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Part III: Healthy Adolescent Sexual Development

ALL TOGETHER NOW

An Integrated Approach to Preventing Adolescent Pregnancy and STD/HIV Infection

William A. Fisher, PhD

Department of Psychology and Department of Obstetrics and Gynecology
The University of Western Ontario, London, Canada

Most American adolescents have sexual intercourse at some point during their teenage years, yet most do not consistently utilize contraception or practice safer sexual behaviors to avoid infection with a sexually transmitted disease (STD) or the human immunodeficiency virus (HIV). Despite high levels of adolescent pregnancy and STD/HIV risk, most educational interventions, when they exist at all, contain information that is irrelevant to behavioral change, treat pregnancy and STD/HIV risk as unrelated phenomena, and most frequently are based upon a collection of untested and unscientific "best guesses" about the appropriate process and content for intervention.

This article will review the degree of pregnancy and STD/HIV risk among American adolescents, present a framework for understanding why adolescents continue to practice high-risk sexual behaviors in respect to pregnancy and STD/HIV infection, and close by presenting an integrated model and demonstration project that has been created to reduce adolescent pregnancy and STD/HIV risk.

Pregnancy and STD/HIV Risk Among Adolescents

Research suggests that although most American adolescents have sexual intercourse during their teenage years, they do not consistently use reliable methods of contraception.[1,2,3] It has been estimated that 30% of sexually active American adolescents become pregnant during their teen years and approximately 600,000 pregnancies annually are the unintended pregnancies of single female teenagers.[1,2,4] Pregnancies often occur in situations where maturity and/or partner support for dealing with unplanned pregnancy are lacking; young teenagers, and those who are not in committed relationships, are particularly likely to fail to use contraception.[5,6,7] Moreover, American teenagers, white and black, have rates of pregnancy that exceed those of almost all industrialized nations[8] and, although there are some differences in sexual behaviors and contraceptive use among black and white teenagers,[2] many have diminished with time and may have less overall significance than popularly supposed.[3] In addition, although data are fragmentary, it appears that the American adolescent proclivity for risking pregnancy has not changed in recent years as a function of the increasing fear of HIV/AIDS.[9,10,11] Beyond the scope of this article are the sequelae of adolescent childbearing, which may be severe for both mother and child, and may include welfare dependence, health complications, and other negative outcomes (see references 4, 12, 13, 14, 15, 16, and 17 for a discussion of the possible negative outcomes of teen childbearing and means for ameliorating such outcomes).

STD infections, such as gonorrhea, chlamydia, herpes, and cervical cancer, are occurring at epidemic levels in the United States. Adolescents, unfortunately, are both the recipients and transmitters of these infections.[18,19,20,21,22] Moreover, today HIV infection and AIDS present a very real threat to American adolescents; HIV is heterosexually transmissible,[23,24,25] and is present at alarmingly high levels in the general population.[21,26,27] Given the incubation period of the virus,[28] it is likely that a significant number of the more than 109,000 Americans with AIDS became infected with the virus during their adolescent years. The sequelae of STD/HIV in adolescents may include lifelong infection and infectiousness (herpes); pelvic inflammatory disease, tubal scarring, and infertility (chlamydia, gonorrhea); cervical cancer (human

papilloma virus infection); a long period of asymptomatic infectiousness; and, eventually, death (HIV infection).

Notwithstanding the threat of STD and HIV infection, American adolescents appear to be resistant to changing their behavior in order to reduce the risks of STD/HIV.[10,29,30] Surveys of adolescents in the San Francisco AIDS epicenter[9] and of adolescents in Massachusetts indicate low levels of STD/HIV preventive behaviors.[29] A multisite study of U.S. high school students also emphasizes that a significant number of adolescents continue to engage in sexual intercourse at very early ages and have many partners.[30] With respect to university students — who are presumably older and wiser — J. Fisher and S. Miscovich[10] report evidence of an *increase* of STD/HIV risk among college students from 1986 to 1988.

Overall, adolescents appear to be engaging in many sexual behaviors that pose the risk of STD/HIV infection. To the degree that relevant pathogens are found among adolescents, it would appear that they are presently infecting one another with dangerous-to-lethal sexually transmitted diseases.

The Relationship Between Adolescent Pregnancy and STD/HIV Risk

Adolescents' risk of pregnancy and STD/HIV infection are related behaviorally-produced problems that have related behaviorally-focused solutions. In regard to sexually active adolescents, pregnancy risk and STD/HIV risk are produced by a number of similar factors. Among them are: the unwillingness to acknowledge in advance sexual activity and preventive needs; the failure to seek out relevant preventive knowledge; the unwillingness to engage in public preventive behaviors, such as condom purchasing or contraceptive acquisition; the failure to engage in discussion and negotiation of prevention methods prior to sexual involvement; and the failure to execute preventive acts and to reinforce oneself and one's partner for preventive behaviors. Interventions that focus on training and motivating sexually active adolescents to engage in the above preventive behaviors have the potential to reduce both pregnancy and STD/HIV risk among adolescents.

Despite the overlap in the causes and potential solutions for pregnancy and STD/HIV risk, health educators and service providers often fail to deal with these problems in an integrated fashion. For example, health education curricula for pregnancy prevention, when they exist, often are separate from curricula for HIV prevention, and curricula for HIV prevention, astoundingly, often do not deal with other STDs. Moreover, whether curricula contain material on pregnancy prevention, HIV prevention, or STD prevention, the content often involves bits of information that are irrelevant to behavioral change as adolescents are not provided with a precise script for preventive behaviors that they can personally enact in their particular social settings. In considering service providers, it is painfully clear that actions that have been suggested to reduce adolescent pregnancy have actually increased STD/HIV risk. Each time a sexually-active young woman in this country receives a prescription for oral contraception it is likely that she and her partner will continue to be sexually active, will cease any prior use of condoms, and will elevate their risk of acquiring and transmitting STD/HIV infection during their sexual careers of serial monogamy. Recent data concerning the interdependence of oral contraception, condom use, and STD exposure have been gathered from a national sample of Canadian college students, and may be informative for Americans as well. As can be seen in Table 1 (opposite page), as young women have more and more sexual partners, their use of oral contraceptives increases, their use of condoms declines, and their reports of previously diagnosed STDs increase astronomically. It is obvious that adolescents, educators, and health care providers must begin to approach adolescent

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Janet Jamar
Director of Publications
SIECUS
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Table 1

Sexually Active College Women's Use of Oral Contraception, Condoms, and STD History as a Function of Number of Sexual Partners*

Number of Sexual Partners	*1*	*2*	*3-4*	*5-9*	*10/more*
% Regular users of oral contraceptives	65.6	71.9	77.9	82.0	84.5
% Regular users of condoms	19.6	17.9	11.0	13.6	7.5
% Reported STD history	3.1	3.9	4.6	11.0	24.2

*Percentages are based on a Canadian national survey of approximately 2,710 university women (see reference 11). For further analysis of the risk behavior and condom/contraceptive use of a subset of this sample, see NE Macdonald, et al. Hish risk STD/HIV behavior among college students, *JAMA*, (in press).

pregnancy and STD/HIV prevention as interrelated problems with correlated causes and correlated solutions.

The Psychology of Adolescent Pregnancy and STD/HIV Risk

It is clear to all that there are major barriers to reducing adolescent pregnancy and STD/HIV risk. First, there are *structural barriers* to adolescent pregnancy and STD/HIV prevention: to avoid pregnancy or STD/HIV risk, adolescents need to perform a complicated series of interrelated preventive behaviors that are almost never taught and that may be personally and socially costly to perform. Second, there are *psychological barriers* to adolescent pregnancy and STD/HIV prevention: adolescents quite often are socialized with feelings, thoughts, and fantasies that promote sexual activity yet at the same time inhibit pregnancy and STD/HIV preventive behavior.

Structural Barriers to Prevention

Adolescents must perform a series of objectively difficult acts in order to avoid pregnancy and STD/HIV.[31,32] Scripts for behaviors that might help teenagers avoid pregnancy and STD/HIV infection are rarely, if ever, taught, rehearsed, or reinforced. Moreover, the behavioral acts involved in pregnancy and STD/HIV prevention are often emotionally and socially difficult for teens to enact, and pregnancy and STD/HIV preventive behaviors have immediate costs and only distant and uncertain payoffs. Given the behavioral complexity, the lack of relevant teaching, and the costs involved, it becomes easier to understand why teenagers at present do not consistently practice pregnancy and STD/HIV prevention. At the same time, it is clear that it may be effective to provide teens with the instruction and encouragement that will enable them to perform what I call the *Preventive Behavior Sequence* of acts that help to prevent pregnancy and STD/HIV infection.

The Preventive Behavior Sequence

The sequence of preventive behaviors that may help to minimize adolescents' risk of pregnancy and STD/HIV infection is presented in the sidebar on page 4 and will be explained in more detail here. Each step in the preventive behavior sequence can be taught to teenagers and can be rehearsed and refined until the behavioral skills required for pregnancy and STD/HIV prevention are firmly in place.

Step 1: Teenagers must be encouraged to accept their sexuality. Before a discussion of prevention can become relevant, adolescents must acknowledge the fact that they are sexual beings who are likely in the future to become sexually involved. Complicating self-acceptance of sexual behavior and preventive needs, however, are social norms that hold that it is inappropriate and immoral for teenagers to be sexually active.

Step 2: Teenagers must be encouraged to learn relevant sex-related preventive information. There are two categories of sex-related preventive information that are particularly important for teenagers to obtain. First, teenagers must acquire information that helps them to make an objective assessment of their degree of pregnancy and STD/HIV risk. Second, teenagers must learn information about specific preventive behaviors that can be readily enacted in their personal social environments. Among other behavioral topics, teenagers must acquire information about the preventive behavior options open to them (including limit-setting short of intercourse, contraceptive behavior, and safer sexual behavior), and about how to bring up and negotiate pregnancy and STD/HIV preventive behavior with a partner, reinforce their own and their partner's preventive behaviors, and exit unsafe sexual situations.

Step 3: Teenagers must be encouraged to make an active decision to engage in preventive

behaviors. To the extent that adolescents accept their sexuality, are aware of personal levels of risk, and possess skills for risk reduction, they should make active decisions in favor of preventive behaviors.

Step 4: Teenagers must be encouraged to bring up and negotiate sex-related prevention with their partners. Discussion and negotiation should occur prior to significant sexual involvement, and could, for example, focus on setting limits short of intercourse, on refusing to use IV drugs or to share needles, and on contraceptive and safer sexual practices as means of preventing pregnancy and STD/HIV infection. Specific training on how to bring up and negotiate sex-related prevention is rarely included in educational curricula, but it is possible to teach and reinforce critical skills, such as methods for timing and initiating presex discussions of prevention, skills for assertiveness and negotiation with a partner who may possess greater influence and be unwilling to cooperate with preventive efforts, and skills for exiting a relationship in which preventive behavior cannot be agreed upon.

Step 5: Teenagers must be taught to perform more or less public sex-related preventive acts. If an adolescent elects to have sexual intercourse, he or she will have to engage in public behaviors, such as purchasing condoms and spermicidal foam at a pharmacy, visiting a physician to get a prescription for oral contraceptives, or obtaining an HIV blood test in a clinical setting. It is possible to teach and rehearse these public preventive acts. (Of course, if teenagers elect to set sexual limits short of intercourse, such public pregnancy and STD/HIV preventive behaviors may not be necessary.)

Step 6: Teenagers must be encouraged to consistently practice sex-related preventive behaviors and reinforce themselves and their partners for practicing prevention. Adolescents must consistently observe either sexual limits short of

THE PREVENTIVE BEHAVIOR SEQUENCE

Teenagers must be taught the following behavioral skills and encouraged to practice them. They must:

1. Accept their sexuality.
2. Learn relevant sex-related preventive information.
3. Make an active decision to engage in preventive behaviors.
4. Bring up and negotiate sex-related prevention with their partners.
5. Perform more or less public sex-related preventive acts (condom purchasing, HIV testing).
6. Consistently practice sex-related preventive behaviors and reinforce themselves and their partners for practicing prevention.
7. Be able to shift preventive scripts.

intercourse or contraceptive and safer sex practices in order to minimize pregnancy and STD/HIV risk. Such consistency could be facilitated by training adolescents to reinforce themselves and their partners for reliably practicing sex-related prevention methods. Teenagers should be encouraged to feel reassured every time they practice sex-related prevention and to imagine how each protected sexual act will help them to avoid gut-wrenching anxiety about pregnancy and STD/HIV and to devise appropriate ways of communicating their thanks and affection for having cooperative partners.

Step 7: Teenagers must be taught that they can shift preventive scripts. An adolescent who presently sets limits short of intercourse as a means of pregnancy and STD/HIV prevention may wish, at some point, to move to protected sexual intercourse; on the other hand, an adolescent who practices contraception and safer sexual behavior may find such practices to be unrewarding and may wish to initiate, as an alternative form of prevention, a limit-setting pattern in future relationships. To facilitate a shift to an alternate form of sex-related prevention, adolescents must learn that they have the option of shifting their preventive scripts and must learn to perform behaviors that are effective in implementing such shifts. For example, teenagers might read, role-play, and observe models in vignettes in which younger teens, who are setting sexual limits, develop the maturity to bring up, negotiate, and implement contraceptive and safer sex practices. Or, they may read, view, and role-play vignettes in which adolescent couples or individuals decide that they wish to move from contraceptive and safer sexual practices to sexual limit-setting as a strategy within their present or future sexual relationships. Preparing for such shifts in preventive strategy may ensure that they occur consciously and are implemented effectively.

Psychological Barriers to Prevention

There are strong psychological barriers to teenagers' learning and practicing sex-related preventive behaviors. Adolescents' sexual activities and preventive practices appear to be determined by their feelings, thoughts, and fantasies about sexuality.[33,34] However, these all too often encourage sexual activity and at the same time discourage preventive behavior. The psychological factors responsible for adolescents' prosex/antiprevention tendencies will be the focus of the following discussion.

Emotional Barriers to Prevention. Adolescents possess generalized and stable feelings about sexuality which strongly influence their sexual activities and preventive practices.[35,36] Some adolescents are highly erotophilic (mostly positive in their feelings about sexuality), some are highly erotophobic (mostly negative in their feelings about sexuality), and some fall in between these emotional extremes. Highly erotophilic teens should be comfortable enough about sexuality to be sexually active and should be able to negotiate each of the steps in the *Preventive Behavior Sequence*. Moderately erotophobic teens may be relaxed enough about sexuality to participate in sexual behaviors, but may, on the other hand, be too uncomfortable to execute critical stages of the *Preventive Behavior Sequence*. Highly erotophobic teens will be too uncomfortable to engage in extensive sexual behaviors, and therefore will not need to practice sex-related prevention behaviors at present (although they should learn about prevention for the future).

More than a decade of research has investigated the relationship between young peoples' erotophobia/erotophilia and their likelihood of engaging in pregnancy and STD/HIV preventive behaviors. Erotophobia has been found to interfere with the performance of each pregnancy and STD/HIV preventive behavior studied. It inhibits the self admission of upcoming sexual activity and the need for preventive action;[37] the learning of information relevant to sex-related prevention;[36,38,39,40,41] communication with others about sexuality;[42] performance of public sex-related preventive acts, such as the utilization of a contraception clinic;[35,43] and the consistent use of contraception by both females and males.[42,43]

Potential Psychological Obstacles to Performance of Sex-Related Preventive Behaviors

Emotions

May be so sex-negative that individual avoids learning and practicing preventive behaviors.

Cognitions

May be so inaccurate or opposed to prevention that preventive behaviors do not take place.

Fantasies

May include images and scripts that motivate sexual, but not preventive behavior.

Cognitive Barriers to Prevention. The maturity of adolescents' cognitive processes and the content of their cognitions are thought to exert powerful influences on adolescent sex-related preventive behaviors.[33,34]

With respect to the maturity of their cognitive processes, it has been found that both age and general level of planfulness may determine adolescent contraceptive

practices. In one study, females who had first intercourse between ages 15 to 17 were much less likely to use contraception than females who had first intercourse at ages 17 to 18.[5] This finding was interpreted by the researchers as an indication that the younger females did not perceive themselves to be sexually active and therefore took no contraceptive precautions. With respect to an adolescent's planfulness and the ability to adopt a future time perspective, investigators have reported that adolescents who plan for future events are more reliable users of contraception.[44] Thus, an adolescent's degree of cognitive maturity may place limits on his or her ability to enact critical sex-related preventive behaviors.

