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Attitudes Towards Sex and the Use of Contraceptives in Lower Socioeconomic Strata

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This unit is focusing on teenage mothers and their attitudes toward sex and the use of contraception. Although many of these students will share a common economic strata, there are exceptions. This unit is written to highlight the fact that, although, economics are similar, values are not necessarily similar.

From the teacher's point of view, it seems necessary to mention that values influence behavior of all people and that teachers working with students from this particular economic strata might well remember how our personal values and beliefs influence information taught in the classroom. One of the most common and frequent questions raised in my class was "What do you think, Mrs. Davis?" Students seemed particularly concerned with how the teacher felt about the subject being discussed. It is with this point in mind that I thought during the initial weeks of school, spending at least the first two on attitudes about sex might be a useful way to begin the school year, using a questionnaire to elicit beliefs and ideas about sex in general, and later, about the use of contraception by teenagers specifically.

Since sex is such a personal topic, yet one which is receiving so much focus in today's world, it would be difficult to have meaningful discussions about the anatomical and physical factors about sex without including attitudes. It is well to remember that our attitudes about sex begin in infancy and that by the time we are teenagers, we have had at least twelve years to formulate attitudes toward sex. Perhaps the influence of peer group and environmental factors on the sexual behavior of teenagers is underestimated. During these years when emotions play such a vital role in our lives, and with the multiplicity of other factors interrelating, group values and expectations take on ever greater influence.

Although students from this particular strata have norms and values which may or may not be shared by the teacher, many also share distinctive values and norms which may conflict with those of the teacher. How then, can these norms and values be examined? One way might be through discussions and questionnaires used by the teacher to pinpoint how widespread are views and attitudes toward sexual behavior in a particular classroom group.

One can speculate about the causes of individual differences among the same, or seemingly same, class of people. A person's make up results from physical influences before and after birth, in addition to hereditary factors. The psychological background is responsible for the special emotional needs of some individuals and accounts for their involvement and susceptibility in a particular social problem. It is of vital necessity that each

person receives a balanced amount of love and affection, as well as discipline if he or she is to relate to society with the least amount of difficulty.

The family unit, as conceived of by middle America, consists of mother, father, and offspring. This is the place where the child has received his basic training, values, aspirations, and attitudes. Thus, as we have viewed the family in the past, the question arises about the teenage mother and how she constitutes a family. Does she represent a breakdown of family values, or is she a symptom of the family's inability to transmit traditional values?

The question of what role can the school play in the issue of teenage pregnancy is being raised nationwide. While there are no easy answers which satisfy all questions, it is certainly hoped that through education not only can social behavior change, but social attitudes as well. It is in this vein that some of the issues raised by teenage pregnancy and motherhood is being addressed.

Most of the students in our classes dealing with family life issues related some similar feelings toward pregnancy and the subsequent delivery of their baby. These young women tended to show no remorse about having a baby out of wedlock at age 15 or 16, nor was there any overt concern that treatment of them by society would change in a negative manner. There seemed to be little concern on their part that other persons not sharing their moral convictions might have strong negative feelings toward their becoming pregnant while still in their early teens. Occasionally, a student has responded verbally when she has heard comments made by adults who expressed negative feelings about teenagers getting pregnant. "I don't like people to say things just because you have a baby and you're young. You're no different just because you have a baby. I'm glad I have my baby." These young women seemed sincere in their feelings of love as they talked about their babies. While on the other hand they readily assert that they would postpone having the baby until they were out of high school. The ambivalence is widespread as teenagers try to cope with the multiplicity of feelings around the birth and raising of a baby.

Amidst such attitudes, it was obvious that most of the students believed what they were saying: that in their subculture they were generally accepted without much opposition.

Many of the professional persons who have contact with some of the pregnant students feel they became pregnant as a result of careless indifference to the feelings of others. On the other hand the students related their thoughts about becoming pregnant as a result of lack of knowledge about body functions, not necessarily that they had not heard about contraception. "I just didn't think it could happen to me." Many of the students felt little concern that any real repercussions would result from becoming pregnant because their moms, too, had become pregnant while in their teens. "My mother didn't get rid of me, and I won't give my baby up."

These teen mothers related that most of their mothers were supportive once the initial shock of learning about the pregnancy had been dealt with openly. "It was really my mother who told me I was pregnant. She said, "I've been waiting for you to come to me about it and I wanted to give you some time to tell me." These young girls related their feelings with such care that it was difficult not to feel their pain in this situation.

