SIECUS

REPORT

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THE ABSTINENCE-ONLY INITIATIVE POINTS TO THE NEED FOR EVALUATIONS

Mac Edwards

I find it ironic that SIECUS is publishing a major report on the importance of sexuality education evaluations at the same time that the federal government is launching a $50-million-a-year abstinence-only program that research indicates will not work.

This poorly conceived government initiative dramatically points to the need for testing and evaluation of programs before they become part of a major national effort. However, SIECUS staff are encouraged by conversations with more than 20 state representatives who have struggled to develop thoughtful programs with this new funding.

EVALUATING PROGRAMS

Titled "But Does It Work? Improving Evaluations of Sexuality Education," the lead article in this issue of the *SIECUS Report* is part of a 10-year Teenage Pregnancy Prevention initiative funded by the California Wellness Foundation—a major part of which involves establishing community norms that positively value healthy adolescent sexual development and pilot testing promising approaches.

Written by Debra Haffner, SIECUS president and CEO, and Dr. Eva Goldfarb, an assistant professor at Montclair (NJ) State University, the article is based on the findings of a SIECUS-convened symposium of 15 of the nation's most prominent researchers in sexuality education and teenage pregnancy prevention.

It challenges program designers to broaden the scope of their evaluations to address more of the goals of comprehensive sexuality education. It also provides them with the guidance and tools they need to conduct such evaluations.

As part of the California Wellness initiative, Debra was also featured in a major advertising campaign early this summer in the West Coast editions of such magazines as *Time, Newsweek,* and *People.* A quarter-page version also appeared on the Op-Ed pages of the *New York Times* and the *Los Angeles Times.*

"Teenagers in other countries are having intercourse as often as teens in the U.S.," she said in the advertisement, "but they're not getting pregnant or giving birth at even half the rate....The reason teen pregnancy and sexually transmitted disease rates are so much lower in other countries is simple.

"The adults in those countries educate young people about contraceptives and then make sure that contraceptives are accessible to all. In contrast, the U.S. is the only country that actually discourages teens from learning how to protect themselves."

SIECUS is proud to be part of this important California Wellness initiative and feels that it is an important step to providing all young people with comprehensive sexuality education programs that will result in healthy sexual adults.

An excellent companion piece to this month's lead article is "How Are We Doing? Evaluation As Part of Sexuality Education" by SIECUS Board Member and Past Chair Peggy Brick of Planned Parenthood of Greater Northern New Jersey. In it she details how her staff has evaluated its work over the past 10 years. She says that such research is "simply a fundamental part of the educational process."

THE NATIONAL CLIMATE

It's that time of year again. Ruth Mayer, SIECUS director of communications and development, has written "1996–97 Trends in Opposition to Sexuality Education in Public Schools in the United States." In the process, she has talked with many people in communities across the country. I'm sure you'll find her synopsis and personal interviews interesting and informative.

It's appropriate that this issue of the *SIECUS Report* also includes an updated *Fact Sheet* on the *Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade.* Reprint copies will now become part of the new and improved *Community Action Kit* that SIECUS provides to individuals and groups across the country to mobilize local support for comprehensive programs. The new kit is hot off the press!

Speaking of advocacy, Sonja Herbert, SIECUS public policy associate, and Daniel Daley, SIECUS director of public policy, have written an impressive article on ways proponents of comprehensive sexuality education can use the Internet. It includes a detailed directory of Web sites of federal agencies, state governments, supporters, and opponents, among others.

I'm excited about the information in this issue of the *SIECUS Report.* Let us know how you are using our materials in your work.

BUT DOES IT WORK?
IMPROVING EVALUATIONS OF SEXUALITY EDUCATION

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

Eva S. Goldfarb, Ph.D.
Assistant Professor, Montclair State University, Upper Montclair, NJ

ith support from the California Wellness Foundation, SIECUS convened a symposium of 15 of the nation's most prominent researchers in sexuality education and teenage pregnancy prevention in October 1996 to help improve evaluations of sexuality education programs.

They addressed such questions as:

• What is the status of current evaluation research on sexuality education? What are the gaps in the literature?

• Can the impact that sexuality education has on body image be evaluated? On self-esteem? On relationships? On adult sexual health?

• What methodologies can improve evaluations of sexuality education programs?

• What do program managers, evaluators, and funders need to know?

Unfortunately, evaluations of comprehensive sexuality education have tended to focus primarily on whether the programs have helped young people delay sexual activity and prevent unwanted pregnancy and disease. Evaluators have often defined program effectiveness as helping young people either postpone sexual intercourse or increase the use of contraception and condoms.

Other program goals of comprehensive sexuality education—such as helping young people develop an appreciation of their bodies or communicating effectively with peers and partners—are often overlooked in evaluations of sexuality education programs.

Comprehensive sexuality education has four goals:

• To provide young people with accurate information about human sexuality.

• To provide an opportunity for young people to question, explore, and assess their sexual attitudes.

• To help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create satisfying relationships.

• To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual behaviors, and encouraging the use of contraception and other sexual health measures.[1]

The National Guidelines Task Force, convened by SIECUS to develop the *Guidelines for Comprehensive Sexuality Education: Kindergarten–12th Grade,* identified 36 life behaviors of a sexually healthy adult that are the desired results of a K–12 sexuality education program.

They include interacting with both genders in respectful and appropriate ways, viewing family as a valuable source of support, practicing effective decision-making, and expressing one's sexuality while respecting the rights of others. Important outcomes include using contraception, preventing sexual abuse, avoiding sexually transmitted diseases, and practicing health-promoting behaviors, *but they are not the only outcomes of a comprehensive program.* (See "Life Behaviors of a Sexually Healthy Adult" on page 6.)

RECENT EVALUATIONS

Recent reviews of evaluations of effective sexuality education, teenage pregnancy prevention, and HIV prevention programs have found that quality sexuality education programs:

• increase knowledge;

• clarify values;

• increase parent-child communication;

• help young people delay the initiation of sexual intercourse;

• increase the use of contraception and condoms;

• do not encourage young people to begin intercourse; and

• do not increase the frequency of sexual intercourse.[2]

These reviews also describe common characteristics of effective programs. Specifically, they:

• target specific behaviors;

• are based on a theoretical model for behavior change;

- provide information about the risks of unprotected sexual intercourse and how to reduce risk;

- provide students with an opportunity to practice skills and discuss situations that they find meaningful and realistic;

- address the influence of the media, peers, and culture on teenagers' sexual behaviors and decisions;

- develop and reinforce beliefs and values among students that support their decisions to be abstinent and/or to protect themselves; and

- include opportunities for students to practice communication and negotiation skills.[3]

FEW QUALITY EVALUATIONS

The symposium participants convened by SIECUS agreed that there are only a few well-designed, well-implemented, and well-funded evaluations of sexuality education. They also agreed that most published evaluations primarily determine the impact of programs based on three goals:

- delaying the onset of sexual intercourse;

- increasing contraceptive and condom use; and

- decreasing pregnancy and birth rates.

These goals are extremely difficult to attain given the limited nature (five to 12 sessions) of most programs.

There are few published evaluations concerning many of the desired outcomes of sexuality education such as appreciation of one's body; identifying and living according to one's values; developing and maintaining meaningful relationships; avoiding exploitative or manipulative behaviors; and engaging only in consensual relationships.

Generally, evaluators have not assessed the effect of such programs on helping young people achieve the life behaviors of a sexually healthy adult, and they have not developed instruments to measure these behaviors.

In addition, evaluations have usually only examined short-term effects. Most include immediate post-tests that do not allow for passage of time. Only a few examine the impact of the program beyond a year and a half. But, as the

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SYMPOSIUM HIGHLIGHTS

The symposium held in October 1996 offered a unique opportunity for an exchange of ideas about the evaluation of sexuality education. Participants presented information about their own research, examined each other's studies, and explored new directions.

Although SIECUS did not ask participants to reach a consensus, certain important themes emerged.

LIMITATIONS OF EXISTING EVALUATIONS OF SEXUALITY EDUCATION PROGRAMS

- There have been too many weak evaluations of sexuality education and teenage pregnancy prevention programs.

- There are very few published evaluations of many of the desired outcomes of sexuality education (for example, appreciating one's body; identifying and living according to one's values; developing and maintaining meaningful relationships; avoiding exploitative or manipulative behaviors; communicating effectively with parents; and engaging only in consensual relationships).

- Sexuality education programs *alone* will *not* lower teenage pregnancy or birth rates or the incidence of STDs and HIV.

RECOMMENDATIONS FOR EVALUATIONS OF SEXUALITY EDUCATION PROGRAMS

- Doing no evaluation is better than doing a bad evaluation.

- Rigorous outcome evaluations are appropriate only after a program is successfully implemented for a period of years.

- Evaluations must be consistent with the expressed goals of the program and the course content.

- Evaluations of comprehensive sexuality education should go beyond measuring changes in whether young people are having intercourse or whether they are using a contraceptive method.

- Evaluations of *school-based sexuality education* should focus on changes in knowledge, attitudes, and skills. Be cautious about measuring outcomes outside the classroom.

- Simple programs should be evaluated by simple measures; complex outcome measures on behavior change should be reserved for multi-year, intensive strategies.

- There is a need for new instruments to measure sexual health objectives.

- Qualitative methods are an important supplement to quantitative methods.

sexuality educators at the symposium articulated, the young people may not experience results from the program until they start dating, leave home, or become adults.

Further, few program evaluations have been replicated. In those cases when replication has occurred, the results in another setting are often not as positive. As one symposium participant pointed out, "Successful programs may have more to do with individual teachers and their charisma, than with the actual program components." Conversely, one participant warned about the challenge of replicating a program with fidelity: "Is there really integrity in a replication from one site to another? My hunch is that 90 percent of the time, the only thing the programs have in common is the booklet the kids receive."

As a result of many of these issues, comprehensive, methodologically rigorous evaluations are extremely costly and time-consuming, and are, therefore, inaccessible to most programs.

UNIQUE CHALLENGES

Symposium participants agreed that comprehensive sexuality education presents unique challenges for program evaluations.

First, they acknowledged that changing human behavior is difficult and that simple educational efforts themselves have often met with limited success. They pointed out that most school-based courses are considered successful if they increase a student's knowledge and performance on standardized tests. Only health education efforts are held to a standard of behavior change outside of the classroom.

Second, they acknowledged that, unlike other academic programs, young people often learn about sexuality from a wide range of sources outside of school such as families, television, movies, advertising, peers, magazines, partners, church, and youth organizations. Yet evaluations tend to focus only on the impact of the school program: "Studies typically measured only the incremental effect of the intervention and not the cumulative effect of that intervention plus whatever sexuality education or reproductive health service the youth had previously or subsequently received. If the cumulative effect of all reproductive health education and services were measured, results would probably be stronger."[4]

Both youth and adults approach sexuality education with established attitudes and beliefs. People come into programs with their own previous knowledge, their own family values, their own cultural values, their own experiences, and their own fears. The reality is that students in any class have very different needs for sexuality information. Some need basic information about their bodies; some need to know how to handle a sexually abusive stepparent; some need to look at their personal values; and some need to know how to set sexual limits with their partner. In addition, some are not dating; some are abstinent from all sexual behaviors;

some are experimenting sexually; and some are having sexual intercourse. Most are heterosexual although some are bisexual, gay, lesbian or questioning their orientation.

Several participants commented on the fact that sexuality education affects people in different ways. In observing highly competent sexuality educators, a person senses that the young people in the class are excited, challenged, and learning. Yet, formal evaluations of these same programs have not always demonstrated positive results. The reason? As one participant noted, "For one person, one thing happens; for another person, something else happens. But if you measure only one behavior, and it was significant for only a few kids, it's lost and we don't capture it."

Participants said that evaluators need to better assess students' knowledge and attitudes at the baseline. What issues do they have coming into the program? Are they ready to learn what the program has to offer? How are they changed as a result of the program?

In addition, previous exposure to sexuality information complicates evaluation methodology. This may make it impossible to have true random experimental designs with random assignments to programs. Because people are exposed to both formal and informal "sexuality education" throughout their lives, there is probably no such thing as a true control group that has not been exposed to any information.

Third, classroom behaviors are often only proximal to behaviors in real life. For example, "if someone can negotiate condom use in a skill-building exercise in a classroom, do we really know whether they can do it in real life?" It is easier to assess whether a child can read or add a column of numbers both in school and outside of school than it is to know if they will practice effective decision-making or sexual limit-setting outside the classroom.

Fourth, sexuality education is one of the only school-based programs that measures behaviors outside of the classroom. Most school-based programs are simply evaluated by how young people score on tests. Although studies show that sexuality education increases knowledge, it is sometimes seen as not effective because it does not change sexual behaviors. In the words of one participant, "We don't measure the success of the math curriculum on whether people can and do balance their checkbooks."

