

## The AIDS Epidemic

### Implications for the Sexuality Education of Our Youth

Debra W. Haffner

The AIDS epidemic poses numerous challenges for sexuality education—especially in regard to the education of our youth. Because of the “AIDS crisis,” more schools, community organizations, and national agencies have called for sexuality education than ever before. Moreover, nationally respected proponents of AIDS education, such as the Surgeon General, the President’s Commission on the HIV Epidemic, and the National Academy of Sciences have also called for *comprehensive* health education programs for *all* school-age children.

A number of AIDS prevention programs for youth have been initiated in schools, community agencies, and youth-related programs across the United States. But most of these programs are isolated attempts at dealing with the HIV crisis that have ignored the basic lessons that have been learned by experts in sexuality education and drug use prevention. Many of these programs do little more than teach young people the biomedical aspects of the disease and ignore important behavioral messages. In addition, they are now warning young people about the “dangers of sex,” and are advising abstinence from all sexual activity.

The emphasis on the dangers of all sexual activity is reminiscent of campaigns which took place during the first quarter of the twentieth century against syphilis and gonorrhea. By 1922, almost half of all high schools in the United States were offering instruction in sex hygiene as a way to prevent sexually transmitted diseases. They also used fear to encourage abstinence. Not unexpectedly, this

approach did not have the desired outcome of reducing the incidence of disease.<sup>1</sup> Similar to the programs of the twenties, which were based on the encouragement of antisexual attitudes, many of today’s AIDS education efforts appear to be aimed at trying to control sexual behavior through fear. It has become apparent that it is crucial for sexuality educators to become involved in the design and implementation of AIDS prevention programs in order to assure that information about AIDS will be accurate and placed in the context of healthy, positive sexuality.

Present school-based AIDS education programs are by-and-large inadequate. According to a survey conducted by the U.S. Conference of Mayors in December 1986, slightly more than half of the country’s largest local school districts and state school agencies have begun to provide some type of AIDS education. However, only a small number have developed and implemented comprehensive programs that include teacher training, curriculum guides, and teacher and student materials. In addition, most are targeted strictly for junior and high school levels.<sup>2</sup>

As of April 1988, eighteen states and the District of Columbia have mandated AIDS education.<sup>3</sup> However, reviews of these state mandates indicate that most of the programs focus on biomedical information and do not promote skill development or behavioral change through effective educational methodologies. Several states, such as New York and Oklahoma, have requirements that discourage condom use as a component of their state mandate for school-based AIDS prevention.

A review of 18 published curricula, by the staff of the Centers for Disease Control, found that two-thirds of the curricula advocated programs that were only one hour or one class session. One quarter of the curricula did not address abstinence or condom use at all. Fewer than one-third mentioned that sex between uninfected partners could not spread the disease; that counseling should be sought if there were personal concerns; and that condoms and spermicides should be used together. Only 22% of the curricula emphasized that it is behavior that places people at risk, and over half inappropriately emphasized high risk groups. Although 61% of the curricula used the term "anal intercourse" and 50% mentioned "oral intercourse," only a third mentioned "vaginal intercourse."<sup>4</sup>

### Five Primary Goals For AIDS Prevention Programs

AIDS prevention programs for young people should have the following five primary goals:

*First, programs should be designed to eliminate misinformation about HIV and to reduce the panic associated with the disease.*

Many young people lack basic knowledge regarding the transmission of—and protection against—HIV. In a 1985 study of teens in San Francisco, one-third did not know that AIDS could not be spread by using someone else's personal belongings and 40% did not know that using condoms lowers the risk of infection with the virus.<sup>5</sup> A 1986 survey of Massachusetts teenagers found that many teenagers believe that AIDS can be transmitted by kissing, sharing eating utensils, sitting on toilet seats, and donating blood. Ninety-six percent of these teens had heard about AIDS, but only 15% of the sexually active teens were taking appropriate steps to avoid its transmission. Only one-third were concerned about contracting the disease.<sup>6</sup> Education programs must clearly address fears about casual transmission by presenting accurate data from studies done on transmission in households, among health care professionals, and through mosquitoes.

Further, programs should address the social reasons behind irrational fears of HIV transmission, and should help young people identify appropriate personal concerns. For example, the AIDS epidemic has led to a rise in the incidence of violence against homosexuals and it has the very real potential of increasing homophobia among teens. Teenagers need to understand that homosexuals did not cause AIDS; that they are not at risk of contracting HIV from the gay people they know; and that some of their classmates may be gay and deserve their respect and support.

*Second, programs should be designed to help young people delay premature sexual intercourse.*

The average age of first coitus is 16-years-old in the United States;<sup>7</sup> in some communities, it is as young as twelve.<sup>8</sup> Teenagers are becoming sexually active at younger ages, and most have neither the cognitive nor the emotional capacity to handle the implications of mature sexual relationships.

Promising strategies have been developed to help young teenagers and preadolescents postpone sexual intercourse. Unlike the "just say no" programs promoted by such curricula as *Sex Respect*, these effective programs have been designed to help teens identify and resist the social and peer pressure that encourage early sexual involvement.

*Third, teenagers who are sexually active should receive information and services so that they will use condoms each and every time they have any kind of intercourse.*

Regular condom use by sexually active teenagers is quite low: less than one in four regularly use condoms. However, many sexually active teens report that they have used a condom at least once.<sup>9</sup> Statements like those made in the media recently by important spokespersons, which imply that condom use is not likely to be very effective against HIV, are likely to discourage young people from using condoms but will not discourage them from having sex. It is important to acknowledge that condoms have proved to

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All article and review submissions, advertising, and publication inquiries should be addressed to:

Janet Jamar  
Manager of Publications and Public Relations  
SIECUS  
32 Washington Place  
New York, New York 10003

(212) 673-3850

### Editorial Consultants

Michael Carrera, EdD      Robert Selverstone, PhD  
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be very effective in halting the spread of HIV among certain populations, and although not 100% effective, they, especially when combined with products containing nonoxynol-9, are *the only answer* for sexual intercourse when the serostatus of the partner is unknown.

*Fourth, all AIDS education programs should warn children about the dangers of drug use.*

Young people need to understand that the use of alcohol and drugs can impair their ability to make good decisions; that some drugs may suppress the immune system; and that intravenous drugs do put people at particular risk of contracting HIV if their needles are shared.

*Fifth, AIDS education programs should encourage compassion for people with AIDS and for people who are infected with HIV.*

Too many communities in the United States have reacted with prejudice, hostility, and violence when a person's serostatus has become known. The President's Commission on the HIV Epidemic recently quite vociferously recommended an end to the discrimination of people infected with HIV. Education programs have a major role to play in this regard. They must help children and youth understand why they need not fear people with AIDS and, in turn, how they might help those presently living with the disease.

### **Eight Principles Should Underline Effective AIDS Education Programs**

Certain principles should underline the development of effective AIDS education programs. Among these, I have identified the following eight as being particularly important:

#### **1. AIDS education should be integrated into comprehensive health or sexuality education programs.**

The discussion of AIDS should be placed in the broader context of health behaviors and human sexuality. Ideally, AIDS information should be discussed only after such educational units as self-esteem, family and personal values, decision-making, contraception, communication skills, drug prevention, sexually transmitted diseases, and peer pressure have been discussed. It is important to begin to address all health behaviors of young people as a constellation of behaviors; AIDS should not be isolated as a separate unit. Risk-taking behaviors are closely related; because of this, programs should approach young people holistically.

Basic information about AIDS is actually quite simple. It can be covered, age-appropriately, in a short session. No matter what length, however, all AIDS education programs should emphasize the following basic information. They should explain: a) how HIV *is* transmitted, including sexual transmission; transmission through the exchange of blood products, including IV drug use; and perinatal transmission from mother to child; b) how AIDS *is not* transmitted, including clear information about the overwhelming evidence that HIV is not transmitted through casual contact; and c) how one can protect oneself from contracting

HIV, including abstinence from any type of sexual intercourse and IV drug use, and the practice of safer sex.

#### **2. AIDS education programs need to be designed to reach all children, not just those in school in middle class communities.**

Although all teens may be at theoretical risk of becoming infected with HIV, certain groups of teenagers are currently at much greater risk because of the increased probability of their involvement in unsafe behaviors. Young people who use IV drugs, gay and bisexual teens, homeless children, children who are not in school, and teens involved in solicitation and prostitution, all need to be considered target groups for special prevention efforts. Teenagers from geographic areas with high prevalence rates of HIV and AIDS, such as New York City, northern New Jersey, Washington DC, Los Angeles, Houston, Miami, and San Francisco are at greater risk because of the prevalence of HIV infection in the community.<sup>10</sup> It is important for programs to underscore that teenagers from these groups can dramatically reduce their risks by adopting safe behaviors. Culturally sensitive materials also need to be developed for minority teenagers.

#### **3. AIDS education should be offered in multiple sessions at each grade level and through numerous mediums.**

Ample evidence from health education and contraceptive education programs has demonstrated that young people cannot be expected to absorb complex information in a single session in the tenth grade, nor is it likely that such single interventions will affect teens' behaviors. Numerous studies have documented the need for continuous repetition of health messages in order to achieve risk reduction. Moreover, some of the most successful teen pregnancy prevention programs have been those that have been part of coordinated community efforts. Teens need to receive education about AIDS from schools, community agencies, churches and synagogues, and their families.

#### **4. Programs should emphasize increasing teenagers' perceptions of their vulnerability to HIV infection rather than the provision of biomedical information.**

Several research studies have indicated that although many teens are informed about HIV and its transmission, they do not personally feel at risk and continue to engage in risky behaviors. A 1987 study found that knowledge and concern about AIDS, and other sexually transmitted diseases, were neither reflected in increased intentions to use condoms nor in increased use.<sup>11</sup>

Focus groups conducted in 1988 with minority teenagers confirm these impressions. Four groups of inner city teenagers in the District of Columbia were asked about their knowledge and attitudes about AIDS. Although these teenagers had heard about AIDS and were familiar with transmission modes, they reported that they were not at risk of being exposed to HIV and, therefore, had not altered their behavior. These teenagers reported that they were not concerned about the possibility of contracting HIV because they were not using drugs nor having sex with IV drug

users. They also did not believe that they might have sex with people who may have had homosexual experiences. In addition, they were not aware of people with AIDS in their own social circles or age group.<sup>12</sup>

Providing facts is not enough to change teen behavior. The majority of teen pregnancies are unintended, even though most teenagers are well-acquainted with the facts about how pregnancies occur. Teenagers are aware of the dangers of drug use, yet they continue to experiment with alcohol and other substances.

Teenagers will be unlikely to change their behaviors as long as they do not believe that they are at risk of HIV infection. And unfortunately, teenagers, by and large, believe that AIDS is something that happens to "someone else": only white, gay, male adults get AIDS. Also, because of the long incubation period of the virus, very few teenagers know anyone their age who has AIDS. Thus, they find it difficult to believe that they are at risk.<sup>12</sup> AIDS education should focus on high risk behaviors rather than high risk groups so that teens are not able to distance themselves from the risk of infection. In San Francisco and Washington DC, young people with AIDS are being invited into classrooms to help teens develop compassion for people with the disease, to help them confront their irrational fears, and to increase their understanding of their own risks.

#### **5. Programs must provide ample opportunity for behavioral skill development.**

A significant body of health education research demonstrates that information alone does not influence actual behaviors. All AIDS education programs should include a variety of activities designed to increase knowledge, explore attitudes, and facilitate desired behavioral outcomes. Education programs must help teens practice desired prevention behaviors, including identifying and resisting pressure related to sex and drug use; talking about the decision to have sex with a partner; and explicit information on how to use, buy, and talk about condoms with a partner. Education programs should be designed to help teens develop problem-solving skills so that such classroom interventions as role-playing and assertiveness training will be relevant to real life situations.

Teenagers should be involved in designing and implementing AIDS education programs. Many of the most promising health education interventions with teenagers have been those that are coordinated by the teenagers themselves and deal with changing teenage behavioral norms. Peer mediated approaches to resisting cigarette smoking and "students against drunk driving" campaigns are reported to result in behavior change, while other interventions, such as one-time contraceptive lectures, usually have not changed outcomes.

Programs also need to concentrate on changing the normative school environment. Classrooms that teach "just say no" offer conflicting messages when the talk in the halls is that "everybody is doing it." Faced with this contradiction, teens often practice "cognitive repression": they accept only one message and do what makes them most socially

acceptable. Thus, AIDS programs that try to alter the peer culture and school norms related to sex and drugs are likely to be more successful than classroom programs alone.

