

Rediet Siyoum

WGS 340: Sexuality Studies Final

How Lafayette's health services have improved with changing societal views about female  
sexuality.

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There has been a long tradition of single- sex, male only, education among Eastern elite universities and colleges extending from when they were founded, around the 17th century, until the late 1900s. Institutions of higher education and the facilities they provided were tailored towards the needs of men because they were founded on the presumption that only men were worth educating. At the end of the 19th century there is a shift in higher education when women demand to also be educated and private colleges for women are founded and exist alongside these male- only institutions. In the 1960s there is another shift, as the social climate of America changes, and with it attitudes about co-education in institutions of higher education. In this era, women began to challenge the previous norms of gender roles in which they maintained the household and men were the breadwinners. Social changes of this time both reflected and helped create these changes. The wider availability of birth control gave women autonomy over their own reproduction, an increase in feminist attitudes arose from the publication of The Feminine Mystique in 1963, and an influx in women entering the workforce redefined traditional sex roles. Consistent with the increasingly liberal views of this time, the target high school students for elite institutions were beginning to prove that they were not interested in single-sex higher education (Khan). Prior to its decision to accept women in the late 1960s, Lafayette conducted extensive surveys and research regarding the potential possible advantages and disadvantages to the institution. One of the main arguments against co-education, that was eventually disproved was the desire to have Lafayette be one of the last remaining male only prestigious institutions as to be one of the only options for elite high schoolers looking for single sex education. Lafayette concluded that accepting female students would be a lesser risk due to the increasingly liberal

social views of gender making male only institutions less popular, therefore possibly leaving Lafayette with no niche in the future. In addition to Lafayette, other previously conservative, private, elite, male universities of this time also began to evaluate the advantages and disadvantages of accepting a more diverse student body, in terms of race, religion, socioeconomic status, and gender, to reflect the increasing diversification of social attitudes.

Lafayette College opened its campus to women in September of 1970 when 146 women, 123 freshmen and 23 transfers, were welcomed into the student body. Around this time other prestigious institutions were also accepting their first female students. Historical rivals, Lehigh University in Bethlehem, PA, admitted 169 women during the 1971-1972 academic year and 362 women the next year (Lehigh University). Princeton University in Princeton, NJ took steps towards co-education as early as 1887 with the establishment of a partner, women's college, but didn't actually accept its first, own, female class until September of 1969 (Thomson- DeVeaux). Yale University, in New Haven, CT, also took early strides in 1892 when they started accepting women to their graduate programs but the first undergraduate class of 588 women wasn't admitted until 1968 (Heinzelman). In oral histories of Yale's first female alumni, most women tell the stories about discrimination from older students and professors who were used to a single sex institution. A student from Yale's class of 1975 remembers her introductory economics professor saying the first day of class that he couldn't imagine the women had anything to contribute in the classroom so he wouldn't be calling on them and another from the class of 1971 recalls a professor asking if he should write about her "long blonde hair or beautiful legs" when she asked him for a medical school recommendation (Heinzelman). Some difficulties that students faced ran

deeper than simply off putting comments. Women from the class of 1971 who did work in the cardiology lab at Yale remember being forced to wear a man's lead apron because the lab wouldn't buy women's versions, believing there was no need for them, and some currently suffer from back problems as a result of the weight of the apron (Heinzelman). As more and more women were accepted to institutions, there are less and less accounts of these types of horror stories and more women remember their institutions as welcoming, nurturing places committed to making coeducation a success.

