

VOLUME 24 NUMBER 1

SPECIES

REPORT

UNDERSERVED YOUTH AND SEXUALITY ISSUES

OCTOBER/NOVEMBER 1995

SIECUS

REPORT

VOL. 24, NO. 1 • OCTOBER/NOVEMBER 1995

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The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public. The *SIECUS Report* publishes work from a variety of disciplines and perspectives about sexuality, including medicine, law, philosophy, business, and the social sciences.

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

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Opinions expressed in the articles appearing in the *SIECUS Report* may not reflect the official position of the Sexuality Information and Education Council of the United States. Articles that express differing points of view are published as a contribution to responsible and meaningful dialogue regarding issues of significance in the field of sexuality.

SIECUS is affiliated with the University of Pennsylvania

Graduate School of Education

3700 Walnut Street

Philadelphia, PA 19104-6216

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Design by Stein, Killpatrick & Rogan Advertising, Inc.

Additional design and layout by Alan Barnett, Inc.

Proofreading by E. Bruce Stevenson.

Printing by Seaport Graphics & Communications.

Library of Congress catalog card number 72-627361

ISSN: 0091-3995

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GENDER AND RACE IN THE SEXUALITY EDUCATION CLASSROOM: LEARNING FROM THE EXPERIENCES OF STUDENTS AND TEACHERS

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More than ever, sexuality education is an embattled field. Advocates and educators are pressed to show that it is having positive effects while also demonstrating its lack of harmful ones (such as increased sexual activity among adolescents). Evaluation of such education is hampered by its almost exclusive reliance on quantitative methodologies which limit what can be learned by the questions asked and the areas chosen for investigation.

Thus, while research has been conducted to find out what we are accomplishing in the classroom, we have been largely unable to document why we are, or are not, seeing certain outcomes. Without such information, it is difficult, if not impossible, to know where administrators and educators should concentrate efforts to reach the goals set for the sexuality education field. In addition, the paucity of research has left sexuality education experts unable to say what, if any, lasting results are being achieved.

This study utilized qualitative and quantitative data collection and analysis methods to explore whether certain intended, anticipated outcomes were achieved in a high school human sexuality program, and whether there were some unanticipated, perhaps unintended, outcomes. Particularly, it found that issues of both gender and race in the classroom had an effect on the outcomes of the program — a finding which contradicts what has been written in sexuality education literature about these issues to date.

STUDY DESIGN

This evaluation utilized intensive open-ended interviews with those who have the greatest stake in the success or failure of sexuality education: the teachers and students. Its purpose was to collect data about participants' perceptions of an exemplary sexuality education program as to its characteristics, its outcomes and its impact. I interviewed 20 former students who had graduated from high school and from this particular program two to four years prior to the study, thus gathering longitudinal data on impact. Additionally, I interviewed all 10 of the Family Life teachers in this school district — including those who had taught there for a number of years. The teachers and students provided helpful insight and information, and,

in many instances, offered evidence to back up their statements: something which no solely quantitative methodology could have achieved.

The program which was the basis for this study is in an urban school district in the Northeast United States and serves largely African-Americans. (In fact, 19 of the 20 former students identified themselves as African-American). The program has been cited for its excellence and is being copied by school districts in other parts of the state and country. It also was identified as an exemplary program for this study based on criteria established by researcher Douglas Kirby et al.¹

MAKING A DIFFERENCE

Overall, the findings are good news for sexuality education. What most educators suspect was systematically documented: sexuality education is achieving many positive results.

When asked to reflect on whether their sexuality education program had any impact on their present-day lives, many of the former students were quite articulate about the program's long-term effects. On behavior, they perceived themselves more cautious and careful in sexual matters, more consistent in using birth control and more caring. They also saw themselves as avoiding unwanted parenthood, making better decisions, resisting peer pressure, and avoiding sexual activity before marriage as a result of their sexuality education courses. Nonbehavioral changes included being more afraid of intercourse [because of HIV and other sexually-transmitted diseases (STDs)], having more self-confidence, and knowing more about their bodies.

Many former students also felt the classes provided them with the first and, in many cases, the only place where they could learn about sexuality in a safe, comfortable environment, talk about sexual topics, share ideas and values and where they could show vulnerability, get their questions answered, and receive permission and encouragement to learn about this very central aspect of their lives:

No one really talked to me about it like familywise,
so I had to learn about it in school. I wouldn't have
known anything otherwise. (Male)

I didn't know penis was another word for it. I knew the other word. What did it begin with? "D"? In tenth grade, I didn't know. Things like that my mother kept from me. She kept me in this little world that things didn't exist. So no one ever used the real words. Like I said, I learned something new every day. (Female)

Knowing my parents, I would have been left in the dark until I was grown. They completely neglected the topic....so the majority of knowledge I gained was from my Family Life courses. (Female)

GENDER AND PERCEPTIONS

An interesting theme emerging from these interviews was that there were differences along gender lines in how people perceived their Family Life classes. Men talked about getting important information and advice. Women talked about their one-and-only opportunity to have their questions answered and to have things explained:

Oh, I was so happy. I was very happy to be in that class. I was finally going to know things about my body, know things about sex I'd never known before and I didn't get it from anywhere else, and I wasn't going to....This was my only chance.

I was really blown out of the water. Like, I never knew this could happen or that could happen or I never knew this much about the woman's insides, and all that, because it was never really explained to me in detail.

In general, women described their best learning experiences as ones in which things were explained, made explicit, connected to their real lives — strategies which Belenky et al. call "connected teaching."² Many entered the class with very vague, abstract ideas about how their bodies worked and what their bodies looked like. For some, sexuality education provided the first opportunity to put all the information into an understandable framework and to have abstract ideas explained or visually demonstrated. It gave them permission to ask questions and gain knowledge. For many young women who had been socialized not to learn or to know about sexuality, they had to be taught to inquire:

It made me feel like I had the keys to go and learn about life. Before, I wouldn't even known what to ask or even how to ask about all the things there are to know about. I got to feeling like, "Hey, this is important stuff. This is stuff I need to know, and they want me to know about it." It was like a new lease on life...I didn't know where to start first.

At a very basic level, then, young women were being encouraged to learn and know about sexual issues. It is not a coincidence that the program outcomes that women reported (but not men) were learning how to learn more and discovering other resources to guide their continued growth in sexuality.

DIFFERENT MESSAGES

A large number of both the former students and the teachers who were interviewed perceived the reduction of unintended pregnancies and the prevention of STDs as the most important reasons for having sexuality education. The messages that former students recalled getting from their teachers, however, differed by gender.

For most men, the central messages was: "Be responsible. Protect yourself from disease and be prepared for the consequences of your actions." For women, the common theme was: "Don't trust men; protect yourself; have control over your own body and your own sexuality." Interestingly, both students and teachers — males and females — perceived one of the important messages to be that females should resist pressure from peers and male partners to be sexually active.

These students were thus getting messages about relationships between men and women which were adversarial in nature. The young men were getting the message that if they got a girl pregnant they would be stuck supporting her and the baby for the rest of their lives. The young women, on the other hand, were being told that young men would take advantage of them at every turn. Examples of these messages were reported by both male and female teachers:

We'd be into the class about contraception and what kinds and I would say, "Now girls, ladies, there's guys in here that will lie to you and you know they're gonna lie to you. But some of you may not know what all the lies are." (Male)

I know I give a negative connotation to men and I don't mean to. But I try to be realistic and say, "They'll go and do anyone and you're not just anyone." I kind of gear it heavy duty on the girls. (Female)

There is evidence then that males and females in the same classroom had different experiences and, as both students and teachers reported, they were walking away with different ideas about sexuality and responsibility.

COED LEARNING

Both men and women said they benefited from learning about sexuality in coed classes. For some, being exposed to what they perceived as male or female perspectives helped them to have a greater understanding of their own and the other gender. For others, coed classes gave them a chance to

compare and contrast themselves with the other gender. Coed classes also had the benefit, according to some, of giving students a chance to talk with the other gender about sensitive or difficult issues:

It helped me feel comfortable talking to girls about birth control and things. When I wanted to talk about it...they didn't look surprised. I think it helped them. They sure helped me. (Male)

Other students felt that the most important aspect of coed classes was that they provided access to information often kept for the ears and eyes of the other gender.

Despite these sentiments, interviews conducted in this study suggest that coed classes are not always the best alternative for learning. Most respondents said they wished the class could have been conducted in same-gender groups for at least part, if not all, of the term. Both males and females said in their interviews that being in same-gender groups would have made it easier for them to talk about certain issues, to ask questions and, generally, to feel more comfortable.

Men said they felt they could not be completely honest and open as long as females were in the class. They cited peer pressure from other males as a big problem; if a young man asked too many questions, he risked being ostracized by his peers for not knowing much about sexual behavior. It appeared, however, that part of the young men's need for maintaining a "masculine" stance was the perception of their appearance to the other gender.

Females also reported feeling peer pressure, but of a different sort. They were more likely to report they were afraid of what their peers might think if they asked certain questions, which might signal they didn't know something they should know or they were either not sexually active or too sexually active, any of which could cause problems with peers. Another problem concerning coed classrooms was the sense of discomfort and isolation that some women recalled feeling. These feelings were caused by what the young women perceived as a strong focus on male issues or male perspectives. There was the sense that males tended to dominate class discussions while female input was difficult and often discounted:

The girls weren't falling asleep or anything. They were always alert, waiting for the next question from the guys so they could find something out...I think it would have been better with just the girls because a lot of the girls didn't ask any questions because all the guys asked all the questions. The girls only kept quiet or they would laugh when a guy said something. But it was mostly that the class was, like, just for the guys and not for the girls anyway. (Female)

Both males and females talked about the discomfort felt at times in coed classes, and the stifling effect such a class

could have. For boys, peer pressure to appear knowledgeable and indifferent and reluctant to speak openly for fear of insulting the females made single-gender groups an appealing option. For girls, who reported feeling afraid, embarrassed and intimidated, same-gender groups would provide a safe, comfortable, supportive atmosphere in which they could explore issues together.

