

VOLUME 23 NUMBER 6

SEXUAL FOCUS

REPORT

ADOLESCENT SEXUALITY AND SEXUAL HEALTH

AUGUST/SEPTEMBER 1995

SIECUS

REPORT

VOL. 23, NO. 6 • AUGUST/SEPTEMBER 1995

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Annual SIECUS membership fees: individual, \$75; student (with validation), \$35; senior citizen, \$45; organization, \$135 (includes two subscriptions to the *SIECUS Report*); library, \$75. *SIECUS Report* subscription alone, \$70 a year. Outside the United States, add \$10 a year to these fees (in Canada and Mexico, add \$5). The *SIECUS Report* is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

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SIECUS is affiliated with the University of Pennsylvania

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3700 Walnut Street

Philadelphia, PA 19104-6216

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Design by Stein, Killpatrick & Rogan Advertising, Inc.

Additional design and layout by Alan Barnett, Inc.

Proofreading by E. Bruce Stevenson.

Printing by Seaport Graphics & Communications.

Library of Congress catalog card number 72-627361.

ISSN: 0091-3995

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FACING FACTS: SEXUAL HEALTH
FOR AMERICA'S ADOLESCENTS:
THE REPORT OF THE NATIONAL COMMISSION
ON ADOLESCENT SEXUAL HEALTH

Debra W. Haffner, M.P.H.
SIECUS President

On June 21, 1995, SIECUS released the landmark report "Facing Facts: Sexual Health for America's Adolescents." SIECUS believes that this report is so important that we are excerpting major portions of it in this issue of the SIECUS Report. This "condensed" version of the report highlights the key findings and recommendations of the National Commission on Adolescent Sexual Health. The report is presented as a consensus and is not intended to represent the individual views of Commissioners nor of their institutional affiliations. For a full copy of the 32 page report, send \$12.95 to SIECUS Publications, 130 W. 42nd Street, Suite 350, New York, N.Y. 10036.

INTRODUCTION

Adolescent sexuality has changed dramatically during the past forty years. In the 1950s, petting was the most common intimate teenage sexual experience, adolescents reached physical maturity later and married earlier, and teenage intercourse was uncommon except among the oldest and often engaged or married adolescents. Patterns of sexual behavior differed widely among young men and young women, as well as among youth from different backgrounds.

Today's teenagers reach physical maturity earlier and marry later. There has been a steady increase in the percentage of young people having sexual intercourse, and in the percentage doing so at younger and younger ages. Almost all teenagers experiment with some type of sexual behavior. Patterns of sexual activity are now fairly similar among young men and women, and young people from different ethnic, socio-economic, and religious groups.

There is public and professional consensus about what is sexually unhealthy for teenagers. Professionals, politicians, and parents across the political spectrum share a deep concern about unplanned adolescent pregnancy; out-of-wedlock childbearing; sexually transmitted diseases (STDs) including HIV/AIDS; sexual abuse; date rape; and the potential negative emotional consequences of premature sexual behaviors.

However, there is little public, professional, or political consensus about what is sexually healthy for teenagers. The public debate about adolescent sexuality has often focused on which sexual behaviors are appropriate for adolescents, and ignored the complex dimensions of sexuality. Some

groups support the "just say no" approach to adolescent sexuality. They believe that the only healthy adolescent sexuality is abstinence from all sexual behaviors until marriage, and that adults should work to eliminate teen sexual experimentation. Another approach could be described as "just say not now." This philosophy encourages young people to abstain until they are more mature, but given the high rates of teenage sexual involvement in intercourse, recommends that it is important to provide young people with access to contraception and condoms whether or not adults approve of their behavior. This approach might also be labeled "if you can't say no, protect yourself!" Other adults adopt a "don't ask, don't tell" posture, and simply pretend that adolescent sexuality and sexual behavior do not exist.

In 1994, SIECUS convened the National Commission on Adolescent Sexual Health. The Commission believes there is an urgent need for a new approach to adolescent sexual health. Society has a responsibility to help adolescents understand and accept their evolving sexuality and to help them make responsible sexual choices, now and in their future adult roles. The Commission believes that adults must focus on helping young people avoid unprotected and unwanted sexual behaviors. Individual adults and society in general must help adolescents develop the values, attitudes, maturity, and skills to become sexually healthy adults.

ADOLESCENT DEVELOPMENT

Discussions about adolescent sexuality often are predicated on an adult perception of how "things should be," rather than on an appreciation of the dynamics and goals of adolescent development and maturation.

Adolescence is the time when young people develop the knowledge, attitudes, and skills that become the foundation for psychologically healthy adulthood. It is a period characterized by rapid changes and the need to achieve many significant developmental tasks. Nevertheless, far from being a time of great conflict and distress, the majority of adolescents pass through adolescence successfully. Children who enter adolescence with the most social or psychological disadvantages are likely to experience the greatest difficulties. Indeed, it may be that the greatest barrier to healthy development is a lack of education and economic opportunities.¹

CONSENSUS STATEMENT ON ADOLESCENT SEXUAL HEALTH

This statement reflects the consensus of the National Commission on Adolescent Sexual Health. The Consensus Statement has been endorsed by 48 national organizations.

Becoming a sexually healthy adult is a key developmental task of adolescence. Achieving sexual health requires the integration of psychological, physical, societal, cultural, educational, economic, and spiritual factors.

Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values.

Adults can encourage adolescent sexual health by:

- Providing accurate information and education about sexuality;
- fostering responsible decision-making skills;
- offering young people support and guidance to explore and affirm their own values; and
- modeling healthy sexual attitudes and behaviors.

Society can enhance adolescent sexual health if it provides access to comprehensive sexuality education and affordable, sensitive, and confidential reproductive health care services, as well as education and employment opportunities. Families, schools, community agencies, religious institutions, media, businesses, health care providers, and government at all levels have important roles to play. Society should encourage adolescents to delay sexual behaviors until they are ready physically, cognitively, and emotionally for mature sexual relationships and their consequences. This support should include education about:

- Intimacy;
- sexual limit-setting;
- resisting social, media, peer, and partner pressure;
- benefits of abstinence from intercourse; and
- pregnancy and sexually transmitted disease prevention.

Society must also recognize that a majority of adolescents will become involved in sexual relationships during their teenage years. Adolescents should receive support and education for developing the skills to evaluate their readiness for mature sexual relationships. Responsible adolescent intimate relationships, like those of adults, should be based on shared personal values, and should be:

- Consensual;
- non-exploitative;
- honest;
- pleasurable; and
- protected against unintended pregnancies and sexually transmitted diseases, if any type of intercourse occurs.

The following national organizations have endorsed the Consensus Statement on Adolescent Sexual Health:

- Advocates for Youth
AIDS Action Council
American Association of Family and Consumer Sciences
American Association on Mental Retardation
American Association of Sex Educators, Counselors, and Therapists
American Association of University Women
American College of Obstetricians and Gynecologists
American Counseling Association
American Medical Association
American Orthopsychiatric Association
American School Health Association
American Social Health Association
Association for the Advancement of Health Education
Association of Reproductive Health Professionals
AVSC International
Blacks Educating Blacks About Sexual Health Issues
Catholics For A Free Choice
Child Welfare League of America
Education Development Center, Incorporated
ETR Associates
Federation of Behavioral, Psychological and Cognitive Sciences
Girls Incorporated
Hetrick-Martin Institute
Human Rights Campaign Fund
Latina Roundtable on Health and Reproductive Rights
National Abortion Federation
National Abortion and Reproductive Rights Action League
National Asian Women's Health Organization
National Association of School Psychologists
National Center for Health Education
National Coalition of Advocates for Students
National Council of the Churches of Christ, Commission on Family Ministries and Human Sexuality
National Education Association—Health Information Network
National Family Planning and Reproductive Health Association
National Lesbian and Gay Health Association
National Minority AIDS Council
National Native American AIDS Prevention Center
Parents, Families and Friends of Lesbians and Gays
Planned Parenthood Federation of America
Religious Coalition for Reproductive Choice
Sexuality Information and Education Council of the United States
Society for Adolescent Medicine
Society for the Scientific Study of Sex
The Alan Guttmacher Institute
Unitarian Universalist Association
United Church Board for Homeland Ministries
Y.W.C.A. of the U.S.A.
Zero Population Growth

The Three Stages of Adolescence

Developmental psychologists and health professionals have categorized adolescence into three developmental stages: early adolescence, middle adolescence, and late adolescence. These stages are key to understanding adolescents' behavioral decisions and adolescent sexuality, and are highlighted below.

Early Adolescence (females ages 9–13, males ages 11–15) involves the following characteristics: adjustment to pubertal changes such as secondary sexual characteristics; concern with body image; beginning of separation from family; increased parent-child conflict; presence of social group cliques; identification in reputation-based groups; concentration on relationships with peers; and concrete thinking but beginning of exploration of new ability to abstract.

Middle Adolescence (females ages 13–16, males ages 14–17) involves the following characteristics: increased independence from family; increased importance of peer group; experimentation with relationships and sexual behaviors; and increased abstract thinking ability.

Late Adolescence (females ages 16 and older, males ages 17 and older) involves the following characteristics: autonomy nearly secured; body image and gender role definition nearly secured; empathetic relationships; attainment of abstract thinking; defining of adult roles; transition to adult roles; greater intimacy skills; and sexual orientation nearly secured.

Developmental psychologists have identified six key developmental tasks for adolescents. The pursuit of these developmental tasks answers three psychosocial questions that adolescents ask themselves: *Am I normal? Am I competent? Am I lovable and loving?*² Many adolescent behaviors can be attributed to the search for affirmative answers to these questions.

The Commission affirms that becoming a sexually healthy adult is embedded in these key developmental tasks. The six key tasks are:

Physical and Sexual Maturation: Adolescents mature biologically into adults, a process that occurs at an earlier chronological age than it did in the past.

Independence: Adolescents develop autonomy within the structure that gave them nurture and support during their childhood. This is usually the family, but may include some similar surrogate structure. The parent-child relationship is transformed during adolescence, as the young person develops autonomy while obtaining the skills to maintain satisfying relationships within the home and with others.

Conceptual Identity: Adolescents establish and place themselves within the religious, cultural, ethnic, moral, and political constructs of their environments.

Cognitive Development: Children and young adolescents are concrete thinkers and focus on real objects, present actions, and immediate benefits. They have difficulty projecting themselves into the future. During adolescence, young people will develop a greater ability to think abstractly, plan for their future, and understand the impact of their current actions on their future lives and other people.

Sexual Self-concept: During adolescence, young people tend to experience their first adult-like erotic feelings, experiment with sexual behaviors, and develop a strong sense of their own gender identity and sexual orientation.

ADOLESCENT SEXUAL BEHAVIOR IN THE 1990s

Almost all American adolescents engage in some type of sexual behavior. Although policy debates have tended to focus on sexual intercourse and its negative consequences, young people explore dating, relationships, and intimacy from a much wider framework.

Most teenagers who have intercourse do so responsibly. More than 80 percent of Americans first have intercourse as teenagers.³ More than half of women and almost three quarters of men aged 15–19 have had sexual intercourse. However, despite the large numbers of young people who experiment with a variety of sexual behaviors, intercourse is generally less widespread and certainly less frequent than many teenagers and adults believe. The majority of teenagers use contraceptives as consistently and effectively as most adults.

For some adolescents, particularly the youngest, intercourse is developmentally disadvantageous. The Commission affirms that for many adolescents, sexual involvement is pleasurable, safe, and normative. However, for a significant minority of young people, these behaviors can be quite risky and dangerous. In particular, young adolescents who become involved in sexual behaviors prematurely face a host of risks. The Commission believes that intercourse is developmentally disadvantageous for young adolescents as they do not have the cognitive or emotional maturity for involvement in intimate sexual behaviors, especially intercourse.

ABSTINENCE AND SEXUAL INTERCOURSE

The Commission believes that too much of the public policy debate about adolescent sexuality has focused on whether adolescents should abstain from sexual behaviors, particularly intercourse, or whether contraception and condoms should be available. Some sexually healthy adolescents abstain from intercourse; some sexually healthy adolescents have intercourse.

CHARACTERISTICS OF A SEXUALLY HEALTHY ADOLESCENT

Self

Appreciates Own Body

- Understands pubertal change.
- Views pubertal changes as normal.
- Practices health-promoting behaviors, such as abstinence from alcohol and other drugs and undergoing regular check-ups.

Takes Responsibility for Own Behaviors

- Identifies own values.
- Decides what is personally "right" and acts on these values.
- Understands consequences of actions.
- Understands that media messages can create unrealistic expectations related to sexuality and intimate relationships.
- Is able to distinguish personal desires from that of the peer group.
- Recognizes behavior that may be self-destructive and can seek help.

Is Knowledgeable About Sexuality Issues

- Enjoys sexual feelings without necessarily acting upon them.
- Understands the consequences of sexual behaviors.
- Makes personal decisions about masturbation consistent with personal values.
- Makes personal decisions about sexual behaviors with a partner consistent with personal values.
- Understands own gender identity.
- Understands effect of gender role stereotypes and makes choices about appropriate roles for oneself.
- Understands own sexual orientation.
- Seeks further information about sexuality as needed.
- Understands peer and cultural pressure to become sexually involved.
- Accepts people with different values and experiences.

Relationships with Parents and Family Members

Communicates Effectively With Family About Issues, Including Sexuality

- Maintains appropriate balance between family roles and responsibilities and growing need for independence.
- Is able to negotiate with family on boundaries.
- Respects rights of others.
- Demonstrates respect for adults.

Understands and Seeks Information About Parents' and Family's Values, and Considers Them in Developing One's Own Values

- Asks questions of parents and other trusted adults about sexual issues.
- Can accept trusted adults' guidance about sexuality issues.
- Tries to understand parental point of view.

Peers

Interacts With Both Genders in Appropriate and Respectful Ways

- Communicates effectively with friends.
- Has friendships with males and females.
- Is able to form empathetic relationships.
- Is able to identify and avoid exploitative relationships.
- Understands and rejects sexual harassing behaviors.
- Understands pressures to be popular and accepted and makes decisions consistent with own values.

Romantic Partners

Expresses Love and Intimacy in Developmentally Appropriate Ways

- Believes that boys and girls have equal rights and responsibilities for love and sexual relationships.
- Communicates desire not to engage in sexual behaviors and accepts refusals to engage in sexual behaviors.
- Is able to distinguish between love and sexual attraction.
- Seeks to understand and empathize with partner.

Has the Skills to Evaluate Readiness for Mature Sexual Relationships

- Talks with a partner about sexual behaviors before they occur.
- Is able to communicate and negotiate sexual limits.
- Differentiates between low- and high-risk sexual behaviors.
- If having intercourse, protects self and partner from unintended pregnancy and diseases through effective use of contraception and condoms and other safer sex practices.
- Knows how to use and access the health care system, community agencies, religious institutions, and schools; and seeks advice, information, and services as needed.