Some of the concerns I've had about working with teenage mothers in high school has been the degree to which there is enough openness on the part of students and teachers to relate and share feelings, thoughts, and attitudes. In classes of this nature, where attitudes and feelings play a vital role, it is next to impossible to conduct such a class without sharing values and attitudes, not just students' values, but the teacher's as well. It is my conviction that students want the teacher to share her true feeling even when these differ from their own.

There seems little doubt that from some of the class discussions with students that they are indeed searching for values and ideas with which to compare their own, and to ultimately decide which ones they will internalize as their own.

As discussions about sexual attitudes and behavior go forward, there seems to be little doubt that the teachers' values and, to some degree, moral views about sexual behavior will become as much a part of the discussion as will those of the students. Here, I would think it necessary to be mindful that expressing ones' views might best be done in a manner which did not preclude discussion by students with differing viewpoints. Also, the teacher would certainly want to afford students every opportunity to share their feelings and ideas without being made to feel guilty or as though their ideas are wrong or bad if they differ from the teacher. Are not some of our mandates to communicate values, to provide students with the freedom to choose for themselves how and in what way to express these values? Providing an atmosphere in which teenage mothers can relate some of their experiences and their hopes, dreams, and aspirations, seems to be a necessary component of the classroom milieu, in addition to the technical aspects of anatomy and physiology of the human body.

The question is routinely asked, and sometimes cynically so, "Why are so many of these young girls getting pregnant?" Perhaps that is too simplistic a statement. One study reported in the New York Times, June 16, 1968 indicated that "among nearly all the unmarried under-graduate women at Oberlin College, 40 percent had engaged in sexual intercourse. ¹ Of that 40 percent 1 in 13 had become pregnant and more than 80 percent of these pregnancies had been terminated by abortion. ² In addition 56 percent of the women who had become pregnant said they had not used any birthcontrol methods." ³

This study highlights some of the lingering questions about why teenagers become pregnant even when contraceptive information and devices are available. This information indicates that teenager pregnancy is problematic for teenagers from lower socioeconomic strata, as well as teenagers from higher economic strata. It seems to indicate that something greater is at operation than the mere fact of availability of contraceptive information and devices. Why are teenagers continuing to engage in sexual behavior without the responsibility and awareness of consequences of sexual intercourse without contraception.

Again, my point is to reflect upon the fact that older teenagers are behaving in quite the same manner as are those at least four years younger, and those whose lives in no way approximate the many advantages, socially or materially, of their teenage counterparts as stated above.

It seems abundantly clear that teenage pregnancy results from reasons not readily discernible by parents and other interested and concerned adults, nor is it the result of the lack of availability of adequate birth control devices. Rather, there is a combination of factors which teenagers lack in preparation for sexual intimacy.

Monetarily speaking, condoms are the least expensive form of birth control and more easily obtained. No medical examination is required. Yet, many of the girls reported that their boyfriends did not like using them because it reduces the feeling and pleasure during intercourse. This was one of the most frequent reasons stated for the lack of use of the condoms as contraceptive. Additionally, some of the young mothers stated that putting on the condom just prior to intercourse did interrupt the spontaneous feelings during sexual intimacy.

During the discussions about the availability of other contraceptive methods, many of the girls did not feel comfortable asking for information about birth control from their parents. In most cases the girls were

referring to their mothers, "I just couldn't ask my mother about birth control. I knew she would kill me if she thought I was having sex." Some variation of the above comment was made by the majority of the teenage mothers I talked with about their pregnancy. Most of the girls did not have adequate information about the anatomy and physiology of the body. Most of the girls did not feel they could ask about contraceptive devices because to do so would be an admittance that they were sexually active. Most of the girls seemed to have some embarrassment about telling their mothers they might be pregnant. Many, in fact, said they might not have continued pregnancy to term if not for the lateness in telling anyone about being pregnant. Here again, many mixed feelings were expressed about the pregnancy and subsequent delivery of the baby. "I could never give my baby up, but if I knew then what I know now, I sure wouldn't have no baby until I was at least out of high school."

Some of the reasons so many teenagers are becoming pregnant is that many do not want to assume any responsibility for birth control. Others are simply ignorant about the whole process of reproduction, and do not associate sex with pregnancy. Some girls are seeking love, and naively believe a baby can give them the affection they seek.

While no hard and fast answers to the dilemma of teenage sex is available some of the questions and concerns raised suggests to me that without adequate information about the body, especially in the reproductive area, teenage pregnancies will continue to rise and the epidemic of unwed teenage mothers will grow to ever alarming proportions.

