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SEXUALITY EDUCATION IN BRAZIL

Marta Suplicy

Coordinator, Grupo De Trabalho E Pesquisa Em Orientacao Sexual (GTPOS)
The Work and Research Group for Sex Education, Sao Paulo, Brazil

Translation by Sebastian Haywood Ward

In order to understand the difficulties in establishing comprehensive sexuality education programs in Sao Paolo, Brazil, it is first important to understand the cultural construction of sexuality in the tropics. In 1660, the Dutch writer Gaspar von Barlaeus summed up his impressions of sexuality in Brazil when he wrote, "There's no such thing as sin south of the border." Even today, the sexuality of Brazilian men and women is often greeted by outsiders with a mixture of incredulity and wonder. Commonly used as evidence of Brazilian sexual culture is the licentious behavior surrounding Carnival, the voluptuous women, and the small bikinis that dot the beaches of Ipanema and Copacabana. However, there is also an underside that visitors witness and remark on as well — violence, child prostitution, negligence concerning women's health, the spread of HIV infection to epidemic proportions, and illegal abortions.

But what is Brazil really like? Where does the perception of a sexually lurid, steamy country come from? How do contemporary Brazilians attempt to sort out myth from sexual reality? This article will attempt to answer these questions and provide an in-depth view of the struggles surrounding the establishment of sexuality education in the tropics.

Background: Culture and Conflict

Brazil is a country with 150 million inhabitants. The annual per capita income for 1992 was estimated by the Brazilian Institute of Geography and Statistics at 2,753 American dollars. Thirty-two million Brazilians live in poverty, and, according to figures supplied by the World Bank, the wealthiest 10% of Brazilians own 51.3% of the nation's wealth.

Since it gained independence from Portugal at the turn of the 19th Century, Brazil has put great emphasis on its search for a national identity. Central to this search is sexual interaction, resulting in a racial mix of Portuguese, Native and Negro. The eroticism, ancestry, and fusion of the three races permeate the entire history of Brazil and SPREAD uneasily into its social, economic, and political systems. Additionally, it has been asserted that the construction of sexuality in Brazil is firmly planted in gender identity. According to the anthropologist

Richard Parker, the concepts of male/female and masculinity/femininity provide the platform upon which the intricate world of sexual references grew up in Brazil.¹ The researcher Rose Marie Muraro declared that sexual domination is the basis for class domination in Brazil. In her theory, the body is the essential energy source for the construction of class, race, and gender.² The three races compete in everyday life and make their mark on the evolution of a complicated culture of sexuality which transcends class and race.

Conversely, the well-known Brazilian historian Gilverto Freire arrived at a positive analogy of Brazil's mixed culture, when he wrote of a fruit cocktail of distinct cultural traditions. In fact, he chose to understand racial fusion as a unifying, rather than conflicting, phenomenon of Brazilian life. He asserted that such a racial fusion was the driving force behind the creativity of Brazil and named it the "New Tropical World."

The Influence of Carnival

The practice of Carnival is a long-standing Brazilian tradition. Carnival is viewed as a liberating feast for repressed sexuality. Men dress as women; women remove their clothing; and couples indulge in public sexual activities. Anything goes, and sin is an unknown word during the days of Carnival. Class and race barriers break down as whites, blacks, and mulattos, rich and poor alike, dance and parade together in the Avenida de Sapucai in Rio de Janeiro. Even those who live beyond the city bounds or do not go to the great centers of Carnival (Rio, Salvador or Recife), watch on T.V. the samba-school parades, the dances, the wanton pranks, and the block parties, in which multitudes of people crowd the streets. The T.V. networks — to the vexation of the Brazilian Puritan elements — insist on broadcasting naked buttocks, breasts and bodies, groping hands in a genuine feast of the flesh which pervades the Carnival world. Indeed, it would be difficult to be a Brazilian and not be influenced by the sights, sounds, and ideology of Carnival. While in actuality these practices are limited to the days of the festival, Carnival attitudes and impact may be felt throughout the year in all the social strata of Brazil.

In other cities throughout the world where Carnival is celebrated, revelry takes the form of masks, allegorical floats, jests, and laughter. In Brazil this is also true; however, the Brazilian Carnival also launches a sexual explosion without prohibition which tends to define the particular character of Brazilian sexuality. That Brazil is synonymous with Carnival is an idea shared by foreigners and Brazilians alike.³ Brazilians see themselves, and are seen, as a friendly people who welcome visitors with open arms. Brazilians touch and kiss one another and freely offer spontaneous physical contact.

Transformations in the Sexuality of Brazil Today

In the past century, fresh ideas emanating from the academic world about public hygiene and social medicine no longer portray sexuality as only a sin, but now also as a malady. Academics urge the prevention of sexually transmitted diseases. Sexuality as sin had historically been advocated by the Church with its roots back to the early colonizers who at first saw Brazil as a tropical Eden. Eventually, the Europeans substituted the naked innocence of the native Brazilian people for more unsettling, anti-Christian stories about cannibalism and bizarre sexual practices in Brazil. The European notion of the Noble Savage was thus transformed into an ambiguous image of sexual perversity. The Brazilian places himself or herself somewhere between European and Native. At both ends of the spectrum, nonetheless, sexuality is critical to the cultural understanding of identity. The contemporary addition of malady to sexuality may have emerged from the decline of the Church, the rise of the machine, and the significant changes in family structure. Rural society has declined in importance with the growth of major urban centers.

Meanwhile, values embracing the dichotomy between femininity/masculinity, passivity/activity, domination/submission, and female/male have also permeated the development of the imaginary world of Brazilian sexuality. The dominating influence organizing this complex system of symbols is the patriarchal hierarchy. Sexual taboos proclaimed by the Catholic church still wield power in the north east, the provincial cities, and on some social levels. However, in Brazil, professed Catholics often do not follow the established rules with the strictness of their European and North American counterparts. Many practice family planning, believe that abortion is a choice, and engage in sexual intercourse before marriage. These days, while traditional habits, customs, and beliefs have been liberated from strict religious dogmas, the Church's discourse declaring rules about sexual behavior has become stronger as in the United States, evangelical sects are springing up anew each day. Many of these are extremely rigid and have an obedient and faithful following.

The gay and lesbian movement has begun to organize more openly in Brazil. However, despite some gay and

lesbian publications and a small, articulate faction, the gay and lesbian communities in Brazil lack the strength of those found in the U.S. *The Folha de Sao Paulo*, a local newspaper in Brazil published results from a survey conducted on April 14, 1993 concerning public opinion of gay and lesbian people. Fifty-four percent of Brazilian voters reported that they would decline to vote for President of the Republic if they discovered that he were homosexual. Forty percent said this would not change their vote. When asked whether they agreed that homosexuals should be treated just like everyone else, 44% of responding Brazilians said yes; 22% said yes with some reservations, 9% disagreed to some extent; and 19% were totally against the equal treatment of homosexuals. Five percent were undecided. Homophobia is a strong presence in the family structure, and it is often asserted that a gay son is a nightmare for the family. Masculine behaviors for boys are ingrained at a very young age.

The concern with hygiene in the past century has been transformed in urban centers to include public discussions of sexuality. The need to be well-informed, and to demystify and eradicate taboos and prejudices is highlighted in these debates. Women's magazines in the 1970s began to give hints about how to improve the sex lives of their readers. In the 1980s, sexologists and psychologists discussing sexuality began to enjoy ready access to an eager public, thanks to television programming. This type of program met with some resistance from traditional Catholic women. In fact, a popular television program called TV Mulher (Woman's TV) was forced off the air for a week.

The Role of the Media

The opportunity to discuss sexuality in the mass media brought the debate about Brazilian sexuality out of the bedroom and into the dining room. These discussions paved the way for countless debates on talk shows in which famous personalities and housewives gave their views about sexual behavior. Scientific discoveries and the wide-ranging opinions expressed by the public enabled sexual practices and values to be culturally redefined. In contemporary Brazil, the most prosperous sexual taboos have begun to be eroded, and the influence of the Catholic Church has waned. Traditional Catholic families have had to reconsider their attitudes. Whereas 40 years ago a families might have refused to admit unmarried couples into their home, now such an attitude is increasingly disruptive, since their own children may form unions unsanctioned by marriage and the Church.

For eight years during the 1980s, I was the presenter of a daily television show about sexual behavior. The female viewers in Brazil responded with enthusiasm to the program. I received hundreds of letters relaying misinformation⁴ about sexuality and complaining about

male chauvinism.⁵ It is difficult to forget a letter written by a young Brazilian girl from the north east who wrote to ask for a husband:

I am 17, a single mother and I know how to wash, cook, and take care of children. I look after my eight brothers and sisters, but my parents still think that and my son are a burden as we are two extra mouths to feed. Do you think you could arrange a husband for me, who could even be a widower with children?

There was a huge response from viewers who were grateful for the segment in which I explained the role of the clitoris in orgasm. There were many letters from women explaining that if they did not reach an orgasm they would lose their boyfriend or male sexual partner.

The impact of soap operas, which are aired during prime time, also strongly felt in Brazil. Portraying liberated values and sexual behaviors, soap operas, however, do not show the real consequences of sexual behavior. Many letters sent to me in the 80s expressed this gap in reality. For instance, a viewer wrote explaining that she had acted exactly as the heroine of a soap opera had but, unlike the TV character, she was banished from her home and abandoned by her boyfriend. Additionally, as in the United States, talk shows tackle sexuality issues, but the content of such shows has become increasingly sensational. Mirroring a phenomenon which has caught on in other countries, celebrities and artists grant interviews to magazines and talk show hosts in which they confess their sexual habits.

Feminism

The feminist movement in Brazil has never taken on the dimensions it assumed in the United States. In fact, it adopted characteristics unlike anywhere else in the world. The movement began with middle-class intellectuals but suffered a grave setback with the ridicule of the media. In fact, even today, the media have managed to maintain lesbian-baiting and homophobia as a way of keeping Brazilian women down. The word "feminist" still connotes an ugly woman, an unloved woman, or a lesbian. This sentiment has done much to subvert the movement and remains as a threat in the minds of Brazilian women today.

Led by the more enlightened sectors of the Catholic Church, Liberation Theology acquired a feminist consciousness. This type of organized movement induced many women to refuse the subordinate role with their partner, as they began to question patriarchal attitudes in daily life. Controversy grew up around whether the feminist movement should forge closer links with other struggling movements. Many of the feminist pioneers began to believe that political systems would need to change radically for any change to occur in the dynamic between the genders.

The traditional patriarchal structures, especially in the more conservative north east of Brazil, continue to influence contemporary Brazil. Denial of rights, prohibitions on women, and a conservative sexuality education agenda are all components of traditional groups in Brazil. In regions where women suffer the most oppression and their status depends on marriage, it is common to find clandestine female sexual behavior.

GTPOS Sexuality Education Project

Understanding the essential components of Brazilian sexual values and culture is essential to comprehending the difficulty of establishing sexuality education in the schools. Children in Brazil come from a wide-range of backgrounds from the most rigid Puritan, to traditional Catholic, to the most modern, urban families. All children are influenced by Carnival, the soap opera, homophobia, and rigid gender roles in the patriarchal frame of the culture. Nonetheless, a study conducted by the *Fohla de Sao Paulo* in ten state capitals in Brazil was published on June 27, 1993. It revealed that 86% of the 5,076 people interviewed favored the inclusion of sexuality education in the school curriculum. Despite this overwhelming support, or perhaps because of it, only 32% of parents reported that they discuss sexuality with their children. An alarming 50% of parents had never broached the subject of sex with their children.

In the 1980s, an initiative to set up sexuality education in the state school network of Sao Paulo, which consists of 600 municipal schools, emerged from the Educational Secretary for Municipality, namely the well-known educator Paulo Freire. The Work and Research Group for Sex Education (GTPOS) responsible for mounting the project was financed by the John and Catherine MacArthur Foundation. The Department of Education bore the costs of salary and supplies for the teachers. At the time, there was a favorable climate for the new activities of the project, which had already existed for some time, owing to the unhappy incidence of HIV and a growing number of teenage pregnancies. The dire situation seemed to make parents more sympathetic and able to support GTPOS's work. Nevertheless, the success of the project required a leader with the unique qualities of Paulo Freire to propose the program. The vision of Freire as someone with progressive attitudes toward sexuality was already apparent from his opening words to the GTPOS. He wrote:

I want these children to learn to experience pleasure without feeling guilty. School has to sweep away taboos and sexual prejudices because sex is one of the most important sources of pleasure known to human being.

When the project was in its infancy, we began to perceive that not all educators and administrators were as enlightened as Paulo Freire, and in fact, many school

heads began to boycott the project. The prejudice of the headmasters and teachers who feared open discussions of sexuality was apparent. It should be noted, though, that neither the number of objectors to sexuality education in the schools nor the type of resistance can be compared to the alarmingly vigorous attacks that are occurring in the United States. In Brazil, the opposition is ambiguous, disguised and rarely explicit. Even though a headmaster may be opposed to sexuality education, he will not forbid a teacher from teaching it. He will simply make it more difficult and offer no support to the teacher or the project. When a teacher manages to gain access to the project or to the project's materials, the headmaster may retort by insisting that no classroom space is available to teach sexuality at the school.

While ultra-conservative groups in the United States advocate only sexual abstinence and organize young people and parents in communities, no such similar action occurs in Brazil. Perhaps because the influence of the Church has waned, the characteristics of sexuality in Brazil are less repressed, and Brazil is a less politically organized society than the U.S., the opposition, (although insidious), somewhat tepid. The Catholic Church itself, with the largest number of followers, has not officially protested sexuality education programs, even those that advocate condom distribution in Catholic schools in Brazil. The influence of the Church is paradoxical: on one hand, it blocks the campaign for legal abortion and intervenes in the preventive campaigns against HIV and other STDs, forbidding condom use. On the other hand, in people's personal lives, notably in the middle and upper classes, the Church's influence is increasingly superficial. Many Brazilians identify as Catholic but no longer follow the Church's dictates to the letter. The Evangelical sects have a much tighter control over their followers; however, this influence is not wide-ranging.

