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REPORT

SEXUALITY EDUCATION AROUND THE WORLD

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// SIECUS
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SIECUS IS PIONEERING A WORLDWIDE SEXUALITY EDUCATION EFFORT

James L. Shortridge, M.A.
SIECUS Director of International Programs

The concept of sexual health is increasingly being recognized as a basic human right, as reflected in the actions of the International Conference on Population and Development (ICPD) in September 1994, and the Beijing Women's Health Conference in September 1995.

The ICPD *Plan of Action* states that "people should have the ability to reproduce and to regulate their fertility safely and to enjoy sexual relationships free of the fear of unwanted pregnancies and sexually transmitted diseases (STDs)." SIECUS believes it is essential to understand sexuality in terms of reproductive health and, at the same time, to promote sexual health—including both the physical and emotional aspects—as a desirable goal by itself.

During the past three years, SIECUS has developed an international initiative to assist agencies worldwide in implementing programs on sexuality education and sexual health. One of its objectives is to explore what others are doing in the hope of preventing duplication, enhancing communication, and developing a direction for future efforts. To date, SIECUS staff have made some interesting observations:

- The spread of HIV/AIDS to every country in the world continues to break the taboo surrounding sexuality; it is now a legitimate topic for governments and researchers as well as service and advocacy groups.
- Sexuality education is aimed almost exclusively at adolescents between the ages of 12 and 18; little education exists for young people below the age of 12, and almost no education exists for adults. Only a small proportion of youths in need are reached with programs.
- Formalized sexuality education programs tend to focus on the biology of sexuality, on preventing disasters, and on controlling sexual activity through fear.
- Sexual identity and sexual behavior are controversial issues in many countries. Discussions on homosexuality, abortion, and masturbation are avoided virtually throughout the world.
- Few sexuality education programs are institutionalized. Most exist in communities rather than in schools.
- Funding for ongoing sexuality education programs is problematic.
- There is a significant lack of trained personnel.
- Very little networking and sharing takes place among organizations.
- Sexuality education and sexual rights are becoming more politicized worldwide. There is a growing fundamentalist movement which opposes sexuality education.
- There is a false concern that sexuality education is not effective or that it causes teens to have sexual intercourse.
- Those countries most open about sexuality are those that experience the lowest teenage pregnancy, birth, and abortion rates. Those governments with ambivalence toward sexuality education tend to have the highest rates.
- There are few countries in the world where sexuality is affirmed as a natural and healthy part of life and where all people have sexual rights.

MANY EFFORTS UNDER WAY

While these observations may represent a generally negative summary of current programs, it is important to realize that in virtually every country, there are pioneering, creative grassroots efforts to help young people and adults learn about their sexuality.

International agencies continue to express increasing interest in and involvement with sexuality education. For example, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the International Planned Parenthood Federation (IPPF), and the United Nations Family Planning Agency (UNFPA) have all begun to incorporate sexuality education into their program services.

Worldwide, working groups of social scientists have begun investigating theoretical paradigms and methodological approaches for sexual behavior research. Regionally, nongovernmental organizations (NGOs) and private voluntary agencies are beginning to conduct training seminars on reproductive health and sexuality issues to stimulate discussion on possible public education efforts.

Individual countries that frankly and openly address teenage sexuality issues have experienced reduced negative consequences of sexual activity. In the Netherlands, for example, adolescent sexuality is accepted by the government, schools, parents, and the media. Sexuality education and family planning services are widely available. Contraceptive

use is high. The overall attitude toward sexual health is very positive. Not surprisingly, unintended pregnancies and STDs are among the lowest in the world.

Ongoing efforts are critical to continued information exchange. SIECUS' international initiative addresses sexuality education in countries around the world through its programs. In the past year, it has provided consultation and information services to more than 300 professionals worldwide, and has hosted over 50 international delegates from Australia, Colombia, France, India, Israel, Japan, Mexico, The Netherlands, Russia, Sri Lanka, South Africa, Sweden, Venezuela, and Vietnam to discuss sexuality education issues, SIECUS' own international efforts, and the possibility of future collaboration.

INTERNATIONAL CLEARINGHOUSE

In addition, SIECUS has developed an international clearinghouse of sexuality information and education resources, and recently completed the initial groundwork for a network on the Internet for sexual health and education professionals (See "On the Internet" on this page.) This network will enable SIECUS to provide professionals from countries outside the United States with the opportunity to exchange information and to share experiences and thoughts on issues related to sexuality education. This enhanced online capacity is an important resource for activities related to the reproductive health of young people—such as developing policy strategies, reducing regulatory barriers, and increasing community support. These efforts will set the stage for long-term institutionalization of high-quality, effective services.

There is also a need to link researchers to practitioners and policy makers; to improve the quality and quantity of sexuality information; to develop the capacity of institutions to create and implement effective education and advocacy programs, and to find ways to make such information relevant in different populations and policy arenas.

SIECUS continues to work with established service agencies in specific countries to enhance, rather than re-create, the quality of sexuality education offered by a wide range of organizations. This is accomplished through the development of country-level policy advisory groups which, in turn, collaborate on the development of comprehensive guidelines for sexuality education and reproductive health programs. Successful collaborative projects are currently underway in Nigeria and Russia. The basis for these projects is the adaptation of SIECUS' *Guidelines for Comprehensive Sexuality Education, Kindergarten—Grade 12*.

Sexuality education is crucial to the development of sensible reproductive health attitudes and services. It is a field in which there is ample opportunity for learning across national boundaries, and in which industrialized countries have much to learn as well as to give.

SIECUS looks forward to the continued development of partnerships between individuals and professional organizations worldwide who are committed to the promotion of sexual health.

Please contact SIECUS if you would like to learn more about specific country projects.

ON THE INTERNET: SEXUALITY INFORMATION AND EDUCATION RESOURCES

SIECUS has developed a web site on the Internet as part of its effort to establish a strong international network on sexuality education issues.

The web site's "Organization Home Page" contains detailed information about SIECUS: program highlights, resource information, Fact Sheets, and Annotated Bibliographies. Scheduled for later this year are new publications, a message board, and an international directory of professional organizations.

SIECUS contact information is:

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VIETNAM FACES MODERN SEXUALITY PROBLEMS WITH INADEQUATE KNOWLEDGE AND SOLUTIONS

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Vietnam is undergoing rapid changes—economically, socially, and culturally—as it opens its doors to the West. With those changes have come not only a flood of new businesses and a tremendous increase in advertising, but also a real desire to imitate the West and Hong Kong: karaoke clubs, discos, expensive restaurants, and high-class prostitution.

With these changes have come possibilities of earlier sexual relations and experimentation with more partners—possibilities which are exceedingly dangerous to Vietnamese citizens without an understanding of, access to, and acceptance of contraceptives. Because Vietnamese authority figures insist on chastity before marriage and faithfulness within marriage, they still see little need to emphasize protection from pregnancy, STDs, and HIV/AIDS.

The situation is strikingly similar to the problem teenagers face in the United States: strong encouragement from media and peers to become sexually involved, mixed with strong injunctions from family and other authority figures to remain chaste until marriage. The negative messages prevent teens from protecting themselves while they bend to pressures to become sexually involved at increasingly early ages, despite the obvious dangers.

Vietnamese teenagers and adults face the same pressures, but with significantly less access to information and services. One single exception is abortion, which is legal and widely available. Still, adolescents often resort to illegal abortions because they want to keep their sexual relations a secret. Even legal abortions are not entirely safe because clinics operate on low budgets and do not maintain basic hygienic standards. These problems come from a lack of information and adequate services in Vietnam:

- arising incidence of teenage pregnancies (with many resulting in abortions) [1]
- an apparent increase in STDs [2]
- heavy reliance on one contraceptive method: the intrauterine device (IUD) [3]
- high abortion rates (sometimes higher than birth rates) [4]
- high reproductive tract infection rates [5]
- a growing rate of HIV-positive individuals even though testing is yet not widespread. [6]

This article focuses on the HIV/AIDS and sexuality education programs in Vietnam offered by both the government and nongovernmental organizations (NGOs). Unfortunately, they provide limited and sometimes false information, which make it extremely difficult for individuals to make responsible, informed choices.

SEXUALITY EDUCATION IN VIETNAM

For years, the Vietnamese government has taken the position that families should have no more than two children, citing both economic and environmental reasons. The government has promoted such responsibility by showing happy, rich families with a maximum of two children and poor, ragged families with several children.

Along these lines, most sexuality education in Vietnam focuses on reproduction from a strictly biological viewpoint. Sessions on family planning start with a discussion of female and male reproductive systems. Little time is given to the study of relationships. What little literature does exist on sexuality issues encourages individuals to make decisions based on narrow definitions of morality and without the facts upon which to make responsible choices. In addition, much of the information is blatantly incorrect:

- A chapter in the book *What Girls Who Are Getting Married Need to Know* discusses the dangers of homosexuality. STDs and their ramifications are never mentioned. [7]
- A companion book titled *What Boys Need to Know* discusses STDs (but not HIV) and says that individuals can get syphilis from sharing drinking glasses and that contraceptives reduce sexual pleasure. [8]
- A training manual for midwives says that girls should not let anything, including their fingers, enter their vagina, and that they should wash their vagina with soap and water twice a day and always after urinating. [9]
- A book for female students (translated from Russian) says they should focus on staying beautiful after marriage and childbirth. [10]
- A marriage manual for young couples (translated from Russian) says that having sex while standing up prevents pregnancy. [11]

Some subjects—such as masturbation and homosexuality—are rarely discussed. When they are, the context is usually

disease: the *disease* of masturbation and the *disease* of homosexuality. Many discussions on other sexuality issues are also negative. Individuals are taught the Confucian belief that it is dangerous to have sexual intercourse too often. There are reports of family planning volunteers refusing to give people more than three condoms at a time for this very reason. The person who asks questions is frowned upon. Families rarely discuss sexuality issues. As a result, teenagers get most of their information from equally uninformed siblings and friends.

A study of 17- and 18-year-olds in the southern resort town of Nha Trang revealed a number of issues relating to sexuality education. They complained about their inability to ask adults for information. They also complained about discussions on HIV/AIDS evolving into discussions on morality. They said this keeps people from getting tested for HIV, leads to prejudice against HIV-positive people, and turns people off to messages about HIV/AIDS and pregnancy. [12]

THE CONTENT OF AIDS INFORMATION

The Vietnamese government has acknowledged the threat of HIV/AIDS and has warned that its citizens must take quick action to avoid the epidemic witnessed in nearby Thailand. They provide messages on prevention of HIV, which warn of the dangers of prostitution, drug use, and unfaithfulness.

On the subject of AIDS, government communication has focused on special events marking World AIDS Day, and the use of billboards, pamphlets, loudspeakers, radio, television, and volunteer educators to reach people with general information throughout the year. Groups working in Vietnam on this issue include the National AIDS Committee, a number of United Nations agencies, and a range of international and local NGOs.

The content and tone of the messages have undergone a gradual transition in recent years. Earlier messages were more likely to incorporate fear: use of skulls and skeletons, photographs of people with AIDS-related skin diseases, and the mention of death. The focus is now shifting to more positive messages emphasizing love, faithfulness, monogamy, and condom use.

Most HIV/AIDS prevention education sticks to the basics: how it is spread; how it is not spread, and how to prevent it. Some material also explains the importance of offering support to those who are infected. Other messages skip education and move to prevention: avoid prostitution and drug use; do not have multiple sex partners; be faithful to your spouse; use condoms.

All too often, however, solid facts are presented alongside incorrect information. A book titled *Women and AIDS* tells wives who have husbands with the "gay disease" to get tested. Yet, it says women will remain uninfected if they are virginal until marriage, faithful after marriage, and have sexual relations only within the marriage. It mentions condoms only once (in the context of the danger of spilling blood during sexual relations). [13] A pamphlet for young people says that condoms are not made to fit young men, so they must wait until marriage to have sexual relations. It dramatizes HIV/AIDS with photos of an emaciated man and child near death. [14]

Studies show that most people in Vietnam are aware of AIDS. In some cases, however, they complain of too much information and wonder if the disease exists. Students in Nha Trang say the government promotes HIV/AIDS prevention education to eliminate "social evils." [15] They also say that nobody uses condoms in "more civilized" countries and that Vietnam only promotes them for population control. They believe that the contraceptive pill and withdrawal prior to ejaculation can protect men and women from HIV infection. They say that sperm can penetrate a woman's body only through the egg and that a man's organ is only "open" during ejaculation. [16]

Confusion and misunderstanding are evident in the conversations of these young people. Doubts and questions seem to arise from a lack of understanding about what they have heard. This is not surprising, since information is usually didactic and rarely explanatory. People are not usually told *why* things are the way they are. In the absence of explanations, they tend to invent their own answers and develop belief systems which put them at risk.

Findings from a report by CARE International demonstrate the mixture of information and misconceptions which exist about HIV/AIDS. [17] Many Vietnamese believe that HIV/AIDS:

- cannot be contracted from a friend;
- cannot be contracted from a spouse;
- is not always fatal;
- is transmitted through touching, kissing, and clothes;
- is a disease of others (foreigners, homosexuals, prostitutes);
- is not contracted when an individual washes after intercourse;
- is contracted from mosquitoes or casual contact, so there is no reason to take precautions in other areas.

