio, typhoid and smallpox all together. Is it possible to have syphilis and gonorrhea at the same time?</td>
<td>a) Yes (4)</td>
<td>Go on to #3</td>
</tr>
<tr>
<td>3</td>
<td>It is possible to have syphilis and gonorrhea at the same time. The organisms which cause V.D. survive best in moist warm places; therefore they are not passed by dirty toilet seats, or drinking glasses.</td>
<td></td>
<td>Go on to #4</td>
</tr>
<tr>
<td>4</td>
<td>V.D. is transmitted by sexual intercourse or sexual contact with the sex organs, anus or mouth. The best way to prevent infection is: a) Avoid contact with an infected person. b) Use a birth control device</td>
<td>a) It is up to you. (7)</td>
<td>Go on to #6</td>
</tr>
<tr>
<td>5</td>
<td>Only a rubber (condom) will protect against V.D. by preventing skin to skin contact. Who is responsible for making sure you are protected against V.D?</td>
<td>a) It is up to you. (7)</td>
<td>Go on to #6</td>
</tr>
<tr>
<td>6</td>
<td>Everyone individual must take the responsibility for protecting himself/herself against diseases. By caring for yourself, you will also be protecting your mate(s). Avoid contact with an infectious person and use a rubber or have your partner use one.</td>
<td></td>
<td>Go on to #7</td>
</tr>
</tbody>
</table>
(7) Since you can get gonorrhea again and again, it is important you and your contacts be treated at the SAME time. If the symptoms of V.D. disappear,
a) you are cured. (8) Although your symptoms may disappear, you may still have a V.D. infection. Treatment of V.D. includes, no sex for two weeks; taking ALL of your medication as prescribed, even if symptoms have disappeared.
b) you may still have an infection. (9) Go on to #9

(10) A syphilitic chancre is not always noticeable. Some people do NOT have any early symptoms. The common way to diagnose syphilis is by:
a) a blood test. (11) A blood test is the common way to diagnose syphilis. A rash, sore throat or chancre MAY appear six weeks to six months after contact and may recur for two years. If your blood test is negative, you a) should have another blood test in one month (12) b) do not have syphilis (12)
b) looking for other symptoms. (12) The test for syphilis may not read positive for three months, so return for periodic blood tests. Treatment of syphilis should be followed by at least two negative blood tests. An untreated person can pass on syphilis a) for approximately two years (14) b) for approximately three months (12)

(13) Even though symptoms disappear, an untreated person is still infectious. A person can pass on syphilis for two years after he is infected. Go on to #14

(14) The most serious damage from syphilis occurs years later if the person is not treated. Untreated syphilis can cause crippling, blindness, insanity—even death. Is it possible for a woman to pass syphilis to her baby?
a) Yes (15) (16) b) No

(15) Damage to a baby from congenital syphilis can be caused by a woman even after two years (when she is NOT infectious). How can a woman know if she will pass syphilis to her baby? a) a blood test (17) b) there is no way of knowing (16)

(9) The first sign of SYPHILIS is a painless, open sore that appears 10-90 days after contact. This chancre always goes away, even if untreated. If you notice a chancre, a) Wait to see if it goes away (8) b) You may be infected and should see a doctor. (10)
A blood test early in pregnancy will detect syphilis so that a woman and her fetus can be treated.

GONORRHEA can affect a newborn baby.
(a) True
(b) False

The gonorrhea germ can enter the eyes of the newborn as they pass out of the vaginal canal and later cause blindness. A baby can be protected if,
(a) the mother is treated for gonorrhea during delivery
(b) the baby’s eyes are treated immediately at birth

There is NO blood test for gonorrhea. Burning and discharge are signs of gonorrhea. Since other vaginal infections may have the same symptoms, lab tests must be done to determine the type of infection.

