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Public Policy, Part II: Community Initiatives

IMPACT 88

Dallas' Countywide Plan for Reducing Teen Pregnancy

Jesus A. Sandoval

*Social Service and healthcare professionals, working hand-in-hand with young people and adult volunteers, can build a sense of community that fosters public policies beneficial to youth. IMPACT 88, a project of the Community Council of Greater Dallas, is an example of a three-year planning model designed "To systematically involve ALL segments of the community in reducing school age pregnancy by providing improved health, educational, and social services to adolescents."*¹

Since 1978, when it formed the Coalition on Responsible Parenthood and Adolescent Sexuality (CORPAS) — a group comprised primarily of "frontline professionals who work with young people" — the Community Council of Greater Dallas has played an active role in initiating, promoting, and coordinating efforts around the issue of adolescent pregnancy and parenting in the Dallas community. From its inception, the Council has coordinated services, shared information, and worked to keep this issue consistently before the public.

In late 1983 and early 1984 the Council's initial efforts were expanded and a campaign was launched to involve a wider spectrum of the community in the "potentially volatile" issue. Carolyn Taylor, wife of the mayor of Dallas, proposed that a Task Force on Adolescent Health and School Age Pregnancy be established after becoming "greatly concerned about the issue" while helping her husband campaign for mayor. Until she had gone into the community and "listened to the people," she said, she had "never heard the quiet screams for help coming from the children."² Taylor and the community also were very alarmed by a report released by the Parkland Hospital Young Adult Clinic in 1982 which provided some shocking statistics on Dallas County youth. The report indicated a teen pregnancy rate 1.5 times the national average; a drug abuse rate 5 times the national average; a

sexually transmitted disease rate 2.5 times the national average; and an infant mortality rate, in parts of the county, "that exceeded those of some Third World countries."³ Taylor won the approval and support of the Council and quickly convened and became the chairperson of The Task Force on Adolescent Health and School Age Pregnancy. The Task Force brought together 175 representatives of different racial, ethnic, and socioeconomic groups from throughout the county, and from the business sector, government, the media, religious organizations, civic groups, health and social service organizations, public officials, and the teen age population. It then organized nine subcommittees to study the problem and needs from each of their particular perspectives:

The *Adolescent and Family Organizations* Committee compiled a listing of all services for adolescents and then identified gaps and needs. Adolescents representing these organizations met separately to give their input and suggestions.

The *Business* Committee acquired first hand information on the problems of pregnant and parenting teens by meeting directly with them. The committee then divided into three groups to address what they identified as critical areas: development of an economic impact statement, a child care strategy for adolescent parents, and a plan to meet teen employment needs by educating both employers and employees. . . .

The *Education* Committee sought to increase awareness regarding educational needs in this area. . . .

The *Community Service Organizations* Committee focused on developing means to better match voluntary service organizations with agencies and adolescents. A survey was conducted to determine what volunteer groups were already doing and to promote interest in working in this area.

The *Media* Committee directed its attention to consideration of a public awareness campaign to combat the messages young people receive about sexuality and to inform the com-

munity about problems facing adolescents.

The *Medical* Committee worked to compile a list of all health services provided to adolescents, and subsequently identified gaps in services. . . .

The *Religious* Committee focused its efforts on ways to reach and support adolescents and their families through churches and other religious organizations. Efforts were directed at ways to increase spiritual education relative to adolescent sexuality and problems associated with school age pregnancy.

The *Political and Legislative* Committee gathered information on current legislation in this area. Their focus also included plans to increase the awareness of our legislators and other elected officials about the seriousness of this problem and the needs of adolescents. . . .

The task of the *Funding* Committee will be to seek out and secure funding necessary to implement the plan.⁴

Together, over a period of nine months, the Task Force and its Committees met to discuss and set forth their recommendations. In conclusion, they drafted a 40-page comprehensive plan to reduce adolescent pregnancy which became known as *IMPACT 88: The Long Range Plan of the Task Force on Adolescent Health and School Age Pregnancy*. The target date of 1988 specified the time by which the plan was to be implemented. "The first part of the plan was comprised of a management goal and an 'access to services' goal dealing with the development of an IMPACT 88 administrative office and a TEENLINE telephone information and referral service targeted to adolescents. The heart of the plan was the eight 'service goals' which outline the service improvements and additions deemed essential to the prevention of school age pregnancy and better service delivery for parenting teens."⁵

The Community Plan and Process

The IMPACT 88 plan was officially released to the public in September, 1984. Affectionately referred to as the "Blue Book," it outlined eight major areas for concerted effort. These were: the need for increased recreational opportunities for youth; improved and accessible health education and care; housing for pregnant/parenting teens that cannot remain in the natural family setting; a county-wide community awareness campaign; development of family and peer support systems; new employment opportunities, especially for low-income youth; expanded availability of sexuality education; and a desperate need for childcare among parenting teens.

In March of the same year that the plan for IMPACT 88 was being formed, the professionals, who were part of CORPAS, issued a comprehensive statistical report, *Adolescent Pregnancy in Dallas County, Texas*. This report was to serve as a problem statement (the first step in the policy making process) and as a database for the launching of IMPACT 88. It outlined the number of teens and pre-teens that were becoming parents; their ages, ethnicity, and location within the county; the estimated costs to local taxpayers for the support of pregnant/parenting teens; and the results of a survey designed to assess the level of response by social/health service providers in

the county (i.e., services offered during nonschool hours, outreach to teens, etc.).

The report, along with the unprecedented national attention then focused on teen pregnancy, stimulated the attention of the media and of the general public and provided the groundwork for a communitywide response. The people of Dallas, a city that takes pride in its "can do" reputation, were shocked by the statistics and extent of teen pregnancy in Dallas: in 1980 and 1982, Dallas had the highest percentage of births to adolescents among the 10 largest cities in the nation; the adolescent birth rate in Dallas County was consistently one-and-one-half times the national rate; and among girls, 14 years-of-age and younger, the live birth rate was three times the national average.

"In October, 1984, the board of directors of the Community Council of Greater Dallas unanimously endorsed and adopted the IMPACT 88 report."⁶ The report quickly received endorsements and commitments from 36 local organizations who also indicated that they would par-

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ticipate in the implementation of the plan. "The board charged the Dallas Commission of Children and Youth with the responsibility of facilitating the community implementation of the plan, and the work of the Task Force passed on to a new home. In November, 1984, the Dallas Southwest Osteopathic Physicians, Inc. agreed to fund the establishment of an office at the Community Council for IMPACT 88. This agreement entailed three years of funding to pay salaries for a TEENLINE worker, a youth services planning consultant, and part of the administrative costs associated with promotion of the IMPACT 88 plan. Funding commenced January 1, 1985 — and so the new home was made secure."⁷

The process used in IMPACT 88 has been a blend of volunteer efforts and public/private initiatives. More than 100 professionals and community volunteers (known as the "Office on Adolescent Pregnancy for Dallas County" and recently simply as the "IMPACT 88 Project") have served on eight "goal committees," for the implementation of the IMPACT 88 plan, which correspond to the eight service areas outlined above. Each goal committee has two co-chairs, one from the appointed membership, and one from the community. Together, the 16 co-chairs collectively comprise the steering committee for IMPACT 88. The goal committees have "fleshed out" specific strategies for involving community organizations and institutions in the solutions proposed in the plan; and where possible, have encouraged existing agencies to redirect and redeploy resources in ways that contribute to reducing teen pregnancy.

Soon after finding its new home, IMPACT 88's public education efforts were expanded, emphasizing the public costs associated with early childbearing as juxtaposed to the economy of prevention; the assertion that teen pregnancy directly affects all sectors of the community and is not "just a minority problem"; and that the improvement of adolescent health is a necessary precursor to reducing adolescent pregnancy. In addition, a countywide public awareness campaign, designed with a "seed grant" from the Texas Department of Human Services, "leveraged" large amounts of in-kind donations from a local advertising agency, and from various media and communications organizations, to bring important and timely information to the public. Key to IMPACT 88's public information campaign was the input received from IMPACT 88's "teen advisors." They provided valuable insights in regard to the types of messages that teens would listen to and the most effective means for reaching them.

Public/private initiatives also have been promoted by the IMPACT 88 volunteers as ideal vehicles for involving those sectors of the community not normally involved in health/human service issues. One such example is a project that has been designed to provide housing for pregnant teens. It has utilized donated (private sector) apartment units and furniture; volunteers from a local civic group; and professional support from the local Young Women's Christian Association.

The Obstacles

The Dallas challenge has been to formulate ways to broach the topics associated with teen sexuality given the "conservative" public attitudes that, until 1985, had kept sex education limited to only one out of 14 independent school districts in the county—the Dallas ISD. Even there, until recently, sex education has only been provided at the high school level.

The basic approach taken by IMPACT 88, in addressing these attitudes, is characterized by the following policy statement: "IMPACT 88 is not meant to be, nor will its leadership allow it to become, a forum for debate on the issues of birth control or abortion." This position statement has enabled the project to maintain a common emphasis on the prevention of teen pregnancy, along with a concern for developing services for teen parents, without alienating individuals who may oppose birth control for teenagers or abortion in general. Indeed, representatives with different viewpoints have been successfully integrated into the volunteer structure of the project. The bottom line has been that there is enough room in the process for everyone and that varied approaches can be taken on a community level to address the overall problem.

Another challenge has been to override the common misconception that teen pregnancy is primarily a "minority problem" or a "problem of the poor." In a city, and a state, that strives to maintain an image of success and affluence, it has been difficult to address this misconception. However the database supports the contention that all geographic, ethnic, and socioeconomic groups in Dallas are affected by teen pregnancy; in fact, for a time in 1985 the actual percentage of live births to teens was higher in Dallas County for Anglo teens than for Black or Hispanic teens.

A final concern, or obstacle, has been the common notion that by developing programs for pregnant/parenting teens, we "make it easy for them" and, presumably, thereby discourage responsible behavior on their part. To address this concern, IMPACT 88 went directly to the teens themselves.

In early 1986, a series of four half-day "retreats" were held. More than 50 teens participated from all sectors of the county. The videotaped results of these retreats dramatically present the plight of young people struggling to deal with the 1980s in Dallas. The participating teens pointed to the need for increased family interactions, the need for education regarding sexuality and drugs, and the fears of growing up in a community that does not support young people. As one young man put it: "Times change and we face different problems than our parents faced . . . but basically, facin' a problem is facin' a problem . . . there is a situation and there is a way out." With help from teenagers, many of these "situations" now have been identified and are being faced by the Dallas community.

Changes in Public Perceptions and Public Policies

These same teens formed a teen advisory board that has provided valuable input into the design of the countywide IMPACT 88 community awareness campaign. It is interesting to note that the television public service announcement, developed in consultation with the teens, has "sold" well among young audiences. Nevertheless, one local newspaper has labeled this PSA a "steamy teen sex ad," and two of the nine area television stations have refused to carry the 30-second PSA on the grounds that it "made sex look attractive." Overall, however, the campaign messages have been very positively received.

The Community Council of Greater Dallas has established a TEENLINE telephone information and referral service targeted to teens, and created a mini-directory of adolescent services. Also, the IMPACT 88 office, located within the Council, has begun to serve as a resource clearinghouse on adolescent health and teen pregnancy. This has involved tracking local programs, maintaining statistical bases, and disseminating information to the public through regular publications and reports. In addition, service delivery has been immensely improved in Dallas by encouraging partnerships between agencies and by promoting the use of trained volunteers.

IMPACT 88's volunteers and staff contend that the community planning model is effective in impacting on local public policies. One significant local change, for example, was the creation of an interagency case management system, Access for Pregnant/Parenting Teens (APPT), which has been designed and set up by CORPAS. It now includes 10 caseworkers from the city's Adolescent Pregnancy Program who network with counselors and social workers from other agencies that work with pregnant/parenting teens in school and clinic settings throughout the city. APPT provides a forum whereby services to teens can be coordinated; resources and information can be shared; duplication can be avoided; and unmet needs and service gaps can be identified. Appropriations—the first of their kind—were made for APPT, and for the establishment of a voucher program to provide childcare for teens, after volunteers from IMPACT 88 presented information on the local adolescent problem (including a statistical picture for each city council member's district) before the members of the Dallas City Council at a public hearing on the city budget. This was one of the first presentations made by IMPACT 88.

Preventive systems of services have centered around education, both formal and informal, public and private. CORPAS has expanded its already existing speakers bureau to emphasize family communication and parenting education. Presentations and technical assistance by IMPACT 88 staff and volunteers have also been provided to school districts, churches, civic groups and private schools in order to foster increased programming on sexuality education. Parent and Teacher Associations have been staunch allies in this regard.

Other successes, directly or indirectly attributed to IMPACT 88 and the public education efforts of CORPAS, are:

- The improvement of service delivery in Dallas, by encouraging partnerships between agencies and by promoting the use of trained volunteers. A premier example of this is the establishment of Dallas County's first daycare center—the Infant Care Nursery—the county's only school-based daycare facility for student mothers. This involved forming a partnership arrangement between the Dallas Independent School District (DISD) and the local Head Start program, along with a complement of volunteers from numerous civic and volunteer organizations.
- Provision, by the local United Way, of funding for the expansion of teen pregnancy prevention services, including support for Dallas' only school-based clinic—one of the nation's first.
- The expansion of the DISD's sex education program—the nationally recognized *Human Growth, Development, and Sexuality Program*—to cover middle and elementary school children; and the initiation of two additional ISD sex education programs in the county. In addition, local agencies, not historically programmed for teen parents or parenting, have become aware of the need for sex education among their clients.
- The development of a *Sexual Responsibility* program, by a local adoption agency, for instruction of families in church settings.
- The establishment of a *Special Sisters* program, with special training for volunteers to work with pregnant/parenting teens, by the Big Brothers/Big Sisters of Dallas.
- The expansion of the *School Age Mothers' Program of Dallas* to include teen fathers.
- The establishment of a summer youth employment program, targeting teen parents, by the YMCA of Metropolitan Dallas, in conjunction with the Dallas Alliance of Business.
- The establishment of a program to train high school athletes to be "peer educators" on the topics of sexuality and sexual responsibility by the Mental Health Association of Dallas.
- A 1986 study of priority human service issues for Dallas by community leaders which identified the top two priorities as teen drug abuse and teen pregnancy.
- The passing of two proclamations, in 1986 and 1987, which marked October as National Family Sexuality Education Month and encouraged "all citizens to advance the idea that the best of families talk about sex and responsibility."

Conclusion

A community can be organized to address teen pregnancy issues with the use of dedicated volunteers and input from teens. In other communities this model might develop using the same policymaking process that we have used but in a different way. For example: problem identification might be conducted by a county medical society as opposed to the CORPAS group; public education might be the responsibility of a school district or a Planned Parenthood organization as opposed to the public information campaign sponsored by IMPACT 88; community organization might center around a public hospital, or city health department as opposed to the Community Council;

resource identification and service delivery functions might be undertaken by the United Way as opposed to APPT; and preventive services might be a common goal for all.

The Dallas model, IMPACT 88, concretely demonstrates that public policies and perception can be changed at the local level for the benefit of young people and their families.