Other worrisome findings include women's belief that they cannot ask males to use condoms; the general belief that condoms indicate a lack of trust; and the belief that people will remain safe if they avoid sexual relations with foreigners, and that people can tell if someone is infected by looking at them (either because they have visible ulcers, or because they appear worried). [18]

CONCLUSION

HIV/AIDS prevention and sexuality education is a seriously unmet need for people in Vietnam—particularly young people. It is not enough to tell them the ways a disease is transmitted or to say that a contraceptive method is safe. They need to understand *why.*

Michael Thomas Ford, who wrote the book *100 Questions & Answers about AIDS,* recently said this about HIV/AIDS prevention education in the United States: "...a lot of people want to tell the facts without explaining them. They say that HIV is transmitted through sexual relations without explaining what sexual relations mean or why they can transmit HIV. And if you don't explain the *why,* then the fear remains. The fear only goes away with understanding...." [19]

A worrisome trend is the discussion of sexuality within a negative framework of disease and problems such as STDs, HIV/AIDS, and unwanted pregnancy. The concept of healthy and pleasurable sexuality is often omitted. Experience from the United States and Scandinavia suggests that negative attitudes toward sexuality issues lead to risk-taking behaviors and lack of prevention while positive attitudes lead to protection from pregnancy and disease. The promotion or encouragement of fear toward sexuality can have a dangerous effect on disease rates and pregnancy, as well as negative consequences on psychosocial development, gender relations, and self-image. [20]

In these matters, Vietnam is no different from the rest of the world, and requires the same attention to people's actual needs and interests in HIV/AIDS prevention and sexuality information and education.

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13. Ngoc Toan, *Women and AIDS* (Hanoi, Vietnam, Women's Publishing House, 1993), 44.

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15. Vu Pham Nguyen Thanh and Debra Efroymson, *Discussions on HIV/AIDS with Youth in Nha Trang,* unpublished.

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ARTICLES IN THIS INTERNATIONAL ISSUE

Most of the articles which appear in this issue of the *SIECUS Report* — "Sexuality Education Around the World" — are based on translations from numerous languages. SIECUS staff has worked diligently to maintain the spirit of the articles while also editing them for the *Report's* American readers. We hope you find them informative and enjoyable. ***—Editor***

SWEDEN LOOKS ANEW AT WAYS TO REACH AND TEACH ITS YOUNG PEOPLE ABOUT SEXUALITY

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Sweden was probably the first country in the world to officially introduce sexuality education in public schools. This occurred in 1942. Sweden now has a generation of grandmothers and grandfathers who have had sexuality education at school. Not the best, perhaps, but it was there, and this has helped create a positive atmosphere in Swedish society in relation to sexuality. In fact, there is little or no resistance to giving young people protection from unwanted pregnancies and STDs, including knowledge, access to contraception, professional and confidential counseling, and supportive laws.

But, after all these years, Swedes still feel a need to question and improve upon what they are doing to help young people with their sexuality so that they see it as a positive part of life.

For many years, the Swedish Ministry of Education distributed a thick book containing guidelines for teachers. It contained everything they needed to teach sexuality issues. But, in reality, few teachers read it, and even fewer used it in the classroom.

Why were the guidelines not used? Were they worthless? The answer is no. They were very useful. They pushed sexuality education forward. They gave a clear signal that sexuality education should be built on openness and respect—with both teachers and students ready to discuss sensitive issues.

"Sexuality education should be built on openness and respect."

Instead of guidelines, the Ministry of Education now sends a reference book to all schools. It contains examples of methods and subjects as well as literature and films. It is important to stress, however, that much of the sexuality education in schools today comes from exchanging experiences and learning with others. This concept extends from the classroom to other areas of life.

TRAITS OF A GOOD TEACHER

The best teacher of sexuality education is a person who feels comfortable talking about sexuality and who wants to educate. This person must also command trust and give respect. This could be a teacher, a coach, a clinician, or an administrator. As long as young people have faith in this individual, they will listen, ask questions, discuss issues, and learn.

People in many countries question sexuality education: "Why should we have it?" or "What are its goals?" or "They will learn when they get married." In Sweden, we have another view, and our experiences are positive. Sexuality education has, in fact, proved very effective in creating responsible sexual behavior as evidenced by low and decreasing figures on abortion, teenage pregnancies, and STDs.

Teenagers all over the world start having sexual relations before marriage. They have the right to enjoy their sexuality without feeling shame, guilt, or fear. They also need access to information about preventing unwanted pregnancies and STDs. Studies in Sweden show that young people are generally not promiscuous. They also show that 90 percent of Swedish teens report a positive view of their sexuality, and that only three percent perceive their first experience in a negative light. But there are also young people who experience abuse and harassment, and they may be in any classroom. So we must open ourselves to them, and, as educators, say: "I am a person who dares to talk about these things" or "You can come to me to discuss these issues." Teachers cannot create such a climate if they are dogmatic and moralistic.

It is again important to stress that sexuality education does not take place just in the classroom. In a society that sees sexuality as a positive part of life, Sweden provides many other sources of information: the youth clinic, the newspapers, and, of course, family and friends. In fact, family and friends are the main sources of information for young people in Sweden.

When discovering their sexuality, young people are, at the same time, creating their own identity, free from parents and other close adults. A teenager thinks like this: sexuality is a part of my personality, something which I use to distance myself from the adult world. The effect is that teenagers are often silent when discussions on sexuality take

place with their parents and other adults. They think to themselves that these people should not know about their sexual world, the world where they are individuals in their own right.

The task for sexuality educators is to break through the silence in which teenagers are surrounded. They cannot prevent them from making mistakes, but they can find ways to help them express what they have trouble articulating. If young people are given an "ah-ha" experience ("I know just what you mean.") and recognize themselves through the educator's conversation, they will become more receptive to new information. In their silence, teenagers often feel alone: "I am the only one who masturbates" or "I am the only one who has not slept with anybody" or "Everyone is better than me in getting dates." By articulating these thoughts and feelings, sexuality educators can prevent young people from feeling isolated.

There are two words that are the best guidelines for sexuality education: *normalization* and *individualization.* Adolescents are at a period in their lives where their bodies are changing from day to day. They need to know that their bodies and their experiences are normal. At the same time, they need to hear that they are unique and that they are special.

MEN NEED TO BECOME MORE INVOLVED IN EDUCATION

In Sweden, most visitors to clinics are women. Men rarely come. The Swedish Association for Sex Education started a clinic for young men in 1991 to answer questions about their needs and about issues relating to sexuality.

When asked where they had received information about the clinic, most young men mentioned their female partner, followed by a close friend, and the phone directory. Very few mentioned the Association's brochures or pamphlets. The clinic staff has learned that if it wants to inform young men about such a clinic, it must give the information to young women.

The most common reason why young men come to the clinic is a concern about STDs. Some have reason to worry, but the majority come "for safety's sake." A common reply is that they have met a new partner and want to make certain they are not infected prior to having a relationship. Only a few come with the outspoken aim of asking about sexuality. But after the examination and the tests, many are reluctant to leave. When asked if they have other questions, they talk about personal relationships, what women really want, and the anxiety about not satisfying a partner. They also ask questions like: "I ejaculate after three minutes. Isn't that too early?" or "My penis is five and a half inches when it is erect. Is that normal?"

Questions like these are difficult for boys and young men to discuss in a female-oriented environment. They need answers to which they can relate. To make this happen, men, too, have to take part in the basic work involved with sexuality education and contraceptive counseling.

MISTAKES WE MAKE AS SEXUALITY EDUCATORS

Sexuality educators sometimes make mistakes even with the best intentions. These include:

- *Talking at the Wrong Level.* Talking at the right level means talking about things that are important to young people and that will give them a chance to recognize themselves and to realize that what they feel is okay. Sexuality educators must realize that the subjects teenagers feel are important are not the necessarily the same as those for adults.

  Many teenagers go through several phases before having sexual intercourse: desire; love at a distance; the first kiss; fantasies; masturbation; and petting. Sexuality educators have to realize that in each classroom there are young people with differing levels of sexual experience. Most are still far from sexual intercourse. They are still thinking about the wonderful boys or girls in the upper class or about the latest rock star. Some, however, are close to intercourse and have thoughts about it. It is not unusual for educators to talk about marriage, children, divorce, abortion, and STDs.

  The risk is that some young people are not affected by—and will not identify with—the information that they receive.

- *Placing Things in Too Favorable a Light.* Adults have a tendency to describe things the way they want them to be, not the way they are. For example, a teacher might describe all of the excellent features of a condom without talking about the difficulties in using them and the distaste that many young men have for them. When a male sexuality educator explains to boys what he feels is difficult about using condoms, he is able to personally relate to them, and they will be able to ask questions and talk about their feelings.

- *Focusing on Problems.* In sexuality education, it is easy to define problems. Yet young people very seldom look upon their sexuality as a problem. If they meet adults who start by talking about diseases and unwanted pregnancies, they will probably stop listening. Sexuality educators must help young people gain a perspective on their sexuality. This means taking into account that some individuals in a group may be wondering about their sexual identity. This also means considering the differences between male and female sexuality in terms of interpersonal relationships. Once young people have gained such individual perspectives, they will be ready for information on unwanted pregnancies and STDs.

- *Teaching in the Abstract.* It is always important to be clear and concise. When information is unclear and hard to interpret, young people will often not ask questions and not listen. Educators must use words that are understandable and that are comfortable. Those who try to use the latest teenage jargon will appear phony.

CONCLUSION

Swedish citizens continue to have an ongoing public debate about the content and the methodology of the country's sexuality education programs. Above all, they believe that these programs must build upon an open and positive view of sexuality, and that all discussion must help young people personally identify with the information.

The two key words in sexuality education in Sweden are *normalization* and *individualization*—meaning that teenagers need to know that they are like everyone else while at the same time realizing that they are unique individuals. It is the responsibility of the teachers to help accomplish this.

INTERNATIONAL CALENDAR

Conferences

- **"Sexuality and Gender: A Cultural Process"**
  VII National Conference of Sexology
  May 23-25, 1996
  Medellin, Colombia
  More information: Marta Cecilia Echeverri, Sociedad Colombianade Sexologia, Calle 2, Sur No. 44\6-55, Cons. 420, Medellin, Colombia.
  Phone: 57-4/268-7194. Fax: 57-4/312-2725.

- **"Global Health: Future Risks, Present Needs"**
  23rd Annual Conference, National Council for International Health (NCIH)
  June 9-12, 1996
  Arlington, Virginia, USA
  More information: NCIH Conference Department, 1701 K Street, N.W., Suite 600, Washington, DC 20006-1503.
  Phone: 202/833-5900. Fax: 202/833-0075.

- **"Sexuality in Asia"**
  4th Asian Conference of Sexology
  July 6-10, 1996
  Taipei, Taiwan, Republic of China
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YOUNG PEOPLE IN BOGOTA, COLOMBIA DEVELOP THEIR OWN STRATEGIES TO PREVENT RISKY SEXUAL BEHAVIOR

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The Colombian government implemented policies in 1993 to make sexuality education obligatory in its primary and secondary schools as well as in other Ministry of Health programs that provide care to adolescents.

These new government policies were strongly influenced by nongovernmental organizations (NGOs), which have worked in the area of sexuality education in Colombia for more than two decades, as well as by women's groups, which have long played an important role in the area of sexual and reproductive health.

While impressive, the government's advances do not necessarily translate into broad changes in attitudes and behaviors in Colombia. To the contrary, NGOs working in sexuality education—especially those working with vulnerable young people from marginal areas—continue to face the challenges of sociocultural and geographic diversity.

This article describes how one NGO—the Colombian Human and Social Development Foundation (hereafter referred to as "the Foundation")—worked with young people from a marginal urban area of Bogota to help them develop their own strategies to prevent risky sexual behavior.

The work is based on an approach that looks at adolescence as a stage in the growth process. It is not considered an isolated moment in life but rather a period of change during the search for an adult identity. It is critical that those working with people in this adolescent stage respect the individual's integrity and values.

Approximately 150,000 people (27,000 of whom are adolescents) live in this area of Bogota—many in houses built from refuse and with no public services. Most streets are unpaved. The average family of seven lives in a single room. Fathers work as bricklayers, watchmen, or in other low-level positions. Mothers run businesses from their homes or work as domestics. The monthly family income is 150 U.S. dollars.

"The peer approach allows people to... question, analyze, and understand their sexuality."

LINKS TO EVERYDAY LIFE

The Foundation started its sexuality education project in this part of Bogota in 1988 and decided to try a peer strategy in 1992. Previous work had shown that young people preferred to talk about sexuality issues with each other, allowing for candid discussion without fear of adult criticism or judgment.

The Foundation also learned that the prevention of risky sexual behavior was linked to everyday life where young people make their own decisions and learn to relate to themselves and to others. It distanced itself from packaged campaigns with slogans like "Have sexual relations only in a stable relationship!" or "Always use a condom!" Such slogans, they found, often raise other questions such as "What is a stable relationship?" and "What preventive actions can I take?" Young people must understand *prevention* on their own terms.

The peer approach allows people to work together to question, analyze, and understand their sexuality. It lets them make responsible decisions and take charge of their own lives while, hopefully, learning to live in respectful harmony with other human beings who have different opinions. [1]

STAGE ONE: MAY 1993 TO MAY 1994

At the start, the Foundation organized a facilitator group of 15 volunteers from the local school—10 young women and five young men familiar with the sociocultural makeup of the community, who were able to make a commitment to themselves and to the other youths of the community, and who understood young people's drive for independence.

This group surveyed the area's student and nonstudent juvenile groups to determine where they met and who their leaders were. They then worked to identify and define their values and to relate them to preventing risky sexual behaviors. Under the theme of "Care for Myself and Care for Others," they identified those values as *responsibility, tolerance,* and *self-determination.*

Responsibility referred to thinking, and to considering the outcome, before making a decision. It referred to a value system where an individual considered his or her feelings, thoughts and actions before deciding something—particularly an intimate decision that involved someone else.