Selection of Teachers for Sexuality Education

The ideal sexuality education teacher employs a non-authoritarian style. He or she is able to listen, is sensitive and can speak about sexual issues without embarrassment. To find teachers with this kind of personal style, we published a questionnaire in the *Diario Oficial*, a teacher's newspaper, asking eight very specific questions about qualifications and teaching style. In the analysis of the returned questionnaires, we paid special attention to the question, "Do your pupils pick you out among their teachers to talk about sex?" All the teachers who responded "Yes," to this question were chosen for the project. Our rationale for this procedure was that these teachers had the essential characteristics we considered necessary, those which would be very difficult to develop in others.

Preparation of the Teacher

The teacher who works with sexuality education is generally chosen due to his or her personality and is not necessarily possessed of great knowledge in the field of sexuality. The teachers, therefore, come from varied backgrounds and are required to prepare themselves in the theory and practical aspects of sexuality education. Once she (the great majority of these teachers are women) has been called, 16-hour workshops are offered for learning methodology. The teacher learns that the function of a sexuality educator is not to give advice, to disclose the details of his or her personal life, or to give opinions about what is right or wrong beyond the educational arena. Instead, the teacher is trained to be a catalyst for discussion, suggesting further reading and enlivening the debate with information. The goal of the classroom is to create a space where no student need fear repercussion when exposing his or her sexual fears, values, or beliefs. It may be important for the teacher to intervene when there appears to be an impasse, emphasizing the importance of contrary opinions and a variety of sexual values. The teacher may also emphasize the importance of introducing the topic of sexuality into the family, if it does not already exist as a discussion topic.

The method we have adopted is interactive participation. Students thus choose on the first day of class which themes they wish to explore. As it is clear that mere information is not sufficient to bring about a change in behavior, the majority of the themes are acted out in student role-playing. Lectures are avoided. Grades are not given for sexuality education classes, and the aptitude and progress of each child are not reported to school personnel.

Supervision

The key to the success of the program is weekly supervisions with teachers. The first supervision is held immediately after the first teacher workshop and focuses on preparation for a parents' meeting to explain the project and publicize the course to pupils. Not all the teachers are expected to start working with pupils at the same time. Some teachers feel confident right away after a few supervisions, while others wait up to three months of training before facing the classroom. At the project's onset we underestimated the school's response and the need to explain to everyone in the school what the project was all about. The first group of teachers suffered for our oversight and were the topic of malicious gossip or the brunt of uncooperative administrators who felt left out. We thus added a special meeting with the school heads and all the other educators to explain in-depth the purpose and process of the project.

The supervisions were organized by the GTPOS on a weekly basis for two years. The group consisted of ten teachers, and each supervisory session lasted two hours. Thus for each hour a teacher spent with pupils, he or she

spent two with the supervisors who at first were GTPOS educators and program designers. Supervision was divided between preparation of the themes requested by the students and personal difficulties experienced by the teacher. The supervisors take special care not to transform the supervision into a therapy session. During the development of the project, the teachers asked for a deeper theoretical study of some of the themes. GTPOS organized day-long meetings with emphasis on theory and teaching techniques every 40 days on Saturdays. The subjects of the day were chosen by the teachers themselves. Among the themes selected for a more in-depth treatment were homosexuality, HIV/AIDS, gender roles, historical taboos and prejudices, the development of sexuality in children, and the relation between learning, sexuality, and teenage pregnancies.

Parents

Because the project was so new to Brazil, an invitation letter was sent out to parents for a meeting which would explain the project. If they were not able to attend personally, parents could still give permission for their children to attend the class by signing a permission form. Few parents actually appeared for the talk, but almost all allowed their kids to take the class. Five families who were evangelistic initially refused to sign the permission slip, but after talking with a sexuality educator from the school they allowed their children to attend. A few children were afraid to bring home the invitation letter, and so the parents of those children were asked to come to the school for a personal parent-teacher conference.

Implementation of Sexuality Education

The project was carried out in two distinct stages: centralized education starting in 1989 and decentralized in 1990. At first, the Department of Education arranged the infrastructure for the teacher workshops, the day-long training, the conferences, and supervision. All of these were held in the same location, which meant travelling long distances for some teachers. At the time, 204 teachers put their names in for selection to teach the sexuality education information by responding to the questionnaire in the *Diario Oficial*. These teachers were from 92 municipal *primeiro grau*, or schools attended by students between the ages of 6 and 14, totalling 30% of the system at this level. Of these, 30% dropped out during the selection process because no remuneration was offered for attending supervision, a problem which was eventually solved; because the supervisions were difficult to get to; because some teachers felt frustrated at not being able to overcome discomfort about talking about sexuality as they had hoped; or because they had problems reframing their own moral values. The most common reason for withdrawing was not having known before hand how much dedication to the subject-matter was needed, including extra studying and reading hours.

New teachers were approached on two additional occasions, and 179 teachers from 112 schools were selected in the second group.

These teachers taught classes that lasted 50 minutes each. They complained vigorously about such a restricted time period but gradually learned to manage the demands of the situation. Since teacher-power was limited, we decided to start only with the 7th and 8th grades, since students in these grades were about to graduate to *segundo grau* (schools attended by pupils between the ages of 14 and 18). This may not have been the best plan, since students at this age are concerned with applying to the next level of school and getting in, as well as getting a job. In short, students at this level tended to skip classes fairly regularly. Gradually, the project was extended to classes in the 4th-6th grades. In 1992, we began working with the third through grade kindergarten, using another system tailored to deliver age-appropriate lessons in sexuality.

Successes

A third of the state schools and 179 teachers participated during the and centralized stage of the program. Not a single teacher was found unfit for the duty, and no scandal in the press occurred, although teachers had been assiduously interviewed by reporters hoping to find a sensational story about pregnancy or promiscuity. The parents requested that the project be extended to other classes so that their other children could also take part. Teachers of nursery school and day-care centers asked for similar age-appropriate instruction. The Department of Education played an important part by paying teachers an adequate salary and by acquiring a basic stock of specific literature of 17 titles for all the schools with a reading room. Additionally, the Department of Education sent teaching materials about the male and female reproductive system to each municipal school.

The first evaluation was conducted one year after the establishment of the program. The evaluation involved both teachers and students. Students requested more instruction concerning masturbation, virginity, reproductive organs, sexually transmitted diseases, pregnancy, birth, contraceptive methods, homosexuality, menstruation, HIV/AIDS, "going steady," and abortion. Other topics came up naturally in discussions: mutual respect, family relationships, adolescence, marriage, friendship, pleasure, eroticism, drugs, taboos, and prejudices.

According to the teachers' evaluation, the supervisions were the most important component for preparing classes, having adequate means for transmitting their knowledge, and, above all, the chance to discuss personal values and prejudices. The teachers pointed out that their experience with the project affected their own teaching practices, their family and sexual life, their understanding of adolescents, and their ability to form closer ties with students. Students in turn began to pay

closer attention to their studies and consequently improved their overall performance in school.

The teachers reported that the students felt more able to think about and express their own opinions. They increased their capacity to question issues and could speak more freely about topics which had before embarrassed them. Student interest in reading rose; they felt more conscious of their rights as citizens and they felt more solidarity and companionship with classmates. Students were said to develop greatly consciousness of chauvinism and distinct visions of what it means to be a man or a woman. They stated their determination to be responsible in their own sex lives, and felt more able to make decisions.

Difficulties

The principle difficulty was publicizing the project in the municipal schools. Some school superintendents opposed the project and alleged they could not fit sexuality education courses into the curriculum, due to a lack of free classrooms and time. We were forced to depend on the good will of the school masters and the willingness of the teachers to teach at inconvenient times. Many students were lost when classes were forced to be held well after normal school hours. The fact that the first phase of the project was centralized and far away from teachers, homes made supervision difficult. Teachers applied individually, often independent of the school where they taught. Sometimes the project, therefore, did not become integrated at the school, lessening the chance for the program's success. When the project became decentralized in 1990, teachers were more able to attend supervision sessions.

There are ten educational districts in Sao Paulo which cover the entire city of 12 million inhabitants. At the time of decentralization, GTPOS partially withdrew from the project, and the Department of Education took over, keeping in touch with three GTPOS members to give general guidance. Monitors were selected from the teachers to direct and conduct supervisions for the teachers. Ten monitors were selected, one for each district. Interestingly, the number of qualified teachers wishing to be monitors far exceeded the ten positions.

GTPOS representatives continued to participate as follows: 1) we supervised the monitors, 2) we held meetings with the technical staff of the Department of Education. And 3) we held meetings with the Department of Education staff and the monitors to assist with overcoming difficulties faced in the schools and districts. The projects expanded with other amendments such as: 1) the notification of the Department of Education about additional interested teachers; 2) the insertion of the project into the school's pedagogic plan, so that a change in the political leadership in the district would not affect the project's implementation or continuation; and 3) an extension of the supervision hours. In

total, then, 1,105 teachers were trained and 30,000 students participated in the program. The majority of the students were from the sixth, seventh, and eighth grades.

The project expanded still further under the coordination of GTPOS, when it was established in another Brazilian city, Porto Allegre. There it was implemented in the 80 schools of the city network. Currently, with new political leaders in Sao Paulo, the project has suffered some disturbing changes. The weekly supervisions in small groups were eliminated. Now they are conducted only monthly through talks directed to all the project teachers and through sporadic meetings in the districts. No more monitors have been trained. To conclude, we might say that the project, although it still continues, no longer follows the original careful methodology and ideology. Some teachers, however, especially those who were monitors continue to offer the course according to the original plan.

Future Directions

In 1994, the GTPOS, having been invited by the Ministry of Health, will establish the sexuality education project in an additional six large Brazilian cities. In March of 1994, we are also hoping to launch the Brazilian Guidelines for Comprehensive Sexuality, an adaptation of the American guidelines, published by SIECUS. This material will be of enormous value in establishing new projects, and the Ministry of Education has pledged to acquire 200,000 copies and to train departmental staff in the 27 states in the country. The Brazilian Guidelines have been substantially adapted in the face of evolving Brazilian habits and customs. It will include an explication of the methodology for sexuality education designed by GTPOS.

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SEXUALITY ISSUES IN JAPAN

A View from the Front on HIV/AIDS And Sexuality Education

Kyoko Kitazawa

Founding President, AHNI Publishing Company,
Tokyo, Japan

Translated by Makiko Senjo Beerman, Graduate Student,
California State, Long Beach
San Juan Capistrano, California

For weeks in December, 1992, and into the new year, the telephone kept ringing. Callers had both positive and negative reactions to an HIV/AIDS lecture I had delivered on December 1st, World AIDS Day. The lecture was presented to a private high-school class in Tokyo, and contained, among other important features, a condom demonstration. The day after the lecture occurred, a shortened version of it was aired by NHK-TV, the Japanese National Broadcast Association, on a program called the *Journal of Everyday Life*. Following this broadcast, I was invited to the studio to be interviewed by the host of the show.

The reaction to my appearances and my educational message about sexuality to young people was quite strong. NHK is a credible and popular television station with the largest viewing audience in Japan. When my demonstration for proper condom-use was aired that December morning, viewers were both shocked and confused. Eighty percent of those who called my office reported favorably, saying that they thought the speech was important. Twenty percent of the callers were upset and said that I should not "rock the boat." They mostly complained about a lack of delicacy, since I had used a wooden penis model for the condom demonstration. Those in favor of the the lecture included middle- and high-school teachers and public-health nurses. They were pleased to have back-up for teaching the proper usage of condoms. Of the twenty percent who called to complain about the broadcast, most of them stated that students should not learn about condoms at all. Young students, these viewers felt, should learn only about abstinence.

An organized group of conservatives, including mothers of school-aged children, was particularly vocal against the airing of this HIV/AIDS lecture. Some women came to our office and claimed to have taught their sons the following: "No sex. No sex. No sex. If you do not want to get infected with HIV, then you should

not have sex. Eventually, you will marry a virgin, and you will stay loyal in that marriage for the rest of your life." Along the same lines, one well-known councilman called to say the following:

I believe that sexual matters should be secretive and should not be discussed in public. Everyone learns about sex through pornographic magazines or peer discussions when he or she becomes a teenager. Look at me! I'm very successful and doing fine as a city councilman, and nobody taught me about sex. The instruction of proper condom use will only encourage teenage sexual activity.

In direct opposition to his sentiment, however, according to the official statistics on teenage pregnancy from the Ministry of Health and Welfare, 30,000 abortions are performed each year on Japanese teenagers. Clearly, young people are engaging in sexual activity, and HIV-positive teenagers exist in every school. In fact, it is estimated that there are 5,000 people with hemophilia in Japan. Of these 2,000 are HIV-positive, including nearly 600 school-aged young people.

Justifying HIV/AIDS and Sexuality Education

I have been heavily criticized for promoting what is being called radical sexuality education. My practice and theory are based on observation of lectures in schools in the United States, Germany, and Sweden. I have participated in many HIV/AIDS educational campaigns and workshops in Japan. Additionally, I am the supervisor for the Forum on Sexual Issues, a continuous symposium for people who are concerned about the state of these matters in Japan. I have taught sexuality education and HIV/AIDS prevention education in all levels of schooling as a response to nationwide requests. I am also a counselor for the AIDS Hotline For Young People in Japan. In the Spring, 1992, we on the Hotline regularly

answered seventy calls per day from young people concerned about HIV. They sobbed when they called and expressed great fear. The following examples of calls I personally answered impressed me greatly and confirmed my conviction about teaching sexuality and HIV/AIDS education in Japan:

- An eleven-year-old girl in the sixth grade said she called DIAL Q2, a toll-free number for dating in Japan, just for fun. She ended up dating a middle-aged man who raped her. She was afraid she might have the virus.
- A high-school girl was raped by five boys one night when she was walking home from her part-time job. Since that night, three months ago, she had not had her period. She didn't know where else to turn.
- A fourteen-year-old boy in the third grade of middle school, had had sex with a prostitute with his savings of 3,000 yen (about \$30.00). He wanted to learn more about sexual transmission of HIV.
- A thirteen-year-old boy in the second grade of middle school was forced to have anal sexual intercourse with a middle-aged man whom he had met in a movie theater. He was afraid that he might have become HIV-infected.
- An eighteen-year-old boy in the third grade of high school said that he had been in a relationship for three months with a housewife whose husband traveled in South East Asia. He was worried about HIV infection.