Footnotes

1. S. Stahl, M. Merki, A. Peters, W. W. Buckingham, III. *IMPACT 88: Long Range Plan of the Task Force on Adolescent Health and School Age Pregnancy*. Dallas, TX: Community Council of Greater Dallas, 1984, 5.
2. Bert Holmes. "Trim Teen Pregnancies," *Dallas Times Herald*, September 18, 1984.
3. *IMPACT 88: Cumulative Report to the Community*. Dallas, TX: Community Council of Greater Dallas, September, 1987, 1.
4. *Ibid.*, S.Stahl, et al., 3-4
5. *Ibid.*, *IMPACT 88: Cumulative Report*, 2.
6. *Ibid.*, 2.
7. *Ibid.*, 2-3.
8. *Ibid.*, 3.

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Public Policy Part I and Part II were inspired by a telephone conversation between the editor and Janet Rosensweig Smith who is a "sexuality professor functioning in the public policy realm." She chaired the group that did the needs assessment on which the IMPACT 88 plan was based; was the executive director of Girls Clubs of Dallas and involved in the development of their National Family Life Education Project; and is now involved with New Jersey public policymaking and legislation. We wish Janet success in all her endeavors and hope that these issues of the SIECUS Report will serve as an inspiration to others in the public policy arena.

RELATED PUBLICATIONS OF THE COMMUNITY COUNCIL OF GREATER DALLAS

IMPACT 88: Long Range Plan of the Task Force on Adolescent Health and School Age Pregnancy (1984, 40 pp., 7" x 8½" report, \$3), edited by Stahl, Merki, Peters, and Buckingham, III. Provides complete information on IMPACT 88's long range plan; its purpose and overall goal; its eight particular objectives and the "action steps" necessary to implement them; a chart of action agents in relationship to action steps; and an appendices of participants, Task Force organizations, members of the Adolescent Advisory Group, and the CORPAS report, *Adolescent Pregnancy in Dallas County, Texas*.

IMPACT 88: Cumulative Report to the Community September 1987, 56 pp., 8½" x 11", \$4.50). "You will find no copyright mark on this document. That is because it belongs 'to the community' as indicated in the subtitle. The report is also from the community, presented to you by the IMPACT 88 family. This family lives in Dallas County, with many friends in parts like: Derby, Kansas; Boston, Massachusetts; "Cowtown," Texas; "The Door," New York; Battle Creek, Michigan; Kansas City, Missouri; Princeton, New Jersey; Arlington, Kentucky; Granbury, Texas and other exotic spots." This report "is the story of how this family has worked to 'develop community support for young people' in Dallas County." Tells what the Task Force on Adolescent Health and School Age Pregnancy is; describes IMPACT 88 and the activities of its steering committee; addresses the accomplishments of the eight goal committees; presents their conclusions thus far; and

offers an appendices which includes IMPACT 88's organizational chart, policy and procedures, and publicity clippings.

ADOLESCENT PREGNANCY: The Big Picture. Thumbnail sketches of programs and activities—relating to early pregnancy and childbearing on the national, state, and local levels—monitored by IMPACT 88. Offered "with the intent of providing a board overview of the significant efforts that are being made to address the issue of school-age pregnancy and adolescent health."

LOTS OF WAYS TO HELP Infants and Toddlers, Preschoolers, Young Schoolage Children, Preteens, Young Teenagers, Older Teenagers, Parents Develop a Healthy Responsible Sexuality. A new revision of this pamphlet will be available soon. Includes advice targeted to the groups listed in the title. Prices: \$.15 each; \$.10 quantities of 100+, no p/h.

DALLAS... OUR FUTURE'S ON THE LINE (1987, pamphlet, free). Explains what a Dallas parent, business leader, or community leader can do to help; presents some Dallas County statistics; information on IMPACT 88; and lists the 24-hour free TEENLINE telephone service number, (214) 747-3711, designed to help teens access youth services in Dallas County.

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Restructuring Public Policy Priorities on Teen Pregnancy

A Holistic Approach to Teen Development and Teen Services

Michael A. Carrera and Patricia Dempsey

The Facts

Each year, more than one million American teenagers become pregnant, the overwhelming majority unintentionally; 44% of these pregnancies result in births. Half of these births are to young women who have dropped out of school and have not yet reached their eighteenth birthdays; 50% are to young women who are not married. Young mothers are at an enormous risk of pregnancy complications and poor birth outcomes, and their infants face greater health and development risks. Teen males, even those who want to be involved, are often forgotten, excused, or written off, and teen marriages, which often compound the problem, are characterized by long-term welfare dependency and family instability.¹ Teenage parents are more likely than those who delay childbearing to experience chronic unemployment, inadequate income, and reduced educational experiences.

Teen pregnancy is a major factor in, and a contributor to, family poverty. One out of every five children are poor; one out of two children is in a female-headed household.² The emotional toll on teen parents is staggering, as is society's economic burden in sustaining them.³

Some of the Problems with Present Approaches to Teen Pregnancy Prevention

In the face of such a daunting social problem, and with the knowledge that help must be given to our next generation of adults if they are to get off to a stable and healthy start, a number of individuals, agencies, and institutions have accepted the challenge to get involved with enthusiasm and resolve. However, it is our belief that the programs they have established, thus far, have promised too much, too quickly—and have spoken too prematurely about results. Although there have been *some* successful single intervention issue efforts that have addressed *some* of the problems of teen pregnancy, we have not yet begun to win the real war. There are no quick fix solutions, no single intervention programs, no slick "button" phrases which *by themselves* can reduce the haunting, unacceptable statistics and their impact—in human terms—on the lives of so many young people.

Because of this, we have repeatedly emphasized, in working with school family life and sex education teachers and administrators, how important it is for them to understand the limits as well as the potential of their

educational enterprises: *by themselves, programs of family life and sex education, in the schools and in agencies, also will not reduce unintended pregnancies among teens.* Family life and sex education programs are intrinsically worthwhile because of what they can offer young people in the cognitive and affective learning domains. Their educational desirability should be based on this. Family life and sex education programs should not, however, be seen as a panacea for the teen pregnancy problem.

It is also important to point out that it is only recently that government, program developers, and academics have begun to acknowledge that teen pregnancy is neither a moral problem nor a minority female problem. This acknowledgement should prove helpful in expediting future policymaking and program development that might have a realistic impact on present problems.

The Holistic Approach

It is our belief that the teen pregnancy problem is largely a symptomatic response to greater social ills and, because of this, it must concurrently be attacked on several levels. For example, unintended pregnancies among poor, urban teens can be more effectively curtailed if we reduce the impact of the institutional racism that is systemic in our society; if we provide quality education for everyone; and if we create more employment opportunities for young people and adults. If we could accomplish this, we would probably impact, in a more meaningful way, on the lives of teens than can any school or agency sexuality program.

We must also face another reality. In addition to educating young people, we must try to produce within them a desire to avoid unintended pregnancy and the ability to make responsible sexual decisions. At the same time, we must offer them the resources and opportunities that will provide them with a sense of the future and reasons not to become pregnant *at this time in their development.*

It is possible to convince teens to forego early pregnancy and childbearing if they have a more hopeful sense of their future. When more hopeful, they, in general, value and have a more positive sense of themselves. They develop appropriate coping skills; become more active and less passive; have more opportunities open up for them; and are more willing to communicate with a concerned adult about their sexuality.

Unfortunately however, many urban teen males and females today do not see any future for themselves: they live in poor communities; they see little employment opportunities; and have little, if any, reason to believe that they will fair as well as, let alone better than, their parents. Facing these conditions coupled with family problems, fragmentation, and inadequate opportunities for meaningful education, it is completely understandable that some young people become sexually intimate and fatalistic instead of industrious and hopeful. In New York state, Governor Cuomo's adolescent pregnancy prevention initiative has shown some recognition of the complexities of these issues. (Our Teen Pregnancy Primary Prevention Program is funded under Governor Cuomo's Adolescent Pregnancy Prevention Program, through private funds, and by The Children's Aid Society.) He—and other state leaders—have stated that the rates of teen pregnancy and childbearing should be reduced through programmatic intervention that reflects an integrated, holistic approach. We have suggested, and they also agree, *that adolescence is not the best time to deal with adolescent sexuality, pregnancy, and childbearing. These should be addressed during the formative and development stages prior to the second decade of life.*

We would again like to emphasize, here, that as we begin to move in the direction of a more holistic approach we must make sure that our comprehensive programs are not short term attempts to contain the numbers of teen pregnancies. Rather, they should genuinely seek to address the root causes—political, social, and economic inequities—that contribute to our present problems.

In addressing these root causes, we must also fully address the issue of *quality of life* prevention and service programs. Primary prevention, that is programs for young people who have not had a child in their early years, should be recognized as a separate strategy for delaying unintended pregnancies. At the same time, while we rework service, health, and educational programs, we must work to increase the level of quality of life supports for young people and families, who continue to need services. This requires local and national commitments to overall restructuring of public policy priorities, and not simply grant allocations which reflect political expediency or value judgments about the client population. As fashionable as it is these days, political rhetoric is not a substitute for real problem-solving.

One Solution: The Teen Pregnancy Primary Prevention Program of The Children's Aid Society

The Children's Aid Society's Teen Pregnancy Primary Prevention Program has been developed to create a holistic climate in which positive change can occur. To the best of our knowledge, taken altogether, a holistic program such as this—which has been established to serve the west, central, and east Harlem areas of the city of New York—has thus far not been replicated anywhere else in the country.

Our programmatic philosophy is based on the belief that, in order to create a climate where positive change can occur and where direction can be given to young people, it is necessary to influence multiple facets of their lives over a continuous period of time. This holistic type of approach represents a very complex intervention strategy.

Believing that such a comprehensive, quality of life, holistic approach can affect the life options that we seek for young people—even those who live within family systems which have experienced generations of economic deprivation—we have designed our program components to operate concurrently and sometimes simultaneously. These program components center on working with, and affecting, a young person individually, as well as within his or her family and community systems.

The programmatic vision of our Teen Primary Prevention Program is based on several organizing principles. We believe that young people are capable of more than simply avoiding problems and situations which will complicate their lives. We believe that they are capable of “doing good” for themselves, their family, and their community. Our staff's attitudes and behavior sustain this notion and encourage young people to realize their potential for such achievements. This belief affects our entire program.

We believe that parents, grandparents, foster parents, and other adults in the community are significant influences on the sexual development of young people. Their roles, therefore should be respected and should be included in holistic, quality-of-life programs—and in meaningful ways.

We believe that people should delay having intercourse, for as long as possible, because intercourse is the kind of special intimacy that best fits a relationship later in life. However, we are mindful that intercourse for some teens is a way of coping with their feelings of poor self-image, fatalism, and unhappiness. Therefore, we are prepared to replace this coping mechanism with options, possibilities, and experiences which are meaningful, which will make sense, and which will also be useful to them at this time in their development.

We are also aware that young people do not always listen to the guidance of adults and may begin to have intercourse—even in their preteen and early teen years. In these situations, our role is to care, to understand, and to try to help them function in a way that will prevent pregnancy. We do not turn our backs or withhold affection as forms of disapproval. Rather, we are present in an ongoing way to provide guidance and on-site contraceptive services, when necessary, so that unintended pregnancy does not occur.

We have discovered, during the first 36 months of our work, that this type of honest and supportive limit-setting

approach is appreciated by young people. It helps them to clarify their thoughts and actions much more than the threat-and fear-arousing communications that have so frequently characterized the way many adults have chosen to relate with young people.

Our pregnancy prevention efforts are addressed equally to both males and females. Our attitude is that males must also be reached, educated, and positively influenced concerning their roles and responsibilities in relationships. To just teach women to say "no" continues a sexist double standard. Teaching young men "not to ask" gives our approach balance and also provides them with an important learning opportunity.

The Components of Our Program

The components of our program cover such areas as family life and sex education; physical and mental health services; self-esteem enhancement through the performing arts; lifetime sports; academic assessment and homework-help; job and career awareness; and college admission.

Family Life and Sex Education Program. This is a formal 15-week, two-hours-per-week educational experience for teens and for parents led by the authors who have been certified by the American Association of Sex Educators, Counselors and Therapists. The program centers on an understanding of sexuality from a holistic viewpoint. While there is discussion of sexual anatomy, reproduction, and contraception, more emphasis is placed on exploring such issues as gender roles, family roles, body images, and patterns of affection, love, and intimacy. Roles, responsibilities, and values in relationships are emphasized. Since increasing the sexual literacy of both young people and the adults in their lives is our goal, we have also included readings, films, role-playing, and lectures for both.

Medical and Health Services are provided four hours each week by the center nurse and by adolescent medicine specialists from Montefiore Hospital in the Bronx and Mt. Sinai Hospital in Manhattan. Every teen has a complete annual physical (and every female a yearly GYN examination), preceded by a thorough social and family health inventory. This becomes a valuable part of each teen's health history.

When necessary, physicians provide confidential contraception counseling and prescription. Each youngster— male and female—who is using a contraceptive has a weekly meeting with a counselor to make sure that the contraceptive is being used regularly and properly. During these sessions, school, family, peer, and employment issues are also explored.

The young people in the program are urged to view the physicians as "their doctors." They can see the doctors and the nurse without an appointment and can discuss any health or related areas with them.

Mental Health Services. While working with young people and their families on education, health, employment, and support services, we frequently discover, or are told about,

interpersonal problems, family discord, and other crises that are affecting their functioning. Often it is the presence of these problems that cause them to act impulsively, and/or to experience repeated failures in school, work, and peer relationships.

Professional social work services and counseling are offered, three days per week, by certified social workers. Because of the "family" quality of this program, referrals are usually made on an informal basis and frequently teens or their family will self-refer.

Clinical assessments are prepared on each individual who is seen for ongoing counseling and the more complex cases are referred to The Children's Aid Society's mental health unit.

Self-Esteem Enhancement Through the Performing Arts. This ongoing self-expression program, taught by professional actors and actresses from the National Black Theatre, is offered to both parents and teens. In weekly two-hour workshops, parents and teens explore issues, through music, dance, role-play, and dramatization which range from conflict resolution—in school and at home—to how to present oneself for a job interview. The sessions also offer a forum for discussing gender roles, family roles, affection, intimacy, culture, values, and racism. This medium enables the youngsters and adults to experiment with various scenarios and conclusions, and allows them to see themselves and their peers from new perspectives. In addition, these workshops provide opportunities for reflection, feedback, recognition, and applause.

Lifetime Individual Sports. In this unusual program component, young people learn skills in lifetime sports such as squash, tennis, golf, and swimming. From a skills development standpoint, these activities are all "unforgiving sports" which require precise mastery and the exercise of self-discipline and self-control. We believe that the skills and the discipline learned in these sports— those that are necessary for having fun, for learning how to play with control, and for achieving success—are transferable to other aspects of the participants' everyday lives and can facilitate their learning to live with greater control over their lives. Moreover, it is our belief that the more opportunities young people have to consistently practice skills which require self-discipline and impulse control, the more likely it is that they will be able to exercise the restraint necessary for delaying early sexual activity. If they should decide to have intercourse, these types of experiences may also help them develop the discipline and control necessary for the consistent and correct use of contraceptives, so that unintended pregnancies can realistically be avoided.

Academic Assessment and Homework-Help Program. Each teen has a thorough academic assessment which is conducted by a team of specialists. Scores are obtained in math, reading, writing, and basic age-appropriate life concepts. After thorough testing, a "prescription" is developed for each teen, which summarizes his or her

strengths and deficits and serves as a basis for ongoing individual and small group tutorials. Staff education experts, and a group of volunteers from the New York Junior League, use the academic prescriptions to provide one-on-one and/or small group educational support for the teens several days a week at regularly scheduled times at the Dunlevy Milbank Center.

Separate from the tutorial programs, we also provide a homework-help program, two afternoons a week, during which educators assist young people with homework assignments and/or school-related problems.