IMPACT OF TEACHER'S GENDER

Along with learning differently, the women and men, not surprisingly reported different preferences in their teacher's gender. The women, for the most part, preferred a female teacher and the men preferred a male.

For the women, female teachers played a very important role both inside and outside the classroom. Not only were their female teachers their models for being female and knowledgeable about sexuality, but they also appeared to look out for them in other ways:

My freshman teacher was Ms. _____. We became close because everybody was her girl....She just opened her arms and tooks [sic] everybody in, regardless. And, if she singled you out, she would sit down and give you help or she would give you someone else who would give you professional help. She was always there.

Miss ____? She was real nice, especially with the girls. She would always help us out. Whenever we had a problem, she said, "Just come to me and we'll talk about it." And if she couldn't help you, she would find someone who could. She was always helpful. I like Miss _____. She was my favorite teacher.

Likewise, most men reported feeling more comfortable with a male teacher. For them, male teachers were easier to talk to and to approach with questions. They were teachers with whom male students could relate:

Sex did make a difference. Because if I had had Miss _____, I would have been a little reluctant to participate in class because she was a female. I wouldn't want to offend her in any type of way or anything, so I wouldn't really feel comfortable really talking about parts of my body to her.

Additionally, some men expressed a need for male role models. Some in fact, gave the sense that teachers were as much role models as information givers. Others who had female teachers spoke about not having a male to help them figure out what decisions they should make. Although the point should be made that a positive role model of the other gender is important, that particular need, especially among male adolescents, may be paramount.

IMPACT OF TEACHER'S RACE

The literature on sexuality education lacks information about the implications of race in the classroom. Although I did not enter into this study to consider the issue of race, it emerged quite strongly from the interviews. In fact, the issue of race invariably came up in discussions about good role models. Every person who had had an African-American teacher said that the race of their teacher made a difference in their learning. There was the perception that they were better able to relate to an African-American teacher.

The students commented:

He was the type that didn't care what people thought...or said about him....And I would always think that he was poor or something until I went to his house....When I saw his house and his wife and his kids and his surroundings, I said, "He knows where it's at. He's down to earth. He just don't care what people think about him." (Male)

It made more of an impact that he was Black because I think you felt a little more relaxed. Mr. B [a Caucasian teacher] tried to explain growing up and I can't really picture him growing up down in [a neighboring urban city]. But I can definitely picture Coach R [an African-American] growing up [there] But I can only picture Mr. B in [suburban upper-middle class towns] somewhere. (Male)

Some students related very specific messages of race coming from their teachers who were African-American:

He went through a lot of these films and had us write essays. It was all about teen pregnancies. He told us that the highest percentage were Puerto Ricans, then the Blacks. He said that is due to the kids being uneducated. He said we owe it to our race to be strong and not to increase teenage pregnancies but to decrease them. (Male)

Additionally, some of the Caucasian teachers said they felt alienated or disconnected from their students because of their difference in racial and social backgrounds. The teachers implied their cultural values were different from their students' based on their upbringing and they therefore did not feel it appropriate to discuss certain values-based issues:

I'm not very comfortable with [values]. I don't know, it seems like you're from a different culture. Being a male white [sic] who grew up in a suburban area, had a mother and father...[when] most of the kids I have in the classroom are from one-parent families. A lot of them are having sex at an early age. They don't know what they're really getting into. If they have a baby...when they're 13, 14 years old, it's a

baby raising a baby as far as I'm concerned. But a lot of them don't think so. To them, it's a status symbol to have a baby...So it's really hard to talk about values with them because it's tough. It's kind of a touchy area. (Male Teacher)

Let's look at a value...the concept of virginity, alright?...In the white middle class, I think [marriage is] important. Especially with my teenage daughter, I hope it's important. I'm not sure I want that to be [the students'] value because they....Well, my style might be different from theirs, and their families might be different than mine and I'm not sure that my value is right for them. (Male Teacher)

From these comments, it is not clear exactly what impact the race of a teacher has on student learning. Any differences which are found are likely to be important in all classrooms, not just those dealing with sexuality education. It may be that the adolescent need for strong role models may make race an important consideration for some students. Further research would be useful.

DISCUSSION AND CONCLUSIONS

This study is based on the argument that perceptions can be legitimate surrogates for "truth" in their power to influence people's experiences and lives. One thing that clearly emerges in this study is that, for both students and teachers, the dynamics of gender and race make a difference in teaching and learning where sexuality is concerned. There is also evidence that these issues have a strong influence on the ways in which participants experience sexuality education.

The data revealed that messages which students received depended in some cases on their gender. For example, boys were told to be responsible and girls were told not to trust boys or their intentions. Teachers presented an essentialist view that "boys will be boys" rather than questioning the appropriateness of that assumption. As a result, they gave a mixed message that young men should behave in certain ways, but that no one really expects them to, and that, therefore, females have to be the gatekeepers of all sexual activity.

Researchers have found that traditional gender role structures are positively related to adolescent pregnancy risk.³ This finding is ironic given that the emphasis and purpose of the message that women are sexual gatekeepers and men are untrustworthy sexual aggressors is, according to participants, to prevent unintended pregnancies. Perhaps adolescent pregnancy-prevention programs would be more effective if they addressed the important psychological and sociological as well as behavioral components of gender relationships.

Another interesting issue was the finding that a majority of the students would have preferred some classes conducted in single-gender groups. This may be an important example of

theory and praxis parting company since this finding directly contradicts the literature on sexuality education which supports coeducation as offering the best learning environment.⁴ Previous research has suggested that rather than reinforcing the notion that sexuality should not be discussed in mixed company, a classroom with both females and males promotes communication, openness and cooperation as well as increased understanding and respect for one another while reinforcing the belief that sexuality is a healthy part of life that should be talked about openly.

While the positive aspects of coed classrooms should not be ignored, evidence from this study suggests negative effects of coeducation on learning. In fact, both men and women discussed a desire for some time and space to explore issues and ask questions without the pressures and awkwardness of having to speak in front of members of the other gender. This sentiment was expressed particularly strongly by females.

Adolescence is a time when tensions between males and females are perhaps at their highest. These interviews suggest that, in a number of cases, the difficulties which are typical of male-female relationships during adolescence carry over into the classroom and can impede, rather than enhance, learning. In order for students to learn, they need to feel comfortable and capable of being honest and open. Facilitating the process by removing one of the barriers, namely the presence of the other gender, is an important teaching strategy to consider.

As indicated, this may be particularly important for young women who said they get lost and feel isolated in what they perceive as male-dominated classrooms. Because most females in this society are socialized away from gaining knowledge about sexuality, it may be much more difficult for them to assert themselves in sexuality classrooms. Describing sexuality education as one of their most important learning experiences, young women said it gave them permission to inquire and learn about these issues. Sexuality education now needs to go beyond permission-giving to providing the tools and the atmospheres in which young women can safely learn.

Another important finding which challenges current literature involves teacher characteristics.⁵ On gender, male students' major concern was having a role model in addition to someone who provided information. Female teachers didn't adequately fill this role. Particularly in sexuality education, students cover topics which force them to think about their self-identity, behavior and sex roles. Having role models with whom they can identify may be especially important.

Women, on the other hand, expressed a need for the comfort and safety provided by female teachers. They believed that their female teachers took special interest in their well-being and protected them. The personal connections with their female teachers that they described suggest both were invested in the connected teaching/learning model described by Belenky, et al.⁶ Though not all girls need the same nurtu-

rance and support to learn, and certainly not all female teachers provide them, there is something particularly female about the process which suggests that, in this case, the influence of gender goes beyond perceptions of its importance.

On race, both the men and women who had had African-American teachers said that it was important to believe that these teachers knew where they were coming from, knew what they were dealing with in their home lives and shared their value systems. Some of the Caucasian teachers expressed a sense of alienation from their students because of this. They felt less comfortable dealing with specific values because they believed they had different value systems from their students. There is evidence, then, from both the teachers' and the students' comments that the perception that race makes a difference is enough to make a difference.

These findings suggest important implications for sexuality education. They also point to the fact that more studies are needed. To this end, we must increase our reliance on qualitative methods of inquiry that have the potential to tap into people's experiences and ideas so that we can better answer not only the *what* but the *why* questions about the accomplishments in this field.

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**NOTES FROM THE FIELD:
SERVING GAY, LESBIAN, BISEXUAL,
TRANSGENDER, AND QUESTIONING YOUTH**

Verna Eggleson, M.A.

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Hetrick-Martin Institute
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I have provided services to youth for more than 20 years. So it was only natural when I came to the Hetrick-Martin Institute (HMI) to provide services to gay, lesbian, bisexual, transgender, and questioning youth that I would bring my own myths about adolescent sexuality and sexual behavior — including one that said adolescents do not know who they are sexually until they are 18.

The young people at HMI have changed my mind and my beliefs about many things. Many of the 12- to 21-year-old youth seeking our services are already “out” by the time they walk through the door. For them, adolescence is complicated by the task of managing homophobia. For young women, this is compounded by sexism; for youth of color, by racism.

I have had to learn what they must do to survive. Many come to us in pain from the isolation they have felt for so long. They are relieved to walk through our doors and find others who are just like themselves.

I've also learned to counsel the parents of HMI clients that sexual orientation will not change. It is not a matter of choice, but an orientation, hence the term. It cannot be wished or medicated away.

At HMI, we believe each of these youth have the ability to develop and grow into productive adults. Our goal is to build on the capacity of all the youth who come to us so they can return to the community of their choice.