Although gradual, the implementation of co-education in higher education is proof of the influence of societal pressures and environmental views on an institution. It is impossible for an institution to exist independent of this external influence, and this extends to Lafayette College. Lafayette's admittance of women is reflective of the shift towards progressive views in the time but its early policies in regards to the women on campus and coeducation as a whole represent the still conservative and patriarchal views that remained. The decade of the 1960s was an extraordinarily complicated period of extreme social change in such a short time. By the end of the 1960s attitudes towards women had started to extend beyond a strict binary, but the beginning of the decade was characterized by heavily conservative views. In institutions of higher education at the beginning of the 1960s, there were strict regulations about everything from living spaces to when a student could actually leave campus. Student dorms were monitored to only allow women, or any students of the opposite sex of its inhabitants, on specific days of the week and at specific times (Khan). By the end of the 1960s, these same institutions had progressed to the point where they had already accepted women or were considering the integration of their campuses. In the Spring of 2002,

Lafayette College began an oral history project, in part, to document the experiences of Lafayette's first women alumni. Through their oral histories, we can see the binary, patriarchal attitudes of the early 1960s reflected in the college's early actions and policies regarding women. For example, in the housing accommodations of the first class of women. New Dorm, now Ruef Hall, and Watson Hall were the first dorms for women available on Lafayette's campus. In New Dorm the first freshman class of women noticed that the rooming assignments were odd in the sense that "all the girls were in rooms with basically roommates the same size. So there would be two tall girls and two short girls and two rounder girls... also the black girls [had] roommates who were black. And, so it seemed as though we had been put in with like similar girls" (Lucy). The girls later discovered that the administrative staff responsible for selecting freshmen rooming assignments had believed that girls liked to swap clothing, so for their convenience they had placed similar sized girls together (Lucy). In Watson Hall, Lafayette commissioned bathtubs and kitchens for the women based on the knowledge that "women like to take baths" and because stereotypically women enjoy cooking (Lucy). Most accounts from the first classes of women recall similar stories and come to the same consensus. It was visible that their institution's administration had put effort into integrating women but in a "paternalistic framework" that mimicked the societal understanding that women needed to be protected and coddled therefore men did not. The policies of the institutions that anticipated the needs of the new female students did not account for actual needs, not based in stereotypes about women.

Co-education itself was a sign that widespread views regarding gender were shifting from the strict binary. Once women were admitted into colleges and universities, however,

further changes had to be made to accommodate for the needs of women within facilities designed to serve men. In October of 1970, a survey of the health programs and facilities at Lafayette College was requested partially due to “the enrollment of females in the student body” (American College Health Association). The new need to treat female patients called for review of current health programs and recommendations in regard to specific changes demanded by a coeducational student body. This is reflective of the many oral histories that recall that, on the surface, the Lafayette administration appeared to implement change to accommodate for a coeducational student body but upon closer review, the changes in policies didn’t reflect the new needs of its student body. Although the demand for a review of the college’s health programs is reflective of the changing societal views attempting to give women equality, the actual changes that were recommended were still consistent with previous patriarchal views of women. For example, the survey recommends use of the isolation rooms in the health center solely by female patients because of the location of bathrooms and other facilities women may need quick, solitary access to (American College Health Association). In an attempt to offer more comprehensive health services, the review recommends consideration of an x-ray technician or radiologist, a physical therapist, trainers, and psychiatrists, but there is no mention of a need for a gynecologist (American College Health Association). The accommodations Lafayette made for the new female students, like bathtubs in dorms or close proximity to a bathroom, reflect the patriarchal expectations for fragility or delicacy rather than the very real medical needs of the women. At the time the policies that Lafayette did or did not implement could have possibly been waived off as simple, historical ignorance because the college had not been coeducational before 1970,

therefore might not have anticipated the medical needs of women but the negligent attitudes reflected in policies have changed only very slightly since then.

Especially in the first years of coeducation, the health services offered by Lafayette were not accommodating to the needs of the women now on campus. There was a mentality that only basic health services were needed, and according to the oral histories and college records, that was all Lafayette provided. A proposal in the early 1970s stated that the new health center needed only to address non-demanding, medical issues because colleges, including Lafayette are treating a relatively “healthy age group” on campus. Later in the same proposal there is a request for the college to consider adding more basic health providers to the health center staff, but among those listed there is still no mention of a gynecologist or female health focused staff member (American College Health Association). In February of 1972, a female student writes to the dean at the time, Dean Kissiah, about an incident which occurred requiring her to seek a gynecologist. She says she was both “shocked and confused” to discover Lafayette didn’t offer one at the health center or recommend one for her in the surrounding Easton area (Student Letter). She received the medical attention she needed at the Planned Parenthood in Easton but makes the very valid point that Lafayette cannot exist as a coed institution if it is not “prepared and willing to accommodate the demands required by a female presence” (Student Letter). She outlines the extensive health service that is provided for male athletes, such as physical therapists and trainers, in addition to the provisions already offered in the health center, in contrast with the minimal care offered for the average female student (Student Letter). In countless oral histories from female alumni, the incompetence of the doctors on the Lafayette staff in the first years of coeducation is a common theme. One