The Commission affirms the following: *Society should encourage adolescents to delay sexual behaviors until they are ready physically, cognitively, and emotionally for mature sexual relationships and their consequences. This support should include education about intimacy; sexual limit setting; resisting social, media, peer, and partner pressure; benefits of abstinence from intercourse; and pregnancy and STD prevention.*

The Commission also affirms the following: *Society must also recognize that a majority of adolescents will become involved in sexual relationships during their teenage years. Adolescents should receive support and education for developing the skills to evaluate their readiness for mature sexual relationships. Responsible adolescent intimate relationships, like those of adults, should be based on shared personal values, and should be consensual, non-exploitative, honest, pleasurable, and protected against unintended pregnancies and sexually transmitted diseases, if any type of intercourse occurs.*

THE ADULT ROLE IN PROMOTING ADOLESCENT SEXUAL HEALTH

Many adults have difficulty acknowledging teenagers' emerging sexuality. Adults' denial and disapproval of teenage sexual behavior may actually increase teenagers' risk of pregnancy and sexually transmitted diseases. The majority of adults disapprove of teenagers having intimate sexual relationships, and adolescents often perceive this disapproval. Many teenagers are willing to risk pregnancy and disease rather than damage their "reputation" with their parents or experience the disapproval of adults with whom they must interact to obtain contraceptives and condoms.

The Commission urges policy makers to remember that adolescents grow up in families and communities, and that these communities must be involved in promoting adolescent sexual health. The Commission affirms that all sectors of the community—parents, families, schools, community agencies, religious institutions, media, businesses, health care providers, and government at all levels—have important roles to play.

Parents

Parents are the primary sexuality educators of their children. They educate both by what they say and by how they behave. It is important to begin deliberate education at the earliest childhood level; however, adolescence poses new challenges for many parents. In homes where there is open communication about contraception and sexuality, young people often behave more responsibly. At a minimum, such communication may help young people accept their own sexual feelings and actions. With open communication, young people are more likely to turn to their parents in times of trouble; without it, they will not.⁴

The Commission believes that parents and families can play a major role in ensuring adolescent sexual health. The Commission developed the following list of behaviors that often characterize the parents of a sexually healthy adolescent. These parents:

- Demonstrate value, respect, acceptance and trust in their adolescent children.
- Model sexually healthy attitudes in their own relationships.
- Maintain nonpunitive stance toward sexuality.
- Are knowledgeable about sexuality.
- Discuss sexuality with their children.
- Try to understand their adolescent's point of view.
- Set and maintain limits for dating and other activities outside of school.
- Stay actively involved in the young person's life.
- Offer to assist adolescents in accessing health care services.
- Help them plan for their future.

Comprehensive Sexuality Education

The Commission affirms that children and youth need age-appropriate comprehensive sexuality education. Further, the Commission recognizes that schools are only one site for sexuality education. Community agencies, religious institutions and youth serving organizations should develop sexuality education programs that are appropriate for their settings. In addition, education programs should be available for parents of children and adolescents to help them provide sexuality education within their homes. The characteristics of effective comprehensive sexuality education programs include the following:

- They are experiential and skill-based.
- They are taught by well-trained teachers and leaders.
- They discuss controversial issues.
- They are relevant to all teenagers, regardless of sexual orientation.
- They are culturally specific and sensitive.
- They discuss social influences and pressures.
- They reinforce values and group norms against unprotected sexual behaviors.
- They teach skill-building, including refusal skills.
- They are integrated within comprehensive health education.
- They use peer counseling and peer support when appropriate.

Health Care

The Commission affirms the need for health providers, health care organizations, and communities to provide young people with affordable, sensitive, and confidential sexual and reproductive health care services. This includes mental health counseling; support services for gay and lesbian youth; family planning; abortion; STD screening, diagnosis, and treatment; and prenatal care. School-based and school-linked programs, special adolescent health care services, and private practitioners all have special roles to play in reaching adolescents with these important services. It is also important that there be formal linkages between health care delivery and education programs. The characteristics of effective health and medical programs for adolescents include the following:

- All staff have both an interest and special training in working with adolescents.
- The operating hours and location are convenient for teenagers.
- Counseling is a routine part of each visit.
- Confidentiality is assured.
- Parental involvement is encouraged.
- There is a focus on sexuality and sexual health.
- Services are affordable to teenagers.
- Youth are involved in designing and implementing the program.
- Continuity from pediatric care to adult care is assured.

Community Programs

Community youth-serving programs can play a major role in ensuring adolescent sexual health. The Commission urges such programs—including girls' and boys' clubs, scouts, sports organizations, public libraries, recreation departments, after-school programs, work sites, camps, juvenile justice centers, job training programs, and religious organizations—to develop sexuality education programs as well as a variety of opportunities to provide young people with education and employment opportunities.⁵ The characteristics of effective community programs include the following:

- They are accessible to young people.
- The program offers adolescents opportunities to contribute to the community and feel competent.
- Mentoring programs are featured.
- Staff integrate sexuality information and referrals into other youth development programs.
- They offer an opportunity to develop relationships with both genders.
- They are run by well-trained leaders.

- They have an established referral network for health care services.
- They encourage family involvement.
- They are culturally specific and sensitive, and linguistically appropriate.

Mass Media

The Commission recognizes that the mass media have become a major source of young people's information about sexuality. The Commission urges those who work in the mass media to exercise their influence by providing accurate information and modeling responsible behaviors. The communication of accurate information adds realism and helps adolescents gain insights into their own sexuality, and to make more responsible decisions about their behavior. Toward that end, the Commission strongly encourages writers, producers, programming executives, reporters, and others to incorporate the following into their work whenever possible:

- Provide diverse and positive views of a range of body images and eliminate stereotypes about sexuality and sexual behaviors; for example, eliminating the ideas that only beautiful people have sexual relationships or that all adolescents have intercourse.
- When describing or portraying a sexual encounter, include steps that should be taken such as using a condom to prevent unwanted pregnancy and sexually transmitted diseases. Model communication about an upcoming sexual encounter. If the sexual encounter includes unprotected intercourse, portray or refer to the possible short- and long-term negative consequences.
- Although the Commission recognizes the need for dramatic tension and conflict in some relationships, and for the accurate portrayal of stressful relationships when they exist, typical interactions between men and women or boys and girls should be respectful and non-exploitative.
- Lift barriers to contraceptive and condom product advertising.
- When feasible, promote responsible adolescent behavior by using teenage idols to model appropriate actions, highlighting youth success stories, and involving articulate youth spokespersons.
- When possible and appropriate, include information about the portrayal of effective parent-child communication about sexuality and relationships.
- When possible and appropriate, provide ways for young people to obtain additional information about sexuality and related issues, such as by listing addresses and telephone numbers of appropriate public health organizations and support groups.

SUMMARY OF RECOMMENDATIONS FOR POLICY MAKERS

The National Commission on Adolescent Sexual Health urges policy makers to:

1. Form public policies consistent with research about adolescent development, adolescent sexuality, and program effectiveness.
2. Support parents and families as integral members of efforts to improve adolescent sexual health, while recognizing that adolescents are developing greater autonomy.
3. Recognize that sexual development is an essential part of adolescence and that the majority of adolescents engage in sexual behaviors as part of their overall development.
4. Facilitate optimal adolescent development by ensuring high quality education and employment opportunities for all young people.
5. Support comprehensive sexuality education which includes human development, relationships, personal skills, sexual behavior, sexual health, and sexuality and culture.
6. Provide a full range of confidential sexual and reproductive health services tailored for the adolescent.
7. Encourage cultural messages that support adolescent and adult sexual health and responsible sexual relationships.
8. Support research on adolescent sexuality and sexual behaviors.

9. Provide funding for coordinated and integrated adolescent programs.
10. Respond to the diverse sexual health needs of adolescents, including addressing the needs of disenfranchised, disabled, and gay and lesbian adolescents.
11. Involve youth in program planning and implementation.
12. Value and respect adolescents.

REFERENCES

1. Peterson, A.C. and Leffert, N., "What is Special About Adolescence" in Rutter, M., editor, *Psychosocial Disturbances In Young People: Challenges for Prevention*. (Cambridge: Cambridge University Press, 1994).
2. Scales, P. *A Portrait of Young Adolescents in the 1990's: Implications for Healthy Growth and Development*, (North Carolina: Center for Early Adolescence, University of North Carolina at Chapel Hill, 1991).
3. The Alan Guttmacher Institute. *Sex and America's Teenagers*. (New York: The Alan Guttmacher Institute, 1994).
4. Blum, R., Resnick, M., and Stark, T., "The Impact of a Parental Notification Law on Adolescent Abortion Decision Making," *American Journal of Public Health*, 77:5 (1987):619-20.
5. Carnegie Corporation of New York. *A Matter of Time: Risk and Opportunity In The Out-Of-School Hours* (NY: Carnegie Corporation Of New York, 1992).

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T R E N D S I N O P P O S I T I O N T O C O M P R E H E N S I V E
S E X U A L I T Y E D U C A T I O N I N P U B L I C S C H O O L S
1 9 9 4 - 9 5 S C H O O L Y E A R

S h e l l e y R o s s , M . A .
S p e c i a l P r o j e c t s A s s o c i a t e

L e s l i e M . K a n t o r , M . P . H .
S p e c i a l P r o j e c t s D i r e c t o r

The 1994-95 school year saw a marked increase in the number of sexuality education controversies in school districts around the country compared to the previous three school years. Sexuality education made national headlines this year, from the firing of Surgeon General Joycelyn Elders over her comment that a discussion of masturbation should be included in sexuality education programs to Barbara Dafoe Whitehead's attack on the effectiveness of comprehensive sexuality education in the *Atlantic Monthly*. More recently, President Clinton's nominee for Surgeon General, Henry Foster, was targeted by opponents of sexuality education because of his involvement with Planned Parenthood and his abstinence-based pregnancy prevention program. Meanwhile, adolescent sexuality also received a great deal of media attention. News stories declaring a "national virginity trend," ran alongside the latest statistics showing that the rate of teenage sexual intercourse has remained constant throughout the nineties.¹

On the state level, bills were introduced around the country calling for restrictions in the content of local sexuality education programs. In Colorado, Kansas, New Jersey, and North Dakota,² legislators attempted—without success—to get abstinence-only education legislated and/or funded statewide. State-level sexuality education legislation was also introduced in Massachusetts,³ under the guise of a parental rights bill, making the teaching of "sensitive topics" contingent upon parental opt-in. At first, the language of the bill encompassed an extremely broad array of topics, but the bill was eventually whittled down to require notification only for curricula "whose primary thrust concerns sex education."⁴ The bill defined "sex education" as the discussion of "heterosexuality, lesbianism, homosexuality, bisexuality, transvestism, contraception, abortion, or sexually transmitted diseases."⁵ State legislators also introduced parental notification legislation concerning sexuality education in Minnesota, Missouri, Georgia, Ohio, Oklahoma, Oregon, South Carolina, Washington, Wyoming, and Virginia.⁶ Virginia Governor Allen proposed removing the current state mandate for sexuality education, and giving individual school districts the option to include sexuality education in their curricula. This proposal was defeated. In

June, the Kansas State Board of Education repealed Outcome 5, the state mandate for sexuality education. In South Dakota, a bill was passed that repealed all state mandates on school districts, including the mandate for sexuality education.⁷

SIECUS has been monitoring local controversies about sexuality education since the 1991-92 school year. During the 1994-95 school year, SIECUS tracked 165 new controversies more than in any previous year. The four year total now exceeds 400 local controversies. Conflicts over sexuality education do not occur only in isolated pockets of the country; since it began monitoring, SIECUS has identified controversies in forty-seven states.⁸ This year, new controversies erupted in communities in forty states.

In addition to familiar arguments and tactics, opponents of comprehensive sexuality education are using new arguments and strategies this year. Some of the current trends in sexuality education controversies around the country include:

- Using "abstinence" as a justification for restricting or eliminating comprehensive sexuality education programs.
- Advocating for fear-based, abstinence-only programs to be offered as alternatives to existing comprehensive programs.
- Making all sexuality education courses contingent upon parental "opt-in" rather than opt-out.
- Eliminating certain words, activities, topics, materials, and teaching strategies from existing programs. (The 1994-95 school year saw many attempts to remove lessons on puberty from elementary school health programs. Many elementary school controversies also involved debates about separating classes by gender.)
- Using sexuality education as a wedge issue for organizing around a broad array of public education issues.
- Targeting long-standing elective courses in high schools.

In many cases, these controversies have gained momentum quite rapidly, leaving local school districts little time to mount adequate responses to the opposition.

Fear-Based Education

Most controversies surrounding sexuality education involve a small but vocal minority of people who want to put into place a fear-based, abstinence-only program instead of an existing, or proposed curriculum. Most programs in the public schools are already abstinence-based—that is, the curricula used in these programs emphasize that abstinence is the only one hundred percent reliable way to avoid pregnancy and sexually transmitted diseases, and also include some additional information about contraception and safer sex practices.

Controversies often involve overturning abstinence-based curricula that have been thoroughly researched and evaluated, such as *Values & Choices*, *Reducing the Risk*, or *Postponing Sexual Involvement*. Opposition groups also push for fear-based, abstinence-only programs to replace programs developed by a local school board-appointed committees or school advisory committees. For example, the Rocklin, California school board-appointed Family Life/HIV/AIDS Committee presented the sexuality education recommendations they developed over eleven months. Their curriculum recommendations were rejected in favor of the fear-based curriculum *Reasonable Reasons to Wait*. The adoption of the fear-based curriculum created a controversy that received national media attention and mobilized the community in support of comprehensive sexuality education.

Attempts to implement fear-based, abstinence-only curricula has provoked controversy throughout the nation. *Sex Respect* and Teen Aid, Inc.'s programs continue to surface repeatedly in controversies across the country. One of the new fear-based curricula to appear this year was *Choosing the Best*, promoted and distributed both by Choosing the Best, Inc. in Atlanta, Georgia, and by Project Reality (formerly Project Respect), which developed both *Sex Respect* and *Facing Reality*. *Choosing the Best* is a compilation of fear-based pieces including parts of a slide show called *Safe Sex*, and the videos *Sex, Lies and the Truth* and *No Second Chance*. *Safe Sex* was produced by the Medical Institute for Sexual Health, an organization whose name gives no hint as to its right-wing political orientation. Its curriculum consists of a slide show of advanced stages of sexually transmitted diseases, accompanied by text that uses medical misinformation, exaggerated condom failure rates, and gender bias to bolster its message that all sexual activity outside of marriage is dangerous. Critical information about reproductive health and opportunities to develop skills to negotiate sexual relationships are omitted from the program.