With that said, it is important to review the facts which affect most of these young people:

- Eighty to 95 percent of HMI clients report severe isolation as their number one problem.¹
- Thirty percent of all youth suicides are committed by lesbians or gays.²
- Gay youth are two to three times more likely to attempt suicide than heterosexuals.³
- Forty percent of gay and lesbian youth report being victims of violence; of these, 46 percent report that the violence was related to their sexual orientation.⁴
- One quarter of lesbian and gay youth are forced to leave their homes due to conflicts over their sexual orientation.⁵

- Forty to 50 percent of homeless youth on the streets of New York City identify as lesbian or gay.⁶
- Nine to 14 percent of lesbian or gay youth are drug dependent.⁷
- Well over half of lesbian or gay youth report frequent alcohol use.⁸
- Seventeen percent of young gay males are engaged in trading sex for money.⁹
- Between 1987 and 1991, one in every four people in the United States with HIV was under the age of 22.¹⁰
- Seventy-five percent of young lesbians report vaginal/penile intercourse with men prior to oral sex with women.¹¹
- Thirty to 35 percent of young lesbians report having intercourse with gay male peers. Many of these believe they cannot become pregnant or get HIV.¹²

When these young people first arrive here, most of them are facing many of the same pressing concerns as other adolescents. They come from family structures with multiple problems: substance abuse; domestic violence; poverty; maltreatment, or neglect. Like many young people, they are often actively involved in the complex aspects of a sexual relationship. Living in a homophobic society, they also struggle daily with isolation and pressure from their peers.

Of course, there are some unique challenges when providing services to these youth. For instance, a task as simple as job placement becomes difficult when a young person is in the process of changing from one gender to another. It is difficult to explain to an employer that the young person cannot show up for work because he or she is having difficulties with a hormonal change. Such problems are not given time in the guidance counselor's office either.

HMI also serves many young people who are involved in the sex-trade industry and are using illegal hormones. Much time is spent discussing the transmission of HIV, an intricate process which does not stop at sexual intercourse but includes the use of shared needles to inject drugs, hormones, and steroids as well as to pierce or tattoo the body.

First and foremost, counselors at HMI are committed to listening to their young clients and are willing to answer concerns about their sexual practices. On this matter, it is important to find ways to teach them how to be gentle with each other and to create safe places where they can hold, care, and comfort each other.

Youth will always learn from an informal network of friends about sex and sexual issues. For example, young lesbians often arrive at HMI believing that, by virtue of their identity as lesbians, they are invulnerable to HIV. It is important, then, for us to identify the leaders in the network and provide them with the right information.

Adults in the lives of such young people must learn to "speak the language," to support these young people as they struggle to design their own belief systems; and to note the rules they are creating for themselves and their lives.

It has become clear to me that many adolescents are saying, "You adults have failed us. You can't protect us in the schools. You can't protect us on the streets. You can't even protect us in our homes. So we'll take care of ourselves."

Youth-service providers must become the kind of adults who understand this response and who can deal with it, while still attending to the systematic wrongs which have a great impact on such young people.

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"IS IT BECAUSE I'M GAY?"

He walked into Hetrick-Martin Institute (HMI) at the busiest time of the day.

"My Mom took out a PINS petition against me today," he yelled. "Does anybody know what that means?"

The receptionist was helping another client.

"Hey," he repeated. "Somebody help me! My homophobic mother is trying to place me in foster care!"

I could hear the fear behind his bravado — the threat of foster care does that — so I asked him to come with me.

As we walked, I explained how the "Parent in Need of Supervision" Petition works. He listened and then asked, "But how are you going to help me?"

John is a 15-year-old African-American gay male living in one of New York's toughest areas. He is afraid to look at anyone for fear of bashing. Yet, he is "coming out" and dragging his resistant mother with him.

"When we had fights before, we would hug and make

up," he confessed. "Now it seems she doesn't want to hug me anymore."

I listened closely.

"Is it because I'm gay?" he asked, expecting, I suppose, that I could answer the question.

The next day John's mother called. She explained that she had struggled to bring him up the best way she knew.

After I assured her that John's orientation had nothing to do with the way she brought him up, we discussed the importance of John staying at home for stability and support. She began to see that HMI could help her, too.

In the end, after much debate, several court dates, and some counseling, it was decided that John would enter the Harvey Milk School, an alternative high school in the city.

With promises and appointments for return visits, mother and son tearfully embraced, taking the first step of a long journey.

— Verna Eggleston

TURNING RESEARCH INTO POLICY: A SURVEY ON ADOLESCENT CONDOM USE

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I have struggled both privately and publicly over the matter of how to turn research into policy.¹ While surveying 373 inner-city high school students in 1991 and 1992 about their condom use beliefs, attitudes, and practices,² I told them that I wanted my research to matter, and that they were helping to make things better for future high school students. These things are easy to say but difficult to actualize. Nonetheless, the threat of HIV infection among adolescents has increased, and the proper and consistent use of latex condoms remains the only available and effective transmission prevention during sexual intercourse. Thus, efforts to bridge the gap between research and practice are essential. This article discusses possible educational policy implications of my research efforts.

Recurrent themes from this student survey relevant to prevention education in sexuality programs for young people include: sexual desire and pleasure; working within, rather than against, adolescent ambivalence toward mortality and risk taking; and finally, a need to transcend fact based education to address perceptions about the consequences and costs of condom use.

As a researcher, I evaluate adolescent behavior, not the behavior of sexuality educators. So I have not attempted to critique existing programs, but rather, to present these themes as important in *any* program concerning adolescent sexuality. If the goal is to encourage young people who are already engaging in sexual intercourse to use condoms, then educational messages to that effect must be stated emphatically. In meeting such a goal, it will also be important to understand teen-perceived limitations to using condoms.

RECOGNIZING AND ADDRESSING DESIRE

The days in which "good girls didn't and bad girls did" are over, if they ever existed at all. A majority of both young men and women will, in fact, engage in sexual intercourse during their teenage years. In addition, my own evaluation suggests that many students who are *not* yet having sexual intercourse are not doing so due to a conscious decision to abstain. Instead, it appears that a lack of partnered sexual behaviors is many times the result of a lack of opportunity. For example, students often reported that they had not

engaged in sexual intercourse because they were waiting for a specific person or because nobody had asked them to "do it" yet. According to the survey, only 34 percent of the students, whose average age was 15 years, reported that they did not feel emotionally ready for sexual intercourse. Because research so often focuses on the dangers and risks of adolescent sexual intercourse (that is, pregnancy and sexually transmitted diseases, including HIV), the issue of desire is often overlooked. This oversight is most noticeable where young women are concerned, since there is an assumption that young women are the gatekeepers of sexuality, rather than sexual beings with sexual desire of their own. Many teenage women want to have sexual intercourse, and their desire is not merely a response to peer pressure or a result of male exploitation. It is not true that females engage in sexual intercourse only out of a failure to fend off male advances or in exchange for other benefits (that is, to be popular). In fact, the idea that teenage women are simply buffeted about by external pressures is outmoded and disempowering.

The emphasis on sexual intercourse as dangerous and risky may have also skewed the standard educational approach to adolescent males. In the face of a dearth of research information on the adolescent male role in sexuality and contraceptive use, experts have frequently fallen back on the assumption that adolescent males are simply and primarily exploitative. In part, this assumption may derive from cultural constructs, which hold that aggressive and intentional sexual desire is essential to masculinity, but not to femininity. Within this cultural context, male sexuality is likely to appear crude or aggressive. This discussion is not meant to belittle or ignore the alarming number of young women who are harassed, coerced or assaulted into sexual activity by men, but it is important to avoid confusing a male desire for sexual intercourse with a willingness to exploit and harm.

Dealing with sexual desire is not an easy task for educators, since society tends to be more comfortable with the dangers of sexuality than with its pleasures, especially when teenagers are concerned. But desire and pleasure must still be addressed because they are compelling, and teenagers know it. To emphasize only the dangers and risks of sexual activity is to appear out of touch and unrealistic. No doubt,

young people will ignore such an outmoded philosophy and the teacher who espouses it.

Addressing physical desire and physical pleasure may be particularly important in encouraging adolescent condom use. Condoms have a unique reputation among young people for "ruining the spontaneity of sexual intercourse" and for reducing sensation during intercourse. The students in this sample did not find condoms erotic. They thought of them as rubber, cold, and awkward. They believed that sexual intercourse would feel different with a condom. This reduction in sensation (either real or perceived) must be addressed. Simply telling students that they should use a condom anyway probably will not suffice.

Talking about sexual desire and pleasure does not mean that educators are encouraging sexual activity. Clearly any kind of directive on that order would be unacceptable; however, one can address without advocating. Concerns students may have regarding condom use should be elicited and addressed in a straightforward manner. For example, 40 percent of the students in this sample responded that condoms were uncomfortable, and nearly 30 percent said that condoms "looked stupid." In a society that glorifies spontaneous, passionate, sexual intercourse, looking stupid and feeling uncomfortable are likely to be significant barriers to condom use.

WORKING WITHIN AMBIVALENCE

It was once implicit in the research literature that adolescents believed themselves to be immortal, invincible, and invulnerable to harm.³ Risk taking during adolescence was said to be normal, and was noted to manifest itself in a variety of ways, in addition to high rates of unintended pregnancy and STD transmission. For instance, smoking is usually initiated during adolescence,⁴ and for several decades adolescents have had the highest fatality rates due to car accidents of any age group.⁵

The common perception of male adolescents as "greater risk takers" than females may be, at least in part, due to the standard definition of risk. The perception of risk taking as something physically dangerous may merely be a function of a dominant masculine viewpoint, in which riding a motorcycle is defined as risk taking while emotional intimacy is not. Even within the realm of physical risk taking, it is informative to note that being pregnant or giving birth is not generally categorized as "risky behavior," but skydiving is. Thus, although adolescents may take many health risks, an absent objective measure of such risk-taking behaviors obscures them, and encourages the perception of differences between male and female adolescents, and between adolescents and adults. The definition then drives the classification of risk as much as the actual behaviors do. In short, "risk" is a socially constructed concept.

If adolescents truly view themselves as immune to harm or illness, then prevention educators have to spend time debunking the myth of immortality. However, these survey results show that a more finely tuned, although more complicated, approach is necessary, since it appears that teenagers are not entirely oblivious to risk or mortality. In interviews with inner-city high school students about AIDS, it was not uncommon for students to explain to me "well, I have to die of something." Additionally, 80 percent of these high school students disagreed with the statement, "When it comes to AIDS, a person just has to take a chance."