The Gannet Foundation funds the educational support structures that assist our young people from junior high school to college.

Job Club and Career Awareness Program. Through this weekly two-hour program, conducted by our employment specialists, young people explore the types of career possibilities available to them and learn, in concrete terms, about the world of work. To date, each youngster in this program has secured a social security card; has accurately completed working papers; and has learned how to complete employment applications in an intelligent fashion. Moreover, they have taken part in several role-playing job interviews—appropriately dressing for each.

Each of the teens participating in this program must secure a part- or full-time summer position. Those who are twelve and thirteen—too young for working papers and typical part-time jobs—participate in our Entrepreneurial Apprenticeship Program. Through this program, they—and older teens who have chosen to be involved—work at various community functions (basketball games, dances, etc.) selling hot dogs, soda, juice and snacks. They earn a minimum hourly wage and participate—at the end of a specific period—in a modest profit-sharing program based on the degree to which they have fulfilled their job responsibilities.

All the young people, who have participated in the employment program at our Central Harlem site in the Dunlevy Milbank Center, have opened bank accounts at the Carver Federal Savings bank at 125th Street in Harlem. They are learning that banks, like college, are a reasonable expectation in their future. In addition, they are learning about interest rates and how to save and spend in a controlled, systematic way. In this unique program component, thrift, self-sufficiency, and planning are emphasized.

College Admission Program. As far as we know, this is the only program of its kind that has received a commitment from a college president of a major university system. Donna Shalala, past president of Hunter College, convened a meeting of all the teens and parents in our program and presented them with certificates. These certificates guaranteed their acceptance, as fully matriculated freshmen in an accredited college (Hunter College), upon completion of high school, participation in our teen pregnancy primary prevention program, and the recommendation of the teen

pregnancy project director. This commitment should serve as a concrete incentive to those young people who are interested in furthering their education and should affirm the fact that college is part of their future.

Many of the families of the youngsters in our program receive public assistance. The cost of college, therefore, could still make it impossible for some of these youngsters to attend. To address this situation, major costs at Hunter College will be paid through the numerous aid plans ordinarily available to young people who qualify for financial aid and through The Children's Aid Society's special fund, which supports youngsters who have financial needs that go beyond those supported by federal and state aid plans. Some financial support for education will also be available for those young people who participate in other CAS programs. In addition, academic support services will be provided, as needed, through the SEEK program and through a variety of other academic help programs available to the students of Hunter College.

The Results Thus Far

After 36 months of operation (the program was established in February, 1985), there are 175 young people (90 males, 85 females), ages 10-18, and 75 parents in the program.

- Only two females have become pregnant; and, to the best of our knowledge, only one male has caused a pregnancy.
- All the teens in the program are attending junior and senior high school; and approximately three-quarters of them are at grade level.
- There has been no reported alcohol or drug abuse.
- One hundred teens worked at part-time or full-time jobs last summer; 49 are currently working at part-time jobs after school and on weekends.
- Eighty-nine teens have bank accounts at the Carver Federal Savings Bank.
- Four teens and four parents have begun course work at Hunter College.

Footnotes

1. Children's Defense Fund, 1987.
2. Ibid.
3. National Research Council, Panel on Adolescent Pregnancy & Childbearing, 1987.

Michael A. Carrera EdD, is Thomas Hunter Professor of Health Sciences, Hunter College, New York; director of the Teen Primary Pregnancy Prevention Program, The Children's Aid Society, New York; past president of SIECUS' board of directors; and author of SEX, the Facts, the Acts and Your Feelings. Patricia Dempsey, MSW, is assistant professor of social work, Hunter College School of Social Work, New York; and program coordinator of the Teen Primary Pregnancy Prevention Program, The Children Aid Society, New York.

Sexuality Professionals

How We Can Influence Public Policy

Janet Rosensweig

"The state political action committees for Right to Choose and Pro-Life, groups opposed on the issue of abortion, have announced their endorsements for the upcoming election. . . . Right to Choose supports the right of a woman to choose to have an abortion. Pro-Life supports the right of an unborn child to live."—The Central New Jersey Home News, October 26, 1987

Eight days before an election, this quote appeared in a local newspaper followed by a list of the candidates endorsed by the above mentioned groups. As one can see, the issue of abortion has been and continues to be a political battleground. Allegations have been made that political action committees have turned elections into single-issue contests based on their candidates' views of a woman's right to choose abortion.

However, it is clear that abortion is not—in reality—the "single issue" of any campaign. It is also not the single political or public policy issue that affects the practice of sexuality professionals. Nor is it the only issue on which a sexuality professional can have an impact.

Public policies affect all of our professional practices and personal lives and *many* public policy issues—among them, abortion—are vulnerable to our educated advocacy. This article examines some of the ways in which sexuality professionals can and should work to influence public policy, and provides the some suggestions for how this can be done.

The fundamental questions we must first ask are: What policies are made? Where? And by whom? Where are the points for discretion either in developing or in implementing these public policies? And, most critically, what are the best ways to exert influence at these discretion points?

The Conceptual Model for Policy Advocacy

The federalist system of the United States calls for the distribution of power among the executive, legislative, and judicial branches of the government. This system of checks and balances, which has been copied to varying extents by state and local governments, was designed more to prevent the tyranny of rule than it was to facilitate uniform policy development (Jones, 1984, pp.6). Because of this, the net result has been a policymaking system open to influences from a variety of sources—and at a variety of points. Bargaining is also a way of life in this system of separated institutions and layered governments, where local policies are subject to regulation by the state and the state is subject to regulation by the federal government.

Because of the complex nature of government, engaging in the time-honored advocacy method of voting for those candidates who express the opinions one endorses is probably the single least effective method of influencing public policy—short of doing nothing. In addition, although candidates running for office often use very sophisticated methods to determine the issues that will interest voters, issue identification is only the first step in the policymaking process. If the process is arrested here, little will be accomplished. It is important to know how public policies are initiated, developed, and implemented if one wants to have an impact on the process itself.

The policymaking system in the United States should be realistically seen as a series of stages. These stages include: identifying the problem and bringing both the problem and the suggested solution to the attention of the public officials; ensuring that adequate resources are made available for implementing the solution; and monitoring the implementation process. The formal actors in the process are elected officials—at all levels of government—and the bureaucrats who are charged with implementing the policy. The informal actors in this process are those interest groups and individuals who identify the problem and capitalize on the access points at all levels of the

government, created by the bargaining implicit in the entire policymaking process, to influence policy formation, development, and implementation.

An access point for influence, which is easy to identify and often ignored, is the professional staff of elected officials. Generally, these individuals draft legislation. In drafting legislation they often depend on experts in particular areas to provide state-of-the-art technical expertise in the addressing of an identified problem. Sexuality professionals who would like to get involved in drafting legislation, can secure the names and phone numbers of the local staff of federal and state legislators through local chapters of the League of Women Voters.

Interest Groups

The concept of problem identification or giving an issue a specific, recognizable identity is almost wholly dependent on special interest groups. For example, today the terms "pro-life" and "pro-choice" have very specific meanings—those coined and legitimized by their respective and effective interest groups.

The role of an interest group, however, should not end with the first step in the policymaking process. Policies and statutes should include a technically feasible program for addressing an issue; and interest groups should take part in developing this program. In addition, sophisticated interest groups know that it is important to follow through to ensure that a program will be implemented as intended. "Victory in lawmaking is meaningless if the law is ignored or subject to feeble administration (Jones, 1984, pp. 17). It is not uncommon for a program which results from a law to be underfunded—which renders its implementation impossible.

IMPACT 88, the Dallas, Texas effort to develop and implement policy around the issue of adolescent pregnancy is an example of the effective work of local interest groups. A coordinated effort by voluntary and professional interest groups led to issue identification and legitimization and to proposals for addressing the problem locally in Dallas county. The initial stage of the process also allowed for the formation of a permanent mechanism to implement the programs and to monitor their impact.

The process was successfully initiated and implemented at the county level in Dallas, which is a community with a strong civic volunteer base and with strong civic and political control vested in the county government. One can compare this with efforts in New Jersey, a state known for home rule, where support for issues and programs must come from the local level as Susan Wilson pointed out in her article, "The New Jersey Statewide Family Life Mandate," in the November/December 1987 issue of the *SIECUS Report*. Support for family life education came from a statewide interest group, but the implementation of the policies which were begun by the state followed different patterns in each local community. It is important for interest groups to plan their strategies with a sharp eye toward local practices in order to be effective.

Individual Political Action

Adams and Winston (1980) provide a fascinating comparative account of the development of public policies which affect working mothers in Sweden, China, and the United States. They conclude, unquestionably, that Swedish women (and therefore their families) enjoy a greater quantity and quality of government-supported health and social services than do American women (and their families). In Sweden, these gains in policy, which have provided, for example, sexuality education and comprehensive family planning services, came from individual advocates *within the government* who, consistent with the government's need for workers, identified married women as a practical source of labor. This is in sharp contrast to the United States, where strong support for programs and services for families has most often come from vociferous special interest groups *outside the government* and not from the individual advocates within.

There are, however, appropriate roles for individual sexuality professionals to play within our existing systems that can impact on our policymaking process. Sexuality educators can serve on local school boards and can help insure that there will be adequate familylife/sex education. Sex counselors can serve on local funding allocation and program development committees and advocate for primary and secondary pregnancy prevention programs in youth agencies that serve both females and males. And sex therapists can serve on local mental health boards and insure that treatment for sexual dysfunction will be available on a sliding fee scale to all individuals in the community and will be provided by competent therapists.

Influencing Policymaking

The state is responsible for making many of the laws and policies which directly influence practice, such as the regulation of abortion; insurance payment practices; the licensing of professionals; the creation of guidelines for educational curricula; and the establishment of criminal statutes. With this in mind, let me illustrate some of the actions that sexuality professionals can take in influencing the making of public policy in one's state or local community.

First of all, sexuality professionals must be aware of which laws, nationally and locally, place criminal sanctions on sexual behavior. Are "unnatural acts" illegal? What constitutes rape? How is pornography defined? If the answers that you obtain to such questions are unacceptable to you, you can contact the legislator from your local district; a legislator with a history of interest in the area with which you are concerned; and members of the legislative committee which has oversight responsibility for such criminal issues. You can point out the problem; you can use your professional and technical expertise to propose a solution to the problem; and you can possibly also assist in the development and implementation process as well. You might even choose to work on related legislation or on changing the law itself.

Policymaking decisions regarding the nature of programs and services to provide are often made by quasi-public bodies, such as boards of directors, advisory boards or special committees. For example, the various committees of the United Way, and of other federated fundraising agencies, have a strong impact on determining the types of programs that will be supported by locally generated charitable funds. Because, ostensibly, the members of the policymaking or allocation committees represent the views of the community, participation on such a committee can be one forum for sexuality professionals. Do you know if your United Way funds family planning efforts? Do they fund teen pregnancy prevention efforts aimed at both males and females? What do you think they should be funding?

Influencing Policy Implementation

Once a policy has been developed, there is generally room for discretion in its implementation. Discretion is involved when the definitions and regulations in the actual policy are subject to interpretation. This is often the case at the municipal level, for example, where local planning and zoning have discretion over the location of certain types of businesses. The locations of clinics, childcare centers, counseling offices, and other services are generally subject to zoning regulations. These regulations can be used to keep needed services from or to bring services to a population, or they can be used to enable a service to be delivered. Advocacy efforts by sexuality professionals can be directed toward influencing this process for the benefit of their clients, through an action such as supporting an application for a special use permit—or its equivalent—to expedite the placement of services where they are most needed. Do you know what action you would need to take to place an infant care center for teen mothers in your local high school; a family counseling office in a residential area of your community; or to prevent the use of zoning laws from obstructing the operation of a reproductive health center?

Influencing the local Policy Environment

The local policy environment reflects the social, political, and economic conditions in which policies are made and carried out—and to a large extent, determines the foundation of public opinion. The local policy environment, in turn, is influenced by local resources and actual and perceived public opinion. The criminal justice system again offers an example of this: police officers and prosecutors have discretion in determining if a crime has occurred; judicial discretion is implicit. The checks and balances in the justice system, however, provide a great deal of room for discretion and the local policy environment will determine how discretion is implied.

A sexuality professional's expertise can be well-used as a resource in the community. It can be used to directly influence the environment in which decisions are made. For example, if you believe that more rapists should be prosecuted, you can help your local Rape Crisis Center prepare victims as witnesses. Or, if you believe that

incestuous fathers should be treated, you can offer your perspective as an expert witness to the courts. Would public opinion in your community tolerate the prosecution of consenting homosexuals? Or the decision of a judge to make a child custody verdict based on the sexual preference of a parent? As a sexuality professional, you can also influence the local policy environment and public opinion by making your voice heard through public appearances and the media. You can serve as a guest speaker for local organizations; make your credentials known to and appear on local talk shows; write to the editors; make yourself available to reporters for interviews; or write articles in your special areas of expertise for newspapers, magazines, and other publications. Or you can place your name for nomination to sit on commissions that advise the government. State and local governments have commissions and task forces, such as the commission on the status of women—that address many issues that could benefit from the expertise of sexuality professionals.

Conclusion

Interest groups and individuals are invaluable in bringing issues to the attention of policymakers. After the issues have been identified, the technical expertise of human sexuality professionals should be used to develop solutions and insure that they are carried out.

Individuals can work within the existing systems on policymaking. When acting as an individual, advocacy is often without immediate reward, financial or otherwise. Serving on policymaking boards and committees is time-consuming work; and letter writing can often seem meaningless. It is not unusual—after several years—for all but the most dedicated to tire and prefer to return *completely* to their more predictable arenas of practice. However, advocacy efforts can pay off handsomely. There is no prouder moment for an advocate than to see an idea realized when a new program begins to operate, a previously underserved population gains access to services, or a change in the law enables professionals to practice with more supports.

Negotiating is at the heart of advocacy. Implicit in the process is insurance that all goals will not be met. One can decrease the possibilities of frustration by setting realistic goals and limitations for advocacy efforts. Support the advocacy efforts of your professional association. Choose your role and spend your time, energy, and expertise wisely. Let your professional values and ethics be reflected in public policies. The results can touch many lives.

References

- Adams, C. T. and Winston, K. T. (1980). *Mothers at work*. New York: Longman.
Jones, Charles O. (1984). *An introduction to the study of public policy*. Monterey, CA: Brooks/Cole Publishing Co.

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Conference/Seminar Calendar

PREGNANCY, POVERTY, AND THE ECONOMIC FUTURE OF NEW YORK CITY, *May 17, 1988.* Will discuss the interconnections between the issues of poverty, teenage pregnancy, and education and what can be done now to solve the problems. New School for Social Research, New York City. Contact: The New School, Registration Office, 66 West 12th Street, New York, NY 10011, (212) 741-5690.

CONFERENCE ON HOMOPHOBIA EDUCATION, *May 20-22, 1988.* Washington, DC. A small working conference, for approximately 150 leaders in the field of homophobia education, to exchange strategies and resources for teaching about and reducing homophobia, to build a base for a long-range coalition, and to plan for additional regional and national events. The conference is being organized by the Campaign to End Homophobia, a project initiated by the National Organization for Changing Men, and is co-sponsored by a number of different organizations including the American Psychological Association, Goddard College, The Fund for Human Dignity, and the World Congress of Gay and Lesbian Jewish Organizations. Contact: The Campaign to End Homophobia, P.O. Box 819, Cambridge, MA 02139, (617) 868-8280.