One such program developed by the author, while at the Center for Population Options, is Teens For AIDS Prevention (TAP). At chapters of TAP, groups of teenagers are provided with intensive training on AIDS, sexuality, and drugs and are encouraged to develop nonclassroom activities for other youth. These activities have included slogan and rap contests, theater presentations, assemblies, loud speaker announcements, brochure distribution, development of buttons and stickers, articles for school newspapers, and ads for programs and yearbooks. This concept can easily be adapted by schools, youth-serving agencies, churches, and community centers.

#### **6. AIDS education programs should be value-based.**

AIDS education cannot be "value free" because of its connection with the most intimate parts of people's lives. Most programs will supply the following values: 1) abstinence from sexual intercourse is the most appropriate method of AIDS and teenage pregnancy prevention; 2) all experimentation with drugs should be avoided; and 3) the only truly safe sexual intercourse takes place within the context of a long-term monogamous relationship. Most programs will also want to support the value that those young people who are sexually active need both information and services to protect themselves against HIV.

#### **7. AIDS education should be "sex positive."**

Most of the AIDS education programs that have been developed have focused on giving young people only two messages about sexuality: abstinence and mutual monogamy, in the context of heterosexual marriage. Children and teenagers should be helped to understand that sexuality is an integral component of personality, and that the expression of sexuality is a wonderful part of life. In too many programs, the "joys of sex" have been substituted by lessons on the "dangers of sex." Indeed, one new movie has been titled: "Suddenly Sex Is Very Dangerous." Just as high quality sex abuse prevention programs emphasize "good touches," AIDS education programs should emphasize that sexuality is a positive aspect of life and that genital activity is only one aspect of sexual behaviors. Young people can be helped to understand that positive sexuality means practicing responsible sexual behaviors, and that for most, this means waiting to have intercourse until they are older.

Programs must recognize that there is likely to be a wide range of sexual experiences in any classroom or group of young people. Many of the teens in a 10th grade class will have already had some type of heterosexual experiences; some will have had homosexual experiences; some will be developmentally disinterested in any type of sexual experiences. Leaders must be sensitive to this range of behaviors and address all young people in the program. They should anticipate homophobic comments and be prepared to be supportive of students who have had homosexual encounters.

Young people need to receive information about the sexual behaviors that will, and will not, put them at risk of HIV infection. Because most young people experiment with some types of sexual behaviors, educators should help them understand which ones are safe and which ones are risky. We also need to be honest with young people that some sexual behaviors are truly safe and do not transmit the HIV virus. Touching, hugging, mutual masturbation, and "outercourse" are safe: they do not put one at risk of pregnancy, of AIDS, or of any other sexually transmitted disease. AIDS education programs can encourage abstinence from sexual intercourse by helping young people learn that intercourse is not necessary to give or to receive sexual pleasure. Further, young people should be encouraged to express affection through nonsexual avenues.

However, programs must be realistic and acknowledge that many young people *are* engaging in sexual behaviors that may place them at risk of HIV. These young people need information about "safer sex." Teens need to understand that even protected sexual intercourse with a partner whose HIV status is unknown poses some risks, and that condoms must be used for each and every act of any type of intercourse.

Education about condoms should focus on behavior. Young people need to know and understand what a condom is, where to purchase one, how to use it, and how to talk about condom use with a potential sexual partner. Teenagers should be encouraged to practice purchasing condoms before they need to do so. Boys who are sexually active, or who are thinking of becoming so, could practice putting on condoms in private. Indeed, in a Swedish government public service campaign, boys are encouraged to practice masturbating with condoms in place.

#### 8. AIDS education should be empowering.

Numerous studies have indicated that people's behaviors are not changed through fear arousal. AIDS should not be portrayed as the inevitable result of risky behavior. Young people need to know that they can control their risk of exposure to HIV largely by their own decision-making. They can be helped to understand that it is their present and future behaviors that will prevent their infection with HIV.

#### Conclusion

Educators, medical professionals, and advocates for children all have a critical role to play to assure that the nation's young people receive accurate information and develop the skills they need to protect themselves and their partners from this deadly virus. It is important that sexuality educators become involved in designing and offering AIDS education programs to assure that effective programs are implemented. We must educate ourselves thoroughly about AIDS, and challenge ourselves to develop strategies that will effectively change behaviors. We must work to prevent the further spread of the disease, while maintaining a positive approach to sexuality education. We must help to develop an understanding of homosexuality and bisexuality and work actively to reduce homophobia. We must remember that in spite of AIDS, our children must learn how to celebrate their sexuality while practicing responsible behaviors.

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- Debra W. Haffner, MPH, is the new executive director of SIECUS. She is also the author of AIDS and Adolescents: The Time for Prevention is Now from which some aspects of this article have been adapted.*

#### Resources

**CONFRONTING AIDS: Update 1988**, Institute of Medicine, National Academy of Sciences, 1988.

This excellent compendium updates the October 1986 Institute of Medicine report, **CONFRONTING AIDS: Directions for Public Health, Health Care, and Research**. The two books together provide definitive information on what we now know about HIV infection and its epidemiology, education, care of people infected with HIV, drugs, and the international aspects of the AIDS epidemic.

National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418. \$15.95

**FINAL REPORT. PRESIDENTIAL COMMISSION ON THE HUMAN IMMUNODEFICIENCY VIRUS EPIDEMIC**

The Presidential Commission heard more than 500 expert witnesses, and in June 1988 delivered a comprehensive set of recommendations to the President on patient care, health care providers, research, prevention, education, societal issues, legal and ethical issues, financing, and the international aspects of the HIV epidemic.

Presidential Commission, 655 15th Street NW, Suite 901, Washington, DC 20005.

# Sex and Today's Menopausal Woman

Lorna Sarrel

**M**enopause can have a profound effect on a woman's sexuality—and this effect is no simple biological cause and effect. The meaning that is given to menopause by a society makes all the difference. In Denmark, for example, the 50th birthday is joyfully celebrated as the beginning of the best part of life; by contrast, in Nigeria, husbands routinely discard a postmenopausal wife in favor of a younger fertile woman.

Americans seem to be ambivalent about the sexuality of the "older woman." In a film often used to teach medical students about sexuality, a young male student voices a commonly held belief when he says that he does not bother to take sexual histories from older patients because they probably are not sexually active anymore. When the professor asks him what he means by "older," he answers that he would guess "older" to be about forty!

If you want confirmation of the invisibility and desexualization of the "older woman," turn on your television: the vast majority of female characters are under forty; the others are likely to be shown as asexual. Two notable exceptions are Linda Evans and Joan Collins, but they are thought by most to look ten to fifteen years younger than their actual age.

## Who Is Today's Menopausal Woman?

Who is today's menopausal woman? Statistically, she is, on the average, between 48 and 53 when she gets her last period. The 50- and 60-year-old woman of today appears to be more physically active and healthier, more involved in the community, and to have more money and self-confidence than her mother or grandmother before her—all of which should add up to her feeling and acting sexier than the woman of previous generations. In fact, however, available data suggest that, for most women, a decade-by-decade decline in the frequency of marital intercourse is a fact of life—at least it has been since the 1940s and 50s (Kinsey, 1949 and 1953) through the 1970s (Westoff, 1970; *Redbook*, 1975). Also, marital intercourse rates have been documented as declining from an average of three times a week for couples in their twenties, to once a week or less for

couples after age 50 (Gagnon, 1977). Eric Pfeiffer's study (1972) of 45–71-year-olds, who are in the middle and upper socioeconomic classes, showed that one third of the women reported no sexual desire. Ed Brecher's study for Consumers Union (1984) also found a similar decline in interest level.

## Hormonal Changes After Menopause

If sexual frequency and desire decline with age, what role can we ascribe to the hormonal changes which take place in women after menopause? A new and as yet unpublished study, by Malcolm Whitehead et al. (1988, England), suggests that the answer is: quite a large role. Looking at a wide range of physical, psychological, and social variables in women over 45, factor analysis showed that there was only one variable that consistently predicted sexual satisfaction: menopausal status.

At the Yale Mid-Life Study Center, the most recent findings on the prevalence of sexual symptoms in a study (1988, yet unpublished) of 80 postmenopausal women attending a menopause clinic suggest a high rate of sexual difficulties: almost half reported having intercourse only once a month or less; and 68% reported having a sexual problem.

The following table shows the percentage of women who have reported specific problems:

<i>Symptom</i>	<i>Percentage</i>
vaginal dryness	58
dyspareunia (pain with sex)	39
decreased clitoral sensitivity	36
decreased orgasmic intensity	35
decreased orgasmic frequency	29
decreased desire	77

When considering the impact of menopausal hormone changes on sexual function, we need to consider three areas: 1) the indirect effects of miscellaneous symptoms; 2) the direct effects; and 3) the effects on the couple dyad.

## Indirect Effects

When circulating estrogen levels fall consistently below 50 picograms per milliliter of blood, many women experience hot flashes, sleep disturbance, irritability, depression, and urinary frequency, urgency, and leaking. Rosetta Reitz describes a cluster of psychological symptoms experienced by some postmenopausal women which she has called "fragility" (1977). Perhaps, due to a combination of short-term memory impairment, problems with balance, fear of having hot flashes in public, and mild depression, women do feel less competent and confident. Their self-esteem is shaken. These problems may also secondarily shake a woman's sexual self-confidence and decrease her interest in sex. Approximately one-quarter to one-third of women attending a menopause clinic were found to have altered touch perception: they described a hypersensitivity to skin touch which, for many, translated into a wish not to be touched (Sarrel, L. & Sarrel, P., 1984). Obviously, this can, and often does, affect sexual interactions.

## Direct Effects

It has been known for decades that vaginal atrophy and decreased or absent lubrication are very common complaints among women after menopause. Secondary to the discomfort associated with atrophy and/or vaginal dryness, some women develop vaginismus. Artificial lubricants can be of some help, but it appears that, apart from hormonal replacement, the best way to prevent these troublesome symptoms is to maintain a regular, uninterrupted sex life (Masters and Johnson, 1966; Lieblum et al.). In a study done in London, Philip Sarrel (1984) found that the women attending a menopause clinic who did not report a sexual problem often had a new sexual partner and, presumably, an active sex life. The direction of the cause-effect relationship in these findings is not clear, however, since having fewer sexual side effects such as vaginal dryness, etc., may be a causal factor in maintaining an active sex life. Philip Sarrel (1988, yet unpublished study) reports that 36% of the women attending a Yale menopause clinic report a noticeable decrease in clitoral sensitivity. Some women go so far as to say: "My clitoris seems dead."

Other direct effects of a low estrogen level include painful uterine contractions with orgasm, and burning during intercourse due to increased urethral and/or bladder sensitivity. It is also important to recall that at the time of menopause the ovarian production of testosterone usually decreases somewhat, although there is great variation among women. A significantly low testosterone level is most commonly found after the ovaries have been surgically removed, not after natural menopause. In women complaining of a loss of sexual desire—especially when this complaint persists even with hormone replacement—testosterone replacement may be indicated.

## The Couple Dyad

Menopause is a biological event for a female, but it is a psychological event for a couple. Husbands react to the fact of menopause; it is a symbolic turning point for them, too. When a wife has scanty vaginal lubrication or seems to have lost her former zest for sex, it is likely to become a major sexual turning point for both spouses.

When Sarrel (1982) looked at the records of fifty couples, who came for sex therapy within three to seven years of the wife's menopause, he found that forty-one of the women (none of whom were on hormone replacement therapy) had a sexual problem. There was also a high incidence of sexual problems among the husbands. Thirty-nine had a dysfunction; and in 29 cases, it appeared that the wife's menopausal symptoms had played an important role in triggering the husband's dysfunction. The husbands reported a number of psychological reactions to physiological changes in their wives: confusion, anger, feeling rejected, and fear of hurting their wives during sex. These couples had no understanding of the possible biological basis of, for example, the woman's vaginal dryness or pain with intercourse. They tended to attribute the problems to psychological or interpersonal difficulties. In many couples, there was then self-blame and/or blaming of the spouse which tended to intensify the sexual problem.

## Hormone Replacement Therapy (HRT)

When women with low levels of circulating estrogen are given hormone replacement, there are varying degrees of improvement in their symptoms—both sexual and non-sexual. The most recent report (1988, yet unpublished) from the Yale Mid-Life Study Program shows a moderate to good rate of improvement in a number of sexual measures.

This chart shows the percentage of women reporting significant increases in the areas listed:

<i>Symptoms</i>	<i>Percentage</i>
Clitoral sensitivity	over 50
Orgasmic frequency	33
Orgasmic intensity	42
Desire	90
Intercourse frequency	33

There is a placebo control group against which these statistics will be compared but, unfortunately, that data has not yet been tabulated.