I have often asserted that if society offered the proper sexuality education, which suggests consequences to actions and which serves as a guide for responsible life choices, such tragedies and situations might never have occurred. However, children in Japanese society have been neglected, many ignored, and so they are left unprotected. In short, they are not given the proper information to prevent HIV infection. It is my belief that the following three important aspects are needed for the proper education of young people:

- 1) Young people need the opportunity and encouragement to cultivate their own value systems and choices about sexual activity before the moment to become sexual arrives;
- 2) Young people need to know about safer sexual behaviors in order to protect them-

selves if they actively choose to have responsible sex. They must know the proper way to use condoms.

- 3) If young people are not given the time to decide not to have sexual activity and do not choose to have safer sex, then they must know about testing for HIV with an antibody test.

It is essential to teach young people that each person is responsible for his or her own health. Thus, proper condom use is each person's responsibility and must not be left up to the values and decision-making of someone else.

Misinformation and the Organized Right

On March 14, 1993, a widely distributed, national school newspaper called *School General Health News* published an insert to be posted on school bulletin boards across Japan that read as follows:

YOU WILL DIE WITHIN ONE YEAR IF YOU GET INFECTED WITH AIDS! EVEN THOUGH YOU USE A CONDOM, AIDS WILL GET YOU! HOWEVER, IF YOU PRACTICE SEXUAL ABSTINENCE YOU WILL NEVER GET AIDS.

The Japanese Photograph Newspaper Company, printers of this poster, reaches 9,500 schools through subscription. In Japan, there are only 11,300 schools; so this dangerous and false message was sent to 84% of Japanese schools. In addition to the poster, the newspaper attacked my AIDS education lecture as it was aired on NHK-TV as follows:

A serious crime was committed when NHK aired such a film all over Japan, which boldly mentioned sex and contraceptives....Ms. Kyoko Kitazawa will be a murderer should someone using a condom become infected with HIV....Nowadays, the United States and European nations have resented their lack of success in AIDS prevention education and have changed their attitude toward sexuality education. The new direction in sex education is to promote abstinence.

An underground movement, which may or may not be responsible for this article in the *School General Health News*, then produced a film entitled *The Real Purpose of Sex Education Radicals*. The film surfaced at about this same time in various places around the country. Leaflets about abstinence began popping up in schools, distributed to mothers involved in the PTA. These were published by a group called the World Peace Women's Association. Their literature was called "Pure Love: A Message to Mothers and Children." The group, already a strong network throughout Japan, was system-

atically organized and very powerful. I soon discovered that the Unification Church was the parent organization for the World Peace Women's Association. The Unification Church, established by Sun Myung Moon in 1954 in Korea, claims to have over three-million followers in Korea, Japan, the U.S. and other countries. I will attempt to explain further the involvement of the Unification Church with sexuality education in Japan, but first a brief history of sexuality education in Japan, including my personal involvement in it, will be useful.

A History of Sexuality and Sexuality Education

Confucianism, brought to Japan from China during the 5th century, has had a strong influence on class structure and the domination of women. In fact, it has been used to justify various social controls of women. However, as with many cultures, conflicting social messages were given concerning female sexuality. For instance, women were deprived of fundamental rights, sexual freedom, and self-determination based on the societal insistence and worship of female virginity. This attitude lingers throughout the history of the Japanese people and even expresses itself today. Before World War II, a criminal law applied to women and not men, outlawing adultery. On the other hand, the official prostitution system thrived and was sanctioned by the government starting in 1585. In 1872, the old government ruled that men could not have concubines in their homes, a measure to preserve the national image. It was feared then that in-home concubines might create a poor impression on other Western countries, and the Japanese intelligentsia wished that Japan appear to be civilized to the outside world. In 1955, government-sanctioned prostitution was abolished. Nonetheless, Japanese men continue to keep concubines and visit prostitutes. This custom is viewed as a sign of virility.

In Japan, the idea that a non-virgin woman should be cut off from society originates from the patriarchal structure of the feudal era during the 13th through the 19th centuries. At that time, Japanese social classes were divided into the following five categories: the highest were the samurai warriors, then the farmers, then craft people, then Merchants, and lastly "Eta," or non-humans.

This classification was the backbone of the patriarchal system. For instance, the successor of a father's title and wealth was always the eldest son. The successor needed to have pure patriarchal blood in his veins. To insure this for all of the eldest sons, all wives had to be virgins. Thus virgin worship was initiated. Even now, the Japanese Imperial Family by law requires that the successor to the throne be a male. Some Japanese people have argued that this system violates the equality between men and women, since no woman can ever become a successor. But for now the law stands.

In 1965, the word "sex" was taboo. The Japanese Ministry of Education officially prescribed abstinence education for every student, a curriculum that can be referred to as "virginity education," since it focused mainly on virginity for girls. In the meantime, a group of well-educated Japanese males defined the limits of sex for everybody. The prescription was for sexual intercourse between a man and a woman were both economically, socially, and mentally independent. A male should be prepared to support his family financially. A female should be a virgin when she marries. Both must qualify for a marriage license. This paradigm excluded homosexuality altogether. At the time, divorced women were discriminated against. They were called "returned goods," because they went back to live with their parents, and "damaged goods," because they were no longer virgins.

The Ministry of Education's abstinence education occupied a mainstream position in Japanese society. People's ideas and behaviors regarding sexual issues have changed radically since then. So much so that in 1986, the Ministry withdrew the old-fashioned abstinence education mandate and launched a new sexuality education curriculum which was to be distributed to all middle and high schools in Japan. By April 1992, at long last, descriptions of sexuality appeared in the textbooks of general health and some science classes for grades 5 and 6. The media hailed 1992 as "The First Year of Sex Education." School teachers were now required to teach sexuality education to their students whether they liked it or not. Therefore, after many long decades of struggling, I achieved national recognition for the curriculum

Call For Co-Sponsors

SIECUS is seeking co-sponsors for a two-day training for professionals in the field. The program provides preparation for implementing SIECUS training curricula *Communication Strategies for HIV/AIDS and Sexuality: A Workshop for Mental Health and Health Professionals*. Co-sponsoring agencies will receive funding to provide administrative support for the workshop. Interested parties please contact: Carolyn Patierno, Director, National AIDS Initiative , SIECUS at (212) 819-9770.

I had been developing and nurturing since 1965. Throughout that time, I overcame many obstacles and withstood public ridicule for my stand on sexuality education. In 1972, I had published a children's picture book, *Why, Mama?* This was one of the first such books ever, and, as a result, it was discussed in the mass media almost daily. Additionally, I often suffered stones thrown through my window and harassing phone calls.

In April 1992, the change in the Ministry's attitude provided hope and courage to teachers, like myself, who had been working on these issues for years. A problem still remained, however. All textbooks describing sexuality education intentionally omitted mention of sexual intercourse. They all started with descriptions of puberty, ovulation and the menstrual cycle, the production of sperm and ejaculation, and then skipped to the development of the fetus. No explanation of conception or the actual origin of the fetus is included. The Ministry of Education intended to teach about health and so defended the omission of sexual intercourse by concluding that grade school was too early for the topic. However, the question, often posed by school aged children, "Where did I come from?" is not at all addressed. School teachers, the intelligentsia, and some TV personalities heavily criticized the Ministry of Education for such an indefensible stand. And the Japanese people have begun to be more open-minded about sexuality education.

The Unification Church and Sexuality Education

Last year, the Unification Church produced a film criticiz-

ing Mr. Naohide Yamamoto and Mr. Yukihiro Murase, the secretaries of the Japan Institute for Research in Education and the Culture of Human Sexuality, and myself. The film, *The Purpose of Sex Education Radicals*, claimed that we had promoted sexual freedoms through sexuality education, and that, as a result, Japanese people are changing their sexual and family norms leading to divorces, delinquencies, violence, drug abuse, and the destruction of the family. The filmmakers draw parallels to trends in other Western nations. The Unification Church urgently asserts that the Japanese national priorities must be to educate young people against communism and to stress abstinence. The final scene of the film shows Mr. Yamamoto's sexuality education textbook being set on fire.

A well-known professor of literature of the Japanese National Tohoku University, Dr. Sadao Asami, has explored the Unification Church's interpretation of the Old Testament, which begins to explain its violent opposition to comprehensive sexuality education. According to the Unification Church's interpretation, God forbade Adam and Eve to eat the forbidden fruit until they had fully matured sexually. Nevertheless, Eve yielded to Lucifer's temptation and ate the apple. Adam also ate it. Consequently, they were expelled from the Garden of Eden. Later, Eve gave birth to a child whose blood was already soiled by Satan. Thus, the world was populated with soiled creatures. With the Moon cult, Mr. Sun Myung Moon is the only savior. His people must believe in him in order to be saved. Young men and women

International Conference on Population and Development (ICPD) "Choices and Responsibilities"

In 1994, world population will grow by a record 93 million, to over 5.7 billion people. Collectively and individually, demands are made on the world's means of survival. The purpose of this conference is to discuss and secure the well-being of individual women and men: to meet their needs, acknowledge their aspirations, and recognize their rights as human beings.

SIECUS has been accredited by the United Nations to Participate in the ICPD. SIECUS is pleased that the draft document for ICPD '94 endorses comprehensive sexuality and gender education.

The conference will be held September 5-13, 1994 in Cairo, Egypt. For more information, write or fax:

ICPD Secretariat
220 E. 42nd Street, Floor
New York, NY 10017 U.S.A.

must remain virgins until they are married. Then they must proliferate. In this teaching, a wife's sexual orgasm must be associated with Mr. Sun Myung Moon, and the husband's orgasm must be associated with Mrs. Moon. Following these teachings is the only way to receive God's blessing.

Dr. Hiroshi Matsuoka, an independent professor of

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the Japan National Osaka University of Education wrote in the *Asahi Newspaper* that he believed teaching condom-use and sexual intercourse to grade-school children directly causes societal disorder. He recommended teaching children abstinence until marriage and limited sexual relationships throughout life. He emphasized sexually transmitted diseases and abortion as the results of sexual relationships. His claim is that abstinence-only education will promote future marital and familial happiness. He is one of the main authors of "abstinence education" in Japan.

HIV/AIDS Education in Japan

The Ministry of Education details the following educational guidelines for HIV/AIDS education in the schools:

- 1) As a part of hygiene education, grade schools must teach children that HIV is a blood-borne infection.
- 2) Middle schools will teach students about HIV/AIDS in the context of other sexually transmitted diseases.
- 3) High schools are permitted to mention condoms as protection against HIV infection.

In short, the Ministry of Education intends that teachers should teach HIV/AIDS prevention to students without mentioning sexual intercourse. These guides are merely offered and not required by the Ministry of Education, and the final decision is left up to the discretion of each individual school. Each school teaches in accordance with its own students' needs.

As for my own methods, when teaching grade school students, I explain what semen and vaginal fluids are. Later, I explain that HIV exist in blood, semen, and vaginal fluids in people who are HIV-positive. I point out

that HIV is not transmitted through air, and that people cannot become infected through casual daily contact. For middle school and high school level students, I explain the immune system, the infection routes of HIV, and preventive methods. I teach students compassion for people with HIV and AIDS and explain the various ways to offer support. It is easy to understand that there are many different views, opinions, and criticisms about topics such as sexuality and HIV/AIDS. This is so because each individual develops his or her own value system and life choices. However, it is difficult to understand the emotional response and criticism to providing information in order to make such life choices. It seems most important to establish and maintain a relationship in which current partners can discuss contraception, sexuality, condoms, and other issues without embarrassment.

International Program to Begin at SIECUS

SIECUS is pleased to announce the development of its new international initiative to promote improved sexuality education programs as an integral component of population and family planning programs in developing countries.

This program will be funded in part by the William and Flora Hewlett Foundation.

The international initiative will aim to accomplish the following:

- to stimulate the development of projects to create country-specific guidelines for comprehensive sexuality education;
- to develop an international clearinghouse on sexuality education; and
- to assess the desirability and potential for future activities in these areas.

A job description for a Director of the International Program is available. Inquiries can be sent to:

**SIECUS
International Program Director Position
130 West 42nd Street
New York, New York 10036**

A CLOSER LOOK AT SEXUALITY EDUCATION AND JAPANESE YOUTH

Tsuguo Shimazaki

Secretary General and Director, The Japanese Association for Sex Education
Tokyo, Japan

Translated by Yoshimi Kaji, Graduate Student, New York University, New York

In April 1992, the Japanese Ministry of Education revised its "Course of Study," the public school curriculum which is generally renewed once every decade. This is the fifth revision of the curriculum since the Japanese Democratic Educational Reformation in 1945. Among the changes, the following items have received a particularly sensationalized media response:

- 1) The secondary sexual characteristics (such as voice changes, growth of hair, menstruation, maturation of the reproductive organs, etc.) for both females and males will be taught in co-educational health classes for fifth graders; and
- 2) The development of the fetus in the mother's uterus will be taught in the curriculum called "Continuity of Life" in science classes for fifth graders.