Go on to #20

Since gonorrhea may go unnoticed in a female, she should be treated if she has a positive lab test OR has had contact with a person with the infection. Do you know the male symptoms of gonorrhea?
(a) yes
(b) no

Male symptoms of gonorrhea are discharge, burning and pain on urination. Gonorrhea can be cured in males and females if treated immediately. If treated,
(a) you can never get it again
(b) it is possible to be reinfected

You can contract gonorrhea again and again. Remember, all of your sexual contacts must be treated to prevent reinfection. Can gonorrhea cause sterility?
(a) yes
(b) no

Untreated gonorrhea can cause sterility in both males and females. The damaging effects of gonorrhea are permanent. Does gonorrhea affect more than the sexual organs?
(a) yes
(b) no

Gonorrhea can be passed to the rectum. If gonorrhea is not treated it can get into the bloodstream and spread throughout the body and may cause crippling arthritis. In the male, it can block the urethra so that he has difficulty urinating.

Go on to #25
<table>
<thead>
<tr>
<th>(25)</th>
<th>Both syphilis and gonorrhea can lead to irreparable damage. What is the best way to stop the spread of V.D.?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>treat all persons in contact with V.D. at once.</td>
</tr>
<tr>
<td>b)</td>
<td>treat everyone.</td>
</tr>
</tbody>
</table>

| (26) | Diagnosis and treatment of V.D. is time consuming and costly. Individuals who have symptoms or suspect contact with an infected person should seek medical treatment. |

| (27) | Go on to #27                                                                                           |

| (27) | It is impossible for doctors to know who has V.D. without laboratory tests. It is up to us to report and see that everyone exposed to the infection is treated at the SAME time. |
APPENDIX H

POST TEST FOR FIELD TESTING
VENEREAL DISEASE POST TEST

*Correct Answers are Underlined

1. Is it true that untreated gonorrhea can cause sterility in both males and females?
   A. Yes
   B. False
   C. I don't know.

2. If a person has gonorrhea, and is not treated, the infection can spread throughout the body?
   A. True
   B. False
   C. I don't know.

3. Which of the following will help stop the spread of gonorrhea?
   A. Treat all persons who have had contact with someone with gonorrhea.
   B. Treat everyone with a positive blood test.
   C. Treat all people who come into the clinic.
   D. I don't know.

4. If a gonorrhea infection has caused scar tissue to form in the male urethra, which of the following will result?
   A. Sterility
   B. Blindness
   C. Arthritis
   D. Difficulty urinating
   E. I don't know.
5. Since a female may have no symptoms of gonorrhea, she should be treated if,
   A. She has arthritis.
   B. She has a positive blood test.
   C. She has had sexual contact with a person with gonorrhea.
   D. I don't know.

6. A woman had untreated syphilis more than two years ago. Can she still pass it to her baby?
   A. Yes
   B. No
   C. I don't know.

7. Untreated syphilis can cause crippling, blindness and insanity. When are these results likely to occur?
   A. Six weeks after contact
   B. Between six months and two years after contact
   C. Years later
   D. I don't know.

8. When are secondary symptoms of syphilis (a rash, sore throat and/or chancre) most likely to appear?
   A. Two to six days after contact
   B. Six weeks to six months after contact and may recur for two years
   C. Immediately after contact
   D. I don't know.
9. Both syphilis and gonorrhea can be diagnosed by having a blood test.
   A. True
   B. False
   C. I don't know.

10. Is it possible for a person to have a chancre (the first sign of syphilis) and pass syphilis along to others without realizing that the chancre was there?
   A. Yes
   B. No
   C. Not likely
   D. I don't know.

11. If you are being treated for a venereal disease, which of the following would Not be a part of your treatment?
   A. No sex for two weeks.
   B. Take medication at the prescribed times.
   C. Continue taking the medication even if symptoms have disappeared.
   D. Share your medication with your sexual contact(s).
   E. I don't know.

12. The best way to prevent reinfection, if you are being treated for a venereal disease, is to;
   A. Take penicillin everytime you have intercourse.
   B. Make sure all of your contacts are treated at the same time.
   C. Come in for laboratory tests every week.
   D. I don't know.
13. Once you have had syphilis or gonorrhea, is it possible to contract it again?
   A. Yes
   B. No
   C. I don't know.

14. The surest form of protection against V.D. is:
   A. A condom (rubber)
   B. Birth control pills
   C. Having the female douche immediately after intercourse.
   D. I don't know.

15. The least likely way to transmit syphilis is:
   A. Sitting on an infected toilet
   B. Sexual intercourse
   C. Sexual contact with the anus or mouth.
   D. I don't know.