Women everywhere, however, are confused and anxious about hormone treatments—and rightly so. Adult women

today have witnessed a rollercoaster of enthusiasm, suspicion, condemnation, and renewed enthusiasm for hormones. Part of the confusion lies in the fact that there are different kinds of hormone therapy, from DES (diethylstilbesterol), once used to prevent miscarriages, to birth control pills, to various replacement therapies used after menopause. It is important to understand that postmenopausal hormone replacement therapy (HRT) is *not* the same as DES or birth control pills and does *not* involve the same complications.

#### *HRT and Cancer*

In the 1970s, after more than a decade of prescribing estrogen for postmenopausal women, researchers found that women taking estrogen replacement were up to 10 times more likely than those not taking it to develop endometrial cancer. Doctors, and women alike, were appropriately alarmed and estrogen replacement all but disappeared.

Meanwhile, doctors began to investigate other approaches to hormone replacement therapy and—to make a long story short—found that by adding progesterone (or progestin, a progesterone-like substance) 12 consecutive days per month, not only was the increased risk of cancer eliminated but the risk was actually reduced to less than that of women taking no hormone replacement at all.

Doctors also began to study the question of breast cancer. There are four major ongoing studies to determine if long-term use of HRT affects the rate of breast cancer. In one study, it appears that the use of HRT has had a protective effect. However, this study is of the combined effects of estrogen and progestin and the data covers only ten years. In other studies, where women have taken estrogen but no progestins over a period of twenty years, there appears to be a slightly increased risk of breast cancer.

#### *HRT and Cardiovascular Disease*

There are numerous studies of the effects of estrogen replacement on cardiovascular disease. Most of these indicate that women using estrogen have one-half to one-third the risk of dying of cardiovascular disease compared to women not taking estrogen. However, there are exceptions to these findings. Most important is the Framingham heart study which reports an *increase* in cardiovascular risk. The consensus of experts is that the use of estrogen most likely is beneficial, but progestins may offset the beneficial effects. The definitive study, however, has yet to be done.

#### *HRT and Arthritis/Osteoporosis*

New research suggests that HRT may reduce the incidence of arthritis in women by as much as 75%. It is also well established that HRT helps to prevent osteoporosis in older women.

#### **Is there any bad news?**

HRT is usually prescribed to treat one or more of the specific symptoms listed earlier, and it generally is very effective in alleviating these symptoms. Is there any bad news? No, so far there is not anything very serious. Women taking HRT usually menstruate, and some women find that objectionable. Progestins often cause some side effects on the days when they are taken—depressed mood, irritability, etc. For some women, however, these side effects are so severe that they cannot be given progesterone. Can they still take estrogen? Yes, but only with extra precautions against their developing endometrial cancer.

Of course, we do not know what the future will hold. Will we, in ten or twenty years, discover that the latest form of HRT has some as yet unsuspected consequences? That is always possible.

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*Lorna Sarrel, MSW, is chairperson of SIECUS' board of directors and is co-director of the Yale University Human Sexuality Program.*



# SIECUS MEMBERS

## Have You Called Us Lately? Have You Sent Us a Letter or an Electronic-Mail Message?

Almost 13,000 people did contact SIECUS last year — some were members, most were not. They had heard of SIECUS through the media, a citation, a colleague, had found us in the Encyclopedia of Associations or in the New York telephone book under "Sex Information."

For many, we are the first place they contact for sexuality information. Often they are frightened and embarrassed adolescents or adults, seeking the name or number of a counselor or clinic. Others are professionals who come to SIECUS when other sources have been unable to help them.

We have been able to help them and we can help you too! As a SIECUS member, you have access to all of the resources of SIECUS' Mary S. Calderone Library. Our print resources consist of over 3,000 books, almost 300 curricula, some 40 current journals, and several thousand articles and clippings in our vertical file drawers. We also have over 700 pamphlets and 50 newsletters that were collected in the past and are still useful sources of information. Our books and current journals (we index most of the journals listed in *Sexuality Periodicals for Professionals: A SIECUS Bibliography*) are cataloged and indexed in our database and can be retrieved in minutes.

If you need information on curricula development, statistics on adolescent pregnancy, data from the Kinsey studies, suggestions for books on sexual health care or any information on any aspect of human sexuality, our staff will try to provide the answer.

If the answer you are seeking cannot be found within SIECUS' available resources, we may call on the reference services of The New York Public Library and other institutions for assistance. If you need the number or address of an organization that has special expertise in a subject, we will find it in our files: we have put people in touch with incest survivors groups; gender dysphoria organizations; STD or sexual dysfunction clinics; helplines and hotlines; resource libraries; and voluntary action groups.

Our list of resources expands daily as each call leads us to more information sources to serve you better. We have recently added additional online databases and can now provide searches through a broad range of literature. If you

are interested in sexuality from a medical standpoint, we can search through the more than five million articles indexed in MEDLINE, the National Library of Medicine's database. If you should need articles on sexuality and aging that are suitable for a nonmedical audience, we can search Ageline, a database sponsored by the American Association of Retired Persons. Curricula or other materials suitable for disabled children can be located on the Exceptional Child Education Resources database of the Council for Exceptional Children. Descriptions of the latest videos on AIDS can be found on CAIN, the Computerized AIDS Information Network sponsored by the Gay & Lesbian Community Service Center in Los Angeles and funded by the California Department of Health Services. Behavioral studies can be found indexed on PsychInfo or in the Social Science Citations Index. Marriage and family materials can be found on Family Resources, a database published by the National Council on Family Relations.

As SIECUS members you receive a 10% discount on the fees we charge to cover our costs. A SIECUS database search is \$3.00 for each search, plus \$1.00 for each page of citations retrieved. The average search of our database costs \$7.00-\$10.00. In addition, we can search other databases (BRS, MEDLINE, PsychInfo, Exceptional Child Education Resources, Computerized AIDS Information Network, etc.) for \$12.00 per each search, plus a fee for each citation, which will depend on the database searched. The average search costs \$15-18.00. Photocopies of the articles retrieved from a database search may be obtained from SIECUS at a charge of \$.25 per page for materials in our collection, with an additional charge for items that we must obtain elsewhere. They may also be obtained from your local library. Copyright restrictions apply in all cases.

All of SIECUS' resources are used daily by students, educators, librarians, physicians, nurses, social workers, journalists, and the general public. Let SIECUS be your personal research assistant. Call us, (212) 673-3850. Write to us: SIECUS, 32 Washington Place, New York, NY 10003. Or send us electronic mail on CompuServe (73257,17). Let us serve you as we serve so many others!

Also, if you have duplicate copies of articles, curricula, or other material, send them to SIECUS. Let us share them with others in the field!

# News . . .

## Organizations Gear Up for 14th National Family Sexuality Education Month

Throughout the country during the month of October many organizations and Planned Parenthood affiliates will sponsor a variety of special events, including film festivals, teen health conferences, library displays, open houses, family-oriented workshops, and advertising and media campaigns to increase an awareness that parents are the primary sexuality educators of their children. Prior campaigns have included statewide, citywide and communitywide organized activities for each calendar day, mayoral proclamations, and the initiation of ongoing networking efforts. The main focus for the month's events is helping parents talk with their children about their own values concerning sexuality, and helping them to be open to children's questions and concerns.

In a mayoral proclamation issued last year in New York city to spearhead the city's campaign, Mayor Koch (other mayors issued similar proclamations elsewhere) stated:

Much of the fundamental education of children occurs within the family.



Providing children with sexuality education is an important responsibility of parenthood and the more support parents receive the better they will be able to perform this essential task. Schools, religious institutions and community organizations should build a partnership by giving parents support in fulfilling this vital responsibility, and parents and potential parents should be aware of the resources available to assist them in the sexuality education of their children.

Among the National Coalition members of National Family Sexuality

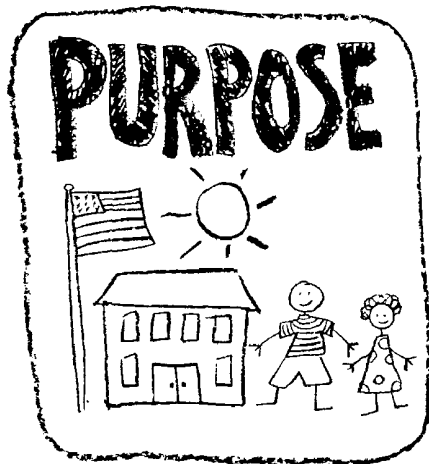
Education Month, coordinated by Planned Parenthood Federation of America, are SIECUS, American Association of Sex Educators, Counselors and Therapists, American College Health Association, American Youth Work Center, Center for Population Options, Girls Clubs of America, Episcopal Church Center, National Council of Jewish Women, National Organization for Women, The Society for the Scientific Study of Sex, Inc., and the YWCA and YMCA of the USA.

Debra W. Haffner, executive director of SIECUS, in commenting on the importance of National Family Sexuality Education month, said: "It is critically important that children receive up-to-date quality information from their parents. We applaud the efforts of programs around the country that assist parents in providing sexuality education to their children."

## **PURPOSE: Parents United for Responsible Policies on Sexuality Education**

PURPOSE is a campaign begun by Planned Parenthood Federation of America (PPFA) to help their affiliates

organize parents in their communities to be strong and vocal proponents of comprehensive kindergarten-through-12th-grade (K-12) sexuality education in their children's schools.



"Parents are and should be the most important sexuality educators of their children," states PPEA. "They convey important family and religious values about sexuality to their children that schools cannot convey." However, many parents "feel that they do not know enough or feel they cannot talk about all of the aspects of sexuality and reproductive health which are so essential for their children's growth." According to PPEA, 87 percent of parents with school-age children think that the schools should provide sexuality education, but "the sad fact is that fully 40 percent of teenagers in our Harris Poll said they had never even had a single sexuality education class or course, and only 35 percent have had comprehensive sexuality education. These conditions are tragic for they leave children vulnerable to ignorance and chance."

PPEA emphasized: "We know there is no evidence that sexuality education encourages promiscuity. Those who have had sexuality education are more likely to delay the age of first sexual intercourse; they score higher on knowledge; they are more likely to use contraceptives if they are sexually active

and they are more likely to think television's portrayals of sex are exaggerated. In other words, *sexuality education in the schools can make a difference.*"

If parents overwhelmingly support sexuality education in the schools, why do so few of the young receive comprehensive sexuality education? "The answer," said PPEA, "is that a small vocal minority, usually representing no more than one-half of one percent of a community" prevent school systems from beginning such programs. "And now," said PPEA "the White House and religious fundamentalists are trying to instill feelings of sexual repression rather than sexual responsibility by offering only classes on AIDS rather than comprehensive sexuality education. It is time," they said, "that the desires of the majority of parents who favor comprehensive sexuality education in the schools be reflected in sexuality education policy all across the country."

So what has PPEA done to address this situation? They have put together a PURPOSE Kit that includes strategies for organizing parents to work with school principals, superintendents, and with local and state school officials; copies of ads from their Teen Pregnancy Prevention campaign that mention PURPOSE; and a memo from the communications division with suggestions for press releases and media visibility. The kit includes a new PURPOSE 8-page booklet to encourage and empower parents to regain control of their schools and press for sexuality education (some of the material in this booklet was adapted from SIECUS' *Winning the Battle for Sex Education*). They are also offering PURPOSE stationery with the logo, and buttons.

In their issue paper, "Sexuality Education & AIDS Education," PPEA states: "In much of America, what passes for sexuality education is a technical description of the reproductive system—what students call 'the organ recital'—that omits the subjects

young people worry about most (communication, relationships, decision making, AIDS, contraception, abortion, masturbation, and homosexuality.) It is clear that America's spotty sexuality efforts are dangerously insufficient." They stress that "the high rates of teen pregnancy and sexually transmitted disease in this country testify to the fact that keeping children ignorant does not keep them innocent."

The thrust of PURPOSE is to mobilize parents to:

Participate in intensive community-wide public education efforts to generate concern about sexuality education among friends and neighbors.

Work for state and federal legislation to mandate and fund such programs from K-12 and to fund related projects such as teacher training, educational materials, and research projects.

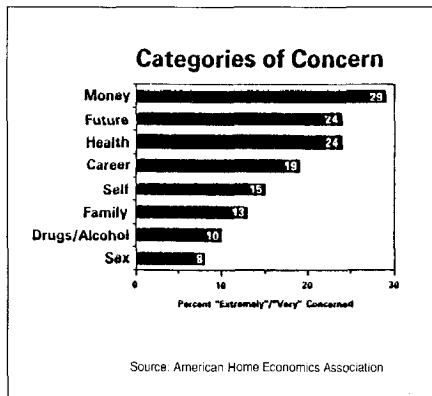
Work with local school administrators and educators to develop and implement sexuality education curricula.

Counter opposition efforts to withhold knowledge from children and repress them into frightened—and dangerous—ignorance which also puts them at increased risk of unintended pregnancy and sexually transmitted diseases.