Fifth, sexual behaviors involve more than the classroom participant. In most cases, only one member of the relationship has participated in the program; yet, that person is also expected to influence the behavior of their partner.

Sixth, asking young people about their sexual behaviors raises particular methodological concerns. Research that relies on self-report about sexual behaviors must take into account self-report bias and the problem of "social desirability" (giving answers that they believe the researcher wants to hear). At pre-test and post-test, participants may under-

LIFE BEHAVIORS OF A SEXUALLY HEALTHY ADULT

A sexually healthy adult will:

In human development

- Appreciate his or her own body.

- Seek further information about reproduction as needed.

- Affirm that human development includes sexual development that may or may not include reproduction or genital sexual experience.

- Interact with both genders in respectful and appropriate ways.

- Affirm his or her own sexual orientation and respect the sexual orientation of others.

In relationships

- View family as a valuable source of support.

- Express love and intimacy in appropriate ways.

- Develop and maintain meaningful relationships.

- Avoid exploitative or manipulative relationships.

- Make informed choices about family options and relationships.

- Exhibit skills that enhance personal relationships.

- Understand how cultural heritage affects ideas about family, interpersonal relationships, and ethics.

In personal skills

- Identify and live according to his or her values.

- Take responsibility for his or her own behavior.

- Practice effective decision-making.

- Communicate effectively with family, peers, and partners.

In sexual behavior

- Enjoy and express his or her sexuality throughout life.

- Express his or her sexuality in ways that are congruent with his or her values.

- Enjoy sexual feelings without necessarily acting on them.

- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.

- Express his or her sexuality while respecting the rights of others.

- Seek new information to enhance his or her sexuality.

- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected against disease and unintended pregnancy.

In sexual health

- Use contraception effectively to avoid unintended pregnancy.

- Prevent sexual abuse.

- Act consistent with his or her own values in dealing with an unintended pregnancy.

- Seek early prenatal care.

- Avoid contracting or transmitting an STD, including HIV.

- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.

In society and culture

- Demonstrate respect for people with different sexual values.

- Exercise democratic responsibility to influence legislation dealing with sexual issues.

- Assess the impact of family, cultural, religious, media, and societal messages on his or her thoughts, feelings, values, and behaviors related to sexuality.

- Promote the rights of all people to accurate sexuality information.

- Avoid behaviors that exhibit prejudice and bigotry.

- Reject stereotypes about the sexuality of diverse populations.

- Educate others about sexuality.

Resource: *Guidelines for Comprehensive Sexualitiy Education: Kindergarten–12th Grade, 2nd Edition* (New York: SIECUS, 1996).

report their involvement in risky or unhealthy behaviors, and, thus, reduce the measured impact of the program.

Seventh, there are often policy barriers to high quality evaluations of sexuality education programs. Evaluations of sexuality education may be too controversial in some communities to enable a thorough study. Legislation within many states, as well as the proposed Family Privacy Act at the federal level, limit the types of data that can be collected on sexual behavior. In some states, researchers must obtain parental consent before they can ask a young person about their sexual attitudes and behaviors.

Eighth, the group cautioned about treating sexuality education as synonymous with teenage pregnancy or HIV-prevention efforts. Teenage childbearing is affected by many social and economic factors such as poverty, racism, sexism, job opportunities, past history of sexual abuse, family stability, school failure, and risk-taking behaviors. Sexuality education is a necessary component of teenage pregnancy prevention efforts, but it cannot solve the problem alone.

One participant noted, "I say to communities, do you think it is possible to prevent pregnancies if our young people don't know where babies come from?...We ought to be asking communities, 'Do you have the sexuality education in place so that you're sure all young people are sexually literate?' But communities need to understand that the goals of teenage pregnancy prevention are very specific and not solved by short-term school-based interventions."

Another said that "simply addressing sexual beliefs, attitudes, and skills—and even improving access to contraception—will not address many of the factors leading to teenage childbearing, may not significantly change young people's motivation to avoid childbearing, and are unlikely to significantly reduce long-term sexual risk-taking."

EVALUATION METHODOLOGY

Rigorous evaluations share common criteria. Quality evaluations share similar characteristics. They

- evaluate a sufficient number of representative programs;
- use random assignment;
- include a sufficiently large sample size;
- conduct long-term follow-up;
- measure behavior rather than attitudes or beliefs;
- conduct proper statistical analyses;
- publish both positive and negative results;
- replicate studies of successful programs; and
- use independent evaluators.[5]

It is not easy or always possible, however, to incorporate all of these criteria into every study design because of the significant time and money investments.

Symposium participants cautioned that not all programs require this level of evaluation. They therefore made some recommendations for both evaluators and program personnel that follow.

- Recognize the difference between evaluations that are designed to provide input into program implementation and those that are designed to measure impact as well as for publication in the professional literature.

- Remember that programs need different types of evaluations at different stages. In the words of one participant, "Evaluations need to be responsive to the different stages of program development and maturation."

- Focus modest evaluations on a few key outcomes. One participant advised, "Ask yourself, 'What are the three things I should look at to determine whether this program is effective or not?'"

- Remember that although large numbers are necessary for statistical significance, many programs do not warrant this level of evaluation. According to one participant, "Not everything is worth a 2,000 child random-assignment design." The participants agreed that no evaluation is better than a bad evaluation.

RESEARCH METHODS

Symposium participants did not extensively address basic research methods. The "Recommended Resources" listed in this article will, however, provide extensive references for people new to program evaluation. (See page 13.) In addition, "Methods of Measurement" provides a comparison of some of the most frequently used measurements that evaluators might consider in developing designs. (See page 14.)

Evaluation designs can be divided into two categories: *quantitative* and *qualitative*. By using a quantitative design, the evaluator can answer questions that have to do with "how well" a program works, "to what extent" a program achieves its goals and objectives, "how much" learning and/or behavior change takes place, and "to what degree" to attribute measured outcomes to the evaluated program.

Quantitative evaluations are often very powerful and well-controlled. They cannot, however, answer questions about "why" a program is having some effect or "how" the program has the impact that it does. If a program is found effective (or ineffective) in reaching its objectives, is it because of one specific aspect such as the teacher, the setting, the participants, the environment, or some combination of these factors? For these types of questions, qualitative evaluation models may prove more useful.

Participants at the symposium urged that evaluations of comprehensive sexuality education programs combine both quantitative and qualitative approaches. Although these designs are often seen as opposites, evaluations are, in fact, often made much stronger by combining methods from both approaches—a strategy known as *triangulation*.

Qualitative methods are often extremely useful in helping to form the questions for an evaluation, in describing processes in particular programs, and in elucidating findings from traditional quantitative methodologies. In many cases, the emphasis of qualitative evaluation is on producing information that is useful for the further development of programs. Such evaluations typically do not lead to conclusions about whether a program was successful or unsuccessful, but, instead, produce detailed descriptions of how participants experience a program and its operation. From these descriptions, program directors can make decisions about future directions. Data collected from these evaluations are often given to program staff as the process is ongoing rather than after the data is collected.[6]

There are three usual objectives of qualitative evaluations.

• They produce as complete a description as possible of the components of the program, particularly the interactions among program staff and students.

• They produce a complete description of the context within which the program operates. What external forces affect the development and direction of the program? What beliefs, skills, and knowledge do participants bring to the program? What other social and political factors have an impact on the program?

• They create a picture of how staff and participants view and come to understand the program. The evaluator attempts to learn how it feels to be a teacher or student in the program and to describe what kinds of changes they go through in the process.[7]

LIFE BEHAVIORS OF A SEXUALLY HEALTHY ADULT

Participants at the symposium spent considerable time on how to best evaluate progress toward achieving the desired life behaviors of a sexually healthy adult. The discussion included using established instruments and data collection techniques to measure variables specific to sexuality education. Participants also discussed the challenge for researchers to develop new instruments to measure variables not yet studied.

Discussions about measuring the impact of programs yielded the following general suggestions:

• Include a broad qualitative component. This could include letters from former students articulating specific

ways in which a program had an impact, in-depth interviews with students with open-ended questions that would allow them to emphasize what they found important, and discussions with teachers about what they felt they had accomplished.

• Utilize a portfolio-style assessment that combines different documents (such as students' journals) through which they can discuss their recent real-life experiences. By using students' own words, researchers can discover what was significant to them.

• Observe students to measure attitudes, behaviors, and comfort levels. For example, videotape classroom interactions at the beginning and end of a program looking for changes in the ways students interact with each another with regard, for example, to having respect for both genders, or comfort discussing sexuality-related issues.

• Ask students to monitor their own behaviors both in and out of the classroom, and to report on them in class or homework. This could measure progress on certain skills, and serve as a teaching tool.

• Use focus groups at the end of a program to ask "How has this program affected you?" "What have been the most important aspects of the program for you personally?" "Did this program change the way you think about your sexuality?" As one meeting participant suggested, a person can learn why the program worked, with whom it worked the best, and what elements connected with certain kinds of young people.

• Look at long-term or delayed results. Talk with students five years after they have participated in a program. Ask them what impact, if any, their sexuality education had on their lives.

The group also spent time thinking about possibilities for measuring specific life behaviors, including adapting current instruments and developing new measurement approaches. The following ideas relate to some of the behaviors that might be measured. Many of the suggestions are, however, applicable to other variables.

Appreciation of one's own body. There are a number of well-tested scales available to measure attitudes about one's self and one's body image. Most of them focus on post-pubertal body image.[8] Because body image is an important variable that is related to other aspects of self-image, programs may want to focus on body image issues earlier in young people's lives. The development of scales that measure pre-pubertal body image (in males and females) is an important area for instrument development.

Communicating effectively with parents, peers, and partners. There are many instruments to measure general communication skills with children, with adults, and across age groups. What is largely missing, however, are instruments that measure specific communication skills about sexuality issues. While some communication skills are applicable to many different types of situations, there may be specific skills related to communicating around sexual behaviors (for example, communicating about condom use or establishing sexual limits). In creating these instruments, two considerations are paramount: First, how does one measure the quality and content, as well as the quantity of communication? Second, when measuring communication skills, it is important to assess the communication from the perspectives of all of the people involved in the interaction.

Practicing effective decision-making. A suggested technique for measuring this skill is to provide scenarios to students that require them to decide what they would do in a certain situation, how they would respond, and what alternatives they would consider.

SYMPOSIUM PARTICIPANTS

Claire Brindis, Dr.P.H.
Center for Reproductive Health Policy Research
University of California/San Francisco
San Francisco, CA

Janet Collins, Ph.D.
U.S. Centers for Disease Control and Prevention
Atlanta, GA

Jacqueline E. Darroch, Ph.D.
The Alan Guttmacher Institute
New York, NY

Eva S. Goldfarb, Ph.D.
Montclair State University
Upper Montclair, NJ

Douglas Kirby, Ph.D.
ETR Associates
Santa Cruz, CA

Barbara Marquez
California Department of Health Services
Office of Family Planning
Sacramento, CA

Dennis McBride, Ph.D.
Washington Institute
University of Washington
Tacoma, WA

Guy Parcel, Ph.D.
Center for Health Promotion
University of Texas Health Service Center
Houston, TX

Susan Philliber, Ph.D.
Philliber Research Associates
Accord, NY

Michael Resnick, Ph.D.
National Teen Pregnancy Prevention Research Center
University of Minnesota
Minneapolis, MN

Mark Roosa, Ph.D.
Arizona State University
Tempe, AZ

Sharon Thompson
Author
New York, NY

Mohammad R. Torabi, Ph.D., CHES
Indiana University
Bloomington, IN

Bonnie Trudell, Ph.D.
Department of Public Instruction
Madison, WI

Brian Wilcox, Ph.D.
University of Nebraska
Lincoln, NE

William Yarber, H.S.D.
Indiana University
Bloomington, IN

CALIFORNIA WELLNESS FOUNDATION
Mercedes Siordia
Gayle Wilson

SIECUS STAFF
Debra W. Haffner, M.P.H.
Leslie Kantor, M.P.H.

Identifying and living according to one's values. One suggestion for measuring this behavior is to have young people identify their three most important values around sexuality and then to ask them, "How does this influence your life?" Evaluators could use semantic differential scales that present two polar opposites along a continuum in relationship to some value to discover students' values. For example, a scale could have "sexually ethical" at one end and "sexually unethical" at the other. A student would choose a place along the continuum that best represented his or her values. The evaluator could then follow up with a question such as "How certain are you that this is your value?"

Interacting with both genders in respectful and appropriate ways. One problem with measuring this and certain others is in defining the related concepts in a measurable way, an action known as *operationalization*. Meeting participants acknowledged that, in some cases, it is easier to measure the absence of certain negative behaviors. For example, an individual could observe interactions of participants and define "respectful and appropriate" as the absence of physical violence, verbal abuse, exploitation, bullying, lying, and tricking. While these are easier to define, there are potential problems in defining a concept by what it is not.