Tolerance meant recognizing and accepting differences. It meant thinking of others when making a choice and letting them know you respected their opinions even when you did not agree with them.

Self-determination meant considering personal feelings and thoughts when making decisions. It meant saying "yes" when you wanted to say "yes" and saying "no" when you wanted to say "no." It referred to the ability to make decisions without undue influence from others and with the objective of making the best decision for everyone.

As a result of their work, the young people in the facilitator group became more knowledgeable about sexuality, gender issues, relationships, responsibility, and STD/HIV/AIDS prevention. They attended workshops with a psychologist, a social communications worker, and a social worker.

During this first stage, the young people identified, designed, and tested ways to bring the subject of prevention into their peers' daily lives, including:

- *Suggestion boxes* placed in schools to collect the questions and opinions of the adolescents;
- *Radio programs* broadcast to three schools each week with a brief, upbeat message on prevention;
- *Word murals, posters, flyers, bulletin boards, and pamphlets* to communicate the project's work;
- *Sexuality education workshops* hosted in schools and at outside meetings by the facilitator group with the support of the professionals involved in the project;
- *Community involvement* and support through the communications efforts of young people in the group.

STAGE TWO: JUNE 1994 TO OCTOBER 1995

In stage two, the group was able to implement new strategies by using information from the suggestion boxes. Specifically, students in the sixth and seventh grades wanted to know more about changes involved with puberty and facts about menstruation. Students in the eighth through eleventh grades wanted to know about masculinity as it related to having sexual experiences, virginity as it related to a woman's reputation, and the effect of masturbation on health and appearance.

The other forms of communication helped, too. The radio programs, even though they were broadcast at only a few schools, motivated students to go to the facilitator group meetings. The word murals, posters, flyers, bulletin boards, and pamphlets explained the objectives, strategies and activities of the facilitator group to the community and to those young people not in school.

The facilitator group also gave workshops where they put together a "Play Box" with questions (from the suggestion boxes) grouped by topic and organized into board games. This strategy attracted many out-of-school youth and demonstrated the value of presenting information in the form of a game. The young people reported that they liked learning without having a teacher giving information to which they did not relate. Game topics included: "Young People's Ideas about Sexuality," "Caring for Our Bodies," "What Are Young People Like?," "What Does It Mean to Be Responsible with Our Sexuality?," "How Can We Avoid STDs?," "How We Are Mistreated/How We Mistreat Others," "Things We Think About Being a Man or a Woman," and "The Influence of the Mass Media in the Experience of Sexuality."

PROGRAM IMPACT

At the end of stage two, the Foundation announced these project findings:

- Nearly 9,000 people in the community were reached through bulletins, pamphlets, posters, and flyers.
- Adolescent participation included 16 active groups, six student groups, 10 nonstudent groups, and 22 other groups (parish, cultural, athletic, and civic).
- Adolescent involvement at the facilitator group meetings included 1,798 individuals. Daily participation averaged 25 youths.
- Positive changes were observed in both the adolescents and the facilitator groups—as seen through interviews, questionnaires, and focus groups—in their ability to understand sexuality issues from a more broad-based perspective.
- Advances were seen in the capacity of the young people to identify and recognize discrepancies between what they thought was true and what actually was true in the area of sexuality. For example, prior to the program, many of the young people related sexuality strictly to sexual intercourse. Many also believed that young women would not become pregnant the first time they had intercourse. Many of the young men related their masculinity to having sexual relations.
- The empowerment of the youths was another positive indicator. Many community businesses and civic organizations helped to legitimize the work of the young people by recognizing and respecting their contributions.

CONCLUSIONS

Projects like these need to continue in Colombia because they deal with values that are in direct conflict with a cultural tradition that tends toward paternalism and that often does not take the opinions of their youth into account. Unless these young people learn to think for themselves

and feel pride in themselves, they will find it impossible to take charge of their own lives or take care of others.

As for those young people not in school, the Foundation and others working in the sexuality education field must continue to build strategies based on trust, openness, and tolerance. These young women and men are at even greater risk than the students because they have, in a sense, dropped out. They are often unemployed, uneducated, and not appreciated. Since many of these individuals already have children (who are their "only reason to live") and spouses, groups that include them must combine discussions on pregnancy prevention while helping them raise their standard of living and promoting their desire to take care of themselves and others.

It is also important to continue emphasizing the work with the young students in grades seven and eight. Prevention efforts have a better chance of succeeding at this early age.

This project has demonstrated the strength of young people to make changes when they can speak out, and when their work is valued and respected. It shows that this is an effective alternative methodology.

REFERENCES

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AVSC INTERNATIONAL LAUNCHES THREE-YEAR "MEN AS PARTNERS" INITIATIVE

AVSC (Access to Voluntary and Safe Contraception) International has launched a three-year "Men As Partners (MAP) Initiative" to increase the awareness within the international health field of the need to involve men in reproductive health and family planning.

AVSC developed the MAP initiative partly in response to recommendations made by participants at both the 1994 International Conference on Population and Development (ICED) in Cairo and the Fourth United Nations World Conference on Women held in Beijing, to recognize the demand for programs that involve men in reproductive health.

As part of the initiative, AVSC will develop programs to:

- increase men's understanding and support of the family planning and reproductive health choices of their partners;
- raise men's awareness of the need to safeguard the reproductive health of their partners and themselves (especially through the prevention of STDs;) and
- increase men's willingness to utilize contraceptive methods (including condoms and vasectomy) and other methods that involve direct participation by men (including abstinence and fertility awareness).

AVSC will first document and analyze approaches that family planning service providers around the world have used to address the needs of men. It will also identify opportunities for reaching men that providers have missed. These findings will provide background information for a workshop in 1997 in Nairobi, Kenya, where policy makers, service providers, and funders from selected countries will work to develop male reproductive health programs specific to their countries.

For more information, contact: AVSC International, 79 Madison Avenue, New York, NY 10016. Phone: 212/561-8000.

COLOMBIA'S "NATIONAL PROJECT FOR SEX EDUCATION"

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Several years ago a community in Colombia objected to a sexuality education course taught to its 10-year-old students. This controversy led to a mandate from Colombia's Constitutional Court that the Ministry of National Education start formal sexuality education classes in all schools.

Created in 1993, the National Project for Sex Education is the government agency charged with designing and executing policies to create sexuality education programs in Colombian schools. Some of its ultimate objectives are to help parents, students, and teachers work together to:

- change negative and reductionist views of sexuality;
- redefine traditional gender roles in a quest for social, judicial, and economic equality for both genders;
- encourage love, respect, and self-determination on the part of family members;
- build a sense of responsibility about sexuality;
- improve people's reproductive health and pleasure.

Until the National Project was formed, Colombia depended on programs conducted by nongovernmental organizations (NGOs) to teach people about sexuality and to help them solve problems relating to relationships, pregnancies, abortions, child abuse, and discrimination against women and homosexuals.

With all such endeavors, whether a National Project or an NGO program, it has become evident that success depends on an articulated effort to embrace the diversity of Colombia. This includes understanding that the nation's 33 million people—11 million of whom are under the age of 15—are a mixture of races and cultures including whites, blacks, Indians, people of the mountains, people of the coast, and other multiethnic groups. While characterized by diversity, they all live under a democratic government and almost all are followers of the Catholic faith.

The National Project has recognized this diversity and has worked to develop regional programs which value differences while encouraging participation and sharing. It has also taken into account the new policies and laws in Colombia favoring school autonomy, decentralization, and the responsibility and participation of the educational community in the school's policies.

The National Project has five strategies:

Pedagogy. Ten national meetings and 32 regional meetings have been held to design and promote the National Project. More than 180 workshops in human sexuality have been held to train almost 2,000 teachers. More than 40 government groups, NGOs, and several sexuality education organizations have participated.

Administration. National guidelines have been developed. Regional coordinators and leaders have been screened and trained. Colombia now has 145 people trained to develop this program throughout the country. It has 36 regional teams that promote sexuality education programs in each state. It is seeking economic resources to continue the project at both the national and regional levels. It is also establishing interinstitutional agreements.

Research. Research has been completed on sexuality education. Efforts are being made for universities to implement undergraduate and postgraduate studies in sexuality education for future teachers. Support has also been given to conducting scientific studies.

Communication. Massive information campaigns have been conducted, including poster displays, broadcast media commercials, and print advertisements; the production of books, audio cassettes, and video tapes; and the printing of 12 sexuality education booklets.

Evaluation. Everything is in place to evaluate the National Project. This includes not only looking at the processes, but also delivering support to the regional teams.

SEXUALITY EDUCATION MOVES FORWARD IN RUSSIA

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A totalitarian regime does not encourage sexuality education. The only thing close to such education in the Soviet Union for many years was a medical sexology (sexopathology) program sponsored by the Ministry of Health under the heading "Psychiatry." The situation has not changed until now.

For many years the Soviet concept of such education was one of "sexual nonstimulation." This meant that sexuality was discussed only in scientific terms relating to biology, anatomy, and physiology and that any discussion in more intimate terms would invite a rebuke. This was true for both students and adults. Many joked that the Soviet people deserved respect only from the waist up.

PROGRAMS COME AND GO

In 1987, social pressures brought the first sign of change when the Ministry of Education, without the participation of the Ministry of Health, initiated obligatory school courses entitled "Ethics and the Psychology of Family Life" in all of the Soviet republics. The course survived less than three years because personnel were not well prepared, the textbook did not consider the diverse cultural backgrounds of the regions, and the program did not have the necessary support.

In 1989, a group of medical doctors and psychologists formed the Moscow Center for Forming Sexual Culture (The Center), which began conducting a sexuality lecture series in schools and youth clubs of the Moscow borough and region. It was the first organization to provide teenagers with medical-psychological help connected to sexual behavior. The teenagers were extremely receptive.

"...sexuality education... must accompany a person from early childhood throughout life."

The Center was funded by the Ministry of Health. However, the money hardly covered labor costs, and highly qualified specialists donated their time simply because they believed in the importance of the work. The Center eventually expanded its seminars to other Soviet republics and Russian regions. It soon closed its doors, however, because of lack of funds, but not before a precedent for sexuality education had been set. Soviets exclaimed, "There is sex in the USSR!" Media coverage of sexuality issues began to grow, and similar centers opened in some of the larger Russian cities.

The Moscow and Leningrad Institutes of Postgraduate Training of Teachers and Medical Doctors soon began including special lectures on sexuality education for teenagers. In the process, they raised the level of knowledge of the teachers themselves. Courses were also added for medical doctors. Some still exist in many Russian regions.

PERISTROIKA HAD OTHER PRIORITIES

At the beginning of *peristroika,* priorities were given to political and economic questions. Sexuality education was buried again. During the past two years, however, several public associations on family planning have surfaced in Russia with the help of foreign private funds. They are creating their own network with the main focus on women's reproductive issues, including contraception. Some of them, as well as other public organizations focusing on HIV prevention, have also started condom distribution programs targeted for teenagers. Yet, this work does not embrace all adolescents and often has only a gynecological orientation or a limited focus.

For two years, the State Committee of Sanitation and Epidemiology has worked on an HIV/AIDS prevention program. However, all allocations have gone to research, even though 863 people are currently reported to have HIV and 156 are ill with AIDS. There is presently no budget targeted specifically for HIV/AIDS prevention activities.

Last year, the Russian Ministry of Education announced a competition for organizations to develop a sexuality education program for high schools. The Russian Sexological Association submitted its program titled "Principles of Sexology and Family Life," which includes 238 classroom hours from the fifth to the eleventh grades. It was recommended for implementation in 1996.

The program includes the following curriculum outline for students:

First Stage (5–6 grades)

- Biology
- Marriage

- Reproduction
- Conflicts and Problems.

Second Stage (7–8 grades)

- The Reproductive System: Anatomy and Physiology
- The Family in Modern Society
- Antisocial Manifestations of Sexual Behavior
- Relationships between Teenage Boys and Girls.

Third Stage (10–11 grade)

- Premarital Relations
- Physiology of Sexual Life
- Stability of Wedlock
- Conflicts.

Implementation of such a comprehensive sexuality education program in Russia is all the more urgent at this time because of an increase in early pregnancies, an increase in the number of STDs among teenagers, the continued spread of HIV, and an increasing number of reported sexual harassment incidents.

SPECIALISTS NOT AVAILABLE

Unfortunately, the current Russian educational system does not have the experience to train and prepare students in the area of sexuality. In this case, the courses—including biology, law, medicine, and psychology—must build one upon the other and move from basic facts on gender, reproduction, anatomy, and physiology to psychological studies on relationships and personal experiences, and ultimately to courses that examine happiness, success, security, and communication.

A serious problem in Russia is that specialists are not available to teach these courses. The current goal is to train individuals in social-psychological methodology. Materials must be carefully reviewed, particularly materials from other countries, which may have proved successful elsewhere, but which do not fit the Russian culture.

Many people feel that broad sexual information is not appropriate for teenagers. But specialists know that it is better to obtain professionally delivered information than distorted information which teenagers often receive from other sources.

If information is honest and truthful, individuals are more likely to absorb it. The impact of sexuality education on human behavior increases dramatically if the individual understands how the information fits into the total life picture. Hence, any curriculum should contain both general and personal information.

Effective sexuality education must be constant and must accompany a person from childhood throughout life. It must involve specially trained individuals teaching from well-prepared materials appropriate for different ages and audiences.