## National Survey Shows Teens' Concerns About Money, Future, Health

This spring, the American Home Economics Association (AHEA) distributed a questionnaire, which covered 32 different issues, to 510 high school juniors and seniors at 15 high-traffic shopping malls nationwide. The survey was designed to assess six factors: issues of concern to teens; the role of schools in addressing teen concerns; teenagers' perceptions; who teens turn to for help or advice; whether they intend to go to college; and the socio-

demographic characteristics of the respondents and their families.

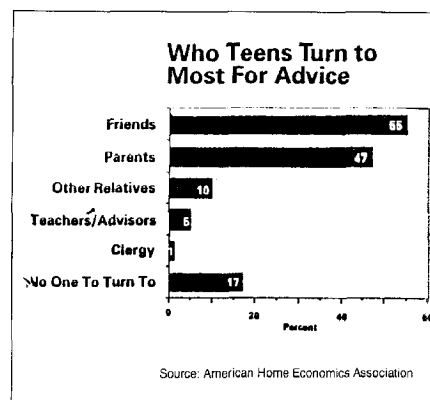


The survey found that teens are positive about their lives now (80%) and expect to assume productive, enjoyable jobs in the future, but they are pessimistic about social problems and the future of the country and world: 78% expect to go to college, but 39% are very concerned about being able to pay for college; 45% think the world is getting worse; 34% are very concerned about making the wrong decisions about the future and being unable to change them; 58% do not think there will be an end to racial discrimination in the U.S. in their lifetime; 62% think that life will be harder for them than it was for their parents; 33% believe that the U.S. is going steadily downhill, and 30% that it is heading for a depression; 29% are concerned that they will not earn enough to enjoy the better things in life; 42% believe there will be nuclear war in their lifetime; 81% trust their parents; and 65% believe that cures for serious diseases like AIDS and cancer will be found in their lifetime.

Teenagers feel their daily lives are far more complex and difficult than their parents: 58% have a friend who has thought of or committed suicide, but only 8% or less admit they have a drug or alcohol problem, or have thought about suicide; 53% indicate some of their friends are ruining their lives because of drugs, 72% of Hispanic students feel that drugs are the greatest danger facing Americans, 56% of all

teens feel this way; 8% are very concerned about sex; 11% know someone who has AIDS, and 30% claim to have changed their sex lives because of fear of AIDS; 32% have a friend who has been sexually abused; 27% have a friend who is anorexic or bulimic.

Equality seems to be the watchword, said AHEA; only 18% of teen males disapprove of women taking over jobs traditionally held by men; only 20% feel that it is embarrassing for a man to make less money than his wife; 82% feel that men and women should divide the housework equally; but 30% think that mothers should stay home with children.



Teens turn primarily for advice to: friends, 55%; parents, 47%; teachers or advisors, 5%; the clergy, 1%. Teenagers believe that schools are performing only an adequate job in teaching the skills necessary for a responsible and productive adult life: 27% rate their schools as helping them "a lot" in specific life skills. Forty percent feel that schools are helping them "a lot" in fighting peer pressure to use drugs and alcohol and 35% in educating them about sex, AIDS, and pregnancy; however, Hispanic teens give their schools below average grades in teaching them about how to fight the pressure to use drugs and alcohol. They feel that schools are helping the least in parenting (17%) and in dealing with catastrophic events that affect the family, such as death, divorce and employment (13%).

## The Kids on The Block and AIDS

The Kids on the Block form a growing network of more than 1000 community-based programs in 49 states and 15 countries. Developed in 1977 by nationally recognized educator, Barbara Aiello, the Kids were a direct response to U.S. Public Law 94.142, sometimes called "the mainstreaming law."

To help bridge the gap between disabled and nondisabled children, Aiello devised a community of almost life-sized puppet characters—some disabled, some not. The puppets act out scripts that promote mutual understanding between different types of children, after which the children in the audience are free to ask questions of the puppet characters. It was the questioning of the puppets that made creator, Aiello, realize that young people "had been conditioned to stay away from disabled people, not to question them, not to confront their disabilities. But no one ever told them not to talk to puppets, and this was giving them a chance to have their questions answered and to dispel myths and stereotypes." It was this experience that made Aiello decide to quit teaching and begin a new career with "Mark," and the other puppets she soon created. According to Suzanne Spearling Shupe, director of operations: "Puppetry is indeed a powerful medium and within the strength of this style, the Kids on the Block has grown." The national puppeteer troupe is now composed of professional educators and puppeteers, who perform and offer workshops. They also research and develop new programs, which often includes testing script ideas with the children themselves. They have travelled extensively nationally and internationally, and have also appeared on many television programs.

The topics of their programs (which now number 33) range from disabilities, such as deafness and cerebral

palsy, to medical concerns, such as epilepsy and cancer to social concerns, such as divorce, cultural differences, drug abuse, sexual abuse, teenage pregnancy, and now AIDS. Specially designed programs help individuals faced with special difficulties face important choices, learn to interact, to work together, and to appreciate each other.

Recently, the Kids on the Block introduced a new program on AIDS and now "Natalie Gregg" is the newest kid on the block! She is 25-years-old, married, and recently found out that she is a person with AIDS. She was infected by her husband. She discusses her condition, and myths and misconceptions about the disease, with one of her young friends, "Joanne Spinoza." Designed especially for students in fifth grade through high school, but appropriate for all types of public education programs, Natalie also talks about the specifics of the disease and important prevention issues, such as:

*abstinence:* "Sex is very private and very personal and for when you're grown."

*monogamy:* "When you decide to have sex, have it with just one person for the whole rest of your life."

*safer sex:* "Although it's not one hundred percent foolproof, using a condom is one way to keep from [becoming infected]."

She also talks about AIDS in the workplace, AIDS and family relationships, and dying with AIDS. "Through Natalie, young people, from the ages of eleven years through their late teens, learn to accept a person with AIDS as a person first." The children can talk directly with the puppets and ask what it's like to have AIDS and what the issues surrounding AIDS mean to them.

When an organization purchases a topic area, they receive the puppets and all necessary props; descriptions of the main characters; all the scripts written on that topic; the questions children ask with the appropriate answers; classroom activities; a resource list; and additional educational

materials on the topic. The AIDS program costs \$1,475. "It is a top-heavy expense," said Shupe, "but it is a program that can be used year after year, influencing child after child."

## Teen Council Urges Improved Contraceptive Accessibility

"Drug stores could do more to help prevent teen pregnancy and the spread of sexually transmitted diseases (STDs), including AIDS, by making it easier for teenagers to buy contraceptives," the Center for Population Option's (CPO) Teen Council said. Studies, CPO said, have found that while many teenagers have knowledge of contraception, they encounter barriers when trying to obtain it.

More than half of 16-year-olds nationwide are sexually active; and in some major cities, the average age of intercourse has dropped to 12 years-of-age. Moreover, each year, one in seven teenagers contracts a sexually transmitted disease; and nearly one half of those treated for STDs are younger than 25. Health experts are now additionally concerned that teenagers are at high risk for exposure to HIV due to teenage experimentation with both sex and drugs.

The Teen Council, established by CPO last fall—recognizing the need for sexually active teens to be able to obtain family planning methods easily and confidentially—decided to conduct a survey of contraceptive accessibility in 45 drugstores and 15 convenience stores (30% of all listed in the C & P Yellow Pages) in the Washington DC area. Five areas of information were made the focal points of the survey: where nonmedical contraceptives are physically located in the stores; whether condoms and other family planning methods, such as contraceptive cream or foam, are located on the same shelf; how teenagers are treated by store clerks when purchasing contraceptives; how much condoms cost; and whether there are signs in the stores showing where family planning methods are located.

Overall, the Teen Council found that teenagers find it difficult to locate and buy contraceptives in stores, and often, in attempting to buy them, have negative experiences (especially females), such as laughter, being ignored, and derogatory comments. One male clerk, in one of the stores surveyed, lectured Teen Council member, Jacqueline Torres, 18, when asked where condoms were located: "You shouldn't get those, only loose women get condoms." Torres felt that he didn't quite get the point: *she was being responsible*, not irresponsible. The Council found that drugstores often keep condoms behind pharmacy counters, making it necessary for teenagers to ask store personnel to retrieve them; and when the stores do display the contraceptives, it is usually in open aisles with no signs marking the area. Prices also vary greatly from store to store.

Teen Council members and the CPO staff are meeting with regional representatives of drug and convenience store chains. They are asking them to adopt the Teen Council's recommendations for making contraceptives more accessible to teenagers. Their recommendations and some of the survey findings are as follows:

1. **Place signs in the aisles to mark where contraceptives are located.** Only 13% of the stores had signs that clearly marked where the contraceptives were located. Signage and point-of-purchase material will assist the teen consumer and increase traffic in your family planning section.
2. **Place contraceptives where young people can buy them without having to ask for them.** Teens had to *ask* for condoms in many of the stores. Condoms were *behind* the counter at 35% of the drugstores and 32% of the convenience stores. Approximately two-thirds of the stores provided self-service merchandising, which has been shown to increase sales greatly. Pilferage, a great concern of many retailers, can be effectively addressed by establishing your family planning section on an end aisle in front of the cashier.

3. **Locate all family planning methods together.** One-half of the stores did *not* place condoms and other family planning methods, such as spermicides, on the same shelf. Medical experts recommend that condoms and foam be used together for protection against pregnancy and HIV infection.
4. **Treat young people, especially females, with the same respectful care given to older customers.** While male teens generally had neutral or positive experiences interacting with store clerks, 40% of the females' interactions were negative. Male clerks were more likely than female clerks to respond negatively when a teen asked, "Where are the condoms located?" Male clerks responded negatively 27% of the time, and female clerks 15% of the time.
5. **Provide pamphlets and other information on contraceptives and STDs.** None of the stores surveyed had pamphlets on STDs, on how to use a condom or on family planning methods in general. Yet many youths need more information and could learn from pamphlets. Since some stores carry pamphlets on health issues such as high blood pressure or cancer, they could consider adding information on reproductive health as well. CPO can recommend pamphlets for this purpose.

The Teen Council members act as advisors on CPO programs and conduct various projects such as the contraceptive survey. They also serve as spokespersons for teen concerns around reproductive health.

## Public War on AIDS Memorial Bracelet

PWA bracelets—which bear the name, age and date of death of men, women, and children struck down by AIDS—have been created as a fundraising effort and to unite the country in waging a public war on AIDS. "More than a memorial to commemorate our friends and loved ones lost to a particularly vicious disease, the PWA BRACELET symbolizes both an individual and collective commitment

to the battle against AIDS and inspires a personal bond between bracelet wearer and the memory of the person whose name appears on that bracelet." The funds raised will directly benefit the Mothers of AIDS Patients (MAP), who provide support and assistance to people with AIDS and their families, and the PWA Endowment Fund, a nonprofit corporation whose purpose is to provide emergency funding to AIDS patients and their loved ones. The bracelet is also designed to be a fundraising program that can be used for the benefit of nonprofit AIDS organizations everywhere.

As of April 1988, more than 20,000 requests were received from groups and individuals in 46 states. The list has grown daily. Among the individuals who currently have a bracelet are: Dr. C. Everett Koop, Sen. Edward Kennedy, Vice President George Bush, Liza Minnelli, Jane Fonda, Shirley MacLaine, Whoopi Goldberg, Madonna, Lily Tomlin, Joan Rivers, and Richard Dreyfuss. Program administrators expect that the PWA Memorial Bracelet will be submitted to the United States Congress shortly, under a Joint Resolution to declare the bracelet a national symbol of unity in the Public War on AIDS. For more information, call 800-248-0465 (toll free) or (213) 933-0093 in California.

## One Million Copies of AIDS Book To Be Distributed

*You Can Do Something About AIDS*—a cooperative effort of the publishing community—was officially launched on May 29 at the American Booksellers Association convention with "one specific purpose: to offer ideas about concrete action you can take." Within 10 days, the distributor, Ingram Book Company, had exhausted its supply. The result was the demand for an immediate second printing, then quickly came a third, which brought the total number of books distributed to 325,000. Over the summer, Alyson Publications went back to press to bring the book's imprint total to one million copies!

According to Sasha Alyson, the publisher spearheading this effort: "Never before has the publishing industry united on such a scale to produce a free, public interest book." To bring this project to fruition, literally hundreds of people and companies freely donated their time, services, and money, including SIECUS. Among the contributors to this publication from SIECUS were Elizabeth Winship (a SIECUS board member), with a chapter on "Talking to Your Parents About AIDS," and Ann Welbourne Moglia (former executive director) and Ronald Moglia (director of the Human Sexuality Program at New York University), with a chapter on "Talking to Your Children." Among the other chapter contributors are Dr. C. Everett Koop, Whoopi Goldberg, Senator Lowell Weicker, Jr., Abigail Van Buren, and Harvey Fierstein.