In reality, teenagers may be aware of many of the risks they are taking. For example, many sources reported that in the 1980s, the percentage of teenagers who believed that smoking was harmful increased although many continued to smoke. Smoking cigarettes thus was not a function of their ignorance about the health consequences of their behavior. Similarly, in the 1980s, teenagers tended to overestimate the likelihood of pregnancy resulting from an act of unprotected intercourse.⁶ In my survey, three-fourths of high school students reported that they worried, either a lot (24 percent), some (26 percent), or a little (27 percent) about getting AIDS. Other research has confirmed that students tended to overemphasize the likelihood of their contracting HIV/AIDS.⁷

Adolescents (not unlike adults) are ambivalent about their mortality, and it is with this ambivalence that educators must work. Young men and women do not take random health risks. If this were the case, few would live beyond their teenage years. Rather, young people, like adults, select among potential risk behaviors. What may appear to be irrational sexual risk-taking behavior may, in fact, be a subjectively rational calculation of risk options. In other words, at times, unprotected intercourse may appear the least risky, most rational, option to the teenagers involved. For example, according to these data, whether teenagers thought their partner would agree to sexual intercourse without a condom, and whether the respondent was in love, were two stronger predictors of condom use than was a concern about HIV/AIDS. Perhaps, to a teenager, the "risk" of disagreeing with his or her partner or peers was far riskier than having sexual intercourse without a condom. The risk of offending a beloved partner, by insisting on condom use, may have seemed large when compared to the seemingly remote risk of getting sick some ten or more years in the future.

The results of this survey showed that both young men and women who claimed to be in love with their partners were significantly more likely to agree to sexual intercourse without a condom than were those who reported that they were not in love. Similarly, the more serious the relationship, the less likely respondents were to insist on condom use in the future. It is up to the educator to deconstruct the

hierarchy of risks concerning condom use and address each specifically. For example, is sexual risk taking primarily an issue of trust? If suggesting that a partner use a condom represents a breach of trust between teenagers and their intimate partners, then this is an important "side effect" of condom use, which much research has failed to address.

None of these assertions discount the possibility that certain teenagers are prone to physical risk taking, or that certain risk-taking attitudes or behaviors will provide an effective intervention point for HIV/AIDS or pregnancy prevention programs. However, approaching sexual risk taking as a subjectively rational behavior rather than as a wholly irrational behavior will most likely improve the impact of sexuality education. In this way, unprotected intercourse is not always a failure to respond to risk, but rather a response to some other risk. Educators must tease out these "other risks" and work with them.

KNOWLEDGE VERSUS ATTITUDES

It is appealing to assume a simple positive correlation between relevant knowledge and condom use, and it does seem logical that the more adolescents know about HIV transmission, the more likely they will be to take steps to protect themselves from the virus. Certainly, using condoms to prevent pregnancy and infection with STDs, including HIV, does require some basic level of knowledge or information. Beyond this, however, the relationship between knowledge and condom use has not been shown to be linear or consistent. Awareness of HIV/AIDS among U.S. teenagers has increased rapidly over the years of the epidemic, and these survey results confirm a high level of HIV transmission knowledge among high schoolers. Over 60 percent of the students surveyed in this study got a perfect score on an eight-item, true-false quiz. Over 90 percent missed two or fewer questions. The most frequently incorrectly answered items were those involving transmission through contact with saliva (that is, "You can get AIDS from sharing eating or drinking utensils with someone who has AIDS;" 80 percent answered "false," and 14 percent did not know). This is not surprising, given the frequency with which AIDS education materials have referred to "bodily fluids" rather than "semen," "blood," or "vaginal fluids." Ninety-two percent of the sample knew that using a condom during intercourse could lower the risk of HIV infection. Young men and women, Caucasian and African-American, had statistically similar levels of HIV transmission knowledge.

Yet, despite widespread knowledge concerning HIV transmission among adolescents, condoms are still used inconsistently. In fact, many researchers who have ques-

tioned the link between knowledge and behavior have found that, in the cases of both teenage pregnancy and HIV transmission, knowledge does not significantly predict behavior.⁸ Nor does there appear to be any significant difference in knowledge about HIV transmission between those adolescents who are or are not sexually active.⁹ Thus, students with high levels of HIV transmission knowledge are not necessarily choosing abstinence.

Perhaps even more disturbing than the failure of HIV transmission knowledge to predict previous condom-use regularity is my finding that students' knowledge of HIV transmission failed to predict intended or anticipated condom-use outcomes. In this study, levels of HIV/AIDS knowledge were not significantly correlated with whether the student would agree to sexual intercourse in the future without a condom, nor was it correlated with whether a student claimed that he or she would try to talk a future partner into using condoms.

*"Time will be
well spent...to
better understand
how young
people weigh
and balance...
condom use."*

Certainly, students need the facts, and educational programs have often focused on the facts of HIV transmission. In a resistant political environment, it is easiest to justify and defend purely factual presentations. It is also the case that many educators have struggled valiantly with teaching about HIV/AIDS. Teaching even "the facts" has been, for many, more than they have been allowed to do. This research project corroborates others in demonstrating that programs have been highly effective in teaching students about HIV and AIDS. Unfortunately, it is also clear that since behavior modification, in the form of consistent condom use, is a goal, knowledge alone is not enough.

Some educators have recognized this situation, and have expanded their programs to deal with the skills needed for condom use. Condoms differ in significant ways from other methods of contraception. Condoms do not require a doctor's visit, a prescription, a fitting, or even a trip to a special store. Condoms can be bought at relatively low cost in local drug stores. Moreover, students do not seem to find condoms difficult to get. Fewer than 10 percent of the students surveyed agreed with the statement "Condoms are difficult to get," and when asked, "Where would you (do you) go to get condoms?" only eight percent responded that they did not know. Interestingly, males and females did not differ significantly in the perception that condoms are generally available to them. Most important, the student-perceived difficulty with obtaining condoms did not correlate significantly with past or anticipated condom use. In other words, students' inability (or the perception thereof) to obtain condoms had little, if any, influence on whether or not these teenagers actually used condoms or planned to use condoms.

Knowing where condoms can be obtained does not mean that teenagers will purchase them. Indeed, 55 percent of the respondents in this survey agreed that if they bought a condom in a store, they would feel embarrassed. Again, males and females were equally likely to report embarrassment. This may explain, at least in part, why so few students report that they do (or would) get condoms from a store (only six percent of my sample, compared to 38 percent who do [or would] get a condom from a friend, or 35 percent who do [or would] get a condom from a clinic). However, student embarrassment at purchasing condoms was not significantly correlated with measures of past or future condom use. That is to say that while students may be embarrassed by purchasing condoms, this embarrassment has little influence on their actual or intended condom use.

In short, educators face some very frustrating challenges: failure to consistently use condoms during intercourse does not appear to be due to a lack of information; and inaccessibility of condoms, or student embarrassment at having to purchase condoms does not explain intended use of condoms. This survey suggests that an emphasis on exploring the students' attitudes toward condoms and condom use might be more useful.

Student attitudes were better predictors of condom use than: knowledge about HIV and AIDS; perceptions about the availability of condoms; or embarrassment over obtaining condoms. While it is not surprising that more positive attitudes toward condoms are related to actual condom use, it does not appear to be the case that increasing the level of factual knowledge among students necessarily improves their attitudes toward condom use. Time will be well spent on efforts to better understand how young people weigh and balance the perceived consequences of condom use against other potential benefits and harms.

CONCLUSION

In this small sample, most young people involved in sexual intercourse had tried a condom at least once. However, most were not successful in maintaining proper condom use with every act of sexual intercourse. Unfortunately, partial protection — while it may be a step in the right direction — is

not sufficient to protect against pregnancy or the spread of STDs, including HIV. To maximize adolescent condom use, it is essential that researchers, educators, and practitioners work within the context of the adolescent mind and world, which appears to assess condom use not always as a simple good, but rather as a strategy complicated by sexual desire, ambivalence about mortality, and possible negative trade-offs.

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ACCESS TO SEXUALITY INFORMATION FOR OUT-OF-HOME YOUTH

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Young people, living apart from their families of origin and being served by child welfare, juvenile justice, or mental health agencies, deserve particular attention when it comes to sexuality due to a high susceptibility for early, unplanned parenthood.

Many teenagers enter custody/care and find a lack of formal support concerning family planning, sexual decision-making, and sexuality education. Others end up in shelters or back on the streets where severe educational, health, and mental health needs remain a life-long problem.

Nearly half a million young people in America live in foster care, group care, or residential living situations. Frequently, they come from a background of physical, sexual, and emotional abuse and neglect which have after effects that can intensify upon entering foster care. Certainly, a young person who is placed away from family, friends, and community is a vulnerable teenager, and at risk for early pregnancy.

The Child Welfare League of America (CWLA) conducted a survey of public child-welfare agencies in the 50 states and the District of Columbia to ascertain adolescent pregnancy prevention policies and found that youth in care often lack access to information on sexuality. This article highlights the key sexuality education findings of this survey and profiles a model for other states.

Obtaining appropriate information and services is difficult for most young people and is particularly difficult for youth in foster and out-of-home care. Ideally, sexuality education starts in the home with parents as the primary instructors of information and values. For children in care, however, parents are generally not available to meet their children's needs, including a need for sexuality information and education. Further, the state assumes the role as parent, taking on the job of overseeing appropriate sexual development. Several sources have suggested that child welfare agencies are unprepared to meet such needs. The CWLA survey corroborated these suspicions.

THE SURVEY

CWLA, under contract with the Department of Health and Human Services's Office of Population Affairs, reviewed the adolescent pregnancy prevention policies—including sexuality

education and family planning services—of public child-welfare agencies nationwide. The policies are approved by a state's Commissioner of Child Welfare. The 93-question survey queried participants about the following agency policies: sexuality education and family planning services for youth in out-of-home care; the provision of sexuality education training for caseworkers and foster parents; data collected concerning the number of young women becoming pregnant since entering care or who came into care already pregnant; and adolescent pregnancy programs for young people in care.

All of the states and the District of Columbia participated, making the return rate 100 percent. States with written policies were asked to send a copy for review.