Sexuality is one of the most important aspects of life. Sexual culture is part of human culture. Without it, no society can exist under any political regime.

CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews, or critical analyses from interested individuals. Detailed instructions for authors appear on the inside back cover of this issue. Upcoming isues of the *SIECUS Report* will have the following themes:

New Resources/Technology in Sexuality Education.
June/July 1996 issue.
Deadline for final copy: April 1, 1996.

The Politics of Sexuality Education.
August/September 1996 issue.
Deadline for final copy: June 3, 1996.

BRAZILIAN ORGANIZATION DEVELOPS "SEXUAL GUIDANCE" PROGRAMS DEFINED BY LONG-TERM COMMUNICATION

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The idea of sexuality education in Brazilian schools is widely accepted. A 1993 poll by the mainstream newspaper *Folha de Sao Paulo* showed that 86 percent of the respondents in the 10 most populated areas wanted sexuality education in the school curricula. Opponents were few—primarily those who believed that such education should take place only within the family.

There is dissension, however, about the teaching of sexuality issues as a separate and regular school subject as opposed to its inclusion as an interdisciplinary form. Some feel that such education should include periodic lectures, discussion sessions, and special activities (such as an "AIDS Awareness Week").

Such discussion surfaces when a project begins. What is its value? What is the methodology? How many hours will be needed? Will students' families participate? The answers bring to light different views, ideologies, and attitudes toward sexuality education. From liberals to conservatives, arguments abound about form and content. Only the ultraconservatives fiercely object to the overall idea.

"Nothing can compare to a program centered in reality."

Although conditions are favorable for sexuality education programs in Brazilian schools, public policies are still missing. In short, sexuality education is not a priority with the Brazilian government. This could change if a new bill passes legislating compulsory HIV/AIDS prevention and sexuality education as well as drug abuse prevention programs.

In the meantime, some groups, especially nongovernmental organizations (NGOs), have developed programs to face the demand for sexuality education both in public and private schools. These programs are financed by the private schools themselves, by companies or foundations, or through partnership with public administrations. Grupo de Trabalho e Pesquisa em Orientação Sexual (GTPOS) is one such NGO.

A SYSTEMATIC PROCESS

GTPOS has implemented a significant number of sexual guidance programs in the past eight years. It uses the term *sexual guidance* to describe a sustained and systematic process in which actions are not sporadic, but, rather, more long-term, and which lead to a lasting communication with children and adolescents on the subject of sexuality.

At school, through this formal and systematic training, individuals may confirm, alter, or change their views. It is this interplay that helps them develop as social beings. Because of the connection between family and school, GTPOS believes it is worthwhile for parents to understand the proposals and goals of the school program. Parents are encouraged to participate in designated classroom discussions, and in special parental guidance programs. This is helping them improve their relationships with their children based on the positive support of the classroom activities.

GTPOS believes that sexual guidance programs should begin in preschool and continue through high school. Preschool activities should focus on playing games and communicating through oral reports and drawings. Structured lessons should start at the fourth-grade level. Subjects should then include age-appropriate information on male/female anatomy, conception, pregnancy, birth, gender issues, and HIV prevention. Most important, teachers must have the desire and the skills to lead discussions and listen to students' responses, whatever their particular training or level of expertise.

From the fifth grade through senior high school, GTPOS believes that students should have regularly scheduled sexual guidance classes as opposed to informal or marginal sessions. These courses should be developed according to student surveys and discussions. Teachers may, however, add subjects that relate to particular student interests. Attendance is optional. All methodologies are participatory. Through this process, the classes will:

- encourage students to seek the information they need;
- create an environment for the discussion and sharing of sensitive subjects;

- work on eliminating taboos and biases resulting from fears and insecurities;
- help students to develop good relationships with their peers and to deal with belief systems not necessarily their own;
- encourage discussions emerging from the students' experiences.

Sexual guidance should allow for a deep, sustained perception of human sexuality; should encourage freedom of expression, and should encompass the social and political contexts in which classroom discussion takes place. Teachers must emphasize that students should respect the opinions of everyone. It is in this environment that they will have the full freedom to express their thoughts and feelings in confidence.

GUIDANCE AND PREVENTION: DO THEY BELONG TOGETHER?

GTPOS has trained teachers in the area of sexual guidance for many years. At one point, it felt that the subjects of *guidance* and *prevention* were separate. One group was formed for *guidance* in school. Another was formed to teach STD *prevention,* including HIV. This view persisted for a while, but soon ended with *guidance* merging with *prevention*.

GTPOS is not against prevention programs. On the contrary, it supports all initiatives toward educating people about STD prevention, including HIV, through lectures, workshops, or courses. Some groups which work on prevention oppose the idea of *sexual guidance* as a preventive action. GTPOS believes, however, that *prevention* and *guidance* go together due to the very nature of the subject matter and the experience of the teachers.

The main contention of prevention groups is that time is short and that the AIDS epidemic will not wait. For this reason, they say prevention programs must be incisive and aggressive. GTPOS does not deny this claim. That is why it has also sponsored HIV prevention courses and workshops. It feels, however, that sexual guidance is also a form of STD/HIV prevention, perhaps a more efficient one, in the long term. Such *guidance* is a sustained and systematic process, with regular and open discussions that lead to the development of mature concepts and the emergence of new views, attitudes, and behaviors.

Individuals use information best in a sustained, reinforced process. Only if they are already motivated and inwardly committed to face facts will an occasional program or session change their behavior. Otherwise, they will simply record the information and act according to their already existing feelings and patterns of behavior.

Information is important, but not sufficient by itself. Individuals must incorporate that information in a step-by-step process, sharing it in groups, listening to each others' problems and difficulties. In the case of adolescent groups, an educator needs to help students coordinate information and discussions. Nothing can compare to a program centered in reality where all issues relating to sexuality and STD/HIV prevention, health care, and sexual well-being can be freely discussed during regular meetings.

GTPOS has identified three common subjects covered in all its sexual guidance sessions: the human body, gender issues, and HIV/AIDS. For instance, a session titled "The First Time," initially looks at specific aspects of this crucial experience, including the emotions, values, and anxieties involved, and the use of contraception, before posing questions relating to the body, gender, and AIDS. It then goes on to deal with more comprehensive information on the body, the expectations of a partner, and the necessity of condom use to protect against HIV.

CONCLUSION

Surveys have shown that information on HIV/AIDS and its prevention is relatively well disseminated among Brazil's population. Information alone, however, will not change behavior. People have the information, but they do not necessarily protect themselves against infection.

GTPOS believes that sexual guidance from early childhood will help with this problem. Discussions on pleasure, love, respect, tolerance, health, prejudice, and values are positive forces in the search for a prevention-oriented behavior, not only in respect to HIV/AIDS, but also in respect to unwanted pregnancies, sexual abuse, and other STDs.

POLICY WATCH: THE WAIT IS OVER

Daniel Daley
SIECUS Director of Public Policy

Until now, surprise was always an important element of public policy attacks on HIV/AIDS prevention and sexuality education. Opponents found success when there was limited time to debate and understand their restrictive amendments. Proponents of sexuality education were always waiting for the other shoe to drop—for opponents to openly and quickly step up their attack. The wait is over. These individuals are now actively and openly pushing their agenda on many fronts. The following events happened within a few days in December 1995: abstinence-only education became part of the final version of federal welfare reform; the House of Representatives held long-awaited hearings on schools and sexuality issues, and conservative members of Congress began making unsubstantiated charges of a link between sexuality research, education, and pedophilia.

HOUSE HEARINGS: DAY ONE IS BENIGN

Nearly a year ago, House Speaker Newt Gingrich (R-GA) mentioned at a town meeting that the House would hold hearings on how schools handle the issue of homosexuality—both in HIV/AIDS prevention education and other youth services. [1] The impetus came from Reverend Lou Sheldon of the Traditional Values Coalition who had expressed concern that public schools were "promoting" homosexuality. After months of delay, the hearings were held on December 5 and 6, 1995, by the House Economic and Educational Opportunities Subcommittee on Oversight and Investigation.

Subcommittee Chairman Peter Hoekstra (R-MI) tried to dispel the notion that the hearings would focus negative attention on gay and lesbian youth issues by broadening the title to "Parents, Schools, and Values." Indeed, the hearings had a benign and broad start with one panel consisting of two witnesses. William Bennett, former U.S. Secretary of Education, testified that schools are failing to teach fundamental values and that local communities and school boards—not the U.S. Congress—should determine school curricula. Patricia Baltz, the 1993 California Teacher of the Year, told the Subcommittee that she promotes values to the children in her classroom by identifying herself as a Christian and by setting a Christian example. She said that Congress did not need to become involved in school prayer and curricula content.

HOUSE HEARINGS: DAY TWO IS STACKED

The first day of hearings appeared to be a smoke screen for the second day's attack on sexuality education and sexual health services for youth. Five of the eight witnesses on the second day were asked to testify about their disapproval of their local sexuality education programs and their belief that the use of federal funds for such programs was inappropriate.

The first panel consisted of parents:

- *Sandi Martinez* (the Massachusetts-area representative of Concerned Women for America) of Chelmsford, MA, testified that her 15-year-old niece was forced to attend an HIV/AIDS education presentation, which the young woman found graphic and upsetting. Ms. Martinez said she subsequently tried to join the local AIDS task force that determined the school's program. However, she was not chosen.
- *Nancy Maclone* of East Falmouth, MA, testified that she disapproved of her local high school's condom availability program. She detailed her long involvement in efforts to eliminate the condom availability program requested by the students. After the program was approved by the local school board, she worked unsuccessfully in a petition effort which garnered signatures from only 11 percent of the community. She was also defeated in her run for a seat on the local school board.
- *Warren Grantham* of St. Paul, MN, objected to the publication of *Alone No More* by the Minnesota Department of Education. This guidebook for school administrators and faculty explains how to handle sexual orientation issues in the school setting. Mr. Grantham said the guide "advocates" and "normalizes" the "gay and lesbian lifestyle," which is contradictory to what he teaches his children. He also unsuccessfully ran for a seat on the local school board.
- *Mary Griffith* of Portland, OR, said she had previously adhered to a strict belief system that strongly objected to homosexuality and that believed homosexuality could be "cured." She said her gay son, Bobby, had no educational programs dealing with homosexuality in his school to give him information. He committed suicide. She said she believes her negative view of homosexuality contributed to her son's death.

After the testimony, the legislators consistently said they saw education issues as locally determined, and pressed witnesses for clarification on the House's role. Witnesses were not articulate in discussing sexuality education programs. Rather, they repeated a theme of "choice" about sending their children to schools with which they had the same values. They supported the Parental Rights and Responsibilities Act, which would give parents, not government agencies, the authority to determine the content of their children's education. Witnesses and Representatives alike supported the notion of parental "opt-in" rather that "opt-out" procedures for sexuality-related programs.

Dialogue was often fiery between panelists opposed to sexuality education and Democratic members of Congress. The opponents tried the patience of some members with their ill-prepared testimony and their lack of proper decorum.

Rep. Lynn Woolsey (D-CA), who identified herself as the mother of a gay son, was clearly upset by the testimony of Ms. Martinez, Ms. Maclone, and Mr. Grantham. She noted that they had had every opportunity to influence their communities to change programs, but the communities had disagreed with them. They wanted Congress to override their community's decision. She asked: "Why should your views override the views of the majority? Why don't you trust your kids [to follow the values you have taught them]?" When Ms. Maclone responded that her tax dollars had gone for the programs to which she objected, Rep. Woolsey reminded her that everybody's tax dollars—both parents and nonparents—go to educating the nation's youth.

Rep. George Miller (D-CA) was also impassioned in his response to the witnesses. He criticized their sporadic support for locally controlled education by accusing them of believing "[local control] is best except when it goes against what I believe!" He also reminded them that "not everybody gets their way every day." Representative Miller said he supported the need for sexuality education by underscoring his belief that young people get too much of their information from peers and that parents are not discussing these issues with their children.

Rep. Matthew Martinez (D-CA) reminded the opponents that, unfortunately for them, the majority wins and that they have to learn how to compromise with others.

The second panel was evenly balanced:

- *Claire Connelly,* president of the Gay and Lesbian Resource Center of Ventura County, CA, told the subcommittee that $3 billion in federal funds were channeled through the Centers for Disease Control and Prevention and the Ryan White CARE Act to local gay organizations for "gay whorehouses" and "lobbying by gay militants." (Ms. Connelly frequently conferred with Reverend Sheldon throughout the hearings. Connelly's testimony was the "evidence" of gay and lesbian misconduct that he had referred to nearly a year ago when he pressed for hearings.)
- *George Dent,* a professor at Case Western Reserve, claimed that schools are forcing parents to have their children in sexuality education and diversity programs which violate the parents' religious and moral beliefs.
- *Ann Simon,* a teacher from Sommersville, MA, explained that she became involved as a faculty adviser to her high school's gay/straight alliance after her classroom was disrupted when two lesbian students were harassed in the hallway outside her classroom. She said the gay/straight alliance was endorsed by parents and that students had raised all the funds for the program.
- *Alan Storm,* a school administrator from Tucson, AZ, told the subcommittee that his school provides "accurate, developmentally appropriate information" about sexuality and that his school's program promotes tolerance and understanding, not homosexuality.