One way of measuring positive indicators of relationships among people is to use a variety of "social distance" scales that examine the degree to which people are comfortable being close to other groups of people.[9] They could, for example, measure a person's comfort with people of the other gender as well as people of different sexual orientations, people with different sexual values, and people living with AIDS.

Participants warned, however, that some of the life behaviors do not easily lend themselves to evaluation. They also cautioned that some life behaviors are no easier to achieve than preventing teenage pregnancy. In the words of one participant, "Which is harder, preventing pregnancy or promoting gender equality?" One asked, "Should we really hold a 10-hour program to the standard of seeing pre-/post-test change in gender relationships?"

RECOMMENDATIONS FOR IMPROVING EVALUATIONS

Program directors, funding agencies, and evaluation experts are interested in evaluations for different reasons. These are the words of symposium participants:

An Evaluation Expert "The scientist in me wants to know, 'Does a program work?' And if so, 'Why?' And if not, 'Why not?'"

A Program Director "Program directors are interested in evaluations to improve the performance of their programs,

to see whether they are really reaching the people they want to reach and whether the services they want to deliver are delivered to the right numbers of the right people effectively.... In other words, 'Is my program doing a good job and is it doing what I'm hoping it's doing?'"

A Foundation Executive "Is our program support really making a difference in the lives of the people we care about?"

The symposium participants offered suggestions for improving evaluations of comprehensive sexuality education. The recommendations are targeted at three main groups: program directors, evaluators, and funders. Many apply to all three.

PROGRAM DIRECTORS

Recommendations for program directors include:

- Be realistic about what your program can accomplish.

- Develop programs and evaluations based on well-tested theory, such as social learning theory.

- Do not oversell your program or make claims that are not attainable; don't set yourself up for failure.

- Both the program and the evaluation you design must be in line with available resources. If your budget is small, plan a small-scale program and simple evaluation.

- Plan the program evaluation at the beginning. Build the evaluation team into the program planning process. Consider seeking funding in partnership with an evaluation team.

- Obtain a qualified evaluator. Use an external evaluator:

  —with experience in, and understanding of, the policies, issues, and politics of sexuality education;

  —with specific, practical experience in evaluation;

  —with an understanding of the evaluation process and methods, including quantitative and qualitative measures;

- Ask the proposed evaluator for samples of her or his work and check references.

- Make sure that the person you contract to conduct the evaluation is actually the person who does it.

- Stay involved through the evaluation process. Make your interest and concerns known.

- Involve the evaluator early. Let him or her review the content and implementation of the program from the start.

- Establish a partnership between program personnel and evaluation teams. Make sure that both are involved throughout the process.

- Have a plan up front for how you will use the evaluation results. This can help guide the evaluation team in deciding which questions to ask.

- Be aware of the political issues surrounding the evaluation of your program.

- Do not evaluate program outcomes too soon; give it time to become established and to have an impact. A program may have to be in place for several years and go through several adjustments before its true impact is measurable.

- Know how you are going to use any data you collect; only collect data that you really want. "If it's only nice to know, it's gotta go."

- Settle issues of potential conflict with evaluators. For example, who will own the data after it is collected and analyzed? In what sequence will the authors' names appear on any resulting publications? Who has final say on what and how findings are reported?

- Consider conducting your own process evaluation as you go along to help fine tune your program.

EVALUATORS

Recommendations for evaluators include:

- Address the broader goals for sexuality education. Pay attention to the life behaviors of a sexually healthy adult.

- Find ways to measure mediating variables that may be related to outcomes. For example, factors such as self-esteem, self-confidence, and the ability to behave according to one's own values may serve as the mediating factors between where participants are and where a program hopes to take them.

- Identify and report small effects that may apply only to a few people.

- Identify the people most directly involved in the program and involve them in the process.

- Evaluate the content and methodologies of a program before measuring student outcomes to make sure there is a match between the program's content and methodologies and its stated objectives.

- Monitor the program implementation to determine if participants are receiving what they are supposed to receive.

- Make certain you are knowledgeable about sexuality education.

- Consider how the personalities of the people in a program can affect its implementation. (Ethnographic methodologies are particularly well suited to such questions.)

- Do not assume the relevant questions; let them emanate from practice. Engage people involved in the program—including participants themselves—to formulate questions. This increases the validity of the evaluation and increases the chances for utilizing the information.

- Recognize that every person has probably had some exposure to some sexuality education or information before coming into a particular program. Try to measure this prior exposure. Obtain accurate baseline measurements.

- Consider measuring the volume and intensity or dosage effects within programs.

- Broadly disseminate both positive and negative findings. Consider a variety of formats for providing information in addition to peer review journals.

- Develop new instruments to measure the various variables related to the behaviors of a sexually healthy adult.

- Provide feedback to the institution and personnel involved with the program throughout the process. Early formative evaluation data is often useful in decision-making related to the program.

- Disseminate final findings to the involved institution. Give presentations, conduct in-service activities, give feedback reports, make presentations to school boards, and meet with teachers.

- Include teachers' perspectives in the evaluation. Find out what they think they are doing and what they would like to do in relation to the intervention.

- Use statistical analysis that is appropriate for the program.

- Measure changes in knowledge immediately; measure changes in attitudes at least three to six months after a program; measure changes in behavior at least 12 to 18 months after the program.

- Develop cultural competency. Make certain you recognize and take into account how the group you are evaluating understands sexuality issues.

FUNDERS

Recommendations for funders include:

- Have realistic expectations for program outcomes in relation to costs, funding levels, available time. Don't expect tremendous outcomes from a program that is funded for a brief time period.

- Consider contracting with an independent organization to evaluate the programs you support.

- Provide adequate resources for appropriate evaluations.

- Do not require a full-impact evaluation from every program. Sometimes a process evaluation to help improve a program is appropriate.

- Use evaluation findings to guide funding decisions but don't rely solely on a single evaluation to decide to continue supporting a program.

- If an evaluation finds that a program doesn't seem to work, it could be for a variety of reasons. Don't give up a program just because an evaluation doesn't show expected outcomes.

- Ask for line item budgets for evaluation components in grant applications.

- Accept process measures—variables related to larger behavioral outcomes but sometimes easier to measure—for some types of programs. "How many sessions did you run? How many people received your information?"

- Be realistic about the claims you make to your board of trustees or others about the programs you fund.

- Change focus from funding one program that "does it all" to several smaller programs and different groups of people involved in different aspects of the field.

- Provide technical assistance and/or support over the long-term to program personnel and evaluators to learn how to disseminate their findings and how to negotiate within the political arena that surrounds their work.

- Support training in evaluation for your grantees. Build the capacity for evaluation into the community organizations themselves.

- Provide support for training more evaluation experts who are from communities of color.

CONCLUSION

SIECUS urges program directors, evaluation experts, and foundations to assess how they can better evaluate the impact of sexuality education programs.

Such evaluations must move beyond simpistic "did you like it?" post-test questionnaires as well as more sophisticated designs that measure only the impact on the incidence of intercourse and contraceptive use.

Practitioners have a critical need to understand what makes a program effective (and for which students) and how to improve their education programs. The symposium and this report offer an important first step in this effort.

Editor's Note: *SIECUS is grateful to the California Wellness Foundation for its generous support of the symposium and this report.*

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RECOMMENDED RESOURCES

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- **Handbook of Adolescent Sexuality and Pregnancy:**
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METHODS OF MEASUREMENT

Method	Description	Research Design	Advantages	Disadvantages
Questionnaire	A paper and pencil method for obtaining responses to statements or questions by using a form on which participants provide opinions or factual information.	Quantitative	• Relatively inexpensive, quick way to collect large amounts of data from large samples in short amount of time; • Convenient for respondents to complete; • Anonymity can result in more honest responses; • Questionnaires are available; • Well suited for answering questions related to "What?" "Where?" and "How many?"	• Limited ability to know if one is actually measuring what one intends to measure; • Limited ability to discover measurement errors; • Question length and breadth are limited; • No opportunity to probe or provide clarification; • Relies on participants' ability to recall behavior, events; • Limited capability to measure different kinds of outcomes; • Must rely on self-report; • Not well suited to answering questions related to "How?" and "Why?"; • Difficult with low-literacy groups.
One-to-One Interview	An interaction between two people in which information is gathered relative to respondent's knowledge, thoughts and feelings about different topics.	Quantitative/ Qualitative	• Allows greater depth than questionnaire; • Data is deeper, richer, has more context; • Interviewer can establish rapport with respondent; • Interviewer can clarify questions; • Good method for working with low-literacy respondents; • Higher response and completion rates; • Allows for observation of nonverbal gestures.	• Requires a lot of time and personnel; • Requires highly trained, skilled interviewers; • Limited number of people can be included; • Is open to interviewer's bias; • Prone to respondents giving answers they believe are "expected" (social desirability); • No anonymity; • Potential invasiveness with personal questions.
Unstructured	Totally free response pattern; allows respondent to express ideas in own way and time.	Qualitative	• Can elicit personal information; • Can gather relevant unanticipated data; • Interviewer can probe for more information.	• Requires great skill on part of interviewer; • More prone to bias in response interpretation; • Data are time-consuming to analyze.
Semistructured	Limited free response, built around a set of basic questions from which interviewer may branch off.	Qualitative/ Quantitative	• Combines efficiency of structured interview with ability to probe and investigate interesting responses.	• Cannot do true exploratory research; • Predetermined questions limit ability to probe further.

Method	Description	Research Design	Advantages	Disadvantages
Structured	Predetermined questions, often with structured responses.	Quantitative	• Easy to administer; • Does not require as much training of interviewer.	• Less ability to probe for additional information; • Unable to clarify ambiguous responses.
Focus Group	Interviews with groups of people (anywhere from four to 12) selected because they share certain characteristics relevant to the question of study. Interviewer encourages discussion and expression of differing opinions and viewpoints.	Qualitative	• Studies participants in natural, real-life atmosphere; • Allows for exploration of unanticipated issues as they are discussed; • Can increase sample size in qualitative evaluation; • Can save time and money; • Can stimulate new ideas among participants; • Can gain additional information from observation of group process; • Can promote greater spontaneity and candor.	• Interviewer has less control than in a one-to-one interview; • Data is sometimes difficult to analyze; • Must consider context of comments; • Requires highly trained observer-moderators; • Cannot isolate one individual's train of thought throughout.
Phone Interview	One-to-one conversation over the phone.	Qualitative/ Quantitative	• Potentially lower cost; • Anonymity may promote greater candor.	• Not everyone has a phone; • Unlisted numbers may present sampling bias; • No opportunity to observe nonverbal gestures.
Participant Observation	Measuring behaviors, interactions, processes by directly watching participants.	Qualitative/ Quantitative	• Spontaneous quality of data that can be gathered; • Can code behaviors in a natural setting such as a lunch room or hallway; • Can provide a check against distorted perceptions of participants; • Works well with a homogeneous group; • Good technique in combination with other methods; • Well suited for study of body language (kinesics) and study of people's use of personal space and its relationship to culture (proxemics).	• Quantification and summary of data is difficult; • Recording of behaviors and events may have to be made from memory; • Difficult to maintain objectivity; • Very time-consuming and expensive; • Requires a highly trained observer.
Participant As Observer	The evaluator's role as observer is known to the group being studied and is secondary to his or her role as participant.	Qualitative/ Quantitative	• Evaluator retains benefits of participant without ethical issues at stake.	• Difficult to maintain two distinct roles; • Other participants may resent observer role; • Observer's presence can change nature of the interactions being observed.

Table continues on next page.

Method	Description	Research Design	Advantages	Disadvantages
Observer As Participant	Evaluator's observer role is known and his or her primary role is to assess the program.	Qualitative/ Quantitative	• Evaluator can be more focused on observation role while still maintaining connection to other participants.	• Evaluator is clearly an outsider; • Observer's presence can change nature of the interactions being observed.
Complete Observer	The evaluator has no formal role as participant; is a silent observer; may also be hidden from the group or in a completely public setting where his or her presence is unnoticed and unobtrusive.	Qualitative/ Quantitative	• More objective observations possible; • Evaluator is not distracted by participant role; • Evaluator's observations do not interfere in any way with the group's process if his or her presence is hidden.	• If evaluator's presence is known, it can inhibit or change interactions of participants; • If evaluator's presence is hidden, it raises ethical questions.
Document Analysis	Unobtrusive measure using analysis of diaries, logs, letters, and formal policy statements to learn about the values and beliefs of participants in a setting or group. Can also include class reviews, letters to teachers, letters from parents, and letters from former students to learn about the processes involved in a program and what may be having an impact.	Quantitative/ Qualitative	• Diaries reduce problems of memory relating to when, where, with whom; • Provides access to thoughts and feelings that may not otherwise be accessible; • Can be less threatening to participants; • Evaluator can collect and analyze data on own schedule; • Relatively inexpensive.	• Quality of data varies between subjects; • Diaries may cause change in subjects' behaviors; • Not well suited for low-literacy groups; • Can be very selective data; • No opportunities for clarification of data.
Archival Data	Analysis of archival data from a society, community or organization. Can include birth rates, census data, contraceptive purchase data, and number of visits to hospitals for STDs.	Quantitative	• More accurate than self-report.	• Not all data is available or fully reported; • Difficult to match data geographically or individually.
Historical Data	Analysis of historical data is a method of discovering, from records and personal accounts, what happened in the past. It is especially useful for establishing a baseline or background of a program or of participants in a program prior to measuring outcomes.	Quantitative/ Qualitative	• Baseline data can help with interpretation of outcome findings; • Can help answer questions about why a program is or is not successful in meeting its goals; • Provides a picture of the broader context within which a program is operating.	• Can be difficult to obtain data; • Relies on data that may be incomplete, missing, or inaccurate; • May rely on participant's selective memory of events and behaviors; • Difficult to verify accuracy.