Only nine states have written policies to address the provision of sexuality education or family planning services for youth in out-of-home care. Policies normally include a philosophical statement, placing adolescent pregnancy prevention within the context of comprehensive health services. For example, a policy from Rhode Island states:

It is a priority of the Department to ensure that good health care is provided to all of the children and adolescents which it serves. It is especially important that the Department staff provide accurate information and coordinate referrals in a timely manner for youths around the issues of sexuality and/or pregnancy. The Department of Children and Their Families' (DCF) primary service worker should inform the youth, early in the casework relationship, the s/he is available to provide information and to coordinate referrals to services.

Fewer than one-third of the states surveyed reported that their social workers were trained in human sexuality. Training, when it was offered, normally occurred after the social worker had been working for several months. Rarely was human sexuality included in in-service training workshops. States reported different methods for training of staff, including written materials and curricula. A few states prevailed upon the health department's family planning office to conduct training. Others used consultants or made arrangements with local organizations, such as a Planned Parenthood affiliate.

Only 10 of the 51 respondents reported that foster parents were trained in sexuality education. None of the states mandated such training as a condition for assuming custody and care of a young person. None of the states providing parent training removed such barriers to participation as lack of transportation, stipends for participation, and child care services. Many child welfare agencies have limited resources, and despite sensitivity to the needs of parents, cannot always overcome these barriers.

VERMONT: A STATE MODEL

While a majority of states have adapted family life or sexuality education for youth in public schools, only seven states have written policies on sexuality for young persons in out-of-home care. Moving from family to family, these young people may miss the opportunity to participate in school-based sexuality education classes and may not receive sexuality education while in the child-welfare system. To address this problem, several remedies are proposed by different state policies.

The Vermont policy is exemplary. Family participation is encouraged in sexuality education when family reunification is the goal of the case plan, and the child's primary family is involved in planning for the child's sexuality education, when appropriate. The family's values and beliefs about sexuality are considered, and the foster parents are formally involved in the sexuality education of younger children. The parents and foster parents are provided with training and a sexuality education manual for use at home.

Vermont's policy was written by the Department of Social and Rehabilitation Services (DSRS), and details responsibility by mandating that each district director ensure appropriate sexuality education is accessible to all children and young persons in custody within the district's bounds. The DSRS uses a variety of methods for sexuality education, including reading materials, videotapes, individual and group discussions, and peer education, among others. The preferred method of education for older children and teenagers is group work, facilitated by a trained adult and a cotrainer, who may be an older youth in care. Vermont's sexuality education policy is the only one to provide an active peer-educator role for some young people in care. In fact, the Vermont Department of Health provides a small fund to recruit, and pay a small stipend to peer educators from the Teen Advisory Board of Independent Living Program. Interestingly, Vermont reports that most of the peer educators decline the stipend, and agree to do the work because of a personal commitment.

The Vermont DSRS sexuality policy includes guidelines concerning education and information about sexual orientation and sexual identity. Some young people in care may be questioning their sexuality or may already be aware of having a gay or lesbian orientation. The policy reminds case-

workers that education and counseling on sexual orientation and identity should be delivered in a respectful, supportive manner, providing information about current laws and social issues related to quality of life and discrimination. Additionally, a number of out-of-home youth — both girls and boys — have been sexually abused by same-gender individuals. Although abuse is considered unrelated to orientation and identity, many young people have serious fears about how it has impacted them sexually. Workers must have the sensitivity and skills to address these issues with youth who have been abused.

Since only about 38 percent of young people in out-of-home care report using contraception regularly, the Vermont policy includes guidelines which state that youth in custody who are 12 years and older, must receive information about contraception as well as reproductive health services. The provision of family-planning services is treated as a right, and DSRS staff assist young people in obtaining services. The policy recognizes that sexually abused young men and women may have special needs and provides that some youngsters who are under the age of 12 may need to know about contraception and reproductive services. In such cases, information and services are provided.

SEXUALITY EDUCATION MANUAL

Vermont's sexuality education policy is supplemented with an 83-page sexuality education manual, written by experts in the field of sexuality education with the DSRS staff. The manual provides additional information and guidelines for children living in foster homes, and details the following core values:¹

- Human sexuality is a natural and healthy part of living;
- Sexuality includes physical, ethical, spiritual, religious, psychological, and emotional dimensions;
- Families are the first and the most important source of sexual identity and values for children;
- Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults;
- Many young people explore their sexuality as a natural process of achieving sexual maturity;
- Premature involvement in sexual behavior involves risk;
- Sexual relationships should not be coercive or exploitative;
- All decisions about sexual behavior have consequences;
- Young people involved in sexual relationships need access to information about health care services;
- Abstaining from sexual intercourse is the most effective way to prevent pregnancy and STDs;

- The Department is obligated to assist children and youth in custody to make responsible choices about sexual behavior;
- Any sexuality education curriculum must respect the diversity of legitimate personal and family values and beliefs about sexuality.

The authors of the manual cover the basics of talking about sexuality with young people, including guidelines for how to discuss sexuality. The manual also provides an overview of sexual development, interests, and concerns according to age and stage groups, with concrete examples and helpful hints for addressing such matters. Suggestions are included for opening such a conversation and for how to focus it. Reference information is included on such topics as: sexual anatomy; physiology; reproduction; contraception; puberty; relationships; sexual expression; orientation; and sexual abuse. The authors recognize that sexual abuse and its effects may be considerable forces in the sexual experiences of out-of-home youth. They provide guidance for addressing feelings of fear, shame, anger, and rage.

CONCLUSION

The information gathered from this state survey suggests that many young people in out-of-home care have complicated sexual histories which may include early sexual initiation, multiple sexual partners; high rates of STDs, and multiple pregnancies. Many of the young people have a history

of sexual abuse, neglect, victimization, and revictimization dating from their very early years. A lack of knowledge about sexuality for such young people is a dangerous situation, which must not be overlooked by state officials who take up the role and responsibility of their parents.

Unfortunately, state-administered child-welfare agencies have been slow to develop policies, programs, and practices which may assist young people in delaying pregnancy. CWLA's study of state child-welfare agencies shows that only nine states have written policies on adolescent pregnancy to assist young persons living in custody. Further, none of the 10 states with the greatest number of young persons living out-of-home have a policy on family planning or sexuality education.

Young people in out-of-home care have suffered a great deal of trauma from abuse, neglect, or simple separation from family, friends, and community. They are often trying to survive in a system that is suffering from overload. Teenage pregnancy is an issue which demands aggressive leadership and a long-term commitment toward courage and change.

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NEW POSITIVE IMAGES: TEACHING ABSTINENCE, CONTRACEPTION AND SEXUAL HEALTH

The NEW Positive Images: Teaching Abstinence, Contraception and Sexual Health is now available from Planned Parenthood of Greater Northern New Jersey. It is written by Peggy Brick, the organization's Director of Education, and eight of her colleagues.

The resource features 27 interactive lessons and 43 reproducible worksheets for students. Topics range from birth control to new hormonal methods, male contraception and assessment of reproductive health services.

The NEW Positive Images is a complete revision of the agency's popular *Positive Images*, printed in 1986 and sold throughout the English-speaking world. It continues the tradition of creating positive images of contraception and of people who use it to have control of their lives. It also develops skills for choosing abstinence from intercourse and demonstrates how educators can combine prevention of unwanted pregnancies and sexually-transmitted diseases, including HIV.

Other lessons in the manual include sexuality through the lifespan, the impact of media messages on sexuality, talking with parents about sexuality issues and putting contraception into romance. All provide young people with opportunities to examine their personal decisions within historical, social and ethical contexts and promote their development into sexually healthy adults.

Funding for the manual was provided by the Education Foundation of America. Development and field testing of lessons were provided by the MetPath Foundation and the Rutgers Community Health Foundation.

In addition to her responsibilities at Planned Parenthood, Ms. Brick is also chair of SIECUS.

The New Positive Image is available for \$25 from the Planned Parenthood of Greater Northern New Jersey, Inc., 575 Main Street, Hackensack, NJ 07601.

C R U E L S U M M E R : C O N G R E S S I O N A L O N S L A U G H T O N S E X U A L R I G H T S

D a n i e l D a l e y
SIECUS Director of Public Policy

Each summer, Congress busily struggles with 13 appropriations bills to determine the dollar allocation for each federal agency's programs and activities. While setting the funding level for programs can easily be contentious, Congress uses a cardinal rule to save itself from having to reargue the details of every federal program when allocating funds. Breaking such a cardinal rule is more formally referred to as "legislating on appropriations," synonymous with creating new or revised policy during funding sessions when policy to determine the scope and content of a federal program ought to be reserved for congressional authorizing committees, where the nuances of the program can be debated fully.

APPROPRIATIONS BILLS: A "TROJAN HORSE" FOR POLICY DECISIONS?

In recent years, some congressional members have indeed been "legislating on appropriations," particularly when the funding issue is controversial. And this year, with pressure from the Far Right to champion ready-made political agendas like the Christian Coalition's "Contract with the American Family," members of Congress have used the funding process to dramatically change a wide variety of federal policies. Such maneuvering has resulted in the elimination of over 100 federal programs without any genuine debate on the matters at hand. For example, the Labor, Health and Human Services (HHS), Education and Related Agencies Appropriations Bill, which determines the allocation of approximately \$60 million for domestic programs on education, health, and social matters, became the stomping ground for members of the House of Representatives looking to please ultraconservatives. Using appropriations bills for policy-making is especially time effective, since changes go into effect on the first day of the federal fiscal year, October 1.

By the time this article is in print, Congress may have passed the appropriations bills for fiscal year 1996, although at the time of this writing, both houses have adjourned for the summer recess, and the outcome is uncertain. So far, indications are that abortion rights, pregnancy prevention services, and sexual orientation rights are under attack.