12TH ANNUAL MEETING OF THE NATIONAL ABORTION FEDERATION, "ABORTION IN A JUST SOCIETY," *May 22-24, 1988.* Hyatt Regency, Minneapolis, Minnesota. Contact: NAF, 900 Pennsylvania Avenue SE, Washington, DC 20003, (202) 546-9060.

BEYOND THE ROAD LESS TRAVELED: PERSPECTIVES ON SPIRITUALITY AND PERSONAL GROWTH, *June 2, 1988.* M. Scott Peck, MD, will discuss the distinction between "Self Love and Self-Esteem," and the intimate relationship between "Sexuality and Spirituality: Kissing Cousins." Holiday Inn Crowne Plaza, White Plains NY. Contact: (617) 964-5050

23rd ANNUAL CONFERENCE OF THE ASSOCIATION FOR THE CARE OF CHILDREN'S HEALTH, "COMMITMENT TO EXCELLENCE IN CHILD HEALTH CARE," *June 12-15, 1988.* Cleveland, Ohio. Includes sessions on: sexual abuse of children and adolescents; educating children with AIDS: AIDS in the hospital; holistic high tech and quality pediatric care; emergency and trauma care; project WIN: implementing a model of transagency, family-focused services for intravenous substance abusers and their children under six, who have or are at risk for AIDS; adolescent sexuality; child abuse and children with disabilities; the impact of a child with AIDS on the family; and issues in caring for children with AIDS. The closing sessions keynote address will be "Commitment to Compassion: A Key to Excellence" by June Callwood, author, founder and president of Carey House: A Hospice for People with AIDS. Contact: ACCH Conference Registration, 3615 Wisconsin Avenue NW, Washington, DC 20016, (202) 244-1801.

THE 10TH ANNUAL GUELPH CONFERENCE ON HUMAN SEXUALITY, "IN SEARCH OF HEALTHY SEXUALITY," *June 13-15, 1988.* Three SIECUS board members will participate: keynote speaker, "Dr. Ruth" Westheimer, "In Search of Healthy Sexuality"; William Yarber, "Teaching About AIDS and Other STD in the Schools: Model Curricula and Teaching Strategies"; and Richard Cross, MD, "What Do Doctors Need To Know About Human Sexuality?" Contact: Stoney Burton, Continuing Education Division, University of Guelph, Ontario, Canada N1G 2W1, (519) 824-4120, Ext. 3113.

5th ANNUAL FAMILY LIFE EDUCATION INSTITUTE WORKSHOPS, "AIDS SUBSTANCE ABUSE, TEEN SUICIDE," Orlando, Florida, *June 27-July 1, 1988;* Boston, Massachusetts, *July 11-15, 1988;* and Los Angeles, California, *August 1-5, 1988.* Presented by Education, Training, Research Associates. Offers workshops on: AIDS Prevention for Secondary School Teachers; Substance Abuse Prevention—The Interactive Book Approach to Alcohol, Tobacco and Marijuana Abuse Prevention; and Adolescent Stress and Suicide Prevention. Contact: ETR Associates Training Department, P.O. Box 1830, Santa Cruz, CA 95061-1830, (408) 4438-4060.

THE ANNUAL WORKSHOP ON SEXUALITY, "SEXUALITY EDUCATION: PROMOTING SELF-ESTEEM, CONFIDENCE, COMPETENCE AND HEALTH," *July 11-17, 1988.* Thornfield Conference Center, Cazenovia, New York. Contact: Alison M. Deming, P.O. Box 447, Fayetteville, NY 13066, (315) 637-8990.

1988 CONFERENCE OF THE NATIONAL ASSOCIATION OF WOMEN'S CENTERS, "WOMEN AT THE CENTER," *July 16-19, 1988.* Alverno College, Milwaukee. Workshops will include: domestic violence, childcare issues, homophobia, and ageism. Contact: Julie DeSmith, NAWC WOMEN at the Center Conference, c/o The Women's Center, 726 NE Avenue, Waukesha, WI 53186, (414) 547-4600.

SUMMER INSTITUTE, "DEVELOPING A SEXUALITY EDUCATION PROGRAM FOR EDUCATORS OF ADOLESCENTS WITH LEARNING HANDICAPS," *July 18-22, 1988.* Long Island, New York. Contact: Professor Gwendolyn F. Hochman, Health/Physical Education Department, C. W. Post Campus, Long Island University, Brookville, NY 11548, (516) 299-2671.

THE SECOND INTERNATIONAL LESBIAN AND GAY HEALTH CONFERENCE AND AIDS FORUM, "OUR EXPERIENCE OF THE 80s, OUR MISSION FOR THE 90s," *July 20-26, 1988.* The overall goal of the conference is to establish an international and national healthcare agenda for the next decade. Fifteen hundred people are expected to attend. Boston Park Plaza Hotel and Towers, Boston, MA. Sponsored by the National Lesbian and Gay Health Foundation (NLCHF); the American Association of Physicians for Human Rights (AAPHR); George Washington University Medical Center, and co-sponsored by various International groups. Contact: Greg P. Thomas, George Washington University Medical Center, Office of Continuing Education, 2300 K Street NW, Washington, DC 20037, (202) 994-4285.

A NATIONAL CONFERENCE ON SEXUAL COMPULSIVITY/ADDICTION, *September 18-20, 1988.* (Dead line for submissions: May 1, 1988). Radisson University Hotel, Minneapolis, Minnesota. Chaired by Dr. Eli Coleman. Contact: Office of Continuing Medical Education, University of Minnesota, Box 202 UMHC, 420 Delaware Street SE, Minneapolis, MN 55455, (612) 626-5525.

THE FIRST INTERNATIONAL CONGRESS ON SELF-ESTEEM AND SEX EDUCATION, *December 26-31, 1988.* Kona Hawaii. Contact: Congress 88, P.O. Box S, Kealahou, Hawaii 967750, (808) 322-6497.

News . . .

Dr. Mary S. Calderone Receives Award

The University of Medicine & Dentistry of New Jersey-Robert Wood Johnson Medical School's Department of Environmental and Community Medicine awarded Mary S. Calderone, MD, MPH, the Richard Cross Award for Distinguished Contributions to Sexuality at a special luncheon and award ceremony on January 15, 1988. Dr. Calderone, co-founder of SIECUS, was recognized for her pioneering work in sex education, research and service—and for her prolific work and fruitful career in the field of human sexuality over the past forty years. Congratulations Dr. Calderone!

Girls Clubs of America Receives Grants for AIDS Education

Two grants, one from Metropolitan Life Foundation, the other from Hunt Alternatives, have been awarded to Girls Clubs of America (GCA) to support an AIDS education program.

"Girls Clubs of America is uniquely well-positioned to develop a nationwide AIDS education program for girls," said Sue Roff of the Hunt Alternatives Fund. "They have the trust and confidence of their members and of the communities in which they are located. And their track record in health and family education is excellent." Sibyl Jacobson of the Metropolitan Life Foundation added: "We believe Girls Clubs will be most effective in reaching a significant number of girls and young women with the information they need to be more aware of this health issue."

"The two grants," said Margaret Gates, national director of GCA "will enable us to begin to integrate age-appropriate AIDS education into our well-established health and sexuality programs." Girls Clubs of America serves 250,000 girls and young women, ages 6-18, through 240 Girls Clubs centers, and at various outreach programs, across the United States. Gates emphasized that "Girls Clubs of America serves a population at risk"—

approximately half of all GCA members are minorities; two-thirds are from families earning under \$15,000 annually; over half are from single-parent families.

The grants will support training in AIDS education at the Girls Clubs of America National Resource Center in Indianapolis, Indiana for the staff of 25 Girls Clubs selected on the basis of written proposals; dissemination of AIDS education resource information to all Girls Clubs; expansion of Girls Clubs of America's library of AIDS education resources; and sponsorship of a one-time award to the local Girls Club that develops the most effective AIDS education program. Local affiliates will be encouraged to develop their own variations on the basic program delivered to those they serve. The program committee of the Girls Clubs of America national board and a new advisory committee on AIDS will review and oversee the entire AIDS education program.

The American College Health Association Holds AIDS Prevention Training Workshops

Under a cooperative agreement with the U.S. Centers for Disease Control, the American College Health Association (ACHA) has been conducting regional workshops on AIDS prevention in higher education: University of Maryland (March 12-13, 1988); Clemson University, SC (April 1-2); California State University (April 15-16); and Illinois State University (April 28-29). The workshops, sponsored by a host campus within each region, have been two-day, intensive "train-the-trainer" sessions for college staff and students.

The workshop curriculum—developed by a national review panel of AIDS education experts, the ACHA AIDS Task Force, and regional representatives—has been designed to ensure "nationally consistent high standards" and to provide for "adaptability to the special concerns of schools within each region." The workshops are part of a continuing CDC-sponsored project to increase the number

of colleges and universities that conduct effective ongoing AIDS prevention programs. It is hoped that the workshops will help foster support for positive behaviors that will reduce the risk of infection; provide support for those infected with HIV; and promote an informed, sensitive, and consistent message to the campus community.

Workshop participants will be able to draft a campus-specific Action Plan; provide members of their campus community with current, accurate information on AIDS and HIV; identify the programming needs of their campus; implement appropriate educational strategies; identify and obtain appropriate educational materials; evaluate the effectiveness of their program; and establish contact and increase coordination among colleges and community groups.

Because the curriculum has emphasized intensive hands-on training sessions, participation has been limited to two-person teams from 50 schools in the region: one staff person and one student representative. ACHA is a nonprofit organization established to serve the interests of professionals and students in health and higher education.

Children Magazine's Harris Poll

According to a recent Harris Poll conducted for *Children* magazine (a Rodale Press publication), two out of three parents would continue to send their child to school if a fellow classmate contracted AIDS. There are, however, regional differences in attitudes: city residents are more likely than their suburban and rural neighbors to keep their children out of school if a child with AIDS is enrolled.

The poll also indicated that more than half of the parents want their child's school to reveal the identity of a student that has been infected with the HIV virus. The U.S. Department of Education, however, says that under the Education of the Handicapped Act (EHA) and the

Family Education Rights and Privacy Act (FERPA), the right to privacy of a student with AIDS is insured.

The poll also stated that although some parents are unwilling to send their child to school with an "AIDS-infected student," nearly all parents (94%) are in favor of special AIDS education for both students and teachers. Currently, Alabama, Delaware, Georgia, Hawaii, Illinois, Iowa, Kansas, Maryland, Nevada, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, Virginia and Washington have mandated AIDS education in public schools.

Eileen Nechas, editor of *Children* magazine, said: "The trend is currently moving in the right direction. We encourage the rest of the nation to take similar action, and to infuse these educational programs with the directness, candor and compassion this life-threatening disease deserves." The magazine has issued a special report, *Report Card for Parents: When AIDS Comes to School*, which includes the "Harris Poll on Parents' Attitudes on AIDS in School" and the magazine's interpretation of it.

The report also addresses transmission of the HIV virus and emphasizes: "Based on statistics and the fact that no children have been infected in a classroom setting, medical authorities, led by the Federal Centers for Disease Control, firmly insist that AIDS is not transmitted by casual contact. It is only spread by intimate sexual contact, contaminated blood products or by sharing a contaminated intravenous needle."

Martha Rogers, MD, pediatrician and epidemiologist in the CDC's AIDS division, further emphasizes in the report: "You may be able to conceive of a situation where your child is riding on a bus with an AIDS child who gets cut and bleeds all over him. But even that type of situation is extremely rare. You have to put things into context. People should not focus on the one-in-a-million exception. This is not a very transmissible disease." She added, "there is simply nothing in all the research to suggest the AIDS virus will suddenly change its stripes and turn into a more transmissible tiger."

Nechas concludes the report by emphasizing that "the first step is education." It is her hope that "hysteria can be replaced with careful and rational action, action that will protect the rights of infected students and insure the safety of all others." That is why the report was done—"to put the whole issue of contagiousness in perspective. We wanted to gather all the current information to help parents face this menace more calmly and confidently. And we wanted to continue

the dialogue on this issue to let parents think about what they would do, just in case they are faced with such a decision."

ETR Associates Receives CDC Funds for AIDS Prevention Education Training Project

ETR Associates has been awarded a five-year grant for a "Teaching AIDS Training Project" aimed at increasing, nationwide, the number of middle, junior, and senior high schools that offer AIDS prevention education.

The project is designed to provide AIDS prevention education that is locally determined, consistent with community values, and appropriate to community needs, and calls for the development of four different types of training: program development training; basic teacher training; advanced teacher training; and trainer training. Training will begin this spring with the first-year program sites in the state of Texas.

The goal of the project is the adoption of AIDS prevention education programs by a minimum of 250 school districts, and to reach more than one million secondary level students across the country. A project advisory committee, with members from national health and education groups, will be established to provide guidance on project activities and to review and approve project materials and programs. The National PTA, American Public Health

Association, American School Health Association, and the Association for the Advancement of Health Education are among the groups represented on the committee.

As a private, nonprofit health education agency, ETR has received grants from Ford, Carnegie, Hewlett, Cowell, Levi Strauss, and other private foundations and public agencies for the development of programs and materials.

Beth Israel Medical Center Begins New AIDS Program in New York City

The Department of Child Psychiatry at Beth Israel Medical Center has begun a new program to meet the psychological needs of well children in families where the guardians or siblings have contracted AIDS or AIDS-Related Complex (ARC).

"Children in these families," they said, "face a particularly difficult set of problems. The severity of the disease's effects and the stigma and public misunderstanding associated with AIDS all have a profound impact on the family. Children are often isolated and vulnerable, with little support available, as the family's attention is frequently focused almost entirely on the patient, be they a parent or sibling. It is not unusual for a child to manifest behavioral problems (e.g., disruptive behavior, school avoidance, withdrawn behavior) as he/she attempts to cope with the impact of AIDS on the family."

Legislative and Legal Notes . . .

Gay Republicans Organize

According to the Republicans for Individual Freedoms, the struggle for Gay Rights will become more bipartisan with the establishment of their new group which will be organizing gay men and women who are Republican voters. Republicans for Individual Freedoms will make its members aware of the positions taken on gay issues by GOP office holders and candidates. In turn, they will make their views known to Republican legislators in Washington, D.C.; Albany, New York; Hartford, Connecticut; and Trenton, New Jersey. Funding for AIDS research will be a number one priority.

Spokesman Barry Adams said: "In order to be successful, the Gay Rights movement must involve both major political parties.

All too often, the Republican Party has been written off. The GOP must be educated on gay issues as were the Democrats in the 1960's and 1970's. Gays cannot ignore Republican senators, congressmen, governors and state legislators. The Republican Party cannot ignore the tens of thousands of gay voters in the New York-New Jersey-Connecticut area."

Republicans for Individual Freedoms is patterned after other groups of gay Republicans in Los Angeles, San Francisco, Dallas, Chicago and Washington, D.C. The group said it will respect the privacy of its members and will keep its membership confidential. Interested parties should write to: Republicans for Individual Freedoms, P.O. Box 172, Gedney Station, White Plains, New York 10605.

Report Urges State Action on Teenage Pregnancy Crisis

Despite the continuing teenage pregnancy crisis in the United States, the majority of the states have yet to develop comprehensive policies to deal with the problem, a newly-issued report said today.

The report, *State Responses to the Teenage Pregnancy Crisis*, was prepared by the National Institute for Adolescent Pregnancy and Family Services at Temple University in Philadelphia, Pennsylvania. It points out that the problem is, in large part, the result of the 1970s sexual revolution which has "moved from the college campus to high schools to the junior high, or middle school, and the grade school levels."