From the literature about sexuality of teenagers there are no conclusive answers to the problem of teenage pregnancy. Rather, that there exists the real need to inform teenagers about sex and sexuality, the need that teenagers have about receiving adequate and detailed information about birth control and their assuming some responsibility for the prevention of unwanted and unplanned for pregnancies.

The relationship between a child and his parent is crucial to the way child learns about sex. There seems to be a real communication barrier between parents and children when talking about sex, and this is borne out in the many conversations I have had with teenage mothers. "You just can't tell your mother you want to have sex."

My belief is that attitudes toward any subject is learned from home, and that parents play the vital role in imparting attitudes about sex to their children. Therefore, not only should the factual information about sex begin at home, the responsibility that accompanies engaging in a sex act should be instilled along with this factual information.

A major difficulty in learning about sex and the responsibilities that go with it is the teenagers inability to relate openly and comfortably with his parents. It seems that parents, however well educated and well meaning share a common lack of comfort when it comes to discussing sex and sexuality with their children. This difficulty manifests itself to the child in such a way as to prevent further questions from being asked or to cause the child to go elsewhere for the answers.

In the lower socioeconomic strata, many additional factors are operating. One factor of life in this setting is the degree to which a child quickly learns to act as if he/she can take care of himself/herself. I suggest that this is no less so in the area of sexual behavior. It is in this socioeconomic group that teenagers might engage in sexual activity even when they are not ready for sexual intimacy.

The students said on many occasions that they were not so concerned with what other girls or boys would say

or think upon learning about their pregnancy. "I don't really care what they say. My best friends still stick by me so that's all that matters."

During our discussions, questions about why sex was engaged in at such an early age produced some of the following comments: "I had heard so much about it before I tried it." "My sister said it made you feel good." "My boyfriend said if I loved him I would show it." "My boyfriend said if I didn't he would get another girlfriend." "Some of my girlfriends had sex with their boyfriends." "Problems at home with your parents." "When you really care about someone and want to show it." These discussions led to others and the question of abstaining from sex until one is out of high school. "Oh, nobody is going to wait that long in today's world." Many of the teenagers with whom I've spoken were surprised that they became pregnant even though there had been no conscious efforts to prevent such a pregnancy.

Another point of interest was the response to marriage by the teen population of which I speak. Marriage has a low priority, and the fact of childbirth does not increase that status. In fact, some of the teenage persons say, "You don't have to get married just because you have a baby." "If it doesn't work, then you have to pay a lot of money to get out of it (marriage)." Some of the students have described the push to get married as a big mistake because, "I'm not ready to get married." Most have said that sometimes, "getting married before you were sure it could work only leads to divorce." "My mother raised me without a husband, even though it was hard." I think some of the teen mothers feel that they have never had a father to rely on and have concluded that men in general cannot be relied upon just because they now have a child. As soon as I wrote that statement, I remembered other comments recently said in class. "He was so good to me when I was pregnant, he would take me places, buy me anything I wanted to eat, and just be there, but now that the baby is born, he has changed. Now he is going to meet the boys, play a game of ball, or just do something he wants to do." "Sometimes when I open the door for him he almost doesn't see me because he is looking for the baby." "He cares more for the baby than he does me." This last comment was especially interesting, because it is usually made by the new father of a baby saying, the new mother has no time for him and that he feels left out.

These comments suggests to me that many of the young girls who have been sexually active are seeking a love and affection beyond that which sexual intimacy has given them; it appears that they were expecting a long term relationship which did not materialize. In the majority of these situations there have been few, if any continuing relationships since the birth of the baby.

It would seem that people's attitudes are reflections of the particular vantage point at a given time.

The comment most often raised by the educators in the school where I work was, "What can be done to prevent the pregnancy?" This comment suggests to me that people are concerned about the problem of teenage pregnancy, but are frustrated by looking for simplistic answers to a very complex situation; a situation which eludes defining the problem with pat answers.

The statistics about teenage pregnancy are alarming to say the least. Despite the fact that different types of contraceptives are available, the statistics show that teenagers are not using them during sexual intercourse. Again the question, "Why not?" From the many teenage mothers I've spoken with about their pregnancy many of them were surprised when they learned about their pregnancy. Most of them felt "it couldn't happen to me."

