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## **FEMALE SEXUALITY**

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# UPDATING THE MODEL OF FEMALE SEXUALITY

Rebecca Chalker, M.A.

Editor, *A New View of a Woman's Body*

Despite Masters and Johnson's groundbreaking research revealing that orgasm in both sexes is triggered by the same mechanism, the perception of women's sexuality as less powerful, less compelling, and less profound than that of men is still almost universal. Since the time of ancient Greece, the male genitals and male sexual response have been idealized, while those of women have been viewed as their less-perfect counterparts. Today, we live, love, and have sexual relationships under what is essentially a male model of human sexuality. Men's sexual anatomy is still thought of as far more extensive and active than women's. Ejaculation and the single, explosive orgasm continue to be seen as emblematic of men's superior sexual prowess. Penis-in-vagina intercourse is still considered the *ne plus ultra* of sexual activity, while other methods of achieving sexual pleasure and orgasm are considered second-rate or viewed as not entirely "real" forms of sexual activity.

Women today have more freedom than ever before to explore their sexuality, but under the prevailing model, they lack the information to do so effectively. In a 1993 *Village Voice* cover story, Sarah, a savvy young college graduate, articulates the problems that many women encounter in comprehending their sexuality. Feminism, says Sarah, has "made women feel like they should be able to enjoy themselves, to express themselves, but sometimes they don't know how.... There's a sense that you should go out there and ask for what you want, [and] a lot of women go YES!—but what do I want?... We have freedom, but we end up feeling bad because we don't know what to do with [it]"<sup>1</sup> (emphasis added). Sarah speaks for many women who, in spite of more "permission" than ever before to explore and celebrate their sexuality, are inexplicably bewildered by its complexities and have no realistic concept of what their sexual potential is or how to reach it.

The modern women's movement, which has made substantial progress on many fronts, has thus far failed to make much headway in the sexual arena. Helping women achieve sexual equality requires an updated model of human sexuality that encompasses women's needs, abilities, problems, and preferences. Such a model should strive to achieve the following:

- provide women with complete and accurate information about their sexual anatomy, physiology, and psychology;

- empower women to explore new avenues of sexual self-expression, pleasure, and sensuality;
- help women understand how to have sexual relationships in ways that allow them to discover and reach their sexual potential (which may vary from woman to woman);
- help women understand how to have safer sex that is exciting and fulfilling; and
- provide women with insights and strategies for confronting the social contexts in which sexual behavior takes place.

## The Antique Male Model

In *Making Sex: Sex and Gender from the Greeks to Freud*, Thomas Laqueur, a professor of history at the University of California at Berkeley, maintains that social conceptions of sexuality are rooted not in biology—the body—but in how we view the body. He identifies two versions of the male model and documents how women's sexuality has been downplayed and dismissed through the ages, and how, ultimately, it was nearly obliterated by Freud. The Greeks believed that the similarities between male and female sexual anatomy were far more important than the differences. Laqueur characterizes this as the "one-sex" model of human sexuality. In terms of sexual anatomy, for example, Galen, a second-century Greek physician, noted that "you could not find a single male part left over that had not simply changed its position [in women]."<sup>2</sup> But in the classical view, the male body was the quintessence of perfection, and the female body was a weaker reflection. Laqueur observes that this deep-seated belief in the inferior status of women's sexuality has endured virtually unchanged for two reasons: First, because "it was illustrative rather than determinant, [it] could therefore register and absorb any number of shifts in the axes and valuations of difference." Second, "in a public world that was overwhelmingly male, the one-sex model displayed what was already massively evident in culture more generally: man is the measure of all things, and woman does not exist as an ontologically distinct category."<sup>3</sup>

Laqueur traces the genesis of the "two-sex" model to the social and political ferment that led up to the French Revolution—ironically, a time when women and their advocates began demanding social and political equality.

This was the historical point at which pregnancy and menstruation were first defined as pathologies and were seized upon as the rationales for far-reaching social and sexual restrictions on women. "...those who opposed increased civil and private power for women—the vast majority of articulate men—generated evidence for women's physical and mental unsuitability for such advances; their bodies unfit them for the chimerical spaces that the revolution had inadvertently opened."<sup>4</sup>

In describing society's changing notions about female orgasm, Laqueur notes that in the seventeenth century, orgasm was recommended as an aid to conception, physical pleasure, and good marital relations. But by the late eighteenth and early nineteenth centuries, it was widely believed that orgasm was unnecessary and unseemly, perhaps even unnatural for women. As if to underscore this point, anatomical illustrations changed over time, becoming less explicit and detailed, to reflect the diminished concept of women's sexuality. Laqueur notes that anatomical illustrations of today are cartoonlike, whereas those of the early eighteenth century were exquisitely precise and revealing.<sup>5</sup> Freud declared normal female sexuality an aberration and brought the two-sex model to its phallocentric apogee. The clitoris became "like pine shavings...to set a log of harder wood on fire."<sup>6</sup> June M. Reinisch and Carolyn S. Kaufman have observed that Freud's "theory positing the existence of a 'mature' vaginal orgasm versus an 'immature' clitoral orgasm is a misconception from which, it has been argued, many 20th century women and men are still recovering."<sup>7</sup>

### Reconstructing the Model

In the last half of the twentieth century, sex researchers have discovered (or, in most cases, rediscovered) significant information about sexual anatomy, physiology, and psychology that reveals a far different picture of female sexuality than the antique male model outlined above. Researchers now commonly recognize the following basic points about women's sexuality:

- Women's sexual anatomy is as extensive as that of men. The "clitoris" is not just the glans, but a complex organ system that includes bodies of erectile tissue, glands, nerves, blood vessels, and muscles—just as the penis does.<sup>8,9</sup>
- Some women experience a squirt or gush of fluid just prior to orgasm that comes from up to thirty tiny glands embedded in the tissue surrounding the urethra,<sup>10</sup> which is similar in chemical content to male prostatic fluid.<sup>11</sup> This phenomenon directly corresponds to male ejaculation.<sup>12</sup>
- Women should be able to achieve as many orgasms as they want to—from a few to several dozen or more—in a single sexual session,

limited only by their individual goals, available time, partner cooperation, and physical endurance.<sup>13,14</sup>

- Intercourse is not the optimal way for many women to achieve orgasm.<sup>15</sup> Because male orgasm is generally a "one time" event, if sexual activity is organized solely around intercourse, it often inhibits a woman's ability to explore her capacity for sexual response.
- Women's sexual fantasies can be as vivid, active, and assertive as those of men.<sup>16</sup>
- The skin on every part of a woman's body is far more sensitive than a man's,<sup>17</sup> perhaps explaining why, generally speaking, women find cuddling both more essential and more satisfying than do men. This information may also help explain why many women tend to prefer, or actually need, longer and more varied sexual sessions, which may or may not end in orgasm, and why many men are usually content when sex is primarily focused on orgasm.
- Women tend to have different goals and expectations of sexuality than men. Many women place more emphasis on nonorgasmic and emotional aspects,<sup>18,19</sup> while many men tend to place primary emphasis on the immediate, physical aspects of the sexual experience.

This information is known to sexologists, and with the notable exception of female ejaculation, most of it is not controversial. While individual therapists may make use of much of this information in treating patients, there has been no perceptible urgency to evaluate what this information suggests to women about their sexual nature and potential. Nor has there been any concerted effort to integrate this information into an overall vision of women's sexuality. A notable exception is Naomi McCormick's forthcoming *Sexual Salvation: Affirming Women's Sexual Rights and Pleasures*.<sup>20</sup>

### The Secret Clitoris

The Freudian view of female sexuality remained effectively unchallenged until the publication of Masters and Johnson's *Human Sexual Response*<sup>21</sup> in 1966. This work revealed what the Greeks and succeeding Western societies knew all along—that sexual response for women and men is effected by identical mechanisms. At the time, this "rediscovery" seemed revolutionary, and struck a powerful blow at Freudian orthodoxy. But it remained to the late psychoanalyst Mary Jane Sherfey to reconstitute our knowledge of women's sexual anatomy, and to provide the first building blocks for a new model of women's sexuality.

In the 1960s, Sherfey became concerned about how her male colleagues viewed women's sexuality, and embarked on an independent and wide-ranging study of female sexuality in which she documented, point by point, the direct correspondences between male and female sexual anatomy, showing that both possess large bodies of erectile tissue, glands, nerves, muscles, and blood vessels. Sherfey argued that the clitoris is no more "just" its glans than the penis is "just" its glans, that the clitoris and the penis are both extensive organ systems with numerous associated parts.<sup>22</sup>

In 1977, staff members of the Federation of Feminist Women's Health Centers, a California-based association of women's clinics, intended to include a chapter on sexuality in *A New View of a Woman's Body*,<sup>23</sup> an illustrated book on women's reproductive health and sexuality. But when they began reading the popular and medical literature on sexuality, little of what they found seemed to correspond to or to illuminate their personal sexual experiences. They had run head-on into the male model. Using Sherfey's analysis and a variety of historical and modern anatomy texts, the group developed its own "redefinition" of the clitoris, including all of the structures—except the uterus (because of its central role in reproduction)—that undergo dynamic changes during orgasm, or contribute to it in a significant way.