HOW ARE WE DOING?
EVALUATION AS PART OF SEXUALITY EDUCATION

Peggy Brick, Director of Education
Planned Parenthood of Greater Northern New Jersey
Hackensack, NJ

ducators work throughout the nation to help young people make conscious, knowledgeable, and healthy decisions about sexuality. Do their strategies have the impact they expect? Are some interventions more effective than others? Is there a difference between male and female responses to a particular video or lesson?

For over 10 years, educators at Planned Parenthood of Greater Northern New Jersey (PPGNNJ) have searched for answers to these and other questions by collaborating with researchers from a variety of colleges and universities to understand student responses to particular lessons and resources, and, as a result, to develop better sexuality education programs and curricula.

THE ONE-SHOT, 40-MINUTE BIRTH CONTROL LESSON

This effort started in 1986 when the PPGNNJ staff challenged those that say a single lesson on contraception is of little value.

As part of a grant from the Center for Population and Family Health at Columbia University, staff developed a lesson where students would: (1) identify the behaviors that put an individual at either low, high, or no risk for an unplanned pregnancy; (2) estimate the percentage of students in their own grade in each category as well as their own personal risk; and (3) review the basic contraception methods available to adolescents.

The Center itself designed a 34-item questionnaire to measure the students' attitudes, knowledge, and comfort in communicating about birth control.[1] Staff gave the questionnaires to students in 31 classes at 11 high schools in Bergen County, NJ, before and after the lessons. Results of 365 matched tests indicated that teenagers' attitudes toward birth control, as well as their attitudes toward specific methods, were positively affected.

There were modest increases in percentages of students reporting comfort with the pill and diaphragm and dramatic increases in percentages of students reporting comfort with the idea of condom use. Students also reported increased comfort about going to a family planning clinic and communicating with the clinic staff. On the subject of knowledge, students correctly answering questions increased on 14 of 15 items.

The questionnaire results clearly concluded that "it appears that a teenager's level of information and comfort regarding birth control can be substantially increased via a one-shot lesson."[2] The study did not address the impact of this education on behaviors.

COMPARING TWO LESSONS ON CONTRACEPTION

The results of the above study whetted the appetite of the PPGNNJ staff to further determine the impact of its work. It subsequently decided to evaluate the effectiveness of its video *Swept Away Is NOT O.K.! Teens Make Decisions About Sex and Contraception*[3], that urges adolescents to "protect [themselves]…even if it's difficult, even if it's embarrassing." Would the above lesson prove more effective if the video were included? Would the results change if teachers, rather than PPGNNJ educators, taught the lessons?

Assisted by a grant from the Northern Region of the Planned Parenthood Federation of America, staff hired a graduate student from the Center for Community Research and Action at New York University to help with a research project involving 276 students from 15 public schools in Bergen County, NJ.

These students participated in model lessons, took a pre-lesson test, an immediate post-lesson test, and a delayed (three months) post-lesson test. Although feedback indicated that all the lessons had a significant impact on students' belief in the importance of using birth control, in pursuing family planning services, and in knowing about pregnancy risks, the lessons that included the video (with much of the action taking place in a clinic) had a far greater impact on creating a feeling of comfort about clinic services.

Staff also found that school teachers and PPGNNJ educators were equally effective in all but two domains. The PPGNNJ educators prompted greater change in attitudes about family planning services while the school teachers prompted greater long-term knowledge of risk. The findings supported informal observations that agency educators make family planning services a more viable option for teenagers. They also reinforced PPGNNJ's commitment to support teachers with carefully designed lessons and training that encourage them to include both affective and skill domains when teaching sexuality issues.

EVALUATING AIDS VIDEOS

By 1989, HIV/AIDS dominated discourse about sexuality education, and the PPGNNJ staff was deluged with videos intended to educate adolescents about the disease.

An evaluation workshop by Cicatelli Associates gave staff the opportunity to receive technical assistance from Philliber Research Associates to research five of the most popular videos: *A Letter From Brian; AIDS: Changing the Rules; Sex, Drugs, and AIDS; The AIDS Movie,* and *The Subject Was AIDS.*

A total of 477 young people aged 13 to 19 watched one of the videos and completed pre- and post-test questionnaires designed to measure their opinions about the influence the videos would have on their behaviors and attitudes as well as the actual changes in their knowledge and attitudes.

All five videos produced a statistically significant increase in knowledge about HIV/AIDS. Most viewers also felt the videos would have a positive impact on teenagers' efforts to protect themselves from the disease.

However, some unexpected negative results warned staff against using videos without careful assessment of their effect. Contrary to the intentions of either the filmmakers or the educators, after watching the videos, many students spoke negatively about their control over getting AIDS and their willingness to support a home for AIDS patients in their neighborhood.

SEXUALITY EDUCATION
FOR HIGH-RISK YOUTH

Meanwhile, PPGNNJ's education staff continued a five-year project that provided a five-session series on sexuality education for high-risk youth at a variety of alternative schools and group homes.

To investigate whether they were "on the right path," staff elicited the services of a graduate student from the Rutgers University School of Public Health.[6] They found no existing questionnaire that targeted high-risk youth, and, therefore, developed their own to measure their carefully identified objectives to teach about sexuality, contraception and pregnancy, sexually transmitted infections (including HIV), date rape, and homosexuality.

Two hundred young people from 13 to 19 years of age took a pre-test, participated in one to five of the sessions, and then took a post-test. Pre-tests indicated a very low level of knowledge for many of the teenagers even though many of these high-risk youth were having sexual intercourse. For example, almost 50 percent believed that pregnancy could not occur the first time they had intercourse, and the majority did not know the basic facts about condom use. Student knowledge improved most significantly in knowing how pregnancy occurs, how to use a condom cor-

rectly, and about Planned Parenthood services.

The most valuable result of the study was the development of the Human Sexuality Questionnaire that is now included in PPGNNJ's *Streetwise to Sex-Wise: Sexuality Education for High-Risk Youth* used by educators nationwide in assessing their own programs.[7]

COMPARING DATE RAPE
PREVENTION STRATEGIES

Two student interns and a professor of health education from William Paterson College enabled staff to conduct its next research project titled "Evaluating the Effectiveness of Strategies for Acquaintance/Date Rape Prevention in the Classroom."[8]

After years of using a variety of approaches to abuse prevention, staff decided to test two: an interactive date rape scenario and a video showing a date rape sequence. Both lessons, taught by interns, started with similar warm-up exercises—one saying "When someone says no to sex, they mean no" and the other asking "How do you know when someone wants to have sex?" Both the scenario and the video were followed by class discussion.

A pre- and post-class (three weeks after) questionnaire to measure beliefs about rape, approval of force in sexual relations, male expectations about having intercourse, and female expectations about having intercourse was completed by 250 students from eight high schools. Findings showed that the program had the most significant impact on females and that there were no significant changes in the attitudes of males.

While it is not surprising that a single lesson would have no impact, the male-female differences were important. The research clearly revealed the need to work with teenagers on their understanding of behaviors that may lead a partner to expect intercourse. It also revealed the need for research examining the differences between males and females in learning about sexuality.

AN INTRODUCTION TO
SEXUAL HEALTH SERVICES

PPGNNJ staff developed a video in 1994 titled *Maybe You Should Go: An Introduction to Sexual Health Services for Teens.*[9]

A graduate student from East Stroudsburg University conducted research on the video to test its effectiveness in improving high-risk youths' knowledge and attitudes about the availability and accessibility of sexual health services.[10] This project benefited from the use of control groups as well as qualitative data from the participants' regular teachers.

The 10-minute video was shown within the context of a 40-minute lesson that starts with open-ended statements: "When teens go to a family planning clinic for the first time, they feel...," "Teens go to family planning clinics

because...," "Some teens don't go to a family planning clinic even though they need to because...," and "Teens feel more comfortable going to a family planning clinic when...."

Following the video, the educator facilitated discussion about the video's major messages, including clinic confidentiality, the importance of pelvic and breast exams, and ways that teens can locate family planning services.

Interestingly, these streetwise students scored high on the pre-test on knowledge questions such as: "Teens don't need parental permission to go to a family planning clinic," "An exam at a private doctor's office costs about the same as an exam at a family planning clinic," and "Local family planning clinic telephone numbers can be found in a telephone book's Yellow Pages."

Therefore, the major changes on the post-test were the more positive attitudes the teens expressed about their comfort in conducting a self breast exam, in accessing clinics for birth control, and in asking questions of clinic personnel about sexual functioning and anatomy.

Student and teacher evaluations of the video were positive—both predicting that students who saw the video would be more likely to use clinic services. Students who later appeared at PPGNNJ's own clinic tended to substantiate these positive findings.

EVALUATION: WHY DO IT?

Although much of this research had methodological problems and did not give staff definitive data on the impact of particular interventions, it was still extremely useful to PPGNNJ's continuing assessment of its education methods.

First, each research project forced staff to carefully define its objectives for specific lessons, videos, or strategies. What does an educator hope to accomplish when she or he facilitates a group? What difference will a lesson—or series of lessons—make for students? The asking of such questions is an invaluable discipline, a challenge to any educator, and a vital challenge for the sexuality educator.

Second, the process requires that staff carefully design its lessons—step-by-step—to make certain that they include the cognitive, affective, and skill domains relevant to the topic. Only when the intent of the intervention is clear can staff work with a researcher to develop the measuring instrument.

Third, the research puts staff in a new relationship with clients: teachers or agency educators learn more fully about PPGNNJ's purposes and agree to let staff educators conduct evaluations with their classes or groups. Students, in turn, learn that staff educators respect their opinions and will use their input to design lessons more responsive to their needs. During pilot testing of the lessons and the evaluation instruments, students provide active feedback that is often extremely wise and valuable.

Finally, the results—no matter how primitive—lead the PPGNNJ staff to continually evaluate their work. After all, research is simply a fundamental part of the educational process. It provides an ongoing dialogue among staff, teachers, and students that results in the development of programs that are vital to the health and happiness of young people—both now and in the future.

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1996-97 TRENDS IN OPPOSITION TO COMPREHENSIVE SEXUALITY EDUCATION IN PUBLIC SCHOOLS IN THE UNITED STATES

Ruth Mayer
SIECUS Director of Communications and Development

Opponents of comprehensive sexuality education have accelerated their efforts in recent years to implement restrictive programs in schools across the nation. They have promoted curricula that use scare tactics to try to convince young people to delay all sexual behavior until marriage. In the process, they have often attacked comprehensive sexuality education programs that provide young people with critical information that will help them grow into sexually healthy adults.

Since 1992, SIECUS' Community Advocacy Project has worked to help individuals resist attacks on comprehensive programs. This project tracks controversies, provides information and assistance to help them implement programs, and publishes an annual analysis of trends in these debates. This *SIECUS Report* article is the fourth such analysis.

Since the project began, SIECUS has documented more than 500 controversies in all 50 states. The number tracked by SIECUS during the 1996–97 school year is not markedly different from the previous year—127 controversies in 33 states as opposed to 131 in 31 states in 1995–96.

ON THE FEDERAL LEVEL

The political climate for sexuality education changed dramatically in the past year. There was unprecedented support for fear-based, abstinence-only education at the highest levels of government that threatens the sexuality education of all American youth. At the same time, however, researchers and professionals continued to call for comprehensive sexuality education and HIV prevention programs.

Proponents of fear-based, abstinence-only education won two critical victories during the year. In August 1996, President Clinton signed into law a new federal entitlement program that will provide half a billion dollars over the next five years for programs that must focus "exclusively" on abstinence.[1] Programs implemented with the funds must teach that "sexual activity outside the context of marriage is likely to have harmful psychological and physical effects," and that a "monogamous relationship in the context of marriage is the expected standard of human sexual activity." They are prohibited from providing other information about pregnancy and STD prevention.[2] And in January 1997, President Clinton introduced a new "National Strategy to Prevent Teen Pregnancy" that increases support for programs that promote "abstinence until marriage."