Suggestions are offered in the book on ways to get started; what to do at home, in schools, churches, and the workplace; and then how to go further. Elizabeth Taylor, in her introduction to the book, said: "this book is meant as a starting point for all citizens to take an active role in defeating AIDS and helping those in need. The more you participate, the more rewarded you will become. For after all, the privilege of serving others is truly the greatest reward." The appendix of the book includes organizations involved in AIDS issues; a bibliography; and a phone directory of local and state organizations.

Alyson said that additional individuals are being approached to contribute to a new and expanded edition of the book planned for this fall. The project is presently working to get funding for a one-million copy first printing of the new edition, with a publicity campaign to match.

The jacket of the book states: "Each of us has special abilities and talents that can help slow the course of this disease and ease the suffering. Working as concerned individuals or through community organizations, we can dispel the myth of powerlessness. None of us can afford to look the other way."

# Calendar of Conferences/Seminars

**NATIONAL ABORTION FEDERATION FALL RISK MANAGEMENT SEMINAR, "RESPONDING TO THE CHALLENGE: ABORTION SERVICES FOR SPECIAL POPULATIONS,"** *September 11-12, 1988.* Four Seasons Hotel, Philadelphia, Pennsylvania. Contact: National Abortion Federation, 900 Pennsylvania Avenue SE, Washington DC 20003. (202) 546-9060.

**"BUILDING SKILLS: PREPARING FOR THE TEACHABLE MOMENT,"** *September 15, 1988.* Committee on Adolescent Pregnancy/State Health Department. Iowa State University. Contact: Tim Lane, IOWA Department of Health, Lucas Office Building, Des Moines, IA 50319, (515) 281-4926.

**2ND ANNUAL NATIONAL SYMPOSIUM ON AIDS PREVENTION, "STRATEGIES FOR CURBING THE EPIDEMIC THROUGH AIDS EDUCATION,"** *September 19-20, 1988,* (1.4 CEU). The goal is to address the establishment of integrated and coordinated efforts in AIDS education and prevention. Debra Haffner, executive director of SIECUS, will take part in a panel discussion on "Effective AIDS Education Strategies for Reaching Out to the Individual." Stouffer Harborplace Hotel, Baltimore, Maryland. Sponsored by The Health and Education Council, Inc., 7201 Rossville Boulevard, Baltimore, MD 21237, (301) 686-3610.

**"ADOLESCENT SEXUALITY: WHEN TEENS DON'T JUST SAY NO,"** *September 23, 1988.* Will help medical professionals and educators address issues of sexuality with teenagers from a non-judgmental, fact-based perspective. Sponsored by the Family Planning Council of Greater St. Louis, Missouri. Contact: Denise Page/Linda Johnson, Family Planning Council, 2025 S. Brentwood Blvd., St. Louis, MO 63144, (314) 968-8092.

**"ADOLESCENT PREGNANCY: A RURAL PERSPECTIVE,"** *September 29-October 1, 1988.* Coalition on Adolescent Pregnancy. Contact: Marge Eliason, Young Families Program, 2611 Beech, Billings, MT 59102, (406) 259-2007.

**THE NATIONAL HEMOPHILIA FOUNDATION 40TH ANNUAL MEETING, "CHALLENGE, COOPERATION, AND CREATIVITY,"** *October 11-16, 1988.* Will hold a combined medical session on "HIV Infection Current Status" and a panel discussion on "Hemophilia and HIV Infection." Will also include rap sessions on AIDS/HIV and: the married adult; the single adult, the sexual partner, the adolescent child, von Willebrand's disease; loss and bereavement. The Sheraton-Anaheim Hotel, 1015 West Ball Road, Anaheim, Ca 92802, (714) 778-1700.

**THE NATIONAL CONFERENCE ON PREVENTION OF TEENAGE PREGNANCY/WORKING WITH PREGNANT AND PARENTING TEENS, "TODAY'S DECISIONS—TOMORROW'S DESTINY,"** *October 13-14, 1988.* Sponsors include the National Organization on Adolescent Pregnancy and Parenting and the Wisconsin Alliance Concerned with School-Age Pregnancy. Milwaukee, Wisconsin. Contact: Sharon Rodine, NOAPP, P.O. Box 2365, Reston, VA 22090, (703) 435-3948.

**"ADVOCATE: ADOLESCENTS DESERVE VOICES OF CONCERN AND COMPASSION FROM THOSE ELECTED AND EMPOWERED,"** *October 27-28, 1988.* Illinois Caucus on Teen Pregnancy. Contact: Janice Comerford-Hechman, P.O. Box 2845, Springfield, IL 62703, (217) 621-0023.

**AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY 46TH ANNUAL CONFERENCE, "FAMILY THERAPY AND ALL THAT JAZZ,"** *October 27-30, 1988.* (24 hours CEU.) More than 600 family therapists will present the latest techniques for working with families of the '80s. Sexual dysfunction and AIDS issues will be addressed. Contact: AAMFT Conference, 1717 K Street NW #407, Washington DC 20006, (202) 429-1825.

**2ND CHRISTOPHER TIETZE INTERNATIONAL SYMPOSIUM, "WOMEN'S HEALTH IN THE THIRD WORLD, THE IMPACT OF UNWANTED PREGNANCY,"** *October 29-30, 1988.* Will address unwanted pregnancy from medical and clinical perspectives and outline the need for, and components of, comprehensive reproductive health services for women. Rio de Janeiro, Brazil. Contact: Karen Morrel, Symposium Director, International Women's Health Coalition, Box 8500, New York, NY 10150, (212) 628-3700.

**5TH ANNUAL CONFERENCE ON SCHOOL-BASED CLINICS,** *November 2-4, 1988,* "Will focus on starting early to identify those young people at most risk. During this year's conference, school officials and community leaders, school-based clinic professionals and parents, health analysts and legislators will meet to discuss the issues and seek solutions." Wyndham Franklin Plaza Hotel, Philadelphia, Pennsylvania. Contact: Support Center/CPO, 5650 Kirby Drive, Suite 203, Houston, TX 77005-2443, (713) 664-7400.

**"STRATEGIES FOR TEENAGE PREGNANCY PREVENTION,"** *November 3-4, 1988.* Michigan Alliance Concerned With School Age Parents. Contact: Helen Lancaster, CEYF, 714 South Westnedge, Kalamazoo, MI 49007, (616) 384-0433.

**ANNUAL MEETING OF THE SOCIETY FOR THE SCIENTIFIC STUDY OF SEX, "SEXUAL LITERACY '88,"** *November 10-13, 1988.* Will present and discuss the latest research, clinical findings, and educational techniques in the field of sexual science. San Francisco, California. Contact: Howard Ruppel, Executive Director, SSSS, P.O. Box 208, Mt. Vernon, IA 52314, (319) 895-8407.

**50TH ANNUAL CONFERENCE OF THE NATIONAL COUNCIL ON FAMILY RELATIONS, "FAMILIES AND ADDICTIONS,"** *November 12-16, 1988.* Plenary speakers include Patrick Carnes, author of *Out of the Shadows: Understanding Sexual Addiction.* Among the 300 concurrent sessions will be adolescent issues, AIDS, family conflict and violence, family life education, sexuality and reproduction. Wyndom Franklin Plaza Hotel, Philadelphia, Pennsylvania. Contact: Cynthia Winter, National Council of Family Relations, 1910 West County Road B, Suite 147, St. Paul, MN 55113, (612) 633-6933.

**IX WORLD CONGRESS OF SEXOLOGY,** *December 3-8, 1989.* topics will include: the gender differentiation process; physiology of the sexual function; therapy; socio-cultural influences; sex as a lifelong experience; drugs and sex; AIDS and other STD; sociology, education; pharmacotherapy; psychiatry and psychology. Caracas Venezuela. Contact: Organizing Committee, IXth World Congress of Sexology, Apdo Postal 17302, Caracas 1015 Venezuela.

# Book Reviews • Book Reviews • Book Reviews •

## MIDLIFE HEALTH: EVERY WOMAN'S GUIDE TO FEELING GOOD.

Ada P. Kahn and Linda Hughey Holt, MD. New York and Oxford, England: Facts on File Publications, 1987 (266 pp.; \$18.95).

It is refreshing to read a book, which provides a wealth of useful information, with a minimum of extraneous words. *Midlife Health* addresses many of the health-related concerns of midlife women, and supplies the facts needed to make intelligent choices in assessing and resolving health problems.

This is an empowering book. It offers a combination of self-help and medical information and reassures its readers that they *can* handle many of their symptoms by themselves. At the same time, it offers help in deciding when medical attention would be beneficial. Women are encouraged to gain a sense of control over their bodies, and lives, by considering the advantages and disadvantages of a variety of treatment modalities, and then by making informed decisions based on their benefit/risk profiles.

The first eight chapters cover such topics as menopause, osteoporosis, estrogen replacement therapy, exercise, and nutrition. Chapter Nine deals with the social and emotional changes which occur at midlife. Here, the authors consider stresses related to factors such as: physical attractiveness, partners (or lack of partners), family roles, remarriage, and aging.

Chapter 10, "Sex Over Fifty and Still Nifty," is the one chapter which focuses specifically on sexual health. It emphasizes the new vitality which many women experience at midlife, and also validates wide variations in sexual frequency and practices among these women. Sexually transmitted diseases, including AIDS, are covered clearly and concisely; and medical and nonmedical therapies are presented, along with sound recommendations for avoiding these diseases.

Because pregnancy prevention is such a burning issue for the majority of

women in this age group, various birth control options are discussed, along with their risks and advantages.

Chapter 11 discusses the steps women can take to improve the quality of their lives now, and in the future. It also offers suggestions for becoming more effective healthcare consumers. Although this is a concise, well-written book, which provides midlife women with a useful guide to making informed decisions for healthy living, I feel that the topic of aging could have been handled more positively. It is discussed briefly under the inappropriate heading: "Plan Now to Be a Nice Old Lady" (p. 180). This is inconsistent with the stated goal of this book, which is to help women prepare themselves "for midlife *and beyond* in healthier ways" (p. ix). Should we strive to empower midlife women only to recommend that they turn into "nice old ladies" when they get older? "Plan Now to Be a Feisty Old Woman" would be much more appropriate! However, to the authors' credit, the suggestions which follow this heading prove to be more sensible: accept yourself; become more independent; and learn to be decisive. They advise that: "Midlife is the time to understand yourself, to love yourself, and to do for yourself" (p.181). This is good advice at any age.

The book also contains a short discussion of the most frequently occurring sexual problems of midlife males. Here, too, there is some room for improvement. It would be preferable to substitute less pejorative terms for the labels: impotence, premature ejaculation, and retarded ejaculation.

In addition, the authors list excellent resources for gathering further information and include a helpful bibliography, and glossary with clear definitions.

Overall, *Midlife Health* is an important book which demythologizes the physical and emotional changes that occur at midlife and empowers women by encouraging them to feel in control of their bodies and lives. It should be

of vital interest to women of all ages—and to the men who relate to them.

*Reviewed by Samona Sheppard, EdD, associate professor of health education, Queens College, C.U.N.Y., Flushing, New York.*

## SAFE SEX IN A DANGEROUS WORLD: UNDERSTANDING AND COPING WITH THE THREAT OF AIDS

Art Ulene, MD. New York: Vintage Books, 1987 (108 pp.; \$3.95).

There are only a handful of AIDS books available today, and few are written in a nontechnical fashion. Ulene's book fills a gap by presenting information about AIDS in a straightforward and clearly written manner. His emphasis is on sexual transmission, the route by which most people nationwide contract the disease. Transmission categories, however, can be misleading. In New Jersey, for example, most persons with AIDS are IV drug users, and contracted the disease in that fashion. Ulene only briefly mentions IV drugs, and other nonsexual transmission routes, and focuses his attention, instead, on the exploration of the issue of sexual risk.

Rather than emphasizing "safe sex," Ulene feels that we should talk about "safe partners," those uninfected persons with whom one can be both safe and free. He offers good advice for finding a safe partner, including nine questions one might ask of oneself or another to determine risk—presupposing that the one asked will be trustworthy. A chart is also included that lists several variables which can be used to determine high- to low-risk partners.

Ulene is nonjudgmental throughout the entire book, except when describing gay male prostitutes. His professional demeanor slips when he states that "the streets of my city [Los Angeles] are still dotted with . . . men whose self-esteem and self-control is so low that they continue their suicidal and homicidal activities in spite of the



terrifying risks . . . some of these men are driven by sexual compulsions that make it impossible for them to control their behavior." (pp. 42-43) Ulene does not make such moralistic statements about IV drug users, heterosexuals, homosexuals with multiple sex partners or female prostitutes.