According to the Feminist Women's Health Centers, the complete clitoris consists of many parts: the glans; the shaft; the hood and front commissure (equivalent to the foreskin on the penis); the inner lips (*labia minora*); the frenulum, where the inner lips meet; the hymen; the legs (*crura*, two elongated bodies of *corpus spongiosum* erectile tissue shaped like a wishbone); the bulbs (two large bodies of *corpus cavernosum* erectile tissue corresponding to the bulb of the penis); the urethral sponge (a body of *corpus spongiosum* surrounding the urethra); the paraurethral (Skene's) glands, embedded near the urethral meatus inside of the urethral sponge; the perineal sponge (also called the perineal body); the vulvovaginal (Bartholin's) glands; the fourchette, a V-shaped membrane at the bottom of the vaginal opening; and the pelvic floor muscles, nerves, and blood vessels, which have tiny valves that trap blood and cause erection.<sup>24</sup> By this definition, all orgasms are "clitoral" regardless of the focus of stimulation.<sup>25</sup>

Josephine Lowndes Sevely is another independent sexologist who has attempted to enlarge the understanding of female sexual anatomy. In *Eve's Secrets: A New Theory of Female Sexuality*, Sevely sets the male model on its ear by characterizing the penis as "the male clitoris."<sup>26</sup> Embryologically, she may have a point, given that until the eighth week of gestation, the genital structures of the fetus are female.<sup>27</sup> Sevely posits that the true homologs of the clitoral glans, shaft, and legs (*crura*) are the penile shaft and legs (*crura*), both composed of *corpus spongiosum*. The penile glans and coronal rim, the tip of the penile bulb, are composed of *corpus cavernosum*. If Sevely is correct, then anatomists should take note. More germane to the discussion here, however, is that Sevely found that the corresponding parts of *corpus spongiosum* in the male and female are, pound-for-pound of body weight, essentially equal. "A

careful measure of the overall length shows five inches for the male and four inches for the female, making a 5:4 ratio. Since on the average men weigh approximately 160 pounds and women 128...the 5:4 ratio is exactly in line."<sup>28</sup>

As the first step in evolving a new model of women's sexuality, it would seem essential that we have a standard definition of the clitoral system, just as we have for other intricate organ systems, like the heart and brain. We should no longer refer to the glans of the clitoris as the *clitoris*, but as the *glans*, a small but vital part of the clitoral system. Anatomical illustrations should include all parts of the clitoris, not just the few that are visible.

Being aware that their sexual anatomy has many parts, and knowing how these parts function to promote sexual pleasure and orgasm, can help women to better understand what does (and does not) happen during sexual response, and how and why orgasms do and do not occur. Being aware that their sexual anatomy is as extensive and active as men's can also help women to feel more confident and powerful sexually.

### The Ghost of the G Spot

The idea of a Grafenberg spot, or "G spot," inside of the vagina is not anatomically correct,<sup>29-32</sup> yet this notion lingers around bedrooms everywhere like the persistent phantoms of so many other sexual misconceptions.

The "G spot" is neither a "spot" nor an "area," nor is it a magic button that effects orgasms, although it may help stimulate them. It is a distinct body of erectile tissue, *corpus spongiosum*, first identified as a part of the clitoris and named the urethral sponge by the Federation of Feminist Women's Health Centers in 1981.<sup>33</sup> The sponge may not be palpable however, until clitoral tissues are fully engorged, which takes up to twenty-five minutes in some women and never occurs in many others. When erect, this structure is readily identifiable and is highly sensitive to touch, pressure, or vibration.

As it is currently understood, orgasm is effected by nerve impulses generated by direct or indirect stimulation of the clitoral glans; these impulses are passed along the pudendal nerve and, if arousal is sufficient and stimulation continues, may result in the rhythmic myotonic contractions of orgasm. Alice K. Ladas and John D. Perry<sup>34</sup> have proposed the "G spot" as a second focus of stimulation of a reflex pathway combining impulses along the pelvic nerve that may effect both female ejaculation and orgasm. The difficulty in proving this concept would seem to be in truly isolating stimulation of the urethral sponge from stimulation of the clitoral glans. Given their intimate relationship, especially when they are fully engorged, this may not be possible. It would certainly be useful, nonetheless, to know if direct stimulation of the urethral sponge connects to a second or secondary reflex pathway and can actually trigger orgasm, or if, instead, this stimulation is transferred to the glans, shaft, and legs, and then passed along to the pudendal nerve.

The concept of a G spot as it is currently articulated is confusing to women. By looking for an elusive, intravagi-

nal “button” to push, some women may be deemphasizing stimulation of the clitoral glans, which is the most reliable trigger of female orgasm. Some may feel sexually inadequate if they can’t find a specific and exquisitely sensitive spot. If they do find it, they may be frustrated to discover that it doesn’t trigger ejaculation or orgasm. Under an updated model of human sexuality, the concept of a G spot would be replaced with clear and correct anatomical information that provides women with the means to better understand, explore, and enjoy their orgasms.

### Sexual Response

If women know little else about modern sexuality research, they are likely to be aware of the four-phase human sexual response cycle described by Masters and Johnson. Most women are unaware that this widely known model of sexual response has been challenged and revised by other researchers.

Psychologist Leonore Tiefer’s critique of Masters and Johnson’s four-phase model reveals serious conceptual and methodological flaws in their research, and questions the value of their model as a diagnostic tool. Tiefer also rejects this model from a feminist perspective “because it neglects and suppresses women’s sexual priorities,” and asserts that because of basic gender differences, this model “favors men’s sexual interests over those of women.”<sup>35</sup> Others have also sought to deconstruct the four-phase cycle. California-based sexologists William E. Hartman and Marilyn Fithian, who have monitored more than 20,000 orgasms, say that they have not observed the “plateau” phase.<sup>36</sup> Helen Singer Kaplan<sup>37</sup> sees only three stages as well, but argues that desire to have sex must precede excitement and orgasm. JoAnn Loulan,<sup>38</sup> a therapist specializing in lesbian sexuality, sees a six-phase sexual response, encompassing willingness, desire, excitement, engorgement, orgasm, and pleasure. From a feminist perspective, this more inclusive model is appealing because it interjects the critical element of “consent” into sexual activity.

In developing a new model of human sexuality, attention should be paid to reconciling these more realistic paradigms. When sufficient research is done, it may turn out that several predominant patterns of sexual response exist alongside a range of variations.

Having a realistic understanding of sexual response can be liberating to women whose responses may vary from established models, and occasionally from their own history of sexual experience. Avoiding a single “set-in-stone” model also may help promote the idea that sexual response is not a goal (although women may have sexual goals), or a performance, or a script, but instead, a multivariated continuum. In view of the debate over consent that is raging on college campuses today, more enlightened paradigms of sexual response may be helpful in making young people aware that female sexual response does not necessarily begin with passive surrender to desire, but can be sparked by a conscious decision to act on desire.

### Multiple Orgasm

Sherfey, who “rescued” women’s sexual anatomy, believed that women’s ability to have multiple orgasm set them apart from men, and that because of longer and stronger pelvic muscles and a superior pelvic blood supply (both of which are required by the demands of childbirth), women’s capacity for sexual response was indeed profound.<sup>39</sup>

Sherfey’s wide-ranging research convinced her that “the more orgasms a woman has, the stronger they become; the more orgasms she has, the more she can have.”<sup>40</sup> Sherfey, in fact, believed that because of women’s biological gifts, they were essentially “insatiable,” limited only by their perception of their sexual potential and physical endurance.

In the mid-1960s, it was thought that the upper limit was about fifty consecutive orgasms.<sup>41</sup> Today, higher limits have been suggested by Hartman and Fithian, whose champion research subject had 134 orgasms in one hour—after riding her bicycle several miles to the office!<sup>42</sup> The keys, according to these researchers, are motivation, time, practice, and excellent physical condition. Although many women may not be interested in pursuing such orgasmic feats, for those wishing to enhance or expand their orgasmic horizons, it is useful to be aware of what the known upper range actually is. This research reveals how little we know about women’s orgasmic capacity or about the answer to Freud’s famous conundrum “What do women want?” Carol A. Darling, J. Kenneth Davidson, Sr., and Donna A. Jennings found that 27 percent of singly-orgasmic women wanted to experience multiple orgasms as a change in their sexual lives.<sup>43</sup>

As with other areas of sexuality, there has been almost no research interest in multiple orgasm. Several popular sex advice books—most notably, Alan and Donna Brauer’s *ESO (Extended Sexual Orgasm)*<sup>44</sup>—have focused on multiple orgasm, but a literature search by Darling, Davidson, and Jennings turned up “a single research report” on the subject during the 1980s. These authors defined multiple orgasm as “more than one” orgasm and consequently found that a relatively large proportion of women (43 percent) had experienced “more than one” orgasm regularly.<sup>45</sup> Unfortunately, this tells us nothing about the normal range for multiple orgasm, and the authors note that their study sample (805 heterosexual nurses) may not be representative of the general population. Nonetheless, this survey contains interesting information on techniques and behaviors women use to achieve “more than one” orgasm.