"Teenage pregnancy and parenting is an explosive and complex problem," said Dr. Lulu Mae Nix, director of the Institute. "The costs for the taxpayer are staggering, and will be getting even bigger unless the problem is effectively addressed." The report was prepared for a national conference on the problem held January 14-15 in Arlington, Virginia, with state legislative leaders and experts in the field from throughout the nation in attendance.

Over the last decade, according to the report, some state governments have moved to minimize the adverse social and economic problems brought on by teen pregnancy and parenting. But, the report states, the states should be playing a far more active role in dealing with the problem. "By and large, a majority of the states have not developed any type of state policy to deal with the teenage pregnancy problem. Their legislative approaches have been fragmented and only a few states have done or attempted more comprehensive, innovative approaches."

The report examines state legislative initiatives during 1984-1987 and discusses what state governments and legislators see as the forces and conditions contributing to the passage or failure of bills that try to deal with the problem, either in part or comprehensively.

Of the 34 states included in the Institute's survey, the report stated, 121 bills relating to teenage pregnancy and parenting were introduced, of which 51 failed, 48 passed and 22 are still pending. The states most active in introducing such bills were Illinois (17), Connecticut (11), Tennessee (10), Maine (6), California (5) and New Jersey (5). The states enacting the most legislation were Illinois (8), Tennessee (6) and Connecticut (4). The subject areas covered in the 121 bills considered were sex education and family life; abortion; contraception; task forces; grants and funding; media campaigns; health facilities

on school premises; group homes; parental responsibility for pregnant teens and their infants; and alternative education programs for pregnant and parenting teens.

Nearly all of the states surveyed for the report indicated they were in need of technical assistance in researching, developing and promoting teenage pregnancy prevention and care legislation.

In response to that need, the report explains, Temple University used information from the survey, along with its own data, to develop a computer program of model draft legislation covering a wide range of services relating to the prevention and care of teenage pregnancy. This computer model is being made available on request to interested state lawmakers and government officials.

The report, looking at the overall dimensions of the problem, notes that "rich and poor teenagers, Hispanic, Black and White teenagers, get pregnant. The epidemic cuts across all income, educational, ethnic, religious and occupational categories."

The cost to the public is "staggering," the report says, adding that it is "an issue that cannot be ignored by state legislators or taxpayers who carry the economic burden. In addition to the high public cost of taking care of a teenage mother and her child, there is the loss of human potential that threatens the ability of the teenager to be a productive member of society."

The Institute, which was founded in 1981 and joined forces with Temple University in Philadelphia, Pennsylvania, in 1982, provides a wide range of training programs on the issue. It also serves as a clearinghouse for information on funding, program ideas, management techniques and related assistance. The Institute has more than 20,000 documents on file on teenage pregnancy, making it one of the largest collections in the country.

Temple University Computer Program Assists States in Addressing the Adolescent Pregnancy Problem

A new computer program of model legislation, developed at Temple University,

allows state lawmakers to access the most up-to-date adolescent pregnancy prevention and care model bills. The model legislation can be introduced into the general assembly or can be modified to fit the specific needs of the state.

Developed by Dr. Elton Robertson of Temple University's Educational Media department of the College of Education, the Computer-Assisted Legislative Model (CALM) combines state legislation, which has already been implemented successfully, with model legislation developed at Temple's National Institute for Adolescent Pregnancy and Family Services.

CALM is expected to save policy-makers and administrators countless hours of research and writing time. Easy-to-use, CALM is IBM compatible and asks specific questions which bring users to the type of legislation which will best address the needs of their state.

CALM allows users to choose either a comprehensive or a component approach. The comprehensive approach gives the users a single statute for introduction into the general assembly. The statute includes health care, education, family planning, substance prevention, job-training and prevention and care programs.

The component approach allows users to introduce a single piece of legislation to meet specific state needs. Users can choose one or more of 17 bills on adolescent pregnancy and care, including those which:

- mandate that students receive family life education;
- establish a media campaign encouraging teens to postpone sexual activity;
- ensure quality medical services to reduce infant mortality; and
- provide continuing education programs for teenage mothers.

Lawmakers are finally asked to choose how the programs are to be administered once the legislation is passed. Either a state office of adolescent services or a statewide coordinating council of health and social agencies can be chosen. CALM accesses distinct model legislation depending on the user's choice of program administration.

The resulting model legislation can be printed out or stored on a disc for future use. The program is available through the National Institute for Adolescent Pregnancy and Family Services.

SSSS Urges Legal Use of Sexually Explicit Materials For Professional Purposes

The value of using sexually explicit materials by professionals engaged in legitimate assessment, rehabilitation, therapy, research, and education has been reaffirmed by the country's oldest organization of scientists, academicians, and clinicians engaged in work dealing with sexuality, according to a policy statement made by the Society for the Scientific Study of Sex.

"Some current federal and state laws defining and regulating pornography, including the use of slides, films, and audiotapes . . . are not always clear in making exceptions for the legitimate educational, therapeutic, and scientific use of such materials."

According to Deborah Weinstein, former Executive Director of SSSS, "the value of using sexually explicit materials has been well documented, over the past 25 years, by the experience of educators, therapists, and researchers. The Society supports the work of those professionals who use such materials as part of legitimate and ethical programs."

The Statement also focuses on the importance of the use of stimulus materials in the assessment, diagnosis, and treatment of sex offenders. According to Weinstein, major advances in the development of treatment programs for sex offenders would not have been possible without the use of stimulus materials which may now be considered, by legal standards, pornographic or legally obscene.

SSSS Policy Statement Regarding Legal Restrictions on the Use of Sexually Explicit Materials in Criminal Assessment and Therapy, Scientific Investigation, and Professional Education

The Society for the Scientific Study of Sex urges changes in current legislation, on both the federal and state levels, which will make provisions allowing professionals engaged in legitimate assessment, rehabilitation, therapy, research, and education to legally acquire, possess, use, and disseminate sexually explicit materials which may otherwise be unavailable to them.

The Society for the Scientific Study of Sex recognizes that the use of sexually explicit materials, such as slides, pictures, audiotapes, and films is an appropriate, and at times essential, tool in the assessment and treatment of sex offenders, in the training of law enforcement personnel, in legitimate scientific research, and in professional education. The value of using sexually explicit materials has been documented by the experience of educators, therapists, and researchers over 25 years.

Some current federal and state laws defining and regulating pornography, including the use of slides, films, and audiotapes depicting unclothed and partially-clad children and sexual activity by minors, clearly state that material depicting nude or sexually active minors constitutes legal obscenity and that possession, custody, or control of such materials with intent to purchase, distribute, transmit, or show such materials is not constitutionally protected by the First Amendment. The laws, however, are not always clear in making exceptions for the legitimate educational, therapeutic, and scientific use of such nude stimulus materials. The interpretation of such laws leaves an open question whether such material can be judged legitimate and legal when it is an essential part of broader, legitimate, and ethical research, therapeutic, or educational programs. It is not the position of the Society for the Scientific Study of Sex to suggest that therapists or sex researchers violate applicable state or

federal laws regarding the acquisition, possession, or use of stimulus materials picturing nude children or adults and audiotapes describing sexual encounters. The Society, however, has adopted this statement of support for the work of researchers and therapists who use such materials as part of legitimate and ethical programs.

The experience of educators, therapists, and researchers over the past 25 years clearly demonstrates major advances in the treatment of sexual dysfunctions and in the assessment, diagnosis, and treatment of the antisocial behavior of sex offenders. These advances would not have been possible without the use of stimulus which might be considered either pornographic or legally obscene. The use of stimulus materials has been vital in ascertaining sexual arousal patterns and in evaluating the effects of pornography. Such materials are widely used in clinical therapeutic settings to evaluate sexual preferences so that therapy can be properly directed. They are also important in evaluating the success or failure of efforts to redirect sexual behavior.

Considering the demonstrated value of these stimulus materials in providing the best possible assessment, treatment, and education, the Society for the Scientific Study of Sex endorses and supports the right of professionals to pursue their activities in the interest of common good and in the promotion of human welfare.

This statement was written for the SSSS Committee for Scientific and Professional Affairs (COSPA) by Robert T. Francoeur, PhD, with review by Donald L. Mosher, PhD, SSSS President; Richard Green, MD, JD, COSPA Chair; William R. Farrall, COSPA Member; and Deborah Weinstein, MSW, SSSS Executive Director. Approved by the SSSS Executive Committee, January, 1988.

Founded in 1957, the Society for the Scientific Study of Sex publishes THE JOURNAL OF SEX RESEARCH, sponsors programs to award research excellence, and holds conferences to promote interdisciplinary cooperation among researchers, educators, and clinicians.

THE MOST OFTEN-ASKED QUESTIONS ABOUT AIDS

FROM THE AMERICAN SOCIAL HEALTH ASSOCIATION'S NATIONAL AIDS HOTLINE

1. What is AIDS?
2. What causes AIDS?
3. Who is at risk for AIDS?
4. How is AIDS transmitted?
5. Why are gay and bisexual men at higher risk for AIDS?
6. Why are IV drug users at higher risk for AIDS?
7. Can I get AIDS from kissing?
8. Why is anal sex the easiest way to get AIDS?
9. Can I get AIDS from oral sex?*
10. Can I get AIDS from vaginal sex?
11. Can lesbians get AIDS through sex or artificial insemination?
12. How do women get AIDS?
13. How can women pass the virus to men?
14. How safe is a condom?
15. Can prostitutes spread AIDS?*
16. What is the risk of getting AIDS from a blood transfusion?*
17. Can I get AIDS from donating blood?
18. Can I get AIDS from drinking from the same glass or eating from the same dishes as a person with AIDS?
19. Can I get AIDS from public toilets?
20. Can I get AIDS from drinking fountains?
21. Can I get AIDS from telephones or public transportation?
22. Can you get AIDS from touching or hugging someone with AIDS?
23. Can I get AIDS from a swimming pool?*
24. Can I get AIDS from using someone's toothbrush or razor?
25. Can I get AIDS from being in the same house with a person with AIDS?
26. Can I get AIDS from a gay friend or co-worker?
27. Are people at greater risk for AIDS because they live in New York City or San Francisco?
28. Are health care workers at greater risk for AIDS?
29. How many people in this country have AIDS?
30. How many men have AIDS?
31. How many women have AIDS?
32. Where are the most cases of AIDS?
33. Is AIDS only in the United States?
34. Where did AIDS come from?
35. What does the test mean?*
36. How is AIDS diagnosed?
37. What is the incubation period for AIDS?
38. What are the symptoms of AIDS?
39. How is AIDS treated?
40. How many people have died from AIDS?
41. Is there a vaccine to prevent AIDS?
42. How do children get AIDS?
43. Can children with AIDS pass it on to other children?
44. If my child is bitten by another child who has AIDS, what is the possibility my child will get AIDS?
45. How accurate is the blood test?*
46. Are sperm banks screening for AIDS?
47. How safe are organ transplants?
48. Since AIDS can be transmitted through blood contact, can a child get it through a school yard fight or during contact sports like football?
49. Should children with AIDS attend school?
50. Where can I get a test?
51. What is an Alternative Testing Site?*
52. What legal rights do I have if I have AIDS?
53. What are my legal rights if I am infected with the virus?*
54. Is it right to keep the identity of a person with AIDS a secret?
55. Can I be fired because I have AIDS?
56. Can hospital care workers or ambulance personnel refuse to care for an AIDS patient?
57. If I cannot catch AIDS through casual contact, then why do some police and fire personnel wear gloves in dealing with people suspected of having AIDS?
58. Can the virus pass through a condom?
59. How long should I wait before taking a test from my last exposure?*
60. When would there be a false negative test result?
61. Is the test confidential?
62. Is the test anonymous in my area?
63. What is AIDS-Related Complex?*
64. What does it mean if I am antibody positive?*
65. Can you get AIDS from French kissing?*
66. I tested positive. Does that mean that I am going to die?*
67. Aren't mostly Black people getting AIDS?
68. Aren't mostly Hispanic people getting AIDS?
69. Why are Black and Hispanic women more likely to get AIDS?
70. Isn't AIDS a gay disease?*
71. Should I be concerned about getting AIDS through electrolysis?
72. Are the test sites near me confidential?*
73. Are the number of cases in heterosexuals increasing at a high rate?
74. Am I at risk if someone performs oral sex on me if he/she has AIDS?
75. How long do I have to wait to get tested?
76. Can I get AIDS from mosquitoes?
77. I have a family member who tested positive. What precautions should I take?

*The most common concerns
(New York, NY, August 1987)

Audiovisual Reviews • Audiovisual Reviews

AIDS: CAN I GET IT?

1987, video, 48 min. Leading Edge, World Trade, Inc., 225 Turnpike Street, Canton, MA 02021, (617) 828-8150. Price: \$9.95, plus \$2 p/h.

"There are a lot of walking time bombs out there!" declares a young black woman with AIDS as she sets the alarmist tone of this video. "Sex can be beautiful, but life can be even more beautiful," muses a young man, another one of the six heterosexuals—patronizingly labeled FWA (Friends With AIDS)—who personify the video's urgent message: people who have sex with someone whose HIV status is unknown put themselves at risk of getting AIDS.

The people who have AIDS in this videotape seem to have been selected to demonstrate that danger is everywhere: "I live in the country... I got it from a prostitute... a truckdriver... my wife... but we were not monogamous." They blame themselves, and regret their previous lifestyles: "I wish I'd settled down and gotten married." Most of these people, in fact, are so intent on giving out the video's behavioral message that the viewer feels strangely uninvolved with their personal tragedy.

The basic message of the video is from well-known sex therapist Helen Singer Kaplan. Her campaign to save women from what she believes is the coming heterosexual epidemic has generated much controversy among sexologists. An advocate of testing, Singer insists that women must refuse to be exposed to an infected partner: "Our bodies were made to bring forth life, don't use your bodies to bring forth death." She describes the false sense of security in using condoms, and insists that a woman should have a monogamous relationship with a partner who has proved, through testing, that he is safe.

Actually a large part of the video consists of interviews with eleven experts who answer a plethora of questions about the disease. However, poorly edited and rambling, much of the discussion will more likely confuse than clarify issues of importance to the average viewer. It is difficult to discern whether this impressive group of doctors and scientists supported the alarmist tone of this video or were merely responsible for answering the particular questions they were asked.

Professionals may want to use this video to examine the Kaplan position, otherwise, we do not recommend it.

A LETTER FROM BRIAN

1987, video, 29 min. American Red Cross, National Headquarters, Washington, DC 20006, (202) 639-3219. Available on loan free to community groups, libraries, and educators.

This video opens with "a letter from Brian" telling Beth, Brian's former girlfriend, that he has contracted AIDS. Beth and her current boyfriend, Scott—and their friends—are forced to learn about the disease in order to examine whether they are at risk of getting the disease, and in order to make decisions about their behavior.

Choices: In Sexuality with Physical Disability

(16 mm & Video/Color/60 Mins.)

Produced for:
Institute of Rehabilitation Medicine
New York University Medical Center
Joan L. Bardach Ph.D., Project Director
Frank Padrone Ph.D., Co-Director

... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part 1 is a tremendously good discussion starter and should not be missed...

Pam Boyle, Coordinator: Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood, NYC.