Several recent videos underscore the fear-based message. *Sex, Lies and the Truth*, produced by Focus on the Family, a national far-right organization, uses scientific inaccuracies, scare tactics, and sexist and racist stereotypes to communicate the message that adolescents should abstain from all sexual

behavior until marriage. Ironically, the video relies heavily on sexual imagery, presumably in order to be more appealing to its teenage audience. The narrators are Kirk Cameron and Chelsea Noble, both widely regarded as teen "heart throbs," who appear in skimpy shorts and discuss abstinence while acknowledging that they are married and sexually active. The video introduces the topic of sexual imagery in the media with a fast-paced montage of clips depicting sexy women in alcohol and fashion advertisements. The use of attractive and sexy role models plus the advertising images make this video, which has been aired on local television stations around the country, more appealing than some of the other abstinence-only films on the market.

Using a graphic of a gun pointed at the viewer, *No Second Chance*, produced by Jeremiah Films, likens condom use to playing Russian roulette. The teacher tells a classroom of students, "the next time that somebody wants you to go to bed with them, with or without a condom, then just picture that...it's not just you and him or you and her: It's that you're packing along a loaded revolver with you when you go." In the same segment, a student asks, "What if I want to have sex before I get married?" to which the teacher replies, "Well, I guess you just have to be prepared to die. And you'll probably take with you your spouse and one or more of your children." Another new video, *It Ain't Worth It*, produced by the Los Angeles-based A. C. Green Foundation, plays on racist and sexist stereotypes, suggesting that "promiscuous" women are likely to pursue partners of another race. The video also strives to undermine young people's confidence in condoms and asserts that sexual behavior has a fifty percent chance of leading to STDs or death.

Unlike their predecessors, these new fear-based materials cite legitimate sources for much of the medical misinformation they present. Although they refer to research from the U.S. Centers for Disease Control and Prevention and scientific peer-reviewed journals, these curricula misrepresent the facts presented in the research, and often ignore or distort the researchers' overall conclusions. However, the scientific footnotes often lead curriculum advisory committees to believe that the programs are factually sound. The latest fear-based curricula are also styled to appear more sophisticated than their predecessors, which makes exposing their flaws more difficult for many communities.

Another trend in abstinence-only information dissemination involves inviting speakers to address students and sometimes parents in large assemblies. These presentations are often delivered by young, hip speakers who use their own personal experience to try to convince young people to avoid sexual behavior. For example, speakers include Amie Beth Dickinson, twenty-two-year-old Miss Alabama; basketball player A. C. Greene, who leads a group called "Athletes for Abstinence;" and lecturer/singer Pam Stenzel, who

founded Straight Talk, Inc. for the purpose of "promoting the biblical mandate to save sex for marriage."⁹ In Michigan, a group of high school students called C.A.T.S. (Concerned About Teen Sexuality) speak at public schools, as well as churches, delivering messages about "high rates" of condom failure, as well as the benefits of abstinence and "secondary virginity." Their lively presentations include game shows in which "wrong" answers (such as, for example, the assertion that "Condoms can protect against STDs") are met with responses like, "Congratulations! You won HIV/AIDS. You're gonna die!" When a contestant answers that it is O.K. not to have sex with her boyfriend, the moderator tells the audience, "She won't become ill. She won't have diseased children. She will have great sex with her spouse."¹⁰

Another speaker, Mary Beth Bonacci, tells her audiences that the suicide rate among sexually active teens is six times higher than for teens who abstain from sex, and quotes condom failure rates of 31 percent. She speaks to teen audiences around the country about chastity, and holds a masters degree in Theology of Marriage and Family from the John Paul II Institute in Washington, D.C. She appears in faded jeans, black boots, and tapestry vests, and has been featured on MTV.¹¹ Pat Socia, who was on the advisory board for developing *Sex Respect*, and wrote her own fear-based, abstinence-only curriculum, now speaks around the country. Socia gives out Snickers® bars to student audiences, saying that the candy bar—unlike premarital sexual intercourse—"really satisfies".¹² Molly Kelly addresses over 50,000 teens every year¹³ about the dangers of contraception, saying that safe sex is a multibillion-dollar business that wants to attract teen dollars.¹⁴ A Texas company called Aim For Success reached 30,129 students with 536 presentations promoting "sexual purity" during the 1994-95 school year.¹⁵

Opting-in, Opting-out and Third-Option Controversies
Many local controversies during the 1994-95 school year involved a push to make sexuality education contingent upon parents' opting their children into, rather than out of, existing programs. In most schools, sexuality education is set up so that objecting parents may remove their children for all or part of the program. School administrators argue that replacing this system with an "opt-in" procedure will produce a bureaucratic nightmare, citing difficulty in obtaining parental permission forms for noncontroversial programs like field trips. The opt-in strategy makes it more difficult for *all* students to access programs, not just for those whose parents oppose comprehensive sexuality education. In Conway, New Hampshire, a group of parents successfully lobbied the school board to make the 9-12th grade sexuality education program subject to parental opt-in.

In cases where opposition groups have been unsuccessful in ousting the existing program, there has been a

push to add a fear-based, abstinence-only program as an alternative. Parents therefore have the alternative of opting their children into either the existing program, a fear-based, abstinence-only program, or, in some cases, into no program at all. This arrangement requires additional materials, classroom space, and teachers, prohibitively escalating costs. In Dubuque, Iowa, when a group calling itself the Coalition for Parental Rights was denied parental opt-in, the next step was to advocate for three options for their children's sexuality education: the current program (which discusses abstinence and contraception as required by state mandate), no program (also a current option), and the addition of a fear-based, abstinence-only program. This proposal was rejected based on limited classroom space and teachers. Instead, the health curriculum committee has proposed to increase parental involvement in the current programs. In Saginaw, Michigan, when a group called Citizens for Accurate Sex Education (CASE) called for the district to remove the abstinence-based program *Values and Choices*, a teacher asked students to write letters critiquing the curriculum. She also surveyed 112 parents about the program, one hundred of whom responded positively. CASE responded by calling for the district to offer a fear-based, abstinence-only course in addition to, rather than instead of, *Values and Choices*.

In Red Wing, Minnesota, a group called Parents for an Alternative Health Curriculum formed to advocate for adding *Sex Respect* alongside the current offering of *Values and Choices*. Little Falls, another Minnesota district, was unsuccessful in its attempts to add *Sex Respect* to the school's official offerings. Finally, the parents in Little Falls settled for the option they had all along—they opted their own children out of the existing curriculum (also *Values and Choices*), and began teaching *Sex Respect* privately in the evenings.

The chairman of the New Hampshire Christian Coalition has become a member of a state committee reviewing health and sexuality education. He spoke at a meeting of a local pro-life group in Keene, New Hampshire, where he led a group of parents to file a petition with their local school district, asking that \$25,000 be put toward a fear-based, abstinence-only alternative.

Riverton, Wyoming offered an example of what can happen when a system puts into place both abstinence-based and fear-based, abstinence-only programs on an opt-in basis. Although the school board intended for students to attend one program or the other, midway through the school year it was discovered that not only were the majority of students taking the comprehensive program, but that more students had not signed up for either class than were taking the fear-based, abstinence-only program. Next year, students who do not state their preference will be randomly assigned to one class or the other, unless parents opt them out.

Separating Classes By Gender

A continuing trend involves an effort to require that sexuality education be taught to boys and girls separately. This is especially prevalent at the elementary level, where an additional argument—that puberty education should be postponed until junior high school—has been heard this year. The arguments for separating the sexes and delaying lessons about puberty are based on the latency theory, presented in conservative literature that is circulating the country. This argument is based on the idea that children have a natural period of “latency,” during which time, discussions of sexuality break down children’s “natural modesty.”

A Michigan group called Dexter Parents for Abstinence which unsuccessfully pushed for Teen Aid, Inc.’s programs to be adopted from grades 5–12, wanted all children through eighth grade to be separated by gender for lessons on reproductive health and puberty, saying that otherwise “children suffer embarrassment and are stripped of their natural modesty which is built in to prevent early sexual activity.”¹⁶

A forty-six member committee of community members, parents, teachers, and students reviewed the fourth- and fifth-grade sexuality education curriculum throughout the Framingham, Massachusetts school system. At issue was the age-appropriateness of teaching about puberty—menstruation and wet dreams, in particular—and whether such lessons should continue to occur in a co-ed setting. About twenty parents out of 1,100 fourth and fifth graders in the district have opted their children out of the sexuality education unit, and have organized to remove lessons on puberty

from elementary health classes. The director of health education says that next year each elementary school will have its own session to inform parents about the program. The controversy became a key issue in a debate among four candidates running for two open seats on the School Committee. Two candidates opposed the elementary school program. Of the two who identified themselves as strong supporters of the present program, one advocated for better parental notification and the other said the course should be taught in separate classes for boys and girls, and that there may be too much information presented in the course.

The Human Growth and Development Committee in Oshkosh, Wisconsin heard from elementary school teachers who said that they did not want to teach the proposed curriculum because it involved discussing the names of body parts, including five terms related to the reproductive system. The resulting compromise was that the words anus, penis, genitals, urethra, and vagina were removed from the lessons, and the third-grade lesson on reproduction omits any references to sexual intercourse. The board approved these suggestions as well as a resolution to separate girls and boys for puberty lessons in fourth and fifth grades.

A group of parents presented the Mount Healthy, Ohio school board with a petition protesting the inclusion of topics including menstruation, wet dreams, condoms, and tampons in a fourth-grade sexuality education program. The petition called for the program, which has been in place for five years, to be taught later and in gender separated classrooms. The director of elementary education said that, in

Litigation Updates

Litigation surrounding sexuality education has involved law suits against school boards which adopt fear-based, abstinence-only curricula that violate certain State's legislation or mandates pertaining to sexuality or health education.

Jacksonville, Florida: The school board-appointed task force recommended that information about birth control and abortion be included in the seventh-grade program, which would mean the removal of the current fear-based, abstinence-only program, *Me, My World, My Future* published by Teen Aid, Inc. Twenty-three of the twenty-six members voted in favor of this recommendation. The remaining three voted in favor of teaching those subjects in the eighth grade. One member of the task force, a representative of Jacksonville Coalition Against Pornography, resigned in March.

Vista, California: All five school board members are now moderates. Two of three ultraconservative school board members who supported the fear-based, abstinence-only program *Sex Respect* were removed from office and a third, who resigned, was replaced by a moderate candidate. Thus, it is likely that the current sexuality education program, which is abstinence-based, will remain in place.

Hemet, California: Parents, supported by Planned Parenthood and People for the American Way, filed suit in October, 1994 challenging the adoption of seven fear-based curricula, including *Sex Respect*, *Choosing the Best*, and several Teen Aid curricula. The law suit charged that the programs violated California state law requiring that sexuality education be accurate and include certain information. The local school board decided it would rather offer no sexuality education to seventh and ninth graders than offer a curriculum that included discussions of contraception. The school board's decision may foreshadow decisions by other conservative school boards and groups to fight for the removal of all sexuality education when it is not possible to put a fear-based, abstinence-only program in place. The lawsuit continues, however, over the issue of HIV/AIDS education.

the first year of the program, children were separated by gender, but that boys and girls got together after the class and discussed what they learned, often giving one another misinformation. The board voted to include parents in a subsequent reevaluation process of the sexuality education curriculum, to send by mail all information about the sexuality education program, including invitations to parents to preview the materials, and to separate sexuality education classes by gender.

The argument for separating the sexes is not restricted to elementary school controversies. In Cody, Wyoming, the secretary of the Board of Education said of sexuality education programs in all grades: "If I had my way, I wouldn't allow any mention of things such as breast cancer and self-examination, cancer of the testicles and self-examination, menstruation...and the like in a co-ed setting."¹⁷

Targeting Long-Standing, Opt-out or Elective Programs
In most school districts, sexuality education is offered on an "opt-out" basis; that is, parents or guardians have the right to remove their children from all or part of a sexuality education program. Opposition groups, realizing that requiring parental consent for children to attend sexuality education could present a formidable barrier, have attempted to get districts to replace opt-out policies with "opt-in" alternatives.

A small group of parents from a local church began circulating a petition around the community demanding that the Barrington, Rhode Island School Committee require that sexuality education curricula be abstinence-only, suggesting *Facing Reality* and a Teen Aid, Inc. program. In addition, the petition calls for all "sensitive" areas to be taught in single-sex classes. At issue was the sexuality education portion of the senior health course at Barrington High School, which has been taught without incident since 1979. A student wrote a letter to the editor of the local paper defending the program, saying that the world is co-ed and that students need to be prepared for that reality. A student group started their own petition which garnered 250 student signatures in support of the existing program.

When a student forged her mother's signature to get into an opt-in sexuality education course for seniors in Council Rock, Pennsylvania, a controversy erupted over the elective, which has been offered in its current form since the 1970s. A local chapter of the Christian Coalition conducted a poll, calling the current program "pornographic," and asking if the respondent approved or disapproved of such a program. Responding to the opposing parents, the school principal said he received an equally strong reaction from parents in support of the program. Several parents and board members advocated for the program at board meetings. The board decided to provide all parents with more information about the course, to verify parental permission

by phone or in person, and to use the book *Changing Bodies, Changing Lives* as an in-school resource only, rather than allowing students to take it home.

In Eau Claire, Wisconsin, an optional ninth grade health class with a unit entitled Human Growth and Development that has been offered for nearly twenty years was opposed by a small group of parents. An advisory committee of school board members, students, and community members voted to retain the current curriculum, which stresses abstinence, but also includes birth control information.

In Streetsboro, Ohio, a fifth-grade sexuality education unit that has been offered for fifteen years came under attack this year. This twelve-week, non-credit, non-academic elective called Family Living, covers babysitting, adolescence, and families, as well as sexual reproduction. Twelve families organized to fight the course, which they say should be taught in seventh or eighth grade. Only a few families have withdrawn their children from the class during the past seven years. The protesters say that it is not enough to take their own children out of the course, because they could still learn the subject matter from classmates, adding that they, as parents, want to have the sole control over what their children learn and when.¹⁸ The school system has offered fifth-grade sexuality education for more than twenty years, and borrowed this program from a nearby county school system where it has been in effect since 1950. Local clergy have voiced support for the course. Parents opposing the course said they would be satisfied if the course took out the piece on sexual intercourse and was taught separately to boys and girls.