### The Backlash against Orgasm

In response to what has been perceived as too much emphasis on sexual performance, something of a backlash has developed against orgasm among some feminists and feminist sex therapists. The most extreme example of this is the heading for the chapter on orgasm in Loulan’s *Lesbian Sex*: “The Tyranny of Orgasm.” Loulan articulates the idea that elevating orgasm as the ultimate goal of all sexual activity places an impossible burden on many women, and makes them feel inferior or undesirable if they can’t achieve the ideal. She observes that we treat sex like a commodi-

ty—something to be pursued and acquired—and argues that pleasure, rather than orgasm, should be the ultimate goal of sexual relations. I wholeheartedly agree. However, under the two-sex male model of human sexuality discussed earlier, women's capacity for multiple orgasm has been downplayed and undervalued to the extent that the single orgasm has become our cultural norm.

Other feminist sex researchers have sought to shift the focus of sexual activity from orgasm toward a model that establishes a broad continuum of rewarding sexual experience. This shift should certainly be a cornerstone of a new model of female sexuality, but we must be careful not to fall into the two-sex model's trap of thinking that orgasm is not, or ought not be, a significant part of women's sexuality. There are few physical reasons, short of paraplegia, painful vulval conditions, or certain chronic illnesses, that prevent women from having one or more orgasms. The stumbling blocks are overwhelmingly partner-related, and include a profound mystification about how women's bodies work sexually. Instead of downplaying orgasm further, we should be helping women understand how to have orgasms if they want them, and how to enhance their orgasmic capability if they wish to. As Sherfey points out, "That the female could have the same orgasmic anatomy (all of which is female to begin with) and not be expected to use it simply defies the very nature of the biological properties of evolutionary and morphogenetic processes."<sup>46</sup>

Rather than minimizing orgasm, perhaps a new model should confront the emphasis on penile-vaginal intercourse and seek to acquaint women and men with the variety of ways in which sexual pleasure can be achieved—including fantasies, thoughts, dreams, glances, kisses, touch, full body contact, masturbation, intercourse, outercourse, and more. This model should also describe sexual responses that range from a warm blissful feeling to single or multiple orgasms.

### A New Vision of Women's Sexuality

While relegating women to an inferior sexual status, male-dominated cultures from ancient Greece through the Renaissance at least recognized, and celebrated, the similarities between male and female sexuality. In the eighteenth century, the definition of female sexuality narrowed dramatically. What will the twenty-first century model be?

In her incisive critique of Masters and Johnson's model, Tiefer warns against the reduction of sexual response to mere biology, and against the exclusion of the "social realities" of relationships and "women's experiences of exploitation, harassment and abuse."<sup>47</sup> She then calls for "a model of human sexuality more psychologically-minded, individually variable, interpersonally oriented, and socioculturally sophisticated,"<sup>48</sup> but stops short of suggesting a framework for such a model. I would suggest a model that is inclusive of both biological and psychosocial factors that would help to explain physiological sexual experience for both women and men, regardless of sexual orientation. Such a model would also illuminate the complex, contradictory, and often controversial contexts in which we experience sexual-

ity. Given both the striking similarities and the differences between women and men, this could be neither a "one-sex" nor a "two-sex" model. Rather, it should be a bi-gender model that promotes sexual equality and at the same time acknowledges and celebrates the important differences that we are now just beginning to discover and understand.

The revised model of human sexuality should not be genitocentric, but should start from the premise that women and men have a right to complete and accurate information about how their bodies function sexually. Anatomical illustrations should be clear and complete, and the names of the clitoral and penile structures should be descriptive, rather than rendered in Latin or Greek. On a practical level, this revised model should help women see that sexuality can be as exciting and rewarding for them as it is for men. It should enable women to understand that sexuality is a vital and powerful part of who they are, and help them to feel comfortable with it, to celebrate and relish it.

This new model must also include research on and about women, with an emphasis on healthy sexuality rather than disease and dysfunction. (A recent article in *Glamour* magazine reveals that in 1993, the National Institutes of Health spent \$1 million on male erectile dysfunction, but not a penny on a similar category for women, or any other sex research on women.<sup>49</sup>)

This new model should not be competitive with men and should not fault them for playing to their sexual strengths. Nor should it deride intercourse as a legitimate form of sexual expression. Instead, by providing information about women's sexuality that has hitherto been, for the most part, ignored or considered inconsequential, it should help women to broaden their sexual agendas, play to their own sexual strengths, and take into account their unique needs and capabilities. This reconstructed model is not aimed at overcoming penis envy. It is, instead, an effort to help women achieve penis equity. Women clearly have it. We should help them claim it.

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#### SIECUS REPORT HAS NEW EDITOR

Dore Hollander has joined the staff of SIECUS as editor of the *SIECUS Report*. Dore, who for many years was on the staff of *Family Planning Perspectives*, most recently worked as a freelance editor and writer. She has extensive experience working with literature in the fields of family planning, population, and reproductive health, as well as with other professional, scholarly, and consumer material.

# THE POLITICS OF DESIRE

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*This article was adapted from an address to the Society for the Scientific Study of Sex, November 1993. Parts of it also are reprinted with permission from Playboy Magazine.*

Men and women today are grappling with the politics of yes. What does a solid yes look like? Who gets to say it, under what conditions, and how does it look different from no? After centuries of women's being denied the ability to say no, or to have consent-related issues taken seriously, supporters have been able to make the point that any kind of no should be an unambiguous stop. However, there has been less success at defining yes. Especially in the hot and heavy climate of maybe.

The debate has focused recently on rape, especially acquaintance rape. Some feminists—and I use the term broadly—furious at past and present egregious assaults that were never recognized as such or responded to adequately, have organized around this issue. The following concepts lie at the core of their argument:

- Male definitions of consent are inadequate.
- Male sexuality is fundamentally different from female sexuality.
- Male sexuality is dangerous.
- New personal and community standards need to be created and upheld in order to protect women.

Much of this seems mildly unarguable. We have a lot of research on misunderstandings and miscommunication of sexual intention between men and women. We certainly know that both the conscious and the unconscious misconstruing of a woman's right to say no exists. We also know that there are differences in male and female sexual socialization and that for reasons of sociology, and perhaps biology, an aroused and angry male can become aggressive and violent. No one who has studied sexual politics and sexuality would oppose better protections for women, better understanding by individuals of their own sexuality and that of others, and meaningful laws and punishments for those who viciously foist their sexual agendas on others.

But what has happened has gone well beyond all of that, and well beyond our understanding of human sexuality at this point in time. In fact, what is being offered as a viable restructuring of desire is in utter contradiction to what we know about how people have intercourse, how

they want to have intercourse, and how they feel about what they are doing when they are having intercourse.

The new, politically correct version of sexuality is predicated upon four major untruths. The first is that human behavior is a clear-cut, sanitized entity. In life under the first myth, when people say no—or yes—they always mean it; people always know how they feel and never change or revise their interpretation of events after the fact.

In the second myth, male sexuality is exaggerated and demonized. It is certainly true that the vast majority of sexual crimes are committed by men, but overall, how many men commit such crimes? Male desire characterized by sexuality researchers as violent and voracious hardly fits the garden-variety teenage or adult male.

On the other hand, the third myth oversimplifies female sexuality by describing it as more passive, more consistent, more honest, and more generic than we know it to be. The women who are popping up in research papers on acquaintance rape and harassment are infantilized, devolved to permanently traumatized status, unable to function competently enough to say no, and unable to resist pressure from a boss or coworker.

The fourth myth posits that human sexuality is a homogenized, Barbie-and-Ken type of arrangement that is suitable for, desirable to, and practiced by a majority of men and women. Differentiation by culture, race, family background, dating experience, assorted personal characteristics, and a multitude of other factors is completely ignored.

## The Antioch Plan

Let's take a closer look at this ideological caricature of sexuality by examining the Antioch University Plan, a set of campus rules developed by a group of undergraduate women to help extinguish unwanted sexual attentions and sexual miscommunication. In a letter published in November 1993 in the *Seattle Times*, Elizabeth Sullivan and Gabriel Metcalf, two proponents of the Antioch Plan, stated that the policy will accomplish the following:

- Remove the "gray area" between consent and coercion.
- Give a system of support for those who have experienced harassment or rape. Students called "peer advocates" will provide education and counseling for fellow students.

- Require that in any specific sexual encounter, each “escalating sexual act” be preceded by explicit verbal permission; otherwise rape is in progress. To quote the advocates, “this makes casual sex less likely because the door is closed to sex without verbal communication. Sexual scripts where those involved ‘just know’ that the person they are with wants them is disallowed by policy.”
- Create a policy of “collective accountability” in which those who are “violated” can seek recourse. Sexual equality will be created because “the playing field will be leveled.” Sexuality will be “controlled by culture as much as by one’s sexual urges.”