The legislators strongly reacted—most with disbelief—at the testimony of Ms. Connelly. They particularly questioned her statement that there was no legal recourse if nonprofit organizations did not use federal funds appropriately. They also rejected the methodology she used to determine that $3 billion in federal funds were used by local gay organizations. (The *total* appropriations for CDC and the Ryan White CARE Act do *not* add up to $3 billion.) She said she had estimated the number of nonprofit organizations in the "Gay Yellow Pages" and had multiplied that number by the federal funds going to some of the gay and lesbian organizations she knows. When subcommittee members pressed her for a more satisfactory answer, she said *they* should tell *her* how much money was going to these "gay whorehouses" since the money comes from Congress.

ADVOCATES DIMINISH NEGATIVE IMPACT

At the hearing's end, Representative Hoekstra claimed the hearing was inclusive. He also said there would likely be more such hearings in the future on how federal funds are used, and if they were free from waste, fraud, and abuse.

Advocates for sexuality education clearly deserve credit for diminishing the intended negative impact of these hearings. With the help of local activists, a coalition of organizations worked to educate Members of Congress on the programs in question. Members, in turn, used that information to aggressively question the witnesses opposed to these programs. All told, no one would consider the hearings a victory for the Far Right. Advocates now face a challenge with upcoming hearings. They will likely focus on local

programs—again requiring quick and cooperative work between national organizations and local providers.

NEW LEGISLATION WOULD LOOK AT KINSEY STUDIES

On December 7, Rep. Steve Stockman (R-TX) introduced the Child Protection and Ethics Act of 1995, which takes aim at the Kinsey Institute and Alfred Kinsey's *Sexual Behavior in the Human Male and Sexual Behavior in the Human Female,* which were published in 1948 and 1953, respectively. The legislation calls for the General Accounting Office (GAO) to determine if: (1) programs, lectures, texts, or other pedagogical materials involving sexuality used by federally funded agencies, universities, elementary, and secondary schools rely upon the scholarship (directly or indirectly) consisting of or based on these Kinsey studies; and (2) the Kinsey reports are erroneous and/or wrongfully obtained by reason of fraud or criminal wrongdoing (i.e. systematic sexual abuse of children).

The legislation says that if the GAO determines that the Kinsey reports are erroneous or fraudulent, then no federal funds can go to institutions, scholars, or scholarships which instruct in Kinsey's work unless they indicate that the Kinsey reports are "unethical" and "tainted." The focus of this attack is "Table 34" in *Sexual Behavior in the Human Male.* The Family Research Council researcher and author Judith Reissman has implied that Kinsey researchers may have molested children to gather the data for this table or that Kinsey researchers may have made up the data. (Kinsey Institute Director John Bancroft has indicated that the data for this particular table was obtained from adults recalling sexual responses in their own childhoods and the personal observations of children by one pedophile.)

Representative Stockman and the Family Research Council intend to link the data from "Table 34" with current sexuality education. The Family Research Council erroneously claims that this data "shaped most sex education programs" and states "this research is central to current thought on sex education for our children today." It is troubling that this rumor-mongering legislative attack on behavioral and social science research and sexuality education has garnered 40 House cosponsors. Rep. Peter Hoekstra, who at the end of the "Parents, Schools, and Values" hearing alluded to more hearings on federal funding and possible fraud and abuse, is one of the cosponsors.

A coalition of supporters of sexuality education and behavioral and social science research will look at ways to educate Members of Congress about the Kinsey research and its (non)relationship to current sexuality education programs.

ADVOCATES MUST APPLY THEMSELVES TO CURRENT BATTLES

Now that opponents of sexuality education are openly and quickly pressing forward with their agenda, the element of surprise is diminished. They are putting forward their best cases and they are falling short on credibility. The recent hearings are a fine example. The opposition planned these hearings for nearly a year. Yet, they fizzled. Their next attempt is targeted at research which is nearly 50 years old. If advocates of sexuality education and sexual health services continue to apply themselves to current battles, the long-term political picture will improve.

REFERENCES

1. "What Newt Gingrich Had to Say," *Washington Blade,* Jan. 20, 1995, p. 27.

U.S. CUTS FUNDS FOR INTERNATIONAL FAMILY PLANNING

International family planning programs which receive funds from the U.S. government will find assistance cut to a 10-year low of $12.1 billion for fiscal year 1996.

In late January, the U.S. Congress cut funding to the U.S. Agency for International Development (USAID) by 35 percent when it attached the appropriations bill to a Continuing Resolution to keep the federal government open until March 15.

The bill was previously at a stalemate because of the Senate's unwillingness to accept restrictive language barring U.S. funds for foreign organizations providing abortion services. The House dropped the restrictions, but imposed the drastic cuts.

SIECUS POSITION STATEMENTS ON HUMAN SEXUALITY, SEXUAL HEALTH AND SEXUALITY EDUCATION AND INFORMATION 1995-96

The Sexuality Information and Education Council of the United States (SIECUS), affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information, promotes comprehensive education, and advocates the right of individuals to make responsible sexual choices.

At its September 1995 meeting, the SIECUS Board of Directors updated and approved Position Statements on issues relating to human sexuality, sexual health, and sexuality education and information. It invites other organizations and individuals to join in affirming these statements and in working for their implementation.

Human Sexuality

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. Its various dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.

Sexuality Education

Sexuality education is a lifelong process that begins at birth. Parents, family, peers, partners, schools, religion, and the media influence the messages people receive about sexuality at all stages of life. These messages can be conflicting, incomplete, and inaccurate. All people have the right to comprehensive sexuality education that addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioral domain (communication and decision-making skills). Parents are—and ought to be—their children's primary sexuality educators, but may need help and encouragement to fulfill this important role. Religious leaders, youth and community group leaders, and health and education professionals can complement and augment the sexuality education that takes place at home.

School-Based Sexuality Education

Comprehensive school-based sexuality education that is appropriate to students' age, developmental level, and cultural background should be an important part of the education program at every grade. A comprehensive sexuality program will respect the diversity of values and beliefs represented in the community and will complement and augment the sexuality education children receive from their families, religious and community groups, and health care professionals. Because child development involves sexuality, all prekindergarten through twelfth-grade teachers should receive at least one course in human sexuality.

Sexuality and Religion

Religion can play a significant role in promoting an understanding of sexuality as an affirming expression of equality, mutual respect, caring, and love. Religious groups and spiritual leaders can helpfully involve themselves in sexuality education and in promoting the sexual health of their constituents, including those who are gay, lesbian, bisexual, young, elderly, ill, or with physical, cognitive, or emotional disabilities. While recognizing that religious groups have diverging views on how sexuality is expressed, professional guidance can assist religious leaders in how best to minister to their constituents regarding their sexual needs. It is important for religious institutions to minister to and allow full religious participation to people who are gay, lesbian, or bisexual.

Sexuality and the Media

The media have a powerful influence on all aspects of society. With this power goes a major responsibility to present the complexities of human sexuality at all stages of the life cycle in a manner that is accurate, sensitive to diversity, and free of exploitation, gratuitous sexual violence, and dehumanizing sexual portrayals.

Sexually Explicit Materials

When sensitively used in a manner appropriate to the viewer's age and developmental level, sexually explicit visual, printed, or on-line materials can be valuable educational or personal aids, helping to reduce ignorance and confusion and contributing to a wholesome concept of sexuality. However, the use of violence, exploitation, or degradation, or the portrayal of children in sexually explicit materials is reprehensible. Minors should be legally protected from all forms of sexual exploitation.

Adults should have the right of access to sexually explicit materials for personal use. Legislative and judicial efforts to prevent the production and distribution of sexually explicit materials endanger constitutionally guaranteed freedoms of speech and press and could be employed to restrict the appropriate professional use of such materials by sexuality educators, therapists, and researchers.

Sexual Orientation

Sexual orientation is an essential human quality. Individuals have the right to accept, acknowledge, and live in accordance with their sexual orientation, be they bisexual, heterosexual, gay or lesbian. The legal system should guarantee the civil rights and protection of all people, regardless of sexual orientation. Prejudice and discrimination based on sexual orientation is unconscionable.

Gender Equality and Equity

Gender equality and equity are fundamental human rights. Women and girls should be protected from gender-based violence, including sexual, physical, and psychological abuse. They should have equal access to paid employment, credit, education, and job training. There should be universal access to age-appropriate information and education about sexuality, gender roles, contraception, and sexually transmitted diseases (STDs), including HIV/AIDS. Gender stereotyping in educational curricula, the mass media, and other public communications should be eliminated. All sexual relationships should be governed by principles of equity, consent, and mutual respect, with men and women having mutual responsibility for contraception, parenting, and child care.

Sexual Exploitation

Sexual relationships should be consensual between partners who are developmentally, physically, and emotionally capable of understanding the interaction. Coerced and exploitive sexual acts and behaviors such as rape, incest, sexual relations between adults and children, sexual abuse, and sexual harassment are always reprehensible. There should be information and education programs to prevent such acts, laws to punish them, treatment programs to help survivors and offenders, and research to increase understanding of the causes and effects of sexual exploitation.

Female Genital Mutilation

While cultural differences among people of different nations, races, and religions must be regarded with respect, the leadership of the many courageous women and men in Africa and parts of Asia who are working to eradicate female genital mutilation in all its forms deserves entire support. The removal of female sexual organs is a violation of the human body and of human rights and poses a serious risk to the sexual, reproductive, and psychological health and well-being of women and girls. Comprehensive sexuality education should include arguments against this tradition.

Sexuality of the Aging

Sexual feelings, desires, and activities are present throughout the life cycle. Older adults have a right to sexuality education, sexual health care, and opportunities for socializing and for sexual expression. Education concerning the sexual feelings, attitudes, and behaviors of older adults should be available to them, their family, health care providers, and other caregivers.

Sexuality of Persons with Disabilities

Persons with physical, cognitive, or emotional disabilities have a right to sexuality education, sexual health care, and opportunities for socializing and for sexual expression. Family, health care workers, and other caregivers should receive training in understanding and supporting sexual development and behavior, comprehensive sexuality education, and related health care for individuals with disabilities. The policies and procedures of social agencies and health care delivery systems should ensure that services and benefits are provided to all persons without discrimination because of disability. Individuals with disabilities and their caregivers should have information and education about how to minimize the risk of sexual abuse and exploitation.

Masturbation

Masturbation is a natural, common, and nonharmful means of sexual self-pleasuring that is engaged in by individuals of all ages, sexual orientations, and levels of functioning. It can be a way of becoming comfortable with one's body and enjoying one's sexuality, whether or not in a sexual relationship. No one should be made to feel guilty for choosing or not choosing to masturbate, but it is appropriate for parents and other adults to make it clear that masturbation should be done in private.

Sexual Health Care

All people have the right to information, education, and health care services that promote, maintain, and restore sexual health. Health service providers should assess sexual functioning and concerns as integral parts of each individual's health care and make appropriate resources available. The medical community has the responsibility to understand

how conditions such as pregnancy, illness, disease, surgery, diet, and medication may affect an individual's sexuality. Professional training in all health care fields, at entry and continuing education levels, should include education about sexual health concerns, needs, and therapies.

Adolescent Sexual Health

Becoming a sexually healthy adult is a key developmental task of adolescence. Sexual health encompasses sexual development and reproductive health and such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values.

Adults can encourage adolescent sexual health by providing accurate information and education about sexuality; fostering responsible decision-making skills; offering support and guidance in exploring and affirming personal values; and modeling healthy sexual attitudes and behaviors. Society can enhance adolescent sexual health by providing access to comprehensive sexuality education; affordable, sensitive, and confidential reproductive health care services; and education and employment opportunities.

Adolescents should be encouraged to delay sexual behaviors until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences. They should receive education about intimacy; sexual limit setting; resistance to social, media, peer, and partner pressure; the benefits of abstinence; and the prevention of pregnancy and STDs. Because many adolescents are or will be sexually active, they should receive support and assistance in developing the skills to evaluate their readiness for mature sexual relationships. Responsible adolescent intimate relationships, like those of adults, should be based on shared personal values, and should be consensual, nonexploitive, honest, pleasurable, and if any type of intercourse occurs, protected against unintended pregnancy and sexually transmitted diseases.

Adolescent Contraceptive Care

Comprehensive contraceptive information, education, and services should be readily available to adolescents, irrespective of gender or income. Health care providers have a particular obligation to help adolescents understand the issues surrounding conception, contraception, parenthood, and the prevention of STDs. While it is generally desirable for parents to be involved in their children's contraceptive decisions, the right of each person to confidentiality and privacy in receiving contraceptive information, counseling, and services is paramount. Measures to support access for adolescents to low-cost prescription and nonprescription methods of contraception should be strongly encouraged.

Abortion

Every woman, regardless of age or income, should have the right to obtain an abortion under safe, legal, confidential, and dignified conditions, and at a reasonable cost. Every woman is entitled to have full knowledge of the alternatives available to her, and to obtain complete and unbiased information and counseling concerning the nature, consequences, and risks associated with abortion, with pregnancy, and with childbirth. Abortion counseling and services should be provided by professionals specially trained in this field. Violence against abortion providers and harassment intended to impede women's access to these providers are unconscionable attempts to undermine women's reproductive health rights and should be decisively prosecuted by the justice system.

HIV/AIDS

HIV/AIDS is a major public health concern. Strong government, private, and joint support should be maintained for research and programs on prevention and treatment; for medical and social services for people with HIV/AIDS, their families, and other caregivers; and for the continued development and delivery of straightforward, accurate, age-appropriate prevention information for all people. HIV testing should be done only with informed consent. The United States ban prohibiting entry to people with HIV/AIDS should be lifted.

LEARNING ABOUT SEXUALITY: A PRACTICAL BEGINNING

The Population Council
and
The International Women's Health Coalition
404 pp, $20.00 U.S. per copy, plus shipping and handling.
The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017.
Phone: 212/339-0500.
Fax: 212/755-6052.