Mercury Productions
7 West 18th Street, 2nd flr
NYC 10011 (212) 869-4073

The American Red Cross, claiming to recognize "the moral and ethical values of communities nationwide," designed this video to make the AIDS crisis real to teens and to recommend that they avoid AIDS "by saying no to sex and no to drugs."

Interspersed with scenes showing the teens stumped by their own lack of knowledge,

narrator Michael Warren (from Hill Street Blues) talks to the viewers about the dangers teens face. Also, Surgeon General C. Everett Koop does his usual convincing job of demythologizing AIDS—particularly the dangers of kissing—one of the most common concerns of adolescents. In addition, Ann Welbourne-Moglia, former executive director of SIECUS, one of the organizations called upon for their assistance and guidance in the development of this film, comments on the importance of the sexual/love experience.

The video, in showing young people caught up in the drama of assessing their individual risks of becoming infected, offers a unique opportunity for stimulating the thoughts and discussion that are vital for the well-being of teens. Yet, the reviewers were troubled by the "say no" message that equates saying no to sex and saying no to drugs.

Furthermore, we felt that both of the teenagers, who are considering having sexual intercourse and using protection in this videotape, are portrayed negatively: the female is stereotypically a "dumb blonde"; the male is stereotypically macho and exploitative. The message is clear: good kids abstain. However, we are concerned about the education of those who do not and will not abstain!

How effective will this video, and all the other audiovisual materials which have been designed to modify behavior in order to prevent the spread of the AIDS virus, be? We used a brief questionnaire to ask the high school students that we teach how they thought this video would affect teens. Those in our small sample accurately identified the video's major messages. The majority, however, felt that the video would not discourage teen sex but that it might encourage condom use among those already having intercourse. Our primitive sampling methods are really not enough. There is an urgent need for systematic research to assess how people are responding to the particular AIDS education they are receiving.

This video is part of an AIDS Prevention Program which includes a student workbook; a teachers/leaders guide; and a brochure for parents. They are available at Red Cross chapters nationwide.

Reviewed for SIECUS by the Staff of the Center for Family Life Education, Planned Parenthood of Bergen County, New Jersey—Peggy Brick (board member of SIECUS), Hilary Kunins, and Maria Matthews—and written by Peggy Brick.

Book Reviews • Book Reviews • Book Reviews

HOW SCHOOLS CAN HELP COMBAT STUDENT PREGNANCY

Nancy Compton, Mara Duncan and Jack Hruska. Washington, DC: National Education Association, 1987 (184 pp.; \$19.95, \$10.95).

Adolescent pregnancy prevention is an umbrella concept that encompasses psychological, sociological, economic, educational and political issues. There are multiple determinants involved in identifying the teen at risk of pregnancy, and multiple solutions to the task of primary and secondary prevention. There is presently a large body of knowledge describing the outcomes for the pregnant teen, in terms of both short- and long-term consequences. There is also study of the options: abortion, adoption, and carrying to term. This book surveys all the above subject areas and lays the foundation for a how-to guide for school personnel.

It is quite top heavy with statistics, charts and reprints; there are 57 pages alone of appendix and reference material for a short book of 184 pages. There is a great deal here to absorb, reflect upon, and study, though the checklists do make for tedious reading.

How Schools Can Help Combat Student Pregnancy comes most alive when the reader is brought right into the classroom. The authors have had school and social agency experience with pregnant teens. They emphasize: "The need is for all school personnel to acknowledge that pregnant teens have become a factor in our schools and to make subtle, but vitally important, adjustments to accommodate this development." They offer suggestions and approaches that can be used by school boards, superintendents, and principals, and by classroom teachers, librarians, and nurses as well as for implementing policies that will serve the pregnant student so that she can remain in school and receive appropriate care for herself and for her child. They, quite accurately, point out how an insensitive or moralistic tone from staff can "turn off" a pregnant girl, who is already acutely

vulnerable, and how this may contribute to absenteeism.

The authors detail the type of "active, assertive outreach" required—and the need for parental involvement—to engage pregnant/parenting students. They suggest concrete social work advocacy; transportation, both for the students and for their children who attend on-site day care; prenatal and parenting classes that include a sex education component; and counseling for the students and for their families.

There is not a great deal written here about the teen father, although there is some discussion of his psychology. There is also a brief discussion of parental responses to adolescent pregnancy; and a brief plea for overall sex education, and for counseling programs, for all students.

The reader does gain a broad understanding of the great disruptions and conflicts that an untimely, unplanned pregnancy creates for a school-age adolescent. It is hoped that there will be a filtering down process here that can positively affect the educational environment for the pregnant/parenting students.

This book is part of the National Education Associations' Combat Series, which includes How Schools Can Help Combat Student Drug and Alcohol Abuse and How Schools Can Help Combat Student Eating Disorders: Anorexia Nervosa and Bulimia.

Reviewed by Sheryl Roth, CSW, outreach social worker, Inwood House, New York City.

MATURING (AS HUMANLY AS POSSIBLE)

Anne Brigden. San Pedro, CA, 1987 (197 pp.; \$15.00).

Another tool to help young adolescents gain some perspective about themselves, and their sexuality, is always welcome. Parents are invited to join in the work. This guide, for use by parents and teens, is intended to facilitate discussions across the generation gap. It covers the full

spectrum of topics, found in many family-living/sex ed curricula, and is in fact an adaptation of a curriculum currently in use in some California public schools. In addition to traditional material, dealing with dating, marriage, and parenting, timely discussions of teen suicide and AIDS are included. There are also chapters on decision-making, assertiveness, and risk-taking. "Assignments," at the end of each section, encourage teens to engage in a dialogue with their parents about the topics covered. Parents are asked to read along.

The book, of course, can also be read by teens on their own. There are a great variety of exercises and projects, from quizzes to creative writing, that should stimulate teens to explore their feelings and attitudes. Many of these are clever and useful. Teens may be asked to put themselves in the shoes of a pregnant teenage couple or to analyze, "what a girl can do," when she finds herself facing pressure to have sex on a date.

However the guide is utilized, it can be appreciated as an addition to the growing body of materials available to direct adolescents toward constructive and responsible behaviors.

In general, this treatment of adolescent sexuality is informative, but the presentation of sexual information tends to be somewhat clinical. Definitions of parts and functions of the body predominate, while little attention is given to the attitudes people hold about them. For instance, the process of menstruation needs to be discussed and defined. Wet dreams too! The feelings, beliefs, and misbeliefs of teens, considered in other parts of the guide, are questionably absent here.

Two serious flaws in this book are the implications that *only* boys masturbate, and the obvious bias against abortion. These point toward the book's rather mainstream orientation.

Overall, the range and intent of the book are commendable. It will probably be best enjoyed by younger teens, particularly, those who read and write well. Most parents will be happy to buy it for them, and friends, relatives and teachers of adolescents as well.

Reviewed by Joanne Malcy, CSW, community outreach, Inwood House, New York City.

ADOLESCENT SEXUALITIES: OVERVIEWS AND PRINCIPLES OF INTERVENTION.

Paula Allen-Meares and David A. Shores. New York: The Haworth Press, 1986 (114 pp.; \$22.95).

"The alarming rate of teenage pregnancy and the inexorable spread of AIDS have raised troubling moral questions and given new urgency to the debate over how best to protect our children."¹

During the last few years, a great deal of attention has been focused on American society's growing concern with social, psychological, moral and financial costs of unwed teenage pregnancy. Much has been written in the popular press on various aspects of the subject.^{2,3} Many of these articles are painful and poignant, and describe this seriously perceived issue in detail, focusing on specific case or life situations, as well as providing a more global view. Some of these articles have offered insights into causation and even broad level solutions.

It is interesting, then, to be presented with a collection of articles, where there is an underlying concern with how much and what kind of control should be exercised over the sexual practices of adolescents. The divergent value systems of the authors regarding the appropriateness of control of adolescent sexuality emerge within the context of the topics presented. While the general stance of the collection might be characterized as "liberal," the strongest example of an author's seeming to question the entire notion of the helping person's right to attempt to exercise control of adolescent sexual behavior is "Enhancing Adolescents' Sexual Development and Feeling of Self Worth." Le Roy G. Schultz begins by stating that "The adult war against the

adolescent continues unabated. . . ." (pp. 15) He continues, saying: "It is the helping profession which invented the diagnostic phrases, 'sexual acting out,' and 'ungovernable or incorrigible,' as reflections of social control needs and social condemnation." (pp. 15) He follows later by questioning society's "obsession of controlling adolescent pregnancy" and raises the possibility that the "emphasis on whether counting adolescents engaging in sexual intercourse has contributed to the neglect of the experiential, internal aspects of sexuality in the early stage of adolescent development" (pp. 18-19) This is an excellent and apt point. But society's "overconcern" with adolescent pregnancy does, in part, reflect a large number of such pregnancies; a judgment as to its problematic nature; and much evidence that adolescent pregnancy, particularly out of wedlock, negatively affects many of the individuals concerned—most particularly the young mother and her child. In any case, the author's feelings do underscore the role of values and society's concern with behaviors—the observable and the measurable.

This book is a diverse collection of eight articles which tackles several areas of adolescent sexuality. *Adolescent Sexualities: Overviews and Principles of Intervention* is a collection of articles which constituted the *Journal of Social Work and Human Sexuality*, Vol. 5 No.1, and was reproduced and prepared as a text and practical guide for social workers and other helping professionals. As such, it covers issues such as adolescent pregnancy and sexual activity—and the less commonly targeted topics of the sexual expression of adolescents in psychiatric and residential facilities—and homosexuality in adolescence. These two chapters, in fact, are two of the most interesting in the collection.

It is difficult to determine how the editors decided which topics to include in their collection. Little attention was paid to the current issues of STDs (Sexually Transmitted Diseases) and AIDS (Acquired Immune Deficiency Syndrome) from a physiological or psychosocial standpoint. The editors' selections may reflect their desire to include

articles which offer something novel as so much has been written on adolescent sexuality. Further, AIDS may simply have been perceived as a less serious crisis for adolescents at the point that the articles were collected.

The strength of this book is in the novel way it examines a number of issues and offers concrete intervention strategies or techniques. It is not a review of all aspects of adolescent sexuality; rather, it tackles only the areas above, but rather well.

Virtually every article offers something of value, be it an unusual focus or angle, or a useful approach to intervention. The collection moves beyond many other articles and books by offering practical solutions and ideas for individuals working with adolescents. There are also many good references, cited at the end of the articles, for the reader to pursue.

It would have been more effective, I believe, to have included a comprehensive introductory chapter describing, in some detail, the thrust of the collection and the ideological thread or theoretical base which ties the collection together. Without that, the book is basically a reproduced journal rather than a book with chapters following one another in a coherent fashion.

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Reviewed by Judith L. Greenberg, CSW, certified sex therapist and educator; doctoral candidate in clinical social work, Adelphi University; director, Queens Family Court Preventive Services, Jewish Board of Family and Children's Services.

SWEET ILLUSIONS.

Walter Dean Myers. New York: Teachers & Writers Collaborative, 1986 (142 pp.; \$9.95, \$3.95).

Walter Dean Myers is an award-winning young adult novelist who draws on his own Bronx childhood for his excellent stories of teenage inner-city life. In this book, he tells the stories of nine adolescents whose lives are loosely connected by their relationship to the Piedmont Counseling Center. Each is struggling in a different way with the problems of an unplanned pregnancy.

Myers has taken this hackneyed idea and turned it into a brilliant piece of character writing. The voices of the many young protagonists, as they speak in alternating chapters of monolog, are distinct one from another, and fine-tuned by Myers' sensitive ear for Black English and other inner-city dialects. They wrestle their boxed-in lives with stomach-wrenching intensity. Myers understands where it hurts.

Here, for example, is Bobby, the leader of the rock group called "Sweet Illusions," agonizing about his feelings toward his pregnant girlfriend Maria: "If I don't marry her I'm a stud. I got the van and I got the band and I got the horn and I'm so slick that if a freckle fell on me it'd slide right off. But if I marry her it's different. If I marry her I'm not a stud, I'm not even a man. I can't make a living to support her. We got to go on welfare or her father supports us. The whole thing just scares me to friggin death."

Myers has pulled off the nearly impossible trick of creating in 142 pages nine memorable personalities confronting and colliding with each other and society—nine complete intertwining stories with authenticity and emotional impact. Most have happy endings, but along the way every personal and sociological implication of the teen pregnancy epidemic is clearly laid out.

Because the publisher, Teacher & Writers Collaborative is a philanthropic organization devoted to fostering creative writing in the schools, the format includes blank pages at the end of each short monolog in which the reader is asked to carry

on the action by completing a conversation; by writing a letter, a dream, or a lullaby; or by speculating about the character's future, etc. These exercises could be used in a classroom or group setting to help teens clarify personal options, or the book can be read by them simply as an absorbing and informative story.

Reviewed by Patricia J. Campbell, writer, columnist, editor, and author of Sex Guides: Books and Films About Sexuality for Young Adults.

THE SEXUALLY TRANSMITTED DISEASES.

Charles E. Rinear. Jefferson, North Carolina: McFarland & Co. Inc., 1986 (214 pp.; \$19.95).

This is a nicely-written, brief review of sexually transmitted diseases, which deserves a place in the library of health care professionals interested in this important topic. Millions of human beings, worldwide, are afflicted annually by one or more sexually transmitted diseases (STD), and enormous psychosociomedical morbidity as well as mortality are the unfortunate results. As noted by this book, there are 150 million cases of gonorrhea alone each year.

If we look at the United States, there is an estimated 4 million cases of gonorrhea, 5–10 million cases of herpes, and 80,000 cases of syphilis. Though all ages can be affected, the author notes that: 75% of cases occur to those 15–30 years of age; 50% of individuals have contracted at least one STD by age 25; and one of every 50 American youth develops gonorrhea. The horror of AIDS (Acquired Immune Deficiency Syndrome) is not yet fully understood, but it has now become the most important STD of the last quarter of the 20th century, if not the entire century. Thus the topic of this book is very timely and the author presents a credible review of an immense topic.

He dedicates his book "to all people attempting to solve the problem of STDs throughout the world." After a brief introduction there are 21 chapters on a specific STD or STD group, and a conclusionary chapter entitled "Toward the Prevention and Control of STD." The chapters are quite varied in the depth of their

coverage, often providing much description of symptomatology, while sometimes sacrificing on treatment details. Thus the book is not uniform in its coverage of various STDs—but that would have been impossible for such a brief 21-page book. Anyone reviewing this book will agree with some of the author's emphases and will disagree with others. I will reveal my own biases against the background that the book is a good summary of STDs, though not the best one currently available.

The author provides us with 106 references, including many from the early 1980s. With a publication date of 1986, the literature of the middle-80s is not covered. Thus one can not use this book to learn the very latest thinking on STDs, especially in regard to treatment issues. The references which are provided, however, are good ones, and the author presents some very interesting historical data on STDs, including some fascinating miscellaneous facts about the various disorders.

His coverage of AIDS is good, and the introduction to this devastating disease is excellent. However, the data on AIDS has grown very rapidly. Thus, by the time of this review much important information is already missing. It is nonetheless still worth reading. However, it is a bit misleading in that it implies a vaccine may be developed in the near future; unfortunately, this does not appear to be the case. In fact, there is current discussion among researchers that a vaccine may not be developed at all, due to the complexities of the AIDS virus. I also wish the author had provided more information about the psychosocial aspects of AIDS. Moreover, recent trends are not discussed, such as the current epidemic spread among urban minority groups.