This is a system designed by women with a specific sense of what sexuality should be like—one that is rather reminiscent, at least superficially, of the 1950s.

Interestingly, the system is not explicitly gender-specific. Theoretically, either a woman or a man could be doing the asking; however, there is no doubt that this is a system based on a model of aggressive male sexuality that the system’s creators believe needs to be controlled.

In reality, for both men and women, this deconstruction of “escalating sex” would mean the imposition of a sexual style that neither would recognize—a sexual style requiring skills that are in relatively low supply among persons of both genders.

This system has already been widely attacked and satirized in the mass media. In her book entitled *The Morning After: Sex, Fear, and Feminism on Campus*, Katie Roiphe calls it “rape crisis feminism.”<sup>1</sup> She is angered by the image of the passivity of women conjured up by this and similar proposals that assume the women have no ability to protect themselves from sexual aggression by acquaintances.

Journalist George Will—someone I wouldn’t normally cite—has written a scathing critique of what he believes is the Antioch Plan’s assault on personal freedom. He refers to it as the legislation of “sexual style by committee.”

### Social Agenda vs. Social Realities

My criticism of the Antioch Plan, and protocols like it, is that these rules do not fit with existing data and fail to address the complex nature of human sexuality. They contradict sexual reality just as much as the virginity cults of the 1950s, the strict notions of Victorian womanhood and rapacious male sexuality at the turn of the century, or the claim in China during the Cultural Revolution that there was no homosexuality in that country. Those constructions never fit the data; this one is no exception.

This is not to deny that each society tries to socially construct sexuality—and to some extent succeeds. However, it is the role of sexuality researchers to expose these attempts for what they are, and to study and write about what people really do, social constructions and efforts at social control aside. It is critical to understand and recognize how people actually behave, and to question

and critique policies created in violation of these realities.

Sexuality is messy, passionate, unclear, tentative, anxiety-producing, liberating, frightening, embarrassing, consoling, appetitive, and cerebral. In other words, sexuality is contradictory, it is different for different people, and it is even different for the same person at different times. Sexuality operates at three or four levels at once.

We study human sexuality and know its range. We know that each society makes rules about what constitutes healthy or allowable sexuality and that these rules match the social purposes of the culture. But what are the social purposes of our society at this moment in time? And how do they match what we know about what we study?

For the purpose of discussion, let us divide sexuality between men and women into two categories. The first group will contain well-meaning, if inept, sexual seekers and lovers. The second will contain narcissists who are incapable of taking another person’s feelings or rights into account. These are users, persons who are fearful, aggressive, angry, potentially dangerous, and occasionally lethal.

We know a lot about both groups. The seekers and lovers include most people, and they are rarely state-of-the-art sexual experts. They have fears and act compulsively; their behavior is hormonally and culturally scripted. They generally feel inadequate; many need strong interpersonal encouragement or chemical courage to proceed. They are generally poor communicators, both with themselves and with others. And they are inconsistent when it comes to basic health precautions—few use condoms regularly or as the situation warrants. When they have sex, even with a steady partner, they are often ill at ease with their body and with certain behaviors or positions. They turn the lights out. They want to be loved or they want to get it over with—sometimes both. While our research is less complete on the most successful among them, the data suggest that the confident, self-assured, uninhibited, unrepressed, good communicator, good listener is the smaller part of their ranks. In *Constructing the Sexual Crucible*,<sup>2</sup> David Schnarch tells that intimacy is so hard for most people, even long-term married couples have trouble looking deeply into each other’s eyes during intercourse.

As scary as sex may be, however, most men and women desire and seek it. Nervous or not, the yearning for intimacy or pleasure sends them, sometimes at a very young age, in search of physical connection with someone else.

The second group of people are the ones we think of when we make rules about stranger and acquaintance rape. Unfortunately, since these individuals think only of themselves or are sociopathic in other ways, since they are insecure and often angry, perhaps sadistic, they are the least likely to listen to or observe a nicely laid out set of rules, or even to consider that those rules apply to them. They are also the least likely to understand when they have broken the rules, or to recognize that there should be consequences for doing so. They are people incapable of empathizing with and respecting the needs of others.

The problem with the Antioch University model and others of its kind that are worming their way into educa-

tional, workplace, and social environments is that they analyze this second group's sexuality and use it to make rules for the first. They remake sexuality according to a vision of female vulnerability that does not take into account either the biology of arousal or the desires of the full continuum of men or women. What they offer are rules that are ineffective, dangerous, and inapplicable to those honestly looking for direction. Their vision demonizes male sexuality, civilizes ordinary sex out of existence, and applies a jerry-rigged sexual structure to well-meaning folks fumbling along in desire and fear.

Is the situation so precarious, are rape and molestation and harassment so much the fabric of male sexuality, that we need Antioch-like protection? Do we really need the types of sexual harassment laws where a hand on the shoulder can precede a report to the ombudsperson or an attorney? Do we as sexuality researchers see the world as so sexually oppressive, volatile, and threatening that all unwanted or inappropriate sexual behavior needs to be controlled through formal procedures? Is this really the sexual behavior we see in everyday life?

### The Vagaries of Desire

And then there is the larger question: Can we really sort behaviors into discrete meanings without gray areas? Granted, sexuality is reasonably malleable. It is probably possible to "train" men and women to hesitate at every turn, check each emotion, and never touch another human being without spoken permission—but does that mean we should? Does our research tell us this is what people want and need? Is this in any way congruent with species behaviors? What is our role as researchers? What truths do our data tell us, or more to the point, which truths do we miss if we become ideological, narrow in focus, and wrapped up in the purposes of a prevailing ideology, however noble its intent?

I have studied homosexuality, bisexuality, and female sexuality for some of the same reasons others have studied rape or other controversial topics. The work I have read has not always fit my intuitions or the behavior I have observed. I have seen unanswered questions. I have observed social injustices that seemed to be based on faulty data. I have wanted to answer these neglected questions and illuminate both colleagues and the public at large.

Sexuality, in all its forms, has always fascinated me. Our maleness and femaleness come from so many complex sources; we are creatures of culture as well as of DNA. How we love and desire, and where these desires come from are not easy questions to answer; they are deep enough to spend a lifetime in discovery.

Today, our society is at war with itself on what desire is permissible and worthy. There is a party line by sex, by circumstance, by intensity, by frequency—how much is just right, how much is deficient? When is more not enough, when is it too much? We should be careful to avoid the trap of "setting a schedule" of appropriate sexual conduct as if sexuality were a mathematically generated paint-by-

numbers puzzle. Clearly, we can agree that no one should be forced to have sex against his or her will. But even will is a confused, disorderly entity. Who among us has not had strong, conflicting feelings, desire and ambivalence—a yes that should have been a no, a no that should have been a yes. Certainly there are cases of absolute clarity; there are also cases of uncertainty, confusion, and vacillation.

### The Role of Researchers

Our society imposes a social meaning upon every kind of desire; we disallow it in children; we satirize and patronize it in the very old. We have seen great changes in the politics of desire over the last few decades, and will surely see more. The question is where we, as researchers, will be in the provision of data, wisdom, and analysis on these topics.

We must be able to look at the data and not pretend morality is science, or at least to know when we are blending the two. When we call someone compulsive, let us at least acknowledge that this is a human trait, widely dispersed among our species. We have the natural capacity to overeat, overwork, overworry, overexercise, overeverything. Is something so firmly embedded in our species abnormal, or is this just one outlet for a common trait that expresses itself in numerous ways—and that may be dangerous only in certain situations or in extreme cases?

If behavioral science is going to survive the shifting scenario of the politics of desire, we must be mindful of the following points:

- We should acknowledge whatever the biology is and do our research within it. For example, we might be able to construct a society with no homosexual acts in it, but we could not construct one without homosexual desire; let us acknowledge those facts.
- We must understand the social constructs of our times and acknowledge how they shape our understanding of desire, as well as how these lenses affect the way we look at data and what we find.
- We need to avoid presumptions, so that we can resist folding into the common wisdom. Our goal is to preserve our role as investigators, lest we dishonor our training by becoming unconscious agents of social control. As researchers, it is our job to add light; there will always be others who can add heat.

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# MICROBICIDES A Woman-controlled HIV Prevention Method in the Making

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As sexuality and AIDS educators know only too well, the belated and grudging recognition of heterosexual transmission of HIV to women has not brought with it any abatement in the problem itself. Women constitute the fastest-growing group of people with AIDS, and an estimated 80,000 women between the ages of fifteen and forty-four are infected with HIV in the United States. The impact on women continues to increase, despite the fact that many have been made aware of how HIV is spread. As safer sex messages proliferate, their limitations become increasingly apparent. The complex power dynamics of sexual relations and gender inequities have foiled simplistic urgings to "use a condom," forcing a reevaluation of AIDS prevention strategies.<sup>1</sup>

The debate over prevention efforts related to sexual transmission of HIV has primarily focused on abstinence and "safer sex." Recent explorations into the development and marketing of chemicals—microbicides—that can be used intravaginally to render HIV inactive have held the promise of offering women a new weapon in the prevention of HIV transmission. Microbicides—which could be delivered by a variety of vehicles, including suppositories, dissolving films, creams, and sponges—are expected to kill HIV along with microbes that cause other sexually transmitted diseases. The advantage here is that women would be able not only to control their use, but also to use them surreptitiously if partner resistance or hostility warranted it. Meanwhile, the microbicide development process involves scientific and public policy debates that illuminate a variety of attitudes about women's sexuality, class, race, and gender roles.