In regard to the content of their cognitions, concerns have been raised that adolescents possess numerous clusters of information that are antithetical to the practice of sex-related prevention.[32,45] First, adolescents may possess inaccurate information about conception, contraception, limit-setting, and STD/HIV infection.[11,31,45,46,47,48] For example, in eight different surveys, less than half of the teenagers questioned possessed accurate knowledge of the fertile period of the menstrual cycle.[48]

Second, adolescents may possess irrelevant information, in the sense that what they have been taught is irrelevant to the practice of the specific behaviors required for sex-related prevention.[46] Adolescents may be aware of the hormonal mechanisms of oral contraceptives, may be familiar with the notion of retroviruses, and may have heard theories about the African green monkey and the origin of AIDS, but such tidbits of information do not comprise the kind of behavioral script necessary for the performance of the acts that are included in the *Preventive Behavior Sequence*. In fact, when one reviews pregnancy and STD/HIV prevention curricula, one is tempted to deduce that curricula developers follow the dictum that information that might actually be translated by teenagers into personal preventive behavior may not be taught.

Third, many adolescents possess antiprevention beliefs and act in accordance with these beliefs.[43,45,49] Adolescents may believe that they are too young to get pregnant; that having a baby at any age is the highest achievement for a woman; that withdrawal prevents HIV/AIDS; or they may have clusters of religious beliefs, fatalistic beliefs, and the like, that work against the practice of sex-related prevention.

Fourth, teenagers are regularly exposed to a vast amount of frightening and/or dangerous information with respect to sexuality and prevention. Frightening mass media communication about HIV/AIDS, herpes, rape, and the sexual abuse of children may well succeed in increasing teenagers' erotophobia and their reluctance to plan for their own sexual and preventive behaviors. Dangerous information, which promotes risk behaviors, such as the inaccurate "fact" that most women cannot get HIV/AIDS (as promoted by Cosmopolitan in January 1988, for example), may also interfere with the development of preventive behaviors. Thus, both the maturity of adolescents' cognitive processes and the content of their cognitions often work against the practice of pregnancy and STD/HIV prevention.

Fantasy Barriers to Prevention. Adolescents are exposed to a nearly unending stream of imagery that promotes sexual activity yet provides no reference to pregnancy or STD/HIV prevention. Consequently, it is easy for teens to imagine personal and social rewards for sexual involvement and to plan in fantasy elaborate scripts for attaining such sexual intimacy, but they are able to imagine few incentives for enacting preventive behaviors and rarely, if ever, include preventive imagery in their fantasized plans for engaging in sexual activities. It has been found, for example, that young women can produce detailed seduction fantasies concerning how to achieve sexual intimacy with a desirable partner, and will imagine strategies that involve the use of environmental signals (e.g., dress, music), verbal strategies (e.g., sexy talk), and nonverbal strategies (e.g., eye contact), but no mention is made of any kind of pregnancy or STD/HIV prevention in the fantasies of the women who have been studied.[50] Research has indicated that often adolescent males imagine that prior discussion of prevention will result in botched seductions[51] and that young females imagine health care providers reacting censoriously to requests for contraceptive protection.[42]

Overall, it is clear that both mass media images and personal fantasies encourage sexual behaviors and lack or actively oppose preventive efforts.

The Joint Functioning of Structural and Psychological Barriers to Prevention

One can see that many adolescents are too emotionally ambivalent about sexuality to plan for prevention; they are often misinformed or uninformed about the need for, and nature of, prevention; and they often have prosex but antiprevention fantasies. These affective, cognitive, and fantasy barriers to prevention act to inhibit them from practicing the sequence of pregnancy and STD/HIV preventive behaviors, which itself may be complex and intrinsically difficult to execute, is rarely taught, and may be met with social disapproval.

It is argued that this combination of psychological and structural barriers to prevention explains much of adolescents' tendencies to risk pregnancy and STD/HIV infection. However, these barriers can be overcome and the sequence of critical preventive acts can be taught, rehearsed, and refined.

The Solution: An Integrated Approach to Prevention

Interventions to reduce adolescent pregnancy and STD/HIV risk must accomplish two goals. First, it is necessary to weaken emotional, cognitive, and fantasy barriers to prevention and replace them with feelings, thoughts, and images that encourage pregnancy and STD/HIV risk reduction. Second, it is critical to train adolescents to perform skillfully the relatively complex sequence of behaviors that is involved in pregnancy and STD/HIV prevention.

Changing Emotions. Research indicates that many adolescents feel relaxed enough about sexuality to be sexually active, yet feel too uncomfortable to engage in

necessary preventive behaviors. Interventions, therefore, must seek to relax anxieties about performing the *Preventive Behavior Sequence* so that adolescents may effectively set sexual limits and/or negotiate and implement contraceptive and safer sexual practices.

Several strategies for systematically reducing adolescents' anxieties about sex-related prevention have been suggested.[32,52]

First, educators may wish to conduct a *fantasy walk-through* of the *Preventive Behavior Sequence* for students, exposing them to images of persons, much like themselves, who have successfully performed each of the sex-related preventive behaviors under discussion. Reading material, videotaped vignettes, guided discussion, and observation of drama club enactments have been used successfully to illustrate that teenagers are capable of managing important preventive behaviors with positive consequences.

Second, *in vivo walk-throughs* of some steps of the *Preventive Behavior Sequence* could follow. Teenagers could role-play how to bring up and negotiate sexual limits, refusal of needle sharing, and/or protected sexual activities with other teens. They also could visit birth control centers or have personnel from these centers visit their classes, or they could visit pharmacies and talk to pharmacists about condom purchasing.

Third, teaching in this area should strive not only to reduce anxiety, but to increase positive feelings about prevention. Educators should use humor, and should connect prevention with sexual arousal, maturity, love, an increased likelihood of finding intimate partners, reassurance, the avoidance of anxiety, and other similar positive outcomes of prevention.

Teaching, fantasy walk-throughs, and in vivo walk-throughs that connect prevention to desirable positive outcomes should increase teenagers' knowledge about how to employ prevention behaviors, reinforce teens' feelings that they are capable of prevention, and increase positive, and decrease negative, expectancies about personally performing sex-related preventive behaviors.

Changing Cognitions. It is apparent that numerous cognitive obstacles interfere with the learning and performance of sex-related preventive behaviors. Adolescents may be too cognitively immature to appreciate the need for prevention; they may lack scriptlike, easy-to-translate-into-behavior information about prevention; and they may possess beliefs that work against the practice of preventive behaviors. Interventions must deal with these cognitive barriers to prevention.

Where cognitive immaturity is concerned, education must deal with teenagers whose self-concepts do not include the fact that they are sexually active and with teenagers who cannot effectively foresee future events.

For teenagers who are not yet sexually active and who do not see themselves as such, stress on sexual limit-setting strategies may be well received, as such practices are consistent with their self-images.

For teenagers who are sexually active but refuse to see themselves as such, it may prove useful to explain that some teenagers who are sexually active refuse to accept this fact. The course that is best for them is either to bring their behavior into line with their self-concepts via limit-setting strategies or to change their self-concepts to include an image of themselves as sexually active and in need of pregnancy and STD/HIV prevention.

For teens who are unable to plan for future events, such as the need for sex-related prevention, it is necessary to highlight the link between present sexual behaviors and future important outcomes. These students might write completions to "What if..." vignettes. For example: "What if I impregnated someone or became pregnant?" or "What if I got a disease that made it impossible for me to have children?" They then could exchange these imaginative future-time probes anonymously and discuss the need for the active planning of prevention. Cairns[53] has produced a very engaging computer simulation of adolescent life in which teens make decisions about school, work, social life, sexuality, and the like, receive accurate feedback about the consequences of their decisions, and have to "live" with these consequences in future rounds of the game. Efforts to bring sexual self-concepts into line with behaviors, and efforts to help teens adopt a future time perspective in respect to their sexual behaviors and their consequences may ready teens for learning and enacting specific sex-related preventive behaviors.

With respect to the provision of information to adolescents, it is absolutely clear that teenagers require relevant, scriptlike information that informs them as to how they may execute each step of the preventive behavior sequence in their particular social settings. Such easy-to-translate-into-behavior information can be presented visually — in videotape form for example — or as written print backup which can be accessed when needed. Presentation of this information could overlap with fantasy and in vivo walk-throughs.

However it is delivered, teenagers should learn, rehearse, and refine each of the steps of the preventive behavior sequence — from self-acceptance of sexuality and bringing up and discussing prevention to public preventive acts and self and partner reinforcement — in a fashion that will be effective in their own age, ethnic, and socioeconomic environments. The success of such a behavioral skills training approach has been empirically demonstrated, in respect to pregnancy prevention among adolescents[54,55] and college students[32] and in respect to HIV prevention among gay men.[56]

With respect to beliefs and belief systems that work against sex-related prevention, interventions must identify the beliefs that are present in particular settings, make teenagers aware of these beliefs and of their negative effects, and attempt to persuade them that either their antiprevention beliefs or their risky sexual behaviors must change. Antiprevention beliefs vary idiosyncratically, but they often fit into the categories of inaccurate information, frightening information, dangerous information, and frankly antiprevention beliefs. Once such clusters of beliefs have been identified in a population, it is helpful to hold them up to teen scrutiny and for reflection on the personal costs of antiprevention beliefs.

With respect to the issue of changing teens' cognition about prevention, a caveat is in order. Occasionally and distressingly, teenagers' antiprevention beliefs are highly adaptive and, in a sense, appropriate reactions to very hostile environments. In such cases, it is necessary to work vigorously to change the teenagers' environments as well as their antiprevention beliefs. For example, if an adolescent correctly perceives that pregnancy at age 16 would be his or her comparative "best bet" because of alcoholism at home, chaos at school, and unemployment in the community, it would be most honest to work toward belief change in the teenager and toward a change in his or her environment. By the same token, if the unpredictability and uncontrollability of negative events give rise to a fatalism in teenagers that works against prevention, it is once again critical to work honestly toward both proprevention belief changes and toward some measure of environmental improvement. Needed interventions, such as job training, neighborhood renewal, and improved law enforcement, can produce a social climate that will be more congenial to the prevention message. Moreover, it is argued that teenagers who have plans and activities that, in effect, compete with pregnancy are often best motivated to practice contraception.[32] Teenagers who have plans and activities may be better at STD/HIV prevention as well, which is another reason for working for both environmental and belief changes.

Changing Imagery. It is evident that adolescents are continually exposed to media and fantasy images that promote sexual activity but do not promote prevention. Interventions must sensitize teenagers to the insidiousness of prosex media imagery and help them incorporate sex-related prevention into their imaginative plans for sexual involvement. To make teens more aware of the prosex messages of the commercial media, "media literacy" teaching — in which teens watch commercial movies, prime time TV, soap operas, and commercials, and plot the incidence of sexual activity, preventive behaviors, and the consequences of prevention-free sexual behaviors — may help teens become aware of media representations of indiscriminate and consequence-free sexuality. Moreover, video material that is utilized to provide fantasy walk-throughs, and to teach teens the *Preventive Behavior Sequence*, should include images of similar others who have successfully and reassuringly practiced prevention as well as images of those who have not practiced prevention and have experienced negative outcomes. Such imagery should enter teens' memories as fantasy-based scripts for personally practicing preventive behaviors when and if such behaviors are necessary. Through media literacy teaching and observing models of prevention, teenagers may come to imagine detailed scripts for the practice of prevention, may see themselves as capable of practicing prevention, and may be able to imagine the benefits of prevention as well as the costs of not practicing it.

Some Applied Concerns

The Intervention Setting. It is proposed that integrated pregnancy and STD/HIV interventions may most efficiently be delivered via the public school system supplemented by other delivery channels directed at more difficult-to-reach populations. Public school is as close to a universal experience as we have available in our society, and it provides the opportunity for the early introduction and continuous reinforcement of age-appropriate prevention education as it becomes relevant at succeeding developmental stages. While public schools are beleaguered and short of resources, the urgency of the adolescent pregnancy and STD/HIV threat justifies claims on this strained resource.

Yoking Interventions with Community Resources. It is crucial to link pregnancy and STD/HIV prevention interventions with awareness of existing community resources in order to support preventive behaviors. For example, when an integrated pregnancy and STD/HIV prevention intervention is delivered, it is necessary to identify "user friendly" community resources for adolescents, such as birth control clinics, STD clinics, HIV-testing centers, drug treatment centers, needle exchanges, and the like, and to provide practice in utilizing such resources. Research has demonstrated that when behaviorally relevant, sex related, prevention interventions are backed up by effective community resources for realizing preventive aims, the interventions can be quite successful (see, for example, Zabin and colleagues' pregnancy prevention program which, backed up by school-based clinics, has effectively reduced urban teenage pregnancy rates[56]). In contrast, even the most relevant prevention interventions cannot be expected to be highly effective without necessary backup from identified community resources or without the creation of such resources if they do not exist.

The Politics of Sex-Related Prevention. It is apparent to those in the field that sex-related prevention is as much a matter of politics as it is a matter of pedagogy.[49] Sensitive political issues include the content of prevention interventions, institutional inertia, and the approach that interveners make to a community.

With respect to the content of interventions, it is axiomatic that sexuality education that provides relevant information that a teenager might actually translate into preventive behaviors may encounter great political resistance, while the more common educational efforts that provide information that is irrelevant to personal behavioral change may encounter less resistance. Some segments of our society see the provision of practical preventive information as an effort to teach teenagers to sin with impunity, but the intrinsic morality of providing teenagers with life- and health-saving information must be stressed. Some segments of our society also view sexuality education as a prime cause of sexual behaviors, but research findings make it clear that relevant sexuality education only guides ongoing sexual behaviors along more prudent lines and does not encourage such behaviors. The point that sexuality education does not cause sexual activity must be clearly and repeatedly made (see, for example, references 49 and 56).

With respect to institutional inertia, many figures in authority are fearful of change and of the controversy that preventive interventions might bring. In such in-

stances it is necessary to emphasize the fact that the status quo is *not* safe — at least from the standpoint of teenagers — and that a vote against effective interventions is a vote in favor of teenage pregnancy, abortion, STD/HIV infection, infertility, death, and like outcomes.

With respect to the overtures that interveners make in seeking permission to work in community settings, additional political resistance may occur. In particular, sexuality educators often seek broad community support for intervention from PTAs, religious leaders, newspapers, and the like. Occasionally, however, such activities are perceived as permission-begging efforts by marginal forces who are not even sure of their own legitimacy. Therefore, it may prove more useful to inform the community that a legitimate and necessary intervention is planned, rather than appear to be seeking permission, and, in the process, communicating that preventive sexuality education may be optional.

An Intervention Model: Preventing Pregnancy on a University Campus

The principles of intervention discussed in this article have been effectively utilized in reducing student pregnancy in a multiyear intervention at a major Canadian university.[32] The student pregnancy rate at this university was relatively high and stable from the late 1970s onward, and in 1983, a three-component intervention was phased in with the objective of teaching students the *Preventive Behavior Sequence* and altering their feelings, thoughts, and fantasies in the direction of pregnancy prevention.

The first phase of the pregnancy prevention intervention involved dormitory-based lectures. Since the initial year of the intervention, the Student Health Service's personnel have annually given lectures on birth control and contraceptive services to about one-third of all the dormitory residents. Since the bulk of the dormitory residents are freshmen, these lectures reach a dense population of individuals who are at risk of pregnancy by virtue of youth, inexperience, and unpredictable sexual relationships. The lectures are nonjudgmental, legitimize both limit-setting short of intercourse and contraceptively-protected intercourse, and establish the on-campus Student Health Service as an approachable address for contraceptive services. Behaviorally-relevant information is the focus of the lectures, which deal with how and where students can acquire contraceptive information and services on campus and explain how to use various methods of contraception.