Censorship

Censoring certain topics from an existing program is another strategy employed by opposition groups. This year, groups have formed around the country to oppose lessons on puberty in elementary grades. In Caribou, Maine, the board of education voted to eliminate two films about puberty from the existing program. The films, entitled *Dear Diary* and *Am I Normal?*, were removed from puberty lessons because they are "too graphic and make parents appear dumb and unaware of the changing times."¹⁹

Guest speakers and field trips have also been the target of censorship efforts. In Bend, Oregon, the school board banned *Teen Talk*, a pregnancy prevention program offered by Planned Parenthood, from schools. In Washoe County, Nevada, a school trustee vote barred students from seeing the Names Project (a quilt memorializing people who have died of HIV/AIDS) as part of their sexuality education program. In Binghamton, New York, when a group of high school students presented HIV/AIDS education programs to middle school classes, a group called Reclaim Our Children's Schools asked the state education department to cancel any further HIV/AIDS peer education programs and called for the resig-

nation of the superintendent and the school board. In response, a group called Afton Residents for Complete Education formed to support the continuation of HIV/AIDS education, including the peer program. In Simi Valley (Ventura County), California, a local group called Citizens for Truth in Education successfully banned speakers from AIDS Care and Planned Parenthood from district schools.

Many controversies revolve around attempts to create restrictions on what teachers may say during a sexuality education lesson. Question and answer periods have been particularly controversial. In Merrimack, New Hampshire, the school board voted to eliminate the anonymous question portion of sexuality education classes in all grades after parents complained about students asking inappropriate questions. In Wheaton, Illinois, an anonymous flier was distributed listing topics discussed during the question and

answer section. The small opposition group argued that they have no way of knowing in advance what their children will be exposed to if there continues to be a question and answer period. The flier called for parents to attend a school board meeting to protest the content of sexuality education classes. As a result, parents may opt-out students from the question and answer period. Despite the compromise, the opposition group continues to advocate for eliminating the question and answer portion of the program altogether.

Success Stories

While most controversies were left unresolved, or in committee, at the close of the school year, there were some victories for comprehensive sexuality education around the country. Successes are generally attributed to community organizing, supportive school boards, administrations and

STUDENT VOICES

In February, when a group of high school students lobbied in support of a bill to mandate comprehensive sexuality education in Massachusetts, Senator Michael Creedon told the students that people who engage in premarital sex should be publicly whipped and that no one should learn about sex until age twenty-five. "I was really upset and frustrated," said sixteen-year-old Christina Iannello of Brockton High School, of the senator's comments. "It reminded me of what we're up against, how out-of-touch these people are from today's problems and youth." Creedon justified his opposition to the bill (which calls for an emphasis on abstinence in all sexuality education programs), saying that a better alternative is to have teachers tell teens that premarital sex is a "sin." "That's what the nuns used to tell us...I went and got married, the old-fashioned way," he said.

The following month, five students testified before the Joint Education Committee in support of the sex education bill, sponsored by Rep. Thomas P. Cahill, who told the students they delivered a "very important message...as eloquently as anybody could." A fifty-two member Governor's Peer Council is working for passage of a bill requiring comprehensive sexuality education in the state's public schools. Governor Weld does not support the bill.

The Brockton High School students are advocating for a better sexuality education program in their own school. Currently, no discussion of birth control is included in the program, which Iannello says is hypocritical, since the school has day care for students' children. "I think it's a good idea, but if tax money is going to a day care, then why not have something that can help prevent unwanted pregnancies, so that we don't have to have day care?"

In Portland, Maine, 350 students signed a petition asking the board to reconsider the original recommendations for a sexuality education policy, including comprehensive curricula and condom availability. Despite this, a new proposal was endorsed by the curriculum subcommittee adding language that requires an emphasis on abstinence and limits distribution of condoms to low-income teens who have obtained parental permission. These recommendations were made in response to a local opposition group of seventy-six residents. Their leader dismissed the student petition drive saying, "It's pretty easy to get students' signatures." The opposition group has vowed to press for even more careful wording on what will be taught to students, especially with respect to alternatives to sexual intercourse. They say discussion of alternatives will promote rather than prevent sexual activity. Supporters of a comprehensive approach have added 600 names to a petition, but the chair of the Family Living and Human Sexuality Advisory Board says that the issue is so touchy that many supporters, especially professionals, are afraid to step forward.

When the Rocklin, California school board approved *Reasonable Reasons to Wait* this fall over the recommendations of the curriculum advisory committee, a group of parents and students protested in the form of petitions, speaking out at meetings, letter writing campaigns, and finally filing a complaint with the Board of Education. Sixty students were opted out of this fear-based, abstinence-only course. As a result, the school board has deadlocked three times (2-2) on a vote to abandon the text, finally replacing the text with Facts and Reasons, a fear-based, abstinence-only program.

teachers, vocal parental support and student activism. Across the country, students spoke up at school board meetings to advocate for the dissemination of accurate and complete sexuality education programs.

In Colchester, Vermont, a community controversy followed a presentation by a surgeon affiliated with the Medical Institute for Sexual Health. Although opposition was strong, the community organized the "silent majority" who support comprehensive sexuality education. The letter writing campaigns, and strong support at school board meetings won a 4-1 victory in favor of the comprehensive health curriculum. When Vermont's governor was asked to speak at the release of the new National Health Education Standards in May, he cited the Colchester curriculum as a model program.

In Johnson City, Tennessee, a parent began a crusade against the opt-out sexuality education program in the junior high. The family life education program has been in place for ten years in grades 4-12, with few challenges. The opposition to the program elicited two committee meetings in the junior high school to discuss the content of the program, and the possibility of making the classes co-ed. Both committees voted to maintain the program in its current form. The parent, who has not opted his child out of the program, or any piece of the program, plans to form a coalition and take the matter to school board.

REFERENCES

1. "Trends in Sexual Risk Behavior Among High School Students—United States, 1990, 1991, and 1993," *Morbidity and Mortality Weekly Report*, 44, no. 7 (1995): 124-125, 131.
2. Bills #CO HB 1139; KS HB 2301; NJ SB 1293 and NJ AB 1985; and ND HB 1494, respectively.
3. MA SB 361 and MA SB 1808.
4. "Compromise Dilutes Sensitive Issues Measure: Would Require Notice Only of Sex Education," *Enterprise* (Brockton, MA), March 10, 1995.

5. "Teaching Sexuality: Where Do Parents Fit?" *Town Crier* (Sudbury, MA), March 23, 1995, pp. 1, 43.
6. Bills #MN SF 105; MO HJR 21 and SJR 14; GA SR 167; OH HB 210; OK HB 1072; OR SJR 16; SC SJR 120; WA HB 1492; WY SF 15; and VA HB 2301 and 2556, SB 1074 and 1029, and HJR 683, respectively.
7. SD HB 1329.
8. No sexuality education controversies have been identified in Kentucky, Mississippi, or Utah.
9. Press release for Straight Talk Inc., St. Paul, MN.
10. "Just Don't Do It: Sex Education Group Teaches Abstinence," *Chronicle* (Muskegon, MI), April 21, 1995. p. 1D.
11. Housholder, G. "EN speaker urges teens to save sex until marriage," *News-Sun* (Kendallville, IN), April 22, 1995.
12. "Students Told Sex 'Not Just Full-Contact Sport,'" *Times* (Maryville-Alcoa, TN), March 10, 1995.
13. Kelly, M., Chastity: *The Only Choice*, Center for Learning, Rocky River, OH, 1992.
14. Kelly, M., "The Sex Industry and the Safe Sex Lie," in *Let's Talk to Teens About Chastity* (Center for Learning Religion Department, Rocky River, OH, 1991), 29-34.
15. *Aim for Success Update*, Aim for Success, Inc., Dallas, TX, May, 1995.
16. Flyer distributed by Dexter Parents for Abstinence (Dexter, MI), April, 1995.
17. "Cody School Board Debates Sex Education Curriculum," *Casper Star Tribune* (Casper, WY), February, 1995.
18. L. Oguntoyinbo, "Parents Oppose Sex-ed Course: Streetsboro Class Taught Since '70s," *Plain Dealer* (Cleveland, OH), January 21, 1995, and C. Underation, "Parents Protest Sex Ed: Streetsboro Group Says 5th Graders Too Young for Facts," *Record-Courier* (Ravenna, OH), January 22, 1995.
19. G. Flannery, "Caribou Board Approves Health Curriculum," *News* (Bangor, ME), October 14, 1994.

P R E V E N T I N G A D O L E S C E N T P R E G N A N C Y : I N H O T P U R S U I T

M i c h a e l A . C a r r e r a , E d . D .

N a t i o n a l A d o l e s c e n t S e x u a l i t y T r a i n i n g C e n t e r
T h e C h i l d r e n ' s A i d S o c i e t y

The January 1988 issue of the *SIECUS Report* published an article by Patricia Dempsey and me outlining a program we launched in 1985 at The Children's Aid Society and detailing some public policy recommendations for adolescent pregnancy prevention. The article centered on our efforts to develop a long term, holistic, multidimensional adolescent sexuality and pregnancy prevention pilot program for young people, parents, and adults in the Harlem community. At that time (and to an even greater extent today), there was a considerable political and social push throughout the country to act quickly to reduce rates of teen pregnancy, teen childbearing, and pregnancy terminations among young people. In the face of these expectations, we did not want to promise too much too quickly, nor did we want to merely win a few grants while losing the actual battle. We were also mindful that, although we were engaged in a fledgling comprehensive pilot program, our efforts were not solely intended to contain the numbers of teen pregnancies for political, economic and social reasons; we also sought to remedy some of the core factors that tend to produce problematic behavior in young people. Teen pregnancy and childbearing is symptomatic of deep problems such as poverty, institutionalized racism, poor housing, substandard health care, inadequate education, and limited career opportunities. Therefore, programmatic responses to teen pregnancy and teen childbearing had to address these underlying causes.

The beginning of realistically dealing with this national concern is to accept that there are no quick-fix solutions, no single-intervention programs, no slick political slogans which will, by themselves, impact upon the problems that haunt us and take such a huge toll on the lives of so many young people. It is time to face facts: we simply cannot "teach" our way out of this problem by sending young people home with dolls for the weekend and hoping they will learn the responsibilities of being a parent. Cognitive approaches alone are insufficient to meet this challenge.

In fact, educating young people about abstinence, avoiding unintended pregnancy, HIV infection, and sexually responsible behavior requires that we first reduce hopelessness and fatalism and begin to produce life changes that generate a genuine desire in adolescents not to become pregnant. The desire to live a long, successful, and productive life and to achieve mastery over life's many challenges

are what produce a genuine delay in the onset of intercourse or in the conscientious and consistent use of contraceptives during intercourse. However, we have not yet been able to properly motivate some young people to understand that teen pregnancy and teen parenthood is undesirable and increases the odds that their lives will be difficult, complicated, and painful for years to come.

We *do* know that the desire to avoid such a situation is more likely to exist if a young person has a stable and nurturing family life, characterized by an adult who: (1) believes that the teen is precious and capable of "going places"; (2) supports the teen in setting a realistic life agenda; (3) encourages the development of a hopeful sense of the future; and (4) regularly reinforces the notion that foregoing early pregnancy and child bearing will enhance life opportunities. Such teens usually remain in school and have a positive sense of themselves, appropriate coping skills, and opportunities to communicate their thoughts and feelings about sexuality and sexual expression with a concerned adult during their development.

Unfortunately, many teen males and females do not have the good fortune of living in such situations and do not see much of a future for themselves. Most young people see little employment opportunity around them and will probably face a life of low economic status, ever-present racism, and inadequate opportunities for quality education. Even at a young age, the specter of hopelessness surrounding their possibilities for success in life becomes vivid and daunting. These are the forces that spur the splintering of the American family and lead to that cul-de-sac of desperation, fatalism, and hopelessness. Growing numbers of adolescent voices are now saying, "There is no hope. There is no one who values me. There is no one who cares." Under such conditions, it is no wonder that some young people, instead of becoming industrious and hopeful, become sexually intimate for a short-term sense of comfort, and ultimately become profoundly fatalistic. In such cases, intercourse is used as a coping mechanism. Youth workers, teachers, and counselors must replace the use of that coping mechanism with concrete and hopeful (not rhetorical) alternatives such as decent employment, a bank account, improvement in school, a place in college, or a meaningful career or vocational track. These are the elements that produce desirable outcomes in young people and reduce teen pregnancy, teen violence, and teen substance abuse.

The following is a brief snapshot of the participants and the program components comprising The Children's Aid Society's unorthodox, long term, "above the waist" adolescent pregnancy prevention initiative.

PROFILE OF PROGRAM PARTICIPANTS

The replication sites of our program in New York City have reached more than 200 adolescents at six sites. Data from those participating in the Spring of 1995 show that:

- Nearly all are young people of color.
- Most are currently in high school, although the program continues to enroll younger teens, and the first cohort of participants now includes college students.
- Three-quarters do not live with both their mother and father, and one-fifth do not live with their mother.
- Three out of ten have mothers who were younger than age twenty when the participant was born.
- Twenty-two percent have been homeless.

Overall, two-thirds of the program participants studied in this evaluation have been enrolled for at least one year. Nearly half have been involved in replication models for more than two years. About a quarter of these young people have recently completed their third year in the program. The initiative is based on the philosophy that long-term programs are essential, and that young people must be involved in the program for years on a regular, daily basis. Program activities therefore encourage and anticipate growth and development into young adulthood. It is understood by all replication program staff that the goals of this work cannot be achieved overnight, and that remedial self-esteem courses that last eight weeks are not adequate to address a young person's changing needs over the long haul.

We have found that attendance in the program is consistently highest where matters concerning employment are involved. Young people attended 89 percent of the classes or sessions concerned with working—a rate of attendance exceeding that of the program's sporting events. This is a particularly important achievement, since the majority of the program families receive public assistance. Overall, the program participants averaged more than twenty contacts with their programs each month. Even parents—through activities in the adult track of the program—have a high participation rate, with various program sites averaging between one and five contacts with parents each month.

PROGRAM COMPONENTS

The Job Club and Career Awareness Component. This weekly two-hour program is conducted by employment specialists, allowing young people to explore the career and professional work experiences available to them. In order to learn about the world of work in concrete terms, every young person in the program must obtain a social security card; learn how to accurately complete working papers; complete employment applications in an intelligent fashion; open a bank account; and prepare a resumé. Participants also take part in role-playing job interviews, wearing appropriate attire that can be constructively critiqued. They are paid a stipend or minimum wage for this training program and must make a monthly deposit in their individual savings accounts.

The teens participating in this program component obtain part- or full-time summer positions and part-time positions during the school year if their grades are solid. Those who are twelve and thirteen years old—too young for working papers and typical part-time jobs—participate in our Entrepreneurial Apprenticeship Program. Through this program, they and older teens who have chosen to be involved, work at various community functions such as basketball games and dances, selling hot dogs, soda, juice, and snacks. They earn a stipend or minimum hourly wage for their work and must also keep their bank accounts active.

The Family Life and Sex Education Component. A formal fifteen week, two-hour educational component on understanding sexuality from a holistic viewpoint is held separately for teens and parents on a weekly basis. In addition to discussion of sexual anatomy, reproduction, HIV/AIDS, sexual orientation, and contraception, a great deal of emphasis is placed on exploring such issues as gender roles, family roles, body image, and patterns of affection, love, and intimacy. Roles, responsibilities, and values in relationships are also emphasized and reinforced.