## Obstacles to Safer Sex

Decisions regarding condom usage, even among persons who are well informed about safer sex, are heavily influenced by a complex web of social, economic, and sexual issues. In one study, for example, a group of low-income women with a high rate of HIV infection spoke about their condom use. Many commented that they did not use condoms, not because they were unaware of the risk involved in not doing so, but because they did not feel the decision to do so was in their control.<sup>2</sup> Women's lack of power in sexual relationships often interferes with their ability to negotiate condom use with male partners. Additional barriers for women include the concern that men find condoms uncomfortable, and a multitude of

fears: of losing or insulting a partner, of being perceived as promiscuous, and of violent retaliation. Women have other reasons, as well, for not wanting to use condoms, including the desire to become pregnant and to enjoy "natural sex."

## Woman-controlled Methods

In being advised to "use condoms," many women are being asked to do—and to convince a partner to do—something that they cannot or do not want to do. Woman-controlled HIV prevention methods shift both the responsibility for and the means of protection from men's to women's hands, and help remove women from the position of negotiating with partners who may be uncooperative. One such method, soon to be available over the counter in the United States, is the female condom. This new device consists of a polyurethane sheath that hangs from a flexible ring. The sheath is inserted into the vagina, and the ring fits around the outside of the vagina. Although the female condom represents an important addition to the list of prevention options, it is easily seen and felt during intercourse, so it cannot be used without a partner's knowledge. Thus, its use could be complicated by some of the same interpersonal issues that affect male condom use. Furthermore, early reviews of the female condom indicate that some men and women alike complain of such liabilities as physical discomfort, slippage, unaesthetic appearance, and objectional noise.<sup>3</sup>

## Microbicides

In the hopes of addressing the continued lack of HIV prevention options that are both woman-controlled and acceptable to users, research and development of microbicide compounds is now under way. Researchers and health advocates alike are hopeful that such methods can be developed and approved for marketing within the next five to ten years.<sup>4</sup> It is also anticipated that nonspermicidal microbicides can be made available, though their development is likely to take longer. Such an agent would certainly appeal to many women who wish to prevent HIV transmission but who are also trying to become pregnant.

Certain chemicals have already shown promise as virucides that can kill HIV. Nonoxytol-9 and octoxynol are the two spermicides that have been approved in the United States; benzalkonium chloride, menfegol, and chlorhexidine are available in parts of Europe. In addition to these compounds, twenty-six of fifty-six new spermicidal prod-

ucts recently screened by the Contraceptive Research and Development Program (CONRAD), a cooperating agency of the United States Agency for International Development (USAID), were shown to be active against HIV *in vitro*.<sup>5</sup>

An additional advantage to the use of microbicides lies in their ability to lower the incidence of other sexually transmitted diseases, the presence of which is known to increase the likelihood of HIV transmission.<sup>6</sup>

### The Obstacles

Despite the promise of recent findings, microbicide development has gotten a late start. The enduring and dangerously inaccurate perception that women were not at significant risk for HIV infection is perhaps the primary reason for the delay in the development of and interest in agents that could kill HIV in the vagina. The first concerted efforts to garner attention to the idea of microbicides date back only to the late 1980s, when the National Resource Center for Women and AIDS and other women's health advocates took this issue on.

Although recognition of the impact of HIV upon women has become relatively widespread, there remains some resistance to microbicide research on the part of the medical community. Some of this is rooted in the concern that the availability of microbicides will discourage women from using condoms. Several assumptions underlie this concern, including the following:

- Condoms are—and will remain—inherently superior to microbicides as a method of HIV prevention.
- Women might forgo all forms of HIV prevention if they had other options besides condoms.
- Women are presently using condoms.

The realities of what people do, as opposed to what we think they ought to do, is as critical a consideration in the development of microbicides as it is in the promotion of celibacy, monogamy, and condom use. The impetus behind microbicide research and development is the observation of high rates of HIV infection in women *despite* condom availability.

Support for developing microbicides as an alternative to condom use is rooted in the harm reduction model, a pragmatic approach to risk reduction that identifies various levels at which harm can be lowered, if not eliminated altogether. The harm reduction model is best known in regard to its use in HIV prevention with injecting drug users,<sup>7</sup> but it is increasingly being applied to the realm of sexual risk reduction as well. This model recognizes, for example, that while correct and consistent condom usage is the most effective way to prevent sexual transmission of HIV, many women (and men) are unable or unwilling to implement this behavior change. The model offers a series of other options that, while perhaps less ideal, would nonetheless

reduce risk to some extent. For example, under the harm reduction model, a person who was unable to use condoms consistently would be encouraged to use them as often as possible. If a microboidal product were available, or if we knew more about the microbicides that already are available, we might be able to encourage a woman who felt unable to negotiate condom usage with her partner to use a microbicide. In fact, nonoxynol-9 has already been recommended to some women as a harm reduction technique in this regard, and its use in connection with condoms is frequently recommended as an added layer of protection against HIV infection.

However, another obstacle on the road to microbicide development has involved the questions raised about the efficacy of nonoxynol-9 in preventing HIV infection. Since 1985, nonoxynol-9 has been known to kill HIV *in vitro*.<sup>8</sup> Its ability to lessen the risk of transmission of other sexually transmitted diseases and disease agents—such as gonorrhea, cytomegalovirus, herpes simplex type 2, hepatitis B virus, candida albicans, and chlamydia—has been demonstrated *in vivo*. However, the data from studies of the ability of nonoxynol-9 to prevent HIV transmission in humans are somewhat conflicting. While some trials have shown nonoxynol-9 suppositories to be highly effective in preventing HIV transmission,<sup>9</sup> the use of nonoxynol-9 was associated with increased risk of seroconversion in one study, conducted by Joan Kreiss and colleagues.<sup>10</sup> Their data have dampened some of the enthusiasm about nonoxynol-9. However, many have interpreted the adverse effect of nonoxynol-9 reported in this study as a result of study design, which may not have accounted for the high rates of intercourse of the study subjects, who were sex workers, and for the fact that extremely high doses of nonoxynol-9 were used, which may have caused ulcerations in the vagina and could have thus facilitated HIV transmission.

Clearly, more research is needed, not only on the properties of various microboidal agents, but on the biology of the heterosexual HIV transmission process, and on the social considerations related to sexual and risk reduction behaviors and attitudes.

### Attitudes about Sexual Behavior

The nonoxynol-9 controversy exemplifies the subtle ways in which deeply ingrained sexual norms can affect scientific research and microbicide development. Although Kreiss and colleagues were undoubtedly aware that their study participants, who were sex workers, were likely to have intercourse frequently, the researchers used high dosages of nonoxynol-9, known to cause ulceration, which could be aggravated by frequent sexual intercourse. Designing trials for this population raises complicated issues of sensitivity to sexual differences, as well as other issues specific to various subcultures. Such considerations are of critical importance in the area of HIV prevention technology development. The resistance to the very idea of microbicides and the attachment to a single plan (condom promotion) for changing people's sexual behavior patterns can be seen as

the failure of researchers to recognize and accept the diversity of sexual behavior, including sexual relationships in which there is an unequal distribution of power, as is the case in certain love relationships and in some situations where sex is exchanged for money. Rather than approaching these behaviors from a harm reduction perspective, recognizing that people have valid reasons for their sexual behaviors, many HIV prevention strategists seem to cling to the model of condom promotion and the idea that people refuse to alter their behavior simply because they do not know any better.

Careful examination of the language of the medical literature also reveals the application of medical professionals' own sexual values to study populations. In many articles, for example, the words "normal" and "regular" are used in reference to sexual behavior—implying that other behaviors are "abnormal." The following excerpt from a panel discussion at a medical conference on AIDS is but one illustration of the way in which professionals' own norms are imposed on others:

Obviously, if you use [nonoxynol-9] more often, say 10 times a day rather than once a week, you are more likely to experience irritation. I think that in *regular use, i.e., a few times a week*, the percentage of people who complain of irritation seems to be rather low.<sup>11</sup>

(Emphasis added)

In other discussions, sexual difference is referred to outright, though sometimes revealing frustration and annoyance at its complexity, as in the remarks of another participant at the same conference:

I think it is easier to work with prostitutes in the developing world because they do not have the tangle of pathologies that you sometimes find in the United States. They are not drug users. They are not partners of drug users. They are not stigmatized as in the United States. They are not minorities. Very often they are widows. They are women with children, and, I think, they are more receptive to health education than U.S. prostitutes.<sup>12</sup>

### Other Policy and Practical Complications

At the same time that attitudinal and scientific issues affect the progress of microbicidal research, practical and political matters further delay microbicide availability. Some microbicides, such as nonoxynol-9, are already available, although they cannot be marketed as such because their efficacy has not been adequately determined. One product, the Protectaid sponge, is already available in Canada (it is not available in the United States because of differences in U.S. and Canadian drug licensing laws). Product information on this item, which contains both nonoxynol-9 and benzalkonium chloride, promotes its virucidal capabilities; however, it is being officially marketed as a contraceptive.