The second phase of the intervention involved the production (in the summer of 1984) of a pregnancy prevention videotape, *Can We Talk?* The videotape, written by students and based on the behavioral scripting conceptualization under discussion here, utilizes student actors to model a fairly precise behavioral script concerning how to anticipate the need for contraception, discuss it with a partner, and where on the campus and in the surrounding community students can acquire contraception in nonjudgmental settings. The videotape stresses condom use for STD prevention and models the purchase of condoms from the vending machines that have been placed in campus washrooms as part of the intervention. It is directed at illustrating the specific steps students must enact to practice prevention in their particular social environments, and through humor, nonjudgmental models of health care provision, and scenarios in which antiprevention beliefs are debunked, it attempts to alter feelings, thoughts, and fantasies about contraception as well. The video annually reaches more than 2,000 students through dormitory lectures, health fairs, showings in university courses, and the like.

The third phase of the intervention, used in conjunction with the video, is a pregnancy prevention booklet, *Can We Talk?: A Sexual Communication Guide for Students by Students*. This booklet, distributed to all incoming students, reaches some 5,500 per year and is intended to function both independently of, and as print backup to, the pregnancy prevention video. The *Can We Talk?* booklet explicitly lays out each phase of the contraceptive behavior sequence — from how to learn about contraception and discuss it with a partner, to how to acquire and use it — and confronts common obstacles to prevention. Again, the goal of the pregnancy prevention booklet is to provide easy-to-translate-into-behavior information about prevention and to help individuals overcome emotional, cognitive, and fantasy barriers to utilizing such information. For further discussion of the details of this intervention, the interested reader is referred to Fisher's chapter on this subject.[32]

To provide at least a crude idea about the effectiveness of this pregnancy prevention intervention, data on positive pregnancy tests at the Student Health Service have been collected over the years before and after the introduction of this program. As can be seen in Table 2 (see page 10), there is a relatively steady pregnancy rate from about 1978/1979 through 1982/1983. In 1983/1984, the dormitory lectures were phased in and the student pregnancy rate dropped precipitously by 28%. In 1984/1985, the pregnancy prevention video and booklet were introduced and the pregnancy rate dropped a further 11% and has remained at this reduced level for some years since. Parallel drops in the pregnancy rate in the general population of student-age females did not occur, and the changes that occurred may have actually underestimated the program's effectiveness. Since the Student Health Service was represented as a sympathetic venue for dealing with suspected pregnancy, students may have become more willing to get a pregnancy test at the center, which would have minimized the decrease in positive pregnancy tests that was observed. With respect to condom purchasing from campus vending machines, no preintervention data are available, as the resource did not exist at that time; but, since the installation and promotion of condom vending machines as part of this intervention, some 1,500-2,000 condoms have been sold annually in both men's and women's washrooms. Although these results are most encouraging, it is important to emphasize that the effects of any uncontrolled intervention must be interpreted cautiously, and further, that controlled experimentation with these techniques, in a variety of settings, is necessary.

Conclusion

The case has been made that American adolescents are at continuing high risk for pregnancy and STD/HIV infection. It also has been argued that these overlapping problems necessitate an integrated approach to teaching the specific behavioral skills that are involved in prevention and for reducing emotional, cognitive, and fantasy-based barriers to prevention. In closing, it should be noted that additional behavioral scripts for the avoidance of sexual victimization and for the attainment of sexual and relationship satisfaction could also be taught, and the psychological barriers to such behavior could be dealt with in a truly integrated program for sexual health promotion. Such coordinated interventions remain an important challenge for our future.

A copy of the booklet, Can We Talk?, *a description of the videotape, and ordering information can be obtained by writing to Ms. A. Hill, Student Health Services, The University of Western Ontario, University Community Center, Room 11, London, Ontario, Canada N6A 3K7.*

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Table 2

Unwanted Pregnancy Rates at The University of Western Ontario and Nationally Before and After Pregnancy-Prevention Intervention

Academic Year	*Rates of Positive Pregnancy Tests/1,000 Women Univ. of Western Ontario*[1]	*Percent Change from Preceding Year*	*Abortion Rate/1,000 All Canadian Women Age 20-24*[2]	*Percent Change from Preceding Year*
1978-1979	9.4	—	17.3	—
1979-1980	10.2	+8.5%	18.1	+4.6%
1980-1981	10.7	+4.9%	18.2	+0.6%
1981-1982	9.9	-7.5%	18.0	-1.1%
1982-1983	10.1	+2.0%	18.5	+2.8%
*1983-1984**	7.3	-27.7%	17.4	-5.9%
*1984-1985***	6.5	-11.0%	17.6	+1.2%
1985-1986	6.5	0.0%	17.4	-1.2%
1986-1987	6.6	+1.5%	—	—
1987-1988	6.5	-1.5%	—	—

1. Data supplied by Student Health Services, The University of Western Ontario.
2. Data from Statistics Canada Yearbooks; data are available only through 1985-1986.
* Dormitory pregnancy prevention lecture intervention phased in.
** Video and booklet pregnancy prevention interventions phased in.

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From the Executive Director

MOVING TOWARD A *HEALTHY* PARADIGM OF TEEN DEVELOPMENT

Helping Young People Develop Into Sexually Healthy Adults

Debra W. Haffner, MPH

This issue marks the third in the series of *SIECUS Reports* on healthy adolescent sexual development. We initiated this series in May 1989 when we realized that there was little consensus on how to promote healthy adolescent sexual development. Indeed, although sexuality, family planning, public health, and education professionals know that they are trying to avoid teenage pregnancies, teenage sexually transmitted diseases and HIV infection, date rape, exploitation, and so forth, little has been written about what positive sexual attitudes, behaviors, and values should wisely be promoted as desirable for teenagers.

The government, most religious bodies, many parents, and conservative national organizations are now admonishing teenagers to "just say no," advice that is discounted or ignored by more than 14 million American teenagers each year. A more progressive attitude, however, has evolved among the many organizations that are concerned with teenage pregnancy prevention: "We prefer teens not to have sexual intercourse, but because many of them do, they need relevant information and services." Nonetheless, neither of these approaches and attitudes acknowledge teenagers as sexual persons, nor do they promote healthy adolescent sexual development.

Surely, as a culture, almost all of us can agree that *adults* should be sexually healthy and happy. (There are members of the Right that do indeed disagree. For example, Joseph Scheidler has stated, "Most people in the pro-life movement have a certain morality and believe sex is not for fun and games...I think contraception is disgusting — people using each other for pleasure.") I believe, then, that we need to develop a new consensus about what needs to happen during childhood and adolescence to help assure mature, sexually healthy development.

I first read William Fisher's work on adolescence and contraceptive behavior several years ago. I then met him last winter at an invitational conference on AIDS education sponsored by the World Health Organization in Toronto and asked him if he would like to develop what has become this month's cover story to share his approach with SIECUS members. I was most impressed with his views on erotophobia/erotophilia and teenage behaviors. American teenagers are moderately erotophobic: they clearly engage in sexual behaviors in large numbers, yet much smaller numbers seem to engage in strategies to prevent health risks. Some conservatives seem to want to encourage greater erotophobia in teens: "If we can scare teens about sexuality, perhaps they will be less likely to want to be involved with sexual behaviors." The problem is that eventually most people want to be sexually fulfilled; the erotophobic messages of childhood and adolescence are very difficult to dismiss, even if society is willing finally to condone sexual behavior after a wedding ceremony. Too many of us know firsthand the damage and violence of early sexually-negative teachings.

I propose that the first step of Fisher's model needs to be extended to society as well. That is, as a culture, we must begin to accept that teenagers are sexual, that the development of a sexual identity is a critical task of adolescence, and that teenagers have both the right and the responsibility to make decisions about their own sexual values, ethics, and behaviors. The responsibility of caring adults then, whether as parents, teachers, religious advisors, media professionals, or youth group leaders, is to provide the information, education, and environment that will support that development.

We need to develop new cultural norms around adolescent sexuality. Fisher suggests that we help teens become more erotophilic so that they are not only comfortable enough to engage in sexual behaviors, but also able to negotiate and engage in preventive behaviors. We need to help young people develop the skills and the ability to resist the media and peer pressures that rush them into premature sexual involvement, and to develop personal criteria, based on their own values, for evaluating relationships. Teens need assistance in knowing how to answer the question, "How do I know if I am ready for sex?" and, as important, "How do I know if I am in love?" An erotophilic approach would also require talking to teenagers about masturbation and outercourse, and clearly delineating that there are sexual behaviors that do not place one at risk of pregnancy, sexually transmitted diseases or HIV, yet still allow one to give or

receive sexual pleasure. It would also include helping teenagers to develop communication and intimacy skills so that if they choose to be involved in a sexual relationship, it is not only noncoercive, nonexploitative, and riskfree, but also mutually pleasurable.

I would like to suggest eight approaches that will help young people develop into sexually healthy adults:

1. SEXUALITY EDUCATION MUST BEGIN AT BIRTH. The tendency in homes, as well as schools, is to wait until young people reach puberty to provide them with information about sexuality. Clearly sexually healthy teenagers or adults have received their first sexual lessons as infants and toddlers.

As discussed in-depth in SIECUS' publication, *Sex Education 2000: A Call To Action,* parents must be supported in their role as sexuality educators of their children.

2. THE DEVELOPMENT OF A HEALTHY SELF-CONCEPT MUST BE PROMOTED. Advertising and media give young people, indeed all of us, an unhealthy ideal of sexual attractiveness. My four year old is currently quite fond of Barbie and Ken. Ken has now joined Barbie in representing an unattainable goal. Not only is she perfect, with large breasts and a tiny waist, but he now sports well-defined biceps, triceps, and pectorals. In Walt Disney's charming new movie, "The Little Mermaid," not only are all the characters white, but the lead characters also look perfect. In recent television specials, both Bugs Bunny and Garfield were on diets. Little wonder, then, that one study found that one-half of fourth graders have dieted! We need to help children and adolescents accept their level of attractiveness, develop a healthy body image, and understand that media images are unobtainable for most of us, and we need to encourage their acceptance of other people as they are.

3. THE WIDE RANGE OF VALUES AND EXPERIENCES MUST BE ACKNOWLEDGED. We need to actively pursue a paradigm that recognizes the diversity of values, experiences, and attitudes, and to encourage tolerance and acceptance among young people. I recently spent a day at EPCOT in Walt Disney World. Countless shows and images repeated a single cultural model: characters were white, middle class, and evolved in a predictable sequence of childhood, dating, high school and college graduation, marriage, parenthood, and smiling retirement. I was struck by the lack of portrayals of the lives of the majority of children in America.

In Part I of this series (*SIECUS Report,* Vol. 17, No. 5) Jay Friedman wrote eloquently on the negative impact of misogyny and homophobia on young men's sexual development and Gary Remafedi wrote about the difficulty that gay and lesbian youth face in developing positive self-images. Children from conservative or fundamentalist homes, children of color, and children of diverse cultural backgrounds, also face daily challenges to their family's values. As a culture, we need to recognize and promote diversity as essentially democratic. Children need to be helped to develop tolerance and compassion for people who are different from them. We need to acknowledge a wide range of sexual development for young people, for example: teens who are not yet dating, teens who choose abstinence, teens who are gay and lesbian, teens who are sexually experienced — all need our support and respect.

4. ONE MUST BE HONEST WITH YOUNG PEOPLE ABOUT SEXUAL ISSUES. I recently met a woman at a cocktail party who, after I shared with her what I do for a living, told me that she would never talk to her six year old about sexuality. I asked her what she did when her children asked where babies came from; she told me, "I lied." The conversation ended several minutes later.

I am not sure why it is that we are willing to lie to our children about sexual issues when we would not think to do this with other important issues. Moreover, teachers often report that they are instructed not to answer children's questions about certain sexual issues, but rather to refer them to another source. I am often told by school systems that it is impossible for them to talk about masturbation or outercourse with students, although they can address birth control methods. I believe that it is imperative that we acknowledge our own discomfort in providing information to children and adolescents. We also need to develop age-appropriate guidelines for responding to young people's questions and must be willing to offer direct answers.

5. YOUNG PEOPLE MUST BE PREPARED FOR REALISTIC LONG-TERM RELATIONSHIPS. Almost every story that I have read to my daughter ends with, "...and they lived happily ever after." I always find myself creating an alternative ending as I have become acutely aware of the negative influence of "they lived happily ever after" on people's lives. Young people need to understand that healthy relationships require a combination of commitment, intimacy, and passion that necessitates interpersonal skills and hard work. We need to emphasize that sexuality is lifelong, and that sexual education is never ending. Teenagers need to understand that sexuality and love are not necessarily the same, but are joined together, in mature love, and they need to learn to distinguish their emotions.

6. YOUNG PEOPLE MUST BE GIVEN HOPE FOR THEIR FUTURES. Too many young people in our culture are growing up without basic reading and writing skills and decent educational and employment opportunities. In addition, many are turning to sexual intimacy before they have fulfilled their developmental needs of identity, connectedness, power, and hope/joy, as identified by Robert Selverstone in his article on adolescent sexual development, which appeared in Part II of the Healthy Adolescent Development series (*SIECUS Report,* Vol. 18, No. 1). As sexuality professionals, we must be concerned with changing the basic living conditions that too many young people must endure.

7. WE MUST ACKNOWLEDGE OUR SHARED RESPONSIBILITY. One of the conclusions of The Alan Guttmacher Institute's report on the cross-cultural

aspects of teenage pregnancy was that "our children are growing up the most confused in the world." The same adult culture that officially tells teenagers "no" produces books, music, videos, films, and television shows that show them that every teen is "doing it." As professionals and parents we need to agree on the messages that we want to give our children and adolescents about sexuality, and then we need to be consistent. Parents, churches, youth agencies, schools, health care providers, television, radio, MTV, and advertisers, for example, all need to be involved in helping young people develop a healthy sense of sexuality. We must stop tantalizing our children with exploitive messages while urging them to ignore them.

8. WE MUST BE MORE POLITICAL. As sexuality professionals, we must become more active politically. Many of us have experience in fighting local attacks on sexuality education and in promoting young people's access to contraceptive services. But few of us have spoken out publicly on teenagers' rights to be sexual human beings.

Attacks on teenage sexuality are mounting. Two cases pending before the U.S. Supreme Court may severely restrict young women's access to abortion services. The Department of Health and Human Services' *Draft Year 2000 Objectives For the Nation* stated that one public health goal for the next decade is to "reduce sexual activity among unmarried people ages 15 through 19 to a prevalence of no more than 35 percent [from 47% in 1982]." At a recent speech I attended, Deputy Assistant Secretary for Population Affairs Nabers Cabinis stated that the options for teenagers are abstinence and mutual monogamy. (She did not answer my question during the question-and-answer period about which behaviors teens were to avoid, and whether the federal government is now advocating marriage for teenagers, when teen marriages have much highler divorce rates than those begun as adults.) Antisexuality education forces have taken a new tactic; they state that they are willing to accept sexuality education, just not in the words of a Connecticut antisexuality education activist: "the kind Planned Parenthood and SIECUS promote." *Sex Respect,* which is now promoted as an alternative sexuality education curricula, robs young people of any opportunity for decision-making, as those of you who are familiar with this curriculum know. The need to activate political support for sexuality education for young people is clear.

SIECUS and its members must become more involved with these issues. All of us need to advocate for teenagers' rights to be sexually literate, sexually educated, and sexually protected. We need to advocate for honesty with young people, not education or public health messages that are veiled moralizing sermons. And, we need to advocate for the end of exploitive media and advertising messages that teach children unrealistic standards and gender-stereotyped behaviors.

I look forward to working with you on these issues.