Until recently, no education about sexuality has been included in elementary school, save for an hour lecture from the school nurse to girls in the fifth or sixth grade concerning menstruation and female hygiene. The secondary sexual characteristics have only been taught in junior high schools in health education classes. The additional information listed above added to elementary school health and science classes is ground-breaking.

Initial reactions to the Ministry of Education's changes in the curriculum were favorable. Japanese television and newspapers, for instance, reported with enthusiasm. Many reporters wrote, "We finally started sexuality education for elementary school children!" However, it is my opinion that these changes are far from the launching of true sexuality education in Japan. The Japanese Ministry of Education also feels adamantly that sexuality education has not been instituted. A letter from the Ministry states, "The new content is to be part of health education and science classes. This is not the establishment of sexuality classes." For the institution of sexuality education in Japan, the curriculum would also need to include information about responsible relation-

ships and respect for other people's sexual existence, not simply the mechanism of menstruation and ejaculation.

Most Japanese teachers — especially fifth grade teachers — have received the addition of sexuality information to science and health curricula rather negatively. They have found the new material quite troublesome to teach, since many elementary level teachers find talking about menstruation in front of male students and ejaculation in front of female students very difficult. Most of them wish to keep the old way of teaching and would like to avoid talking about sexuality.

What Keeps Japan from Sexuality Education

The sensationalism of the mass media and the drastic reactions from the general public demonstrate quite clearly the need for human sexuality education in Japan. The Japanese Association for Sexuality Education (JASE) is a private advocacy organization, which was founded in 1974 to establish comprehensive sexuality education in the schools. The task has been difficult, since most Japanese teachers are not in favor of sexuality education, and, therefore, most schools have generally failed to include sexuality in the curricula. Traditional Japanese culture and the lack of sexuality training for teachers have contributed to the problem. In fact, in Japanese culture there is no such concept as human sexuality. For the most part, teachers who were raised in traditional Japanese culture find it difficult to establish their own sexuality, and even more difficult to teach the concept to young people. In Japan, to be a teacher, one must graduate from a teacher's college or must attend a regular university and earn credits to become certified. In these colleges and universities, there are very few chances to receive sexuality information. When offered at all, these instructions are buried in courses such as health education, biology, psychology, and philosophy of education. In short, there is no such thing as sexuality education in teacher's colleges.

Another factor blocking sexuality education in Japan is an uncooperative Japanese school administration sys-

tem. It is not an overstatement to assert that the Japanese Ministry of Education controls everything related to the educational system, especially in the elementary and junior high schools. The school superintendent and the individual teachers do not have control over what is taught in the classroom. The Japanese Ministry of Education establishes the course of study and defines the overriding framework. This happens through an executive body called the Municipal Board of Education. If a group of teachers in a school were to try to develop a human sexuality curriculum, they would first have to consult with the chief teacher in the school, bring up the subject at a teachers' conference in order to get feedback and cooperation, and then obtain approval from the school superintendent. The school superintendent would then informally ask the Municipal Board of Education for approval. If the changes were acceptable and stay within the frame work of the Course of Study, they would be instituted. The Japanese way for decision-making is indeed very democratic. However, it can be cumbersome and work against the institution of new subjects in the classroom, especially controversial ones like human sexuality education.

A third and more specific problem is the issue of authorization concerning textbooks and teaching material. All textbooks used in the Japanese public school system must be screened and authorized by the Ministry of Education according to the Course of Study guidelines. Moreover, individual teachers have no freedom to choose which textbooks will be used in their classrooms. All textbooks are selected by the Municipal Board members with input from representatives from each school. There are no exceptions to this screening process, and textbooks selected are used throughout the entire district. In private schools — which make up 1% of all Japanese elementary schools and 6% of junior high schools — the situation is a little better, since teachers are freer to choose their own texts. Whether the authorization of textbooks is in direct violation of an individual's right to education is a critical issue up for debate in Japanese education today. In fact, a lawsuit has been filed to protest the Ministry's screening and authorization of textbooks as unconstitutional.

Finally, the problem which is commonly referred to as "examination hell" is an important issue to explore. Japanese people are famous for their enthusiasm for having their children work hard, achieve high grades, and continue on with higher education, which in Japan includes high school, junior colleges, and universities. The Japanese school enrollment rate for elementary and junior high school levels is extremely high at 99.99%. High school, even though technically attendance is not required, enrolls 98.5% of all eligible Japanese young adults. The rate of enrollment for junior colleges and other means of higher education is 37.5%.

Children in elementary school often have no time for

play, since they often attend daily preparatory sessions after regular schools hours. This is so they may prepare for the entrance examinations of the higher schools. This philosophy of education affects not only children but teachers. What most parents perceive as a good teacher is one who pushes as many students as possible into better and higher schools. Since Japanese entrance examinations require an enormous amount of memorization, "good teachers" concentrate only on subjects such as Japanese, Mathematics, Science and Foreign Language (English). Of course, human sexuality education falls outside of the rubric of "examination hell" study subjects, and it tends to be ignored by both parents and teachers.

From Sex Education into Sexuality Education

Thus far, I have focused on Japanese sexuality education in a rather pessimistic way, since regrettably educators for the most part do not favor sexuality education. However, I can proudly assert that Japanese sexuality education is well on its way, thanks to the efforts of enthusiastic individual teachers and the organizations that support them.

In June, 1980, the Japanese Association for Sexuality Education (JASE) published sexuality guidelines for teaching in elementary grades through high school. Although the guidelines are published by JASE, a private organization without official sanction, the guidelines are highly regarded, especially by teachers interested and willing to start sexuality education in their classrooms. In JASE's *Sexuality Education Course of Study*, the same themes are repeated several times in each grade level with increasing age-appropriate depth and content. Each unit explores the psychological, physical, and sociological aspects involved with every sexuality topic. These guidelines are systematically structured to include a wide range of aspects covering human sexuality. Not only was JASE's *Sexuality Education Course of Study* ground-breaking in 1980 when it was first published, but today, after three revisions, the guidelines are still viewed as a dependable sexuality education guide. The Municipal Board of Education in each district has its own guidelines for sexuality education. These were mostly written in 1960 to reinforce "morality and chastity education," rather than human sexuality education. It has been a recent trend to revise these old guidelines into new and more appropriate ones by introducing the concept of healthy sexuality. In order to do so, many Municipal Boards have followed JASE guidelines.

Many teachers have long considered education concerning sexuality to be merely a lesson in biology or so called "sex ed." Today, however, some teachers are beginning to have a fuller conceptualization of the meaning of teaching sexuality and are actually calling such programs "sexuality education." The number of teachers who are interested in human sexuality education is increasing. Every year, during summer vacation,

many private seminars, conferences, and study meetings concerning the topic are being held all across Japan. This summer, there were about 20 such major seminars with more than 20,000 teachers in attendance. These 20,000 teachers are willing to initiate human sexuality education in their own schools, and such are the seeds of sexually education, which we hope will grow influentially to power in the near future. For now, human sexuality education is usually taught during homeroom with the assistance of the school nurses. The nurses — responsible for the school clinics — are also expected to counsel students and guide teachers concerning matters of sexual health and sexual problems. This is so because in Japan there are no school counselors.

Although the press erred in its announcement that a new era of sexuality education is upon us, there is an exciting opportunity for teachers to begin to institute human sexuality under the new guidelines calling for sexuality information to be added to health education and the science curricula. Not all fifth-grade teachers are feeling troubled by the idea of discussing sexuality with their students, and there are those teachers who have been looking forward to this opportunity for a long time. These teachers must be encouraged and supported, since sexuality education in Japan has a long way to go before it will be fully accepted by educators and the general society.

HIV/AIDS Education in Japanese Schools

HIV/AIDS education in Japanese schools has been intimately associated with sexuality education. Japanese society did not pay any attention to AIDS when it was first discovered in New York and Los Angeles in 1981. The announcement of Rock Hudson's AIDS-related death and the report of the first HIV-positive Japanese people, infected by imported tainted blood products in 1985, received a small amount of attention by some Japanese people. In 1987, reports of the first Japanese woman with AIDS were greatly sensationalized by the media, which allowed people to begin to realize the significance of AIDS in the world and at home. Nonetheless, the initial Japanese response HIV/AIDS was very modest.

The Japanese Ministry of Education was also quite sluggish in responding to the epidemic. In February 1987, the Ministry sent out an official letter for the "distribution of the knowledge of AIDS prevention." The letter was sent to all the boards of education calling for HIV/AIDS education in each of the individual schools. In March 1988, the Ministry of Education published the official teaching manual entitled *Guidelines For A Curriculum on AIDS* for all schools in the public system. For the most part, these guidelines were ignored. In fact, they were mostly routed to the school clinic library without ever being opened. After 1990, more AIDS cases through heterosexual sexual contact were publicized in

Japan. The misunderstanding that AIDS was only a threat for homosexual men began to be diminished. Finally, education professionals took HIV education more seriously.

The Japanese Ministry of Education recently published a pamphlet called *AIDS: A Correct Understanding* which was distributed to 500,000 high school students. Because the pamphlet recommended the use condoms for HIV/AIDS prevention, many high schools refused to distribute it to students. The Ministry of Education has begun to take positive actions to resolve these problems by revising teaching guidelines and providing seminars for the supervisors of school health departments and for the Municipal Boards. Various seminars are being held all over Japan for health education teachers and for school supervisors concerning HIV/AIDS education. However, there needs to be still more education for teachers about AIDS.

Informal Sexuality Education and Japanese Youth

It is difficult to evaluate the effectiveness of informal education on young people today, but it is perhaps the most influential educational system concerning sexuality. Traditionally, for Japanese children, peer education was an important factor contributing to socialization and education. Children learned how to play, how to fight, and how to relate to children of the other gender, through contact with older children in their same peer group. Male Youth Groups and Female Youth Groups once played an important part in the coming-of-age for each member of a traditional Japanese village, especially where sexuality was concerned. Today, however, these community groups have been lost due to rapid changes in the social environment, such as urbanization, the decrease in number of children born to each family, the decrease in space for playgrounds, and an emphasis on intellectual and formal educational systems to the exclusion of other systems. Without the guidance of such groups, children are surrounded by a flood of confusing sexual messages and information.

In the summer of 1990, a movement to ban comic books was started by the mother of an elementary

Guidelines Update

The Carnegie Corporation of New York has funded SIECUS to adapt and translate the national *Guidelines for Comprehensive Sexuality Education: Kindergarten through 12th Grade* for Hispanic families. For more information please call, Yvette Adams, Guidelines Coordinator at SIECUS, (212) 819-9770.

school girl who wrote a letter to a national newspaper, complaining that the comic books her daughter was reading were overtly sexual. The "Porno-Comic Persecution" movement urged its members to try to stop the publishing and selling of such magazines to children. Others suggested that the police regulate over-the-counter sales of these kinds of comic books. Naturally, this became a political issue concerning freedom of expression vs. the appropriate environment for children. Regulations were tightened in the name of maintaining an environment suitable for young people. Publishers and book stores publicly announced that they would regulate themselves, and the maelstrom died down. However, the public opinion resulting from this movement was that sexual information in comic books directly affects children's sexual behaviors and are therefore harmful.

In objection to the idea that comic books with sexual content directly threaten young people and should be regulated by law the JASE conducted a survey in 1991 called "Youth and Comics." The survey showed that junior and senior high school students enjoyed comics that were "funny," "action-packed," or "scary," but the respondents reported that they were not so interested in comics with "overt sexual messages." Respondents also reported that they received most of their sexual information from "friends and seniors of the same gender," "magazines," and "television." Very few pointed to comic books as an influential source for sexual information. The survey report concluded that blaming comic books for children's behavior is short-sighted.

Compared to the sexual behavior of American young adults, Japanese youth are more moderate, according to nationwide survey of sexual behavior in Japanese youth conducted by JASE in 1987. This survey shows that only 19% of males and 14% of females have experienced sexual intercourse by the age of 18. The survey was given again in 1992 with a slight increase in these rates. This time 22% of males and 16% of females had experienced

sexual intercourse by the age of 18. The traditional value system still binding Japanese youth may explain their moderate sexual behavior. For example, the virginity of young females is considered very important to the maintenance of the traditional male-centered family system. Even as we near the 21st century, the Japanese people still hold on to the old non-democratic male-centered system. Additionally, Japanese people tend to worry about appearances a great deal. It is difficult for a Japanese person to establish an individual identity, especially one that might be negatively perceived by family, peers, and co-workers. This tendency keeps Japanese youth from actively engaging in premarital sexual activities and other unsanctioned sexual behaviors. Further, the preoccupation with passing examinations may keep young people too busy to engage in such recreational activities. In fact, JASE's youth survey showed an increase in sexual activities after the age of 18, which coincides with the end of examination hell, when university entrance exams are over.

Conclusion

With the defeat of Japanese nationalism and militarism after the Second World War, the democratic educational system emerged with emphasis on individualism. However, traditional value systems are not easily overcome. Sexuality education helps students be responsible for their own individual sexual choices, a result which may appear to oppose Japanese traditionalism. No one knows how long it will take before Japanese sexuality education is firmly rooted and viewed as a positive force in society. But a long fight against cultural values will most probably ensue. Facing these difficult odds, Japanese teachers who are aware of the importance of the struggle work daily to make real a new era of sexuality education.

Conference Announcement

The 12th World Congress of Sexology will be held in Yokohama, Japan on August 12-16, 1995. This conference represents a great opportunity to learn more about sexuality and Japanese culture as well as a chance to exchange views on global issues such as abortion, teenage pregnancy, birth control, STDs, HIV/AIDS, sexuality education, and population growth. A call for papers pertinent to the above topics and others has been issued. For more information contact:

Japanese Association for Sex Education (JASE) Miyata Building, 1-3, Kanda-Jinbo-cho, Chiyoda-ku, Tokyo, 101, JAPAN; phone: 81-3-3291-5161; FAX: 81-3-3291-6238.