Medical and Health Services. Medical and health services are provided on site each week. Every teen receives a complete annual physical, and every female receives a yearly gynecological examination, preceded by a thorough social and family health inventory. Because poverty sabotages health, primary care constitutes about 95 percent of the program's medical and health activities. When necessary, physicians provide confidential contraception and prescriptions; all contraceptive counseling and dispensing is done on the premises. In addition, teens who are having intercourse have weekly meetings with a reproductive health counselor. Although abstinence is emphasized throughout all program activities as the most desirable behavior for young people, some make the personal choice to have intercourse, especially as they get

older. Therefore, this program cannot accurately be called abstinence-based; rather, it is based on the realities of the young people we serve.

Mental Health Services. Professional social work services and counseling are offered several days a week by certified social workers and other counselors. Clinical assessments are prepared for each individual who is seen for ongoing counseling. More complex cases are referred to the host agency's mental health unit or to local mental health agencies. Frequently, young people are referred to the counselor by program staff who observe signs that counseling intervention may be necessary.

The Academic Assessment and Homework Help Component. Each teen in the program receives a thorough academic assessment conducted by a team of testing specialists. Standardized scores are obtained in math, reading, writing, and basic age-appropriate life concepts. An academic "prescription" is then developed for each teen, summarizing his or her strengths and deficits. This serves as a basis for ongoing individual and small-group tutorials. Staff education experts, and a group of volunteers from the New York Junior League and other civic groups, use the academic prescriptions to provide one-on-one or small-group educational support for the teens several days a week at regularly scheduled times.

All program participants—both teens and their parents—are guaranteed admission as fully matriculated freshmen to a local college (in New York City, it is Hunter College and Brooklyn College) upon completion of high school and with the recommendation of the Teen Pregnancy project director. This commitment serves as a concrete incentive to those young people who are interested in furthering their education and affirms the fact that college *can* be a part of their future. Financial aid for college tuition and other expenses is usually available through a special agency Scholarship Fund. In addition, most program participants qualify for State and Federal college tuition and programs.

Self-Esteem Through the Performing Arts. In weekly two-hour workshops, parents and teens use culturally relevant music, dance, role-play and dramatization to explore issues centering on gender roles, family roles, affection, intimacy, culture, values, and racism. The self-expression program is taught by professional actors and actresses.

The Lifetime Individual Sports Component. In this program component, young people learn skills in lifetime sports such as squash, tennis, martial arts, and swimming. These activities all require precise mastery. It is our belief that the exercise of such skills as self-discipline and impulse

control learned in these sports can be transferred to other aspects of daily living and can facilitate greater personal control and life mastery. Activities in this component center on sports that can be played throughout the life cycle.

EVALUATION RESULTS¹

After ten years, what began as a demonstration project at one Children's Aid Society (CAS) Harlem Community Center grew to three CAS sites, and has undergone some significant fine tuning along the way. Currently, there are eight additional replications of this model in community centers and agencies throughout New York City. These programs were initially (and still are) supported by the Robin Hood Foundation, an organization dedicated to improving the lives of young people and adults in New York City. In addition there are replications of the model in Akron, OH; Baltimore, MD; Charlotte, NC; Indianapolis, IN; Lincoln, NE; New Britain and New London, CT; New Orleans, LA; Peoria, IL; and Portland, OR.

Dr. Susan Philliber, a prominent, creative researcher, has been conducting research and evaluation in many of these replications. The following is a summary of the research findings from six New York City replication sites employing this model and offering program activities in their community-based locations in the afternoons and evenings and on weekends.

Educational Outcomes. The evaluation data include measures of educational attitudes, high school graduation, and college attendance after considerable participation in the program. Data available in Spring 1995 show that:

- Participants have educational aspirations that are higher than those reported in national samples of high school students. The most striking difference is that half of the program participants state that they want to get a graduate degree compared to just 15 percent of those in the national sample.
- Participants have better outcomes four years after entering high school when compared to the New York City public school Class of 1994. For example, 76 percent of the twenty-one program participants graduated, 14 percent dropped out, and 10 percent are still enrolled for a fifth year. By contrast, the New York City school system graduates 44 percent after four years; 19 percent drop out, and 33 percent are still enrolled.
- Currently, nine participants are attending college; three have been accepted and plan to attend in Fall 1995; and four other have applied for the Fall (two of these are waiting to receive their green cards, which are required before they can enroll).

- Among the seven known to have dropped out of school over the last few years, three are currently enrolled in a GED program; two are incarcerated.

Outcomes Related to Substance Use. The spring 1995 survey data show that:

- Participants have substantially lower rates of alcohol use when compared to national samples of adolescents in the same age group.
- The current percentage of teens who report using alcohol during the past thirty days is lower than both the 1988 baseline data cited by Department of Health and Human Services (DHHS) in establishing the Healthy Children and Adolescents Year 2000 objectives *and* lower than the actual Year 2000 target figure.
- The data on marijuana use are not as promising. Among younger teens, the percentage reporting marijuana use equals the Year 2000 baseline, while among older teens, the percentage reporting use is higher than even the 1988 national baseline figure.

Outcomes Related to Sexual Activity and Contraceptive Use. Compared to national samples of young people, teens in the replication models are less likely to be sexually active and are more likely to have used condoms at last intercourse. For example, while 57 percent of females aged 15–19, who are 200 percent below the poverty level have had intercourse, only 33 percent of the program young women in the same age range and economic circumstances have done so. Nationally, of young women above the poverty level, 50 percent are sexually experienced. Thus, program participants have rates that are below those of wealthier young people. Similarly, while the Year 2000 baseline data showed 57 percent of males using condoms at last intercourse, 72 percent of the program's

young men report condom use.

One particularly encouraging finding in this area is that 16 percent of teens having intercourse reported that they had used both a condom and oral contraceptives at last intercourse. The DHHS Year 2000 data show only 2 percent of sexually active teens reporting the combined use of these methods. There has been some concern that the increased emphasis on condom use to prevent HIV transmission might lead many adolescents to discontinue use of the more effective contraceptive methods. However, this does not seem to be the case for program adolescents.

Outcomes Related to Pregnancy and Births. To date, 12 percent of the female participants have become pregnant. Thus, the percentage of 15–19 year-old participants who have ever been pregnant is less than the *annual* national and New York City pregnancy rates. In the United States, about one in eight adolescent females become pregnant each year. Among the replication participants reviewed for this assessment, only one in twenty-five became pregnant during the past year.

We are encouraged by the data collected and analyzed by Dr. Philliber, which details some of the impact made by this project. We still consider the program a work in progress, but believe we are tacking toward a vital life-changing solution to the problem of teenage pregnancy.

Dr. Michael A. Carrera is Director of The Children's Aid Society Bernice and Milton Stern Adolescent Sexuality Training Center and Emeritus Professor of Health Science at Hunter College in New York City.

REFERENCES

1. M. Carrera and P. Dempsey, *New York Replication Evaluation Update*, New York: Philliber Research Associates, 1995.

NEW RESOURCES ON TEENAGE PREGNANCY

Child Trends, Inc. recently completed two reports on teenage pregnancy for the Assistant Secretary of Planning and Evaluation at the Department of Health and Human Services.

The reports are: *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations* and *Adolescent Sex, Contraception, and Childbearing: A Review of Recent Research*.

A free executive summary and ordering information for the two reports is available from Child Trends, Inc., 4301 Connecticut Ave., NW, Suite 100, Washington, DC 20008, (202) 362-5580; fax (202) 362-5533.

**W O R K I N G A C R O S S D I F F E R E N C E
T O P R O M O T E M A L E I N V O L V E M E N T :
O N E C O M M U N I T Y ' S R E S P O N S E**

M a g g i R u t h P . B o y e r , M . E d .
Planned Parenthood of Bucks County

J a y Y a n o f f , E d . D .
Delaware Valley Medical Center

For the past thirteen years in Bucks County, Pennsylvania, a coalition of agencies, schools, organizations, and individuals has been working to raise community awareness of adolescent pregnancy and its costs. Recent reports from the Alan Guttmacher Institute remind us that each year in the United States there will be one million unintended pregnancies among adolescents which result in 500,000 live births. There is also valid and growing concern about the impact of unprotected intercourse among teens, leading to sexually transmitted diseases including HIV/AIDS.

In 1982, a coalition of concerned professionals and citizens in Bucks County formed to address these concerns. While originally focused on assuring the availability of prenatal care for teens opting to continue their pregnancies, and on ensuring access to daycare for teen parents who needed it to remain in school, the mission of Bucks County Teen Pregnancy Task Force has gradually shifted to a prevention focus. It was very clear from the beginning that representation of concerned "stakeholders" on the Task Force needed to be as broad as possible, so groups and individuals from a wide range of political viewpoints were invited to become members. As the focus shifted to prevention, the Task Force members agreed to disagree about the thorny and potentially divisive issue of abortion and to focus instead on prenatal care, day care, and especially prevention of pregnancy, either by abstinence from intercourse or the reliable use of contraception as appropriate for the individual.

This commitment to the issue of prevention and the open acknowledgment of the lack of consensus about abortion allowed organizations and individuals with extraordinarily disparate viewpoints to work together on issues of prevention. As of 1995, the Task Force has thirty-eight members, including representatives from school districts, hospitals, social service agencies, and religious organizations, as well as concerned individuals from the community.

In late 1993, the Task Force convened a planning committee of community men to become part of its efforts to reach young men. Among these fourteen men from the worlds of business, health care, education, reli-

gion, social services, and substance abuse services, some had experience in working directly with adolescent men, and others had not. However, all shared a willingness to learn more about the issues and to take responsibility for creating an all-male conference of adults and teens to examine the issues. Working with the Teen Pregnancy Task Force, the first adolescent male conference was held in October, 1994.

The focus of the conference was slightly different from that of previous conferences. The men felt they wanted to gather information from male teens about their thoughts and feelings as well as their sexual behavior. It was decided that there should be no females at this conference in any capacity. The adult males involved would function as role models as well as conference facilitators. After meeting with a small focus group of five male teens to give advice regarding the major questions for the event, the following underlying principles were accepted as guidelines:

- There would be a diversity of students from the various schools in the region.
- Students would work in small groups with a facilitator.
- Students would be grouped so that they would be with students from different schools.
- Facilitators would be trained in advance to allow for open discussion, their major task being to listen to the teens.
- Each group would work on the same four questions.
- Data would be collected from each group's work.
- Student feedback would be collected.
- The data would be used to develop a second conference.

The facilitators were trained in advance by the co-authors of this article. They were taught about conference design, as well as how to facilitate successful groups. Facilitators understood that their role was to focus upon what the students thought, felt, and said, rather than on imparting information. In order to be successful, it was nec-

essary for the facilitators to stay on task and not let the conversation wander. Thus, a "floating" facilitator was available for support and to answer questions about group facilitation processes as they emerged during the conference itself.

Each group was asked to appoint a time-keeper and recorder for each question discussed. Facilitators were taught skills and techniques for getting their small groups "off the ground," including how to welcome participants. Facilitators were encouraged to have students introduce themselves, and from the beginning, to have a contract with the group regarding such issues as mutual respect, listening, supporting differences, and not interrupting. Facilitators were expected to explain the process of the day, negotiate break arrangements, and encourage participation by all, including those with unpopular or minority points of view. The facilitators were encouraged to invite diversity of opinion, and to stress that diversity, not consensus, was being sought. The jobs of volunteer time-keeper and recorder were rotated throughout the process to encourage involvement and "buy in" by all group participants.

Each facilitator was asked to use the same process, which entailed the following:

- Present each question individually.
- Have students brainstorm all responses for ten minutes.
- Have participants discuss the ideas for fifteen minutes.
- Prioritize the responses in order of those most representative of the group's thinking.
- Move on to the next question.

Facilitators used open-ended questions to encourage participation (for example, "What do you think about...?", "How do you feel about...?", "What would your friends say about...?"). They were trained to handle students who monopolized the discussion, as well as shy participants and silence in the group. An emphasis was placed on keeping the entire group involved in the discussion rather than allowing it to become a dialogue between only two or three people. Facilitators were prompted not only to make sure students listened to one another, but also to really hear and understand what one another had to say. Most important of all was that the facilitator maintained a "safe environment" in which everyone could speak openly about what was on his mind.

The four major questions that each group discussed were as follows:

1. How do you feel about teens having children?

Secondary questions: Is teen pregnancy a problem? What is the problem? If so, whose problem is it? Who is hurt by it?

2. Talk about abstinence from intercourse.

Secondary questions: Is abstinence an option? Does it have to be intercourse to be sexually satisfying? What are other options?

3. What is the man's responsibility in preventing pregnancy and disease?

Secondary questions: What makes a sexual decision right or wrong? How can we more effectively involve teen males in pregnancy prevention efforts? What is the female's responsibility in teen pregnancy? When and where should contraception be used? How does safer sex fit into your sexual activities? Do you talk to your partner about sexual activity? What do you talk about? How can you improve communication with your partner?

4. What advice would you give your little brother/sister about sexuality?

Secondary questions: What scares you the most about sexuality? Where did you learn about sex? Where would you go if you had any questions or concerns? How would becoming a father now affect your plans for the next five years? What is the single most important thing that your brother or sister needs to know about sex?

After meeting in small working groups all morning, lunch was served. After lunch, two young men spoke: one a teen father and the other an HIV-positive male in his early twenties. Each made a short presentation and then answered questions from the participants and facilitators. As a summary, participants were asked to complete an anonymous individual feedback form that posed the following questions:

- What did you learn today that you feel will make a difference in the way you live you life?
- When you go back to school tomorrow and someone asks you about the conference today, what will you tell them?
- What would you like included in the next conference?

Participants were also asked their age, whether they had ever had sexual intercourse and if so, at what age they first did so.

As a result of this first all-male conference, the conference planning committee felt that a second conference for the same group of participants should focus more on adult males sharing with the teens, rather than on information gathering, and should include some mentoring and modeling behaviors. Therefore, a second conference was presented on March 30, 1995; 40 percent of the participants were returnees from the first conference.

This second conference centered around two key features: a question-and-answer session with experts in the field and a "fishbowl" conversation. The question-and-answer seg-

ment involved the presentation of factual data about men's reproductive health, sexually transmitted diseases, and sexual functioning, with questions by teen participants fielded by a team of three pediatric specialists in adolescent medicine from the Children's Hospital of Philadelphia. Students were given index cards on which to write their questions anonymously. These questions tended to cluster in several major areas, which are briefly outlined below:

Questions Related to Birth Control and Contraception. How well do condoms work? Are female condoms effective and under what conditions should they be used? How are you supposed to protect yourself if the girl refuses to use protection? If you don't like condoms, is there any safe way of having intercourse?