SIECUS Recommended Resources

Abortion

CELEBRATING ROE V. WADE: DRAMATIC IMPROVEMENTS IN AMERICAN HEALTH (January 1989, 12 pp., 8x12 *booklet).* Prepared by the National Abortion Federation — which has worked since 1977 to preserve and enhance the quality and accessibility of abortion services — this booklet is part of a nationwide public education program on the importance of safe, legal abortion and includes accurate, timely, and unbiased information on abortion. "During a time when so much harmful misinformation is being disseminated to the public, it is critical that people have access to the facts." The health benefits of legal abortion are compared with the morbidity and mortality rates that result from illegal abortion, the devastating impact of criminalization on families' well-being and the need for greater access to the procedure, and improved medical technology, are emphasized and discussed, and a summary of major U.S. Supreme Court Decisions is included. NAF has also made free consumer education hotline counter cards (4x9) available that describe their *toll-free Abortion Information Hotline Service (800/772-9100).* They are specifically designed for placement in public information display areas and for easy access by those in need, and are designed so that women and men can get accurate confidential information on abortion, and referrals to safe supportive health care providers. NAF believes this is "an excellent way to provide information when discussion of this option may require discretion." *Publications Department, National Abortion Federation, 1436 U Street NW, Suite 103, Washington, DC 20009, 202/667-5881, fax 202/667-5890. Price: $2 per booklet.*

FACTS ON REPRODUCTIVE RIGHTS: A RESOURCE MANUAL (December 1989, 120 pp., 8½x11 *manual).* Prepared by NOW Legal Defense and Education Fund, this manual is "designed to provide concise, up-to-date information and analysis on the most important issues concerning reproductive freedom today." It features discussions on a broad range of current topics — including current U.S. Supreme Court abortion cases, public funding for abortion, parental consent and notification laws, fetal viability, the effect of contraceptive failure on abortion rates, costs of bearing and raising a child, rape and incest exceptions to abortion bans, men's attempts to block wives' or lovers' abortions by court order, Operation Rescue and other antichoice intimidation tactics, fake abortion clinics, prosecution of women for using drugs or alcohol during pregnancy, the impact of AIDS on women's health and medical care, court-imposed medical treatment of pregnant women, and the impact of new reproductive technologies on women's rights. Background on legal, medical, and public policy considerations and statistics are arranged for easy reference. Contains 16 different fact sheets with references, a summary of the contents, and an introduction to law and legal language, designed to provide the information needed to understand and discuss these issues and offer support for arguments. *Reproductive Rights Resource*

(Continued on Page 17)

EMPOWERING TEENAGERS

The Use of Theater In HIV/AIDS Education

New York Program Models

Carolyn Patierno

SIECUS AIDS Associate

In times of greatest crisis, the human spirit is often resilient and untiring in its search for solutions to problems that at first appear to be insurmountable. So it has been with the HIV/AIDS crisis. The issues that have been raised because of HIV/AIDS have been far-reaching and difficult to deal with — the health care system and its policies, medical research and its ethics, sexuality and its complications, drug abuse and its treatment, discrimination and its ramifications, the blood supply and its safety, and education and its implementation.

The Need for Education

However, one of the most difficult problems is to convince the general public of the need for education — everyone's need for education. Going hand-in-hand is the need for the general public to understand that the AIDS crisis will affect and, in fact, is affecting all of us — either indirectly or directly through personal experience with the disease. Among the many ways in which all of us are indirectly affected are through the escalating health care costs, shifting policies in the testing of investigational new drugs, new discrimination and confidentiality laws, and the transformation of health insurance procedures.

HIV/AIDS education confronts a major obstacle when people deny that they are indeed affected by the problems created by HIV/AIDS. By nature, people tend to hold fast to a sense of invulnerability and the belief that "bad things" happen to other people. However, as we move along in life and have our own experiences — which may be difficult and even tragic — we begin to realize that we are those "other people." This realization, however, comes only with age and experience. And so, the group most entrenched in denial are young and less experienced teenagers.

Young people have sense of invincibility — a sense of invincibility that is sometimes dangerous. As AIDS is not yet curable, it is important for youth to grasp that even they are not immune from potential infection. In fact, 21% of the total AIDS cases in the United States are in the 20 to 29 year old age group. With a latency period of more than 11 years in which an HIV-positive individual can progress to an AIDS diagnosis, it is now assumed that many individuals became infected in their teens. This makes it clear how important it is to effectively reach adolescents with information and education.

Obstacles to Education

Nonetheless, however clear it may be, there are impediments that make this undertaking difficult.

The greatest obstacle is denial. Many parents, teachers, and youth-serving professionals believe that HIV infection happens to other people's children, but not to their own. When adults can so easily deny the reality of risk, young people are put in a very precarious position. (It is a sad commentary if a member of one's own family must become infected before one will acknowledge that there is a problem and a need for education.)

Another obstacle encountered in educating young people is that many adolescents do not trust adults as sources of information. To a much greater extent, however, trust does exist among peers. Therefore, wherever and whenever possible, teens should be considered as potential educators for other teens.

Finally, ongoing, comprehensive, and creative education is imperative. The practices of handing a young person an AIDS pamphlet or teaching an hour-long lesson once a year are not sufficient education. The belief that these do, in fact, constitute "education" is a delusion.

How the Challenge is Being Met

With these and other obstacles to overcome, creative approaches are imperative. The challenge is to find a way to present crucial information on a fear-inspiring topic without scaring young people, while also helping teenagers to understand the weight of the problem in terms of their own lives.

Meeting this challenge is a network of 18 theater groups in New York City who are bringing their message to schools, churches, parks, prisons, children's museums, and agencies throughout the city. This network, called the Adolescent Theatre/Peer Project Committee, was first conceptualized by Cydell Berlin of the Mt. Sinai Adolescent Health Clinic and is an offshoot of the Adolescent

AIDS Network of New York City. Representatives from each of the companies in the network meet informally once a month to share their experiences and knowledge and offer each other support as they work to empower young people in this crisis.

In the spring of 1989, the New York City Department of Health requested proposals for programs to do AIDS education through theater and targeted areas within New York City's five boroughs that most needed such education efforts. The outcome was the development of several theater pieces, from various companies, many of which were developed through improvisation and later scripted. Others have depended solely on improvisation as a performance mode. Several companies within the Adolescent Theatre/Peer Project Committee network have been funded through these grants.

The theater groups are telling young people, through performance and language that the audience is comfortable with and understands, that it is okay to say "no" to sexual involvement. But, they are also telling them that if they are going to have sexual intercourse, protection must be used; that people with AIDS (PWAs) need compassion and understanding; and that, most importantly, anyone who engages in risky behavior is at risk of becoming infected.

Their vignettes are frank and foster trust among the audience and their characters are recognizable: they are people from the neighborhood, family members, and friends. Music and comedy also are used to alleviate potential fear and facilitate discussion, the audiences are not preached at, and the productions are direct and involve audience participation at various levels. Because the actors portray specific characters, young people are able to relay their thoughts to a "third person," so to speak; therefore, no direct confrontation is necessary in order to obtain information, which provides a unique kind of protection. The effects of the theater performances are electrifying to witness and inspirational.

Teatro Vida/Life Theatre

Ted Welch, artistic director of Teatro Vida/Life Theatre at the Bronx Council on the Arts, which is working in collaboration with the Bronx AIDS Task Force, is no stranger to the educational use of theater. He is the founder of Family Life Theater, a company that is dedicated to dealing with issues that families face, such as personal growth, sexuality, alcoholism and drugs, and human relationships.

Teatro Vida/Life Theatre, a bilingual company, is comprised of adult actors. Performers attend trainings in several related subject areas in order to obtain the necessary knowledge base, as their presentations must not only engage the audience but must be informationally accurate as well. In addition, this particular company travels with a health educator who fields questions at the conclusion of the presentations.

The actors create stock characters that come to life through improvisation at each performance. During the process, Welch acts as a facilitator, stopping the action whenever an audience member has a suggestion or a comment. The actors then incorporate any new information into the scene, which makes audience input an integral part of the story development. This type of performing requires a tremendous amount of flexibility, ingenuity, and concentration. Inventiveness is imperative, not only in creating fresh material at each of the performances, but also, in some cases, in attracting an audience.

As this company frequently performs in parks, gathering an audience occasionally entails a "Pied Piper" approach. With their first performance, company members entered a park in the South Bronx, where a group of young people were playing softball and were in need of a few extra players. The theater company struck a deal to play three innings of softball if the young people would then watch a performance. All agreed, three innings of softball were played, a successful performance experience was had by all, and then everyone played one last inning. The actors lost the game, but met the challenge of AIDS education.

Sinai Teen Arts Resources

Also meeting the challenge to communicate information effectively about HIV/AIDS are young performers who are educating their peers through their work.

One such company is the *Sinai Teen Arts Resources (STAR)* which is directed by Cydell Berlin. The company members range in age from 14 to 24 and have been working together since the spring of 1989. The vignettes they have developed have come out of improvisation and are now set pieces. A wide variety of situations are presented. For example, two sisters, whose father has AIDS, try to deal with his illness and drug addiction. Complicating the situation is the fact that their mother has recently died of the disease. Moreover, they have chosen to deal with the crisis in opposing ways, which creates great tension between them. The audience is able to witness how confronting the problem is the first step in resolving it.

In another scene, a couple contemplates having sexual intercourse for the first time: the young man does not want to use a condom, but his girlfriend is insistent. Frustrated, he finally tells her that if she wants to use a condom then she must go out and purchase them herself and is surprised when she is agrees to do so.

We also meet a young woman who has found out that she is HIV-positive and shares the crushing effect it has had on her "too-young" life. The rest of the cast rallies around her, singing a song entitled, "You're Not Alone." In an ideal world, she would not be, but unfortunately, ours is not ideal. The reality is that HIV-positive people and PWAs too often suffer the backlash of discrimination and disdain as a result of their status. Nonetheless, through music and performance, the audience is better able to empathize with this young woman and support is encouraged from those who are well for those who are not.

At the conclusion of the performance, the audience is given the opportunity to ask questions. The young cast remains in character and responds to their peers' comments and questions. Ken Hornbeck, the artistic director, facilitates these discussions.

This is peer education at its best. Young people are helping those young people their own age who are most in need of their perspectives and everyone is winning.

Loisaida, Inc.

Thea Martinez, through Loisaida, Inc., a youth service agency serving the Lower East Side of Manhattan, coordinates an AIDS education and theater project. Unlike the company members of STAR and Teatro Vida/Life Theatre who are actually performers and have auditioned for these companies, Loisaida has a youth employment service through which young people are recruited to perform as a job assignment. These teenagers, therefore, not only have to acquire the same HIV and AIDS knowledge base as the performers of the previously discussed companies, but they must become comfortable and proficient in performing as well. To help them along, Martinez sought the assistance of professionals in the theater community — one of whom was Ted Welch. Additional professionals from various companies throughout the city have also worked with the young performers on voice, movement, and improvisation. This type of cooperation and generosity is another key element in the success of the program. Like Teatro Vida/Life Theatre and STAR, the scenes are scripted from improvisations, which often are based on autobiographical and/or others' experiences.

Through their work, the performers have expanded their knowledge base in regard to sexuality, self-esteem, and crucial health issues, they have been exposed to the kindness and creativity of the theater community, and, most important, as a result of such exposure they are now more skillful in sharing accurate information with their peers.

Conclusion

In and of itself, AIDS education through theater is not an effort intended to effect behavior modification; no one education endeavor is capable of such results. But, it is an effort to empower young audiences in the belief that they have options and the right to information. It also offers an opportunity for sharing and discussion.

If effective education in areas such as sexuality, HIV/AIDS, and drug use are provided, young people will have more of the knowledge that is needed to make healthy personal decisions. If, as adults, we resist the deceptive safety of denying that our young people are at-risk, perhaps they, too, will be more apt to acknowledge the problem. And, if we continue to seek and develop creative solutions for this devastating crisis, perhaps it will begin to seem surmountable. Theater can be an effective step toward acknowledging that it is just that.

More information on AIDS education and theater may be obtained by contacting Ted Welch at the Bronx Council on the Arts, 1738 Hone Avenue, Bronx, NY 10461, 212/931-9500.

SIECUS Recommended Resources

Continued From Page 14

Manual, NOW Legal Defense and Education Fund, 99 Hudson Street, 12th Floor, New York, NY 10013, 212/925-6635. Price: $14.95, plus $2 p/h per manual. Checks should be made payable to NOW Legal Defense and Education Fund.

PROCHOICE ACTION KIT (8½x11). This kit, prepared by Zero Population Growth, contains a historical overview of abortion in America; explains how the Supreme Court can affect reproductive rights; offers prochoice action information (what to do and how), resources, tells where to go for further information, and includes sample letters. *Zero Population Growth, 1400 16th Street NW, Washington, DC 20036, 202/332-2200. Price: $5.*

Family Planning

CHANGES: YOU & YOUR BODY (4th revision 1988, 5½x8⅜ booklet) prepared by CHOICE, (a member agency of Women's Way) edited by Muriel Keyes and Beth Wilkinson, and printed with funding from the Family Planning Council of Southeastern Pennsylvania. "Each year more than one million teenagers get pregnant. Many more teens risk pregnancy because they don't know how pregnancy happens, how birth control works, or because they have the wrong information. Sometimes it is hard to talk about sex. Wrong information is passed around a lot. This book makes some facts about sex and pregnancy clear." It also answers questions. Sections of the book include: Your Body; Your Health; Sexual Issues; Birth Control; Pregnancy; Sexually Transmitted Diseases; AIDS; and What To Do If. Also included are a glossary and the CHOICE Hotline number 215/592-0550, where questions are answered concerning the topics covered by the booklet. "We won't judge you or tell you what to do. Your call is private. We won't ask your name or tell anyone you called. And our help is free." The booklet does a nice job. It is direct and honest and provides good, clear explanations. It is also heterosexist; the only advice for gay and lesbian teens is that one experience does not mean one is homosexual. What about teens who are? *CHOICE, 125 S. 9th Street, Suite 603, Philadelphia, PA 19107, Hotline: 215/592-0550, to order: 215/592-7644. Price: $3, plus 25% p/h.*

A STITCH IN TIME: HELPING YOUNG MOTHERS COMPLETE HIGH SCHOOL (1989, 70 pp. 6x9 *paperback book*) is a product of many months of research by Elizabeth McGee, an expert in the area of teenage pregnancy, under the auspices of the Academy for Educational Development's Support Center for Educational Equity for Young Mothers. Through surveys conducted by the Center, the book reviews the current situation of pregnant and parenting students and how schools are responding to them. "A larger proportion of today's adolescent mothers are younger than was the case in previous decades, and in comparison to those in other Western industrialized countries, many American teenage mothers are extremely young" and "increasingly, they are single." Integrating recent research on strategies to assist this population, it provides recommendations on how educators, youth-service providers, and community activists can work together to reduce institutional barriers to school completion by pregnant and parenting students. *Academy for Educational Development, 100 Fifth Avenue, New York, NY 10011, 212/243-1110.*

(Continued on Page 23)

CURRENT BOOKS ON SEXUALITY

A SIECUS Annotated Bibliography for the General Public

The reading public is continually encountering books on all aspects of human sexuality. The SIECUS staff peruse as many of these as possible and from time to time select for comment in annotated bibliographies books that cover a wide range of subjects and are deemed most informative, from medical reference to marital and sexual enrichment.

This annotated bibliography is by no means a complete guide to books on sexuality, but it may help the general reader, who is faced with a bewildering array of publications, select resources that can answer his or her particular needs and concerns. All listed resources are not appropriate for all readers. Annotations are provided to help readers decide whether the resource will be useful. No publication, nevertheless, is a substitute for medical and psychological care and advice.

If the listed resources are not available in your local bookstore, the bookstore may be able to order them for you. If they are unable to do this, contact the publisher directly. The publisher's address and phone number is provided after each listing.

Please note that SIECUS does not sell or distribute any of the listed publications other than SIECUS publications. However, most of the materials listed are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased from SIECUS' publications department at the following costs: 1-4 copies/$2.50 each; 5-49 copies/$2 each; 50+ copies/$1.50 each; plus 15% postage and handling (p/h). SIECUS is located at 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/673-3850.

This bibliography, which replaces *Human Sexuality: A Bibliography for Everyone,* was prepared by SIECUS Librarian Daniel M. Donohue and Library Assistants Arno Karlen and Yvette Adams.