It is amazing that reproductive health leadership worldwide has relied on medical technology to influence individual preventive health behavior for so many decades without acknowledging the ultimate impact of sexuality within this process. *Learning About Sexuality: A Practical Beginning* documents the work of researchers and practitioners worldwide over the past five years to bring sexuality-related work into this process.

Edited by Sondra Zeidenstein and Kirsten Moore, this book is of particular interest to two groups: (1) academics who are either engaged in—or being encouraged to engage in—examining biological and social issues of sexuality to include gender roles and scripts; and (2) reproductive health-related groups—most probably nongovernmental organizations (NGOs)—who have had the courage and insight to factor sexuality-related education and counseling into their programs, and, in some cases, their missions.

People Eager to Talk

Perhaps the most important theme that emerges from the 24 chapters in this book is that individuals around the world need—and are eager to talk about —sexuality. While sexual ignorance exists everywhere and most social contexts do not include discussions of sexuality issues, the book confirms that young people and adults alike want to explore their own feelings and experiences as well as the perceived societal norms which have shaped them. This is the true message of the book, which should open the minds of policymakers and societal gatekeepers, who often claim "cultural inappropriateness" as the reason for maintaining the status quo.

"Hands-on" Programs

The most fascinating chapters for this reader deal with "hands-on" programs in countries outside the United States. In Asia, Latin America, and Africa, where societal attitudes and political timidity regarding sexuality have a particularly devastating effect on women's and men's health, these accounts serve as a beacon for others to follow.

Cheikh Ibrahima Niang's chapter on Laobe women is a case in point. This ethnic group, which influences community sexual behavior in their particular area of Senegal, was selected to promote condom use for HIV prevention. The program provides an important lesson for others putting together educational campaigns.

Similarly, Maria Isábel Plata's account of how Profamilia, the Colombian affiliate of the International Planned Parenthood Federation (IPPF), revised its clinical and educational programs to incorporate sexuality-related counseling and education for men and women, should help other Planned Parenthood groups in both the United States and around the world reshape their mission and programs.

Rakesha Rajani and Mustafa Kudrati's description of working with street children in Tanzania gives not only a fascinating account of how these adolescents think and behave sexually, but also includes practical advice that all teen program managers might use.

Ruth Dixon-Mueller's chapter on sexuality in relation to reproductive health may be the most critical in terms of what this book's editors hope it will do, namely, to effect social change. She underscores the need for, but absence of, sexuality-related counseling within the service delivery system due not only to time constraints but, more commonly, to the discomfort of the providers themselves in initiating such discussions. She underscores the propensity of providers, managers, and politicians alike to intellectualize the subject positively but to avoid it operationally.

She, together with other chapter authors, also points out the need for directing programs toward men, not simply treating them them as adjuncts to women's reproductive health programs but also giving them a validity of their own. Finally, her call for helping the larger society understand how the reinterpretation of sexuality and gender may lead to more fulfilling lives constitutes the rationale for initiating family life education programs.

Often Too Clinical, Academic

Unhappily, the book will probably not influence the political and administrative policymakers who frequently keep sexuality issues out of the public domain. Some chapters, such as the ones on biomedical research, are too clinical to sustain a lay person's interest. Others include more focus on methodology than any nonacademic (who may remain unconvinced as to why the issue of sexuality is key to effecting reproductive health) would be willing to maneuver.

This is unfortunate because political leadership, understanding, and commitment can either stifle sexuality program initiatives or cripple even the most successful ones. Kenyan President Arab Moi's recent edict calling for the withdrawal of Girl Scout and Boy Scout Family Life handbooks from store shelves is a case in point.

However, this book will certainly motivate NGO and academic leaders on all continents not only to carry out sexuality-related service and educational programs, but also, hopefully, to increase their advocacy role vis-a-vis policy makers.

Peter J. Purdy is the director of the Margaret Sanger Center International of Planned Parenthood of New York City, Inc.

A SIECUS Annotated Bibliography of Organizations and Available Materials

The cultures in which individuals live significantly influence their sexual attitudes and behavior patterns. As mass communication and technology improve access to different cultures, sexology professionals will look to other nations for insight and assistance.

This bibliography includes materials relevant to the global community as well as to specific countries or regions. (Unless otherwise indicated, all publications are in English.) It also includes a directory of organizations that work on sexuality issues in specific regions and countries. SIECUS welcomes additions and updates for future bibliographies and directories.

SIECUS does not sell or distribute the listed publications, except those it publishes. They are, however, available for use at SIECUS' Mary S. Calderone Library. To obtain copies of the publications, individuals should directly contact the publishers.

Copies of this bibliography are available in English, Spanish, and French. Costs are: 1-4 copies/$2.00 U.S. each; 5-49 copies/$1.75 U.S. each; 50-100 copies/$1.50 U.S. each; 100+ copies/$1.25 U.S. each. All orders must be prepaid. All checks must be in U.S. Dollars and drawn on a U.S. bank. All international orders must include additional shipping and handling charges. For specific information on these costs, please contact SIECUS Publications Department, 130 W. 42nd Street, Suite 350, New York, NY 10036-7802 USA. Phone: 212/819-9770. Fax: 212/819-9776. E-mail: siecus@siecus.org.

This bibliography was compiled by Cecily Criminale, Ann Moore, and James Shortridge.

GENERAL BOOKS

Contexts: Race, Culture & Sexuality—An Assessment of Our Communities

Shivananda Khan

This report explores cultures within the contexts of sexual behaviors and identities. It specifically focuses on the South Asian ethnic community (India, Pakistan, Bangladesh, and Sri Lanka) in the United Kingdom. Recommendations are offered for the development of culturally specific and appropriate services in terms of HIV/AIDS and sexual health. 1994, 87 pp., 10 British Pounds.
The NAZ Project, Palingswick House, 241 King Street, London W6 9P, United Kingdom. Phone: 44-1-81/563-0191. Fax: 44-1-81/741-9841.

Diagnostic Manual on Sexual Illness *(Spanish)*

Federacion Latinoamericano de Sociedades de Sexologia y Educacion Sexual (FLASSES), Dora Magaly Rada Cadenas, MSc., editor

This manual focuses on pathology and sexology with a comparison of definitions of the World Association of Sexology (WAS), the World Health Organization (WHO), and the American Psychological Association (APA). Purchase information not available.
Federacion Latinoamericana de Sociedades de Sexologia y Education Sexual (FLASSES), Dr. Ricardo Cavalcanti, President, Centro Médico de Brasilia-Bloco "E" Sala 605-716 Sul Brasilia-DF-Brasil-CEP. 70.390; 55-61/245-2143.

The Impact of HIV/AIDS on Education: A Review of Literature and Experience

Sheldon Shaeffer

This paper discusses HIV/AIDS education programs in the sub-Saharan region of Africa with specific discussion on effectiveness. It includes the response of the education system and looks at the need for training, and research. 1994, 45 pp., no charge.
United Nations Educational, Scientific and Cultural Organization (UNESCO), Section for Preventive Education, 7 Place de Fontenoy, 75352 Paris 07SP, France. Phone: 33-14/568-1000. Fax: 33-14/567-1690.

The International Encyclopedia of Sexuality

Robert T. Francouer, editor

This three-volume encyclopedia is a collection of writings by sexologists from 30 countries. Chapters on each country contain sections on "Heterosexual Behavior," "Gender Conflict," "Gender Orientation," "Coercive Sex, Prostitution, Pornography, Paraphilia," "Contraception, Abortion, Population Planning," "STDs and HIV/AIDS," "Sexual Dysfunction and Therapies," and "Sexual Research." The sections allow for comparison between countries and cultures. 1996, three volumes, $130.00 U.S.
Continuum Publishing, 377 Lexington Avenue, New York NY 10017; Phone: 212/953-5858. Fax: 212/953-5944. E-mail: mnwy14A@prodigy.com.

Islam and Sexuality *(French)*

Centre de Documentation et d'Information de la Fédération Francophone Belge pour le Planning Familial et l'Education Sexuelle (CEDIF)

This booklet examines sexuality in the Islamic culture through gender roles, identity, and sexuality perceptions. 1993-94, 63 pp., 200 Belgian Francs, plus postage.
Centre de Documentation et d'Information de la Fédération Francophone Belge pour le Planning Familial et l'Education Sexuelle (CEDIF), Rue de la Tulipe 34, 1050 Bruxelles, Belgium. Phone: 2-6/502-6800. Fax: 2-6/502-5613.

Sex in China: Studies in Sexology in Chinese Culture

Fang Fu Ruan

This book provides an overview of traditional Chinese sexual philosophy, classical sexology, classic erotic literature, Taoist sexu-

al beliefs, homosexuality, transvestism, transsexualism, and prostitution, as well as modern Chinese attitudes and political thought on sexuality. 1991, 208 pp., $34.40 U.S.
Plenum Press, 233 Spring Street, New York, NY 10013. Phone: 212/620-8000.

Sexology Today: A Brief Introduction

Erwin J. Haerberle and Rolf Gindorf, editors

This manual provides a worldwide overview of sexological organizations, training programs, resources, and standards of behavior for professionals. It includes an historical chronology of developments in the field of sexology and a discussion on sexology as a profession. 1993, 141 pp., 10 German Deutsch Marks.
German Society for Social-Scientific Sex Research, DGSS, Gerresheimerstrasse 20, D-40211, Dusseldorf, Germany. Phone: 49-211/35-4591. Fax: 49-211/36-0777.

The Sexual Revolution in Russia: From the Age of the Czars to Today

Igor Kon

This book covers the historical change in sexual behavior and values in Russia and explores the meaning of current trends in Russian sexuality through social revolution. Art, literature, folk tales, and recent studies are used to review the evolution of Russian sexual culture. (It includes a comparison between Western and Russian culture.) 1995, 337 pp., $25.00 U.S.
The Free Press, 866 Third Avenue, New York, NY 10022. Phone: 800/223-2336. Fax: 800/445-6991.

The Third Pink Book: A Global View of Lesbian and Gay Liberation and Oppression

Aart Hendriks, Rob Tielman, Evert Van Der Veen, editors

Compiled under the auspices of the International Lesbian and Gay Association (ILGA), this book looks at the environment for gay men and lesbians in over 15 countries. Essays describe political environments, legal and social status as well as reviews of various movements. The authors offer an historical analysis of the international cooperation among gay and lesbian groups and suggest future strategies for cooperation. 1993, 349 pp., $31.95 U.S.
Prometheus Book Publishers, 59 John Glenn Drive, Amherst, NY 14228-2197; 800/421-0351; Fax 716/691-0137.

We Talk about Sex *(Spanish)*

Victor Yañez Aquirre

This resource addresses sexuality from a Latin American perspective. Issues include sexuality in human evolution, the psychology of partner relationships, sexual behaviors, sexual responses, homosexuality, dysfunctional sexuality, abortion, fertility, contraception, and AIDS. There is also a section on the influence of the Christian religion on dealing with sexuality issues. A chapter on sexology and sexologists in Latin America is included. 1991, 336 pp. Purchase information not available.
Sociedad Peruana de Sexologia, Avenida Arequipa 1775, 203 Lima 14 Peru. Phone: 51-14/71-8960. Fax: 51-14/48-8938.

BOOKS ON SEXUALITY EDUCATION

Adolescence Education

United Nations Educational, Scientific and Cultural Organization (UNESCO)/Principal Office for Asia and the Pacific (PROAP)

This four-part booklet addresses sexuality from these perspectives: physical, social, gender roles, and STDs. Developed in Asia and the South Pacific, this collection of educators' lessons includes definitions, facts, diagrams, objectives, time requirements, materials, and ideas for choosing and implementing appropriate lessons for school and the larger culture. 1995; Part 1, 100 pp. Part 2, 73 pp.; Part 3, 40 pp.; Part 4, 45 pp., $5.00 U.S., plus postage and handling, each booklet.
UNESCO/PROAP, RECHPEC, P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand.

Adolescence and Sexuality II *(Spanish)*

Profamilia

This book looks at sexuality from the viewpoints of biology, identity, and roles. It also lists the 12 sexual and reproductive rights of young people as defined by the Colombian Ministry of Health's Right to Sexuality Education in 1992, as well as all Profamilia adolescent centers, including their addresses, services and hours of operation. Purchase information not available.
Profamilia, Avenida Caracas, Calle 34 Esquina, Santafe de Bogota, Colombia. Phone: 57-1/245-4607. Fax: 57-1/287-2100, extension 115-100.

AIDS & STDs: Priorities for Family Planning Programs, Population Policy Information Kit #10

Population Action International

This information kit provides overviews on the role family planning programs play in slowing the spread of HIV and other STDs. It includes abstracts from scientific and social science journals as well as inserts with descriptions of the most common STDs. There are also profiles of programs linking family planning and STD services as well as an annotated bibliography of books and articles that address various aspects of HIV/AIDS. 1995, 35pp. plus two fold-out charts, $8.00 U.S.
Population Action International, 1120 19th Street, N.W., Suite 550, Washington, DC 20036. Phone: 202/659-1833. Fax: 202/293-1795.

Canadian Guidelines for Sexual Health Education

Minister of National Health and Welfare, Canada

This booklet covers five guiding principles of sexual health education: "Accessibility," "Comprehensiveness," "Effectiveness," "Training, Planning, Evaluating, Updating," and "Social Development." The Guidelines are meant as a support for comprehensive sexuality education. 1994, 36 pp., no charge.