16. Which of the following diseases killed the most people in the United States last year?
   A. Polio
   B. Gonorrhea
   C. Typhoid
   D. Syphilis
   E. I don't know.

17. Blindness in babies is caused by:
   A. Syphilis
   B. Gonorrhea
   C. I don't know.
18. It is possible to have syphilis and gonorrhea at the same time.
   A. True
   B. False
   C. I don't know.

19. It is possible for a man to pass on syphilis to another person for
   A. The first ninety days only.
   B. From six weeks to six months.
   C. For two years.
   D. I don't know.

20. Which is the most sure way to know if you have NOT become infected with syphilis?
   A. Two negative blood tests following contact
   B. Watching carefully for a sore, a rash, or other signs
   C. A physical examination
   D. I don't know.
APPENDIX I

VENEREAL DISEASE LECTURE
VENEREAL DISEASE LECTURE

by
Janetha Benson
of the
Los Angeles Free Clinic

Many people come in here who had contact with V.D., who have it, or who are afraid they have it. It's a real hassle and very painful. There's really no place that talks about it, so we thought it would help if we went over the signs and problems of the diseases, especially since right now there's an epidemic of gonorrhea in Southern California. Someone's done some statistics and found that every thirty seconds someone gets gonorrhea -- that's a lot of people. And, unfortunately, gonorrhea does damage fairly quickly to the body -- damage that can't be reversed.

For gonorrhea -- which is a bacterial infection -- in the male the symptoms start about two to eight days after contact. For a guy, they come on suddenly and usually are a discharge which is often very thick and yellowish looking, and pain and burning upon urination. Now, if a guy gets treated and cured right away, it usually leaves little or no damage.

If he doesn't get treated, these symptoms will go away, all by themselves. BUT he still has the infection, it's spreading, he's giving it away, and it's going to get
worse.

It spreads to little tubular structures leading out of the testicles where the sperm are produced. These are the epididymus and seminal vesicles. Now, the problem with tubes is that they're very small and very delicate. If you look at an infection of the skin with pus, and swelling and oozing, and redness and pain and imagine that in a very delicate tube you can imagine that it really causes trouble. Well, it does — it's very painful and in the process of being infected and in healing, those tubes can stick together and get scars in them. That can block them a little or totally. The longer someone has it, and the more often it happens, the greater the chance of blockage and when it happens, it means sterility. And once that happens, there's nothing that can be done about it.

Another place it can go to in the male is the prostrate gland which is right next to the urinary bladder and the urethra — the tube running through the penis. Once the infection gets in here it's a mess, because for some reason, the bacteria are very difficult to reach with drugs once they are in the prostrate — so it's hard to cure. And the real problem is that the infection is safely sitting there and constantly being spread into the bladder and urethra because the prostrate is constantly secreting fluids. So bacteria are constantly spilled out
so that any point, until the guy gets cured, he can get the whole thing again with pain and discharge and every-time, more damage is done. In addition, he's always giving his disease to people he has contact with.

As far as the female, -- it's a little different. Symptoms start a few days to a few weeks after contact. Unfortunately, many females never get symptoms or they're never bad enough to seem strange. If a female is lucky enough to have signs, she would have slight burning upon urination and vaginal discharge which could be very light or quite heavy and pusy. If she's treated and cured, little damage is done.

Unfortunately, many don't have symptoms, so it's spreading, is going to come back in a worse way, and she's giving it away.

In the female it spreadsto tubes also-- the fallopian tubes which connect the ovaries where the eggs are produced to the uterus, or womb. Once again, the infection in the tubes is very painful and does damage.

If it's got too bad, it can come and go but constantly damaging those tubes,

Or it can be really bad and look and feel like appendicitis and require hospitalization.

Or an abscess or pocket of pus and infection over the inside of the abdomen means that every organ is covered with the infection. People can die from
this and in any case, it takes a lot of pain and sickness and good medical care and a long time to get someone out of this.

But, if someone's cured, what's the damage? It's blockage of the tubes again, and the more someone's had it, the longer and greater the damage.

If totally blocked, that means sterility and nothing can be done about that.

If only partially blocked and an egg does get fertilized, it often can't fit through the tubes to get down to the uterus to grow. So, it grows where it gets stuck---in the tube. The fetus grows---but finally the tube can't stretch any more--- splits open---and the female starts to bleed inside. If she doesn't get to a hospital fast, she can bleed to death---that's a tubal pregnancy.