GENERAL

CONTRARY TO LOVE: HELPING THE SEXUAL ADDICT
Patrick Carnes

This book provides a framework for understanding and treating addictive sexual behavior, introduces a family-oriented process of overcoming sexual addiction, and describes the process by which the addict is treated. Carnes also addresses the controversies which surround the concept of "sexual addiction," which is not universally accepted by health professionals in the field of sexuality. 1989, 280 pp., $9.95.

CompCare Publishers, 2415 Annapolis Lane, Minneapolis, MN 55441; 800/328-3330.

DR. MICHAEL CARRERA'S SEXUAL HEALTH FOR MEN: YOUR A TO Z GUIDE

DR. MICHAEL CARRERA'S SEXUAL HEALTH FOR WOMEN: YOUR A TO Z GUIDE
Michael Carrera

These books are designed to provide accurate, understandable information about issues relating to sexual and reproductive health, to offer clear and concise definitions of commonly used terms in sexuality, and to discuss basic health and sexuality issues including sexuality and alcohol and safer sex. 1990, 63 pp., $5.95; 1990, 95 pp., $5.95.

Michael Friedman Publishing Group, 15 W. 26th Street, New York, NY 10010; 212/685-6610.

THE FAMILY BOOK ABOUT SEXUALITY
Mary S. Calderone & Eric Johnson

First published in 1981, this straightforward, comprehensive guide to human sexuality has been expanded and thoroughly updated to incorporate new information on AIDS, adolescent sexuality and pregnancy, homosexuality, and the sexuality of older adults. Contains a reading list arranged by age groups. 1989 revised edition, 288 pp., $18.95.

Harper and Row, 10 E. 53rd Street, New York, NY 10022; 800/242-7737.

45 — AND SINGLE AGAIN
Mildred Hope Witkin & Burton Lebrenbaum

This book provides a wealth of information on sex, love, and relationships that is useful not only to single people over 45 but also to those in long-term marriages. 1985, 204 pp., $15.95.

Dembner Books, 1841 Broadway, New York, NY 10023; 800/223-2584.

HEALTHY SEX AND KEEPING IT THAT WAY
Richard Lumiere & Stephani Cook

A layperson's handbook on genital health and disease, with chapters especially for men, women, and teenagers. 1983, 206 pp., $13.95 hc., $5.95 pb.

Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020; 800/223-2348.

LOVE, SEX, AND AGING
Edward M. Brecher

Reports on the findings of the 1978-79 Consumers Union study of love and sex conducted with more than 4,000 volunteer male and female respondents, ages 50 to 93. Includes both statistics and direct quotations from returned questionnaires. 1984, 441 pp., $19.95 hc., $12.95 pb.

Little, Brown, 34 Beacon Street, Boston, MA 02106; 800/343-9204.

MASTERS AND JOHNSON ON SEX AND HUMAN LOVING
William H. Masters, Virginia E. Johnson & Robert C. Kolodny

This revised and reformatted edition of the college text, *Human Sexuality,* by the same authors, provides information on all aspects of human sexuality. 1986, 598 pp., $24.95 hc., $12.95 pb.

Little, Brown, 34 Beacon Street, Boston, MA 02106; 800/343-9204.

MIDLIFE LOVE LIFE
Robert Butler & Myrna Lewis

This updated volume, which includes most of the information contained in the

author's books, *Love and Sex Over 60* and *Love and Sex Over 40*, focuses on recognizing and treating sexual problems in the mid-years before they become problems in the later years. The book emphasizes the importance of talking about the sexual aspects of physical problems and includes specific questions to ask one's doctor or counselor. 1988, 209 pp., $6.95.

Perennial/Harper and Row, 10 E. 53rd Street, New York, NY 10022; 800/242-7737.

SEX AND THE SINGLE PARENT: HOW YOU CAN HAVE HAPPY AND HEALTHY KIDS — AND AN ACTIVE SOCIAL LIFE
Mary Mattis

This practical, supportive, and thorough guide for parents who are trying to adjust to family life after death, divorce, or separation, provides guidance for the unique problems encountered in raising children alone and discusses how to combine an active social life with a supportive home life. 1986, 316 pp., $16.95.

Henry Holt, 115 W. 18th Street, New York, NY 10011; 800/247-3912.

SEX CARE: THE COMPLETE GUIDE TO SAFE AND HEALTHY SEX
Timothy R. Covington

This comprehensive guidebook for men and women on practicing and maintaining a healthy sex life gives facts and advice on birth control methods, preventing and treating sexually transmitted diseases, how drugs and illness affect sexual functioning, and sexual myths and fallacies. 1987, 402 pp., $8.95.

Pocket Books/Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020; 800/223-2348.

SEX OVER FORTY
E. Douglas Whitehead & Shirley Zussman, Editors

This practical monthly newsletter directed to the sexual concerns of adults covers health and disease of the sexual and reproductive systems, sexual function and dysfunction, effects of illness and medications on sexuality, and relationships in mid- and later life. Annual subscription: $72.

PPA, Inc., PO Box 1600, Chapel Hill, NC 27515; 919/929-2148.

SEXUAL DYSFUNCTION CLINICS
Daniel M. Donohue & Mark O. Bigler

This booklet lists more than 60 programs throughout the United States that treat sexual dysfunctions, paraphilias, gender dysphorias, sexual addictions, and survivors of sexual abuse. 1988, 11 pp., $4 plus 15% p/h.

Publications Department, SIECUS, 32 Washington Place, Suite 52, New York, NY 10003; 212/673-3850.

YOUR COMPLETE GUIDE TO SEXUAL HEALTH
Elizabeth Thompson Ortiz

A basic family reference book on sexuality and reproductive health for people of all ages, this book addresses the common concerns about reproductive health, including reproduction, birth control, and sexual health problems. Lists additional resources at the end of each section. 1989, 344 pp., $17.95.

Prentice Hall/Simon & Schuster, Route 9W, Englewood Cliffs, NJ 07632; 201/592-2000.

FEMALE SEXUALITY

FOR EACH OTHER: SHARING SEXUAL INTIMACY
Lonnie Barbach

This book offers women a complete program for dealing with the physical and psychological aspects of a relationship that affects sexual satisfaction, and includes more than 50 easy-to-follow exercises that show women how to reduce anger, enhance communication, increase vaginal sensitivity, and break unfulfilling love patterns. 1982, 320 pp., $13.95 hc., $8.95 pb.

Anchor Press/Doubleday, 501 Franklin Avenue, Garden City, NY 11530; 800/323-9872.

FOR YOURSELF: THE FULFILLMENT OF FEMALE SEXUALITY
Lonnie Garfield Barbach

Written primarily for women who have difficulty achieving orgasm, this book discusses sources of confusion about female sexuality, describes female sexual physiology, and suggests specific exercises to do at home. 1976, 240 pp., $4.50.

New American Library, 1633 Broadway, New York, NY 10019; 800/526-0275.

MENOPAUSE, NATURALLY: PREPARING FOR THE SECOND HALF OF LIFE
Sadja Greenwood

This book, grounded in the belief that good nutrition and regular exercise can positively affect the physical and psychological changes that occur during menopause, combines prevention and medical treatment models of health care. 1988 revised edition, 201 pp., $10.

Volcano Press, 330 Ellis Street, San Francisco, CA 94102; 209/296-3445.

MIDLIFE HEALTH: EVERY WOMAN'S GUIDE TO FEELING GOOD
Ada Kahn & Linda Hughey Holt

Addressing many of the health-related concerns of women at midlife, this book offers a combination of self-help and medical information and assistance in deciding when medical attention would be beneficial. Includes a short discussion of the sexual problems of midlife males and an excellent resource guide for further information. 1987, 266 pp., $18.95.

Facts on File Publications, 460 Park Avenue South, New York, NY 10016; 800/322-8755.

THE NEW OUR BODIES, OURSELVES: A BOOK BY AND FOR WOMEN
Boston Women's Health Book Collective

Written to help women better understand themselves and their bodies, this book covers sexuality, contraception, relationships, health care, sexual physiology, and reproduction. 1984 revised edition, 647 pp., $16.95.

Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020; 800/223-2348.

SAFE ENCOUNTERS: HOW WOMEN CAN SAY YES TO PLEASURE AND NO TO UNSAFE SEX
Beverly Whipple & Gina Ogden

This nonthreatening book, designed to make women feel more comfortable and aware in dealing with sexual issues in light of the HIV/AIDS epidemic, explains that safer sex does not have to be unappealing or forbidding. 1989, 222 pp., $16.95.

McGraw-Hill Book Company, 11 W. 19th Street, New York, NY 10011; 212/512-2000.

SAPPHISTRY: THE BOOK OF LESBIAN SEXUALITY
Pat Califia

For anyone interested in learning about women's sexuality, this primer on lesbian sexuality discusses communication skills, self-loving, and sexual techniques, demystifies current lesbian myths, and includes information about lesbians and AIDS. 1988 third edition, 186 pp., $8.95.

Naiad Press, PO Box 1054, Tallahassee, FL 32302; 904/539-9322.

SEXUAL EXERCISES FOR WOMEN
A. Harris

These exercises for women are designed to tone and strengthen the body and enhance mental well-being. The introduction offers information on the basics of anatomy and hormones, and on becoming more aware of one's body, and the appendices offer information on dealing with diet, weight, and body types. Does not focus exclusively on sexual pleasure. 1988, 145 pp., $8.95.

Carroll & Graf Publishers, 260 Fifth Avenue, New York, NY 10001; 212/924-3344.

SEXUALITY
Letha Dawson Scanzoni
This book, one of the 12 included in the Judeo-Christian series, *Choices: Guides for Today's Woman,* discusses sexual theology, anxieties, the search for intimacy, ways of expressing sexuality, and sexuality over the lifespan. 1984, 120 pp., $6.95.
Westminster, 925 Chestnut Street, Philadelphia, PA 19107; 800/523-1631.

MALE SEXUALITY

BIOPOTENCY: A GUIDE TO SEXUAL SUCCESS
Richard E. Berger & Deborah Berger
This readable book on sexual potency provides good, concise descriptions of the male sexual response cycle and of the facts and myths of potency, while it also explains the physical and psychological factors that contribute to erectile dysfunction. It offers medical and psychological strategies for treating erectile dysfunction and a chapter on how women can help their partners and themselves. Many health professionals will disagree with the authors' claim that 90% of these problems can be reversed by their methods, but the book in general is sound. 1987, 225 pp., $21.95.
Rodale Press, distributed by St. Martin's Press, 175 Fifth Avenue, New York, NY 10010; 800/221-7945.

HOW TO OVERCOME PREMATURE EJACULATION
Helen Singer Kaplan
This book, written by a sex therapist, describes typical male sexual responses, the causes of premature ejaculation, and the problems which premature ejaculators and their partners may encounter. The "Stop/Start" method of treatment can be used by men with or without partners. 1989, 118 pp., $11.95.
Brunner/Mazel Publishers, 19 Union Square, New York, NY 10003; 800/365-3453.

MAKING LOVE AGAIN: RENEWING INTIMACY AND HELPING YOUR MAN OVERCOME IMPOTENCY
Terry Mason & Valerie Greene Norman
This book, for women whose partners are experiencing erectile dysfunction, describes the feelings of both men and women who must cope with the problem and discusses how women can help their partners confront the difficulty and work toward a solution. The book is primarily aimed at enabling partners to relate to each other with increased intimacy. 1988, 196 pp., $16.95.
Contemporary Books, Inc., 180 North Michigan Avenue, Chicago, IL 60601; 800/621-1918.

THE MALE COUPLE: HOW RELATIONSHIPS DEVELOP
David P. McWhirter & Andrew M. Mattison
Based on a study of 156 male couples involved in relationships of one to 37 years, this book presents a series of six ages and stages of pair-bonding. Also valuable for those interested in heterosexual relationships. 1985, 341 pp., $9.95.
Prentice-Hall/Simon & Schuster, Englewood Cliffs, NJ 07632; 800/634-2863.

MALE SEXUALITY
Bernie Zilbergeld & John Ullman
This book has been written for the man who wants to get more in touch with his sexuality or for the woman who wants to better understand male sexuality. 1978, 334 pp., $14.95 hc., $4.95 pb.
Hardcover: Little, Brown, 34 Beacon Street, Boston, MA 02106; 800/343-9204. Paperback: Bantam, 666 Fifth Avenue, New York, NY 10019; 800/223-6834.

SEXUAL SOLUTIONS: AN INFORMATIVE GUIDE
Michael Castleman
A newly updated, practical guide to problem-free lovemaking that covers a range of concerns: erection and ejaculation difficulties, communication, birth control, sexual health care, and sex therapy. 1989, 301 pp., $10.95.
Touchstone/Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020; 800/223-2348.

STRATEGIES FOR SURVIVAL: A GAY MEN'S HEALTH MANUAL FOR THE AGE OF AIDS
Delaney Goldblum & Peter Goldblum
This book, written by gay men for gay men, presents a step-by-step approach to overall health maintenance using a workbook format to help one assess one's health status, to look at ways of evaluating one's risk of HIV infection, and to change behaviors that conflict with sustaining good health. 1987, 320 pp., $10.95.
St. Martin's Press, 175 Fifth Avenue, New York, NY 10010; 800/221-7945.

PREVENTING PREGNANCIES AND SEXUALLY TRANSMITTED DISEASES

AIDS: LOOKING FORWARD/LOOKING BACK. A SIECUS ANNOTATED BIBLIOGRAPHY OF AIDS-RELATED RESOURCES FOR THE GENERAL PUBLIC
Carolyn Patierno
This annotated bibliography of more than 25 books, pamphlets, and audiovisuals provides a critical selection of important resources for the general public. Prices and ordering information are given for each citation. 1989, 3 pp., one copy free with a stamped, self-addressed, business-size envelope.
SIECUS, 32 Washington Place, Suite 52, New York, NY 10003; 212/673-3850.

THE CONDOM BOOK: THE ESSENTIAL GUIDE FOR MEN AND WOMEN
Jane Everett & Walter Glanze
This book offers a comprehensive question-and-answer section on STDs, sexuality, and the correct use of condoms. It includes a buyer's guide that lists the condoms by product name with descriptions and information on each, including how they are packaged and the personal opinions of those who have used them. 1987, 139 pp., $3.95.
Signet, 1633 Broadway, New York, NY 10019; 212/397-8000.

CONTRACEPTION: A GUIDE TO BIRTH CONTROL METHODS
Vern L. Bullough & Bonnie Bullough
This up-to-date, comprehensive sourcebook, which begins with an overview of reproductive physiology and the history of birth control, offers clear and detailed information on the many birth control options available today and those that may be available in the future. Birth control methods are analyzed in terms of their success rate, safety, advantages and disadvantages, and medical consequences. 1990, 175 pp., $13.95.
Prometheus Books, 700 East Amherst Street, Buffalo, NY 14215; 800/421-0351, 716/837-2475.

MANUAL OF SAFE SEX
Donald Kilby
After a a short discussion of sexual anatomy and physiology, this book covers the basics of contraception and sexually transmitted diseases (STDs). Includes drawings and photographs of various birth control methods and STDs, a glossary, and suggested readings at the end of each chapter. The tone is stiff and technical, but the content is informative. 1986, 213 pp., $14.95.
C.V. Mosby Company, 11830 Westline Industrial Drive, St. Louis, MO 63146; 800/633-6699.

UNDERSTANDING AND PREVENTING AIDS — A BOOK FOR EVERYONE
Chris Jennings
Written clearly and concisely, this book "for everyone" deals with a wide range of topics. Tables are used effectively throughout and the detailed chapter summaries are helpful. 1988, 230 pp., $24.95.

Health Alert Press, PO Box 2060, Cambridge, MA 02238; 617/497-4419.

ENRICHING SEXUAL RELATIONSHIPS

A LIFELONG LOVE AFFAIR: KEEPING SEXUAL DESIRE ALIVE IN YOUR RELATIONSHIP
Joseph Nowinski

Based on the notion that intimacy is the key to lifelong relationships, this book examines why bonds between partners sometimes break down. Its main point is that in a successful relationship both partners are on an equal footing with one another. Tells how to enhance self-esteem, body image, and trust between partners in order to maintain or rekindle intimacy. 1988, 244 pp., $7.95.