Under two health-related bills now before Congress, the National Institutes of Health (NIH), which most often participates in the development of new pharmaceutical products at the basic science research phase (as opposed to product testing, which occurs at a later stage), will be encouraged—though not required—to do scientific research that would lead to the development of microbicides. There is likely to be little help from the government, however, in the late stage of microbicide development, which includes product testing, an activity typically left to private pharmaceutical companies. Profit-oriented companies are likely to raise questions about the profitability of such products, and these questions may prove valid for a number of reasons. Some of the microbicidal chemicals now considered promising are off-patent substances, so that a company that invests in testing them would not have exclusive rights to market them should they prove profitable. Also, in order to reach those who need them most, particularly low-income women, microbicides would need to be available at a reasonable cost. Clearly, this is a disincentive to developers concerned with maximizing their profits.<sup>13</sup>

In addition, companies may be concerned about legal liability, which could rest on the implied warranty against a fatal disease.<sup>14</sup> In the case of microbicides that are also spermicides, the liability would be doubly complicated by the possibility of second-generation suits in cases where pregnancy was not prevented and the conception of children with birth defects resulted. Possible cooperation between government and private pharmaceutical companies that could facilitate the development of microbicides and alleviate some of these legal complications has been discussed. One example of such a concept would involve a public/private partnership in which the government would limit the legal liability of pharmaceutical companies or provide them with some form of immunity in exchange for the companies' providing the microbicidal product at cost to USAID, which would in turn provide it to women in Third World countries.

The debate surrounding microbicide development has thus far been confined to the medical and public health communities, with some input from professional women's health advocates. The policy debate is currently dominated by politicians, pharmaceutical industry lobbyists, professional policy analysts, and administrators, but as AIDS-affected communities here and abroad become more aware of and involved in the development process, the debate is sure to change. These communities will have helpful and critical input for every stage of the development process. Already concerns have been voiced by African women who have made the point that cream or gel vehicles for microbicides are incompatible with a style of "dry sex" popular in parts of Africa, in which a woman's vagina is expected not to be moist. Women who are at high risk for HIV and will likely constitute the study population for clinical trials of various products should have input into discussions on trial design and be able to assert their demands to researchers, including the desire to have access to microbi-

cidal products once they are marketed.

## Conclusions

Microbicide development is a limited solution to the critical problem of heterosexual transmission of HIV to women; it should occur in concert with efforts to address the underlying social, economic, and political problems that contribute to the epidemic of AIDS among women. Microbicides should be seen as an additional HIV prevention option, one that complements rather than supplants the others.

Woman-controlled HIV prevention that works is a logical and much-needed next step in the fight against HIV/AIDS; unfortunately, its development has been enfeebled by a lack of scientific research on women in general and microbicide development in particular. The devaluing of women's lives, particularly the lives of at-risk, disenfranchised women, is also in part responsible for the delay, as are assumptions and misunderstandings about sexual behaviors and the rigidity of some researchers' approaches to sexuality. Drawing attention to the potential of microbical products to slow the spread of HIV should help to get the necessary research under way so that the efficacy of these products can be measured, leading to the improvement of these products and their eventual availability to women who are in dire need of a wider range of effective and appropriate HIV prevention options.

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## CALLING ALL WOMEN

Body image is a major issue for women in this country. In a society obsessed with ninety-pound waifs, eternal youth, and impractical, if not impossible, standards of physical fitness, too many women are left feeling inadequate, at best, or lost and ignored, at worst. The images and messages of popular culture that define beauty in extraordinarily narrow terms have taken their toll on the physical and spiritual well-being of even the healthiest among us.

In an attempt to give voice to the beauty in all of us, co-editors Dana Carpenter and Woody Winfree are working to produce a book of portraits and essays by everyday women. Who are these women? What makes them beautiful? How do they look beyond the physical trappings to find the real beauty within?

For more information, send a self-addressed stamped envelope to:

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# NEW COOPERATIVE AGREEMENT BETWEEN SIECUS AND CDC'S DIVISION OF ADOLESCENT AND SCHOOL HEALTH

In March 1994, SIECUS was awarded a new five-year cooperative agreement with the Centers for Disease Control and Prevention's Division of Adolescent and School Health. Under the National Program to Strengthen Comprehensive School Health Programs, SIECUS will be developing several projects designed to promote comprehensive sexuality and HIV/AIDS education as a priority in the nation's schools. The following projects are included in this program.

## Regional Conferences

Over the course of the next five years, SIECUS will hold ten regional conferences focusing on HIV prevention and sexuality education for state and local education and health leadership. These conferences will complement and support existing national conferences sponsored by CDC on comprehensive health education. During the first year, one regional conference will be piloted. Ideally, state AIDS education coordinators and the professionals responsible for health education, sexuality education, drug abuse prevention, and multicultural education will all come to the table to discuss sexuality education as it relates to their particular areas.

This is believed to be the first time that this combination of personnel will have been brought together to work on sexuality education issues. These regional conferences will provide an opportunity for professionals to develop the skills necessary to effectively integrate sexuality into substance abuse prevention, multicultural education, and HIV/AIDS education, to create a single comprehensive health education program.

## State Curricula and Guidelines for HIV/AIDS Education

As a result of its two national studies on HIV/AIDS education and sexuality programs (published as *Future Directions* and *Unfinished Business*, respectively), SIECUS maintains extensive information about state curricula and guidelines for HIV/AIDS prevention education. Although SIECUS has widely circulated these two reports, there has not, until now, been funding for critical follow-up with individual states.

Under this new initiative, SIECUS will develop an individualized summary of each state program. These summaries will address both the HIV/AIDS prevention and the sexuality curricula/guidelines, as well as the state infrastructure to support these programs. The summaries will high-

light both the strengths and the weaknesses of the existing programs, and will offer specific recommendations and strategies for improvement.

In addition, SIECUS will develop guidelines for states in the curricular areas that are most frequently omitted. Based on research SIECUS has done, these topics will include presenting balanced messages about abstinence and safer sex; condoms and other STD/HIV prevention methods; alternatives to intercourse and low-risk noncoital sexual behaviors; sexual orientation; and instruction that promotes compassion for people living with HIV/AIDS.

## Recognition of Model Programs

SIECUS will develop and coordinate a recognition awards program to honor the efforts of select school and community-based organizations that have developed innovative comprehensive HIV/AIDS prevention and comprehensive sexuality education programs. To be eligible, programs must successfully integrate HIV/AIDS prevention information into a broader framework of comprehensive health education, relay positive and affirming messages about sexuality, foster the development of critical decision-making skills, and address the needs of diverse populations of youth.

A minimum of five programs will be recognized this year. Organizational profiles of award recipients will appear in the *SIECUS Report* and *SIECUS Developments*. Award recipients will receive a complimentary SIECUS membership and a \$100 publications voucher.

Please see page 20 for a nomination form.

## National Coalition to Support Sexuality Education

This cooperative agreement will also fund the activities of the National Coalition to Support Sexuality Education (NCSSE). During 1994-95, SIECUS will work to increase the membership of the Coalition to ninety national organizations. Coalition members meet twice annually.

SIECUS will develop quarterly mailings for NCSSE members. These mailings will include information and updates on issues related to comprehensive health education, including HIV/STD prevention, drug abuse prevention, and pregnancy prevention. These mailings will give members an ongoing opportunity to update and inform each other on projects and programs in development, the availability of new resources, and pertinent training and workshop opportunities.

## **Teacher Preparation and Training**

Because of the urgent need for teachers who are trained and certified to teach HIV/STD prevention and comprehensive sexuality education as an integral component of comprehensive health education, SIECUS will develop a program to help link the needs of state and local education agencies with existing programs that prepare teachers to deliver this type of education.

During the first year, SIECUS will develop and conduct a survey of teachers colleges to assess the current status of teacher training and preparation in sexuality education. A report will be prepared on the survey findings, highlighting model teacher preparation programs and areas where preparation and certification is inadequate.

In the next phase, SIECUS will organize a national task force to develop and prepare guidelines for teacher preparation programs. These will be circulated to state education agencies and teachers colleges. SIECUS will provide technical assistance to state education agencies in developing training and certification standards for all teachers responsible for HIV prevention and comprehensive sexuality education. SIECUS anticipates conducting training workshops and national conferences on these new guidelines in 1998.