alumni tells a story of a friend who had severe menstrual cramps and went to the health center to be turned away after the doctor on staff simply gave her an aspirin (Lucy). Most women said they received routine medical care and birth control from the local Planned Parenthood which held office hours in Easton Hospital. In the decades of coeducation, the health center at Lafayette was equipped to deal with “sore throats and ear infections” (Adams- Kaufman) More often than not female medical services were seen as a luxury rather than a necessity and the female students say they knew not to take their reproductive health to the campus physician. In her letter to Dean Kissiah, the female student also points out that because male health is the baseline for the medical services Lafayette offers, the male students can receive treatment for most any ailment at little to no cost at the campus health center. Because Lafayette didn’t offer these same options for women, female students were forced to seek external care, often at additional cost, for female specific services (Student Letter). She outlined options that the college could take to accommodate for its growing female student body, including a part time gynecologist that comes to the campus every few days or holds “office hours” for Lafayette students at their practice, or a gynecologist from the Easton/ Lehigh Valley area that the school could partner with to send female students to rather than them seeking out options for themselves (Student Letter). The simplest suggestion was an in-residence gynecologist added to the health center staff on campus. Dean Kissiah responded to this student shortly after with a letter that seemingly understood and was planning on addressing her concerns. He explained that a committee had been established to study and make recommendations regarding health services for women and he was “hopeful” that steps would be taken by the following fall, Fall 1972, for Lafayette to have a relationship



with a local gynecologist (Kissiah). The Health Advisory Committee which he mentioned made invalid recommendations based more on patriarchal stereotypes regarding women, such as the previously mentioned recommended use of health center isolation rooms solely by women, rather than factual, medical knowledge about the services required for female health.

In 1990 Dean Kissiah, received another letter, this time from Alan W. Johnson, M.D. comparing the college's health services to those of other institutions similar to Lafayette, like Lehigh, Bucknell University in Lewisburg, PA, and Colgate College in Madison County, NY and making recommendations for the future of Lafayette health services. Compared to these other schools, Lafayette students visited the health center more times per year with an average of six visits per student annually whereas Lehigh and Bucknell students both averaged about four visits and Colgate students were the closest to Lafayette with five and a half annual visits per student (Johnson). The nursing staff at all four schools were fairly consistent but all other personnel varied with Lafayette always at a deficit, even without the additional student visits it handles annually (Johnson). Lehigh at this time employed three full time physicians, Bucknell had one full time and two part time physicians and a part time nurse practitioner whose sole responsibility was gynecology, and Colgate had one full time physician and two full time physician's assistants, one of whom was solely responsible for gynecology (Johnson). Per full time physician, physician's assistant, and nurse practitioner, Bucknell and Colgate's student bodies both averaged 4,800 annual visits per professional and Lehigh students averaged 6,000 visits per professional and Lafayette was at another deficit with an average of 12,000 annual student visits per professional (Johnson). Dr. Johnson concludes his letter by mimicking the requests that had still not been addressed of the female student

who wrote to the dean eighteen years prior. There was still an extraordinary need at Lafayette for either a part time physician, or a full time physician's assistant or nurse practitioner to perform gynecological duties along with other general medical responsibilities (Johnson). Although Dean Kissiah had ensured students nearly two decades ago this would be implemented, the school was proving that female health was not a priority. The longer it took for Lafayette to implement these basic health services, the more they were failing their female population.