W.W. Norton & Company, 500 Fifth Avenue, New York, NY 10110; 800/221-7945.

THE ART OF SENSUAL LOVING: A NEW APPROACH TO SEXUAL RELATIONSHIPS
Andrew Stanway

This illustrated book, designed to show younger and older couples and those seeking to practice safer sex the pleasures of the "nonintercourse" aspects of sexuality, explains how to enhance lovemaking and encourages leisurely and sensual ways of attaining intimacy. 1989, 159 pp., $15.95.

Carroll & Graf Publishers, 260 Fifth Avenue, New York, NY 10001; 212/924-3344.

EROTIC MASSAGE: THE TOUCH OF LOVE: AN ILLUSTRATED, STEP-BY-STEP MANUAL FOR COUPLES
Kenneth Ray Stubbs

This finely illustrated book on the techniques of massage lists all the necessary ingredients for massage, the basic rules of massage, and safer sex guidelines. Features step-by-step illustrations of massage strokes for specific areas of the body, including the genitals. A two-part video is also offered to help the user visualize the techniques described in the book. Part 1 consists of the standard techniques; Part 2 deals with erotic massage. Book: 1989, 112 pp., $16.95. Video: Part 1, 1989, 30 min., $29.95; Part 2, 1989, 30 min., $49.95; both videos, $65.

Secret Garden, PO Box 67-SB, Larkspur, CA 94939-0067; 415/540-5454.

FEMALE SEXUAL AWARENESS: ACHIEVING SEXUAL FULFILLMENT

MALE SEXUAL AWARENESS: ACHIEVING SEXUAL FULFILLMENT

SEXUAL AWARENESS: ENHANCING SEXUAL PLEASURE
Barry McCarthy & Emily McCarthy

These three books are designed to help people enhance their sexual communication, feelings, and functioning. Each includes a series of exercises that encourage partner communication. 1989, 311 pp., $9.95; 1988, 294 pp., $9.95; 1984, 243 pp., $9.95.

Carroll & Graf Publishers, 260 Fifth Avenue, New York, NY 10001; 212/924-3344.

HOW TO PUT THE LOVE BACK INTO MAKING LOVE
Dagmar O'Connor

This book is a guide for people to keep love and intimacy flourishing within a sexual relationship. In the first part of the book the author examines the problems and myths that keep people from being truly intimate. Part two is a series of sensual exercizes that help people feel and express love by exploring their sensuality. 1989, 222 pp., $16.95.

Doubleday, 666 Fifth Avenue, New York, NY 10103; 800/323-9872.

THE JOY OF SEX: A CORDON BLEU GUIDE TO LOVEMAKING

MORE JOY: A LOVEMAKING COMPANION TO THE JOY OF SEX
Alex Comfort

These finely illustrated, explicit guides to lovemaking include sections on sexuality and aging, sexuality and disability, and (in *More Joy)* less conventional sexual behaviors. Recently updated to include information about AIDS. 1986 revised edition, 253 pp., $17.95; 1987 revised edition, 234 pp., $17.95.

Crown Publishers, 225 Park Avenue South, New York, NY 10003; 800/733-3000.

MASSAGE AND LOVING
Anne Hooper

This illustrated book on using massage throughout one's life and within one's family describes the positive effects of touch and the use of massage to enhance intimacy between lovers, family members, and friends. Provides massage techniques for specific situations, sexual and nonsexual, and for use as an adjunct to sex therapy. 1988, 117 pp., $12.95.

Henry Holt, 115 W. 18th Street, New York, NY 10011; 800/247-3912.

THE MONOGAMY MYTH: A NEW UNDERSTANDING OF AFFAIRS AND HOW TO SURVIVE THEM
Peggy Vaughan

This book, which helps people understand the social and psychological factors that encourage partners to have affairs, describes the experiences of affairs, the healing processes, and where and how to get help from professional sources, friends, and family. Also offers a program to help couples communicate honestly with one another and encourages people to examine and explore the options available as relationships change. 1989, 208 pp., $18.95.

Newmarket Press, 18 E. 48th Street, New York, NY 10017; 800/638-3030.

ROMANTIC INTERLUDES: A SENSUOUS LOVERS' GUIDE
Kenneth Ray Stubbs

Designed to help people experience all their senses during lovemaking, this guide explicitly teaches how to integrate the sexual, sensual, and intimate aspects of lovemaking through a series of exercises. A *SIECUS Report* reviewer said, "I know of no other book available that is as clear and well written." 1988, 110 pp., $12.95 plus $3 p/h.

Secret Garden, PO Box 67-SB, Larkspur, CA 94939-0067; 415/540-5454.

TERRIFIC SEX IN FEARFUL TIMES
Brooks Peters

This well-thought-out book for educating people on how to eroticize safer sex, partly written as a response to AIDS, describes the components of "terrific sex" and the techniques to help achieve this goal, including the use of condoms and dental dams, masturbation, an understanding of one's body, and exercises. Though written mainly for heterosexuals, it includes techniques that can be used by homosexuals as well. 1988, 205 pp., $14.95.

St. Martin's Press, 175 Fifth Avenue, New York, NY 10010; 800/221-7945.

FOR MORE INFORMATION

Your personal physician or religious advisor can refer you to a therapist, counselor or specialist for sexual counseling and therapy. Most hospitals have medical referrals for specific problems. For referrals to certified counselors and therapists in specific geographic areas contact:

American Association of Sex Educators Counselors and Therapists
435 North Michigan Street, Suite 1717
Chicago, IL 60611-4067
312/644-0828

American Association of Marriage and Family Therapy
1717 K Street NW, Suite 407
Washington, DC 20006
202/429-1825

For a catalog of mail order books that deal with sexuality, contact:

The Sexuality Library
1210 Valencia Street
San Francisco, CA 94110
415/550-7399 (12-6 PST)

SIECUS NEWS...

SIECUS IS MOVING: As of July 1, 1990, SIECUS will be in its new home at 130 West 42nd Street, Suite 2500, New York, NY 10036. Members will be notified when we have our new telephone and fax numbers. We hope you will come visit us in our new home!

A NEW LOOK FOR SIECUS: Through the generosity of new SIECUS Board Member Steve Rabin, president of Ogilvy and Mather Public Affairs, SIECUS will soon debut a new logo in conjunction with our July move and new address.

SIECUS RECEIVES GRANTS: SIECUS continues to receive new and renewed foundation grants. We are grateful to the Compton Foundation, the Hunt Alternatives Fund, the Robert Sterling Clark Foundation, and the Public Welfare Foundation for their grants for FY 1990 activities. In addition, we have been notified that we will again receive funding from the Centers for Disease Control for SIECUS' national AIDS education initiative; through their support, we will be able to continue to develop our AIDS education and information activities.

SIECUS ELECTS NEW BOARD MEMBERS: The Board of Directors has elected five new members to the Board of Directors and has reappointed three members for second-year terms. The new members are James Bowman, Steve Rabin, John Robbins, Dr. William Stayton, and Pamela Wilson. Those returning for second-year terms are Dr. Clive Davis, Dr. Ruth Westheimer, and Dr. William Yarber. A complete list of the 1990 Board of Directors can be found on the opposite page.

SIECUS ANNUAL REPORT AVAILABLE: SIECUS' annual report for 1989 is now available. Please call or write us if you would like to receive a complimentary copy. The report details SIECUS' activities for FY 1989, provides financial information, and discusses our current program plans.

SEX EDUCATION 2000 NOW AVAILABLE: *Sex Education 2000: A Call To Action* was released on March 27, 1990. The report was covered in *Daily News, USA Today, Washington Times,* ABC, NBC, CBS, CNN radio, and wire service stories throughout the country. Copies are $12, or $10.80 with a SIECUS membership discount. Contact the Publications Department.

SIECUS HOLDS 2ND ANNUAL NATIONAL COLLOQUIUM ON SEXUALITY EDUCATION IN THE UNITED STATES: On May 21, SIECUS held its 2nd annual national colloquium on sexuality education in the United States. The colloquium was cosponsored by The Alan Guttmacher Institute; American Association of Sex Educators, Counselors, and Therapists; American Medical Association; American School Health Association; Association for the Advancement of Health Education; Association of Junior Leagues; Girls Clubs of America; Human Sexuality Program, University of Pennsylvania Graduate School of Education; March of Dimes Birth Defects Foundation; National Education Association; National School Health Education Coalition; Society for Adolescent Medicine; Society for Public Health Education; and the Society for the Scientific Study of Sex. Details on the colloquium will be included in the June/July issue of the *SIECUS Report.*

DEAR ABBY HEARTILY RECOMMENDS SIECUS' "HOW TO TALK TO YOUR CHILDREN ABOUT AIDS" BOOKLET: On October 11, 1989 in answer to a reader's questions, Dear Abby wrote "I heartily recommend a booklet titled 'How To Talk To Your Children About AIDS.' It is written in plain, easy-to-understand language and published by SIECUS...And it's free...Please mention it's the booklet Abby recommended." Within two weeks, we were deluged with more than 15,000 requests from "Dear Abby" readers. To date, we have answered more than 22,000 requests for complimentary copies of this pamphlet from this column alone.

SIECUS STAFF TRAVELS: In recent months, SIECUS staff have presented workshops in Atlanta, Georgia; Indianapolis, Indiana; Billings, Montana; State College, Pennsylvania; New York, New York; Sun Valley, Idaho; and Washington, DC. SIECUS Executive Director Debra Haffner presented workshops and speeches at the annual meetings of the American Association of Sex Educators, Counselors, and Therapists; the National Family Planning Reproductive Health Association; Family Health Services of Bellefonte, Pennsylvania; the Eastern Region annual meeting of the Society for the Scientific Study of Sex; and the Young Adult Institute. Ms. Haffner presented the annual Sarrel Lecture (named in honor of past SIECUS Board members Lorna Sarrel and Dr. Phillip Sarrel) on adolescent sexual development at the annual meeting of the Sex Information and Education Council of Connecticut (SIECCONN).

SIECUS AWARDED HIGHEST AWARD BY THE COALITION ON SEXUALITY AND DISABILITY: On June 7, 1990, SIECUS will receive the Pioneer Award from the New York-based Coalition on Sexuality and Disability for its longstanding commitment to the sexual rights of the disabled. The award recognizes outstanding contributions in this area. SIECUS is very grateful to the Coalition for this recognition.

SIECUS STAFF NEWS: SIECUS is pleased to welcome Meredith Hallowell as SIECUS' director of development and Richard Murphy as SIECUS' director of finance. We wish Christine Sperry — SIECUS' financial manager since 1987 — well, as she leaves to pursue a now fulltime singing career.

SIECUS Recommended Resources
Continued from Page 17

Homosexuality

ENCYCLOPEDIA OF HOMOSEXUALITY (1990, two volumes, 1484 pp., 10x7½ *books)* edited by Wayne R. Dynes. "This encyclopedia is the first attempt to bring together, interrelate, summarize, and synthesize this outpouring of controversial and often contradictory writings and to supplant the pseudo-scholarship, negative or positive propaganda, and apologetics that are still appearing. As recently as the 1960s, dearth of research and the widespread Western taboo on public discussion of homosexuality even in the world of academia would have prevented publication of such a work as this....this work is the first to treat homosexuality in all its complexity and variety." The editors have tried to make this encyclopedia accessible to all potential users, from high school students to scholars. In most cases brief bibliographies are provided at the end of the articles. The editors have attempted to survey the entire field of homosexuality through more than 770 interdisciplinary and, as far as possible, cross-cultural articles; "the vast majority of them are either thematic, topical, or biographical." The decision was made, however, to include no biographies of living people, many of whom are discussed in the topical articles. The editors "hope for a second, expanded edition sometime in the future drawing on the assessments of readers and reviewers and also on the ever broader and deeper stream of new scholarship. Their profoundest wish is that future generations of scholars will revise, correct, and enlarge the volumes from decade to decade, so that it may serve as a trusted reference for all who seek enlightenment on the topic of homosexuality." *Garland Publishing, Inc., 136 Madison Avenue, New York, NY 10016, 212/686-7492.*

NEW COUNCIL FORMED

The Boards of Directors of SIECUS, AASECT (the American Association of Sex Educators, Counselors and Therapists) and SSSS (the Society for the Scientific Study of Sex) have approved the following resolution supporting a "Council of Associations for Sexual Science, Health and Education (CASSHE)."

COUNCIL OF ASSOCIATIONS FOR SEXUAL SCIENCE, HEALTH AND EDUCATION

The Boards of Directors of AASECT, SIECUS, and SSSS agree to the following:

1. Establishment of a cooperative council of national professional organizations in the sexuality field.

The initial membership of the Council will be AASECT, SIECUS, and SSSS.

The purposes of the Council are to facilitate cooperation and collaboration among the constituent groups. The recommended objectives are:

a. To develop concurrent strategies to promote sexual health by:
   - responding effectively to public policy issues
   - presenting a united image
   - combining forces in selected program areas

b. To provide expanded benefits to members

c. To establish an ongoing mechanism for communicating among organizations

The three presidents, the three presidents-elect or vice presidents, the three executive directors, and one delegate designated from each organization will be responsible for governance of the Council. The Council will meet twice yearly. The agenda for these meetings are to assess the progress toward cooperation and collaboration of all activities of the organizations, to plan for further joint efforts, and to produce a progress report to the combined memberships. Decisions will be carried by a two-thirds majority vote of those present. The minutes of these meetings are to be distributed to all board members of the three organizations.

2. Annual and Regional Meetings.

An agreement should be reached to hold two major sexuality conferences each year — one annual meeting each for AASECT and SSSS. These annual meetings should not be held in the same greater metropolitan area within one year of each other. No regional/district meetings would be held in that same area (where an annual meeting was scheduled for either group) for 45 days before and after the (inter)national annual meetings.

In general, AASECT regional conferences will be held in the late summer and fall and SSSS regional conferences will be held during the winter through early summer. Any departures from this arrangement should be approved by the Council.

The Council will explore the possibility of planning a combined/joint annual meeting.

SIECUS will be invited to participate in the annual meetings of both groups.

3. Public Policy Issues.

The Council will explore joint advocacy efforts.

4. Publications.

The Journal of Sex Research, the *SIECUS Report,* the *Journal of Sex Education and Therapy,* and other publications will be offered at a reduced rate to the membership of each group.

5. Commission on Accreditation of Human Sexuality Programs.

AASECT and SIECUS will send liaisons from their organizations to sit on the SSSS Commission of Accreditation of Human Sexuality Programs.

6. Each organization will appropriate $250 annually to support the activities of the Council.

March 1990

NEWS...

Gallup Survey Points To Frequent Contraceptive Switching and an Apparent Disregard for STD Protection

"Not only do women's needs change, but the climate in which women must make contraceptive choices has changed drastically over the last several decades," stated Paul Stumpf, MD, program director of obstetrics and gynecology at The Jersey Shore Medical Center, Neptune, New Jersey. "Several issues factor into a woman's contraceptive choice: the availability of new contraceptive methods; the important issue of protection against sexually transmitted diseases (STDs); and conflicting information about the safety of some contraceptive methods. These issues, and others, demonstrate a strong need for more information on birth control." A recent survey, conducted by the Gallup Organization, Inc. for Whitehall Laboratories, indicates that there is a high degree of switching from one birth control method to another by women as they mature. The reasons are that women's contraceptive needs change based on age, health issues, childbearing intentions, and changing priorities regarding effectiveness. Distressing to the experts who reviewed the findings, the survey found that almost all women still disregard protection against sexually transmitted diseases when choosing a contraceptive.

The survey asked 344 women, between the ages of 18 and 49, about their current and past birth control usage and the criteria they typically use when choosing a contraceptive product. It found that most women (67%) used at least two birth control methods during their reproductive years, a significant number (36%) reported at least three methods, and (10%) used five or more methods. "Clearly, these findings point to the need for more information about contraceptives," said Stumpf. "This is especially true given the new evidence that women are trying as many as five or more different methods during their reproductive years."

Further evidence of frequent method switching is the marked difference between percentages of women currently using a method versus those who have never used a method. For example, 82% of women had used the pill at one time in their lives, but current usage is 25%. Although 39% of women had previously relied on a condom, only 16% rely on one now. The figures are 17% previously and 3% currently for both the diaphragm and spermicides, and 16% previously and 1% currently for the IUD.