Questions Related to HIV/AIDS. Who gets HIV/AIDS more, straight males or females? How many people have been diagnosed as HIV-positive? Why do people have sex when they know they have a chance of getting HIV/AIDS? What are *all* the ways you can get HIV/AIDS? What percentage of sexually active females are HIV-positive today? Can you get HIV/AIDS from oral sex?

Questions Related to Pregnancy. What should you do if your girlfriend is pregnant? What can I do for my girl medically now that she is pregnant? Can you get pregnant from oral sex? Can you get pregnant from anal sex? If teen pregnancy is such a problem, why don't we all as a community take charge and educate the young men and women of the community?

The second major event at the conference involved an adult male "fishbowl" activity in which six adult males sat in the center of the group and had an informal conversation with one another on the subject of sexual and social responsibility while the student participants sat around them observing. The adult men talked about their own experiences, what they wished they had known as teens, and about the impact of sexuality on their lives. The "fishbowl" was one of the most powerful and moving activities at either of the two conferences. The rapt attention of the adolescent males supported the idea that young men want to hear and have authentic discussion with adult men about issues of importance to them. It was also a profound experience for the adult men, many of whom had never before had such a frank and open discussion about these issues with other men.

Overall, the results of the second conference were quite positive. Ninety-seven percent of the participants indicated that they would act differently as a result of what they had heard or learned. In response to the question,

"Name three things you will change in the next year as a result of what you learned today," the two most common responses were, "Use protection" and "Educate others and communicate."

The planning committee firmly believes that the all-male conferences benefitted not only the young men they were intended to serve, but the adult participants as well. The series of conferences beginning in 1992, which included the all-male conferences plus two mixed-gender conferences, has also significantly raised awareness in this county regarding the issue of adolescent pregnancy and childbearing. To date, there have been more than fifteen newspaper articles, four radio appearances, several appearances in major markets, and the production of the video and companion book by the League of Women Voters. A second video, focusing exclusively on male involvement issues, has recently been funded through the combined efforts of one Task Force member and the League of Women Voters.

The adult men involved in the planning process have initiated discussion among themselves about the important role they can play in helping to shape the attitudes and actions of adolescent males, primarily by being willing to take their roles as mentors and role models seriously. They were extremely concerned about some of the cavalier attitudes displayed by the young men and have begun to examine their collective responsibility for fostering societal acceptance of such attitudes. The personal growth of the adult men on the planning committee was an unanticipated result, but may in fact become one of the most important outcomes as the men remain motivated and interested in continuing this dialogue among themselves, with adolescents, and, perhaps on a broader level, among other men in the community and nationally.

In fact, the next step for this joint committee within the Teen Pregnancy Task Force will be to convene a third day-long conference (probably in the Fall of 1995) for about one hundred community men, including neighborhood leaders and men involved in churches, schools, human service agencies, business, and industry. The conference will retain its focus on diversity, and will center on encouraging and supporting both informal and formal mentoring and modeling relationships between adolescent and adult males.

The motto for this continuing effort may well be an adaptation of the adage, "It takes an entire village to raise a child." It seems fair to say that "It takes a community of adult men to mentor adolescent males," and there was consensus among all the male conference participants—teens and adults alike—that it was rare and valuable for them to have had such open discussion and communication with other males on these topics.

For additional information regarding these workshops and the data, contact either author for summaries of participant response, action plans, specific conference processes or speaking/facilitating at regional and national meetings:

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CALL FOR SUBMISSIONS

Following is a schedule of themes for coming issues of the SIECUS Report (volume 24). If you are interested in submitting an article, a related book or video review, or a critical analysis of the issues, send a draft manuscript, double-spaced, to the Editor, SIECUS Report, 130 West 42nd Street, Suite 350, New York, NY 10036. (Detailed instructions for authors appear on the inside back cover of this issue.)

Consenting Adults: Men, Women, and Sexual Relations

December 1995/January 1996

Deadline for final copy: October 2, 1995

Sexuality Education around the World

February/March 1996

Deadline for final copy: December 1, 1995

Sexuality in the Media

April/May 1996

Deadline for final copy: February 1, 1996

New Resources and Technology in Sexuality Education

June/July 1996

Deadline for final copy: April 1, 1996

The Politics of Sexuality Education: 1996

August/September 1996

Deadline for final copy: June 3, 1996

A SIECUS Annotated Bibliography of Available Print and Audiovisual Materials**T**

The issues in adolescent sexuality are wide-ranging and encompass physiological, emotional, cultural, and psychological concerns.

Much of the literature on the topic focuses on identifying and preventing the negative consequences of adolescent sexual behavior, including unwanted pregnancy and sexually transmitted diseases. This bibliography is an attempt to present a cross section of print materials available to professionals that address the complex set of issues surrounding adolescent sexuality.

SIECUS does not sell or distribute any of the publications listed here. However, these resources are available for use by SIECUS members in the Mary S. Calderone Library at SIECUS.

Two bibliographic resources on adolescent sexuality that are available from SIECUS include "Talking With Children About Sexuality and Other Important Issues," an annotated bibliography for parents and other caretakers, and "Growing Up," an annotated bibliography of books and resources for young people. Copies of these bibliographies can be purchased from the SIECUS Publications Department at the following costs: 1-4 copies, \$2.00 each; 5-49 copies, \$1.75 each; 50-100 copies, \$1.50 each; 100 or more copies, \$1.25 each. SIECUS is located at 130 West 42nd Street, Suite 350, New York, NY 10036; 212-819-9770.

This bibliography was written and compiled by Evan Harris, librarian, SIECUS.

BOOKS**Adolescent Medicine State of the Art Reviews/Adolescent Sexuality: Preventing Unhealthy Consequences**

Susan M. Coupey and Lorraine V. Klerman, editors

This edited collection of articles focuses on the prevention of negative consequences arising from adolescent sexual behaviors. Sexual behavior and possibilities for behavior modification are explored. 1992, 376 pp., \$33.00.

Hanley & Belfal, Inc., 210 South 13 Street, Philadelphia, PA 19107; 215-546-7293.

Adolescent Pregnancy Prevention: A Guidebook For Communities

C.D. Brindis

This step-by-step guide to creating a successful adolescent pregnancy prevention program provides information on coalition building, fund raising, needs assessment, and impact evaluation. A resource directory and worksheets are also included. 1991, 279 pp., \$24.50.

Stanford Center for Research in Disease Prevention, Distribution Center, 100 Welch Road, Palo Alto, CA 94304-1885; 415-723-0003.

Adolescent Sexual Behavior and Childbearing

Laurie Schwab Zabin and Sarah C. Hayward

Volume 26 in the Developmental Clinical Psychology and Psychiatry series, this monograph examines adolescent sexuality in terms of developmental issues and the societal forces that affect teenage sexual behavior. The age of onset of sexual behavior, contraceptive use, childbearing, and intervention strategies are discussed. 1993, 132 pp., \$15.50.

Sage Publications, P.O. Box 5084, Newbury Park, CA 91359; 805-499-0721.

Dangerous Passage: The Social Control of Sexuality in Women's Adolescence

Constance A. Nathanson

This book examines adolescent female sexuality in terms of history, sociology, and culture. An emphasis is placed on the issue of social control, and how it impacts upon adolescent sexuality. The ways in which adolescent pregnancy and childbirth are socially constructed are discussed, and the development of adolescent pregnancy as a public policy issue is examined. 1991, 286 pp., \$18.95.

Temple University Press, Broad and Oxford Streets, University Services Building, Room 305, Philadelphia, PA 19122; 215-204-8787.

Death By Denial: Studies of Suicide in Gay and Lesbian Teenagers

Gary Remafedi, editor

This edited compilation of articles explores the difficulties faced by young people who are struggling with their sexual orientation and coming out issues. The risk of suicide and suicidal behavior among gay and lesbian youth is discussed at length and intervention strategies are outlined. 1994, 203 pp., \$9.95.

Alyson Publications, 40 Plympton Street, Boston, MA 02118; 617-542-5679.

Female Adolescent Development

Max Siger, editor

This wide-ranging volume is divided into three sections: biological issues, psychosocial issues, and psychodynamics. A variety of topics are addressed within the context of female adolescent development. 1993, 239 pp., \$31.95.

Brunner/Mazel, Inc., 19 Union Square West, New York, NY 10003; 212-924-3344.

Gay and Lesbian Youth

G. Herdt, Editor

This edited collection of articles on gay and lesbian youth is comprehensive, covering a variety of issues and concerns, including identity, multiculturalism, HIV/AIDS,

and self-esteem. The book is international in scope, with articles on gay and lesbian youth in Mexico, England, France, and Brazil. 1989, 355 pp., \$19.95.

Haworth Press, 10 Alice Street, Binghampton, NY 13904-1580; 800-342-9678.

**Going All The Way:
Teenage Girls' Tales of Sex,
Romance, and Pregnancy**

Sharon Thompson

Based on a qualitative study of 400 adolescent girls who were interviewed between 1978 and 1986, this book looks closely at adolescent female sexuality through portions of interviews coupled with the author's commentary. It is divided into chapters such as "Romantic Expectations and Sexual Consent," "Sex, Society, and Popularity," and "From Sex To Motherhood." 1995, 337 pp., \$23.00.

Farrar, Strauss and Giroux, c/o Sales, 19 Union Square West, New York, NY 10003; 800-788-6262.

**Handbook of Adolescent
Sexuality and Pregnancy:
Research and Evaluation
Instruments**

Josefina J. Card, editor

Intended for researchers and evaluators, this reference book contains instruments and measures related to adolescent sexuality and pregnancy, including tools for assessing the consequences of adolescent pregnancy and the impact of prevention programs. 1993, 278 pp., \$62.00.

Sage Publications, P.O. Box 5084, Newbury Park, CA 91359; 805-499-0721.

**Promoting the Health of
Adolescents: New Directions for
the Twenty-First Century**

*Susan G. Millstein, Anne C. Peretsen, and
Elena O. Nightingale, editors*

This book offers a general overview of key topics in adolescent health. Part One addresses societal issues, and includes chapters on economic factors, cultural considera-

tions, and the health risks faced by the adolescent. Part Two focuses on areas of health promotion, and includes chapters on mental health, diet, safety, substance abuse, violence, and sexuality. 1993, 424 pp., \$29.95.

Oxford University Press, 2001 Evans Road, Cary, NC 27513; 800-451-7556.

**Risking The Future:
Adolescent Sexuality, Pregnancy
and Childbearing, Volume 1**

Cheryl Hayes, editor

Generated by the Panel on Adolescent Pregnancy and Childbearing of the National Research Council, this important resource provides a comprehensive review of critical issues in adolescent sexual behavior and childbearing. Chapters on trends and determinants of adolescent sexual behavior, consequences of adolescent childbearing, interventions, and priorities for research and policy are included. 1987, 330 pp., \$34.95.

National Academy Press, 2101 Constitution Avenue NW, Box 285, Washington, D.C. 20055; 202-334-3313.

**Sexual Cultures and
The Construction of
Adolescent Identities**

Janice M. Irvine, editor

This book constitutes an important resource on cultural and social issues and adolescent sexuality. Factors such as race, ethnicity, gender, sexual orientation, and physical ability are explored. The role of culture and cultural identity is emphasized. 1994, 325 pp., \$19.95.

Temple University Press, Broad and Oxford Streets, University Services Building, Philadelphia, PA 19122; 215-204-8787.

**The Sexual Rights of Adolescents:
Competence, Vulnerability,
and Parent Control**

Hyman Rodman

Although information on specific policies is, of course, subject to change, this book is useful in outlining the key issues

involved in adolescent sexual rights. It includes a chapter on adolescent competence around decision making and its implications for law and policy makers. 1988, 183 pp., \$14.95.

Columbia University Press, 136 Broadway, Irvington, NY 10533; 800-944-8648.

**Teenage Sexuality:
Opposing Viewpoints**

Karin L. Swisher, editor

This collection presents various issues in adolescent sexuality—including sexuality education, adolescent pregnancy, and sexual orientation—from differing points of view. The resource is helpful in framing the debates connected to the issues. Suggestions for further reading follow each section. 1994, 236 pp., \$12.95.

Greenhaven Press, P.O. Box 289009, San Diego, CA 92198-9009; 800-231-5163.

REPORTS

**Adolescent Reproductive
Behavior: Evidence from
Developed Countries (Volume 1)**

**Adolescent Reproductive
Behavior: Evidence from
Developing Countries (Volume 2)**

The United Nations

These two reports are the result of a global review of the factors that influence and affect adolescent reproductive behavior. Because the concerns and issues regarding adolescents are different in developing and developed countries, the study's findings (which focus on adolescent females) are presented in two separate volumes. Information is presented via text, charts, tables, and graphs. 1988; 178 pp., \$17.50 (Vol. 1); 1989, 128 pp., \$17.50 (Vol. 2).

The United Nations, Sales Section, New York, NY 10017; 212-963-1234.

ADOLESCENT SEXUALITY BIBLIOGRAPHY

Cultivating Health: An Agenda for Adolescent Farm Workers

Aurora Camacho deSchmidt

These conference proceedings from a 1991 meeting of the National Coalition of Advocates for Students focuses on adolescent farm workers. Although the report is not on sexuality per se, a substantial chapter on the topic, addressing pregnancy and STDs, is included. The report provides valuable insights on the many issues facing rural youth today. 1994, 37 pp., \$6.00.

National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116; 617-357-8507.

Facing Facts: Sexual Health For America's Adolescents

Debra W. Haffner, editor

This report of the National Commission on Adolescent Sexual Health defines the characteristics of a sexually healthy adolescent, provides a foundation for understanding the three developmental stages of adolescence, and offers recommendations for policy makers, parents, educators, and the media. The report also includes a Consensus Statement on adolescent sexual health. 1995, 32pp., \$12.95.

Sexuality Information and Education Council of The U.S., 130 West 42nd Street, Suite 350, New York, NY 10036; 212-819-9770

Pregnancy, STDs, and Related Risk Behaviors Among U.S. Adolescents

Charles W. Warren, William A. Harris, Laura Kann

Part of the Adolescent Health: State of the Nation monograph series, this report contains valuable statistics on adolescent pregnancy, STDs, and risk behavior (including sexual activity, contraception use, and

illicit drug use). The report is a collection of data on each of these topics, organized state by state. Graphs, charts, and tables illustrate current rates as well as trends in pregnancy, abortion, and STD infection. 1995, 227 pp., single copies free upon request.

Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Mail Stop K-33, 4770 Buford Highway NE, Atlanta, GA, 30341-3724.

Proceedings Document from the National Workshop on HIV and Adolescents

National Pediatric Resource Center

These proceedings from the National Workshop on HIV and Adolescents, a meeting sponsored by the Maternal and Child Health Bureau, address five topic areas relating to adolescents and HIV: systems of care, outreach, medical care, psychosocial care, and research. The document presents the "essential elements" and "gaps" identified by the working groups in each topic area. 1993, 27 pp., single copies free upon request.