*"This session of
Congress has been
unprecedented in
its attacks against
responsible sexual
decision-making"*

A B O R T I O N R I G H T S S E T B A C K S

On July 18, the House Judiciary Committee approved (20-12) the *Partial Birth Abortion Ban Act of 1995*, otherwise known as HR 1833. The bill, sponsored by Representative Charles Canady (R-FL), would make the performance of "intact" dilation and evacuation abortions (D&Es) a federal crime. Intact D&Es, also referred to as dilation and extraction, are extremely rare procedures used in pregnancy terminations which are past 20 weeks of gestation, and usually only occur when the mother's life is endangered or when the fetus is severely damaged. The bill makes no exceptions for cases where the life of the mother is endangered, despite repeated efforts by Representatives Patricia Schroeder (D-CO), Zoe Lofgren (D-CA), and Sheila Jackson (D-TX). It is unknown when the bill will be up for consideration.

The Treasury, Postal Service, and General Government Appropriations Bill (legislation which provides approximately \$23 billion in FY 1996 for the Treasury Department, the White House, and other small agencies and federal-employee programs) prohibits federal employee insurance programs from paying for abortions except in cases when a woman's life is endangered. Additionally, federal employees and their dependents who become pregnant by rape or incest are not covered, and are prohibited from purchasing supplemental abortion coverage with

their own funds. This ban existed in legislation from 1984-1993, but was rolled back by Democrats and approved by President Clinton. The Federal Employees Health Benefits Plan affects nine million Americans and is often considered a model for improving the Medicaid and Medicare programs. Representative Steny Hoyer (D-MD) failed to remove the funding prohibition (235-188), and the restriction of federal employees was included in the bill and passed by the House (216-211) on July 19. The Senate debated the bill for nearly six hours, then passed the restriction by a vote of 50-44.

The House Labor HHS Appropriations Bill contained a number of measures related to abortion. Representative Ernest Istook (R-OK) acted in Committee to successfully reverse the 1993 Clinton administration directive to provide funding for abortions to rape or incest survivors who qualify

for the Medicaid program (29–23). During House floor debates, Representative Jim Kolbe (R-AZ) offered an amendment to add rape and incest to life endangerment as exceptions for Medicaid reimbursement of abortion services. After considerable debate and despite bipartisan support, the Kolbe provision failed (206–215).

The House Labor HHS Bill also contained language from Representative Tom DeLay (R-TX) to override the accreditation standards recently adopted by the Accreditation Council for Graduate Medical Education (ACGME), which require OB-GYN students to be trained in abortion procedures. Nonaccredited schools would be denied Medicare funds, and students at such schools would be ineligible for federal student loans. An attempt to uphold the ACGME standards by Representative Greg Gansk (R-IA) failed (189–235).

PREGNANCY PREVENTION SERVICES VALUED...BY MOST

Reproductive health professionals were perhaps most taken aback when Representative Bob Livingston (R-LA) successfully stripped Title X family planning of all funds and reallocated them to the Maternal and Child Health block grant and to community health centers. The defunding of Title X occurred during the House Appropriations Committee's consideration of the \$193 million allocation to more than 4,000 clinics providing contraceptive and other reproductive health services to over five million young, low-income, minority women, most of whom are not mothers. Since Title X had not received reauthorization since 1981, deleting these funds resulted in the termination of the entire program. Interestingly, the original program was created in 1970 by then-Congressman George Bush and signed into law by then-President Richard Nixon. In 1995, many Republicans, like Representatives Jim Greenwood (PA), Nancy Johnson (CT), Constance Morella (MD), and John Porter (IL), turned out to be vocal supporters of Title X. With such support, Title X funds were restored (224–204) by a bipartisan vote, and a second attempt by Representative Livingston to decimate Title X was defeated (104–224).

The Labor HHS Appropriations bill does not rest there. The House Appropriations Committee quietly aims to rename the Office of Population Affair's "Adolescent Family Life Demonstration Program" (AFLA) the "Abstinence Counseling Program." The existing AFLA program funds a variety of programs to encourage abstinence as well as teenage pregnancy prevention and parenting projects. It appears that the House committee had hoped to send a stern message to the Clinton administration and pregnancy prevention advocates.

Further confirming a limited view on sexuality, the House eliminated funds for the Office of the Surgeon General. Formerly known for issuing health warnings on

cigarettes, the Surgeon General became a bully pulpit for HIV-prevention education during Ronald Reagan's administration. In fact, then-Surgeon General C. Everett Koop set a precedent for discussions of sexuality issues for officials who followed after him. The elimination of the funds for the Office of the Surgeon General can be viewed partially as the House's reprimand for federal officials who discuss sexuality as a matter of health.

SEXUAL ORIENTATION: SAME ATTACKS, DIFFERENT BILLS

Some members of the House and the Senate have been studiously ferreting out any program or activity that may use federal funds to discuss the issue of sexual orientation in a non-condemning manner. Legislative attacks against gay men and lesbians are not new to sexual rights and antidiscrimination advocates. In fact, last year's reauthorization of the *Elementary and Secondary Education Act* (ESEA) included heated debates on how schools approach the issues of sexual orientation.

The Senate has seen several such efforts by Jesse Helms (R-NC), culminating with the introduction of a bill prohibiting funds for the Gay, Lesbian, and Bisexual Federal Employee (GLOBE) group on the very first day of the 104th Congress. Helms commented in the July 5, 1995 edition of *The New York Times* that AIDS funding should be reduced because homosexuals get the disease through their "deliberate, disgusting, revolting conduct." Those comments foreshadowed his highly restrictive amendment to the reauthorization of the *Ryan White Comprehensive AIDS Resources Emergency Act* (S.461), an AIDS care and treatment program which provides over \$624 million to states, cities, and community-based organizations to serve people living with HIV/AIDS. The Helms amendment stated that no funds under the Ryan White Act may be used "to promote or encourage, directly or indirectly, homosexuality, or intravenous drug use." According to Helms, promoting homosexuality is defined as, "affirming homosexuality as natural, normal, or healthy," or, when addressing related "at-risk" issues, "affirming in any way that engaging in a homosexual act is desirable, acceptable or permissible, or describing in any way techniques of homosexual sex." The effort indicates an intention to stifle any nonjudgmental discussion of sexual orientation. Much to the dismay of sexual-rights, antidiscrimination, and HIV/AIDS advocates, the Helms amendment to Ryan White passed the Senate (54–45).

Senator Nancy Kassebaum (R-KS), chair of the Labor and Human Resources Committee, followed the Helms amendment with one to prohibit Ryan White funds to be used for "AIDS programs, or to develop material designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual. Funds authorized under this title may be used to provide medical treat-

ment and support services for individuals with HIV." The Kassebaum amendment also passed (76-23).

Senator Helms and many AIDS activists believe that the Kassebaum amendment "guts" the Helms amendment by dropping language concerning the "promotion of homosexuality" and by broadening the focus to include heterosexual activity. However, the outcome of the Helms and Kassebaum amendments is still very much up in the air, as the House has yet to debate their version of the bill, and a House-Senate conference still awaits.

Representative Robert Dornan (R-CA) a Presidential hopeful, has continued to take the lead on antigay legislative efforts. Dornan has introduced a bill, H.R. 862, that prohibits the "direct or indirect use of federal funds to promote, condone, accept, or celebrate homosexuality, lesbianism, or bisexuality." Dornan wrote a letter to his colleagues in the House, in support of his legislation, and included a list of organizations, which he said receive federal funds "to promote homosexuality." SIECUS is the first organization on his list. While the bill has not been formally considered, supporters of sexuality services should be concerned that Dornan's language might be adapted in other discriminatory legislation.

Sexual-rights advocates can take heart in one high point this summer. On August 4, 1995, President Clinton approved by executive order a government-wide overhaul of security clearance procedures for federal employees,

which had previously restricted gays and lesbians from certain government positions.

OUTLOOK

This session of Congress has been unprecedented in its attacks against responsible sexual decision making, which includes the right of all American adults: to obtain sexuality information and education; to receive sexual health services; to engage in behaviors with another consenting adult; to live in accordance with one's orientation; and to obtain sexually themed materials in the privacy of the home. The current attacks have been on small groups of Americans, but the impact of these measures will damage everybody. The sexual rights of all people are in jeopardy when the rights of low-income individuals, young persons, gay and lesbian people, federal employees, and artists are threatened or taken away. It is clear that the longsighted goal of those currently in control is to eliminate the right to obtain an abortion, to have access to sexuality materials, and to live life without discrimination. Thus, it is all of our responsibility to speak out and ensure the rights of all citizens, regardless of age, gender, marital status, income level, or sexual orientation. All adults should have the right to make sexually responsible decisions. Join us in efforts to protect that right.

To join the SIECUS Advocates Network, write to: SIECUS, Public Policy, 130 West 42nd Street, Suite 350, New York, NY 10036.

CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews or critical analyses from interested individuals. Send a double-spaced draft manuscript to Mac Edwards, Editor, *SIECUS Report*, 130 West 42nd Street, Suite 350, New York, NY 10036. (Detailed instructions for authors appear on the inside back cover of this issue.) Upcoming issues of the *SIECUS Report* will have the following themes:

Sexuality Education Around the World

February/March 1996

Deadline for final copy: December 1, 1995

Sexuality in the Media

April/May 1996

Deadline for final copy: February 1, 1996

New Resources and Technology in Sexuality Education

June/July 1996

Deadline for final copy: April 1, 1996

The Politics of Sexuality Education: 1996

August/September 1996

Deadline for final copy: June 3, 1996

IN JAPANESE, THERE IS NO WORD FOR ABSTINENCE REPORT FROM THE 12TH WORLD CONGRESS OF SEXOLOGY

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

In August, SIECUS International Director James Shortridge and I were fortunate enough to be invited guests among the nearly 700 sexuality professionals from 40 countries attending the 12th World Congress of Sexology in Yokohama. This biannual meeting is sponsored by the World Association of Sexology (WAS), an organization founded in 1978 to further the understanding and development of sexology throughout the world.

WAS has 60 member organizations representing more than 25 countries. Its mission is to bring together individuals and organizations to share scientific information, form networks, and promote international and intercultural exchange. The conference, held this year in Japan, met such a goal, and was an outstanding opportunity for SIECUS members to meet with sexuality educators from around the world.