Much of the method switching happens between the ages of 20 and 30, when many changes related to sexuality (e.g., marriage and childbearing) often occur. As a woman matures, she moves away from the pill to barrier methods of birth control, like the condom, diaphragm, and contraceptive sponge. The reasons women change their contraceptive method may have less to do with their opinion of the method than with the usefulness of the method for their life stage. "Usually, something happens in a woman's life that changes her needs," explains Dr. Paul Stumpf. "It may be a change in her personal relationships — marriage, divorce, the birth of a baby — or concerns, justified or not, associated with her contraceptive."

Health Issues Increase in Importance Over Time

Forty-eight percent of women selected their first method of birth control for its level of effectiveness. The overall majority of women (68%) chose the birth control pill, the contraceptive with the highest effectiveness, as their first method. "The goal of most young women when choosing their first method of birth control is to effectively postpone childbearing. They will seek a highly effective method, but one that poses no risk to future fertility," said Dr. Stumpf.

As women move to their second and third methods of contraception, effectiveness, while still cited as the most important criteria, becomes less of a concern as health issues, such as stroke and weight gain, rise in importance. Only 26% of women cite effectiveness as the reason for choosing their second or third methods.

Use of barrier contraceptives, such as the condom, diaphragm, and contraceptive sponge, is much more common as women move to their second, third, and fourth methods. Sixty percent of women choose a barrier contraceptive as their second method, 60% as their third method, and 50% as their fourth method. Approximately one out of six current users of barrier contraceptives cite health concerns about their prior method as the reason for choosing a barrier method.

"Older women may find that barrier methods of birth control are preferable, especially if they have medical reasons for not wanting to use the pill or the IUD. The pill, for example, is often considered to be contraindicated for women over 35 or women over 30 who smoke." said Dr. Stumpf. "Pregnancy protection becomes less of a priority with older women because they may be less sexually active, less fertile, and more concerned about their health."

Sexually Transmitted Disease Prevention Not a Priority

Although 54% of women, ages 18 to 27, and 28% of women, ages 28 to 49, expressed concern about contracting a sexually transmitted disease, only 4% of women in both age groups actually changed to a contraceptive method that offered greater STD protection. "Obviously, younger single women, who have multiple partners and are at higher risk, are more concerned about STDs," said Elizabeth B. Connell, MD, professor of gynecology and obstetrics at Emory University School of Medicine, Atlanta, Georgia. "However, these percentages are distressing. Not enough women are actually doing something to protect themselves."

Knowledge and Attitudes Related to AIDS of Counselors of Lesbian and Gay Youth Studied

A study of the experiences of school guidance counselors in working with lesbian and gay youth, and their knowledge and attitudes related to AIDS, has been completed. This study, funded by the South Carolina Guidance Counselors Association, the Gay and Lesbian Research Project (GLARP), and the College of Education at the University of South Carolina, is part of a larger study examining the quality of school life for southern gay and lesbian students. One hundred and forty-two South Carolinian counselors, working with grades 5 to 12, participated in this study. The typical respondent was a white, native South Carolinian female in her late thirties, with a master's degree and 10 years of counseling experience with rural adolescents. Less than one in 10 of these counselors reported that students

in their school are knowledgeable about AIDS; one in 100 counselors thought their students were knowledgeable about homosexuality.

The study underscored the need for greater efforts to educate South Carolina students about sexuality. Less than 10% of the counselors surveyed felt that students in their schools were provided with adequate and accurate information about AIDS. At the time of the survey, only one in five counselors believed that their school was providing an adequate sexuality education program; no differences were found among counselors working in rural, urban, or suburban schools.

The vast majority (80%) of counselors felt themselves to be knowledgeable about AIDS; those who expressed the most negative attitudes toward homosexuality were the least knowledgeable about AIDS. Three-fourths of the sample noted a desire to attend a special conference on AIDS for school counselors. Those who had known a gay student, had scored lower on indicators of homophobia, and already considered themselves knowledgeable about AIDS, were found more likely to attend such an event.

These findings, according to the director of the study, Dr. James Sears, suggest that "guidance counselors are, as a whole, a supportive professional population through which AIDS education materials and information could be effectively targeted." He added, "Of course, those counselors who are less knowledgeable about the disease and who have had little exposure to sexual minority students are those who are least likely to seek such information. Organizations that wish to enhance the impact of AIDS education, should target both groups of school guidance counselors." A research report documenting these and other findings may be obtained by contacting GLARP, PO Box 5085, Columbia, SC 29250. These and other data collected in this two-year study will be published by Haworth Press in a book entitled *Growing Up Gay in the South: Race, Gender, and the Quality of School Life*.

Toll-Free Number Added to National Gay and Lesbian Crisisline

The National Gay and Lesbian Crisisline — a six-year-old program of the New York-based Fund for Human Dignity, has added the only toll-free hotline for gay information, referral, and counseling service in the United States: **1-800-SOS-GAYS** or **1-800-767-4297**. It also simultaneously increased its incoming call capacity by 25% with an additional telephone line. The only national hotline for AIDS information and counseling specifically addressing the concerns of the gay community, it is a major referral source for U.S. government hotlines.

The more than 100 male and female volunteers who staff the telephones receive intensive professional training in general phone counseling and crisis intervention and can access for referrals a comprehensive computer database of more than 6,000 resources nationwide, which includes 2,000 entries for AIDS-related services developed especially for the Crisisline. Local referrals are provided for social support and information about AIDS, health care, legal, psychological, and other services.

More than 30,000 callers are directly assisted each year; 12% of the calls come from California, Pennsylvania, and Massachusetts, and a significant number from Ohio, Texas, Florida, North Carolina, and Illinois. Almost one-third of the calls are from people — especially teenagers — who need to discuss their sexual orientation and have been unaware that there is an available source of information and support. "A growing number of callers are not gay," said Julien Maurice, coordinator of the Crisisline. "Gay and lesbian people need to know the facts, and so do their families and friends. The Crisisline is often the only source available to them." Among those calling the Crisisline have been: a mother of a gay man with AIDS, who felt isolated and frustrated by the task of caring for him; a young person from the Midwest, who felt confused about his feelings for his best friend; a gay teenager in Vermont, who, thrown out by her very religious family, was contemplating suicide; an elderly New Yorker, who was recently "widowed" by the loss of her lover of 30 years; a Southern, married, middle-aged businessman, who fell in love with a man; and the straight brother of a gay youth, who committed suicide after forced electroshock therapy. Many young people also call for honest and specific information on AIDS prevention.

Coalition on Sexuality and Disability Adopts Position Paper

The Coalition on Sexuality and Disability, Inc., the national organization of professionals, consumers, and other interested laypersons concerned with promoting the sexual health and adjustment of persons with disabilities, has adopted and authorized an official position paper on "The Sexual Rights of Persons with Developmental Disabilities: Guidelines for Programming with Severely Impaired Persons." The 37-page position paper reviews the myriad philosophical dilemmas, legal issues, parental and family concerns, staffing problems, and clinical questions that have for so long abrogated the sexual rights of individuals within this population.

According to the Coalition, the paper recommends a clinical model for programming that, if implemented as presented, would provide lawyers and the courts with a professionally-recognized training format from which the traditional elements (capacity, informed and voluntary) of the legal principle of "consent" can be redefined, and then applied to regulate abusive and/or criminal conduct in relation to sexual activity toward or between adults with

Dr. Harold I. Lief Recipient of Award

The Human Sexuality Program at the University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School announced the selection of Dr. Harold I. Lief as the fourth annual recipient of the 1990 Richard J. Cross, MD, Award for Distinguished Contribution to Sexuality Education. Dr. Lief is acknowledged for his pioneering efforts in fostering the teaching of human sexuality in medical school education. At a time when it was unpopular to openly discuss sexual matters, Dr. Lief championed the importance of educating physicians about all aspects of human sexual behavior so that they could respond competently and comfortably to patients' sexual concerns. Dr. Lief has conducted seminal work in a variety of sexually related issues, including but not limited to the underpinnings and facilitation of sexual desire, the assessment of sexual knowledge and attitudes, and the impact of gonadal hormones on sexual function. Dr. Lief served on the first SIECUS Board of Directors and was president of SIECUS in 1969. Dr. Richard Cross is presently a member of the SIECUS Board of Directors.

more severe developmental disabilities. The recommended model for programming provides social and rehabilitation agencies and professionals with an approach — based on considerable clinical experience — to training more severely disabled persons in safer, more responsible sexual behavior patterns and to monitoring a more wholesome living environment in group homes and community residences.

To obtain a copy of the paper, send $5 (check or money order made out to C.S.D., Inc.) to: The Coalition on Sexuality and Disability, Inc., 122 E. 23rd Street, Suite 109, New York, NY 10010.

Poll Finds New Yorkers are Solidly Prochoice

The overwhelming majority of New Yorkers are strongly prochoice on the issue of abortion according to an independent public opinion poll commissioned by Planned Parenthood of New York City. Since 1981, the number that favor permitting abortions for "all reasons" has steadily increased.

In addition, New Yorkers solidly support funding for Medicaid abortions for low-income women, increased funding for family planning, and requiring sexuality education in public schools. A majority said they are less likely to vote for antichoice electoral candidates and more likely to vote for candidates seeking to keep abortion legal and to maintain Medicaid funding for abortion. New Yorkers also initially respond favorably to proposals requiring teenagers to notify their parents or obtain their consent before an abortion, but also believe these laws could have devastating consequences. In general, New Yorkers are more strongly supportive of choice than respondents in recent national public opinion polls.

The poll, conducted by Penn and Schoen Associates, Inc. is the first New York statewide opinion poll on abortion to be conducted since 1985 (similar polls were conducted in 1981, 1982, 1984, 1985) and since the U.S. Supreme Court's decision in *Webster v. Reproductive Health Services,* which allowed states to pass legislation restricting abortion. Penn and Schoen Associates surveyed 900 New Yorkers across the state by telephone (28 minute interviews) in December 1989 and say that the probability is 95% that the survey results are within 3.26 percentage points of the results that would be obtained by interviewing the entire state population.

Diana M. Gurieva, president of Planned Parenthood of New York City, said that "New Yorkers may not all feel comfortable with abortion, but they clearly believe that the decision should remain up to the woman, not the government. And they say their views will affect their votes." The poll found that the overwhelming majority of New Yorkers, or 80%, agree that a woman should have the right to decide whether she has an abortion; 92% believe a woman should decide about having an abortion in consultation with her doctor, not with the government; and, even if they personally disagree with a woman's reason for choosing abortion, 82% do not want the government to interfere with their right to decide. A similar question, posed in a national survey (*Los Angeles Times* poll, March 1989), found that 72% of Americans agreed. Responding to the statement, "In the past 20 years women have shown that they can make responsible decision about abortion and the right to decide should be left with them," 74% of New Yorkers agreed.

Asked whether their views on the abortion issue would affect their voting behavior, 59% said they would be less likely to vote for a candidate for office who opposed abortion. Of those, 61% said they would definitely vote against an antiabortion candidate. Fifty-eight percent said they were more likely to vote for a candidate that is seeking to keep abortion legal and to maintain funding for abortions for poor women.

Only 9% of New Yorkers oppose all abortions, while 46% said they favor allowing a woman who decides to have an abortion to have it "in all circumstances"; another 47% favor permitting abortions in "some circumstances." Those favoring "all circumstances" have increased steadily from 35% in 1981, and those favoring "some circumstances" have steadily declined, form 58% in 1981. Those who favor abortions in some circumstances overwhelmingly favor permitting it in the case of rape, incest, and where the life of the mother is endangered. This was true among all New Yorkers, including Republicans, conservatives, and "religious Catholics." (Ninety percent of "religious Catholics" favor permitting abortion when the pregnancy resulted from rape or incest.) Also, 34% of all Catholics and 17% of "religious Catholics" favor permitting abortion in "all circumstances."

Among the 900 people surveyed, 62% said they know someone who has had an abortion. Of those, 71% think the women they know, who chose abortion, made the right decision, and 70% think that the lives of those who chose abortion was helped by the availability of abortion. Asked to respond to the statement, "Allowing abortion is a freedom that has given women some control over the course of their own lives," 84% of New Yorkers agreed. And 85% agreed that legal abortions have prevented thousands of women from death or illness resulting from illegal abortions.

The survey also questioned New Yorkers on two additional issues: Medicaid funding for abortion for low-income women and teenagers' access to abortion. New Yorkers strongly favor Medicaid funding, and that support has increased over time: 70% now favor it as compared with 49% in 1981. Asked to respond to the statement, "It would be unfair to restrict abortions only to women who could afford them," 73% agreed. And 63% disagreed with the statement, "the government should not be involved in paying for anyone's abortion." On the subject of teenagers and abortion, 93% believe a pregnant teenager should talk to her parents before having an abortion. And, by a margin of 55%-40%, New Yorkers said they favor proposals requiring teenagers to obtain parental consent. Another 63% favor parental notification. But upon reflection, many more New Yorkers are strongly opposed to government interference in this decision: 76% say it would be wrong for a teenagers' parents to force her to bear a child; 87% think consent or notification laws would endanger pregnant teenagers whose parents are known to be abusive; 82% say these laws would cause teenagers to go out of state for abortions; 78% say teenagers would turn to dangerous illegal abortions; and 77% say teenagers would be forced to delay having abortions, which would increase their health risks.

New Yorkers expressed wide support for family planning, with a solid 90% agreeing that the best way to reduce abortions is by increasing information about birth control and access to contraceptives. The vast majority of New Yorkers, or 90%, accurately answered that more than half of all teenagers have had sex by the age of 18. And 91% of New Yorkers say teen pregnancy is a serious problem in this state. A strong majority, 90%, favor increased funding for family planning clinics that counsel teenagers and 91% favor requiring sexuality education in the public schools. Eighty-nine percent say teenagers should be able to get birth control, and 76% think it should be free.

"New Yorkers have a long history of experience with safe, legal abortion, and fair funding," said Gurieva. "Their responses are therefore thoughtful, concerned, and fair. They are saying to their legislators, 'If it ain't broke, don't fix it.'"

BOOKS • BOOKS • BOOKS • BOOKS

THE BLACK ADOLESCENT PARENT
Stanley F. Battle, MSW, MPH, PhD, Editor. New York: Haworth Press, 160 pp., $29.95.

The Black Adolescent Parent, published simultaneously in book form and in the journal, *Child and Youth Services* (Vol. 9(1), 1987), is comprised of eight black authors' findings which are based on research studies into various aspects of black adolescents as parents. In this volume, issues specific to this population are viewed from the black professional perspective, rather than left to the perceptions of "white scholars" who, the foreward states, "would like to control the diagnosis and prescription for black adolescent parents and their offspring." The editors and contributors to the book bring to this subject their own special black understanding and insight and then establish constructive and innovative means for blacks to take control of their particular situations. This book was meant to influence and guide those professionals and educators working with this particular population, who could enhance program services to better meet their clients' needs.

Devoted to the particulars of the black experience, this book includes an overview on pregnancy from conception to birth, with an exploration of the family and the partner's influence on contraception, abortion, and adoption decisions. The causes and consequences of pregnancy, race, and class, with implications for practice interventions are the foci of another chapter, which presses the reader to consider the importance of adolescent cognitive and psychological development, and their impact on the decisions and actions of the family and societal environment, especially their deep sense of hopelessness. The solutions to these dilemmas include providing more educational programs that involve the parents and partners of black adolescent parents. There is also a dictate that black communities be empowered to develop life, educational, and job opportunities — a task broadly stated but not so easily implemented.

The constraints of racism, oppression, and poverty on blacks are highlighted throughout the book. The black adolescent mother's lack of appropriate role models and her basic lack of trust make for difficulties in forming a strong and close relationship with her new baby and with helping professionals. Several chapters discuss programs designed for these parents. One survey rates the professional's respect for the client as the number one area of concern for adolescent clients. Moreover, interviews reveal that utilization of services depends on consumers identifying their own needs and actually helping with program planning. A description also is given of a pilot program which capitalizes on the importance of the extended family. And, outreach techniques, including home visits to provide effective services within a family context, are outlined. Nonconventional strategies to engage the black male adolescent parent highlight the importance of not viewing males' fears and anxieties as hostility, and of finding small ways to start providing help to males through legal, job, and school counseling.