National Pediatric HIV Resource Center, 15 South Ninth Street, Newark, NJ 07107; 201-268-8251.

Sex and America's Teenagers

The Alan Guttmacher Institute

This well-researched report examines the sexual behavior of adolescents, the incidence and consequences of STDs, and the outcomes of adolescent pregnancy. Attention is given to the economic and educational status of teenage mothers, and the factors that contribute to adolescent risk behavior. 1995, 88 pp., \$30.00.

The Alan Guttmacher Institute, 120 Wall Street, 21st Floor, New York, NY 10005; 212-248-1111.

Understanding Adolescents: An IPPF Report on Young People's Sexual and Reproductive Health Issues

International Planned Parenthood Federation

Examining adolescent sexuality from an international perspective, this needs assessment offers a broad overview of adolescent fertility, marriage, and sexual behavior. The report includes statistics from a number of countries. 1994, 33 pp., \$12.75.

International Planned Parenthood Federation, Regents College, Inner Circle, Regent's Park, London NW1 4NS, UK 447-1-486-0761.

Who Decides? A State By State Review of STD/HIV Education

National Abortion Rights Action League

As its title suggests, this resource profiles the laws affecting minors on sexuality, reproductive health and rights, and family life on a state by state basis. 1995, 150 pp., single copies free upon request.

NARAL, Legal Department, 1156 15th Street NW, Suite #700, Washington, DC 20005; 202-973-3000.

Youth at Risk: Meeting the Sexual Health Needs of Adolescents

Population Action International

Organized in a question/answer format, this resource addresses concerns in adolescent sexuality from a global perspective, and includes statistics and information culled from a number of studies. 1994, 10 pp., \$3.00.

Population Action International, 1120 19th Street NW, Suite 550, Washington, DC 20036; 202-659-1833.

"C O N T R A C T W I T H T H E A M E R I C A N F A M I L Y " :
C O M I N G S O O N T O C L E A N U P Y O U R A C T

D a n i e l D a l e y

Director, Policy Policy

B e t s y L . W a c k e r

Public Policy Coordinator

On May 17, 1995 the Christian Coalition unveiled its "Contract with the American Family," a legislative agenda it intends to promote during the current session of Congress. Four of the ten items outlined in the "Contract" are, among other things, a direct attack on the sexual rights of Americans.

The stated intention of the "Contract's" "dynamic 10-point plan" is to "strengthen the family and restore common-sense values."¹ Ostensibly, requiring the elimination of whole federal departments, merging federal agencies, and severely cutting budgets to particular initiatives reflects a desire to reduce federal spending. Similarly, the elimination of a rare abortion procedure, the cessation of abortion assistance to a proportionally few Medicaid patients, and the termination of funding for international family planning organizations, are presented as "common-sense." The points of the "Contract" dealing with restricting content on the information superhighway and changing the laws to promote parental rights are said to represent an attempt to "strengthen the family."

These are the popular explanations for some possibly severe, precedent-setting changes in public policy. From the point of view of SIECUS, four of the ten points in the "Contract with the American Family" are an attempted end-run around the legislative, administrative, and judicial roadblocks the Far Right has experienced thus far in trying to further encode antisexuality messages in our culture. Each of the four points presented in this response are, in some way, attempts to limit individuals' sexual rights. The vehicles for promoting this agenda are the creation of financial deprivation, withholding health care information, censoring free speech, stigmatizing medical care for women, and removing legal protection for minors and low-income individuals. These measures compromise first amendment rights, public welfare, and enforce gender inequity.

Supporters of the "Contract" are well aware of the public outcry that would occur if they attacked these issues directly. They would then be forced to openly acknowledge their bias against the rights of women to make health care

decisions based on their personal, medical, and financial situations as superior to established law and public opinion. They would also be forced to explain why their desire to "protect children" must be actualized in such a way as to eliminate the rights of the adult population. They would further have to acknowledge that they are willing to end the availability of traditional cultural experiences in music, art, and theater because they object to an infinitesimal portion of what is funded by our government. Finally, they would have to deal with negative public relations after explaining why they object to poor people having reasonable access to affordable legal services. In short, the supporters of the "Contract" are willing to compromise the majority of Americans' rights in order to achieve their own political goals.

In reality, the "Contract" does little to address the very real and pressing challenges most American families are confronting today. Countless Americans face major economic and social struggles in terms of real wages, the costs of insurance and medical care, providing for higher education, and greater anxiety about living in an increasingly violent world. The Christian Coalition's "Contract" offers no real solutions to these critical day-to-day problems.

Fracturing America's Cultural Institutions

The "Contract with the American Family" proposes to "Privatize the Federal Funding of Culture" under the rubric of cost-cutting. The real targets of the Christian Coalition's efforts to defund the National Endowment for the Arts (NEA), the National Endowment for the Humanities (NEH), the Corporation for Public Broadcasting (CPB), and the Legal Services Corporation (LSC) are the sexually- and morally-themed content and actions of these agencies. But the legislative intent of the "Contract" is to indiscriminately end support for and access to many other types of performances and worthwhile services, along with the institutions that provide them.

With funds constituting only .002% of the federal budget, eliminating the National Endowment for the Arts (NEA)

would seem an inefficient way of reducing the federal deficit. Conservatives in both political parties have long eyed the NEA and NEH as defunding targets due to the occasionally sexually-themed content of the performances and artistic productions these agencies fund. An example would be the four performance artists who were at first recommended for and then refused NEA grants in 1990 due to the controversial sexual and religious content of their work, and who later received a settlement in 1993 after the U.S. Justice Department determined that the funding had been withheld for political, not artistic, reasons.² During this time, the Justice Department appealed a 1992 U.S. District court ruling that found unconstitutional the NEA's 1990 "general standards of decency" for awarding grants. The justification for this restriction of free expression was rooted in the Supreme Court's 1991 decision in *Rust v. Sullivan* that permitted the "gag rule" in federally funded family planning clinics.^{3,4} In a 1993 National Culture Alliance survey, a sizable majority of Americans (62 percent) did not agree that "too much art and literature these days is suggestive or indecent."⁵

Similarly, the National Endowment for the Humanities (NEH), created in 1965, would lose its \$177 million funding per year under the "Contract."⁶ The NEH provides grants to individuals and institutions for the study of, among other things, "...philosophy; comparative religion; ethics; ...those aspects of social sciences which have humanistic content and employ humanistic methods;... and our diverse heritage, traditions, and history..."⁷ In January 1995 testimony before a Senate committee, William Bennett, head of Empower America and a former NEH chair in the early 1980s, stated that both the NEH and NEA were "intellectually and morally corrupt" and did not reflect "mainstream American values."⁸ Among its other worthwhile efforts, the NEH underwrites such educational endeavors as filmmaker Ken Burns' renowned video documentary series entitled "The Civil War," the museum preservation of the papers of George Washington and Mark Twain, and enrichment seminars for more than 3,000 educators nationally.⁹

With more than 3,600 NEA grants nationwide, if the "Contract" succeeds, individual communities will simply not be able to fund symphony performances, local art exhibits, and valuable dramatic presentations to "at-risk" populations at the present NEA levels.¹⁰ The "Contract" is clearly not in step with public opinion. In a 1992 Louis Harris poll, 60 percent of Americans agreed that "the federal government should provide financial assistance to arts organizations, such as art museums, dance, opera, theater groups, and symphony orchestras."¹¹ Further, a 1993 survey showed that 73 percent agreed that "in spite of economic hardship, public and private support of the arts and humanities should not be curtailed."¹²

In another example of the bias against these cultural institutions, Don Wildmon, head of the American Family

Association, vowed two years ago to "shut down the Public Broadcasting Service" of the Corporation for Public Broadcasting in order to end "taxpayer financed homosexual propaganda" after the airing of novelist Armistead Maupin's television series "Tales of the City."¹³ In January 1995, a bill was introduced in the U.S. House of Representatives "to repeal the statutory authority for the Corporation for Public Broadcasting."¹⁴ Viewers of non-commercial, quality television might no longer be able to view television programs like NOVA, Nature, and Sesame Street should the Christian Coalition's vision come to pass.

Also in line for extinction is the Legal Services Corporation (LSC), a private, non-profit corporation established by Congress to help provide civil legal assistance to low-income individuals. The 323 national programs are directed locally, handling cases involving housing evictions and foreclosures, spousal abuse, child abuse and neglect, divorce, child custody, and wage and disability claims. The Corporation's FY 1995 appropriation was cut to \$400 million, enabling assistance to fewer than two attorneys for every 10,000 poor people.¹⁵ The Christian Coalition's objection to the LSC was revealed by its executive director Ralph Reed, who stated in an article in the *Wall Street Journal* that the LSC "finances some 200,000 divorces a year for its low-income citizens."¹⁶

Restricting Access to Women's Health Care

The "Contract" references "Restoring Respect for Human Life" by restricting rare third-trimester abortions, discontinuing Medicaid payments for abortion, and abolishing funding for Title X and international family planning programs.

Because there is strong public support for a woman's right to choose, the Far Right has been unsuccessful in turning back the legal right to abortion. This has motivated the Christian Coalition to draft legislation that would chip away at women's medical, financial and geographical access to this health care option piece by piece.

Only one-tenth of .01% of all abortions occur in the third trimester.¹⁷ The procedures are performed to preserve the life or health of the mother or when the fetus has a severe deformity or fatal disease. The D & X (dilation and extraction) abortion is medically valuable because it takes place in a shorter time period and facilitates an autopsy to gauge the extent and cause of fetal anomalies.¹⁸ The Christian Coalition's position stands in stark contrast to the vast majority of Americans (86 percent) who say a pregnant woman should be legally able to obtain an abortion "if the woman's own health is seriously endangered by the pregnancy."¹⁹ In addition, well over three-fourths (79 percent) of Americans say a pregnant woman should be legally able to obtain an abortion "if there is a strong chance of serious defect in the baby."²⁰

The "Contract" also urges passage of the Istook/Exon amendment which would give states discretion to refuse to

fund Medicaid abortions even in cases of rape or incest. This amendment would override the existing laws in more than forty states.²¹ Again, the Christian Coalition does not speak for all citizens, as the clear majority (80 percent) of Americans say a pregnant woman should be legally able to obtain an abortion “if she becomes pregnant as a result of rape.”²² Further, the Christian Coalition’s punitive proposal is not cost-effective: “If Medicaid coverage of abortions were restored nationwide, the federal and state governments together would spend approximately \$127 million annually to provide abortion services but would save about \$612 million in prenatal care and other medical and social welfare expenditures, such as AFDC and food stamps, over the following two years.”²³

The “Contract” claims that Title X, enacted in 1970 as the chief programmatic effort to reduce unintended pregnancy by providing contraceptive and other clinical services to low-income women, subsidizes organizations that “promote and perform” abortions. On the contrary, Title X clinics have always complied with the prohibition against using these funds for abortion, as evidenced by investigations conducted by Congress and the Department of Health and Human Services.²⁴ Title X requires that women who face unintended pregnancies be given nondirective counseling about all of their options. The program is also cost effective because many of the women receiving Title X services would be eligible for other publicly subsidized care as well. Each public dollar spent to provide family planning services saves more than \$4 that would otherwise be spent to provide medical care, welfare benefits and other social services.²⁵

The “Contract” seeks to restrict funding to any organization that uses its own private funds to provide abortion services in foreign countries or “engage[s] in activities to alter abortion laws or policies of governments,” even where abortion is legal—and could effectively curtail the wide range of health care services offered around the world by the International Planned Parenthood Federation and the United Nations Fund for Population Activities. About one out of every five women who want to avoid a pregnancy is not using contraception—about 120 million women—according to demographic surveys in fifty developing countries.²⁶ The World Health Organization calculates that of the estimated 50 million induced abortions worldwide each year,²⁷ more than one-third are illegal and nearly half take place outside the health care system. This results in 200,000 maternal deaths annually due to medical complications.²⁸ International family planning efforts are needed as the world population passes 5.7 billion and is growing by nearly 90 million people a year, and overpopulation foreshadows an increase in poverty, illiteracy, morbidity, and environmental degradation.²⁹

SIECUS believes that every woman, regardless of age or income, has the right to obtain an abortion under safe,

legal, confidential, and dignified conditions at a reasonable cost and that no woman should be denied this right because of the inability to pay. SIECUS believes that when a woman is making a decision to continue or terminate a pregnancy, she is entitled to have full and unbiased knowledge and counseling about abortion, pregnancy and childbirth.³⁰

Censoring of Sexually-Themed Electronic Media

The “Contract with the American Family” puts forth under their call for “Restricting Pornography” the notion that in order to keep sexually explicit materials out of the hands of young people, the federal government must censor the content of the Internet. The “Contract” also calls for limiting access to “pornography channels” on cable television. A concrete example of how this thinking can be broadly codified is the “Communications Decency Act of 1995,” which was recently passed by the Senate. Introduced in January by Senators Exon and Gorton, it would ban “...indecency” on electronic networks and telecommunication devices, including radio, cable television, the Internet, and e-mail. Conviction under this act involves harsh penalties—a \$100,000 fine and two years in prison for the first offense.^{31,32} The Internet and cable television are two media for which there already exist built-in methods for parents to monitor and restrict their children’s use; parents can readily decide which channels to subscribe to and which to block, and they can exercise control over how and when their children use the Internet. Parental responsibility is a far more appropriate safeguard than the blanket restriction of adults’ first amendment rights to freely exchange information, or to overrule local control.

When materials are censored because of their sexual content, information about sexual health is often targeted. The censorship of sexually explicit materials has resulted in the banning of women’s sexual health books (including *Our Bodies, Ourselves*), sexuality textbooks, and Judy Blume’s coming-of-age literature for adolescents.³³ In Oklahoma City, a doctor was prosecuted for displaying a safer sex poster in the window of his HIV/AIDS clinic.³⁴ The proposed move to censor the content of the Internet may result in similar limitations on computer access to sexual health information.

SIECUS supports the informed use of sexually explicit materials and affirms adults’ right of access to sexually explicit materials for personal use. SIECUS opposes legislative and judicial efforts to prevent the production and/or distribution of sexually explicit materials, insofar as such efforts endanger constitutionally guaranteed freedoms of speech and press. Furthermore, such actions could be used to restrict the appropriate professional use of such materials by educators, therapists, and researchers. SIECUS supports the legal protection of minors from exploitation in the production of sexual materials.³⁵

Protecting the Rights of All Family Members

Finally, the “Contract with the American Family” contains a section on “Protecting Parental Rights” calling for Congress to create a Federal law to “ensure that parents’ rights over the care and nurturing of their children are not violated.”