The section on "Safer Sex Practices" carefully describes six sexual behaviors which he feels are most risky. These include receptive and insertive behaviors. Despite a passing reference to cuddling, however, he does *not* include a list of behaviors which he considers safe. The emphasis is on what to avoid and not on viable alternatives, which also would have been helpful. For those who test HIV-positive, or have ARC or AIDS, such a list would provide positive suggestions for sexual expression.

Ulene criticizes Surgeon General Koop's remarks about condom use, since he feels that people may mistakenly believe that even with an infected partner, condoms offer 100% protection. Instead, he urges abstinence for those who know they are infected and for young people whose sexual experience and judgment are limited. He stresses that his concern is for survival, and not for a debate on morality. Although he recommends that if one is unsure of whether a partner might be infected, one should use condoms and spermicide to provide some protection he misses the opportunity to instruct the reader about how to use these methods.

The information on testing is well-written and easy-to-understand. Particularly noteworthy is the advice he offers to someone who tests HIV-positive. Straightforward and compassionate, it includes suggestions for helping oneself and for helping others.

Despite the limitations, which this reviewer does not consider extreme, this concise paperback offers an honest and direct approach to AIDS education. It is useful for junior/senior high school and college students. Parents will also find it helpful. Its basic, non-technical approach is its strongest feature. Ulene has strong opinions about AIDS and his message is clear:

for the majority of people, this is a preventable disease. The responsibility rests with each individual.

The man who served as the primary consultant for this book is Michael S. Gottlieb, MD, one of the founders of the American Foundation for AIDS Research (AmFAR). He is credited, according to Ulene, with the reporting of the first AIDS case to the United States Centers for Disease Control in 1981.

*Reviewed by Linda Hendrixson, MA, ACSE, adjunct instructor in human sexuality, Fairleigh Dickinson University, Madison, New Jersey, and Upsala College, East Orange, New Jersey; and doctoral candidate in the human sexuality program of New York University.*

**INCEST AND SEXUALITY: A GUIDE TO UNDERSTANDING AND HEALING** Wendy Maltz and Beverly Holman. Lexington, MA: Lexington Books, 1987 (166 pp.; \$9.95).

The authors research—which involved administering a questionnaire on incest and sexuality to 35 women currently in therapy—identified a wide variety of concerns among incest survivors which ranged from problems with arousal to indiscriminate choice of partners. This stimulated the writing of this book.

In their introduction, the authors state that the book has been written for incest survivors "who want to explore both how the sexual abuse may have affected their sexuality and what they can do about it." They also mention that "intimate partners of survivors and therapists" may find this book useful. This is indeed true: survivors, their partners, and therapists are all an appropriate audience for this book.

The authors also suggest readers should "use the parts of the book they find helpful." I also agree with this. An experienced clinician, for example, may not find much that is new in the background chapters of the book which focus on the dynamics of incest, but may find the real strength of this book lies in the concepts behind the

models for intervention, which are presented in the later chapters.

The authors draw from practical experience, and make the term "eclectic" respectable again. They apply concepts, from many psychological theories, throughout the book. For example: survivors require accurate sex education (cognitive theory); survivors need to identify and change irrational messages about sexuality (rational-emotive theory); survivors need to recognize when classical conditioning has occurred, and sexual acts and feelings have become contiguous with negative memories and reactions (behavioral theory); and sensate focus exercises are recommended to encourage physical intimacy (sex therapy). In addition, the interventions they suggest are extremely comprehensive.

The volume is sprinkled with narrative from victims, and their partners, discussing various aspects of incest and sexuality. A therapist or the facilitator of a survivors' group could use these anecdotes as a basis for stimulating discussion in sessions. Also, incest survivors, who have not yet sought therapy, will find in the book relatively nonthreatening ways to begin to face the effects of abuse. In addition, the coherent discussion of different types of therapists (chapter 11) could function as a guide when they are ready to seek professional help.

This book, however, is not without its faults: the writing is uneven at times and the level of information also varies, which can be a difficult problem to overcome when writing for both a lay and a professional audience. Nonetheless, the book is definitely recommended for incest survivors and their partners. Therapists should also find it useful for generating ideas and as an adjunct to treatment.

*Reviewed by Janet Rosensweig Smith, MS, CSE, a doctoral candidate in social policy and political science at Rutgers, The State University of New Jersey; former director of the Project Against Sexual Abuse of Appalachian Children, and author of "Human Sexuality Concerns in the Treatment of Incest," The Many Faces of Family Violence.*

## BOOK BRIEFS

### CHANGING BODIES, CHANGING LIVES: A BOOK FOR TEENS ON SEX AND RELATIONSHIPS

Ruth Bell and co-authors, together with members of the Teen Book Project. New York: Vintage Books, 1988 revised and updated edition of 1987, 1981 book (254 pp.; \$12.95).

This new revised edition (the first edition sold more than 175,000 copies) includes new sections on AIDS, toxic shock syndrome, food abuse, cocaine use, and revised sections on sexually transmitted diseases, birth control, relationships, suicide, and teenage pregnancy. *School Library Journal* said of the first edition: "The best Young Adult sex guide yet—up front, up-to-date, genuinely nonjudgmental and replete with the first-person experiences of hundreds of teenagers." The *SIECUS Report* review of the original book stated: "In summary, the publication of this consistently rewarding book should be cause for much rejoicing by most teenagers, their parents, and those working with youth groups who are able to see why its nonjudgmental approach makes it so valuable for the youth of today. *Changing Bodies, Changing Lives* belongs in every public and high school library, on every bibliography of books recommended for adolescents, and in the homes of our millions of teenagers."

### HOPE AND RECOVERY: A TWELVE STEP GUIDE FOR HEALING FROM COMPULSIVE SEXUAL BEHAVIOR

Minneapolis: CompCare Publishers, 1987 (327 pp., \$12.95).

"Two dozen men and women contributed time, talent, and wisdom to the creation of this book. Some of these men and women were among the first members of specialized Twelve Step groups established to help people deal with obsessive thoughts and compulsive behaviors related to sex. . . . Some of these people first became aware of their sex addiction through participation in other Twelve Step groups (Alcoholics Anonymous, Overeaters Anonymous, Gamblers Anonymous, and Emotions Anonymous). As they learned more about the addictive process in these other Twelve Step groups, they began to see the addictive nature of their own thoughts and behaviors relative to sex."—*from Notes From the Publisher*. "The overwhelming number of requests for guidance that we received from people throughout the country helped us set our primary goal for this book: we decided that it must be comprehensive and practical enough so that it would enable any two people using it to

form a working group and effectively adapt the Twelve Steps to the problem of sex addiction. We decided that it would be essential to include personal stories of recovering addicts and we also felt that these stories should illustrate not only the shame and pain of addiction, but also the struggle, hope, and joy of recovery."—*from the preface*.

### LIBRARY AND INFORMATION RESOURCES ON WOMEN: A GUIDE TO COLLECTIONS IN THE GREATER NEW YORK AREA

Compiled by the Women's Resources Group of the Greater New York Metropolitan Area Chapter of the Association of College and Research Libraries and the Center for the Study of Women and Society of the City University of New York (CUNY). New York: The Feminist Press, 1988 (257 pp., \$12.95).

This book is a guide to 171 collections on women in the five boroughs of New York City, Long Island, Westchester County, and eastern New Jersey. The collections are housed in a variety of organizations—special libraries, libraries of historical societies and government agencies, public and academic libraries, and other organizations that hold resources on women. Each entry includes the name and address, telephone number, contact person, the objectives of the library or information center, access privileges, hours, description of women's materials, collections by format, services, publications, and additional information. The book includes a subject index and resources on sex discrimination, sex education, sex roles, sexism in the media, sexual abuse, sexual dysfunction, sexual harassment, and sexually transmitted diseases. SIECUS, Alan Guttmacher Institute, Endometriosis Association, Fertility Awareness Center, Lesbian Herstory Educational Foundation, Inc./Lesbian Herstory Archives, Maternity Center Association Library, Planned Parenthood Federation of America and of New York City, St. Mark's Women's Health Collective, St. Vincent's Hospital Rape Crisis Program, and Women Against Pornography are among those listed.

### RESPONDING TO AIDS: PSYCHOSOCIAL INITIATIVES

Carl G. Leukefeld and Manuel Fimbres, (eds.). Silver Spring, MD: National Association of Social Workers, Inc. (NASW), 1987 (95 pp., \$12.95).

"This volume includes papers presented at an institute, hosted by the NASW Commission on Health and Mental Health and the National Committee on Lesbian and Gay Issues, on September 11, 1986, at the NASW National Conference on

Clinical Social Work in San Francisco, California. The institute's title—'Responding to the Challenge of AIDS: Psychosocial Initiatives'—provides the flavor for this collection of papers, which were commissioned by NASW with sponsorship from the National Institute of Mental Health. The three overall objectives of the institute and this book are: to identify what is known about the psychosocial issues accompanying AIDS and ARC through a review of the literature on practice and research in this area and an examination of psychosocial interventions; to discuss professional roles required to meet the psychosocial needs of individuals, families and communities and the training requirements to fill these roles; and to identify which services are needed and how they should be delivered, as well as the implications for developing social policies."—*the editors*. "It is hoped that social workers will become knowledgeable about AIDS and will not only provide effective social work services to persons with AIDS-spectrum disorders but will give accurate information to others about AIDS, its transmission, and the implications of high-risk behavior in order to promote the prevention of AIDS"—*Juan R. Ramos, preface*. "Clearly, the lack of pharmacological, immunological, and medical interventions emphasizes the need for psychosocial and behavioral interventions—the traditional focus of social workers."—*from the introduction*. The book includes the NASW's policy statement on AIDS, their guidelines for the ethical delivery of services to persons with AIDS, and guidelines for preventing burnout.

### TAPPING THE GOVERNMENT GRAPEVINE; THE USER FRIENDLY GUIDE TO U.S. GOVERNMENT INFORMATION SERVICES.

Judith Schiek Robinson. New York: Oryx Press 1988 (193 pp., \$36, \$24.50).

The purpose of this well-organized and clearly presented book—which should prove helpful for human sexuality professionals and "anyone with the need to track down information generated by the government" and/or who is working in the legislative arena—"is to dispel government information mystique." The book is not limited to print and microfiche resources, but also includes government produced databases, electronic bulletin boards, audiovisual materials, archival collections, and other primary resources, government bookstores, government experts, clearing-houses, and research libraries. Federal resources are emphasized, but information about foreign, state, and local publications is also provided. Foreign documents and administration of documents collections are also included.

# Audiovisual Reviews • Audiovisual Reviews •

## MAKING IT. . . SAFE

Part I: The Problem; Part II: The Solution (features Dr. Marian E. Dunn, psychotherapist, author, and director of Human Sexuality, State University of New York, Health Science Center). 1987, video, two versions: 58 min. and 30 min. (straightforward, edited to remove all material that does not deal exclusively with the informative aspects of safe sex). Cinepix Inc., 8275 Mayrand, Montreal, Quebec, Canada (H4P 2C8), (514) 342-2340. Prices: \$300, \$275.

You would think by way of the opening segment of this film that it is going to present a pessimistic, fear-instilling view of the AIDS crisis. Yet, quite the opposite occurs. The viewer is initially bombarded with high-tech death images such as a grim AIDS reaper and bowling alley "killings" in which human pins are brutally struck down. The statement: "More people may die of AIDS than all those killed in World War II" quickly sets a very somber tone for a very somber situation. But then the video shifts gears, parts company with death, and begins to celebrate life among the cohorts of the fun-loving New York singles scene, where AIDS seems only to have slightly dampened the never-ending striving for pleasure, more pleasure, and yet more pleasure. Maintaining its high-tech, clipped pace, the film proceeds to educate this particular crowd, juxtaposing its serious, lecture side with the less-than-serious entertainment side. Dr. Dunn provides basic information and frank advice about AIDS, its transmission, occurrence, and prevention; and individuals and groups of individuals are interviewed, in bar and beach scenes, who provide one-line statements—most often with a flash of humor—about how AIDS has affected their personal lives.

Targeting a young but "experienced" audience, the video highlights the necessity of practicing safer sex. It indicates why safer sex is important and how to practice it, and encourages the incorporation of creative sensual sex

techniques—with a strong emphasis on condom use.

**"This is perhaps one of the best films I've seen on safe sex. . . . I found it informative and interesting as well as fun to watch."**

—Peter DiCecco, journalism student

In stressing the use of condoms, it takes a varied course: a comedy club where a stand-up comedian tells condom jokes; a condom television ad; a visit to a condom production plant (a fascinating scene for those who have not seen how condoms are really made); and a field trip to the Ortho Museum on Contraception in Ontario, where the viewer is shown the first condom used for prevention of a disease. More encouragement for the use of condoms comes in the form of telling the male audience how men can maintain an erection longer with condoms and feel more intense orgasms if one has "a tight fit"; and in providing an explicit demonstration—with an anatomical model—of how to put one on.