Also during the past year, however, the Institute of Medicine published *The Hidden Epidemic: Confronting Sexually Transmitted Diseases,* a document about the epidemic of sexually transmitted diseases in the United States.[3] The authors pointed to secrecy about sexuality and lack of comprehensive education as part of the problem.

In addition, the National Institutes of Health assembled the nation's leading researchers in HIV prevention to make recommendations for future program efforts. They developed a Consensus Development Statement concluding that abstinence-only programs place "policy in direct conflict with science" and ignore "overwhelming evidence that other programs would be effective."[4] The authors also said that "legislative barriers that discourage effective programs aimed at youth must be eliminated. Although sexual abstinence is a desirable objective, programs must include instruction in safe sex behavior, including condom use....The catastrophic breach between the behavioral science of HIV/AIDS prevention science and the legislative process must be healed."

ON THE STATE LEVEL

A number of state legislatures introduced bills related to sexuality education, and one governor moved to eliminate the state mandate for sexuality education during the past year. Specific developments included:

* **In Massachusetts,** a law (S1808) signed by Governor Weld required schools to notify parents about courses involving sexuality education and to provide them with the option of removing their children from these classes. As most local school districts already implement such policies, many teachers argued that the law represents an attempt to censure controversial topics.

* **In Missouri,** a bill (SB 126) required sexuality education programs to inform young people that "abstinence from sexual activity is the only method that is one hundred percent effective in preventing pregnancy, sexually transmitted diseases, infection with human immunodeficiency virus or acquired immune deficiency syndrome and the emotional trauma associated with adolescent sexual activity." The bill also prohibited school districts from distributing condoms and other contraceptives. (The bill was not enacted.)

A DEDICATED SCHOOL BOARD MEMBER
PRESERVES COMPREHENSIVE SEXUALITY EDUCATION

One person—using facts and determination—can make a difference in protecting comprehensive sexuality education programs. Kathryn Regier, a member of the Halstead (KS) School Board, is a perfect example. SIECUS recently talked with her about the struggle in her community.

What program do you have in your community?
We have a comprehensive K–9 curriculum. It begins with a discussion of families and continues in an age-appropriate fashion to provide information on abstinence, contraception, and disease awareness.

How did the program become an issue in your community?
The School Board voted last year to form a special citizen committee to review the curriculum. We did this because the subject is potentially controversial. We directed the committee to recommend a program to the school's health teachers. The School Board then voted on the teachers' recommendation.

What did the citizen committee recommend?
It recommended six programs to the health teachers including *Sex Respect* and *Teen-Aid* curricula and four other abstinence-only programs. The teachers selected *Teen-Aid*.

What happened next?
I had put my faith in the citizen committee. But over time, I realized there were committee members who never gave anything but abstinence-only programs a chance.

Was the community involved in this issue?
Not at this point. When the health teachers made their *Teen-Aid* recommendation to the School Board, I asked questions about the program. The committee members pushing for abstinence-only education became very angry.

What did you do next?
I started reaching out to the community. I literally spent the next two weeks of my life on the phone. I reviewed the 2,000 listings in our community phone book and in our school directory. I jotted down the names of people that I thought would talk with me. And I called them.

How did you explain your views?
I affirmed that abstinence education is important. I then shared information from the Centers for Disease Control on the number of young people that are sexually experienced by the end of high school. I spoke about the need to protect them from unplanned pregnancy and disease.

What concerns did you share about *Teen-Aid?*
I spoke about the misinformation and lack of critical information in the program. I explained that it only discusses condoms in terms of failure.

How did people respond?
My average phone call was 45 minutes. I talked to at least 25 people. They appreciated the research I had done and that I wanted to know their views.

How did the Board vote on the *Teen-Aid* curriculum?
The Board voted 5–2 to reject the program. I was amazed. Several of the people I had talked to spoke eloquently about their problems with *Teen-Aid*. The Board eventually added a small amount of information on abstinence from *Teen-Aid* to our comprehensive program.

What did you learn from your involvement?
If I hadn't become involved, *Teen-Aid* probably would have gone through. I learned that I could not influence people who were already strongly in favor of abstinence-only education. I did learn, however, that I could reach people who were conservative, yet broad-minded—those concerned about the health of sexually active young people.

What advice would you share?
I would encourage people that support comprehensive sexuality education to enlist community leaders who are willing to take a stand and become involved. Community support is critical. I would advise people to seek out the support of caring conservatives. I would also encourage people to use the expertise in their community. I asked for help from our local county health department to obtain information.

What kinds of activism influence school boards?
Letters are very effective. Our Board received at least 15 well-written letters in opposition to *Teen-Aid*. They made a difference in helping Board members understand the community's views. I would also ask people to call their school board members and share their opinions.

BOARD SCALES BACK COMPREHENSIVE PROGRAM

Students in Brookfield (CT) have received comprehensive sexuality education from kindergarten through 12th grade for the past 12 years without controversy. But the program was significantly scaled back this year as a result of a heated community debate. SIECUS recently spoke with Kathy Vanduzee, a community member who was actively involved.

When did the attack begin?
A parent filed a formal complaint last fall against our comprehensive health and sexuality education program. She specifically objected to the fact that it included information about proper use of condoms.

How did the Board react?
The parent's complaint prompted one Board member to demand that the school superintendent place a moratorium on condom demonstrations pending further study. The board voted 4 to 3 in favor of the moratorium. This issue led our school superintendent to appoint a committee to review our comprehensive health and sexuality education program.

Who served on the committee?
It included 26 people—five health educators from the Brookfield public schools, two members of the clergy, and 19 parents. I served on this committee. We met nine times over the past school year. We spent a lot of time going over the curriculum grade by grade.

What did you recommend to the Board?
We recommended reinstatement of the condom demonstrations in ninth and tenth grades. We also recommended that this information be provided in the eleventh and twelfth grades based on feedback from students. We also recommended other improvements for the entire program.

Was the committee united?
Of the 26 committee members, one person moved away, so we had 25 people to vote. Nineteen agreed on the recommendations. Five people dissented. One person did not share his opinion.

What did you do next?
We made a formal presentation to the Board. This is when the issue turned into a blood bath. The Board ignored our committee spokesperson and directed questions to the committee members in the audience. The Board's lengthy questioning was hostile. Some committee members became so frustrated that they left the meeting before it was finished.

The next day, a committee member (and also a clergyman) who had not shared his opinion began to publicly challenge the committee from his pulpit by stating that it was fixed and students weren't receiving enough information about abstinence.

What did the Board do?
It voted to table the issue for a week. Our recommendations were supposed to go to a special subcommittee that reviews all curricula prior to a full Board vote. This didn't happen.

The next week, the Board held a special meeting for public comment on the program. There were 45 speakers—75 percent of whom were in favor of comprehensive sexuality education.

At this meeting, a Board member introduced his own revised version of our committee's recommendations. He had eliminated condom demonstrations and really made the curriculum an abstinence-only program. The Board voted 4–3 to accept his recommendations for the curriculum.

How did you react?
We felt insulted and blindsided because we had worked very hard for six months on our recommendations for the program.

What are you doing now?
We are mobilizing to fight for a comprehensive program. Some parents are working to ensure that Board candidates are questioned on this issue prior to the November election. This is a top priority. We are thinking about challenging the Board's decision about the program because it did not follow proper procedures.

We had invested a lot of years in a comprehensive program and the schools have done an excellent job in giving our students both factual information and skills to make decisions. We aren't going to just let this program go.

Is there anything you would have done differently?
I guess we were naive about the make-up of our Board. Our problems really stemmed from the fact that we had a Board without a majority of supporters of comprehensive sexuality education. This was due to some interim appointments in the past year.

What lessons would you share?
I would take a really close look at your board. If you don't know where your board members stand on sexuality education, your program is vulnerable.

- **In New Jersey,** a bill (AB 530) required sexuality education instruction to inform young people that "abstinence from sexual activity is the only completely reliable means of eliminating the transmission of HIV/AIDS and other sexually transmitted diseases and of avoiding pregnancy." It also required that information on contraception including condoms cover "failure rates for preventing pregnancy, HIV infection, and other sexually transmitted diseases in actual adolescent populations." (The bill was not enacted.)

- **In Iowa,** a bill (HF 691) established a pilot program using federal funds for abstinence-only education. It would have implemented a fear-based, abstinence-only program called *Choosing the Best* in schools throughout the state. (The bill was not enacted.)

- **In Washington,** a bill (HB 1845) required AIDS prevention education curricula to teach that "condoms and other artificial means of birth control are not a certain means of preventing the spread of the AIDS virus and reliance on condoms puts a person at risk for exposure to the disease." (The bill was not enacted.)

- **In Virginia,** Governor George Allen proposed removing the state mandate for sexuality education. At the time this article went to press, it appeared likely that this effort would succeed, leaving decisions about the provision of sexuality education to local school districts.

ON THE LOCAL LEVEL

During the past year, opponents of comprehensive sexuality education used familiar strategies to oppose these programs. Continuing trends in opposition were:

- Promoting fear-based, abstinence-only sexuality education programs.

- Attacking sexuality education in elementary schools as harmful for young people.

- Insisting on the separation of boys and girls for sexuality education.

- Attacking information about sexual orientation.

- Advocating for opt-in policies (requiring explicit, written parental permission) for participation in sexuality education programs rather than opt-out policies (in which parents notify schools only if they wish to withdraw their children from the program).

- Seeking an alternative course of sexuality education providing abstinence-only education.

Attacks on comprehensive sexuality education were fueled by the publication of *National Guidelines for Sexuality*

and Character Education, a document created by the Medical Institute for Sexual Health, a conservative sexuality education organization in Austin, TX, that has published fear-based, abstinence-only curricula. SIECUS believes that this document may confuse individuals seeking to implement sexuality education programs in their communities as it is similar in style to SIECUS' *Guidelines for Comprehensive Sexuality Education.*

SIECUS has learned from community members that the MISH *Guidelines* are currently used to promote fear-based, abstinence-only curricula on the local level. In Philadelphia, PA, for example, the MISH framework was used as part of an unsuccessful campaign to implement the organization's fear-based, abstinence-only slide show, *Safe Sex,* in the local public schools. SIECUS is also aware that MISH plans to widely circulate its *Guidelines* throughout the United States. SIECUS will monitor the impact of this resource in communities.

In an effort to ensure that communities are not confused by the new MISH *Guidelines,* SIECUS recently developed a review of the program, "MISH Publishes New Framework for Fear-Based, Abstinence-Only Education," (April/May *SIECUS Report*) explaining the similarities in style and radical difference in content between the two sets of *Guidelines.* In addition, SIECUS has requested that MISH develop a statement to include in all future MISH *Guidelines* pointing out that the two documents are in no way related despite their similar appearance and format.

Fear-based, abstinence-only sexuality education. In many communities, a small group of people usually push for fear-based, abstinence-only education. More than 30 percent of the controversies documented by SIECUS in the 1996–97 school year involved the promotion of these programs. Debates about abstinence-only education took place in such communities as Quincy, IL; Longmont, CO; Herscher, IL; and Halstead, KS.

The St. Vrain Valley school district in Longmont, CO, for example, adopted a new abstinence-only program that will require that information about contraception focus only on failure rates. And in Quincy, IL, officials removed contraception as a required topic.

Proponents of fear-based, abstinence-only education often argued that comprehensive sexuality education programs are not effective and encourage young people to engage in sexual activity. In fact, comprehensive sexuality education has helped young people to delay sexual activity or use contraception effectively.[5]

They also equated abstinence-only education with "character education" arguing that young people must be told that there is only one right and moral choice they can make: abstinence until marriage. Such arguments assume

that anyone who is sexually involved outside of marriage has behaved immorally and, in all cases, has made an unacceptable decision.

There were communities that successfully resisted such attacks on comprehensive sexuality education. The Halstead (KS) School Board, for example, voted down fear-based, abstinence-only education. For more information, see "A Dedicated School Board Member Preserves Comprehensive Sexuality Education" on page 21.

Elementary school sexuality education. Elementary school sexuality education programs also continued to provoke controversy. Nearly 20 percent of the community debates documented by SIECUS involved efforts to scale back information in these grades. Communities that experienced such controversy included Fishers, IN; Sheboygan, WI; North Olmsted, OH; and Acton, MA.

Opponents of elementary school programs asserted that they provide students with explicit and age-inappropriate information. They objected to such topics as human anatomy and human reproduction. They often argued that only parents, not schools, should provide this education.

Parents are and should be the primary sexuality educators of their children. The vast majority of surveyed parents, however, want help from schools in providing this critical education.[6] Unfortunately, the activism of a small number of community members can jeopardize elementary school programs.

For information about a community debate that led to the elimination of an elementary school program in Sheboygan, WI, see "School Board Ignores Recommendation and Guts Elementary Sexuality Education," on page 26.