CULTURE AND SEXUAL SCRIPTS OUT OF AFRICA

A North American Trainer's View of Taboos, Tradition, Trouble and Truth

Nanette Ecker, M.A.

Director of Training and Education, The Global Institute for Training
Planned Parenthood of Nassau County, Hempstead, New York, U.S.A.

When my dear friend and esteemed colleague, Sammy N'Jau, the Director of the Kenyan Youth Association Council (KYAC), died of Black Water Fever — a kind of malaria he contracted during a sexuality education training we facilitated on the mosquito-infested Kenyan coast, outside of Mombassa — I was shocked. However, those who worked and lived with Sammy in Africa quickly and calmly made "harambee" with his friends and associates. "Harambee" is a distinctly African concept that means "to pull together." It illustrates the traditional African ideology which emphasizes community over the individual and has ensured the survival of suffering families throughout the ages. Literally, in this instance, people were asked to donate money so that Sammy N'Jau's medical bills could be paid and his body could be claimed for proper burial. Sammy was a national figure, someone with whom I had collaborated to develop sexuality education trainings, and his death was both unexpected and difficult to accept. Sammy was nowhere near the usual life-expectancy for a man in Kenya, which is 60. However, many African countries are barraged with high rates of disease and death, and Sammy's death was accepted by his in-country colleagues as merely another victim claimed by the scourge of malaria.

Perhaps the high standard of living to which most Americans are accustomed — running water, hot and cold taps, telephones, electricity, and a roof over our heads to keep out the rain — causes me to feel insulated from disease and explains my uneasiness with their natural acceptance of death. In Africa, it is a common sight to see young children begging in the streets or child prostitutes roaming the main boulevards at night. These constitute significant forms of income for many families. The poverty in Africa is set in distinct contrast to the physical beauty of the people and countryside. Even the tin-roof shanty towns that skirt the major cities are overgrown with beautiful magenta bougainvillaea flowers and fill the air with seductive sweetness. It is a paradox to be lulled by the warm weather and the flowers while

observing the stark poverty of the country. For instance, one often catches glimpses of the distended bellies of starving children, or beggars whose eyes are blue with blindness, or lepers weaving baskets for pennies despite their limblessness.

It is true that disease, death, and poverty exist everywhere, but the nuances of how each is dealt with by a nation can differ widely according to cultural experience and values. I was struck anew by the death of my friend with the notion that understanding cultural attitudes, economic conditions, and surfacing taboos greatly affects one's ability to create effective educational programs concerning sexuality. The problems and the myths of a culture must be fully explored, especially when developing interventions and education about health and sexuality. This article examines the predominant traditional beliefs that impact on sexual scripts, gender roles, and sexual health in sub-Saharan Africa. It explores prevalent taboos, myths, and attitudes. I will especially focus on the challenge of implementing comprehensive sexuality education programs which take into account the conflicts between traditional African culture and the influx of Western ideas about sexuality which permeate today's African society.

The Experience of Training in Africa

I have had more than twenty training experiences in Africa, but will limit my focus to Nigeria and Liberia in West Africa and Kenya in East Africa. As a sexologist and international consultant, developing and managing sexuality training programs in Africa, I have had the opportunity to train hundreds of African professionals. These have included nurses, doctors, government workers, teachers, religious leaders, youth workers, and parent educators. I have interviewed countless African youth and adults to gain a clearer understanding of the socio-sexual, spiritual, cultural, psychological and economic variables which impact on sexual scripts or cause significant conflict in African societies. As in the United States, there is no one uniform sexual script. In fact,

there exists in Africa a multiplicity of scripts, each one reflecting the nuances of diverse ethnic groups which together form a complex tapestry of values and norms.

Working as a sex educator in Africa cannot be accomplished by a formula or by a cut-and-dried method. One must be part diplomat, and part anthropologist, part actress, and part psychologist, part dare-devil. Any leftover energy is usually spent and convincing people that sexuality is not sinful and does not cause regular folk to become uncontrolled sex maniacs. In my twenty-odd trips to Africa, I've survived emergency landings, near-fatal car crashes, brushes with wild animals, attempted political coups, constant threats of malaria and other disease, tribal wars, corrupt and armed militia, the snuffing out of sexuality programs by conservative local governments, and the disintegration of two highly successful sexuality education projects due to the on-going war in Liberia. Ponder the difficulty of training in Liberia, while listening nervously to the radio for news reports of an impending invasion. I have also experienced countless training setbacks resulting from electrical blackouts, floods, and dangerous rainstorms. One may, therefore, ask, why, if it is so dangerous, do I continue to work in Africa? Africa is a mesmerizing place, a dichotomy of both beauty and pain. The people are wonderfully open, eager to learn, and generous. Those who support our educational efforts are very grateful and industrious. I have often thought that I would like to continue working there, despite the opposing forces. The challenge, as I see it, is to try to anticipate these adverse forces, although in truth it is a rarely accomplished feat.

African opponents of sexuality education have often asked how I could come to their country as a sexuality consultant when everyone knows that the United States has its own sexuality-related problems, such as teen pregnancy, AIDS, and sexually transmitted diseases. It is this very fact, I respond, that makes me familiar with these issues and gives me the experience and insight to deal with them. The problems related to health and sexuality in Africa are many: taboos against discussing sexuality, STDs, HIV/AIDS, unintended pregnancy, uncontrolled fertility rates, poor access to contraception, early childbearing, baby-dumping, child sexual abuse, sepsis from illegal, back-alley abortions, female genital mutilation, gender inequality, rape, and ignorance about the body. Facing such problems, one might think there would be unequivocal support for comprehensive sexuality education. However, similar to the obstacles we face in the U.S., Africa experiences ultra-conservative opposition, fear-based tactics, and narrow-minded attitudes.

How different it is to work in Africa than I had initially anticipated. To my surprise, despite tremendous cultural differences, African parents have concerns about their children similar to those of parents in the United States. They want their children to grow up healthy and strong,

to have a better quality of life than their own. Young people in Africa have a curiosity about sexuality which is remarkably similar to that of youth in the U.S. Additionally, both countries share a kind of reluctance on the part of parents and children to communicate about sexuality and a troubling lack of access to accurate information and contraception.

The Economic Impact on Sexuality

Emphasis on money and material goods has begun to replace the focus on the extended family and community. The transitions from an agricultural-based society to an urban, industrialized one has been followed by a surge of rural-to-urban migration. Patterns of sexuality-information exchange, once ensured by the supervision of the village elders, have been eroded. The breakdown of the extended family structure results in an inadequate transfer of traditional socio-sexual scripts. The lack of a formal mechanism to provide critical sexual values and information is further confounded by the fact that strict taboos prohibiting parents from discussing sexuality with their children remain in place. Children, bombarded with Westernized media, are in conflict as they struggle to sort out the traditional African values from the emerging Western ones. This situation has caused great social confusion. African youth have become increasingly sexually active, but their ability to gain accurate information and means of protection still lags behind.

Increasing urbanization has caused overpopulation, decreased job availability, and lower incomes for many families. The lack of financial resources has necessitated young people working as prostitutes, beach-boys, barmaids, or keeping company with "Sugar Daddies" or "Sugar Mammas" as ways to provide food for their family. Prostitution also results in an increased incidence of STDs and HIV/AIDS, especially in economically depressed urban environments, along truck routes, and in bars and nightclubs. Young girls sent out to hawk oranges for a few pennies often return home with large amounts of money. Older men will buy their goods for a high price in exchange for sexual favors. When the young girl returns home, her parents may not question the source of the money, but instead may praise her for such good fortune. This is an economic reality that impacts on many youth whose families are starving due to financial hardship. The economic reform program in Nigeria (called SFEM), adopted in 1987, has caused tremendous inflation. The unit of currency, the Naira, once equaled a dollar. Now, there are twenty or thirty Naiara to one American dollar. A twenty-pound bag of rice, the Nigerian food staple, once cost several dollars. Now it costs \$50. Similar devaluation of currency exists in many African nations. Families often cannot feed their children, and so their children resort to the streets.

Male Dominance and HIV/AIDS Prevention

In traditional African culture, males are always in control. Male dominance makes it extremely difficult for a woman to ask her partner(s) to use a condom. Many men only use condoms with partners outside of marriage. Using a condom is viewed primarily as a way to avoid STDs. Therefore, if a wife were to ask her husband to use a condom, he immediately asks himself, "Does she have a disease, or is she afraid I have a disease?" The question of infidelity then surfaces, sometimes violently. Many women do not broach the topic for fear of this violence. Therefore, many women do not suggest condom use. I have observed first-hand that HIV/AIDS is a rampant problem in many of the villages and cities where I have offered sexuality trainings.

In certain African nations, as in Kenya, traditional laws of marriage and inheritance complicate and encourage the spread of HIV/AIDS. Ethnic groups adhere to ancient "widow inheritance laws," where a woman whose husband has died is "inherited" by her husband's brother, who must marry her. This custom derives from biblical laws that guaranteed women and children continued financial support after a husband's death. Today, with the incidence of HIV in Africa, many women have been widowed. Since sexual intercourse is part of marriage, the wife is expected to have sexual contact with her new husband's brother. Since condoms are rarely used within a marriage, the transmission of HIV within the polygamous family structure claims the lives of women and children. In this way, HIV has literally wiped out entire villages, leaving in its wake many orphaned children. It is obvious that programs that encourage gender equality, that teach women and men to discuss condom use, and that offer an understanding of the traditional customs that impact on the current situation, are critical to addressing STDs and HIV/AIDS in Africa today.

Experts today are working on the development of an all-purpose female-controlled microbicide that kills pathogens (bacteria, fungi, bacteria, etc.) causing HIV and other STDs. This microbicide, a cream or a gel inserted vaginally prior to sexual activity, will not affect fertility. Such a disease-preventing method sounds ideal in many ways, and initially, I thought, quite reasonable for use in developing countries. However, after speaking with many African women, I have formed a new opinion. It seems that according to some African societies, vaginal wetness, lubrication, and even slight moisture is considered "unfeminine" and unattractive to male partners. This is the equivalent of saying that a penile erection is unmasculine, since vaginal lubrication indicates female sexual response and arousal. Regardless, women say that their husbands constantly complain that their vaginas are too "full of water." The natural cervical secretions that occur during a woman's ovulation cause many uneducated men to believe their wives are unfaith-

ful. In light of male dominance and male aversion to vaginal wetness, one must question the strategy of introducing a female-controlled microbicide that will increase and enhance vaginal wetness. Indeed, this example emphasizes the need to understand fully a culture before recommending the use of interventions. This is not to say microbicides are out of the question for African women, but that both African men and women will need to re-examine their attitudes about female sexuality and will need information about the female fertility cycle and the natural female response to sexual stimulation.

Female Circumcision

In all of the countries where I have taught, an ancient ritual and rite of passage called "female circumcision" is practiced by certain African ethnic groups. This tradition varies from the removal of the clitoris (clitoridectomy) to the removal of the clitoris and labia, to the removal of the clitoris, and labia along with the stitching up of the vestibule (infibulation). These rites of passage sometimes mark the transition from childhood to adulthood by removing all vestiges of "maleness" in a young woman. The clitoris is viewed as a miniature phallus, and its removal symbolizes the embodiment of womanhood itself. In other words, these are cultural attempts to render the young woman totally female. Heated debates on local and global levels have been waged concerning whether this practice should be respected as a cultural tradition or should be abhorred as blatant violence against women. There have been many cultural reasons offered to support the continuation of female circumcision. The removal of the clitoris allows males to control female sexuality, which is considered dangerous. The act is especially important where polygamy is practiced, since a clitoridectomy is said to protect a woman from sexual starvation when her husband has many wives to satisfy. In Nigeria, some women insist that their daughters be circumcised because it is believed that if a newborn baby's head touches a woman's clitoris during birth, it will cause the child to be insane.

In many traditional African societies, a woman who has not been circumcised may find it very difficult to find a man who will marry her. A "high bride price" is often paid for a virgin bride who is properly circumcised. Since money and goods like yams, goats, and palm wine are often exchanged in return for a fertile virgin bride, the practice of female circumcision ensures revenue for the family. Female circumcision and bride prices are ongoing cultural practices in many African nations. However, complications of genital mutilation often cause high rates of infection and death. Additionally, the spread of HIV from unsterilized implements used during the ritual and resulting health problems with urination, menstruation, and childbirth are highly problematic for women in the culture.