The conference this year, for the first time in WAS history, had a focus on sexuality education. James Shortridge led a preconference workshop on the *Guidelines for Comprehensive Sexuality Education*. I offered one of the plenary addresses, and together we coordinated a symposium on sexuality education with participants from Russia, Japan, and Sweden. We also worked closely with other groups to lead an informal networking session for educators. Further, the Japanese organizing committee, with SIECUS' advice and assistance, coordinated seven paper presentations on sexuality education.

We heard repeated tales of the politicization of sexuality education and sexual rights in countries around the world. People were amazed about our own reports concerning the Far Right in America and their growing success at restricting sexuality education and sexual rights. Many people told us that they always think of the United States as the "land of sexual freedoms." We learned that programs are under attack in other parts of the world, although few countries face the concerted organized opposition that the United States is currently experiencing.

Nonetheless, I was delighted to learn that many of our materials, including the *SIECUS Report*, are avidly read by sexuality professionals around the world, who look to U.S. professionals like yourselves for guidance, insights, and inspiration. Professionals were hungry for information about effective programs, resources, and research.

I was additionally impressed by how much we have to learn from the efforts of our international counterparts. While it is true that few countries outside of Scandinavia affirm sexuality as a natural and healthy part of life and champion sexual rights for all people, almost every country has recently launched pioneering, creative efforts to help both young people and adults celebrate their sexuality more fully. I was fascinated by speakers from Sweden, Denmark, and the Netherlands who reported extremely low unintended pregnancy and sexually transmitted disease rates, especially among young people, as the result of a national commitment to sexuality education and sexual health services for youth.

The workshops and sessions at this world congress provided important insights about the current debate in the field among social constructionists and essentialists concerning the very nature of sexuality. Social constructionists argue that sexuality is "deeply influenced and constructed by social, political, economic, and cultural factors" and that "it is doubtful that there is an internal, essential sex drive or force."¹ Those on the side of essentialism, on the other hand, assert that sexuality is innate and universal. As with most debates concerning such matters, I ended up concluding that both sides offer important approaches to understanding more fully the nature and origins of sexuality.

Conference presenters underscored the biological nature of sexuality, exploring sexual brain differentiation and subsequent behavioral patterns, which are thought to be mediated by hormones, neurotransmitters, and genetics. In addition, surveys about sexual behavior from Japan, the United States, England, and India all reported surprisingly similar results, with most people, regardless of the country, beginning sexual relationships in adolescence. The surveys also found that couples who had been married the fewest years had intercourse most frequently, and the frequency of sexual intercourse and other sexual behaviors tended to decline with each ensuing decade of marriage. Estimates of people involved in same-gender sexual relationships were remarkably similar.

Other topics illustrate quite clearly how important culture is in defining sexuality issues. On a very basic level, I was struck by how differently professionals from different countries greet colleagues and the varying degrees of per-

sonal-space boundaries. In Japan, for instance, one bows slightly before engaging in conversation. Brazilians kiss their colleagues on both cheeks, whereas other Latin Americans tend to kiss only once. As North Americans, we almost instinctively reach for the hand. The receiving line at a conference reception was indeed a study in contrasts!

Perhaps the research issue most shaped by cultural and political perceptions is sexual identity and orientation. I attended an outstanding session on homosexuality, in which Japanese and Indian speakers emphasized the limitations of western constructs about homosexuality in their countries. For example, in Japan, the Nanshoku culture has historically recognized the behavior of men having sex with men, without necessitating the recognition of a separate gay identity.² In India, same-gender sexual behaviors exist as well without an "oppositional, hierachial, and identity based terminology" to define these behaviors or the men and women who practice them.³

On a less technical note, I was struck by how the terminology for sexual behaviors differs dramatically among countries. For example, when I met with the translators before my presentation, I learned that there is no word for "abstinence" in Japanese. The translators asked incredulously, "Like we talk about for smoking?" I asked whether Japanese students are taught in school not to engage in sexual behaviors, and was told that they were not. Similarly, no such word exists in Swedish, although for different reasons.

In my plenary address, I urged the participants to inte-

grate the six "E's" into their efforts: I encouraged them to EXCHANGE information, for there is an urgent need for collaboration, networking, and resource sharing; to EXPAND their work in "sex education" to embrace the broader topics of sexuality education; to ENGAGE learners through skill-based interactive education and not simply didactic sessions; to EVALUATE their programs and efforts; to continually EDUCATE themselves and others in the pedagogy and methodology of sexuality education, and to ENCOURAGE reforms to assure sexuality education, and sexual rights.

I left Japan with new appreciation for the slogan "Think Globally, Act Locally." There is an emerging worldwide movement for sexuality education and sexual rights. U.S. sexuality educators have much to learn from our global colleagues, many of whom bravely face conditions and challenges that dwarf our own. I am proud that SIECUS is a part of this effort.

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INSTITUTE OF MEDICINE REPORTS ON UNINTENDED PREGNANCY

The Institute of Medicine (IOM) recently released its report on unintended pregnancy, stating, "Unintended pregnancy is both frequent and widespread in the United States." The report, entitled *Best Intention: Unintended Pregnancy and the Well-Being of Children and Families*, identifies that the problem affects all segments of American society, not just teenagers and unwed, low-income or minority women.

Interestingly, the report finds that half of all pregnancies among women aged 20–34 in 1987 were unintended. The same is true for 40 percent of pregnancies among unmarried women, and 75 percent of pregnancies to women over the age of 40. In 1988, 82 percent of pregnancies among teenagers and 88 percent among never-married women were unintended. In short, of the estimated 5.4 million pregnancies in 1987, approximately 3.1 million were unintended. Of those 3.1 million, approximately 1.6 million ended in abortion and 1.5 million resulted in birth. The percentage of births from unintended pregnancies had declined during the 1970s and 1980s, but began to increase once again in the mid 1980s, and continues to increase.

The report details strategies designed to achieve a new national understanding in order to emphasize wanted, planned pregnancies. Among such strategies is a recommendation that schools continue to develop age-appropriate sexuality education programs that build on new research about effective content, timing, and teacher training for such courses.

To order this report, call 1-800-334-3313 or write to: the National Academy Press, 2101 Constitution Avenue, N.W., Washington, D.C. 20418.

F A C T S H E E T

T H E T R U T H A B O U T L A T E X C O N D O M S

Sexually-involved individuals owe it to themselves to get accurate, unbiased information about condoms and the part they play in preventing unwanted pregnancies and sexually-transmitted diseases.

SIECUS has updated this Fact Sheet—*The Truth about Latex Condoms*—for this purpose. It includes information on both their reliability and their effective use.

It also includes resources used in compiling the *Fact Sheet* so that people will know where to look for more information.

Effectiveness

- Using a condom is more than 10,000 times safer than not using a condom during intercourse.¹
- Condoms are 98 percent effective² when used correctly—with some reports indicating they are 100 percent effective.³
- The average failure rate for condoms is 12 percent: reflective of people who do not use them properly or do not use them every time they have intercourse.⁴
- Laboratory tests show that neither sperm, which has a diameter of 3 microns (.003 mm), nor STD-causing organisms, which are a quarter to a ninth the size of sperm, can penetrate an intact latex condom.⁵
- Contraceptive effectiveness is determined by the number of women who use a certain method and become pregnant over a one-year period.
- Effectiveness rates for STD prevention (including HIV) must be calculated in separate studies from pregnancy prevention.

Regulations and Tests

- Condoms are manufactured according to national standards based on regulations of the Food and Drug Administration (FDA).⁶
- If there is a leak in more than four per 1,000 condoms, the entire lot (approximately 5,000) is discarded.⁷

- Condoms are tested electronically to determine their resistance to breakage, elasticity and pore size.⁸
- The U.S. Centers for Disease Control and Prevention (CDC) has conducted laboratory studies showing that sperm and disease-causing organisms (including HIV) cannot pass through intact latex condoms.⁹ Information indicating that condoms have holes as large as five microns (.005 mm) was based on tests of latex gloves which had less stringent standards. (*Note:* They are now more stringent.)

HIV Transmission

- Condom use substantially reduces the risk of HIV transmission.
- A study published in *The New England Journal of Medicine* observed partners for 20 months where one was HIV-positive and the other was HIV-negative.
- Findings included: (1) HIV-negative partners did not become infected when condoms were used consistently and correctly; (2) 10 percent of the HIV-negative partners (12 of 122 couples) became infected when condoms were used inconsistently.¹⁰
- A study published in *The Journal of Acquired Immune Deficiency Syndromes* observed sero-discordant heterosexual couples and showed that three percent (two out of 171) who consistently and correctly used condoms became HIV-infected and that 15 percent (eight out of 55) who used condoms inconsistently became HIV-infected.¹¹
- A study published in the *American Journal of Epidemiology* observed female partners of sero-positive men and showed that inconsistent (or no) condom use during vaginal and anal intercourse was associated with HIV infection.¹²

Abstinence

- Abstinence from sexual intercourse is the only 100 percent effective prevention against sexually transmitted diseases. However, it must be correctly and consistently practiced.
- Of those who report abstinence as their contraception method, 26 percent become pregnant each year.¹³
- Eighty percent of all people have intercourse at least once by the age of 20.¹⁴

CONSISTENT AND CORRECT CONDOM USE

Individuals who use condoms to prevent unwanted pregnancies and sexually-transmitted diseases must understand the meaning of *consistent* and *correct* use.

Consistent use means:

- That an individual uses a condom with every act of sexual intercourse—from start to finish—including penile-vaginal intercourse, and oral and anal sex.

Correct use means:

- Using a new condom every time a person has sexual intercourse.
- Putting on the condom after the penis is erect and before it touches any part of the partner's body. (If a penis is uncircumcised, the person must pull back the foreskin before putting on the condom.)
- Putting on the condom by pinching the reservoir tip, unrolling it all the way up the shaft of the penis from head to base. (If the condom does not have a reservoir tip, the person should pinch it to leave a half-inch space for the semen to collect after ejaculation.)
- Withdrawing the penis immediately if the condom breaks during sexual intercourse and putting on a new condom before resuming intercourse. (When a condom breaks, individuals are urged to use spermicidal foam or jelly and to speak to a healthcare provider about emergency contraception.)
- Using only water-based lubrication. *Do not* use oil-based lubricants (such as cooking/vegetable oil, baby oil, hand lotion or petroleum jelly). They can cause the condom to break.
- Grasping the rim of the condom between the fingers after ejaculation and while the penis is still erect and slowly withdrawing the penis (with the condom still on) so that no semen is spilled.
- Storing them in a cool place out of direct sunlight (not in wallets or car glove-compartment). Latex will become brittle from changes in temperature, rough handling or age. Don't used damaged, discolored, brittle or sticky condoms. Check the expiration date.