Planned Parenthood reports that 30 percent of sexually active teenager girls become pregnant. ⁴ The teenage mother is destined to become a high school dropout; in fact, eight out of ten pregnant teenagers under age

seventeen do not finish school. ⁵ Two thirds of all teenage pregnancies are unintended. A teenage pregnancy hurts everyone; the babies whose life chances are smaller; the mother who must cope with all the problems of parenthood when she is still often a child herself. ⁶ Research further indicates that pregnancy for a teenager can be so depressing that seven times as many pregnant school-age mothers commit suicide as do girls who have never been pregnant. ⁷ The grandparents, who often are unwilling, must share the raising of an unwanted or unplanned for child. ⁹ Studies show that the majority of teenage mothers are supported by welfare. ¹⁰

The above mentioned factors which are only some of the results of the every increasing numbers of teenage pregnancies lead me to conclude that the role of ignorance of sound knowledge of sexual functioning and reproduction and adequate birth control information is a major contributing force to unplanned for pregnancies of teenagers. The sexual attitudes and feelings learned in early childhood have a way of persisting even in people who have reevaluated or rejected their parents' attitudes and values in politics, religion, or other matters. ¹¹ The lack of knowledge, coupled with the apparent lack of responsibility, on the part of some teenagers for their actions is another factor in teenage pregnancy. To point out the problems in early sexual education of children in this culture is not, however, the same as suggesting a solution. The sexual instruction or non-instruction of children in families is part of a complex cultural pattern that includes family structure as well as adult sexuality. ¹²

Lastly parents and educators alike, who are reluctant to inform teenagers about the facts of life regarding sex and all its ramifications play a silent role in the increasing numbers of teenage pregnancy.

Activity I

The objective of this activity is to promote open discussion about feelings and beliefs concerning sex and sexuality. This information will provide the teacher with an opportunity to help clarify myth from fact, as well as to explore different ideas about what factors are involved in sexual intimacy; some of the responsibilities teenagers have to assume if they are sexually active. During the first two weeks of class, this activity could be especially helpful in providing an atmosphere in which discussions about sexual attitudes can go forth with a maximum of openness and participation by students.

1. At what age is it a good idea to have sex for the first time?
2. When should children be told about sex?
3. Should sex be engaged in before completing high school?
4. Should the first sexual experience occur only in marriage?
5. Should there be any special conditions met before you have sex with a boy?
6. Would you tell your parent(s) about your first sexual experience? How do you think they would react if you did?
7. Does having sexual intercourse keep your partner interested in you? Why or why not?
8. Why don't some teenagers use birth control?
9. When having intercourse, who should be responsible for the birth control?
10. Who would you go to for information about birth control?
11. Except for foam and condom, all other birth control methods require a medical examination. Why don't teenagers use some method to prevent pregnancy since it is so readily available?
12. What other ways show that you love and care about someone (other than sexual

intercourse)?

Activity II-Rating Scale

One of the uses of this scale could be an instrument to evaluate just how strongly the students feel about sexuality and the use of contraception. The teacher might find it useful in obtaining information which could lend credence to the amount of time needed to spend on a particular topic such as birth control and the reproductive system.

The results of the rating scale can serve as an indication of diversity or homogeneity of feelings and attitudes toward sex and sexual behavior in a particular socio-economic group.

It could further serve as a tool which highlights some of the attitudes teenage girls, who share a common socioeconomic background, have toward assuming any responsibility for birth control when they are sexually active.

Below is a list of 10 questions to be rated on a scale of 1 to 5 about how you feel toward sex. Circle the number that best describes your feelings.

1. It is important to be in love before having sexual intercourse.
 1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
2. Marriage is important if a baby is the result of sexual intercourse.
 1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
3. It is the girl's responsibility to make sure she does not get pregnant.
 1. strongly agree

2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
4. In order to raise children properly, it is important for both parents to live together and share equally in the care of the child.
1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
5. June is pregnant but wants to have an abortion; her boyfriend wants her to keep the baby. June feels the decision is hers alone to make. How do you feel about June's opinion?
1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
6. The pill is the most effective form of birth control. All teenagers who engage in sexual intercourse should use the pill to prevent unwanted pregnancy.
1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
7. Kathy's boyfriend is home on a weekend pass and she does not have any birth control pills. He does not want to use the condom because it reduces the sexual feelings for him. He says having intercourse without the condom won't cause her to get pregnant just this once. She should take a chance just once because he is home only for the weekend.
1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
8. Many teenagers have sexual intercourse without birth control because they are afraid their parents will find out they are sexually active.
1. strongly agree
 2. mildly agree
 3. uncertain
 4. mildly disagree
 5. strongly disagree
9. Steve and Joan have been dating for two weeks. They have begun to feel a strong sexual attraction for each other. Joan has never had sex before, but Steve says if she loves him, she should be willing to prove it in this manner. Joan should follow her instincts and wait until she is ready.
1. strongly agree

2. mildly agree
3. uncertain
4. mildly disagree
5. strongly disagree

10. Bonnie has an IUD but has recently been having heavy menstrual bleeding. Her doctor feels the IUD should be removed. Bonnie disagrees because she does not now have to remember to take the pill daily. She feels the other birth control methods are messy and interferes with spontaneous sex. Bonnie should decide which method of birth control she wants, regardless of what the doctor recommends.