## **SIECUS Staff**

Carolyn Patierno, director of program services, is the project director of this cooperative agreement. SIECUS has recently hired Monica Rodriguez, formerly of the Center for Family Life Education/Planned Parenthood of Greater Northern New Jersey, as the school health coordinator. Several other SIECUS staff members are also involved in this project.

The SIECUS staff welcome comments from the SIECUS membership on the plans and activities described above.

## **ANNOUNCEMENT**

The National Association of People with AIDS (NAPWA) will hold its Eastern Regional HIV Prevention Planning Meeting in Alexandria, Virginia, August 20-21, 1994. All interested cochairs, health department officials, people with HIV/AIDS, communities at risk, and members of community-based organizations are encouraged to attend. For registration information, please contact Christina Lewis at 202/898-0414 (phone) or 202/898-0435 (fax), or write to NAPWA, 1413 K Street NE, 7th Floor, Washington, DC 20005.

## **CELEBRATING THIRTY YEARS OF SIECUS**

### **With a New Name...**

SIECUS is now officially the Sexuality Information and Education Council of the United States. At its spring 1994 meeting, the SIECUS Board of Directors voted unanimously to replace the word "Sex" in our name with the more expansive and comprehensive "Sexuality."

Sexuality encompasses not only anatomy, physiology, biochemistry, and physical acts—what people sometimes think of as "sex"—but also gender roles, identity, personality, thoughts, attitudes, feelings, values, and relationships. Sexuality addresses ethical, spiritual, and moral concerns, as well as group and cultural variations. SIECUS pioneered the use of the term "sexuality education" rather than "sex education" to reflect that such education must address human sexuality in its broadest connotations. In 1994—our thirtieth year—it seemed appropriate to slightly modify our name to reflect our commitment to affirming sexuality as a natural, healthy, and important part of life.

### **...a New Mission...**

SIECUS affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive education about sexuality, and advocates the right of individuals to make responsible sexual choices.

### **...and a New Look**

What better way to commemorate the thirtieth anniversary of SIECUS than to design a new organizational logo to reflect our renewed commitment and enthusiasm for past, present, and future efforts? SIECUS is very grateful to the gifted staff of Stein, Kilpatrick & Rogan (SK&R) Associates, located in New York City, for their generosity in providing SIECUS with pro bono design and consultative services in this effort.



# TEENS TALK ABOUT SEX: ADOLESCENT SEXUALITY IN THE 90'S

## A Survey of High School Students

In April 1994, SIECUS was invited by the nationally syndicated talk show *Rolonda* to help design a survey of adolescent sexual behavior. The findings are based on a national telephone survey of high school students grades 9-12 on the topics of sexual attitudes and sexual behavior. The survey was conducted by Roper Starch Worldwide, Inc. This report represents the views of 503 high school students (252 males and 251 females) from across the continental United States. Interviewing was conducted April 11-25, 1994. The report was released in May 1994.

A minimal amount of weighting was applied to the data to bring the findings in line with current census data. The findings have a margin of error of plus or minus 4.4 percentage points on the totals.

The Executive Summary of the report is reprinted below.

### Executive Summary

High school students today face a much different world now than 15 years ago. Sexuality education, condom availability in schools, and the specter of AIDS cause teens to constantly evaluate their sexual lifestyles and face choices unknown to a previous generation. Therefore it is not surprising that the findings of a survey such as this can show an apparent contradiction between attitudes and behavior. Perhaps these contradictions are yet another "sign of the times."

Many teens purport to know "a great deal" about sex, and by the time they are in high school the majority of teens are involved in some type of sexual behavior. More than three-quarters have engaged in "deep kissing," more than half in "petting," and more than one-third report they have had sexual intercourse. One-quarter have experienced oral sex, and 4% say they have had anal sex. In comparison, 8% report they have had no sexual experience whatsoever.

While AIDS and teenage pregnancy are topics of great concern for today's teens, it appears that many sexually active teens are engaged in a "roll of the dice" when it comes to risking sexually transmitted diseases and pregnancy. There is good news in that the majority of teens appear to be taking responsibility for birth control and safer sex, with 75% saying they "always" or "most of the time" use birth control; 80% report using condoms "all" or "most of the time," perhaps indicating that these students view condoms separately from other forms of birth control.

However, only 57% of these teens always use a condom to prevent AIDS or other STDs, and only 59% always use birth control. Among those who sometimes don't use birth control, a majority say it is because "contraceptives are not available at the time." Interestingly, two-thirds of all teens feel that condoms should be distributed in schools.

Among sexually active teens, the average age at the time of first intercourse was just under 15 years. In fact, 40% of all sexually active teens experienced sex at the age of 14 or younger. The average number of sexual partners among all sexually active teens is 2.7, and 21% have had four or more partners.

Nine in ten sexually active teens agree that "sex is a pleasurable experience" and three-quarters agree they "feel good about the sexual experiences they have had so far." Although 78% are quick to say they first had sexual relations because "they wanted to," in retrospect, more than half say they should have waited until they were older.

Very few teens report feeling pressure to have sex from their peers, partners or the media. Even among those not yet sexually active, only 12% feel "some" or a "great deal" of pressure. And among sexually active teens, only 10% say they felt pressure from their partner or friends to have sex for the first time. Most teens feel in control of the sexual situations they find themselves in, although 10% of sexually active teens say they have had a sexual experience where they did not give their consent.

Nearly three-quarters of all teens have talked to their parents about sexual issues, and six in 10 sexually active teens believe their parents know about their sexual behavior. Among those who think their parents are unaware of their sexual activities, 57% think their parents would be upset if they found out they were having sex. However, 54% of sexually active teens say they would like to talk to their parents about sex, indicating that there is an opportunity for parents to discuss the topic and perhaps provide guidance.

When it comes to sexuality education in the schools, 72% of all teens indicate they have had classes in this subject. However, only 58% of teens indicate they have had courses at the junior high level, and a similar number, 56%, say they have had classes in senior high. Only 5% of all teens have received sexuality education instruction every year while in school. The topics most frequently covered include AIDS, abstinence and contraception.

Girls and boys differ in many of their attitudes about

sex, with boys much more likely to agree "sex is a pleasurable experience" (81% vs. 59%) and to say they "really feel good about their sexual experiences so far" (65% vs. 46%). Girls are more likely to express a desire to "talk about sex with a parent" (68% vs. 48%) and to say they "should have waited until they were older" to have sex (62% vs. 48% of boys). Girls are also more likely than boys to say they were

"in love" with their last sexual partner (71% vs. 45%).

Complete copies of the report are available for \$12.00 (prepaid). To order a copy of "Teens Talk about Sex: Adolescent Sexuality in the 90's," write to SIECUS Publications, 130 West 42nd Street, Suite 2500, New York, NY 10036.

## SEXUALITY INFORMATION AND EDUCATION COUNCIL OF THE UNITED STATES

### INSTRUCTIONS FOR AUTHORS

#### Submitting Articles and Book and Audiovisual Reviews for Publication in the *SIECUS Report*

Now in its thirtieth year, SIECUS continues a tradition of excellence in the publication of the *SIECUS Report*, a journal of contemporary thought and research from the field of sexuality and education. In each issue, groundbreaking articles and commentary by leaders and front-line professionals in the field are featured along with news, special bibliographies on varied topics, book and audiovisual reviews, recommended resources, and advocacy updates. All of this comes to members and interested subscribers six times each year.

Manuscripts are read with the understanding that they are not under consideration elsewhere and have not been published previously. Manuscripts not accepted for publication will not be returned. Upon acceptance, all manuscripts will be edited for grammar, conciseness, organization, and clarity.

To expedite production, submissions should adhere to the following guidelines.

#### Preparation of Manuscripts

Feature articles are usually 3,000-6,000 words. Book and audiovisual reviews are typically 200-600 words.

Manuscripts should be submitted on 8-1/2" x 11" paper, double-spaced, with paragraphs indented.

Authors who have access to a computer may also send a disk containing their submission at this time; they will be asked to do so when the manuscript is accepted for publication. A Macintosh disk is ideal; we can translate most disks for other computers, and these are acceptable, as well.

All disks should be clearly labeled with the following information: title of submission, author's name, type of computer/word processor used, type of software used.

The following guidelines summarize the information that should appear in all manuscripts. Authors should refer to the current issue of the *SIECUS Report* as a guide to our style for punctuation, capitalization, and reference format.

#### Articles

The beginning of an article should include the title, subtitle, author's name and professional degrees, and author's title and professional affiliation.

Articles may incorporate sidebars, lists of special resources, and other supplementary information of interest. Charts should be included only if necessary and should be submitted in camera-ready form. References should be numbered consecutively throughout the manuscript and listed at the end.

#### Book Reviews

The beginning of a book review should include the title of the book, author's or editor's name, place of publication (city and state), publisher's name, copyright date, number of pages, and price for hardcover and paperback editions.

#### Audiovisual Reviews

The beginning of an audiovisual review should include the title of the work, producer's name, year, running time, name and address of distributor, and price.