Health Service Systems Division, Health Services Directorate, Sixth Floor, Jeanne Mance Building, Tunney's Pasture, Ottawa, Ontario, K1A 1B4, Canada. Phone: 613/954-5995. Fax: 613/941-5366.

Education Act 1993: Sex Education in Schools, Circular #5/94

Department for Education, United Kingdom

London's Education Act of 1993 is outlined in this description of sexuality education. In addition to statutory provisions, legal obligations, and school policy, the publication focuses on parental roles and a moral framework. Of interest is an "Eight-Step Process" for developing policy. 1994, 29 pp. Purchase information not available.
Department for Education, Mr. P. Connell, School Curriculum Branch, Sanctuary Buildings, Great Smith Street, London SW1P 3BT, United Kingdom. Phone: 44-1-71/510-0100. Fax: 44-1-71/510-0196.

Guia de Orientação Sexual: Diretrizes e Metodologia da Pre-Escola ao 12 Grau

Grupo de Trabalho e Pesquisa em Orientação Sexual (GTPOS), Associacao Brasileira Interdisciplinar de AIDS (ABIA), Centro de Estudo e Comunicacao em Sexualidade e Reproducao (ECOS)

This resource, adapted from the SIECUS *Guidelines for Comprehensive Sexuality Education, Kindergarten–12th Grade*, was created by a national forum of over 30 Brazilian sexuality education professionals and a committee of over 75 organizations committed to sexuality education and sexual health. It outlines messages to include in education programs in Brazilian schools. There is a section on methodology, and a bibliography. 1994, 112 pp., $11.00 U.S.
GTPOS, Rua Monte Aprazivel, 143, Vila Nova Conceicao, CEP 04513-030, Sao Paulo, SP Brasil. Phone: 55-11/822-8249. Fax: 55-11/822-2174.

Guidelines for Comprehensive Sexuality Education, Kindergarten–12th Grade (English or Spanish)

Sexuality Information and Education Council of the United States (SIECUS)

Developed by a U.S. task force of 20 leading health, education, and sexuality experts, this publication outlines a comprehensive sexuality education program, and provides a framework for communities to create new or improved programs. Countries worldwide have adapted the guidelines. 1991, 52 pp., $5.75 U.S.
SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036. Phone: 212/819-9770. Fax: 212/819-9776

Historical Perspective on Sexuality Education and Clinical Sexology in Latin America (Spanish)

Federacion Latinoamericana de Sociedades de Sexologia y Education Sexual (FLASSES)

A brief history of sexuality education and clinical sexology in Latin America is provided in this pamphlet from the VII Congreso Latinoamericano de Sexologia y Educacion Sexual. 1994, 15 pp. Purchase information not available.
Federacion Latinoamericana de Sociedades de Sexologia y Educacion Sexual (FLASSES), Dr. Ricardo Cavalcanti, President, Centro Médico de Brasilia-Bloco "E" Sala 605-716 Sul Brasilia-DF-Brasil-CEP. 70.390 Phone: 55-61/245-2145.

Latin American Journal of Sexology, Volume 10, Number 1

National Project for Sex Education, Colombia Zoralda Martinez Mendez, Editor

This special issue addresses the current national sexuality education project created in 1993 by the Ministry of National Education to start formal projects for sexuality education in Colombia. These articles discuss the philosophical, pedagogical, and administrative requirements needed to initiate school projects, including training, curricula development, communication, and program evaluation. 1995. $25.00 U.S.
Latin American Journal of Sexology, Apartado Aereo 1190, Barranguilla, Colombia. Phone: 51-07/222-0165. Fax: 953/583873.

The Other Curriculum: European Strategies for School Sex Education

Philip Meredith, editor

This volume addresses the interrelationship between sociopolitical structure and the ideology of sexuality education in Europe. It looks at the ethical, philosophical, and sociological bases on which most sexuality and family life educational policies are based. 1989, 384 pp., $20.00 U.S.
International Planned Parenthood Federation (IPPF), Regent's College, Inner Circle, Regent Park, London, NW1 4NS Great Britain. Phone: 44-1-71/486-0741. Fax: 44-1-71/487-7950.

Regional Education Project on Sexual Orientation: Coordination for the Prevention of AIDS and STDs *(Spanish)*

Universidad de Carabobo, Venezuela

These four information sheets cover the objectives, training, and curricula for family life studies, sexuality education, and HIV/AIDS awareness in Venezuela. 8pp. Purchase information not available.
Universidad de Carbobo, Direccion de Extension y Servicios a la Comunidad, Dra. Carmen del Valle de Salazar, Facultad de Ciencias de la Salud-Edf. Administrativo Oficina COPRESIDA, Mañogo, Venezuela. 041-4376655. Phone: 58-41/674639. Fax: 58-41/421245.

School Health Education to Prevent AIDS and STDs

World Health Organization (WHO) and UNESCO

This publication includes a "Handbook for Curriculum Planners," a "Teacher's Guide," and a "Student Activities Booklet." It establishes background for development and adoption of worldwide sexuality education programs for youth between the ages

of 12 and 16. It includes information for instructors of HIV/AIDS prevention education and students who care for patients. 1994, 88 pp., 18 Swiss Francs.
WHO/GPA Production Center, 49 Sheridan Avenue, Albany, NY 12210. Phone: 518/436-9686. Fax: 518/436-7433.

Serving the Future: An Update on Adolescent Pregnancy Prevention Programs in Developing Countries

Advocates for Youth

This report analyzes services to prevent adolescent pregnancy in the developing countries of Latin America, Africa, and Asia. Over 150 programs were surveyed on topics including: funding sources for fertility programs; agencies providing adolescent pregnancy prevention programs; and HIV/AIDS prevention and education services offered to young people. 1993, 63 pp., $10.00 U.S.
Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 210, Washington, DC 20005. Phone: 202/347-5700. Fax: 202/347-2263.

Sexuality and the Law in Victoria: Fertility and Sexual Health

Family Planning Victoria, Australia

Health laws on sexuality are reviewed in the Australian state of Victoria in this book. Written for health workers, sections include: "Giving Clients Sufficient Information," "Consent to Medical Treatment," "Protecting Client Confidentiality," "Sexuality and Fertility Control," and "Prescribing Contraceptives." 1995, 31 pp., $4.00 U.S.
Family Planning Victoria Inc., 266-272 Church Street, Richmond, Victoria 3121, Australia. Phone: 61-3/429-3500. Fax: 61-3/427-9987.

Sexuality and the Law in Victoria: People with an Intellectual Disability

Family Planning Victoria, Australia

This book reviews legal aspects of sexuality in relation to people with intellectual disabilities. Laws of consent, sexual orientation, abortion, sterilization, antidiscrimination and sexual abuse are reviewed. 1995, 24 pp., $4.00 U.S.
Family Planning Victoria Inc., 266-272 Church Street, Richmond, Victoria 3121, Australia. Phone: 61-3/429-3500. Fax: 61-3/427-9987.

Sexuality Education in Schools—The Swedish Debate in an Historical Perspective

Lena Lennerhed

This booklet describes how and why sexuality education developed in Sweden. It provides insight into programs in other countries and provides suggestions for new models. 1995, 28 pp., 23 Swedish Crowns.
Swedish Association for Sex Education, P.O. Box 12128, S-102 24 Stockholm, Sweden. Phone: 46-8/692-0700. Fax: 46-8/653-0220.

Unspoken Rules: Sexual Orientation and Women's Human Rights

International Gay and Lesbian Human Rights Commission

This book, which was prepared for the United Nations Fourth World Conference on Women, documents human rights violations against lesbians in 31 countries and discusses strategies lesbian activists and other human rights advocates have employed to challenge this oppression.
International Gay and Lesbian Human Rights Commission, 1360 Mission Street, Suite 200, San Francisco, CA 94103. Phone: 415/255-8680. Fax: 415/255-8662. E-mail: IGLHRC@igc.apc.org.

REPORTS ON REPRODUCTIVE HEALTH

Action for the 21st Century: Reproductive Health & Rights for All

Maria Jose Alcala

This summary report synopsizes the recommended actions on reproductive health and rights contained in the *Programme of Action* endorsed at the International Conference on Population and Development (ICPD) in Cairo, Egypt in 1994. It outlines action and responsibility for governments, parliamentarians, the private sector, non-governmental groups (NGOs), women's groups, healthcare providers, research institutes, the media, donors, individuals, and the international community. 1994, 45 pp., first copy free, additional copies $1.00 U.S. each.
Family Care International, 588 Broadway, Suite 503, New York, NY 10012. Phone: 212/941-5300. Fax: 212/-941-5563.

Adolescent Health: Reassessing the Passage to Adulthood

Judith Senderowitz

This paper includes data on adolescent health with an emphasis on reproduction. It assesses, by region, trends in sexual knowledge, contraceptive use, marriage, fertility, and STDs, including HIV. It also looks at related issues such as sexual abuse and nutritional and health problems. The paper also summarizes programs designed to reach adolescents, and recommends legal, policy, and program strategies to improve adolescent access to services and to enhance the quality of those services. 1995, 54 pp., $7.95 U.S.
The World Bank, Discussion Paper Number 272, 1818 H Street, N.W., Washington, DC 20433. Phone: 202/473-1155. Fax: 202/522-2627.

Challenges: Sexual and Reproductive Health

Evert Ketting, Editor

This collection of articles highlights relationships between family planning and sexual and reproductive health. All have a common denominator: the recognition that sexuality is an integral component of reproductive health and family planning programs. The articles look at regional, social, and cultural backgrounds as well as current challenges and programs. 1993, 48 pp., free.
IPPF, Regents's College, Inner Circle, Regent's Park, London NW1 4NS, England. Phone: 44-1-71/486-074. Fax: 44-1-71/487-7950.

Female Genital Mutilation: A Call for Global Action, Second Edition (English, French, or Arabic)

Integrity of Women

This book discusses female genital mutilation in a cultural, health, and rights context with illustrations describing types of female circumcision. 1995, 48 pp., $9.95 U.S.
Rainbow, 915 Broadway, Suite 1603, New York, NY 10010. Phone: 212/477-3318. Fax: 212/477-4154. E-mail: nt61@columbia.edu.

Learning About Sexuality: A Practical Beginning

Sondra Zeidenstein and Kirsten Moore, editors

This publication promotes the integration of sexuality and gender role education into family planning and reproductive health services. Egalitarian programming and the link between reproductive health and sexuality are frequently repeated themes. Also explored are biomedical research, attitudes and behaviors as well as HIV interventions in Tanzania, Egypt, Rumania, India, Senegal, Indonesia, Bangkok, and Zimbabwe. It includes "A Guide for Screening and Counseling Women Who Are Abused." 1996, 404 pp., $20.00 U.S.
The Population Council, Inc., One Dag Hammarskjold Plaza, New York, NY 10017. Phone: 212/339-0500. Fax: 212/755-6052.

Population Policies Reconsidered: Health, Empowerment & Rights

Gita Sen, Adrienne Germain, Lincoln Chen, editors

This volume brings together writings which explore directions for population policy centered on health, women's empowerment and human rights. It includes a chapter on sexual and reproductive rights, and discusses the premise that public policy should assure rights rather than simply attempting to limit the size of the world population. 1994, 280 pp., $14.95 U.S. plus shipping and handling.
Harvard University Press, 79 Garden Street, Cambridge, MA 02138. Phone: 800/962-4983. Fax: 617/495-8924.

Reproductive and Pregnancy Conduct in Adolescents

Pantelides, Edit A. & Cerruti, Marcela

This book is based on research on adolescents in Argentina. It includes chapters on adolescents having children, asking questions, having sexual relations, understanding their bodies, knowing their reproductive systems, and using contraceptives. The authors make recommendations about sexuality education. 1992, 97 pp., $10.00 U.S.
Centro de Estudios de Poblacion-CENEP, Casilla 4397—Correo Central 1000 — Buenos Aires, Argentina. Phone: 54-1/961-0309/2268. Fax: 54-1/961-8195. E-mail: system@cenep.satlink.net.

Sexual Rights of Young Women

Danish Family Planning Association and Swedish Association for Sex Education

This summary provides insight into the Scandinavian tradition of working toward sexual and reproductive rights for all women. A review of the last century includes discussions on the right to sexuality education and the recognition of young women's sexuality. The book includes the premise that women's sexual rights have reached a stage where women can control their sexuality, fertility, and reproduction. 1995, 24pp. Purchase information not available.
The Danish Family Planning Association, Aurehojvej 2, DK 2900 Hellerup, Denmark The Swedish Association for Sex Education, Postaddress Box 12128, 102 24 Stockholm, Sweden. Phone: 46-8/692-0798. Fax: 46-8/653-0220.

Understanding Adolescents: An IPPF Report on Young People's Sexual and Reproductive Health Issues

International Planned Parenthood Federation (IPPF)

Examining adolescent sexuality from an international perspective, this needs assessment offers a broad overview of adolescent fertility, marriage, and sexual behavior. The report includes statistics from a number of countries. 1994, 33 pp., no charge for single copy.
IPPF, Regents College, Inner Circle, Regent's Park, London NW1 4NS, UK. Phone: 44-1-71/486-0761. Fax: 44-1-71/487-7950.

RESEARCH SURVEYS

Sex In America: A Definitive Survey

Robert T. Michael, John Gagnon, Edward O. Laumann, Gina Kolata

This book contains results of a survey on adult sexual behavior in the United States for a general audience. (A companion volume, *The Social Organization of Sexuality*, is for a professional audience.) Topics include sexual practices, partners, masturbation, erotica, and STDs. 1994, 300 pp., $12.99 U.S.
Little, Brown and Co., 200 West Street, Waltham, MA 02154. Phone: 800/343-9204.