Once in Monrovia, Liberia, at the very beginning of

Recommendations for Program Development

Sexuality curricula must accurately reflect a culture's script and belief system. There must be adequate input from youth, parent educators, religious leaders, and local governmental and community experts. The following points may be generally helpful in implementing sexuality education programs:

- Build in-country expertise so that the long term success of the project does not depend upon outside training and technical assistance. Establishing Training of Trainers (TOT) projects will help to reduce reliance on outside support.
- Secure cooperation from local traditional and religious leaders, such as Emirs, village elders, traditional healers, ministers, and government officials. Political and religious support is always key, and such participation can be sought to mark opening and closing ceremonies of any training. (African people can be very formal, and often closing sessions include pageantry.)
- Parental support is essential. Reaching these adults through parent groups in schools and churches and implementing parent education programs will be helpful. Remember that parents are the primary sexuality educators of children throughout the world.
- Train youth leaders. Work with young adults outside of school (Boy Scouts, Girl Guides, YMCAs, National Youth Associations and Youth Corps) and within schools. Be sure to include youth participation in planning processes to find out the best way to target other young people.
- Family planning organizations in country will already know the strategies that work within their own culture. Contacts are easily made within these groups. For the most part, media coverage, print and electronic sources are often the best way to gain public support and visibility for sexuality education programs.
- All programming must be available to both literate and low-literacy individuals. Train leaders to educate in the local dialect for maximum impact. Develop exercises, handouts, and teaching materials for readers and non-readers.
- It is always best to work with a counterpart who is indigenous to the country or area of assignment. This will help in gaining public acceptance as well.
- Comprehensive sexuality education addresses more than cognitive facts. It also must include skills-building, condom negotiation, communication, risk reduction, and harm reduction skills. The training must also focus on values, attitudes, and emotions about sexuality.
- Knowing a culture's sexual script is mandatory, and will be especially helpful when attitudes surface in a workshop. Familiarize yourself with the ethnic and religious background of the population you are serving.
- Programs which address gender role disparities are important, since gender inequality exists worldwide. Programs that empower women are almost always needed. Implement programs through national women's organizations.
- Mothers and children are almost always the most vulnerable groups in society, particularly in developing countries. These issues can and must be carefully addressed within the educational setting. Learn about the traditional practices that harm the health of women and children.
- Never impose values upon another's culture or cultural traditions and understandings.
- Exercises which foster desensitization around discussing sexuality will be essential. Many times sex is just not discussed, and so the very existence of a sexuality training may be shocking. Once participants are desensitized, discussion and recommendations can be generated from the participants.
- Encouraging family and partner discussions of sexuality will help create a longer-lasting impact for your sexuality education program.
- Most of all, respect the culture within which you are working. Never try to force or impose change. The beliefs and rituals which mark rites of passage and characterize cultures are not always harmful and probably serve a specific and useful purpose. Every nation has a right to its own cultural heritage.
- Do not take affronts or challenges from workshop participants personally. At times, the opinions of sexuality trainers will be tested by workshop participants.

the war, I set up a panel to address the debate about female genital mutilation in a workshop for professionals. The men began screaming at the panel of Liberian women who were speaking about the dangers of the practice and suggesting that an end be put to the tradition. The women offered that there may be a way to preserve the rite of passage — which is clearly important to members of the culture — in a harmless, more ritualistic form. In this way, the positive cultural messages about womanhood could still be passed along from older generations without the actual surgical removal of body parts. The response from many workshop participants was highly charged. I felt as if the roof was going to blow off of the building. The younger, more Westernized parents agreed that the tradition should cease. They related stories about how their children were kidnaped and circumcised by the village elders. I chose to say very little during these debates. For it seems that these discussions are best conducted by indigenous African women leaders and village members, rather than by people, like myself, who can be viewed as outsiders with misunderstandings and strange ideas.

The Role of Traditional Medicine

Scarification rituals in Africa are used to protect young children from sickness and evil spirits. In this ritual, the body is scarred with stones or blunt instruments, particularly over the spleen. In many traditional societies, it is only the traditional healers who are entrusted with health care. If a person gets sick, he or she does not go to a doctor or hospital, but to a traditional healer. Many times, then, STDs go untreated, causing severe health problems, infertility, and death. Additionally, some of the traditional healers recommend traditional forms of birth control and fertility enhancers. For instance, one contraceptive method is to lay a broom on the ground near the bed. If a woman does not walk over it, she will not become pregnant. Another method is for a woman to wear "guru," or a string of beads around her waist, which is thought to prevent pregnancy. Chicken bones and bird feathers hanging on a wall are also thought to prevent conception. Traditional healers may also prescribe various herbal remedies including abortifacients. It is futile to speak of Western medicine to people who only trust their traditional healers and medicine men. Many current policy makers are now beginning to understand the cultural scripts of the African society and are trying to train traditional healers and traditional birth attendants to use Western medicine in addition to traditional herbal cures and treatments.

Myth, Taboos, and Cultural Insensitivity

Due to strict cultural taboos, people in Africa do not openly discuss sexuality, a subject which is cloaked in mystery and misinformation. Formerly, children belonged to secret societies where strict gender roles

and family-life education were taught. Taboos existed against any kind of other-gender associations prior to marriage, especially heterosexual contact before initiation rites occur. Within extended families, grandparents or aunts would provide family-life education to the children. Today, traditional culture is slowly being replaced by an influx of Western values. A mixture of both traditional and western myths coexist within African culture.

In my work in rural villages in Nigeria and beyond, I have come to better understand the myths and taboos surrounding sexuality. In Keffi, for instance, I was

Due to strict cultural taboos, people in Africa do not openly discuss sexuality, a subject which is cloaked in mystery and misinformation.

informed that old men are advised to have sexual contact with young virgin girls in order to cure sexually transmitted diseases. There, the Superintendent of Police shared that he had advised a friend of his to lock up his 13-year-old pregnant daughter and force her to have sex with a boy frequently, so she will stretch and better be able to give birth. He was honestly shocked when I told him that the frequent sexual intercourse would have no impact on young girl's ability to have an easier labor, but might possibly cause her enormous distress.

For the most part, taboos around sexuality emerge to serve a useful function in society. Often they are meant to ensure social order or maintain an ethical standard or law which exists within the community. For instance, there is a strong belief in the sexual power of the spiritual world, witchcraft, and magic in Africa. Spiritual magic in West Africa is called "Ju Ju," a practice which is related to the more commonly recognized voodoo. For example, a type of magic charm called "Mangu," is often inserted in a woman's vagina by her husband. If by some chance the woman has sexual contact with another man, it is believed that the Mangu will cause the man's penis to get stuck in the woman's vagina (*penis captivus*), or will cause her partner to float to the ceiling where the magic will wear off, and he will fall to his death.

Numerous people have reported witnessing couples who were stuck together in coitus by Mangu. They were reportedly sent to the hospital to be separated. Obviously one can see the social function of this myth as working against infidelity in marriage and thus reinforcing the social order. Other popular beliefs involve a woman's power over a man's. It is said that if a woman cooks for a man while secretly adding her own menstru-

al blood, he will be controlled by her, fall desperately in love, and be under her spell. In Africa, many people will not eat anything prepared by a stranger. It is also on a rare occasion that a drink will be brought to the table in a glass or an open bottle.

Of course, these kinds of myths are not prevalent only in developing nations. Many people in the United States fall prey to myths about sexuality. For instance, as a veteran of sexuality education programs in New York City prisons, I have heard it reported that ear wax or an unlit match will cause a burning sensation when it is inserted in the vagina of a woman who has a sexually transmitted disease.

It is important to maintain some distance during sexuality trainings while still remaining sensitive to cultural differences. Sometimes it can be challenging not to judge or impose personal opinions concerning myths, taboos, and attitudes about sexuality. It is also important — although sometimes difficult — not to take criticism of one's own cultural attitudes too personally. During my most recent field visit to Kenya to train Scout leaders, a former officer of the organization, now a prominent politician, was explaining at the training graduation proceedings that European people, unlike Africans, sexualize female breasts. He stated that in traditional Africa, the female breasts were viewed like any other body part, an arm or a leg. As he was commenting on breasts, I

It is important to maintain some distance during sexuality trainings while still remaining sensitive to cultural differences. Sometimes it can be challenging not to judge or impose personal opinions concerning myths, taboos, and attitudes about sexuality.

was standing next to him, observing the faces of this group of graduating participants. Suddenly, he reached over during his closing statement and fondled my breasts to emphasize his point. I pulled away stunned and annoyed at *his* cultural insensitivity. It was truly one of the few times I was speechless. Other times, a little distance and a lot of creativity can turn an unfortunate situation around. Once when I was working in Nigeria, I met with the Prime Minister of Agriculture in order to gain political endorsement for a parent education project I was managing in a rural area in the far north of Africa. Unaware of my being single, the Prime Minister asked me how my husband could let his wife travel to Nigeria all alone. "After all," he said, "you are a woman alone in a dangerous country." I reassured him by saying that my

husband lent his full support especially since he knew I would be in good hands. As I said, this I acknowledged my host, Mrs. Olaniyan, the Project Coordinator. After the meeting, Mrs. Olaniyan, took me aside and said, "You have learned quickly how to get around in my culture. It was good that you pretended to have a husband. Otherwise, the Prime Minister would never have given his endorsement. He would have questioned your morality and found you unsuitable to head this project."

Conclusion

There is an African proverb which states, "When elephants fight, it is the grass that suffers." Upon first hearing this, I did not fully understand its meaning. After working extensively in challenging environments in Africa, I believe I now understand. We live in a problem-filled world. In attempting to find solutions, instead of pulling together and making "harambee," all too often we end up in opposing factions and at battle with each other. All too often it is the religious right against advocates for comprehensive sexuality education, or pro-choice against anti-abortion activists, or one ethnic group against another. Who are the losers in these battles? Of course, it is always the innocent ones who lose. It is the children and young people who live in ignorance and neglect. In the end, we all suffer. In Africa, it is believed that if one person is sick, then we are all sick. It is true that the world is a global village, and, a large one, at that. We are plagued by many social problems, many of which can only be solved by comprehensive sexuality education and cultural sensitivity. But during the struggle it is important not to focus only on the opposition. Sometimes we will do well to remember the grass.

Get the Facts with SIECUS Fact Sheets

- Condom Availability Programs
- National Coalition to Support Sexuality Education
- Sexuality Education and the Schools
- The Far Right and Fear-Based Abstinence-Only Programs
- Guidelines for Comprehensive Sexuality Education: K-12
- Sexual Orientation and Identity
- The Truth About Latex Condoms

Contact SIECUS Publications for ordering information: 212/819-9770.

Global Sexuality

A SIECUS Annotated Bibliography of International Resources

The culture in which an individual lives significantly influences his or her sexual attitudes and patterns of behavior. As mass communications and technology continue to provide easier access to different cultures around the world, professionals in the field of sexology increasingly must look to colleagues from other nations for insight and assistance.

The following list of books, published in English, is an attempt to organize the limited recent resources with a global perspective which cover sexuality and HIV/AIDS. Many countries have resources available in their primary

language; therefore, a list of organizations from countries around the world is also included to facilitate direct contact for those who speak the language.

Please note that SIECUS does not sell or distribute any of the listed publications, however, they are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased at the following prices: 1-4 copies/\$2.75 each; 5-49 copies/\$2.25 each; 50+ copies/\$1.75 each. Contact the Publications Department, SIECUS, 130 W. 42nd St., Suite 2500, New York, NY 10036; #212/819-9770; Fax #212/819-9776.

INTERNATIONAL BOOKS

Adolescent Reproductive Behaviour: Evidence from Developed Countries (Volume I) and Developing Countries (Volume II)

United Nations

In this study, differences in the levels of adolescent pregnancy rates are compared among developed countries. These levels are discussed and explained in terms of proximate determinants of teen-age fertility rates, such as exposure to sexual intercourse, predominance of marriage, contraceptive use and abortion. This two-volume report contains useful charts, statistics, and discussions of the interrelationship among the ongoing changes in policy initiatives and laws related to family planning, abortion, adolescent reproductive health, and adolescent pregnancy and sexual behavior. Vol I 1988, 178 pp.; Vol II 1989, 128 pp.

United Nations, DIESA, Population Division, 2 United Nations Plaza, New York, NY 10017; 212/963-1234..

Bisexuality and HIV/AIDS: A Global Perspective

Rob Tielman, Manuel Carbullo, Aart Hendriks, editors

This book assesses current knowledge about bisexuality and explores the relevance of bisexuality in the HIV/AIDS epidemic. Descriptions of identified patterns of bisexual behavior in each individual country are discussed by researchers from a variety of disciplines around the world. 1991, 253 pp., \$45.95.

Prometheus Books, 59 John Glenn Dr.,

*Amherst St., Buffalo, NY 14228-2197;
800/421-0351; Fax 716/835-6901.*

Global Programme on AIDS: Inventory of Nongovernmental Organization Working on AIDS in Countries that Development Cooperation or Assistance

*United Nations Non-Governmental
Liaison Service*

This useful directory contains information about organizations around the world that work in HIV/AIDS services. Organizations include non-governmental organizations, donors, and governmental and inter-governmental agencies. An electronic version of this directory, for use in MS/DOS-based personal computers, is available. 1991, 452 pp., \$23.40, plus \$3.00 p/h.

*World Health Organization, Publishing
Center, USA, 49 Sheridan Avenue,
Albany, NY 12210; 518/436-9686.*

A Global Report: AIDS in the World

*Jonathan Mann, Daniel Tarantola,
Thomas Netter, editors.*

This important resource provides information about the current status of the HIV/AIDS pandemic and the global response to it. The book contains both a retrospective and a current analysis of the pandemic's dimensions, shape, and impact, as well as the range of societal responses throughout the world. 1992, 1037 pp., \$45.00 (hc), \$22.95 (pb).

*Harvard University Press, 79 Garden
St., Cambridge, MA 02138; 617/495-
2600.*

Human Sexuality: Research Perspectives in a World Facing AIDS

Amy Chouinard and Jacques Albert, editors

Based on papers from the Research on Sexual Behavior Workshop at the Fifth International Conference on AIDS in 1989, this manual summarizes issues addressed during the three-day HIV workshop. Topics include an interesting detailed description of the process that individuals from various cultural and academic backgrounds used for effective interaction. Qualitative and quantitative methodologies of sexual research are explored, and the current status of sexuality and HIV/AIDS research in countries are addressed. The emphasis here is on the particular needs and challenges faced by the societies present. 1990, 210 pp., \$15.00 Canadian Dollar.

*International Development Research
Centre, 250 Albert St., P.O. Box 8500,
Ottawa, Canada K1G 3H9; 613/236-
6163; Fax 613/238-7230.*

Oceanic Homosexualities

Stephen O. Murray

This book explores homosexuality through a range of different cultures encompassed by the Pacific and Indian Oceans — cultures unaffected by Western or European perspectives. The author examines sacred Shamanism, mandatory homosexual initiation, Filipino callboys, samurai, contemporary Japanese lesbians, and native Hawaiian aristocrats. 1992, 236 pp., \$40.00.