As most female alumni point out, on the surface Lafayette appeared to be addressing the issues presented by their students but in reality the women requesting more services be available didn't feel as though it was being implemented fast enough. One of these superficial efforts, that has actually shown slight progress, are the reviews Lafayette conducts of its health center and services offered. Each review has had information on the gynecological and reproductive services offered at the health center that clearly become more comprehensive over time, parallel to the evolving views of female sexuality that characterized American society from the 1970s onward. The 1970s have, to this day, a reputation of being all about sex, drugs, and rock and roll. The women's liberation movement from the 1960s gained more momentum and women asserted their equality to men in many aspects of life. Additionally, in the 1960s, the invention of birth control further shifted societal views. Within five years of its invention, six million American women were taking the pill, allowing them, and their partners, to enter the next decade, the 1970s, with radically different experiences and mindsets surrounding sex (Kohn). This newfound social and sexual liberation greatly loosened existing norms of sexuality, especially those about female

sexuality. For example, in 1960, about half of unmarried 19 year olds had not yet had sex but after the era of sexual liberation, two thirds of women in the 1980s reported losing their virginity by age 18 (Kohn). Lafayette's first review of its health center was conducted in the 1970s. At this time, students desiring information regarding birth control were instructed to first receive counseling from the Health Center physician and informed about Planned Parenthood clinics available in the community because the campus health center didn't yet offer birth control. For students requiring special gynecological services, the college physician would recommend a specialist in the community but there was no available treatment options on campus. In the 1980s and 1990s, the medical staff on campus was finally able to prescribe and distribute birth control pills in addition to counseling students in regards to contraceptives. At this time reproductive health services, aside from contraceptives, were still not offered at the health center and students were still being directed to Planned Parenthood, private clinics, and outpatient clinics associated with Easton Hospital. In the 1990s, a brochure about safe sex habits for women was distributed on campus through the American College Health Association due to the increasing number of American women contracting HIV/AIDS. The overarching trend in the late 1900s of health services offered at Lafayette's health center were consistent with the changing societal views; American attitudes and values regarding sexuality would shift, and within the next decade, the shifts would be implemented in Lafayette's health center and reflected in the increasing variety of services aimed at women's health. By the late 1990s and into the 2000s the health center began to offer pelvic exams with pap smears, treatment of sexually transmitted diseases, and on-site pregnancy tests. By the spring of 2014 the health center had greatly increased the

number of services they offered for women. A flyer titled "Women's Health Services" distributed on campus that year advertises a wide spectrum of gynecological services including an M.D available twice a week for three hours at a time, free physical exams, pap smears for \$35, chlamydia and gonorrhea tests for \$30, HIV tests for \$11, prescription birth control with a doctor's appointment, emergency contraception for \$30 with a required pregnancy test, \$5 pregnancy testing, and medical evaluations for menstrual irregularity with an appointment (*Women's Health Services*). The flyer also states that all post- sexual assault medical exams are free (*Women's Health Services*). As they have been since the before co-education condoms are offered at the health center, and now for free in Farinon student center as well (*Women's Health Services*). At the bottom is the phone numbers and addresses of Planned Parenthood of Northeast PA, Allentown Women's Center and the Easton Area Obstetrics and Gynecological Association for students seeking services not offered on campus (*Women's Health Services*). Even though the campus was making great advances in the health services for women, it is hard to applaud the gradual progress especially in comparison with services easily accessible to the men on campus.

The gynecological services offered at Lafayette today, according to its website, have improved only slightly since the services offered in the late 1990s and early 2000s. Gynecology appointments are still only offered within specific time frames, from 10 AM to 3 PM on one day the week (Gynecological Services). The appointments are very thorough, according to the website, with each service including a routine yearly examination with pap smear, screening and treatment of STDs, birth control counseling, prescription of the "morning after" pill and confidential treatment of any other concern (Gynecological

Services). Regarding sexual assault, the website links out to external resources and gives a campus security number to report to if a student wants to. The rest of the website shows progress in the information given to students but little progress in actual services and accommodations made regarding female health. The physical examinations are still free but birth control, the “morning after” pill, and pregnancy tests are not (Gynecological Services). Sexually active women are all encouraged by the health center to be tested for chlamydia and gonorrhea but no other information on why or how is provided on the website.