RESOURCES

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This Fact Sheet—*The Truth about Condoms*—was compiled by Leslie M. Kantor, Director, SIECUS Special Projects, and Sara Oswalt, the 1995 Bobbie Whitney Intern at SIECUS.

IT'S PERFECTLY NORMAL: CHANGING BODIES, GROWING UP, SEX, AND SEXUAL HEALTH

Robie H. Harris,
illustrated by Michael Emberley
 Cambridge, MA: Candlewick Press, 1994,
 89 pp., \$19.95

"Let's throw a party to celebrate our growing up."

"No way, my growing up is nobody's business but mine."

This is a conversation between the Bird and the Bee, cartoon characters appearing periodically in *It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health*. The Bird is excited to learn, curious, and open to new information. The Bee is apprehensive, slightly prudish, and overwhelmed by new information. The Bird and the Bee symbolize the ambivalence toward learning about sex, sexuality, and growing up that many youngsters feel as they near adolescence.

The phrase "it's perfectly normal" is not only the title of the book, but also one of its guiding concepts. It appears occasionally throughout the text, in connection with a variety of topics, including having a crush, menstrual flow, acne, and masturbation. The repetition is both encouraging and comforting, and exemplifies the caring concern with which Robie Harris (no relation to this reviewer) treats her subject matter.

The author also repeats other key ideas and facts a number of times and in a number of ways to reinforce both the information and its importance. For example, she states in several chapters that a female can become pregnant once she has begun to menstruate, and that sexual intercourse can result in a pregnancy. In chapter 19, "A Kind of Sharing: Cuddling, Kissing, and Sexual Intercourse," the Bird says, "We interrupt this program again to announce, 'Baby-making warning! You can get pregnant if you have sexual intercourse.'"

Although this book is in tune with children's sensibilities (it is intended for pre-adolescents and young adolescents), it is not patronizing and does not oversimplify

the material. Her descriptions of the female and male genitals (chapters 7 and 8) are particularly clear and helpful. By comparing internal organs to common objects (the uterus to a small, upside down pear; the epididymis to a telephone receiver), Harris helps children visualize and get a sense of the parts of their bodies they cannot see.

The book is illustrated with wit and humor by Michael Emberley. His drawings and cartoons show a diversity of race and ethnicity, as well as representing both heterosexual and gay and lesbian relationships.

The author and illustrator seem to have a similar vision about how to approach the material—with warmth, humor, and a commitment to sensitive, accurate information. Harris's writing and Emberley's illustrations complement one another well, each showing skill and style. The clarity and honesty of the book make it very appealing.

Reviewed by Evan Harris, SIECUS librarian.

DEAR LARISSA: SEXUALITY EDUCATION FOR GIRLS 11-17

Cynthia G. Akagi
 Littleton, CA: Glyantic Publishing, 1994,
 229 pp., 12.95

As the mother of three daughters, the eldest of whom is on the brink of adolescence, I have a particular interest in books presenting information on sexuality to teenagers.

As I have found from browsing in bookstores, the available material varies considerably in quality, viewpoint, and emphasis. Some books stress the physiological changes of puberty while others focus on emotional and philosophical issues. Some are written by physicians, and some quote extensively from teenagers themselves.

Dear Larissa: Sexuality Education for Girls 11-17, which is written as a series of letters from a mother to her daughter, tries to cover all the pertinent bases. For the most part, the author, who is the assistant director of a teenage pregnancy prevention program, succeeds in conveying information in a positive manner.

With each major subject covered by a separate chapter, the book addresses: physiological changes in girls and boys; male and female reproductive systems; menstruation, conception, and pregnancy; dating, love and marriage; birth control; teenage pregnancy; STDs, including HIV/AIDS; sexual abuse; and sexual decision making.

The main message of *Dear Larissa* is the prevention of teenage pregnancy and STDs. This theme is repeated, with variations, at least once per chapter: "With an adult body come adult responsibilities—birth control and STD protection" (p. 12). While the author stresses preventive measures, she also advises the fictional Larissa to wait at least until late adolescence to have intercourse, and to engage in sexual behavior only in a committed relationship.

As in any book that attempts complete coverage of a complex topic, there are some lapses. The one I found most serious was the dismissive treatment of gay and lesbian issues. While *Dear Larissa* pays some lip service to tolerance—"homosexual teens shouldn't be shunned" (p. 15)—it makes no attempt to address the needs of those teenagers who do not fit into the "boy likes girl" paradigm.

The book contains a few factual errors, most of which are minor, but one of which might seriously misinform the reader. It is not true that "in 1990, the decision of keeping abortion legal" was given back to each individual state (p. 187). Rather, the Supreme Court allowed states to impose some restrictions (such as 24-hour waiting periods and spousal consent requirements). Aside from this, the topic of abortion is covered very well.

Dear Larissa would have benefited from closer editing and more assiduous proofreading ("cunningliness" for "cunnilingus" is my favorite misspelling). And the illustrations, while simple and clear, are not particularly well done. However, the book's low price should make it accessible to a large audience.

For me, the bottom line is, "Will I share this book with my daughter?" The answer is a qualified "Yes." While *Dear Larissa* provides a good overview of its subject, I plan to supplement it with books that do a better job

on specific topics. Most importantly I think it will provide a good springboard for family discussion and will help me and my daughter to articulate our concerns.

Reviewed by Mary L. O'Connor, free-lance writer and editor.

HOMOSEXUALITY IN THE CHURCH: BOTH SIDES OF THE DEBATE

Jeffrey S. Siker, Editor
Louisville: Westminster John Knox Press,
1994, 211 pp., \$14.99

In "Risking to Listen and to Learn," his introduction to *Homosexuality in the Church: Both Sides of the Debate*, Jeffrey Siker lays out his intention in drawing together this collection of essays: "to foster constructive dialogue and discussion, even reconciliation and healing, among people who stand in disagreement with one another, as well as among people who are not sure what they think or do not have a clear sense of how to sort through the various concerns that this discussion/debate has raised."

Siker conscientiously and evenhandedly fulfills his purpose. He presents essays that go to the heart of the debate, focusing on scripture and tradition, moral and scientific reasoning, and personal experience. Two writers address each concern, one from a traditional stance and the other from a position that questions long-held convictions. With this breadth of focus and viewpoint, the collection illustrates perspectives from both those who believe that gay and lesbian relationships "are in some way less than what God intends for human beings, to the point of being sinful," and from those who believe that these relationships "can be as fulfilling and as legitimate before God, and therefore as blessed by God, as heterosexual relationships."

A thoughtful and open reading of these essays will evoke many questions and issues, including these: How open am I to examining the biblical texts in the light of the historical, cultural, social, and theological

contexts in which the scriptures were written? How seriously and responsibly do I approach scripture, and what is the relationship between these texts and tradition? What is the relationship between our actual experience and our ideal vision of experience as formed by scripture, tradition, and "natural law"? What is the role of the social and biological sciences in theological reflection and moral deliberations? What does the experience of gay men and lesbians tell us, and how do we let this real-life experience affect our understandings and behavior?

My hope is that those who read this book will come to a greater appreciation of the different perspectives honestly held by persons within the church, people of faith and goodwill. I further hope that the essays will encourage readers not to treat "homosexuality" as an issue which they will dissect and argue about, but increase their awareness that gay men and lesbians are real people, who hurt, love, laugh, struggle, and try to be faithful to their life experiences and God.

Reviewed by Gail Addis, IHM, director, AIDS Ministry, Associated Catholic Charities, Oklahoma City.

NOW AND FOREVER: THE RESPONSIBILITY OF SEX

Diana Leach and Nancy Mertzlufft
Muncie, IN: Accelerated Development, 1994,
114 pp., \$13.95 (teacher manual);
252 pp., \$22.95 (student workbook)

Serious weaknesses in the teacher manual and student workbook compromise the intentions of the *Now and Forever* authors. Though "designed to teach sexuality to students" (p. 11), it fails to address all domains of sexuality and, instead, focuses exclusively on the negative consequences of sexual intercourse and unwanted sexual contact. Furthermore, it has two overriding problems: a lack of information and instructions for teachers, and a biased content.

Apparently geared to students in high school and late middle school grades, its nine modules cover adoption; single parenthood; abstinence; abortion; teenage marriage; birth and death; STDs, including AIDS; sexual abuse and incest; and rape. Notably, it does not discuss contraception. Each module contains individual and group projects, including activities that help teachers assess students' learning.

Now and Forever has useful sections containing teaching tips and discussion questions, but largely fails to provide adequate background information or instructions. For example, the authors recommend videos and music, but rarely give information on ordering them. In the module on STDs, they suggest a game modeled on *Jeopardy!*, but provide no questions or answers. This is not a user-friendly resource.

The bias in content is found largely in the 21 interviews that make up a large portion of the student workbook. Many activities are built around these interviews, in which teenagers and adults discuss unhappy consequences of sexual intercourse. Of the 21 interviewees, 16 discuss pregnancies: eight young mothers kept their babies, four placed them for adoption and four had abortions. Two of the abortions are mentioned briefly by young men portrayed as irresponsible and two by young women who chose abortion.

HIV/AIDS, virginity, rape, incest, and STDs are covered in the remaining interviews, but, except for two HIV-negative gay men, the rest of those interviewed are female.

Furthermore, the experiences of the interviewees are not representative of those of many American teenagers. There are no urban stories, no mention of racial or ethnic diversity, or of violence; and little discussion of drug use. The only religions mentioned are Christian.

Experienced teachers might find *Now and Forever* useful, but, in general, the resource fails.

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