Parental rights are well protected under current law; however, “parental rights” activists are dissatisfied with the fact that current laws also stipulate that in some instances the rights and interests of the minor may supersede those of the parent. Federal legislation resulting from the “Contract” would, for example, override state laws that affirm the ability of minors to give their own consent for medical care. Twenty-five states have determined that minors may give their own consent to receive contraceptive services; twenty-eight states allow prenatal care and delivery services; fifty states enable sexually transmitted disease services; eleven states arrange for HIV testing and treatment; and forty-seven states allow treatment for drug and alcohol abuse.³⁶ A “parental rights” agenda could have the effect of restricting sexuality education, reducing access to sexual health services for young people, and inhibiting behavioral and social science research on the sexual behaviors and attitudes of young people.

The public is wary of this agenda—a 1994 survey found that 67 percent of American voters are concerned about the Religious Right’s opposition to teaching about birth control and disease prevention.³⁷ Indeed, the overwhelming majority (83 percent) of Americans support sexuality education in the public schools,³⁸ and three-fourths (78 percent) agree or mostly agree that high schools should offer instruction in birth control methods.³⁹ Forty states provide parents with the option of removing their children from sexuality education classes—but very few parents actually do so (typically only 2–3 percent).⁴⁰ And if there is any doubt as to widespread acceptance, at least 89 national organizations have joined together in the National Coalition to Support Sexuality Education to ensure that comprehensive sexuality education is provided for all young people.⁴¹

SIECUS affirms that parents are—and ought to be—the primary sexuality education of their children. SIECUS supports efforts to help parents fulfill this important role. With respect to contraceptive services, SIECUS also believes that while it is generally desirable for parents to be involved in their children’s contraceptive decisions, the right of every individual to confidentiality and privacy in receiving such information, counseling, and services is, and should be, paramount. Accordingly, SIECUS opposes any legislative or governmental attempts to infringe on this basic right.⁴²

Resisting the “Contract” Premise

Sexual rights and sexual health are being systematically threatened by a small, vocal minority of Far Right groups in the name of “religion.” Their position, however, is by no

means representative of the ecumenical community as a whole. The “Contract” is, in fact, being challenged by an ecumenical coalition of more than eighty Christian leaders representing mainline Protestants, evangelicals, African-American congregations, Catholics, and Greek Orthodox groups. In answer to the “Contract,” this new coalition has issued “The Cry for Renewal,” which laments the way in which the “religious contribution to the political debate of late has made it more divisive, polarized, and less sensitive to the voiceless.”⁴³ The coalition seeks to foster “partnerships” between churches, businesses, and local government to solve the reasons for and fallout from poverty, unemployment, teen pregnancy, violence in general, and “gay-bashing” in particular. These diverse clergy plan to form a progressive caucus to offer an alternative to Far Right rhetoric. Average Americans must do as much by publicly and pointedly stating our widely held convictions concerning fairness, privacy, free speech, and—hopefully—compassion.

REFERENCES

1. “Christian Coalition Releases Contract With The American Family: Pro-Family Group Offers Bold Agenda To Strengthen Families,” press release, May 17, 1995.
2. “‘NEA Four’ Case Settled,” *Arts Censorship Project Newsletter*, 2 (1993): 4.
3. Ibid.
4. “Justice Department Appeals for NEA Decency Standard,” *The Washington Post*, April 8, 1993.
5. Ibid.
6. “Eating Her Offspring,” *New York Times*, January 26, 1995, p. A21.
7. “FACTS,” National Endowment for the Humanities, January 1995, p. 1.
8. “Perilous Times,” *Arts Censorship Project Newsletter*, 4 (1995): 2.
9. “10 Facts About the National Endowment for the Humanities,” The National Endowment for the Humanities, January 1995, pp. 1–2.
10. “Actress to Be Nominated to Head NEA,” *Washington Post*, July 30, 1994, p. A1.
11. “Ten Facts About the National Endowment for the Arts,” National Endowment for the Arts, Fact Sheet, April 1995, p. 2.
12. Ibid.
13. People For The American Way, Letter to members, April 24, 1995, pp. 1–3.
14. Ibid.
15. “FACT SHEET,” Legal Services Corporation, 1995, pp. 1–4.
16. “Religious Right Plans to Use Tax, Budget Battles To Start Reshaping the Nation’s Moral Landscape,” *Wall Street Journal*, January 17, 1995.

17. "In Late Abortions, Decisions Are Painful and Options Few," *New York Times*, January 5, 1992, p. 16.
18. Ibid.
19. J. A. Davis and T. W. Smith, *General Social Surveys* (GSS), 1972-1993, (Chicago: National Opinion Research Corporation (NORC), 1993), Q (Question #)206C.
20. NORC, GSS, 1993, Q206A.
21. *A State-by-State Review of Abortion and Reproductive Rights: Who Decides?*, (Washington, DC: The NARAL Foundation, 1995): 172-3.
22. NORC, GSS, 1993, Q206E.
23. P. Donovan, *The Politics of Blame: Family Planning, Abortion and the Poor* (New York: The Alan Guttmacher Institute, 1995): 23.
24. General Accounting Office (GAO) Report HR-82-106, September 24, 1982.
25. J. D. Forrest and S. Singh, "Public-Sector Savings Resulting from Expenditures for Contraceptive Services," *Family Planning Perspectives*, 22, no. 1 (January/February 1990): pp.6-15.
26. C. F. Westoff and L. H. Ochoa, *Unmet Need and the Demand for Family Planning — Demographic and Health Surveys Comparative Studies No. 5*, (Columbia, MD: Institute for Resource Development/Macro International Inc., 1991).
27. "Youth Often Risk Unsafe Abortions," *Network*, Family Health International, 14, no. 2, (October 1993): p. 12.
28. "Family Planning Reduces Mortality," *Network*, Family Health International, 14, no. 3 (February 1994): p. 5.
29. "Action Alert," Zero Population Growth, February 1995.
30. "Position Statements," *SIECUS*, 1991.
31. "Mr. Exxon's Foolish Farewell," *New York Times*, March 28, 1995.
32. "Getting Cyber Smart," *New York Times*, May 22, 1995, p. A15.
33. L. Katz, "In the Realm of the Censors," *In These Times*, March 7, 1995, pp. 24-25.
34. "Porn Defender Sees Danger in 'Sex Panic,'" *Star Tribune*, January 24, 1995.
35. "Position Statements," *SIECUS*, 1991.
36. P. Donovan, "Our Daughter's Decision," (New York: The Alan Guttmacher Institute, 1992), 12-13.
37. P. Hart, "Monitoring the Future," (Survey Research Center of the University of Michigan, 1988).
38. NORC, GSS, Q214.
39. T. W. Smith, "The Polls — A Report: The Sexual Revolution?," *Public Opinion Quarterly*, 84 (1990): 415-435.
40. A. E. Gambrell and D. W. Haffner, *Unfinished Business: A SIECUS Assessment of State Sexuality Education Programs*, (New York: SIECUS, 1993), 16.
41. "NCSSE Factsheet," *SIECUS*, February 1995.
42. "Position Statements," *SIECUS*, 1991.
43. "Christian Leaders Challenge the Right: Ecumenical Group Urges Civic-Church 'Partnerships' to Tackle Community Problems," *Washington Post*, May 24, 1995, p. A14.

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REVIEWS

THE GLITTER: SEX, DRUGS, AND THE MEDIA

Human Relations Media, 23 minutes, 1994.

Human Relations Media, 175 Tompkins Avenue, Pleasantville, New York 10570; 914-769-6900. \$189.00 plus 5% for shipping and handling.

Judging from the title alone, *The Glitter: Sex, Drugs, and the Media* seems to have an exclusive focus on the media's relationship to sexual and drug-related issues. In fact, by tackling additional issues of concern like gender role stereotyping and violence, this video effectively encourages viewers to begin questioning the effect of the media on their own lives. The limited nature of the video's title is unfortunate, since its broad-ranging content is one of its strengths. In short, *The Glitter* provides a jumping-off point for adolescents to examine, investigate, and learn about a number of important issues connected with the mass media.

This fast-paced video intersperses clips and images from popular advertisements and other media sources with interviews of students and individuals who work in the media or with media concerns. A high school student calls attention to the double messages given to young men and women by beer commercials; a media analyst discusses the consequences of excessive violence in TV and movies; the director of a soap opera cites the role of commercialism in daytime entertainment. While the images flashing across the screen between these interview segments are sometimes helpful in illustrating the points being made, at other times they are more distracting than enlightening. Furthermore, the rapid-fire style of *The Glitter*, which mimics television advertisements and MTV culture, only sometimes works to educational advantage. Whether used successfully or not, however, the images play a crucial role, and discussion of how they are used in the video could constitute a classroom activity in and of itself.

As the video makes clear, most people are unaware of the media's constant presence in—even bombardment of—our daily lives, creating the potential for the "corporate art-form" of media to thrive on a subconscious level. The video and accompanying *Teacher's*

Resource Book stress media literacy and encourage adolescents to critically analyze and learn to "decode" commercials, advertisements, and media images. The *Resource Book* also provides teaching suggestions, classroom activities, and student work sheets. Topics covered in the class activities include media definitions, communication, and media influence. The activities are well constructed, and can be easily incorporated into the classroom.

Unlike many videos which merely shed light on an issue, *The Glitter* takes things one step further by proposing action. Since many of the mass media's messages are designed to sell products, viewers are urged to use their consumer power to affect change in the media. The tremendous power and success of the "green consumerism" movement, which result in an explosion of environmentally responsible products, is cited as one example of how individuals can affect the media.

This video is successful in providing a starting point for thought and discussion on a number of important topics, including gender roles, body image, and the casual way in which sexuality is portrayed in the mass media. It is a well thought-out resource that could be used as the centerpiece for lessons in sexuality education and media literacy alike.

Reviewed in collaboration by SIECUS staff members Evan Harris, Helen Ngai, Stacie Renfro, and Monica Rodriguez.

KIDS TO KIDS: TALKING ABOUT PUBERTY

Tambrands, 25 min., 1995.

Tambrands, 77 Westchester Avenue, White Plains, New York 10604; 1-800-826-7296. Free.

Kids to Kids: Talking about Puberty is the video component of the Tambrands Program on Puberty and Menstrual Health, a teaching kit developed by the health education division of Tambrands, Inc., the company that produces Tampax tampons. Aimed at pre- and early adolescents, the teaching kit is designed for classroom use; copies are distributed to schools free upon request. In

addition to the video, the kit includes a booklet, a teaching guide with classroom exercises, and a poster of the male and female reproductive organs.

The twenty-five minute video is the centerpiece of the teaching kit, and constitutes its most useful feature. The video combines excerpts from interviews with young people and graphics that illustrate information presented by a narrator. This format exposes young people to factual information as well as to the thoughts and concerns expressed by their peers, both of which are important for a young person experiencing or about to experience puberty.

Although the video mainly addresses a female audience (two of the three segments focus on female anatomy and menstruation), young men's issues are also considered. The interviews with young people explore a wide set of concerns, including body image, the maturation process, girls' feelings about the onset of menstruation, and boys' feelings about nocturnal emissions. The narrated portions of the video cover the physiological aspects of puberty, including reproductive anatomy, hormones, and, in the segment targeted to boys, "sperm release."

The video's strength lies in the interviews with the youth; their honesty in discussing their thoughts and feelings about puberty is remarkable. The teen interview segments that focus more on presenting the facts, however, are less successful. For example, in one interview concerning menstruation, a young woman describes a period by saying, "In a month, [an egg] gets bored. The egg crawls off a wall and takes the blood with it." While this may be a helpful way of thinking about the menstruation process, it is not accurate in biological terms. The statement is not directly addressed or corrected by the narrator at that point in the video; a bit later, however, when the menstrual cycle is explained by the narrator, the information presented is sound and accurate.

Educators should bear in mind that the Tambrands Teaching Kit is, in part, an advertising and product placement tool for Tambrands, Inc. This is especially apparent in the video, for example, during a panning shot of menstruation-related products where Tambrands products dominate the picture

(other companies' products *do* appear, but far less prominently). A more subtle indication of the video's underlying marketing agenda occurs during the discussion of finding and purchasing the appropriate menstruation-related product. The discussion is framed to imply a progression: a young woman begins with sanitary pads and "graduates" to tampons. This suggests that most women use tampons for the greater part of their lives before menopause. Although the video does not ignore the possibility of opting for pads over tampons, this choice is not presented as the norm. This perspective on product use may well represent the experience of many girls and women, but it may also reflect the fact that Tambrands, Inc. manufactures tampons, not sanitary pads.

To some extent, advertising and product placement also determine the focus of the teaching kit, which is on menstruation and menstrual health. This emphasis means that several topics not generally addressed

in videos and teaching materials on puberty are raised. In the video, young women express their feelings about purchasing tampons, discuss their first experiences with tampons, and offer practical advice to peers on how to approach tampon use. In the teaching guide, there is an activity on choosing menstruation-related products that allows students to weigh the pros and cons of external versus internal methods. Interestingly, one of the activities related to this exercise is to "Imagine you are the creative team in charge of developing a television commercial for a menstrual protection product for girls your age. Your task is to interest the viewer, provide information on the product, and not offend the viewer. Describe your commercial for your classmates." In the hands of a good educator, this activity could teach media and advertising awareness as well as encourage young people to become comfortable talking about the menstrual cycle and products

related to it. The same possibility exists for educators using the video. Students will observe that they are receiving advertising messages, and this may present an opportunity for discussion.

While advertising and product placement are a reality of the Tambrands Teaching Kit, they do not substantially deflect attention from the information being presented or adversely affect its accuracy. In fact, the stress on issues related to menstruation gives rise to honest and helpful information not always addressed in other venues. In sum, the Tambrands Teaching Kit, particularly the video, is a valuable resource. By giving a voice to pre- and early adolescents in the interviews, it opens the door for young viewers to consider and explore their own questions, concerns, and feelings about puberty.

This audiovisual was reviewed in collaboration by SIECUS staff members Evan Harris and Helen Ngai.

NEW SIECUS PUBLICATIONS FOR HISPANIC/LATINO YOUTH

Guidelines for Comprehensive Sexuality Education for Hispanic/Latino Youth/Guía para una Educación Sexual Integral para la Juventud Hispana/Latina. Adaptation of Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade. This publication provides a framework for communities to create new or to improve existing sexuality education programs. The Guidelines are based on the premise that the primary goal of sexuality education is the promotion of adult sexual health and that sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. \$5.75.

Hablemos de Sexo. An adaptation of *Talk about Sex* for Spanish-speaking communities was developed to help teenagers communicate more openly and effectively about issues related to sexuality and HIV/AIDS, this booklet offers clear, honest, straightforward information and instruction about relationships, communication skills, and safer sex behaviors in a very engaging, youth-friendly publication. \$2.00.

All orders must be prepaid. Please address orders to SIECUS, Publications Department, 130 West 42nd Street, Suite 350, New York, NY 10036. For further information, contact the Publications Department, 212-819-9770, ext. 304.

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