Lafayette’s slow progression in accommodating for its female students after coeducation was not rare for an institution of its time. Lafayette is only at great fault if we evaluate its old policies and implementation through the norms expected of institutions today rather than through a historical lens. At the same time, we cannot excuse the lack of action on Lafayette’s part as a product of its time because challenge is what leads to growth, progress, and evolution of attitudes.

Countless times throughout history, change has occurred via non-official groups demanding for and providing services that their institutions have neglected to provide. Even in Lafayette’s short history of coeducation, we can see time and time again female students who feel unheard by the administrator taking matters into their own hands to force the school to accommodate for their needs, through their own efforts, rather than waiting for official policies to be implemented. For example, in the late 1990s, after decades of little concern for women’s health needs, the female students on campus who felt neglected organized their own resources. SERCH, Student Educators on Reproductive and Contraceptive Health, was a group of students, focused on administering programs for groups or individuals who want to

educate themselves on issues of reproductive and contraceptive health. This group was active on campus until the administration put forth official school policies and programs regarding reproductive health. It was actually used by the school in place of official policies and students were directed to SERCH resources in pamphlets, flyers and other forms of information distribution from the campus health center. We see this happen again fairly recently in Lafayette's history with the foundation of PASA, Pards Against Sexual Assault. PASA was founded in 2017 to facilitate workshops and campus-wide events to promote awareness of sexual assault, especially on college campuses, and take actions to actively stop the culture surrounding and encouraging it. This group receives some help and collaboration from administration and school officials but often it's workshops or events are planned alone or alongside other student groups.

The organization of people in any institution has always functioned to benefit the institution itself. When places of higher education were male- only places, they were reflecting the society at the time that believed in the superiority of men therefore only placed value in male education. When the once- radical belief that women and men could be intellectually equals started gaining momentum with the gaining popularity of feminist movements, maintaining male- only institutions no longer had a societal advantage. They were increasingly seen as more and more outdated. The "elite" high schoolers these institutions would target no longer seemed interested in single sex education so the institutions had to progress to co-education to accommodate and ensure their continued existence. Colleges and universities that pursued co-education were reflecting the shifting views of their times, but also further progressing them. As prestigious and respected

institutions such as Ivy League schools, Lafayette, Colgate, Bucknell and Lehigh started accepting women into their student body further, they encouraged others to do the same. Although women were entering the workforce and taking control of their own sexuality, gender equality was still not fully accepted as the norm. Institutions that set the precedent for co-education, especially successful co-education, proved the validity of the growing equality between men and women. This progression towards liberal mindsets about sex and gender was a gradual one for much time. The cycles of progress followed by backlash and regression are reflected in the gradual integration of male only institutions. Once women were actually accepted onto the campus, the mindsets and policies that previously only had to consider men didn't improve to accommodate women immediately. Female students still faced incredible amounts of discrimination, blatantly from peers or professors and underlying through the policies, or lack thereof, implemented by their institutions. Lafayette is no exception and has struggled in accommodating for its female students in its health services. In 2017 is when Lafayette finally established a collaborative partnership with St. Luke's, a neighboring health network. Although this allows the health center to expand its hours of operation and students to benefit from referral systems to many of the top specialists in the Easton area, its implementation nearly 50 years after co-education is proof of the gradual policy changes. Once basic health initiatives for women, such as gynecological services a few hours a week and some contraceptive options, were offered at the student health center, further policies were deemed unnecessary. In the 1960s, 1970s, and 1980s, the huge shift in societal opinions towards women seemed to mark the start of immense change. Women in colleges and professional settings were being seen as the norm. Unfortunately, the societal

shifts that occurred welcomed women but did the bare minimum in accommodating for their actual needs. The Lafayette health center is slowly making slight progress but very gradually as students demand them themselves.

As societal views towards women and gender equality as a whole continue to become less and less restrictive, there is hope that further change will be implemented through student groups and college policies to eventually, fully accommodate for the health needs of Lafayette's female students.



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