The last article in the book deals with the cultural and legal implications of adolescent sexuality and emphasizes how courts are indifferent to black cultural issues when they make decisions for teens, their parents, and their grandparents. Rights of privacy, including the notification of parents regarding abortion and contraception are discussed, and brief summaries of Supreme Court decisions on privacy are offered.

This book is not as enlightening as its black perspective promises it should be. Although its basic tenets are solid, the readings for the most part are dry and are heavy with statistics. Most of the reference sources are outdated (from the 70s) for a 1987 publication. The black viewpoint, which it espouses, does not shed much new light on the various aspects of the issue of the black adolescent parent. As a result, this book may be disappointing to professionals and educators who are seeking a source to rely on as a standard helping guide.

Reviewed by Joan Picower Seltzer, community outreach social worker, Teen Choice, Inwood House, New York.

SEX WORK: WRITINGS BY WOMEN IN THE SEX INDUSTRY
Frederique Delacoste & Priscilla Alexander, Editors. Pittsburgh: Cleis Press, 1987, 360 pp., $24.95 hc., $10.95 pb.

Sex Work, a recent compilation of writings by women in the sex industry is an important work addressing the "oldest profession in the world." The collection, which includes poetry, prose, fiction, and scholarly articles, is divided into three main sections: Part I, In The Life; Part II, Connections; and Part III, United We Stand, Divided We Die. This excellently edited book successfully covers all areas of the topic, confirming some truths yet exposing far more deeply pervading myths. What emerges is a collection of writings that challenges our ideas of who those who work in the industry are and what sex work is, and succeeds in catapulting sex work into the arena of serious feminist consideration. Frederique Delacoste, one of the editors of the book, states in the introduction:

> "Our intent at Cleis Press is to publish books that document women's resistance on issues that have previously been either invisible or distorted by sexist ideology. We look for women editiors and writers who are directly affected by these issues. 'Understanding comes from listening to those who know how it feels,' said a reviewer of one of our books....My intent was to provide space for women to write about their lives. I tended not to trust those who labeled *all* sex workers as victims, but I was open to all points of view as long as they came from working women themselves....We chose articles reflecting a diversity in the work and experience of the working women....*Sex Work* will hopefully be a bridge between sex workers and the rest of the women's movement....For some, it marks the beginning, for others the continuation of a potentially mighty alliance between all women."

The first section entitled "In the Life" gathers writings by all types of sex workers — among them, street prostitutes, women who work in massage parlors, porn stars, nude models, and call girls. These women range from college grads and adolescent runaways to grandmothers and "kept women." The variety of women who "hook" and their outstanding writings throws the covers off notions of "whore" as evil, junkie, downtrodden, and oppressed. What clearly emerges is the image of strong, diverse women who choose to make their living this way. Many view their profession as a medium that expresses their strength and power. Indeed, the first time many women say they felt powerful was the first time they "turned a trick." "The money," many say, "is good" and the work is "better than typing in some office." They pride themselves on their skills and expect to be paid as any other professional would. "I don't sell myself short for anybody, under any circumstance. I know my

value, I know my worth."

Of course, not all contributors to this collection share these sentiments. In a particularly cold and real piece, "She Hated the Rain," Sapphire writes of a prostitute who returns home on a cold and rainy night only to be turned out to the street once more by her pimp/lover. In another, a woman tells repeated stories of police destroying large quantities of recently purchased condoms, telling her to have "happy hunting." The book addresses the dangers that prostitutes face from clients, pimps, the police and society. Sex workers, often raped, beaten, and murdered, generally can expect no assistance or immunity from the police. Nonetheless, the writings are unapologetic. The women, aware of the dangers and risks, talk about the support of other workers and the devices they create to protect themselves, such as fantasy, carefully inspecting clients for STDs, and trusting in their sixth sense.

Sex Work exposes a number of myths. Among them is the myth that all sex workers do the same things. Just as there may be a range of sexual behaviors performed in any sexual relationship, there may be a range of sexual behaviors performed for pay. Not all sex workers, for example, have vaginal intercourse with their clients; many set the terms of what they will do and keep to their strict limits. If a client wants more than a woman has agreed to do, he will either have to pay for it or go elsewhere. Not all sex workers walk the street either. "Street prostitution," the most familiar form of sex work for most people, is actually engaged in by only 10 to 20 percent of sex workers in the United States. This is where one most frequently finds the traditional pimp/sex worker relationship, although 40% of street sex workers work independently. Other categories of sex work include massage parlors, brothels, bar and cafe sex work (more common in Europe and Southeast Asia) and outcall, which includes escort services and "call girls."

The above breakdown and other thought provoking points open Part II of the book — aptly entitled "Connections" — which begins with Priscilla Alexander's article, "Prostitution: A Difficult Issue for Feminists." This section contains a number of important articles that tie together the individual voices heard in Part I — articles such as "Lesbians & Prostitutes: A Historical Sisterhood" and "Prostitutes are Being Scapegoated for Heterosexual AIDS," which are well-researched and strongly written. The latter article makes a number of marked points, but the main thesis is only weakly defended by a sea of often conflicting statistics.

Part of III of the book, "United We Stand, Divided We Die: Sex Workers Organized" is a perfect conclusion to the first two sections. After reading Parts I & II, I found myself sympathizing with the women workers, and outraged at the injustices they face and the myths that surround this field. Part III offers solutions for channeling the energies and anger that a reader, such as myself, might feel. The major sex worker rights collectives each describe their organizations' philosophies, missions and affiliations. COYOTE (Call Off Your Old Tired Ethics) and its parent organizations, NTFP (National Task Force on Prostitution) and ICPR (International Committee for Prostitutes Rights) works from the perspective that women have the right to determine for themselves how to use their bodies. They also hold that most of the problems related to prostitution are rooted in society's stigmas about sex itself and especially sex work. In their article, they offer a step-by-step section on what can be done to help bring the movement toward the decriminalization of prostitution and include the addresses for COYOTE, NTFP affiliates, and a few shelters for sex workers. U.S. PROS (U.S. Prostitute's Collective) and its related organization, the English Collective of Prostitutes, see prostitution primarily as a class issue and feel that poverty forces poor women to work in the sex industry. WHISPER (Women Hurt in Systems of Prostitution Engaged in Revolt) believes that all prostitutes are victims, that no woman ever chooses to work as a prostitute, and that it is a patriarchal institution created to control and abuse women. All three organizations agree on one thing — they want the law against prostitution *per se* repealed. In addition to these organizations, the Dutch groups, the Red Thread and the Pink Thread, contribute articles in which they discuss their work to see that prostitute's working conditions are improved and a bridge is formed between members of the women's movement and sex workers.

This informative section ends with the World Charter & World Whores' Congress statement. This document, drafted at the second World Whores' Congress in 1986 calls for a uniform decriminalization of prostitution, a guarantee of civil liberties, and the creation of a self-governing regulating committee, in addition to the revaluation of sex work in light of feminism, sexual self-determination, and the rights of sex workers under the basic premise of human rights.

An extensive and comprehensive bibliography completes the book, covering a range of subjects from the global history of prostitution (from the ancient to the modern era) and feminist analyses of sex work to sex work in fiction. Surely the contents of *Sex Work* will propel interested readers to delve deeper into this subject.

One might think the book would end there, for it surely is an appropriate place. At that point, it has informed, educated, and inspired the reader and has directed the reader to additional sources of information and inspiration. But it does not end there; it returns to the women, the writers, the incredible voices in Part I of the book, and provides brief biographies on each: where she was born, what she is doing now, how many children she has, and so forth. This simple touch is a reminder to those who have read the book, that after all the theory, statistics, and indignation, these people — these sex workers — are just women, like all women, who are struggling to get by. Some are having a hard time of it and some are "making it," but all of them are proudly speaking out and certainly not for the last time. For an enlightening picture of sex work, I highly recommend the reading of this book.

Reviewed by Elena Deutsch, SIECUS executive assistant.

Conference and Seminar Calendar

NEW YORK CITY DEPARTMENT OF HEALTH AIDS TRAINING INSTITUTE'S JUNE 1990 TRAINING SCHEDULE. "AIDS 101: An Introduction to HIV Infection," *June 6, 11, 14;* **"Social Dimensions of AIDS/HIV Infection,"** *June 1;* **"A Comprehensive Overview of AIDS/HIV Infection,"** *June 4-8;* **"Opportunistic Infections and Current Treatments: An Overview,"** *June 12;* **"Effective Strategies for HIV/AIDS Prevention in the Latino Community,"** *June 13;* **"Training of Trainers,"** *June 18-22;* **"Negotiating Safer Sex,"** *June 18-19;* **"The Haitian Community's Response to AIDS,"** *June 20;* **"Adolescents and AIDS/HIV Infection,"** *June 21-22;* **"Women and AIDS/HIV Infection,"** *June 25-26;* **"Understanding Chemical Dependency; Gaining Access and Providing Outreach to Drug Users,"** *June 27.* Sponsored by the New York City Department of Health, Division of AIDS Program Services, "to help participants become more effective in promoting risk reduction among clients at risk for HIV infection, and to dispel myths about AIDS and HIV infection by providing current information and a forum for discussion of issues." Prerequisites required for some courses. To be held at 346 Broadway, Room 702, New York, New York. Contact: Registrar, AIDS Training Institute, Department of Health, 125 Worth Street, Box A/1, New York, NY 10013, 212/566-7105.

ETR ASSOCIATES' 7TH ANNUAL FAMILY LIFE EDUCATION INSTITUTE, "Adolescent Life Skills In The 1990s: Training From Experts For A Positive Approach," *June 11-15* (Atlanta, Georgia); *June 25-29* (Dallas, Texas); *July 9-13* (Washington, DC); *July 23-27* (Chicago, Illinois); *August 6-10* (San Diego, California); *August 20-24* (Boston, Massachusetts). Educators will present a series of professional development trainings designed for teachers, community educators and all social service and youth-serving professionals, to "achieve a breakthrough with strategies from experts that can make a difference in the lives of teens." Among the sessions are: Peer Pressure Reversal: Saying No and Saving Face, Positive Images: Educating Teens for Sexual Health, and Teen Stress & Esteem: Techniques to Empower Young People. Contact: ETR Associates, Training Department, PO Box 1830, Santa Cruz, CA 95071-1830, 800/321-4407.

JOHNS HOPKINS' EIGHTH ANNUAL GRADUATE SUMMER PROGRAM IN EPIDEMIOLOGY, *June 18-July 6, 1990.* Sponsored by the Department of Epidemiology of The Johns Hopkins University School of Hygiene and Public Health. In order to develop an understanding of basic and advanced principles of epidemiologic research, courses will present epidemiologic methods and their application to the natural history and etiology of disease. Among the offerings are: Nutritional Epidemiology, Epidemiologic Methods for Evaluating Health Services, Cancer Risk and Prevention, and Epidemiology of AIDS. Baltimore, Maryland. Contact: Helen D. Walters, Program Coordinator, Graduate Summer Program in Epidemiology, The Johns Hopkins School of Hygiene and Public Health, 615 North Wolfe Street, Baltimore, MD, 21205, 301/955-7158 or 955-3462.

TREATING SEX RELATED CONCERNS: CURRENT STRATEGIES AND TECHNIQUES, *June 21-23, 1990.* Sponsored by the Division of Continuing Education and the Center for Sexual Health, The Menninger Clinic, and cosponsored by the American Association of Sex Educators, Counselors and Therapists. This conference, designed for experienced sex therapists as well as other clinicians whose practice includes treating individuals, couples, and families for whom sexual concerns are a component of their psychosocial difficulties, will acquaint participants with current theories, strategies, and techniques in the field of sex therapy. Kansas City, Missouri. Contact: Brenda Vink, Conference Coordinator, Division of Continuing Education, The Menninger Clinic, Box 829, Topeka, KS 66601-0829, 800/288-7377, x5991.

LIFECYCLE LEARNING WORKSHOPS. "Reclaiming Lost Childhood: Feelings, Affirmations, and Challenges in Recovery," *June 4* (White Plains, New York), *June 7* (Boston, Massachusetts); **"From Shame to Self-Empowerment: Origins, Healing, and Treatment Issues,"** *June 27* (White Plains, New York), *June 28* (Boston, Massachusetts); **"Sound Mind — Sound Body: Bridging Spirituality, Health and Effectiveness,"** *July 12* (Washington, DC), *July 13* (White Plains, New York). Contact: LifeCycle Learning, 1320 Centre Street, Newton, MA 02159, 617/964-5050.

SUMMER INSTITUTE IN SEX EDUCATION AND SEX THERAPY, *July 16-27, 1990.* Designed for practitioners and graduate students who want to apply knowledge, principles, and techniques of sex education and sex therapy to their work. University of Pennsylvania, Philadelphia, Pennsylvania. Contact: Dr. Kenneth D. George, Summer Institute in Sex Education and Sex Therapy, University of Pennsylvania, Graduate School of Education, 3700 Walnut Street, Philadelphia, PA 19104-6216, 215/898-5195.

AIDS IN ASIA AND THE PACIFIC, *August 5-8, 1990.* Canberra, Australia. Contact: Organising Committee, PO Box 660, Woden, ACT 2606 Australia.

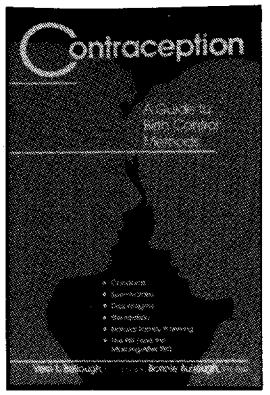
FOURTH INTERNATIONAL CONFERENCE ON AIDS EDUCATION, "Challenges And Choices For The 90s," *August 6-8, 1990.* Sponsored by the International Society for AIDS Education. Will focus on approaches to prevention and control of AIDS. El Juan Hotel, San Juan, Puerto Rico. Contact: Donna L. Richter, International Conference on AIDS Education, University of South Carolina, School of Public Health, Columbia, SC, 29208, 803/777-4845.

AIDS: THE EPIDEMIC, *August 6-10, 1990.* Boston, Massachusetts. Contact: Office of Continuing Education, Dept. B, Harvard School of Public Health, 677 Huntington Avenue, Boston, MA 02115, 617/432-1171.

FOURTH NATIONAL CONFERENCE ON AIDS, *August 8-11, 1990.* Contact: AFAO, GPO Box 229, Canberra, ACT 2601 Australia, 062-47-3411.

INTERNATIONAL PHARMACISTS SYMPOSIUM ON AIDS/STD — INFORMATION AND EDUCATION, *September 1-3, 1990.* Sponsored by Pharmacists Planning Services, Inc., Condom Resource Center, and American Association of Public Health Pharmacy. Istanbul, Turkey. Contact: Frederick Mayer, Pharmacists Planning Services, Inc., PO Box 1336, 200 Gate Five Road, Sausalito, CA 94966, 415/332-4066.

CENTER FOR POPULATION OPTIONS' 10TH ANNIVERSARY CONFERENCE, "Remembering Youth: Building Healthy Options For Our Future," *September 24-26, 1990.* Will focus on issues vital to adolescents such as HIV/AIDS, teenage pregnancy, access to family planning services, and availability of accurate information on reproductive health care for adolescents. Crystal City Hyatt Regency, near Washington, DC. Contact: Lita Curtis or Cathie Sullivan, CPO, 1012 14th Street NW, Suite 1200, Washington, DC 20005, 202/347-5700, fax 202/347-2263.



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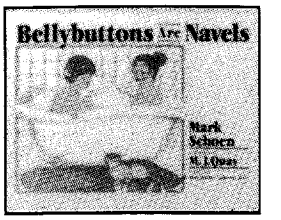

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Bellybuttons Are Navels

by Mark Schoen, Ph.D.

Illustrated by M. J. Quay

Introduction by

Mary Steichen Calderone

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