#### Copyright

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#### Complimentary Copies/Bulk Rate

On request, authors of articles receive three copies of the issue in which their article appears, and reviewers receive two copies. Larger quantities are available to authors and reviewers at half price if requested prior to printing.

#### Inquiries and Submissions

All questions and submissions should be addressed to the editor, by telephone, at 212/819-9770, or by mail, to the following address: *SIECUS Report*, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036.

# PUBLIC POLICY UPDATE

## Welfare Reform and Teen Parents: Are We Missing the Point?

**Betsy L. Wacker**

Director of Public Policy, SIECUS

**Alan E. Gambrell**

D.C. Representative, SIECUS

Early drafts of the Clinton welfare reform plan include components on teen pregnancy and parenting that combine well-intentioned measures with punitive actions. With a heavy focus on educating youth about their personal responsibility not to become teen parents, relatively less attention is given to discussing what youth need to exercise sexual responsibility (i.e., sexuality education, acceptance and understanding of their sexuality, and access to affordable reproductive health services).

Background discussion in the plan lays out a central goal: to reduce poverty for children. Given that "almost 80% of the children born to unmarried teenage high school dropouts live in poverty," welfare reform must address teenage pregnancy prevention from a comprehensive viewpoint. A key passage that reveals policymakers' willingness to bow to the critical mass of public discontent states: "Teenagers who bring children into the world are not yet equipped to discharge this fundamental obligation. This is a bedrock issue of character and personal responsibility."

### Aspects of the Plan

The National Mobilization for Youth Opportunity and Responsibility is a centerpiece of the draft plan. The proposed national public relations campaign would educate youth on responsibility and the benefits of staying in school and deferring childbearing. Economic opportunity and initiatives would be tied in to this effort.

A high-profile presidential media campaign is called for, through "a series of dramatic presidential events" and "national mobilization." In addition to the public relations component, the strategy would include "opportunity" and "responsibility" initiatives. The plan proposes offering opportunities to go to college or to access other job training and support for working, young families. The "responsibility" factor would institute controls over young families—minor parents must live in a household with a responsible adult; minor mothers must stay in school; benefits would be limited when additional children are conceived by parents already on Aid to Families with Dependent Children; establishment of paternity would occur; and child support from fathers would be required.

Some of these "responsibility" initiatives are proposed as

deterrents to teen pregnancy. They do indeed represent major shifts in attitudes toward teen parents, but reducing young people's autonomy, decreasing benefits, and diminishing privacy do not address the root causes of much of the teen pregnancy problem.

Few teenagers choose to become pregnant, and certainly not because of the availability of benefits. To decrease teen pregnancy, teenagers must be able to do the following:

- Accept that they are sexual and have sexual feelings and desires.
- Make decisions for themselves about their involvement in sexual behavior.
- Know about alternatives to intercourse, methods of contraception, and sources of contraception.
- Talk about sexual limit-setting, as well as contraception and condom use, with partners.
- Know how to say no and mean it if they are not ready for sexual involvement, including techniques for avoiding risky situations.
- Have access to condoms and contraception in their community at low or no cost.<sup>1</sup>

### Reaching At-Risk Youth

An initial focus on reaching high-risk young people under the welfare reform plan would be to target 1,000 middle and high schools in high-poverty areas. A federal challenge grant program would be crafted to develop "school-linked, community-based teen resource and responsibility centers," as well as mentoring programs between adults and teenagers.

For instance, the school and community challenge grants would be for "individual and group education for adolescents focusing on abstinence, plus family planning," as well as offering "the support adolescents need to say 'no' to demands for premature sexuality." Also discussed are "childhood and early adolescent reproductive health information and responsibility resource centers (that discuss the

dangers of early sex, risks of sexually transmitted disease and AIDS, harm to infants of low interval second birth, etc.)."

The proposed plan does not adequately address the need for sexuality education or sexual health services for youth. The teenage pregnancy prevention initiative should call for comprehensive sexuality education that is age-appropriate, medically accurate, and taught at each grade level. Rather than emphasizing the dangers and risks, such education helps young people develop a positive view of sexuality, provides them with information and skills about taking care of their sexual health, and helps them acquire skills to make decisions now and in the future.

Abstinence, as long as it is not from fear-based curricula with simplistic "just say no" slogans, is an integral component of the efforts to promote responsible sexuality. But for those young people who are already sexually active, it is equally critical to ensure that complete information about contraception is available.

### **What about the Children?**

A further obstacle for teen parents wishing to move away from public assistance is the lack of affordable, quality child care. Very little mention is made of this issue of enormous importance to teen parents who, in order to participate in the designated JOBS program or School-to-Work initiative, will spend many hours each week away from their children. Similarly, time-limited welfare proposals do not take into account the need to fund subsidized day care for these teen parents once they have "graduated" from public assistance but are still close to the poverty level.

Quality child care can provide an enriching and stable environment for children whose teen parents may be feeling overwhelmed by their adult responsibilities. Curricula even for young children can offer valuable lessons in personal health, negotiation skills, self-esteem, and individual rights and responsibilities.

If the central purpose of the proposed welfare reform is to give children the benefit of working parents as role models, then the present plan is inadequate.

### **Watching and Waiting**

As welfare reform takes shape, care must be given to addressing the realities of young people's lives. Public frustration with the downside of teen pregnancy, unfinished high school education, and poor teen employment prospects must not be allowed to drive policymakers into "quick fix" or punitive measures. The debate, if truly grounded in innovative thinking, should encourage efforts to address teen parenting through an integrated program of comprehensive sexuality education, reproductive health services, child care, health insurance, and job training.

It is only through preventive strategies and an interdisciplinary approach that American teens will have the opportunity to parent at an optimum point in their adult lives, providing the promise of more healthy and productive futures, both for their children and for themselves.

### **Reference**

1. Haffner, D.W. and de Mauro, D. *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education* (New York: Sex Information and Education Council of the U.S., 1991).

## **SIECUS NEWS**

### **MEMBERSHIP**

Thanks to all SIECUS members for your continued support. In September, you will receive notice of the new membership cycle for 1994-1995. We hope you will respond promptly, to ensure your uninterrupted subscription to the *SIECUS Report* and other information services.

Erika Mathews is the new membership/executive assistant.

### **POLICY OFFICE UPDATE**

The SIECUS D.C. Policy Office has expanded. Dan Daley has become the new director of the SIECUS D.C. Policy Office, replacing Policy Representative Alan Gambrell, who is leaving SIECUS to pursue private consulting and plans to become a member of the SIECUS Advocates Network.

Dan has been a public policy analyst with The Alan Guttmacher Institute, working in the areas of teen pregnancy, HIV/AIDS and welfare reform. He also conducted research on public funding for and private insurance coverage of reproductive health services, and the integration of reproductive health services into HIV/AIDS care and services.

The phone number for the SIECUS D.C. Policy Office is 202/265-2405.

### **NEW LIBRARY STAFF**

Ina Rimpau has joined the SIECUS staff as librarian. A native Montrealer, Ina has a Master of Library Science from McGill University. Before coming to SIECUS, she worked for the Brooklyn Public Library.

Shelley Ross is now the library assistant.

### **IN MEMORIAM**

The SIECUS staff sadly reflects upon the passing of our coworker and friend Danny Jacobs. Danny died of complications due to AIDS on March 28, 1994.

Danny, who was born in November 1954, led a full life. An actor, singer, artist, high school teacher, and AIDS activist, he brought a wide range of experience to daily life at SIECUS. His wit and humor got us through many a day. SIECUS members will remember the patience, diligence, and attentiveness with which Danny handled his position as membership associate.

We offer our condolences to Danny's life partner, Gary Adler, and the rest of his family. He is missed, and his contributions are celebrated by all.

# NOMINATION FOR SIECUS SALUTE

As part of the cooperative agreement between SIECUS and the Centers for Disease Control and Prevention's Division of Adolescent and School Health, a recognition program has been established to honor the efforts of school and community-based organizations that have developed innovative comprehensive HIV/AIDS prevention projects.

You may use this form to nominate a project that you feel is particularly worthy of this honor. Please feel free to copy this form and share it with your colleagues. Upon completion, please mail to: Monica Rodriguez, SIECUS, 130 West 42nd Street, Suite 2500, New York, NY 10036. *The deadline for nominations is September 15, 1994.*

1. Name of project and contact person(s):

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2. Agency through which project exists:

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3. Names of key leaders in the project's administration:

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4. Description of youth services, including program goals and objectives:

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5. Target audience of this effort:

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6. How is the project funded?

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7. How long has the project been running?

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8. Is there a mechanism for evaluation? If so, describe the evaluation method and results.

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9. Has the project been replicated in other locations or by other agencies?

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10. To what extent did youth contribute to the project's creation?

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11. To what extent do youth participate in the project's activities?

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12. How is this project different from other health-related efforts that focus on healthy sexuality and the prevention of STDs/HIV?

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13. What is the most innovative aspect of this project?

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14. How is sexuality education incorporated into project activities?

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15. From what aspect of this project could others learn most?

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Please attach any resources or materials that have been developed or used in conjunction with the project.