The discussion of *Condyloma accuminata* is too brief, especially with regard to the treatment section. An expansion of non-podophyllin treatment modalities is necessary. There is no review of the role of Human Papillomaviruses #16 and #18 and their link to Cervical Intraepithelial Neoplasia (CIN) and early genital cancer. The Herpes chapter is well-written but should include comments on current views of intravenous and oral acyclovir—both very timely topics in the late 1980s.

I do not agree with the author's too brief review of *Chlamydia trachomatis*. The discussion of *Neisseria gonorrhoeae* is quite extensive, in contrast to the limited coverage provided for chlamydia. *Chlamydia trachomatis* is a very important microbe, as important as *Neisseria gonorrhoeae*, as a cause of STD. Chlamydial infections have as wide a range as gonorrhea. Yet this important microbe is "buried" in a small chapter on "Nonspecific Nongonococcal Urethritis." It should be placed in its own chapter with extensive coverage of its many manifestations. In my view, this failure is a major drawback to the book.

As noted, the discussion of gonococcal diseases is extensive and excellent. If a future edition is developed, I would expand the treatment section for gonorrhea, in general, and also expand the coverage of Pelvic Inflammatory Disease (PID), in particular. PID annually affects more than one million women of reproductive age in the United States, and results in several hundred thousand cases of infertility. It is too important a clinical disease to be so briefly covered. As the author notes: "salpingitis is the most frequent and serious complication of gonococcal cervicitis in woman." (p.58). The coverage of this important STD should reflect this in such a book.

The discussion of urinary tract infections and vaginitis is not fully up-to-date. The treatment section for urinary tract infections (UTI) is too brief and not reflective of the antibiotic advances in the 1980's. The current term for *Gardnerella vaginitis* is bacterial vaginosis and the author's use of the term "non-specific vaginitis" is archaic and confusing. I would stress that miconazole or clotrimazole are the preferred treatments for *Candida albicans vaginitis*, not nystatin suppositories. Also, metronidazole or the cephalosporins are the preferred antibiotics for *Gardnerella vaginitis*—not ampicillin or triple sulfa cream. Also, the author's concerns about metronidazole do not reflect current literature.

The author provides a major emphasis on syphilis. This chapter is an excellent review of an ancient STD which is still of major importance today. The book is generally complete in its listing of other STDs—such as

chancroid, *Granuloma inquinale*, *Lymphogranuloma venereum*, *Molluscum contagiosum*, *Pediculosis pubis*, and scabies. It also correctly reviews enteric infections (Amebiasis, Cryptosporidiosis, Giardiasis and Shigellosis), Group B hemolytic streptococcal infections, pinta, Reiter's Syndrome, viral hepatitis infections and yaws. The main omission here is Behcet's Syndrome or disease; a well-known and important STD which should be included in such a review.

In summary, this is a good overall review of a very important topic—sexually transmitted diseases. It is a topic of immense importance to all healthcare professionals and to all who have an interest in human sexuality. If I were to buy only one book on STD's, it would not be this one. In general the treatment sections are too brief, and not always up-to-date. The reviews of *Chlamydia trachomatis* infections and Pelvic Inflammatory Disease are too brief, despite their importance in clinical disease. Also, a section on Behcet's Syndrome (disease) should be added. However, the book would be a welcome addition to the library of healthcare professionals, and others, who are students of venerology.

Reviewed by Donald E. Greydanus, MD; SIECUS board member; director, Adolescent Medicine Programs; Blank Children's Hospital, Iowa Methodist Medical Center, Des Moines, Iowa; and clinical associate professor of the department of pediatrics, University of Iowa.

BOOK BRIEFS

FATHERHOOD U.S.A.: THE FIRST NATIONAL GUIDE TO PROGRAMS, SERVICES AND RESOURCES FOR AND ABOUT FATHERS. Debra G. Klinman, PhD, and Rhiana Kohl, The Fatherhood Project at Bank Street College of Education. New York, London: Garland Publishing, Inc., 1984 (321 pp.; \$16).

"*Fatherhood U.S.A.* profiles the lives of organizations, a diverse collection of agencies, groups, and institutions that are making a broader commitment to fatherhood . . . there is a new interest in fatherhood. It is diffuse, scattered throughout the United States in no logical way, but it is significant. Ten years ago, most of these organizations and resources simply did not exist. . . . *Fatherhood, U.S.A.* is just one of the ways in which The Fatherhood Project

is trying to identify, respond to, and further catalyze the emerging interest in fatherhood." The book, which covers healthcare, education, social and supportive services, the law, and employment, "is one of several tools we have developed to help people network, generate new ideas, and plan programs." (James A. Levine, Director, The Fatherhood Project) The Fatherhood Project, launched in 1981, had as its goal: "To encourage the development of a wide range of options for male involvement in childrearing." They set out to accomplish their goal in four ways: by finding out about the options already existing around the country; by sharing information as a national clearinghouse; by running some model programs of their own; and by focusing the nation's attention on the issue of male nurturance and catalyzing the development of responses to the changing needs of American fathers and American families. Includes listings of books and publications by, for, and about fathers; books for children; films; videocassettes; newsletters about fathers and men in nurturing roles; and also lists of organizations arranged alphabetically and by states.

AIDS AND THE LAW: A GUIDE FOR THE PUBLIC. Harlon L. Dalton, Scott Burris, and the Yale AIDS Law Project. New Haven, CT and London: Yale University Press, 1987 (382 pp.; \$22.50, \$7.50).

Written in plain English, not legalese, this book "is meant for whoever has a professional need to come to grips with the legal issues spawned by the AIDS epidemic—for educators, counselors, legislators, policy makers, law enforcement and corrections officials, health care providers, social service providers, research scientists, employers, employee representatives, insurers, providers of goods and services, social workers, social scientists, social activists, representatives of interest groups, the staffs of drug treatment programs, members of AIDS support groups, and, of course, lawyers for any and all of the above . . . the AIDS epidemic challenges the law to face up to our irrational as well as our rational selves; to structure procedures and fashion rules that, simultaneously, give vent to our fears and life to our aspirations. . . . we should remember that just as the law frames society's responses to the AIDS epidemic, the society as a whole shapes the law. Like it or not, we must decide what kind of society we will be: meanspirited, shortsighted, and judgmental; or compassionate, clearheaded, and accepting. In the end, society will determine where the burden of AIDS—social, financial, and emotional will fall." This book opens with "A little Law for Non-Lawyers" and is then divided

into six sections: Medical Background; Government Response to AIDS; Private Sector Response to AIDS; AIDS and Health Care; AIDS in Institutions; and Confronting AIDS: The Problems of Special Groups.

SELECTED TOPICS OF HUMAN SEXUALITY A. R. Cavaliere and Morgan Riggs (eds.). Lanham, MD, New York, and London: University Press of America, Inc., 1988 (171 pp.).

From the preface: "Established by the Gettysburg College faculty in 1974 and sponsored by the Committee on Interdepartmental Studies, the Senior Scholars Seminar engages an invited group of outstanding seniors from all academic departments in the investigation and discussion of a critical issue affecting the future of mankind. . . . The topic chosen for study by the 1986-87 Senior Scholar's Seminar was Human Sexuality. With the assistance of invited specialists [Dr. Robert T. Francoeur; Dr. Janet Shibley Hyde; Dr. Howard W. Jones, Jr.; Dr. John Money; Dr. Martin Weinberg; Dr. Ann Welbourne-Moglia [former executive director of SIECUS] and resource persons, we investigated various areas of sexuality, including sexual development, behavioral aspects of the human sexual response, intimacy, alternative sex styles, pornography, contraception, and assisted reproduction. Discussion and debate focused not only on human sexual behavior of the past and present, but also on the implications of this behavior for the future.

This volume is a collection of research papers written by student participants. The diversity of the subjects reflects the breadth of the field and the range of areas addressed during the course of the seminar. . . . As seminar participants we have all learned a great deal about human sexuality. But perhaps most significantly, we have learned to approach issues related to sexuality with greater sensitivity and with more open minds."

THE WELL—SEASONED MARRIAGE Nina S. Fields. New York: Gardner Press, 1986 (174 pp.; \$18.95).

Written by a psychotherapist in private practice, this book draws upon data derived from her study—based on the responses of people who have been married for 18–30 years and originally published in the *Journal of Social Work*—and from case studies and interviews. Highlights the reasons why long-term marriages work. Includes chapters on sexuality and on marriage and infidelity, and examines the fear of differences, unexamined parental images, and imperfect adult sex models, etc.

Other Information Resources

ABSTINENCE

HELPING TEENS WAIT. . . (March 1987, 16 pp., 8½"x11", *booklet*). Coordinated by Lynn Peterson, edited by Hugh Lewis, and illustrated by Karen Manning. The educational materials listed in this booklet were chosen from those submitted to the Adolescent Primary Abstinence Project (funded by a grant from the Office of Population Affairs, DHHS), coordinated by the Center for Health Training in conjunction with the State Family Planning Administrators' (SFPA) 1986–87 annual meeting, "Focus '87: Adolescent Abstinence." A national search was conducted for a variety of educational materials which were then evaluated according to criteria established by the SFPA planning committee. "It is the committee's hope that this will be a useful tool for those professionals and volunteers in family planning clinics, schools, religious organizations, and youth-serving agencies who are helping teens wait." Includes listings of curricula, audiovisuals, brochures, teen theater, media campaigns, posters, and workshops. Description, format, price, contact, and committee comments are included with each entry. *The Center For Health Training, 400 Tower Building, 1809 Seventh Avenue, Seattle, WA 98104, (206) 447-9538.*

PRELIMINARY SCIENTIFIC STUDIES OF ABSTINENCE, CONTINENCE, CELIBACY AND CHASTITY (1980, 114 pp., 8½"x11", spiral-bound *annotated bibliography and report*) prepared by Peter Tobias, PhD, and The Social Science Consortium. A compilation of all the "scientific research that could be found since 1900 on sexual abstinence in approximately 60 journals, 400 books, and in abstracting services and guides. Areas of investigation were anthropology, sociology, psychology, 'sexology,' morals, theology, and history." The second part of the publication is a report of questions asked on topics relating to abstinence which were thought to be worthy of research by three groups of professionals: psychologists, psychiatrists, and counselors; physical scientists; and social scientists. "In my professional opinion, very little scientific work has been done or reported relating to abstinence, bachelorhood, celibacy, chastity, continence, spinsterhood or virginity. The quality of most of the literature we encountered. . . can be characterized as inferior. That is, most of the substantive works do not have broad

data bases, reflect the fact that chastity (etc.) was not the primary interest of the researcher (except in the areas of morals and theology), and do not live up to the currently acceptable canons of scientific research. In most cases conclusions are based on scanty, poorly selected data that reflects the general quality of such studies. Many of the studies were carried out at the end of the last century or at the beginning of this century. . . . Since chastity (etc.) has become a 'charged' topic, authors seem to be writing 'tracts' as opposed to research papers. Their vested interests are immediately apparent, and those interests tend to invalidate, or throw questionable light upon any findings. Prognosis: I see no reason to expect any increase in the amount of research (and hence, publications) on chastity and related topics. . . . I do not believe much work—of any kind—will be carried out in the near future." (Peter Tobias) This publication has been published by Jack E. Burkett, who has been campaigning to have sexual abstinence removed from the "illness mode." *Sexual Abstinence News, P. O. Box 20788, Houston, TX 77225. Price: \$20.*

AIDS

AIDS: A GUIDE FOR SURVIVAL (1987, 91 pp., 4¼"x6⅞", *guide*). A three-time award winner written and published by the Harris County Medical Society and the Houston Academy of Medicine. The presidents of the two organizations, Dr. Max C. Butler and Dr. Agile H. Redman, Jr., state in the forward: "Throughout the preparation of this guide, one positive and welcome observation was clearly evident: AIDS can be avoided. By learning about the disease and following some basic guidelines, one should expect to lead a normal life free from worry about becoming infected. This book presents that information in a manner which should be acceptable to all. There is no preaching or condemnation, simply the best information we now have from our medical researchers and educators, many of whom practice and work in the Houston area. We are pleased to make this information available and stand ready to assist in any way possible to help our community survive the threat of AIDS."

Harris County Medical Society, 1133 M. D. Anderson Blvd., Houston, TX 77030, (713) 790-1838. Price: \$.25 each, minimum order of 100; additional copies must be in increments of 100 copies.

A COMPREHENSIVE GUIDE TO AIDS INFORMATION; MORE THAN 100 WAYS TO TEACH ABOUT AIDS

(October 1987, 26 pp., *Reference Sheet #9*). "This booklet . . . has been developed to meet the increasing demand upon all of us for accurate, sensitive and appropriate messages about AIDS." It lists brochures, pamphlets, newsletters, curricula, handbooks, etc., by topic: general; condoms; curricula, professional resources; drugs; persons with AIDS; safer sex; women; workplace; young people; audiovisuals; hotlines; gay issues; and organizations. "All of the organizations represented in this booklet should be acknowledged for committing their time, energy, resources and expertise in the fight against ignorance, fear and prejudice surrounding this epidemic." SIECUS is pleased to be one of those listed.

Yohannes Kassa, KDM Library, Planned Parenthood Federation of America, Inc., 810 Seventh Avenue, New York, NY 10019, (212) 603-4629. Price: \$2.

SCHOLASTIC, America's largest classroom magazine publisher, last October launched a national campaign to educate and deliver straightforward, age-targeted information about AIDS to 23 million school children in elementary and secondary schools (grades 5-12) across the country. "Because experts tell us that education is the first line of defense against AIDS," Scholastic's president and publisher, Richard Robinson, said, "Scholastic is providing a wide range of approaches to AIDS this year in almost every magazine for students": *Update*, the current events magazine for teens; *Choices*, the magazine for health and home economics classes; *Newstime*, the current events magazine for sixth graders; *Action*, a high interest magazine for junior high students; and *Science World*, *Scope*, *Literary Cavalcade*, *Search*, and *Voice*. Included in the publications are news stories, fictional works, charts and other graphics, and interviews. Teachers were also targeted in Scholastic's efforts: More than 350,000 elementary and secondary educators received an 8-page *AIDS Resource Guide for Teachers*, which included information about AIDS, HIV, and AIDS prevention, plus teaching tips on how to be prepared when students ask about AIDS, and age-appropriate answers to difficult questions. Scholastic initiated the campaign to coincide with the "America Responds to AIDS campaign" launched by the Centers for Disease Control in October. Richard Robinson, president of Scholastic said: "we hope our effort will pave the way for additional AIDS education campaigns for our nation's youth." *Scholastic, Inc., 730 Broadway, New York, NY 10003,*

(212) 505-3000.

TEENS AND AIDS: PLAYING IT SAFE

(1987, 12 pp., *booklet*). Answers the questions: What is AIDS? How is the AIDS virus spread? Who gets AIDS? Will all people infected by the AIDS virus get AIDS? Tells the reader: "Don't do drugs . . . Remember it's ok to say no to sex . . . Use condoms or 'rubbers.' Avoid dangerous sex . . . Avoid casual sex." Illustrated with pictures of teens in typical school settings. *American Council of Life Insurance, 1001 Pennsylvania Avenue NW, Department 190, Washington, DC 20004, (202) 624-2372. Price: \$10 for every 100 copies.*

WHAT YOU SHOULD KNOW ABOUT AIDS: FACTS ABOUT THE DISEASE, HOW TO PROTECT YOURSELF AND YOUR FAMILY, WHAT TO TELL OTHERS.