Coeducational sexuality education. A smaller percentage—about 10 percent—of controversies during the past year involved opposition to coeducational sexuality education classes. Most debates concerned puberty education in

STUDENT ACTIVISM IMPROVES SEXUALITY EDUCATION

Roosevelt High School students in Des Moines, IA, worked to improve their sexuality education program during the past school year. They asked school officials to provide teacher training for this subject and to increase condom availability. SIECUS recently spoke with Josh Mandelbaum, an 18-year-old Roosevelt senior and Student Council member about their efforts.

Why did you and other students become involved in this issue?
We wanted a more comprehensive sexuality education program and greater condom availability within the school. When we became involved in this issue, the sexuality education program gave students minimal information. It was only taught in freshman gym class for five days by gym teachers that had no formal training or certification in this subject. We wondered why a school that would never let someone teach algebra without knowing basic math would allow someone to teach sex ed without being properly trained.

Why did you believe that condoms should be available in your school?
Before we brought this issue up, we did a lot of research. We read the latest scientific journals and publications and learned that condom availability does not increase teen sexual activity. We concluded that there would be no negative repercussions and many positive gains by making condoms available in our school.

How did your school officials react to your proposals?
The district was pretty responsive. The first step was to receive approval from the school's site-based council—a committee of parents, teachers and students. This was difficult because some members did not want to talk about these issues. The council refused to make condoms available but it did pass our educational reform initiatives. We then met with school officials. They agreed with our idea about teacher training and are now writing educational guidelines for sexuality education that will include teacher training and an expanded curriculum.

Many young people feel that adults and teachers make the rules. How did you feel?
For the most part, people were willing to listen to us as students. And, if not, there are ways of going about it so that you can make people listen.

Would you encourage students to become involved in this or similar issues?
Definitely. Many important things won't get done without student initiatives. Our activism can also have an impact on other organizations working on these issues. For example, Planned Parenthood would have a much more difficult time working on their issues without student support. Students can make a tremendous difference.
— *Emily Lamstein, SIECUS program associate*

the fifth and sixth grades although some involved middle and high school-level sexuality education. Controversies about coeducational classes occurred in the 1996–97 school year in Fairfax County, VA; Clearfield, PA; and Owosso, MI.

Opponents of coeducational classes argued that sexuality education was too sensitive a topic for males and females to learn together. They also frequently argued that young people do not need to learn about the sexual development of the opposite gender. In a small number of cases, opponents called for only women to teach females this education and only men to teach males.

Efforts to separate males and females for single-gender sexuality education classes—and to require women to teach females and men to teach males—often represent a first step in increased attacks on the overall sexuality education program. Although it may be beneficial to separate males and females for parts of the curriculum, it is important that they have opportunities to learn with one another.

Controversy over policies related to sexual orientation. Nearly 20 percent of the SIECUS- documented controversies during the past school year concerned school policies about sexual orientation. Debates occurred in San Francisco, CA; Colorado Springs, CO; and Elizabethtown, PA.

There were fewer controversies regarding actual curriculum content in part because education about sexual orientation is so rare. In Elizabethtown, PA, a heated community debate concerned a "pro-family resolution" adopted last fall by the School Board. It stated that the "traditional family is under relentless attack by those who want to redefine the family to include homosexual and lesbian couples and by those who want to indoctrinate children in pro-homosexual propaganda against their parents' wishes." The School Board modified the policy after objections of hundreds of community members.

Opt-out vs. opt-in programs. The vast majority of school districts have a policy that allows parents to exclude their children from sexuality education classes by notifying the school (an opt-out policy). In recent years, however, opponents of comprehensive sexuality education have asked schools to change the way they implement these programs by requiring explicit, written permission from parents before students can attend these classes (an opt-in policy).

During the past school year, approximately 10 percent of community debates documented by SIECUS involved efforts to change to opt-in policies. In many communities, this issue was part of a larger debate about the sexuality education program. In Sheboygan, WI, the controversy over elementary school education resulted in a proposal to require parental permission for *all* elementary and middle school education. This effort was unsuccessful.

Alternative courses for sexuality education. In a small number of community controversies documented by SIECUS in the past year—fewer than five percent, opponents of comprehensive sexuality education pushed for an alternative course providing abstinence-only education. This alternative sexuality education course would be offered simultaneously with the current curriculum.

Proponents often proposed this option after other efforts to scale back the current sexuality education program failed.

During the past school year, community members promoted alternative courses in West Morris, NJ, and Fenton, MI. In Fenton, the school district allowed a parent to set up an alternative abstinence-only curriculum in a nearby church. Children were transported to the church during school hours for the program. The parent proposed this alternative course after an unsuccessful effort to challenge the district's new comprehensive sexuality education curriculum.

In most cases, however, alternative courses are not considered a solution in these debates. Most school districts do not wish to incur the financial and administrative burden of providing two sexuality education courses when the vast majority of parents in the community support the current program.

LESSONS LEARNED

Opponents of comprehensive sexuality education continued to set the terms of debate in the past year. They used sophisticated and now familiar tactics to oppose comprehensive sexuality education. Instead of attacking school-based sexuality education per se, they initially focused on the structure, scope and content of programs. In many cases, however, debates on these issues led to a larger attack on comprehensive sexuality education.

If comprehensive sexuality education programs are to survive, community members must become actively involved in supporting this education on the local and state levels. This activism will prove even more critical in the 1997–98 school year as the new federally-funded abstinence-only program is implemented throughout the United States.

As School Board member Kathryn Regier proved during the past year, one committed individual can change the outcome of sexuality education debates. As she said about her successful effort to resist fear-based, abstinence-only education in Halstead, KS, "I was under intense attack for my views. That was difficult for me. But I would get involved again because I know I made a critical difference."

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Editor's Note: *Information in this article is based on newspaper and magazine articles as well as personal interviews with individuals from various communities around the country.*

SCHOOL BOARD IGNORES RECOMMENDATION
AND GUTS ELEMENTARY SEXUALITY EDUCATION

After an 18-month debate, the Sheboygan (WI) School Board voted in September to eliminate its K–3 elementary school sexuality education program. SIECUS recently spoke with Mary Lynne Donohue, a School Board member and parent, about the demise of the program.

When did the debate begin?
Each community in Wisconsin has a Human Growth and Development Advisory Committee that reviews curricula. Our committee was charged with reviewing our K–3 sexuality education curriculum to make possible revisions. The members had trouble reaching a consensus about the need for the program and the materials that were used.

What did the committee eventually recommend?
They voted 9 to 7 to maintain the status quo. But the issue didn't end. Some Board members were adamantly opposed to sexuality education in these grades, and they remained active on this issue.

What happened next?
The School Board ignored the committee's recommendation and voted 7–2 to virtually eliminate the K–3 curriculum. The only information that our elementary students now receive is on sexual abuse provided by an outside consultant.

Why were some Board members
opposed to the program?
They wanted proof that this type of education would prevent unplanned pregnancy and sexually transmitted diseases later in life. That's a pretty hard bill to fill, don't you think?
　　They also felt that the curriculum materials were out of date and inadequate. I actually don't think the program content or the materials were the real problem. These people simply did not believe that the school should provide sexuality education in these grades. They felt that only parents should provide this information.

How did you feel about this issue?
I was frustrated about what happened to the K–3 program. I rely on the public school to help me teach my children. One of my children participated in the K–3 program so I understood that it taught about the importance of family as well as appropriate information about human anatomy. My other child won't receive this education because of the Board's decision.

Where did the community stand on this issue?
There was support on both sides of the debate. People who supported the program showed up in droves at the Board meeting. But I have to say, the people who opposed the K–3 program tended to be more vociferous about the issue.

What did you learn from
the outcome of this debate?
I learned firsthand how much power the school board has in determining the education that our children receive. By the time board members are elected, it can be difficult to influence their decisions.

So what can community members do?
They can work on behalf of and vote for school board candidates who support their views on education—including sexuality education. It's absolutely critical.

ON-LINE ACTIVISM:
FROM EASY EDUCATION TO POLITICAL POTENCY

Sonja Herbert
SIECUS Public Policy Associate

Daniel Daley
SIECUS Director of Public Policy

ctivists with access to a computer and a modem have a powerful political tool at their disposal: the Internet. For a low monthly access fee, individuals and organizations can use on-line services to make a political impact often reserved for resource-rich organizations.

Specifically, effective on-line activism can result in lower administrative costs for research time, long distance phone calls, and publications expenses while, at the same time, providing increased access to outside information and new audiences. It can also provide an organization or individual with a "virtual office space" in which to express ideas without the limit of budgets.

For those who previously found the Internet unwieldy, they will now find that most organizations have made their sites more user friendly and that "search engines" help individuals locate sites by describing topics rather than typing exact on-line addresses. As the Internet continues to develop, users may find that the real frustrations they experience today may evaporate over time.

SELF EDUCATION
The Internet provides users with a vast library—essentially the most comprehensive, current, organized file drawer imaginable. Not only can they search for specific information, but they can also receive referrals to related information through "computer links" to other sites.

The layout of many sites allows individuals to identify information by inputting key words rather than paging through paper documents. And, with on-line storage space virtually unlimited, advocates can often instantly retrieve the document they need. They never have to worry that the document is "checked out" because numerous people can examine, download, and print the same document at the same time.

Advocates of comprehensive sexuality education are always seeking new information to use in arguments to support their beliefs. On-line data can play an important role in this effort. For example, Internet users can search public and university libraries, review the publications of issue-oriented organizations, and download research findings from the U.S. Department of Health and Human Services (such as the *National Survey of Family Growth* and the *Youth Risk-Behavior Survey*).

This means they can reach beyond resources available in their own communities when looking for facts and figures to use in debates, speeches, or presentations. For example, when writing congressional testimony in support of comprehensive sexuality education, activists can—with only minimal research—accurately reference the percentage of high school students who are sexually active by checking the U.S. Health and Human Services database site (http://www.os.dhhs.gov/search/).

In addition to having increased access to data, activists can also keep abreast of the legislative and policy decisions of their elected officials. Resources that were previously used only by professional federal and state lobbyists are now available to anyone with a computer and modem. For example, Thomas (http://thomas.loc.gov)—an incredibly useful database of all federal legislation—both pending and passed—can provide activists with a bill's status, text, and legislative supporters.

In addition, most states now have Web sites that provide detailed legislative information. For example, the California state government has a site (http://www.sen.ca.gov/#legislation) that provides updated legislative calendars, committee hearing schedules, full texts of introduced legislation, and analysis of bills by the committee with jurisdiction.

FEDERAL AGENCIES
The federal government is at the forefront of Internet participation, and most government agencies have Web sites. See "Web Sites to Keep You Informed" on page 30 for a list of the federal health and education sites that will provide supporters of comprehensive sexuality education with access to databases as well as information on each agency's mission, programs, funding guidelines, and key contacts.

By searching federal government Web sites, users will

learn a great deal about government structure and the links between specific agencies, departments, and programs. This is crucial for those interested in affecting the administration and funding of federal programs in their communities.

The recent addition of a *Federal Register* Web site (http://www.access.gpo.gov/su_docs/aces/aces140.html) will also help advocates in their strategic planning. Specifically, the *Federal Register* is the official publication through which the federal government makes formal announcements and through which most people learn of hearings, initiatives (both those created by agencies and mandated by Congress), and grant application guidelines.

The White House Web site (http:/www.whitehouse.gov) includes President Clinton's weekly radio addresses, State of the Union speeches, and Executive Orders. The content, tone, scope, and language of these materials can reveal the envisioned future direction of a specific program and/or the federal commitment to sexuality issues.

Advocates should consider using these sites to review official agency press releases and public statements prior to meeting or communicating with federal officials.

SUPPORTERS

Crucial to any advocacy project is the building of alliances among organizations with similar views and goals. The Internet can help establish such links because it allows individuals to review the mission and position statements of possible new partners as well as the latest work of longtime colleagues. Since Web sites often provide links to related sites, a short Internet search will usually provide a plethora of new contacts. For example, the SIECUS Web site provides many links for those organizations just starting to work on sexuality education issues. In fact, it provides the Web site addresses of the organizations that are part of the National Coalition to Support Sexuality Education. (A list is on page 30 of this *SIECUS Report.*)

Web sites are also an excellent source for reliable and confidential information for young people who have questions about sexuality issues that are not covered in a family life education class.

OPPONENTS

"Keep your friends close, and your enemies closer" is an often-repeated political philosophy. For sexuality education supporters, this means knowing the views, positions, publications, plans, and activities of those groups opposed to sexual rights and sexuality education.

The Web sites of opponents will also often have information about the work of supporters of sexuality education. This could include information about a campaign to malign an organization or to start a community campaign to curtail comprehensive sexuality education.