Appropriate for the mature viewer, the film accentuates that sex is adult play and that safer sex techniques require rehearsal—all said in a very sexually-affirming way. As an educational tool designed for a particular audience, it is as effective and straightforward as it is optimistic and upbeat. It presents a thorough treatment of the subject, but is light at the same time. The reviewers felt that it would be unusually effective in a bar setting.

The reviewers, however, felt that it would also require editing in order to reach a larger audience outside the New York area. But this could easily be done while still retaining its central idea: don't

despair, know the facts, practice safer sex, sex can still be lots of fun. On the production side, the film is professionally done, with excellent sound, acting, and cinematography. For these reasons, this SIECUS review panel strongly recommends it.

*This review was written by Diane de Mauro.*

## THE FACTS OF LOVE IN THE LIBRARY: Making Sexuality Information Relevant and Accessible to Young People

A videotape by Patty Campbell and Marlo Bendau, with a message for librarians from Dr. Ruth Westheimer. 1987, 19 min. Available in VHS, Beta or 3/4". ALA (American Library Association) Video, 50 East Huron, Chicago, IL 60611. Order number 2080-2. Price: \$145, plus \$4 p/h.

For the past decade, it has been the policy of The Young Adult Services Section of the American Library Association to encourage libraries to play a leadership role in providing access to sex-related education materials and programs. Despite this—as this video makes clear—most adolescents and many adults still do not think of their library as a provider of sexuality information. They are also hesitant to use it because of fear or embarrassment.

The video presents two telling scenarios. In one scenario, the materials are hidden in the usual arcana of library classification and a young boy, asking for information on the penis, has to shout his request to a shocked librarian in a crowded, hushed reading room. In another, adolescents locate the materials easily, but find that they are highlighted in the all too public center of the library.

Designed to be shown to professional librarians, the video would be a good discussion starter at a professional workshop. It offers librarians excellent suggestions on the proper methods for

*Continued on page 23.*

# Other Information Resources

## AIDS

### AIDS: QUESTIONS AND ANSWERS

(booklet, revised 1987, 1986, 3¼x9).

General questions and answers about AIDS. Also includes such questions as: What should pregnant women do if they are exposed to HIV? What does the future hold? What can be done? What can I do?

Lists resources. *Marketing Department, Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019, (212) 603-4656. Price: single copy \$.75; 100/\$35; 1000/\$200, plus 15% p/h.*

### AIDS EDUCATION: CURRICULUM AND HEALTH POLICY

(Phi Delta Kappa

*Fastback #265 booklet, 1987, 5x7, 58 pp.)*

written by William L. Yarber (SIECUS board member). This informative publication sponsored by the Indiana University chapter of Phi Delta Kappa, a nonprofit educational organization with 130,000 members located in 10 countries, "should be of benefit not only to educators grappling with the AIDS issue," but also for "anyone concerned with AIDS education and how AIDS can be dealt with in the public school system." It includes an AIDS knowledge self-test and provides information on teaching about AIDS; instructor qualifications for AIDS education; community involvement in AIDS education; school health policies for persons with AIDS; selected resources for AIDS education and health policy; and an AIDS summary sheet. Yarber says: "The 'Just Say No' approach used in drug education is inappropriate for school AIDS education. Equating sex with drug abuse may teach adolescents to be unduly afraid of sex. In school we need to acknowledge the positive aspects of sexuality. Young people should be taught to value and respect sex, to use sex wisely, and to understand that sexual expression is possible without the risk of STDs, pregnancy, or AIDS." Phi Delta Kappa offers a publication catalog that includes all of its 256 fastback booklets, instructional programs, books and monographs, periodicals, and videotapes. *Alan M. Blankstein, Director of Marketing, Phi Delta Kappa, Eighth Street & Union Avenue, Box 789, Bloomington, IN 47402, (812) 339-1156. Price: \$.90 each copy, "with liberal discounts on bulk purchases."*

**AIDS FACTS: A MAGAZINE FOR YOU AND YOUR FAMILY** (new semi-annual magazine with an instructor's guide, fall

1988, 32 pp.) According to Sandy Boese and Ellis Bowman, educators turned editors/publishers: "With this issue of *AIDS Facts* the thoroughness of the textbook and the timeliness of a news magazine are brought together in a single publication. . . . *AIDS Facts* was conceived as a way to enlighten readers of all ages about the nature of AIDS and its total impact on our lives." The publishers intend to present objective, factual, up-to-date information, accurate medical data, and "high-interest" articles. They see their intended audience as junior and senior high school students, businesses and industries, health care organizations, government and military agencies, and families. The first issue discusses the patterns of infection, how to avoid AIDS, its history, the search for a cure, the AIDS quilt, moral and ethical challenges, the plight of a continent (Africa) and of a city (New York), and two school systems and their reactions to AIDS. Each issue of the magazine will also have an instructor's guide (this issue's is 34 pp.) with lesson plans for each of the articles in the magazine. *Classroom Connections, Inc., P.O. Box 2208, Merced, CA 95344, (916) 444-6009. Price: 1-49 copies (prepaid)/\$3.50 each; 50% copies/\$1.75 each; instructor's guide, \$10, plus 10% p/h (sales tax where applicable).*

### AmFAR Publications: AIDS/HIV EXPERIMENTAL TREATMENT DIRECTORY

(quarterly directory, Vol. 1, revised and expanded, October 1987, 89 pp., supplement, January 1988, 15 pp., Vol. II, No. 1, May 1988, 118 pp.) A directory of experimental treatments and drug trials for AIDS and related illnesses, prepared with the technical assistance of the Professional Outreach Program of The National Institute of Allergy and Infectious Diseases. "It is intended to assist physicians caring for patients with HIV-related illness to obtain updated information relating to clinical trials of experimental treatments and information on agents currently in pre-clinical development." It does not list treatments being used for opportunistic infections or neoplasms. Includes a bibliography of treatment review articles, a list of treatment evaluation units, a map showing the location of treatment trials, an index of physician investigators, manufacturers and developers, and regional hemophilia coordinating centers. Compiled by

American Foundation for AIDS Research (AmFAR). *AmFAR Treatment Directory, 40 West 57th Street, Suite 406, New York, NY 10019-4001, (212) 333-3118. Prices: \$30, one-year subscription; individual copies are \$15 subject to availability. AmFAR REPORT (quarterly newsletter, Vol. 1, No. 1, Spring 1988, 4 pp., free)* The purpose of this newsletter will be to communicate to contributors the uses to which their donations have been put and to provide the reader with up-to-date information about AIDS. The first issue discusses blocking HIV's invasion; briefing presidential candidates; AIDS in Africa; the STD connection; AIDS and ethics, protecting the brain; the human face of AIDS; and art against AIDS. AmFAR also publishes **AIDS TARGETED INFORMATION NEWSLETTER (A.T.I.N.)** (monthly newsletter) which is distributed to 104 nations through the World Health Organization. It contains article abstracts and editorial comments on current AIDS literature to help researchers and medical professionals keep abreast of rapidly changing AIDS information. *Call 1-800-638-6423, in Maryland, 1-800-638-4007. Price: \$125 per year for individuals; \$275 for institutions, plus \$30 extra outside of the U.S.*

### THE INVISIBLE EMERGENCY: CHILDREN AND AIDS IN NEW YORK

(a report by the Citizens Committee for Children of New York, Inc., April 1987, 61 pp.) The "Citizens Committee for Children, a children's advocacy organization long concerned about the health and well-being of children in New York City, believes that a human society must give a high priority to ensuring the best possible care for children symptomatically infected with the human immunodeficiency virus (HIV) and to preventing the growth of their ranks. The Health Section of CCC [AIDS Project Task Force] therefore undertook a survey of existing services and programs for children under 13 (the age limit for the City Health Department's recording of pediatric AIDS). . . . Our objective was to ascertain whether an effective strategy for serving this population of city children and their families was in place and if not, to define and promote such a strategy. . . . The findings and recommendations emerging from this survey are presented here to assist policymakers at all levels in meeting the needs of these children and their families, and to guide hospital administrators in designing suitable programs and services."

Discusses both their methodology and findings and offers recommendations on issues affecting all services: health care services; housing; foster care; financial assistance and Medicaid; home care services; recreational and educational services; and volunteers. *Citizens Committee for Children of New York, Inc., 105 East 22nd Street, New York, NY 10010, (212) 673-1800. Price: \$7.50.*

#### NO-NONSENSE AIDS ANSWERS

(booklet, January 1988, 11 pp.) Blue Cross and Blue Shield asked "the Nation's leading health officials," Dr. Robert E. Windom, Assistant Secretary for Health and Dr. C. Everett Koop, Surgeon General of the U.S. Public Health Service, to "give direct answers to questions about one of today's critical problems." In this booklet, they explain what causes AIDS; why the health problems are so serious; where it started; how widespread it is, how fast it is spreading and how it is spread; how reliable the antibody test is; who gets AIDS; how it is transmitted as well as misconceptions about transmission; and the prospects for a vaccine and effective AIDS treatment. *Contact the public relations department of your local Blue Cross and Blue Shield plan for local distribution information. Small quantities of this booklet most frequently are made available at no cost.*

**REPORTS ON AIDS PUBLISHED IN THE MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR)** (Vol. I, June 1981–May 1986, 178 pp.; Vol. II, June 1986–May 1987, 53 pp.; Supplement, August–December 1987). Includes all the articles related to AIDS that have appeared in the *MMWR* published by the Centers for Disease Control (CDC). They are arranged in chronological order and track the reporting of information on AIDS from 1981 "when CDC first published information on Kaposi's sarcoma and *Pneumocystis carinii* pneumonia occurring in young homosexual men. In 1981, CDC formed a task force to establish risk factors, carry out laboratory studies, and disseminate timely information on the disease now known as the acquired immunodeficiency syndrome (AIDS)." **AIDS: RECOMMENDATIONS AND GUIDELINES** (November 1982–November 1986, 66 pp.). Includes general recommendations and guidelines, and those specifically related to: health care workers and laboratory personnel; hemophilic patients; patients with special disease conditions; donors of body fluids and tissues; vaccines; maternal and child health. Also includes World Health Organization guidelines. **The AIDS WEEKLY SURVEILLANCE REPORT** provides weekly statistics on AIDS and the *MMWR* offers up-to-date statistics and

reports on all sexually transmitted diseases, including AIDS. In addition, the National Center for Health Statistics has introduced in the National Health Survey a special set of supplemental questions on the adult population's knowledge and attitudes about AIDS. Their provisional findings have been presented in **ADVANCE DATA FROM VITAL AND HEALTH STATISTICS** Nos. 146, 148, 150, 151, and 153. *Brenda Garza, AIDS Program A-15, Centers for Disease Control, 1600 Clifton Road NE, Atlanta, Georgia 30333, (404) 639-2891.*

#### A RESOURCE LIBRARY ON AIDS

(bibliography, June 1988, 10 pp.) compiled by Patricia Hanson, PhD, for the New York State Department of Education, The Centers for Disease Control Demonstration Project on School Health Education to Prevent the Spread of AIDS. "We consider this select collection of films, books, education curricula, and training guides a 'library in progress.'" They also have published a two-page bibliography on **RESOURCES FOR WORKSHOP: CONFRONTING HOMOPHOBIA IN AIDS EDUCATION**. *Pat Hanson, The Rensselaerville Institute, Rensselaerville, NY 12147, (518) 797-3783. Price for AIDS bibliography: single copy \$3; bulk rates available.*

#### TEENS NEED TO KNOW ABOUT AIDS

(foldover pamphlet, 1987), written by Nancy Fay Blume. Includes information such as: how you do and don't get AIDS; who's at risk; how to be safe; and how to use condoms. *Planned Parenthood Association of Champaign County, Education Department, 314 South Neil Street, Champaign, IL 61820. (217) 359-8022. Price: single copy free; 2–50/\$.20; 50/\$10; 500/\$90, plus 15% p/h.*

#### WHAT WOMEN SHOULD KNOW ABOUT HIV INFECTION, AIDS, AND HEMOPHILIA

(1988, 19 pp., 7x5, booklet). written by Pamela Nimorwix and designed by William Douglas McAdams, Inc., under the aegis of the National Hemophilia Foundation's AIDS Task Force, Mental Health, Social Work, and Education Committees. Noting that "the incidence of HIV infection is increasing among sexual partners of people with hemophilia," this sensitive and informative pamphlet is meant to be helpful "when counseling patients and their spouses/ partners in matters such as safer sex behavior and family planning issues. . . . There is a growing realization and acceptance among people with hemophilia that sexual partners need access to information and counseling about transmission and what both partners can do to

reduce medical risk and psychological stress." Includes safer sex guidelines. *Individual copies are available through local chapters of the National Hemophilia Foundation; bulk copies from the National Publication Distribution Center, Northern Ohio Chapter of the NHF, 2026 Lee Road, Cleveland Heights, OH 44118, (216) 371-8510. Price: 1 copy free; bulk, \$.10 each, plus p/h.*