(1987, 8 pp., *foldover pamphlet*). This general pamphlet on AIDS is being widely distributed to the public by the "America Responds to AIDS" campaign "as an important message from the U.S. Public Health Service Centers for Disease Control." Advises parents to: "Talk to your children. Encourage them to share your family's moral and religious values. . . Protect yourself and your partner by maintaining a mutually faithful, single partner relationship." Advises the young person to: "Discuss and understand and live by your family's values. Say no to drugs. And say no to sex until you are ready to enter into a mutually faithful, single partner relationship with an uninfected person." And advises the sexually active person to: "Enter into a mutually faithful, single-partner relationship with an uninfected person, or at least be sure to reduce your risk by using condoms." *Single copies, or quantities under 10,000: America Responds to AIDS, P. O. Box 6003, Rockville, MD 20850, 1-800-342-7514. For orders over 10,000: Attention L. Fawcett, National AIDS Information and Education Program (I-B68, M/SA 24) Centers for Disease Control, 1600 Clifton Road NE, Atlanta, GA 30333.*

HUMAN SEXUALITY / FAMILY LIFE PLANNING / PARENTING / SEX EDUCATION

ABOUT SEXUALITY & SELF RESPECT:

FOR GUYS (1987, 25 pp., 7"x4 1/4", *booklet*) "Written especially for youth, from age 12 to their mid-teens," this booklet "focuses on the feeling, decisions and responsibilities associated with sexuality and the transition from boy to man." It "strives to acknowledge teen's struggles, while reflecting back to them the image of self as competent, worthy of

respect, and capable of taking responsibility for their decisions and actions." Talks about self-respect; body changes; masturbation; valuing and caring about oneself and others; pressures; getting in touch with one's feelings; and combining facts with feelings. "In making decisions, remember these things. First, get in touch with your feelings, the deep ones as well as the surface ones. Remind yourself that making decisions about sex involves other people who deserve honesty and good treatment. Then take into account important information you need about sex to make sure you don't hurt yourself or anyone else because of ignorance or carelessness. Here's some of that information. . . Health is an important part of sexuality. . . Learn about sexually transmitted diseases (STDs). . . If you are sexually active, use condoms. . . Learn about AIDS. . . Your role in pregnancy prevention." *The Resource Center, Planned Parenthood Southeastern Pennsylvania, 1220 Sansom Street, Philadelphia, PA 19107, (215) 592-4108. Price: 1-9 copies/\$1.25 each; 10-49/15% discount; 50-99/25% ; 100+/35%.*

CARRERA/SPAIN, ADOLESCENT

SEXUALITY REPORT (1980, new bimonthly *newsletter*), written and published by Dr. Michael Carrera and Dr. Julie Spain, noted sex educators, counselors, and authors. "Everything in the newsletter will be new, concrete, and practical to [counselors, educators, community workers, nurses and family planning specialists] your day to day work." Will respond to the specific questions and concerns of those who work directly with young people, and will report on successful methods developed by "you and your colleagues." In addition, "actual dialogue between professionals in the field and teenage clients will illustrate every concept in the report." The first issues will cover strategies for helping young girls "say no" and for young males so they don't have to ask; increasing self-esteem; better ways of describing birth control; encouraging alternatives when your client uses intercourse as a coping mechanism; helping religious teens express their sexuality and maintain their spiritual values; sensitive approaches to overcoming the isolation of gay and lesbian youth; confidentiality issues; successfully involving the male in adolescent sexuality programs; AIDS education for young people, opportunity or seduction?; and innovative ways to raise monies for your programs from the private sector. *Carrera/Spain, Adolescent Sexuality Report, P.O. Box 3000, Dept. CS, Denville, NJ 07834. Price \$58/year.*

BLENDING HUMOR AND CONTROVERSY: AMERICAN CARTOONISTS COMMENT ON REPRODUCTIVE HEALTH ISSUES (1987, 82 pp., 8 1/2"x11" book). Award winners are included in this selection of cartoons by 33 cartoonists which depict reproductive health issues. 1987 marked the 10th anniversary of Family Planning Advocates of New York State, a "statewide membership organization dedicated to promoting family planning policies. FPA observed the occasion at its annual Legislative Conference in Albany with the theme: '1977-1987: A Decade of Leadership—Making a Difference Together.' The celebration honored all those who have worked over the past years to establish and maintain a sound, humane approach to reproductive issues: policymakers, advocates, as well as those who use images to inform both the eye and the mind. . . editorial cartoonists. This book grew out of an exhibit of the same name, which was unique feature of FPA's 10th anniversary celebration. This medium was chosen because of the serious nature of reproductive issues, which have too often been surrounded by controversy which has generated more heat than light, causing the free exchange of ideas to suffer as a result. Editorial cartoonists are unique in their ability to cut through rhetoric and political posturing to capture the essential truth at the heart of public issues and to expose—sometimes with gentle irony, at other times with stinging sarcasm—the humor inherent in the human condition. We think cartoonists represented on these pages have used their commentaries to educate the public, stimulate discussion, provoke thoughtful consideration and illustrate the human dimension of reproductive issues. We hope you will enjoy this book, and find it both entertaining and enlightening."(Nancy M. Kannianinen, president and Shirley Gordon, executive director). *The Education Fund, Family Planning Advocates of New York State, Inc., 284 State Street, Albany, NY 12210, (518) 436-8408. Price: \$7.*

NURTURING TODAY: FOR SELF AND FAMILY GROWTH (begun in 1979, and until 1987 was called *Nurturing News: The Quarterly for Nurturing Men*, 32 pp., parenting quarterly journal, \$16 a year for individuals, \$25 for institutions, plus \$4/Canada, \$6/Europe, set of 26 back issues, \$65, plus \$3 p/h). Published and edited by David L. Giveans, noted authority on fathering issues; educator, (preschool, elementary and college levels); and a long-time advocate of nonsexist education. The journal, a blend of articles and resources for professional and lay-people, covers the many issues and concerns of family life today, including parenting issues; changing families; nurturing

families; child development, abuse, and rights; coping with physical and mental disabilities; relieving family stress; and aging. It is the only parenting quarterly which devotes an entire section to fathering and men's issues. "Education," Giveans says, "particularly the teaching of young children, has come to reflect an exclusively feminized view of nurturing;"—"traditionally,

pages). Films are also covered. Giveans frequently lectures and participates in workshops; is an author; writes columns on video for *The Family Resource Coalition Report* and *Day Care & Early Education* magazines; is the producer of a documentary, *Men in Early Childhood Education*; has put together an exhibit, *The Father's Exchange* and a multimedia, two-screen slide/sound presentation, *Being Male: The Myth and Beyond*, which focuses on the changing roles of men in the 80s; has compiled an annotated listing of 60 films, *Men's Issues Films* (\$5, plus \$1 p/h on fathering, teenage fathers, shared parenting, raising fathers, grandfathers and other men's issues; and coordinates video film theaters for conferences. *Nurturing Press, 187 Caselli Avenue, San Francisco, CA 94114, (415) 861-0487.*

SCHOOLS AND SEX EDUCATION; NEW PERSPECTIVES (1988, 28 pp., 5"x7", *Public Affairs Pamphlet No. 645*) written by Irving R. Dickman an Sol Gordon. Provides statistics, discusses present sex and AIDS education efforts, who should teach and when to begin, parental support, parent-school partnership, curriculum development, teenagers responses, values, differing views, school-linked health clinics, and offers a suggested curriculum. SIECUS is listed as a resource. *Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 10016. Prices: 1-3 copies/\$1; 4-24/\$.80; 25-99/\$.65; 100-499/\$.55.*

SEXUALITY: A DIVINE GIFT—A SACRAMENTAL APPROACH TO HUMAN SEXUALITY AND FAMILY LIFE (1987, 112 pp., 11"x8 1/2", spiral bound manual). A plan designed to enable Episcopal church congregations and schools, and compatible denominations, to design and deliver their own sexuality education programs. "The materials and resources were developed to assist as we all seek educational ways to discover and establish consistency between Christian belief and personal behavior." Includes five basic premises, a program model, a guide to selecting group leaders, methods and strategies for group discussions, background readings, and a guide to resources. *Dr. Barbara Taylor, Episcopal Church Center, 815 2nd Avenue, New York, NY 10017 (212) 867-8400. Price: \$5, includes p/h.*

SEXUALITY EDUCATION IN BEGINNING FAMILIES: CURRICULUM GUIDE FOR PARENT EDUCATION PROGRAMS (1986, 212 pp., 11 1/4"x8 3/4", spiral bound curriculum). Written by Marion Williams for professionals to enable them to plan, and teach sexuality education in parenting courses, support groups, prenatal classes, etc., and to serve as a resource for information

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the word parent has been synonymous with 'mother' or 'she.' Today, however, 'father' is taking on a new meaning, and males are becoming increasingly visible nurturing their children." (*Day Care & Early Education*) "In 1970, thirty percent of Americans polled believed that it was important for fathers to spend an equal amount of time with their children. In 1986 that percentage had risen to 91 percent. In 1960, 25 percent of fathers shared the birth of their children with the mother. By 1985, that figure had also risen to 91 percent." (*The Christian Journal of Psychology and Counseling*) Each issue of the journal contains a main theme section (20 pages), the Father's Exchange (8 pages), and the Nurturing Program Review (4

about sexuality in beginning families and early childhood. Includes a reference text about normal childhood sexual development and behaviors; family communication about sexuality; family relationship changes during the childbearing year; instructor preparation information; discussion outlines; class work sheet and discussion tools; reproducible handouts; and resource information. *Curriculum Guide, Family Planning Program, Tacoma-Pierce County Health Department, 3629 South D. Street, MS: FC-3298, Tacoma, Washington, 98408-6897. Price: \$15, plus \$2.50 p/b.*

TEENAGE PREGNANCY (April 1987, 282 pp., 8½"x11", bound *book*) edited by Mary C. McClennan. "This volume has been compiled from a number of timely, informative research-based articles in order to provide material that will provide a general perspective about the problem of adolescent pregnancy, an understanding of the teenagers who are most vulnerable, an awareness of the nature of the consequence resulting from all illegitimate pregnancy, and an opportunity to examine programs that have been tried in various communities. Articles have been selected from a wide range of materials because of their potential to contribute to an improved understanding of teen pregnancy." Provides current perspective on the problem and information that can be used to compare American data to that of other countries (includes a summary of research done in the 1970s); information about the characteristics of pregnant teenagers and their knowledge of reproduction, contraception, and child development; a description of consequences of adolescent pregnancy, including the impact on teen fathers; descriptive and evaluative information about educational programs (community and school-based). *Phi Delta Kappa, Box 789, Bloomington, IN 47402, (812) 339-1156.*

WHAT IS A FAMILY (1986, 8½"x11", *coloring book*). A "coloring-in" book designed for lower elementary-aged children. Provides pictures of family members, with captions such as: "A family is a group of people who live together. They love each other and take care of each other. Families can grow and change because of marriage or adoptions or births." Includes a study guide to facilitate communication between teachers, parents and children. The book is intended to appeal to the widest audience possible but the concepts can be individualized and personalized. It is the first in a series that will include topics such as goal setting, decision making, peer pressure and self esteem. *Publications, Planned Parenthood Association, 370 Old Port Isabel Road, Brownsville, Texas 78521, (512) 546-4574. Prices: Item No. 32587-A, 1-15/\$2 a copy;*

15-30/\$.95; 31-100/\$.85; 100+/\$.75; plus 15% p/b.

SEXUAL ABUSE

BODYRIGHTS: A DUSO APPROACH TO PREVENTING SEXUAL ABUSE OF CHILDREN (1986, *kit*). This beautifully packaged kit—a comprehensive, multidimensional approach to prevention of child abuse—has been designed for parent, teacher, and child. The curriculum is based on the concept of empowerment rather than scare tactics. The goals are: to learn the difference between good and bad touch; to learn and practice the three basic rules of self protection; to promote body awareness, positive body concept, and body ownership; and to encourage assertiveness and problem-solving. The *Teacher's Guide* (76 pp.) introduces the curriculum, offers background information about child sexual abuse, and includes a bibliography of additional resources. The guide provides detailed and easy-to-follow directions for use of the materials of the BodyRights Program. *What Would You Do If—?: A Guide to Preventing Sexual Abuse of Your Children* (23 pp.), explains the purpose of teaching self-protection, provides basic prevention principles, and suggests games and stories to facilitate discussion. The *Lap Easel* book (63 pp., 9½"x11½") contains four stories accompanied by 31 vividly colored pictures. There is also an audiocassette which presents the same stories, and introduces the song "The Owner of My Body Is Me." Also included are a hand puppet, *Duso the Dolphin*, who represents the central character in the BodyRights Program; fifteen *Dramatic Play Cards* (8½"x10¼"), which include instructions for the teacher on one side, and scenes for the children on the other side; three (10"x12") *Safety Rule Cards*; twelve *Blackline Masters* for reproducing letters to parents; and an attractively illustrated hardcover picture book, *My Body Belongs To Me* (31 pp.) which teaches body awareness and a positive body concept. *American Guidance Service, P.O. Box 99, Circle Pines, Minnesota 55014-1796. 1-800-328-2560. Price \$110 for complete program plus 8% p/b; component parts available separately.*

SPECIAL EDUCATION

PERSONAL GROWTH AND DEVELOPMENT: A FAMILY LIFE MANUAL FOR SPECIAL EDUCATION (1986, 43 pp., 8½"x11", spiral-bound *manual*) written by Diana Lippin, MA, MS, and Doreen Randall, RN, CSE, "after many requests from special education teachers for such a

manual for use with pre-adolescent and adolescent students. Provides easy-to-use lesson plans for teaching family life education topics; activities to enhance students' self-esteem; strategies for teaching about public and private behaviors; and detailed step-by-step plans for teaching about puberty and personal hygiene and grooming. The authors have developed curricula and provided family life education consultation for school districts in New York, New Jersey, and Connecticut. They have noted that there is little family life education material designed specifically for developmentally disabled people of school age, and few family life education training opportunities for special education teachers. The activities in the manual are designed to be used in sequence or individually as needed. The curriculum has been found useful in working with the developmentally disabled, other special education students, and young adults in group homes. *Lippin and Randall Publications, 12-58 Edward Street, Fairlawn, NJ 07410, (201) 797-9332. Price: \$15, plus \$2.50 p/b (prepaid).*

SURVIVOR: FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES WHO HAVE BEEN SEXUALLY ASSAULTED (1986, 8½"x11", *companion set of 3 booklets*) written by Nora J. Baladarian, PhD, psychologist, in collaboration with Krysia Dankowski and Tawnya Jackson of the Los Angeles Commission on Assaults Against Women, and illustrated by Larry Mayer. *Booklet I* "is for people who understand best with few words and is to be read with a care-provider; *Booklet II* "is for those with at least a fourth grade reading level; *Book III* "is for family members, advocates and care providers." The booklets are designed to help assist someone through a sexual assault crisis, and to teach clients about prevention and safety measures in the event of an attempted assault. The purpose is to provide familiarity with sexual assault and its treatment so that victims can become survivors "with the greatest amount of informed support from their advocates and caretakers as possible." Includes definitions; statistics; warning signs; description of the rape trauma syndrome; tells how to respond to a disclosure; discusses confidentiality and how to report assaults (to police, hospitals); describes the medical examination and court proceedings, and discusses body parts and feelings. Available in Spanish, Chinese, Vietnamese, Japanese, Korean, large print, and Braille. *Los Angeles commission on Assaults Against Women, Women's Center at Council House, 543 North Fairfax Avenue, Los Angeles, CA 90036, (213) 655-4235.*