When parents are asked to speak in favor of comprehensive sexuality education at a local school board meeting, they should check the Web site of the national organization sending a representative to speak in opposition. They will then learn what constituency the organization represents, what arguments it uses, and, perhaps, how it is funded. Moreover, they can do this quickly and anonymously.

THE MEDIA

Parents in communities are sometimes asked to speak to the media about their support for comprehensive sexuality education. This can make them uncomfortable and nervous. By accessing Web sites of opponents—such as that of the Christian Broadcasting Network (http://www.cbn.org)—they can prepare themselves for media work by learning how opponents are trying to frame the debate in the press and in their particular community. By accessing Web sites of national newspapers, they will see how the media has covered similar situations across the nation. They will see how arguments are explained in print as well as the types of stories that usually attract journalists.

FOUNDATIONS

Successfully organizing for sexuality education often means securing the funds to achieve your goals. The Internet can also play a useful role here. While foundations may not publish detailed information about the amount of money they provide for programs, they will provide information on their areas of interest, their current grantees and projects, their funding cycle, and their proposal procedures and criteria. Individuals should explore the Web site of the Foundation Center (http://www.fdncenter.org) for information on research libraries that have foundation information and as well as links to foundations that have independent Web sites.

ADVOCACY

The Internet has significantly increased public access to information about the U.S. Congress and the public policy process. In fact, individuals can now research legislation—including a bill's content, history, current status, and sponsors—by using Web sites.

The *Congressional Record*—the transcript of Members of Congress' statements and debates on legislation—was previously available only in print via an expensive subscription. It is now on-line (http://voter.cq.com).

In addition, the *Congressional Quarterly* Web site (http://voter.cq.com) shows individuals how Members of Congress voted on specific legislation; the *Vote Smart* Web site (http://www.votesmart.org/congress) rates past performances of Members of Congress from both liberal and conservative perspectives; and individual sites established by leg-

islators themselves provide personal profiles, formal positions, committee assignments, district profiles, and re-election plans. Individuals can also access the Web sites of political parties for information on official platforms and state voter registration.

The Internet also provides individuals with the opportunity to communicate their opinions directly to policymakers. Many sexuality education advocates find it easier to send a brief E-mail message than to craft a formal letter or a lengthy position statement. The President, his Cabinet, many federal agency officials, Members of Congress, and state officials all have E-mail addresses where the public can ask questions or make comments. Even large government agencies have E-mail addresses. For example, the Maternal and Child Health Bureau recently encouraged activists to submit comments on the abstinence-only guidances draft by electronic mail.

Individuals can also effectively organize themselves on the Internet. By creating a "list serv" (essentially the E-mail version of a broadcast fax), organizations and individuals can send action alerts, updates, contact information, or educational materials to colleagues for a minimal initial setup charge. This service essentially creates "cybercoalitions" not bound by geographic limitations. For example, groups can co-write materials by making suggestions directly into a downloaded document and then electronically circulate drafts. This makes it easier for advocates across the country to collaborate and share experiences and strategies.

Another recent development is the creation, circulation, and delivery of petitions by E-mail to public officials and decision makers. For example, thousands of signatures were added to cyber petitions protesting the decision of corporations to withdraw their advertising for the recent "coming out" episode of the television series *Ellen*. This was accomplished without anyone spending hours collecting individual signatures.

Advocates may also have many other information and communication mechanisms available through their on-line server (including chat rooms, databases, and bulletin boards), paid subscription services (such as Lexis/Nexus and StateNet legislative tracking services), and various professional affiliations. Also, a few Internet service providers (such as IGC and HandsNet) specialize in providing up-to-date services geared toward supporting and networking activists with similar interests.

These service providers—as well as local educational organizations, nonprofit organizations, and for-profit companies—often provide extensive Internet training opportunities where individuals can improve their understanding of on-line advocacy.

Editor's Note: *SIECUS encourages advocates to start their Internet experience by visiting the SIECUS Web site (http://www.siecus.org) and by signing up for the SIECUS Advocates on-line.*

SIECUS wishes to thank Alyson Reed at the American College of Nurse Midwives and Claire McCurdy of the Planned Parenthood Federation of America for providing state legislative and Far Right Web site addresses, respectively.

We also wish to thank the many members of the National Coalition to Support Comprehensive Sexuality Education who shared their knowledge and favorite Web sites. For additional advocacy tips, read NetActivism: How Citizens Use the Internet *by Ed Schwartz (Sebastopol, CA: Songline Studios, 1996).*

SIECUS ADVOCACY RESOURCES

SIECUS regularly helps individuals and groups gather the information they need to advocate for high-quality sexuality education on both the state and local levels throughout the United States.

Its newly revised *Community Action Kit* ($19.95) contains information for mobilizing local support for comprehensive programs as well as extensive information on the new federal abstinence-only program. (Call SIECUS Publications at 212/819-9770 to order your copy today.)

In addition, SIECUS keeps its Advocates Network of individuals that support comprehensive sexuality education informed about federal and state legislation that threaten high-quality programs. (Join the Advocates Network today by calling SIECUS' Washington, DC, office at 202/265-2405.)

Finally, the SIECUS Web site provides regular updates on important policy developments related to sexuality education. (The site address is http://www.siecus.org).

WEB SITES TO KEEP YOU INFORMED

Advocates for comprehensive sexuality education will want to keep themselves updated not only by reviewing the Web sites of federal and state governments but also the Web sites of supporters and opponents.

By providing this list of important Web site addresses, our intent is to save advocates the effort of searching for them. SIECUS is providing this list of Web sites for informational purposes. It does not, however, endorse the views or guarantee the accuracy of information found on these sites.

FEDERAL AGENCIES AND DATABASES

Federal agencies dealing with health and education issues have Web sites that provide helpful information to individuals interested in the federal government's approach to sexuality education.

General search for federal government Web sites:
http://www.cobar.cs.umass.edu/ciirdemo/govbot/
Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov
CDC Division of HIV/AIDS Prevention
http://www.cdc.gov/nchstp/hiv_aids/dhap.htm
CDC National AIDS Clearinghouse
http://www.cdcnac.org/
Contacting the Congress
http://www.visi.com/juan/congress/
Department of Education
http://www.ed.gov/
Department of Health and Human Services
http://www.os.dhhs.gov
**Department of Health and Human Services
Database Search Division**
http://www.os.dhhs.gov/search/
Federal Register
http://www.access.gpo.gov/su_docs/aces/aces140.html
Health Care Finance Administration
http://www.hcfa.gov/
Healthy People 2000
http://odphp.osophs.dhhs.gov/pubs/hp2000/
Maternal and Child Health Bureau
http://www.os.dhhs.gov/hrsa/mchb
**Maternal and Child Health Bureau-
Abstinence-only Guidance Text**
http://www.os.dhhs.gov/hrsa/mchb/guidance.htm
National Institutes of Health
http://www.nih.gov/
National Survey of Family Growth
http://www.cdc.gov/nchswww/about/major/nsfg/nsfg.htm

Office of HIV/AIDS Policy
http://www.dhhs.gov/progorg/ophs/ohap.htm
Office of Minority Health Resource Center
http://www.omhrc.gov/frames.htm
Office of Population Affairs
http://www.os.dhhs.gov/progorg/opa
Supreme Court
http://www.supct.law.cornell.edu/supct/

SUPPORTERS OF COMPREHENSIVE SEXUALITY EDUCATION

The following organizations are the members of the National Coalition to Support Comprehensive Sexuality Education that have Web sites.

AIDS Action Council
http://www.aidsaction.org
**American Academy of Child
and Adolescent Psychiatry**
http://www.aacap.org
American Association for Health Education
http://www.aahe.org
American Association on Mental Retardation
http://www.aamr.org
American Association of School Administrators
http://www.aasa.org
**American Association of Sex Educators,
Counselors and Therapists**
http://www.aasect.org
American Civil Liberties Union
http://www.aclu.org
**American College of Obstetricians
and Gynecologists**
http://www.acog.org
American Counseling Association
http://www.counseling.org
American Library Association
http://www.ala.org
American Medical Association
http://www.ama.assn.org
American Medical Women's Association
http://www.amwa-doc.org
American Nurses Association
http://www.ana.org
American Psychiatric Association
http://www.psych.org
American Psychological Association
http://www.apa.org

American Public Health Association
http://www.apha.org
American School Health Association
http://www.ashaweb.org
American Social Health Association
http://www.asha.std.org
Association of Reproductive Health Professionals
http://www.arhp.org
Association of State and Territorial
Health Directors
http://www.astho.org
ASTRAEA National Lesbian Action Foundation
http://www.imageinc.com/astraea/
AVSC International
http://www.avsc.org
Child Welfare League of America
http://www.cwla.org
Children's Defense Fund
http://www.childrensdefense.org
ETR Associates
http://www.associates.org
Girls Incorporated
http://www.girlsinc.org
Hetrick-Martin Institute
http://www.hmi.org
Human Rights Campaign
http://www.hrcusa.org
Mothers' Voices
http://www.mvoices.org
National Abortion Federation
http://www.prochoice.org
National Abortion &
Reproductive Rights Action League
http://www.naral.org
National Association of Counties
http://www.naco.org
National Association
of County and City Health Officials
http://www.naccho.org
National Association of People with AIDS
http://www.thecure.org
National Committee
for Public Education and Religious Liberty
http://www.tiac.net/users/doyle/PEARLhtml
National Council of La Raza
http://www.nclr.org
National Council of Negro Women, Inc.
http://www.ncnw.org
National Education Association
Health Information Network
http://www.nea.org

National Family Planning
and Reproductive Health Association
http://www.nfprha.org
National Gay and Lesbian Task Force
http://www.ngltf.org
National Information Center
for Children & Youth with Disabilities
http://www.nichcy.org
National League for Nursing
http://www.nln.org
National Lesbian and Gay
Health Association
http://www.serve.com/nlgha/index/htm
National Mental Health Association
http://www.nmha.org
National Native American
AIDS Prevention Center
http://www.nnapc.org
National Resource Center
for Youth Services
http://www.nrcys.ou.edu
National School Boards Association
http://www.nsba.org
National Urban League
http://www.nul.org
Parents Families and Friends
of Lesbians and Gays
http://www.pflag.org
People for the American Way
http://www.pfaw.org
Planned Parenthood Federation of America
http://www.ppfa.org
Population Communications International
http://www.together.org
Presbyterians Affirming
Reproductive Options
http://www.pcusa.org
Religious Coalition for Reproductive Choice
http://www.rcrc.org
Sexuality Information and Education
Council of the United States
http://www.siecus.org
The Alan Guttmacher Institute
http://www.agi-usa.org
The Kinsey Institute for Research
in Sex, Gender, and Reproduction
http://www.indiana,edu/~kinsey
Unitarian Universalist Association
http://www.uua.org
United States Conference of Mayors
http://www.usmayors.org

YWCA of the U.S.A.
http://www.ywca.org
Zero Population Growth, Inc.
http://www.zpg.org

OPPONENTS OF COMPREHENSIVE SEXUALITY EDUCATION

These are a sampling of Web sites of organizations that have historically opposed comprehensive sexuality education.

General search for politically conservative organization Web sites:
http://www.townhall.com/
American Family Association
http://www.afa.net
Christian Broadcasting Network/ The 700 Club
http://www.cbn.org
Christian Coalition
http://www.cc.org
Concerned Women for America
http://www.cwfa.org
Eagle Forum
http://www.basenet.net/~eagle/eagle.html
Family Research Council
http://www.frc.org/
Heritage Foundation
http://www.heritage.org
Medical Institute for Sexual Health
http://www.mish.org
Rutherford Institute
http://www.rutherford.org

POLITICAL AND PUBLIC POLICY ACTIVISM

These Web sites will help advocates track public policy and legislative developments as well as find opportunities to voice their views on sexuality issues.