*Garland Publishing, Inc., 717 Fifth
Ave., Suite 2500, New York, NY 10022;
Tel 212/751-7446; Fax 212/308-9399.*

The Other Curriculum: European Strategies for School Sex Education

Philip Meredith, editor

This interesting volume addresses the inter-relationship between socio-political structure and ideology of sexuality education by examining the systems which are responsible for creating sexuality education programs in European countries. Relevant ethical, philosophical, and sociological bases on which rest most sexuality and family-life educational policies are discussed. General conclusions, based on these studies, are made. 1989, 384 pp., \$20.00 U.S.

International Planned Parenthood Federation, Regent's College, Inner Circle, Regents Park, London, NW1 4NS Great Britain; Tel 01 486 0741; Fax 01 487 7950.

Pregnancy, Contraception and Family Planning Services in Industrialized Countries: A Study by the Alan Guttmacher Institute

Elise F. Jones, et al.

This book examines the relationship among unintended pregnancy, contraceptive use, and family-planning services. The authors compare the American experience with those experiences of culturally similar Western Countries. Detailed case studies are presented for the U.S., Canada, The Netherlands, and Great Britain. 1989, 276 pp., \$37.00.

Yale University Press, 302 Temple Street, New Haven, CT 06511; 203/432-0960.

Serving the Future: An Update on Adolescent Pregnancy Prevention Programs in Developing Countries

International Center on Adolescent Fertility/Center for Population Options

This report analyzes the level of services and nature of adolescent pregnancy prevention in the developing countries of Latin America, Africa, and Asia. One-hundred-and-three programs are surveyed on topics including: funding sources for adolescent fertility programs; kinds of agencies providing adolescent prevention programs and HIV/AIDS prevention and education; services offered to youth; individuals served; and populations where services are lacking. A list of programs by region, addresses, and program focus is included. 1993, 63 pp., \$8.00.

International Center on Adolescent Fertility/Center for Population Options, 1025 Vermont Ave., NW, Suite 210, Washington, DC 20005; Tel 202/347-5700; Fax 202/347-2263.

Sex and Russian Society

Igor Ken and James Riordan, editors

The first book to be published in Russia or Western society that deals with sexual issues in Russian society. The authors address such issues as women and sexuality, birth control, abortion, sex and pornography in Russian films, beauty contests, homosexuality and hostility toward sexuality research in the Russian medical establishment. 1993, 168 pp., \$29.95 (hc), \$10.95 (pb).

Indiana University Press, 601 N. Morton Street, Bloomington, IN 47404; 800/842-6796.

Sex in China: Studies in Sexology in Chinese Culture

Fang Fu Ruan

This book overviews Chinese sexual philosophy in the traditional context, classical sexology, classic erotic literature, Taoist sexual beliefs and techniques, male and female homosexuality, transvestism and transsexualism, prostitution, modern Chinese attitudes toward sexuality and the politics of sexual rights in China today. The author presents a comprehensive survey covering ancient texts, the latest statistics and mass media reports, and current cultural analyses. 1991, 208 pp., \$32.50.

Plenum Press, 233 Spring Street, New York, NY 10013; 212/620-8000.

Sexology Today: A Brief Introduction

Erwin J. Haerberle and Rolf Gindorf, editors

This manual provides a world-wide overview of the various sexological organizations, training programs, existing resources, and standards of behavior for professionals. It includes a historical chronology of developments in the field of sexology and a discussion on sexology as a profession. 1993, 141 pp., DM 10.

German Society for Social-Scientific Sex Research, DGSS, Gerresheimer Str. 20, D-40211, Dusseldorf, Germany; Tel 0211 354 591; Fax 0211 360 777.

The Third Pink Book: A Global View of Lesbian and Gay Liberation and Oppression

Aart Hendriks, Rob Tielman, Evert Van Der Veen, editors

Compiled under the auspices of the International Lesbian and Gay Association, this book provides a look at gay men and lesbian lifestyles in over fifteen countries. Essays describing socio-political environments, surveys on legal and social status, and reviews of gay and

lesbian movements are included. The authors offer an historical analysis of the international cooperation among gay and lesbian groups and suggest future strategies for cooperation. 1993, 349 pp., \$29.95.

Prometheus Books Publishers, 59 John Glenn Dr., Amherst, NY 14228-2197; Tel 800/421-0351; Fax 716/691-0137.

INTERNATIONAL ORGANIZATIONS

Contact the following organizations for more resources.

All-Union Sexologists Association (ASA), Prof. Boris M. Vornik, Komsomolkaya 8, 152160 Kiev, Ukraine.

American Association of Sex Educators, Counselors, and Therapists (AASECT), 435 N. Michigan Ave., Suite 1717, Chicago, IL 60611-4067, USA.

Asian Federation for Sexology (AFS), Chairman: Dr. M.L. Ng, Dept. of Psychiatry, University of Hong Kong, Queen Mary Hospital, Pokfulam Rd., Hong Kong.

Asociacion Argentina de Sexologia, Pacheco de Melo 2465 PB "C", 1425 Buenos Aires, Argentina.

Asociacion Boliviana de Educacion Sexual, Cas Correo 8158, La Paz, Bolivia.

Associacao Brasileira de Sexologia, Rua Tamandare 693-Conj. 31 Sao Paulo, Brazil.

Asociacion Guatimalteca de Educacion Sexual, 3a Calle 4-687-1, Guatemala, Guatemala.

Asociacion Mexicana de Educacion Sexula A.C., Michoacan 77, Mexico D.F. 11, Mexico.

Asociacion Mexicana de Sexologia A.C. (AMSAC), Apartado Postal 21-205, Mexico D.F. 21, Mexico.	German Society for Social-Scientific Sex Research, Gerresheimer Str. 20, D-40211 Dusseldorf, Germany.	Shanghai Sex Education Research Association, 122 Shan Xi Rd. (S), Shanghai, China.
Asociacion Rosarina de Educacion Sexual y Sexologia, Moreno 624, 2000 Rosario, Argentina.	Hong Kong Sex Education Association, President: Dr. M.L. Ng, Dept. of Psychiatry, Univ. of Hong Kong, Queen Mary Hospital, Pokfulam Rd., Hong Kong.	Sociedad Colombiana de Sexologia, Apartado Aereo 3441, Cali, Colombia.
Association Recherche Sexologique du Sud-Ouest (ARSSO), Bordeauz Rive Droite, Route Bergerac, F-33370 Fargues-St-Hilaire, France.	Indian Association of Sex Educators, Counselors, and Therapists (IASECT), 203 Sukhsagar, N.S. Patkar Marg., Bombay 400 007, India.	Sociedad Sexologica de Madrid, C/Barbieri, 3.3, Derecha, E-28004 Madrid, Spain.
Associazione per la Ricerca in Sessuologia (ARS), Via Angelo Ceppi 1/8, II-16126 Genova, Italy.	International Academy of Sex Research (IASR), Secretary-Treasurer: Kenneth Zucker, PhD, Child and Family Studies Centre, Clarke Institute of Psychiatry, 250 College St., Toronto, Ontario M5T 1R8, Canada.	Sociedad Venezolana de Sexologia Medica, Torre Bianco Piso 1, Av. Paramaconi, Sn Bernadino, Caracas, Venezuela.
Association of Sexual and Marital Therapists, 82 Harley St., GB-London W1N 1AE, England.	Japanese Association for Sex Education (JASE) Director: Tsuguo Shimazaki, Miyata Bldg, 1-3 Kanada Jinbocho, Chiyoda-ku, Tokyo, Japan 101.	Societa Italiana di Sessuologia Clinica, Cassella Postale 2351, Via Alamanni 23, I-Firenze, Ferrovia, Italy.
Australian Association of Sex Educators, Counselors, and Therapists(AASERT), 21 Carr St., Coogee, N.S.W. 2034, Australia.	Japanese Association of Sex Educators, Counselors and Therapists (JASECT), Dr. Genichi Nozue, HASE Clinic, 3F Shin-Aoyama Bldg (west), 1-1 Minami-Aoyama 1-Chome Minato-ku, Tokyo, Japan 107.	Society for the Scientific Study of Sex (SSSS), P.O. Box 208, Mt. Vernon, IA 52314, USA.
Czechoslovak Sexological Society, Prof. Dr. Jan Raboch, Sexuologicky ustav, Univ. Karlovy, Karlovo nam 32, 120 00 Prag 2, Czech Republic.	Netherlands Institute of Social Sexological Research (NISSO), P.O. Box 5018, 3502 JA Utrecht, The Netherlands.	Society for Sex Therapy and Research (SSTAR), President: Sandra Leiblum, PhD, UMDNJ-Rutgers Medical School, Dept. of Psychiatry, 675 Hoes Lane, Piscataway, NJ 08854, USA.
Chinese Society for Sexology, President: Prof. Wang Xiao Dao, Beijing Medical University, Beijing 100083, China.	Polish Sexological Society, ul. Londynska 12 m 31, 03-921 Warszawa, Poland.	Swedish Association for Sex Education (RFSU), Rosenlundsgatan 13, s-10462 Stockholm, Sweden.
Coordinating Board of Sexology, Bulgarian Medical Academy, Dr. Petko Velitchkov, P.O. Box 60, Sofia 1431, Bulgarien.	Peruvian Society of Sexology, Av. Areguipa 1775-203, Lima (14), Peru.	Swedish Association for Sexology, Splintvedsgatan 11, S-41680 Gothenburg, Sweden.
Danish Association for Clinical Sexology (DACS), Dr. Soren B. Jensen, Kuhlausgade 46, DK-2100 Copenhagen, Denmark.	Sex Information and Education Council of canada (SIECAN), 850 Coxwell Avenue, East York, Ontario, M4C 5RI, Canada.	Syndicat National des Medecins Sexologues (SNMS), 77 Rue Lakanal, F-37000 Tours, France.
European Federation of Sexology (EFS), 55 Blvd de la Cluse, CH-1205 Geneve, Switzerland.	Sex Information and Education Council of the United States, (SIECUS), 130 W. 42nd St., New York, NY 10036, USA.	World Association for Sexology (WAS), Hartford Hospital, Hartford, CT 06115, USA.
Federacion Latinoamericana de Sociedades de Sexologia y Educacion Sexual (FLASSES), Av. 18 de Julio 2172, apt. 308, Montevideo, Uruguay.		<i>This bibliography was compiled by James Shortridge, Director, Information Services, SIECUS.</i>

BOOKS • BOOKS • BOOKS • BOOKS

The Adam Principle: Genes, Genitals, Hormones, & Gender.

John Money, Buffalo, NY: Prometheus Books, 1993, 364 pp.

John Money's new book — more than a researcher's clinical diary — is a landmark in sexology. The stirring epilogue promises to move professionals and society to take forward steps and change modern medicine and law where sexuality is concerned. Dr. Money's personal comments are especially interesting and enlightening. He addresses each chapter to a general reader, providing background information and case illustrations in order to invite a clear understanding of research. Chapter by chapter the book offers clinical biographies dating from 1955. The selected readings offer in-depth insight into our anti-sex society and its negative influence on 40 years of scientific sexuality research. His tone is philosophical:

The winter of my discontent may, perhaps, undergo an early spring thaw if people everywhere resolve to be more vigilant in defending society against the current epidemic of anti-sexualism. In doing so, they will preserve the integrity and practice of sexology as a profession and a science.

The book also explores how the legal system allows for systematic blundering. "The law is the repository of the sexual taboo of our society," Money writes. He makes a convincing case for therapeutic training for attorneys and court officials to perform more effectively in the psychosocial context in which they inevitably operate.

In the end, *The Adam Principle* expresses the caring of a man who is unafraid to point out the holes in our social-sexual belief systems, including those aspects which are unjust. Money hopes to preserve sexology, a young science, in a society that actively works against it. The book is a must read for all who work in the field of sexuality.

Reviewed by Charles L. Pelton, M.D., J.D., Associate Clinical Professor of Family and Community Medicine, University of South Dakota School of Medicine.

Sex Equity and Sexuality in Education.

Susan Shurberg Klein, Editor, Albany: State University of New York Press, 1992, 381 pp.

In any compilation of essays, the quality of work can be erratic. This is the case with *Sex Equity and Sexuality in Education*. However, the strength in certain chapters more than makes up for the weaknesses. The breadth of topics covered in this book ensures that there is something of interest for every reader concerned about the topic. The book's style is consistent throughout, although somewhat dry and academic. The introductory section provides a broad-based, global view of sexuality in education, followed by two sections providing in-depth exploration of specific issues, and closing with two sections of recommendations and solutions.

John Rury's chapter, "Passions and Power: Sexuality, Sex Equity, and Education in Historical Perspective" was somewhat limited in scope, excluding early American history and regions beyond Northern urban areas. Notably, however, he conveys quite clearly that not much has changed in the past 90 years. "Rather than urging openness and freedom of expression regarding sex," Rury writes of turn-of-the-century educational efforts, "the new sex education argued abstinence as the best strategy for safety." Sound familiar?

Theresa Cusick's chapter on "Sexism and Early Parenting: Cause and Effect," on the other hand, is a solid, well-documented examination of the connection between traditional sex-role stereotyping and adolescent pregnancy and parenting. This information is critical to our struggle to offer programs and services which are effective in delaying teen parenting and a good retort to the vocal minority who wish to return to the days when "men were men, and women stayed at home." A surprising highlight is Cusick's unique exploration of the near-obsession that Americans have with motherhood and the impact this has had on young women, particularly those with an indistinct sense of self. Cusick points out that the glorification of motherhood must be considered when planning programs for young women. She describes variations on this theme according to ethnicity.

Naturally, the underlying assumption

of this book is that sex equity is desirable. Unfortunately, this assumption is not, even in 1993, shared by all educators or by all those who influence education. Several chapters provide solid arguments and tools to help flesh out the assertion that sex equity is good. One such chapter is Grayson's on "Emerging Equity Issues Related to Homosexuality in Education," which makes a strong case for addressing homosexuality and homophobia in the classroom. It discusses the potential harm to individual students and society at large when such issues are ignored.