1. strongly agree
2. mildly agree
3. uncertain
4. mildly disagree
5. strongly disagree

Activity III Situation Type Case Study

The case studies can be used at the beginning of the second marking period. The teacher could assess the students' understanding about various birth control methods and the responsible use of them, such as which one require medical examinations, what warning signals to be aware of, and which ones should be reported.

Use of the case studies are designed to provoke discussions which will allow the teacher, some six weeks later, to see if there have been any changes in thoughts and feelings about the use of birth control, and the responsible use of them by teenagers who are sexually active.

It would also reflect how well the students are learning and retaining the presentation of factual information about contraceptives, and if this information is influential in changing the student attitudes regarding sex.

The teacher could use these responses to the case studies as a further indication of which area to concentrate more emphasis in class.

Listed below are several personal dilemmas faced by high school teenagers. Which of the four types of birth control methods would you recommend to each person and why?

1. Jean is 15 years old and has just begun to feel serious about a boy. She has never had sexual intercourse but is feeling some pressure to do so because all of her girlfriends say they have already "gone all the way" and nothing has happened to them. She would not ask her mom's advice because they have a strained relationship at best. What would you advise her to do if she chooses to have intercourse for the first time?
2. Sarah, 16, has had intercourse on two occasions now, but is worried that her luck is going to run out and that she might get pregnant. She has wanted to ask her boyfriend to use the condom but he says intercourse will feel less good. She finds it hard to disagree with her boyfriend who wants her to get the pill if she is so worried. Sarah's mother and aunt have a history of high blood pressure. What should she do? Is the responsibility for birth control left up to her alone?
3. Pam has already had heavy bleeding with her menstrual periods. She is thinking of getting some form of birth control but is undecided which method she prefers. In selecting the best possible method for her, what factors should be her greatest consideration? Her boyfriend has already said he does not want her to use anything that makes them start and stop when they are in the mood for intercourse. What do you recommend to Pam? To her boyfriend?
4. Marion is 17 and is a fairly good student in school. She has always been conscientious about her responsibilities. Of late, she has become involved with a new boyfriend and feels as though she must have sex with him in order to keep him interested in her. She has a good relationship with her mother, but is embarrassed to ask her about birth control. She has heard that the pill has side effects and she is definite that she does not want this method of birth control. Are there other ways that Marion might keep this new boyfriend interested? Should she tell her mom about her interest in birth control? Is the pill a good choice of contraception for her? What factors should influence her decision?

Activity IV

Another classroom lesson could be the use of a visiting lecturer from one of the local family planning clinics, with specific emphasis on the different methods of birth control. Students would have a first hand opportunity to see and examine the four most prevalent methods of contraception. There could additionally be follow up classes by the teacher alone, or in conjunction with the lecturer to explore in depth the many and varied reasons why any one method might be more suitable and safe for a particular person. For instance, some doctors prefer not to use the IUD method for teenagers if they've never been pregnant.

The guest lecturer from a family planning clinic might be willing to co-teach the initial classes on the most widely used contraceptive methods such as the pill, the IUD, the diaphragm, and foam and condom. These various methods could be discussed emphasizing their advantages, and disadvantages, the success and failure rate, and some of the medical implications of their use.

Here, visual aids, such as a model of the reproductive organs, could be quite helpful in demonstrating the use of several of the birth control devices.

Following the lectures and discussions, students can be given a list of questions to answer about the factual information on the four leading contraceptive methods, the pill, the diaphragm, the IUD, and foam and condoms. The results would be a good indicator of the extent to which the material is being understood and retained.

Notes

1. LeShan, Eda J., *Sex And Your Teenager* ; David McKay Company, Inc., New York 1969, Page 169
2. Ibid, Page 169
3. Ibid, Page 170
4. Burgess-Kohn, Jane, *Straight Talk About Love and Sex For Teenagers* , Beacon Press, Boston 1979, Page 62
5. Ibid, Page 62
6. Ibid, Page 62
7. Ibid, Page 62
8. Ibid, Page 63
9. Ibid, Page 64
10. Ibid, Page 64
11. Skolnick, Arlene, *The Intimate Environment* , Little, Brown and Company, Boston, 1973, Page 183
12. Ibid, Page 185

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