Congressional Quarterly
http://voter.cq.com
Thomas Legislative Search
http://thomas.loc.gov/
United States House of Representatives
http://www.house.gov/
United States Senate
http://www.senate.gov
Vote Smart
http://www.votesmart.org/congress/
The White House
http://www.whitehouse.gov

STATE LEGISLATURES
General search for state legislatures
http://www.govaffs.com/states.html
Alabama
http://www.asc.edu/archives/legislat/legislat.html
Alaska
http://www.legis.state.ak.us/
Arizona
http://www.azleg.state.az.us/
Arkansas
http://www.arkleg.state.ar.us/
California
http://www.sen.ca.gov/#legislation
Colorado
http://www.state.co.us/gov_dir/stateleg.html
Connecticut
http://www.state.ct.us/
Delaware
http://www.state.de.us/
Florida
http://www.leg.state.fl.us/
Georgia
http://www.com:80/hpi/galeg/
Hawaii
http://www.state.hi.us/icsd/leg/leg.html
Idaho
http://www.state.id.us/
Illinois
http://www.state.il.us/legis/default.html
Indiana
http://www.ai.org/iga/
Iowa
not available
Kansas
http://www.ink.org:80/public/legislative/
Kentucky
http://www.lrc.state.ky.us:80/home.htm
Louisiana
http://www.senate.state.la.us/
Maine
http://www.mlis.state.me.us/legis/
Maryland
http://www.mlis.state.md.us/
Massachusetts
http://www.magnet.state.ma.us:80/legis/
Michigan
http://info.migov.state.mi.us/legislature.html
Minnesota
http://www.leg.state.mn.us/
Mississippi
http://www.ls.state.ms.us/

Missouri
http://www.house.state.mo.us

Montana
not available

Nebraska
http://unicam1.lcs.state.ne.us

Nevada
not available

New Hampshire
http://www.state.nh.us/gencourt/

New Jersey
http://www.njleg.state.nj.us

New Mexico
http://www.nm.org:80/legislature/

New York
http://www.assembly.state.ny.us/ALIS/

North Carolina
http://www.ncga.state.nc.us/

North Dakota
http://www.state.nd.us/lr

Ohio
http://www.house.state.oh.us/

Oklahoma
http://www.lsb.state.ok.us/senate/

Oregon
http://www.leg.state.or.us/

Pennsylvania
http://www.pasen.gov/

Rhode Island
http://www.rilin.state.ri.us/

South Carolina
http://www.lpitr.state.sc.us:80/legbe4.htm

South Dakota
http://www.state.sd.us/state/legis/

Tennessee
http://www.legislature.state.tn.us/

Texas
http://www.capitol.state.tx.us/

Utah
http://www.le.state.ut.us/

Vermont
http://www.leg.state.vt.us/

Virginia
http://www.senate.state.va.us

Washington
gopher://leginfo.leg.wa.gov

West Virginia
http://www.wvlc.wvlc.wvnet.edu/

Wisconsin
http://www.legisl.state.wi.us/

Wyoming
http://www.legisweb.state.wy.us:80/

CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews, or critical analyses from interested individuals. Detailed instructions for authors appear on the inside back cover of this issue. Upcoming issues of the *SIECUS Report* include:

New Issues on the HIV Pandemic
December 1997/January 1998 issue
Deadline for final copy: October 1, 1997

Multicultural Approaches to Sexuality Education
February/March 1998 issue
Deadline for final copy: December 1, 1997

Sexual Orientation
April/May 1998 issue
Deadline for final copy: February 1, 1998

Sexuality Education Worldwide
June/July 1998 issue
Deadline for final copy: April 1, 1998

Sexuality and the Law
August/September 1998 issue
Deadline for final copy: June 1, 1998

GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION: KINDERGARTEN-12TH GRADE

WHAT ARE THE GUIDELINES?

The *Guidelines for Comprehensive Sexuality Education: Grades K-12* are a framework to promote and facilitate the development of comprehensive sexuality education programs.

HOW WERE THEY DEVELOPED?

SIECUS convened the National Guidelines Task Force in 1990 to develop a framework for sexuality education.

It consisted of 20 professionals in the fields of medicine, education, sexuality, and youth services from such prestigious organizations as the American Medical Association, the March of Dimes Birth Defects Foundation, the Planned Parenthood Federation of America, the National Education Association, the American Social Health Association, the U.S. Centers for Disease Control, and the National School Boards Association.

It developed the topics, values, life behaviors, and developmental messages that were included in the first edition of the *Guidelines* published in October 1991. They were updated in 1996 to reflect societal and technological changes that had occurred during the subsequent five years.

WHAT ARE THEIR PRIMARY GOALS?

The goal of sexuality education is the promotion of adult sexual health. The *Guidelines* are based on four primary goals:

Information. To provide accurate information about human sexuality, including growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted diseases.

Attitudes, Values, and Insights. To provide an opportunity for young people to question, explore, and assess their sexual attitudes in order to understand their family's values, develop their own values, increase self-esteem, develop insights concerning relationships with families and members of both genders, and understand their obligations and responsibilities to their families and others.

Relationships and Interpersonal Skills. To help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create satisfying relationships. Sexuality education programs should prepare students to understand sexuality in adult roles. This would include helping young people develop the capacity for caring, supportive, noncoercive, and mutually pleasurable intimate and sexual relationships.

Responsibility. To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual intercourse, and encouraging the use of contraception and other sexual health measures. Sexuality education should be a central component of programs designed to reduce the prevalence of sexually-related medical problems; these include teenage pregnancies, sexually transmitted diseases including HIV infection, and sexual abuse.

WHAT ARE THEIR KEY CONCEPTS?

The *Guidelines* are organized into six concepts that represent the most general knowledge about human sexuality and family living. They are human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

The *Guidelines* contain a total of 36 topics and 778 developmental messages for these age groups:

Level 1: Middle Childhood, ages 5 through 8; early elementary school.

Level 2: Preadolescence, ages 9 through 12; upper elementary school.

Level 3: Early Adolescence, ages 12 through 15; middle school/junior high school.

Level 4: Adolescence, ages 15 through 18; high school.

ARE THEY BASED ON VALUES?

The *Guidelines* are based on specific values related to human sexuality and maintain consistency with the values that reflect the beliefs of most communities in a pluralistic society. Each community will need to review these values to make certain the program is consistent with community norms and diversity. Values inherent in the *Guidelines* include:

- Sexuality is a natural and healthy part of living.

- All persons are sexual.

- Sexuality includes physical, ethical, social, spiritual, psychological, and emotional dimensions.

- Every person has dignity and self worth.

- Young people should view themselves as unique and worthwhile individuals within the context of their cultural heritage.

- Individuals express their sexuality in varied ways.

- Parents should be the primary sexuality educators.

- Families provide a child's first education about sexuality.

- Families share their values about sexuality.

- In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.

- Sexual relationships should never be coercive/exploitative.

- All children should be loved and cared for.

- All sexual decisions have effects or consequences.

- All persons have the right and the obligation to make responsible sexual choices.

- Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults.

- Young people develop their values about sexuality as part of becoming adults.

- Young people explore their sexuality as a natural process of achieving sexual maturity.

- Premature involvement in sexual behaviors poses risks.

- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STD/HIV.

- Young people who are involved in sexual relationships need access to information about health care services.

HOW ARE THEY USED?

SIECUS has distributed more than 20,000 copies of the *Guidelines* to individuals and groups across the nation. Many people, community-based organizations, and educational systems have used the *Guidelines:*

- to develop new, and evaluate existing, programs;

- for discussion with school policy makers;

- for teacher/staff and peer education training;

- to develop new guidelines and evaluate existing ones;

- for classroom teaching at the college level;

- for parent, special, and community education; and

- for research.

ARE THEY IN OTHER LANGUAGES?

SIECUS has developed a Spanish-language *Guidelines* specifically for Hispanic/Latino communities in the United States. In addition, it provides technical assistance to nongovernmental organizations (NGOs) and government agencies worldwide that want to develop their own *Guidelines.* Adaptations are currently available in Brazil, Nigeria, Russia, Iceland, The Netherlands, and the Czech Republic.

WHAT COMPANION PIECES ARE AVAILABLE?

SIECUS has produced a video—*Sexuality Education for the 21st Century*—to help people better understand comprehensive sexuality education. In addition, SIECUS's *Community Action Kit* helps people build support for comprehensive sexuality education.

WHO HAS ENDORSED THE *GUIDELINES?*

These national youth-serving organizations have endorsed the *Guidelines:*

Advocates for Youth
American Association of Sex Educators,
     Counselors and Therapists
The Association of Reproductive Health Professionals
Coalition on Sexuality and Disability
Girls, Incorporated
Midwest School Social Work Council
National Asian Women's Health Organization
National Coalition of Advocates for Students
National Council of the Churches of Christ
National Education Association
National Lesbian and Gay Health Foundation
National Network for Youth
Planned Parenthood Federation of America
Sexuality Information and Education Council
     of the United States
Society for Behavioral Pediatrics

ORDER INFORMATION

Guidelines materials are available by sending a check or money order to SIECUS Publications Department, 130 West 42nd St., Suite 350, New York, NY 10036-7802. They include the English or Spanish *Guidelines*, $5.75 each; the video, $12.95; and the *Community Action Kit*, $19.95.

REVIEWS

Going All the Way: Teenage Girls' Tales Of Sex, Romance, And Pregnancy

Sharon Thompson
Hill and Wang
1/800-788-6262
1995, 340 pp
$24.00/hardcover; $13.00/paperback

Countless strategies have been devised to combat teenage pregnancy in the United States. Yet the problem continues with little sign of diminution. Teenagers continue to have sexual relations, and girls continue to get pregnant.

In *Going All the Way: Teenage Girls' Tales of Sex, Romance, and Pregnancy*, however, Sharon Thompson takes an innovative, while seemingly obvious, approach to assessing the problem of teenage pregnancy: She goes directly to teenage girls and asks them about their relationships, their sexual experience, and their experiences with contraception and pregnancy.

The book is divided into eight chapters with cliché titles: "Victims of Love," "Playing the Field," "Infinite Possibilities of Doing," "Having My Baby," "Years of Hell and Freedom," "Passionate Friends," "Precarious Time and Fugitive Passage," and "The Game of Love." Each presents a "type" of girl, which Thompson defines by their attitudes towards love, romance, and reproduction as well as their socio-economic backgrounds.

Thompson thus categorizes the many factors that influence a teenage girl to have sexual relations: the role that love and romance play in her decision; the path she would take if faced with an unintended pregnancy, and the part sexuality plays in her career and education plans. Unfortunately, the categories put the girls into boxes, and assign to them additional labels.

Going All the Way is engaging because the reader hears the girls' voices. One "victim" recalls the negotiations she made before deciding to give up her virginity. "I said, 'Look, you have to prove to me that you care, and this isn't just going to be nice-knowing-you-see-you-later because

I'm not like that.' He knew I was a virgin...." Another teenage mom explains that having a child was her destiny. "I do have this dream. One day I'm going to get married, live in a big house with a big yard, and have a bunch of kids. So. I was glad about it. I loved the feeling of being pregnant and knowing he was there, you know."

This work is the result of 400 interviews the author conducted from 1978 to 1986 with girls across the nation—from all geographic, ethnic, and socio-economic backgrounds. *Going All the Way* is satisfying in that it lets the reader hear from the silent players in this debate.

But, at the same time, the book raises many questions and leaves the reader begging for more. Girls will continue to have sexual relations, but how can parents and policy positively influence girls to protect themselves? One first step would be begin to look at the other half of the equation—the boys. Someone must continue Thompson's conversations. Is a *Teenage Boys' Tale of Sex, Love and Romance* around the corner?

Reviewed by Linda Appel, a research assistant at the Alan Guttmacher Institute in New York City.

Period Piece

Jennifer Frame & Jay Rosenblatt
Jay Rosenblatt Film Library
22-D Hollywood Avenue
Ho-Ho-Kus, NJ 07423
800/343-5540
$195.00 plus $10 shipping

Period Piece is a documentary profiling the experiences of women of various ages (eight through 84) concerning their menstrual cycles. The format is uncomplicated: Interviews take place under tight camera close-ups, and they are interspersed with clips from sexuality education films made in the 1950s. Both humorous and poignant, the video offers an insightful cultural perspective on this female right of passage.

The video is divided into 11 segments

that deal with different aspects of menstruation. For example, "Locker Room Talk" shows women sharing experiences with peers when they were in the throes of puberty. "Hide Your Shame" deals with the shame that, unfortunately, surrounded the subjects' initial experiences with their periods. One of the older women recalls having to "hide in the world of men." She says she had to "literally turn [herself] into a snail and crawl into the druggist" to ask for sanitary napkins.

Other segments include "The Curse," "Are You There God?," "Mother," "Father," and "When I Have A Daughter." Many begin with clips from old educational films. This historical approach makes it easy to understand why the cultural response to menstruation is complicated. The older women—in their 80s—attest to a long, negative history. One tells about burying bloodied rags that she had made from torn sheets so that her grandmother would not know she was menstruating. Shame was expressed through silence or outright ridicule.

The segment entitled "When I Have A Daughter" was encouraging. One of the subjects says she will tell her daughter to "love herself and love her body and not to be ashamed when she sees blood once a month." A young woman—probably in her early 20s— makes a committment to early education and says she will throw her daughter a party when she gets her first period.

This video could serve as an effective discussion-starter among groups of men and women—together or separately—from their mid-teens through adulthood. It is also appropriate for a variety of disciplines including health education, sexuality education, sociology, and women's studies. It is not, however, a video to show prepubescent girls and boys to explain menstruation. There is little instructional information. And the irony and humor of the outdated educational film clips would be lost on a young audience.

For the appropriate audience, *Period Piece* is a celebration of a rite of passage that for too long has been viewed as a curse rather than a powerful marker of a girl entering young womanhood.

Reviewed by Carolyn Patierno, SIECUS director of program services.

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