Today, when sexuality education is increasingly under attack for relativism from the religious right, we take refuge in science. Thus we sometimes end up in my-data-is-better-than-your-data arguments, remaining trapped in a dualistic world view. Instead, we could be celebrating our tolerance for ambiguity and our willingness to critically challenge unfounded beliefs and assumptions — even when they are our own. Therein lies the greatest strength of this book. Many of the authors pose arguments, questions, and theories which provoke self-examination and further inquiry for interested professionals in the field of sex equity and sexuality education.

Reviewed by Sandy Rice, Training Manager of the Center for Health Training in Austin, Texas.

Sex, Sin, and Blasphemy: A Guide to America's Censorship Wars

Marjorie Heins, New York: The New Press, 1993, 207 pp.

Marjorie Heins states up front her purpose to survey the censorship wars to show that "all Americans need to care about these issues." She reviews the major battles and figures on both sides of the censorship fight and passionately argues for an unfettered reading of the First Amendment. Unfortunately, her argument is like a sermon preached to the church choir — she will neither convince her opponents nor rally her allies. "The First Amendment needs a spin doctor," writes Heins, as she proposes to play such a role.

Sex, Sin and Blasphemy opens with a concise history of the evolution of the First Amendment, focusing on the exceptions found in obscenity laws. These laws

went into effect in the nineteenth century as part of a Victorian morality campaign led by Anthony Comstock, founder of the New York Society for the Suppression of Vice. Comstock succeeded in pressuring Congress to pass the Comstock Law (still on the books today) that banned the mailing of "lewd," "indecent," "filthy," or "obscene" material. That this law included a ban on birth control information serves to underscore the fact that the debate was as much about the morality (read, behavior) of women as it was about pornography. The Comstock Law and other obscenity laws remained intact until a series of Supreme Court cases brought in the 1950s and 60s culminated in the three-part obscenity test. To be obscene and qualify for First Amendment protection, a work must be "patently offensive," must appeal to "prurient interest," and be "utterly without redeeming social value." The 1973 *Miller v. California* case the Supreme Court refined the definition, stating that a work is "utterly without redeeming social value" if it can be demonstrated as lacking "serious literary, artistic, political, or scientific value." This became known as the SLAPS test. In the same ruling, "patently offensive" and "prurient interest" tests applied to community rather than national standards. The SLAPS test and community standards are the measures of the constitutionality of obscenity laws today.

The remaining chapters of Heins' book use recent and historical battles over censorship as evidence the need for unbridled free speech. Her examples from recent times are well-explained and probably familiar to most readers. These include the Mapplethorpe controversy and the court trial concerning the rap group 2 Live Crew. Heins is clearly familiar with these cases but does not provide a deeper analysis to delve beyond the news reports. Further, her chapter "The Dreaded 'P' Word" is a heated but unhelpful contribution to the pornography debate. The significant issue of pornography and women's rights is addressed through an attack on Catherine MacKinnon and Andrea Dworkin, leaders of an anti-pornography movement based on certain aspects from feminist ideology. Heins names these women "right-wing feminists" and likes them to religious fundamentalists. Unfortunately, MacKinnon's and Dworkin's views are never examined so as to allow the reader to judge.

Despite its problems *Sex, Sin, and Blasphemy* is on target when it addresses the legal and political issues of censorship. In a chapter, "The Taxpayers'

Money," which serves as the heart of the book, she examines the NEA controversy and the political posturing surrounding it. Heins is at her best when she responds to critics of the National Endowment of the Arts and rises to answer Senator Jesse Helms' question about why taxpayers should fund art they find objectionable. Here, Heins is confident and fully airs her opponent's arguments. Taxpayers also fund parks, sidewalks, and other public spaces where free speech is exercised by all, not just by those whose speech we like, Heins argues effectively. The taxpayers who fund these fora "are not buying a specific idea that they like; they are buying one bigger idea — freedom."

On balance, the book will seem valuable for its chapters on obscenity law and arts-funding. Heins states that advocates for censorship are mistaken in believing that certain depictions cause the ills of society. This categorization is used to refute those who would censor 2 Live Crew, Mapplethorpe, or Hollywood. Her bottom line argument is that "Words and images don't cause bad acts. Messages in art are influenced by social conditions and attitudes, not the other way around." How can someone who has made a career of supporting the First Amendment believe the implication of this statement to be true? The First Amendment protects free speech precisely because it influences society. If art has no impact, if speech has no effect, if image has no influence, there would be no debate at all. Free speech needs protection because it is valuable, and it is valuable because it has an effect.

Reviewed by Oliver Karlin. Freelance writer, New York City.

Gay and Lesbian Youth: Expressions of Identity

Ritch C. Savin-Williams, New York: Hemisphere Publishing, 1990, 202 pp.

In *Gay and Lesbian Youth*, Savin-Williams sets out to study the self-esteem of gay and lesbian youth. This book is scientifically based, often dense, and filled with charts and graphs that may be daunting. Scattered among the charts and graphs, however, were valuable facts and quotations for the lay person. We know very few facts about gay and lesbian youth, and yet this information is very valuable to all adults who work with young people. As teen suicide rates continue to rise, especially among gay and lesbian young

adults, we need to understand and thus empower young people as much as we can. Gay and lesbian teens are often ignored and left out of schools, churches, and youth programs. If homosexuality is acknowledged at all, it is often presented negatively. Mr. Savin-Williams' book offers much-needed insight and offers the following:

Not all homosexual adolescents are sexually active.

Homosexual adolescent youths are oftentimes heterosexually active.

Heterosexual youths have homosexual experiences.

Sexual identity and behavior are not always in synch.

Many of these issues evoke great stress and anxiety for all adolescents.

The author does not set out to compare lesbian and gay youth to their heterosexual counterparts. Instead he compares the adolescents to gay and lesbian adults, explaining that:

Only research in which the participants were gay men, lesbians, or bisexual is considered [within this text]....First, I did not want to assume that self-esteem is related to the tested variables in the same manner that has been empirically demonstrated with heterosexual populations. Perhaps the developmental trajectory of evolving a sense of self-worth among lesbian and gay youth is in some way unique. Secondly, I wanted to avoid the danger of posing straight youth as a control or comparison group.

The comparison offered in this book between gay males and lesbian adolescents is very enlightening and helps to explain differences in general between men and women, regardless of sexual orientation. Such knowledge not only gives us insight into the relationships of others, but can also help adults to better understand our own romantic relationships. Additionally, the book includes important information about homosexuality and the media, politics, AIDS, religious issues, and other relevant topics. It is an important resource for youth workers.

Reviewed by Nancee Lee, Healthquarters: Reproductive Health Care Services. New York City.

UNFINISHED BUSINESS

The Executive Summary from the SIECUS Assessment of State Sexuality Education Programs in the United States

Alan E. Gambrell, MPH

Washington, DC Representative

Debra W. Haffner, MPH

Executive Director, SIECUS

States have taken a variety of steps, both bold and tentative, to guide the nation's schools in providing sexuality education to students. Findings from a SIECUS survey of 48 states, the District of Columbia, Puerto Rico, and American Samoa, reveal that the vast majority of states have developed a strong framework for building comprehensive sexuality education programs. Forty-seven states have laws or policies recommending or requiring sexuality education. In addition, 38 states, the District of Columbia, and Puerto Rico, all have developed sexuality education curricula or guidelines to provide program guidance to local schools districts.

Almost all state curricula guides include abstinence messages as well as positive and affirming statements about human sexuality. However, many state guides omit sexual behavior topics; exclude topics that are considered controversial, such as sexual identity and orientation and abortion; lack thorough coverage of topics throughout grades Kindergarten - Twelve (K-12), particularly in the elementary grades; and lack balanced coverage of abstinence and safer sex. These shortcomings indicate that — although states have established a foundation for sexuality education programs — their work is as of yet unfinished.

Foundation For Sexuality Education

States are far more likely to develop guidelines (35 states) than curricula (17 states), suggesting a preference to defer to local discretion concerning the specifics of program design. Sexuality education programs also tend to be framed within the context of a subject other than sexuality, usually health education. Thirty states have developed their own programs with the input of advisory committees, designed to garner a broad array of perspectives.

Most states do not have teacher training or certification requirements for instructors of sexuality education. Only 27% require teachers of sexuality education to be certified in a specific field, and only nine states mandate training as a prerequisite for teaching sexuality education. Forty-one states do not have any sexuality education teacher-training requirements.

Gaps Exist in Curricula and Guidelines

Of the 28 state guides reviewed by SIECUS, those that stand alone as separate sexuality education or family-life documents are generally more comprehensive than documents integrated within a broader health-education framework. Regardless of the framework, however, a thorough

discussion about sexuality topics is not common. Most guidelines and curricula do not provide detailed age-appropriate developmental messages. Human development (i.e., anatomy, puberty, body image); relationships (i.e., family parenting, friendship); personal skills (decision-making and communications); and sexually transmitted diseases (STDs) and HIV infection are the topics most commonly covered in state guides.

Unfinished Business: Further Findings

Fewer than one-third of state guides include any sexual behavior topic other than abstinence. Masturbation, shared sexual behavior, human sexual response, fantasy, and sexual dysfunction are covered by ten or fewer state curricula guides. Additionally, when states do discuss sexual behavior, they tend to focus on the negative consequences of sexual activity rather than promoting sexual health and responsible decision-making. States also lack a balanced discussion about abstinence and safer sex. This results in a failure to provide guidance to the more than half of all adolescents who report that they have already engaged in sexual intercourse by age 17.

Very few states discuss such topics as sexual identity and orientation (13 states), abortion (11 states), and sexuality and religion (four states). Reluctance to cover these subjects may leave many students reliant upon information provided by unreliable sources, both outside the classroom and outside the home. Fortunately, only six states have specific provisions that restrict the content of instruction, including the prohibition of discussion about contraceptive use among unmarried minors, abortion, and homosexuality.

Personal skills are most often presented in state curricula and guides as "just say no" instruction that do not provide corresponding refusal skills or assertiveness messages. State curricula and guidelines often do not cover sexuality education topics in the early grades. Twenty-six of the 28 state curricula and guidelines reviewed by SIECUS are designed for K-12 or K-1. Yet fewer than half cover specific sexuality education topics in elementary grades, particularly grades K-3. These omissions result in a failure to provide students with a foundation of early learning from which later instruction can take place.

The report is available in full for \$7.50 through the SIECUS Publications Department.

THE U.S. HEALTH REFORM BILL

"Good News and More Questions"

Betsy Wacker and Alan E. Gambrell

Director, Public Policy and Washington, DC Representative

Good news is found in the Health Security Act (HSA) — the long-awaited Clinton health care reform bill. The 1342-page plan was released in October, receiving mostly favorable reviews and a handful of critical questions about how the plan will address sexual health concerns. From this perspective, high-points of the plan include basic benefits for family planning services and services for pregnant women, as well as special initiatives for comprehensive school-health education and school-related health services. Due to political sensitivities, some wording in the bill is vague. For instance, the school health education initiative calls sexuality education "family life" education. Notably, the term abortion is missing from the basic benefit package; although coverage for abortion is suggested in family-planning services and services for pregnant women. Elsewhere in the plan — in an apparent attempt to avoid using the word sex — sexually transmitted diseases (STDs) are referred to as "fertility-related infectious illness," a term which only applies to women.

The guiding principle for the HSA is the provision of comprehensive health care coverage for all Americans, mandating that employers pay for 80% of health insurance costs, and employees pay the remainder. The plan will make federal government subsidies available to small employers, part-time workers, and low-income or unemployed individuals. Special regulatory boards will serve as purchasing pools to offer consumers and employers various health care plans. Such purchasing groups are called "health alliances", and they will include participation by community providers.

Reproductive Health Care

Family planning services and services for pregnant women are included in the basic package and defined as follows: "Voluntary family planning services; contraceptive devices that may only be dispensed upon prescription; and are subject to approval by the Secretary of Health and Human Services under the Federal Food, Drug and Cosmetic Act; [and] ... services to pregnant women." Contraceptive drugs such as birth control pills and Norplant are not included in this section, since they are covered under benefits for prescription drugs. It is problematic, however, to separate contraceptive devices from prescription contraceptive drugs, since prescription drugs may be an early cost-cutting target. Nurse practitioners and midwives are consid-

ered Health Professionals by the plan, and their services are reimbursable.

School Health Education and Services

The Comprehensive School Health Education Initiative will fund the provision of kindergarten through grade 12 age-appropriate comprehensive health education programs that address locally relevant priorities. Health education will target risk behaviors accounting for the majority of death and illness among young adults and children. These include smoking, alcohol and drug use, as well as sexual behaviors resulting in HIV infection, STDs, or unwanted pregnancy. The ten components listed within this initiative include: Family life, Personal health, Growth and development, and Prevention and control of disease and disorders. Programs will be instituted through state grants and local education agency grants. School health service funds will be targeted to youth between the ages of 10 and 19. Preference will be given to areas with high rates of a number of public health indicators, including STDs, adolescent pregnancy, and poverty. The grants will be provided to local community partnerships defined as local health providers with experience delivering services to adolescents, local public schools, and at least one community-based organization with a history of serving at-risk youth within the community. Broad-based participation of parents, youth, teachers, and health providers is encouraged.

Lightning Bolts

Sexual health issues are likely to receive considerable attention when the health reform bill is presented to Congress. Such topics include family planning; abortion STDs, and confidentiality for spouses and adolescents. An option called the "Conscience Clause" promises to be a snag. The clause might better be called the "Restrictive Service Clause," since it allows health professionals to excuse themselves from providing if they deem that it goes against their religious or moral beliefs. The Health Security Act unfortunately does not discuss confidentiality for such critical services as STD and HIV screening and counseling for pregnancy-related care. SIECUS and other organizations are developing strategies to inform senators and Representatives of the importance of sexual health within these initiatives. These and other debates promise to invoke the politics of sex.