If someone does get pregnant and gives birth to a baby but never gets cured of gonorrhea before the birth,---as that child is born and passes through the vagina, it picks up some of the gonorrheal bacteria in it's eyes and unless it's born in a hospital where infants eyes are treated immediately at birth with special eyedrops, the child is blind for life and there's nothing that can be done about it.

So, many things can happen and often sterility. This is not a great form of birth control. If you want
to look at it another way, there are many minority groups like blacks, browns and freaks who are sterile right now and may have had a lot of pain getting there. None of these people are going to be populating this country, at all! That can be a pretty 'heavy' thing.

There are a few other forms of gonorrhea, which both males and females can have. One is gonorrhea of the rectum which anyone can get from having anal sex. If someone has a bad case, the person will know it because he'll have blood, pus and much pain with bowel movements. If someone has it, it can be cured and not cause damage or further trouble. If allowed to continue, it once again spreads.

There's one problem with this type of gonorrhea and that is that many females have it without knowing it, have no trouble with it, but are giving it away all the time. It's not from having anal intercourse, but because the vagina is so close to the rectum that some of the secretions(with the bacteria) get into the rectum and grow there quite easily. It's important this be detected and cured so it doesn't spread or get passed. To test for gonorrhea, a doctor takes a Q-tip and touches it to any part of the body which is suspected of contact, or has any secretion. That's all and then a lab does the work and figures out what's going on. So, at any time, someone even without signs, can easily be tested.
Both males and females can also get gonorrhea in the entire body. On the same day, someone will get a fever, a rash which could look like a heat rash or very gray and pusy -- and be in the genital area, mouth, hands and feet or anywhere, they get aches in joints like the elbows, knees, and wrists and feel really bad and require hospitalization and it can come and go and not be too bad. Once cured, there are no problems except the pains in the joints and this is now arthritis, just like old people and the person now has it and will always have it with no chance of cure.

Perhaps this explains why it's really much more serious than anyone let's on. No one needs this hassle and damage to his body and it's the only body we've all got.

There are a few things which can be done to not give and not get gonorrhea:

1. People must tell each other what's happening. If someone has it, suspects contact, or symptoms, both partners must get treated and cured whether they both show symptoms or not. If both are NOT cured at the same time, they'll end up playing a ping-pong-like game and every time it goes back and forth it does more damage. No one needs that hassle. So, both or all partners must be treated at exactly the same time.

2. Also, for ten days after treatment, absolutely NO alcohol or sex of any kind at any time. This has real
reasons so as not to reinfect each other, but most importantly so that everything heals right. Now, someone may say look the discharge and pain is gone and it's not going to hurt well, that's not true. The tubes are irritated by alcohol and sex and that means they may get stuck together scarred, with disastrous effects. There was a time when men who had gonorrhea used to carry catheter tubes in their hat and everytime they had to pee, they had to stick the tube up their penises because otherwise there was no way any liquid could get out. You can imagine having to go really badly but having a tight rubber band around your penis so you can't. That's very painful and that's one of the things that can happen!

3. How to not give or get it: either NO sex at all, or use condoms. There is no other form of birth control that provides any protection against any form of V.D. A lot of people say look I'd rather take my chances than use condoms. Well, it's true many are made of rubber and are not very sensitive to either person at all but there are a few on the market made of animal membranes (femex) that are really very sensitive and they work. Now, if it still doesn't seem appealing look sex can still feel good and be fun and anything you want it to be with condoms—just innovate and make up for the use of them. Also, it's not as if they have to be used all of the time because when you really know what's going on with your
own body and your partner's, then they're not needed. But, until then, it's the only way.

4. As far as medication goes, there are several antibiotics used which work. There's the old penicillin shot that worked and didn't hurt as much now as they did when we were kids! And, there are many pills which are given but only work when they're all taken and taken at exactly the right time. Now, if someone takes pills and symptoms go away in two days, which is normal, and he stops taking the pills, save them for next time or gives them to a friend—that person is NOT cured. The gonorrhea will come back, do more damage and it's being given away. Take all the pills at exactly the right time for as many days as told. If someone's not into telling time, someone can swallow a whole lot of pills right here and that's it so there's NO reason for anyone to walk out of here with the wrong kind of medicine.