*Personnel Journal's THE WORKPLACE AND AIDS: A GUIDE TO SERVICES AND INFORMATION* (directory, revised 1988, 8½x11, 35 pp.) is part of an ongoing AIDS in the Workplace Information Clearinghouse and is a directory of organizations, education programs, consultants, and articles focusing on AIDS in the workplace. The services and information are listed under 10 categories: company policy; employee education; general education; information resources; legal issues; medical coverage; public policy; science; testing; worker protection. *Allan Halcrow, editor, The Workplace and AIDS, P.O. Box 2440, Costa Mesa, CA 92628, (714) 751-1883. Prices: 1–5 copies free; can reprint with permission; 5+ copies/\$3 each.*

#### FAMILY PLANNING/CONDOMS

**CONDOMS ARE SAFES** (comic book, 1987, 32 pp.) by Don Arioli, writer, cartoonist, and award-winning filmmaker and Catherine Blake, educator, psychologist, and sexologist. Features frank and explicit cartoon characters, Jimmy Penis and Vicky Vulva, who state in the beginning that "this presentation has nothing to do with morals or religious beliefs. Instead it is an expression of our desire to increase knowledge and create a climate of understanding. It is an attempt to help you so that you will use us wisely and responsibly." The characters illustrate how to use condoms properly and see their "mission" as teaching "the world about safe and meaningful sex." *The Fay Institute of Human Relations, Inc., P.O. Box 5p, CDN, Montreal, Canada H3S 2S4, (514) 737-1394. Price: \$1.95 (U.S.), \$2.95 (Canada), plus \$2 p/h; bulk rates available on request.*

**CONDOM: WHAT IT IS, WHAT IT IS FOR, HOW IT WORKS** (booklet, 1988, 3¾x9, 11 pp.). Provides information on the historical development of the condom; how to use and care for condoms; the pros and cons of using condoms; condoms and vaginal contraceptives; choosing and buying condoms; persuading your partner to use a condom; and includes a sample script for safer sex and a glossary. *Marketing Department, Planned Parenthood Federation of America, 810 Seventh Avenue, New York,*

NY 10019, (212) 603-4656. Price: single copy \$.75; bulk rates on request.

**HOW TO USE A CONDOM** (2-page flyer, July 1987) prepared by the editors of *Medical Aspects of Human Sexuality* in collaboration with Reed Adams, PhD. "Sexual abstinence is the only sure way to prevent pregnancy and sexually transmitted diseases, including AIDS. If you do decide to have sex, correct use of a condom will help you to protect yourself and your partner against these risks. This guide tells you how to use a condom for maximum protection." Describes how to buy condoms, how to put them on, how to take them off, special points to remember, and how to talk about condoms "with a resistant, defensive, or manipulative partner." *Hospital Publications, Inc., 500 Plaza Drive, Secaucus, NJ 07094, (201) 864-4000. Single copies made available on request, with a self-addressed stamped envelope; 100 copies! \$25 in color, \$10 in black and white.*

*Jim Jackson*

# Reproductive Anatomy Models

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**MALE INVOLVEMENT IN FAMILY PLANNING: A BIBLIOGRAPHY OF PROJECT DESCRIPTIONS AND RESOURCES** (*bibliographic booklet*, February 1988, 36 pp.). "The program

descriptions and educational materials listed in this booklet were chosen from those submitted to a project funded by a grant from the Office of Population Affairs, DHHS. Among other activities, the grant funded the 1987-88 Annual Meeting of the State Family Planning Administrators (SFPA), "Focus '88: Male Involvement in Family Planning." The bibliography represents a cross section of the materials sent by more than 250 individuals/organizations and includes curricula, audiovisuals, posters, pamphlets and program ideas. The SFPA Planning Committee and the project's staff, said Lynn Peterson, project coordinator, "hope this booklet will serve as a useful reference tool for those interested in helping each young man realize how important his thoughts, feelings, and decisions can be for... his definitions of 'maleness'... the relationships he chooses... and his future." Five thousand bibliographies were printed and will be distributed to Title X Family Planning Clinics and grantees throughout the country by administrators who head the family planning programs in each state. *The Center for Health Training, 400 Tower Building, 1809 Seventh Avenue, Seattle, WA 98101, (206) 447-9538.*

#### HUMAN SEXUALITY EDUCATION

**MOM AND DAD HAVE QUESTIONS TOO: USING ANATOMICAL DOLLS FOR SEX EDUCATION IN THE HOME** (*booklet*, 5½x8½, 1988, 21 pp.) written by June Harnest, MS, CSE, AASECT certified sex educator. "My intention has been to give a brief overview of child development (to help understand what to expect at the various ages), some child development principles (to understand how and why dolls are important to children) and some aspects of sexuality education (to understand how Teach-A-Bodies' anatomical dolls can assist in developing a wholesome attitude toward bodies and sexuality). I want to encourage parents to start early talking with their children about this vital area of life." Includes 12 points by Charles E. Schaefer on "How to Talk to Your Child About Really Important Things." SIECUS has a number of Teach-A-Bodies' dolls in its library, which are used to demonstrate how to use anatomically correct dolls for purposes of education in a number of different ways. *Teach-A-Bodies, 2544 Boyd Avenue, Fort Worth, TX 76109, (817) 923-2380 or 923-9774.*

#### PMS

**A SURVIVOR'S GUIDE TO MENSTRUAL CYCLE CHANGES/ PMS** (1983, 24 pp.,

8x10 *booklet*) written by Mary Sojourner, a counselor and educator who specializes in the diagnosis and treatment of MCC/ PMS. Much of the guide was written and researched while the author was living through moderate to severe MCC/PMS. "Menstrual Cycle Changes/PMS are collections of physical and psychological changes that affect 50-80% of all women who menstruate, as well as some girls entering puberty, and some women who have passed through menopause. Those changes can range from mild shifts in energy to uncomfortable mood swings to episodes of depression and/or anxiety so severe that the woman experiencing them requires hospitalization." Discusses hormone shifts; different types of PMS and accompanying physical and mental symptoms; changes in sexual desire during one's cycle; how to chart one's cycle and physical and mental changes; what helps and what to avoid; building a support group; when to go for professional help; ongoing psychotherapy/counseling; pros and cons of available medical treatments; and helpful reading. *Planned Parenthood of Rochester and Genesee Valley, (716) 546-2595. Price: \$.5.*

#### SAFER SEX

**FACILITATOR'S GUIDE TO EROTICIZING SAFER SEX: A PSYCHOEDUCATIONAL WORKSHOP APPROACH TO SAFER SEX EDUCATION** (1986, 33 pp., 8½x11, *manual*), written by Luis Palacios-Jimenez, CSW, ACSW and Michael Shernoff, CSW, ACSW, adjunct faculty for the Gay Men's Health Crisis' department of education. This workshop and the accompanying manual were developed to help in the prevention of the transmission of the HIV virus. They are designed for men who have sex with men, but have been presented around the world to a variety of audiences of mixed composition. It is felt that the material can be easily generalized to accommodate other audiences. Those who have participated in this workshop report that it has given them tools to lead active, healthy sex lives without placing themselves or their partners at risk for transmitting the HIV virus. Covers the history; goals; use of the manual; conceptual framework; workshop schedule and outline; sample promotional posters, facilitator (pre-requisites and guidelines); tone; pre-workshop planning and set-up; physical setting; how to conduct the workshop (introduction, Part I: Mourning, Part II: Affirming; Part III: Eroticizing; Part IV: Negotiating, Closing); and safer sex guidelines. *Gay Men's Health Crisis, Inc. Publication Orders, Box 274, 132 West 24th Street, New York, NY 10011, (212) 807-7517. Price: \$.8.*

## SEXUAL ABUSE

### SEXUAL ABUSE PREVENTION: FIVE SAFETY RULES FOR PERSONS WHO ARE MENTALLY HANDICAPPED

(*instructor's manual*, 1987, 8½x11, 65 pp.) Developed by Planned Parenthood Association of Cincinnati, Inc. and the Agency for Instructional Technology "to educate persons with mental handicaps about the concept of sexual abuse, to acquaint them with situations that have potential for abuse, to equip them with information and skills to protect themselves, and to decrease the frequency of sexual abuse and exploitation of all kinds." They say "one in five mentally handicapped children will encounter some form of abuse by the time he or she is 18. And some experts estimate this number to be higher." The term "mentally handicapped" is used here to include persons with developmental handicaps who need simple, concrete instruction. The term "instructor" refers to whoever is providing training. The included activities are divided into two levels: level one is for the learner who has limited language and conceptual skills; level two learners are assumed to be capable of logical thinking based on concrete experience and to have fairly good receptive and expressive language. The manual is a companion to the half-hour video program of the same title, which includes five vignettes showing how people with mental handicaps avoid potential abuse situations. They obey the five safety rules: your body belongs to you; keep your clothes on in public; say no; get away; and tell someone. The *SIECUS Report* (1987) review of the video said: "This video is made even more useful as a teaching tool by its very clear segmentation into five parts, each of which can stand on its own. Other aspects deserving praise include a good racial mix and the fact that it shows the children in control of their own situations, as well as helping other children. All in all, *Five Safety Rules* is a unique, simple, realistic, and outstanding contribution to the audiovisual resources available for working with mentally handicapped children." *Agency for Instructional Technology, Box A, Bloomington, IN 47402, 1-800-457-4509 or (812) 339-2203. Price: 1-9 copies/\$4.35; 10-499/\$3.90, plus 10% p/h.*

**Network Publications: A TEACHING GUIDE TO PREVENTING ADOLESCENT SEXUAL ABUSE** (1988, 8½x11, 185 pp.) written by Joan Krebill, who has worked in the field of child abuse and neglect prevention for more than eight years and Julie Taylor, a trainer and consultant with ETR Associates.

"Initial school-based sexual abuse prevention education in the late 1970s and early 1980s focused on elementary-age children.

With the growing realization that adolescents are being victimized at least to the same extent as younger children, prevention efforts are finally expanding to include them." In 1985, ETR received funding from the National Center on Child Abuse and Neglect to develop a training program that would increase school-based adolescent sexual abuse prevention education nationwide. They held five four-day training sessions in major cities in the fall of 1986. Based on the premise that education can be effective in preventing sexual abuse, this teaching guide was written in response to the clear need that exists for materials specifically designed for adolescents; it is designed to be used by schools and other agencies at the secondary level. **WORKING WITH CHILDREN FROM VIOLENT HOMES: IDEAS AND TECHNIQUES** (*booklet*, 1986, 6x9, 37 pp.). Written by Diane Davis who has worked extensively in the field of domestic violence and with youth support groups, this booklet is designed to "reach out to the children of domestic violence and the adults who work with them" and "to inform other children about what domestic violence is and how they may be able to help a friend who is living in a violent household." The author relates information she has found helpful and techniques that have brought positive results with children. Includes suggested readings and resources. Also available are two small *booklets* (1985, 4x5, 16 pp.) **STOP IT!** and **TELL SOMEONE!: WHAT TO DO IF SOMEONE TOUCHES YOU AND YOU DON'T LIKE IT.** *Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830, (408) 438-4080.*

*Continued from page 19*

making sexuality materials available to patrons of all ages so that they can find their answers in "dignity and privacy." Narrator Campbell, who is a young adult librarian, editor, critic, and also author of *Sex Guides: Books and Films About Sexuality for Young Adults* (an excellent review of important sexuality guides and manuals for adolescents) also offers guidance on the selection and weeding of sexuality books. She reminds librarians to weed older—and possibly dangerously out-dated—items from their shelves, and urges them to discard these items in the trash and not to place them on the library resale table. The video provides suggestions on how to display free pamphlets, how to let patrons know that sexuality materials are available, and how to deal with censorship attempts.

Overall, the video was rated "good" by the review panel. However, the professional librarian on the panel felt that it overlooks the reluctance of many librarians to deal with materials which they personally find too embarrassing to handle or to recommend, and which are often subject to theft and mutilation and might attract "problem patrons."

*This review was written by Fred Nesta.*

## 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

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*The members of the audiovisual review panel for these two films were Peter DiCecco, journalism student, New York University; Orly Leah Krasner, MPhil, MA, doctoral candidate at City University of New York; Barbara Tsao, BS, JD, teacher of sex education and pre-med student at Columbia; and staff members of SIECUS Diane de Mauro, PhD, Manager of Educational Programs and Computer Systems, Janet Jamar, BS, Manager of Publications and Public Relations, and Fred Nesta, MS, Manager of the Mary S. Calderone Library.*