Syphilis is another disease which like gonorrhea is only spread by contact of sexual organs or contact of someone's mouth to a syphilitic sore. None of the old toilet seat, drinking glass bit are true. Totally false.

As far as syphilis goes, fortunately, it doesn't do damage as quickly to the body. But ten to ninety days after contact, someone gets a sore at the point of contact. It looks like a pimple, is painless and goes away after a week or more.
Unfortunately, the person is giving it away and it's spreading in the body. Usually the male sees this sore. The females usually do not, so that complicates it.<br>
After several weeks, it affects the whole body. The person gets rashes, which at first rather look like the original pimples on various parts of the body. Once again, the person is giving it away.<br>
It can be detected and the person cured. First, the sores are a clue and second a blood test and it's easily cured with antibiotics.<br>
There's one problem with the blood test though and that is that it's only sensitive after someone's had syphilis in the body for at least a month. So, if you have a problem or it's suspected, have a test right away and then another in a month. It's really important because otherwise, the test may say "no" so you believe it, but it's actually too early.<br>
As far as what happens with syphilis— if it goes undetected and untreated, after years, the awful things start happening like going blind, crazy, heart and bones being destroyed. This doesn't have to happen any more with the blood test.<br>
As far as kids born from syphilis mothers—the child has it and eventually becomes blind, deaf, has gross bone deformities and dies. That need not happen either.<br>
So, to prevent it, once again only condoms work and to detect it, get any sores checked and get blood tests.
APPENDIX J

FREE CLINIC VENEREAL DISEASE POSTER
Save your body and other people's a lot of trouble

MALES
- pain
- burning on urination
- sudden onset 2-6 days after contact
- Without treatment this will go away in a few weeks BUT he still HAS THE INFECTION

It can spread to small tubes leading from the testicles................. epididymis seminal vesicle

You've seen a cut on your skin get red, swollen, full of pus? Well, the tubes do too. It hurts.

Those narrow tubes can heal with scars -- that means they're blocked -- than can mean sterility.

It can spread to the prostrate gland. The prostrate is next to the bladder and urethra, the tube running through the penis

It's a good place for bacteria to grow.

It is constantly spilling out it's secretions, so the infection can get into the bladder over and over again. RESULT... the painful infection. The prostrate is hard to reach with drugs, so it can be a lot of trouble.
FEMALES  She may not notice it
    burning on urination} on set a few days to { or
    vaginal discharge  weeks  No

It can spread to tubes} the fallopian tubes leading from
    \{ the ovaries, which produce the
    \{ eggs, to the uterus or womb.
    There it can exist for years.
    It can increase to cause.....

SEVERE ABDOMINAL PAIN which may feel like
appendicitis and may often mean
going to the hospital

And the TUBES can get BLOCKED causing sterility
OR partial blocking can prevent
a fertilized egg from getting to
the uterus, so it grows else-
where, like in the tube. The
tube will rupture -- the woman
needs a hospital quickly.
SPREAD THE WORD, NOT THE
DISEASE, PAIN AND HASSLE!!!

Both can have it in the rectum

- Both can get it by anal sex
  - Because the vagina is so close, it can spread into the female rectum

PAIN

- with bowel movements
  - or NO signs

BLOOD

OR THE WHOLE BODY

- rash
  - feeling bad
  - fever
  - pains in joints like wrist, elbows, knees

SO WHAT CAN YOU DO ABOUT IT?

When you have it you pass it on to others

- Tell anyone you have sex with at any sign of infection
- BOTH of you must be treated at the SAME time -- otherwise you will play a ping pong game with the infection.

Either

- NO SEX or
- USE condoms, prophylactics, rubbers -- they protect both people. Many people complain about loss of sensitivity. There are many kinds of rubbers made. Foureex are made of animal membrane and are lubricated and are more sensitive. No other contraceptive device prevents spread of infection.

Take ALL your medicine

- Symptoms may vanish in a few days. If you stop taking the medicine, YOU STILL HAVE THE INFECTION and you are still giving it to others.

SO DON'T

- Save them for the next time
- Give them to a friend

If you're not into time - tell the doctor and ask for something else. You must take the pills ON TIME.