Sexual Attitudes and Lifestyles

Anne Johnson, Jame Wadsworth, Kaye Wellings, Julia Field

Blackwell Scientific Publications has published a study based on surveys of 19,000 British men and women. Originally meant to address HIV transmission patterns and health education strategies, the surveys also define sexual behaviors. Chapters include "Heterosexual Partnerships and Practices," "Sexual Diversity and Homosexual Behavior," "Sexual Attitudes," and "Physical Health and Sexual Behavior." 1994, 528 pp., $50.00 U.S.
Blackwell Scientific Publications, 238 Main Street, Cambridge, MA 02142. Phone: 617/876-7000. Fax: 617/876-7022.

Sexual Behavior in Modern China

Dalin Liu, Man Lun Ng, Li Ping Ahou, Erwin J. Haeberle

The first nationwide survey of sexual behavior in China is available in English. The original results, published in Chinese

in 1992, have contributed significantly to the dialogue of both sexologists and the general public concerning sexuality. It is scheduled for publication in August 1996. $50.00 U.S.
Continuum, 370 Lexington Avenue, New York, NY 10017. Phone: 800/937-5557.

Sexual Behavior of Young Adults in Latin America

Leo Morris

This report presents the results of a survey of adolescent sexual experiences and education in Latin America, including: contraceptive use, unintended pregnancies, premarital conceptions, and HIV transmission knowledge. Charts graph the percentage of males and females receiving sexuality education. The report concludes that high fertility combined with lack of information are harming adolescents. 1994, 21 pp. No charge for single copy.
The U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, 3440 Buford Highway, N.E., MSK35, Atlanta, GA 30347. Phone: 770/488-5260. Fax: 770/488-5965.

Sexual Pleasures: Enhancement of Sex Life in Finland, 1971-1992

Osmo Kontula & Elina Haavio-Mannila

Based on a 1992 research project on sexuality in Finland (FINSEX), this resource presents the results of a national survey of over 2,000 people aged 18 to 74 years. Data from 1992 is compared with data from a 1971 survey—establishing one of the only national longitudinal sexuality surveys in the world. The results show a change toward greater diversity and equality and toward increasing sexual health. 1995, 287 pp., $62.95 U.S.
Dartmouth Publishing Company, Old Post Road, Brookfield, VT 05036. Phone: 802/276-3162. Fax: 802/276-3837.

Young Adult Reproductive Health Survey in Two Delegations of Mexico City: English Language Report

U.S. Department of Health and Human Services

This study looks at young adults in Mexico from the perspective of their sexual knowledge and experience. The chapter on "Sex Education and Use of Youth Centers" talks about sexuality education and concludes that most youth receive the information they need on contraception too late. Another interesting conclusion states that "the majority of men and women who expressed an opinion understood [sexuality] education to be exclusively biological." 1994, 104 pp. No charge for a single copy.
U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 3440 Buford Highway, N.E., MS K35, Atlanta, GA 30347. Phone: 770/488-5260. Fax: 770/488-5965.

DIRECTORY OF INTERNATIONAL ORGANIZATIONS

International Gay and Lesbian Human Rights Commission
1360 Mission Street, Suite 200, San Francisco, CA 94103 USA.
Phone: 415-255-8680.
Fax: 415-255-8662.

International Planned Parenthood Federation (IPPF)
Regents College, Inner Circle, Regents Park, London, NW1 4NS, United Kingdom.
Phone: 071/486-0741.
Fax: 071/487-7950.

United Nations Population Fund (UNFPA)—Education, Communication & Youth Branch
220 East 42nd Street, New York, NY 10017 USA.
Phone: 212/297-5236.
Fax: 212/297-4915.

World Association of Sexology (WAS)
Eli Coleman, Secretary General
University of Minnesota Medical School, Program in Human Sexuality, 1300 South Second Street, Suite 180, Minneapolis, MN 55454 USA.
Phone: 612/625-1500.
Fax: 612/626-8311.

World Health Organization (WHO) — Division of Family Health
20 Avenue Appia, 1211 Geneva 27, Switzerland.
Phone: 011/41-22-791-2111.
Fax: 011/41-22-791-0746,

DIRECTORY OF ORGANIZATIONS: BY REGION AND COUNTRY

AFRICA/THE REGION

Center for African Family Studies
P.O. Box 60054, Nairobi, Kenya.
Phone: 254-2/448618-20.

International Planned Parenthood Federation—(IPPF)—Africa Region
P.O. Box 30234, Nairobi, Kenya.
Phone: 254-2/720280.
Fax: 254-2/726596.

International Planned Parenthood Federation (IPPF)—Sub-Region for Central & West Africa
B.P. 4101, Lome, Togo.
Phone: 228/210716.
Fax: 228/215140.

United Nations Family Planning Association (UNFPA)—South Africa
Construction House, Fifth Floor, 110 Takawira St, P.O. Box 4775, Harare, Zimbabwe.
Phone: 263-4/738793.
Fax: 263-4/738792.

AFRICA/BY COUNTRY

Botswana

Botswana Family Welfare Association
Private Bag 00100, Gaborone.
Phone: 267/300489.
Fax: 267/301222.

Cameroon

Cameroon National Association for Family Welfare
P.O. Box 11994, Yaounde.
Phone: 237/237984.

FESADE
B.P. 724, Yaounde Cameroon.

Chad

Association Tachadienne Pour le Bien-Etre Familial (ASTBEF)
ASTBEF B.P. 4064 N'Djamena, Moursal.
Phone and Fax: 235/514337.

Cote d'Ivoire

Association Ivoirienne pour le Bien-Etre Familial
B.P. 5315, Abidjan 01.

Egypt

Alexandria Model Family Planning Clinic
17, Sidi El-Metwally Street, El-Attarien, Alexandria, 4933867.
Phone: 20-3/493-3867.

Egyptian Family Planning Association
6 Gazirat El Arab Street, Al Mohandissen, El Giza, Cairo.
Phone: 20-2/360-7329.
Fax: 20-2/360-7328.

Kenya

Family Planning Private Sector Programme
Fifth Floor, Longonot Place, Kijabe Street, P.O. Box 46042, Nairobi.
Phone: 254-2/224646.
Fax: 254-2/230392.

Liberia

Family Planning Association/Liberia
P.O. Box 938, 27 Broad Street, Monrovia.
Phone: 231/224649.

Nigeria

Action Health Youth Center
Plot 55, Somorin Street, Ifako, Gbagada, Lagos.
Phone: 234-1/863-953.
Fax: 234-1/493-1972.

Association for Reproductive and Family Health (ARFH)
13 Ajayi Osungbekun Street., Ikolaba GRA, Ibadan.
Phone: 234-1/820-945.

Planned Parenthood Federation of Nigeria
224 Ikorodu Road, Palmgrove, Somolu, PMB 12657 Lagos. Phone: 234-1/820-526.

Senegal

Groupe pour L'Etude et L'Enseignement de la Population (GEEP)
B.P. 5036, Dakar.
Phone: 221/244877.
Fax: 221/254714.

South Africa

Planned Parenthood Association of South Africa
Third Floor, Marlborough House, 60 Eloff Street, Johannesburg, 2001.
Phone: 27-11/331-2695.

Swaziland

FLAS
P.O. Box 1051, Manzini.

Tanzania

UMATI
P.O. Box 1372, Dar-es-Salaam.

Uganda

Naguru Teenager Information & Health Center
P.O. Box 11129, Kampala.

Zimbabwe

Zimbabwe National Family Planning Council (ZNFPC)
P.O. Box 220, Southerton, Harare.
Phone: 263/667656.
Fax: 263/668678.

ASIA & SOUTH PACIFIC/ THE REGION

Asian Federation for Sexology (AFS)
Dr. M.L. Ng, Chairman, Department of Psychiatry, University of Hong Kong, Queen Mary Hospital, Pokfulam Road, Hong Kong.
Phone: 852/855-4486.
Fax: 852/855-1345.

International Planned Parenthood Federation (IPPF)—Kuala Lumpur Field Office
246 Jalan Ampang, 50450 Kuala Lumpur, Malaysia.
Phone: 60-3/456-6122.
Fax: 60-3/456-6386.

International Planned Parenthood Federation (IPPF)—Papua New Guinea Field Office
P.O. Box 987, Boroko, National Capital District, Papua New Guinea, Pacific Islands.

United Nations Family Planning Association (UNFPA)—East and Southeast Asia Region Office
Population Education Clearinghouse, United Nations Building, Rajdammnern Avenue, Bangkok 10200 Thailand.
Phone: 66-2/391-0577.
Fax: 66-2/391-0866.

United Nations Family Planning Association (UNFPA)—South Pacific Region,
G.P.O. Box 14500, Suva, Fiji.
Phone: 679/31-2865.
Fax: 679/30-4877.

ASIA & SOUTH PACIFIC/ BY COUNTRY

Australia

Australian Association of Sex Educators, Counselors, and Therapists (AASERT)
P.O. Box 346, Lane Cove NSW, 2066.
Phone: 61-2/427-1292.

Family Planning Australia, Inc.
Lua Building, Suite 3, First Floor, 39 Geils C, P.O. Box 9026, Deakin, ACT 2600.
Phone: 61-6/282-5298.
Fax: 61-6/285-1244.

Family Planning Victoria
266-272 Church Street, Richmond 3121.
Phone: 613/429-1868.

China

Chinese Association of Sex Education
Mercy Memorial Foundation, 11F, 171 Roosevelt Road, Section 3, Taipei Taiwan R.O.C.
Phone: 886-2/369-6752.
Fax: 886-2/365-7410.

China Family Planning Association
1 Bei Li, Shengguzhuang, He Ping Li, Beijing.

China Sexology Association
Number 38, Xue Yuan Lu, Haidion, Beijing 100083.
Phone: 86-1/209-1244.
Fax: 86-1/209-1548.

Shanghai Family Planning Association
122 South Shan Xi Road, Shanghai 200040.
Phone: 86-21/2794968.
Fax: 86-21/2472262 X18.

Shanghai International Center for Population Communication China (SICPC)
122 South Shan Xi Road, Shanghai 200040.
Phone: 86-21/247-2262.
Fax: 86-21/247-3049.

Shanghai Sex Education Research Association
122 South Shan Xi Road, Shanghai 200040.

State Family Planning Commission
IEC Dept., 14 Zhichun Road, Haidian District, Beijing 100088.
Phone: 86-1/204-6622.
Fax: 86-1/205-1847.

Hong Kong

Family Planning Association of Hong Kong (FPAHK)
Tenth Floor, Southern Centre, 130 Hennessy Road, Wanchai.
Phone: 852/575-4477.
Fax: 852/834-6767.

Hong Kong Sex Education Association
P.O. Box 50419, Sai Ying Pun.
Phone: 852/819-2486.

India

Sex Education, Counseling, Research Training Centre (SECRT) Family Planning Association of India (FPAI)
Fifth Floor, Cecil Court, Mahakavi Bhushan Marg, Bombay 400 039.
Phone: 91-22/287-4689.

Indian Association of Sex Educators, Counselors, and Therapists (IASECT)
203 Sukhsagar, N.S. Patkar Marg., Bombay 400 007.
Phone: 91-22/361-2027.
Fax: 91-22/204-8488.

Parivar Seva Sanstha 28
Defence Colony Market, New Delhi 110-024.
Phone: 91-11/461-7712.
Fax: 91-11/462-0785.

Japan

Japan Institute for Research in Education
4-3-6-702 Kozimachi Chiyodaku, Tokyo 7102.
Phone: 03-5295-0856.
Fax: 03-5295-0856.

Japanese Association for Sex Education (JASE)
Miyata Bldg, 1-3 Kanada Jinbocho, Chiyoda-Ku, Tokyo 101.
Phone: 81-3-3291-7726.
Fax: 81-3-3291-6238.

Japanese Association of Sex Educators, Counselors and Therapists (JASECT)
JASE Clinic, 3F Shin-Aoyama Bldg (West), 1-1 Minami-Aoyama,1-chome Minato-ku, Tokyo 107.

Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP)
1-1, Ichigaya Sadohara-cho, Shinjuku-ku, Tokyo 162.
Phone: 81-3/3268-5875.
Fax: 81-3/3235-7090.

Malaysia

The Singapore Planned Parenthood Association
11 Penang Lane, Number 05-02 Council of Social Service Building, Singapore, 0923.
Phone: 65/338-5155.

New Zealand

New Zealand Society on Sexology
Artemis Medical Clinic, 2 Pupuke Road, Takapuna, Auckland 9.
Phone: 64-9/486-3146.

Family Planning Association (FPA)
30 Ponsonby Road, P.O. Box 68245, Newton, Auckland.
Phone: 64-9/360-0360.
Fax: 64-9/360-0390.

EUROPE & THE MIDDLE EAST/ THE REGION

European Federation of Sexology (EFS)
c/o Universitaire Maurice Clalumeau, 55 Boulevard de la Cluse, CH-1205 Geneva, Switzerland.
Phone: 41-22/347-3031.
Fax: 41-22/320-9286.

International Planned Parenthood Federation (IPPF)—Arab World Region
17 Mahmoud El Materi, Le Belvedere, 1002 Tunis, Tunisia.

International Planned Parenthood Federation (IPPF)—European World Region
Regents College, Inner Circle, Regents Park, London, NW1 4NS, United Kingdom.
Phone: 44-1-71/486-0741.
Fax: 44-1-71/487-7823.

United Nations Family Planning Association (UNFPA)—Arab States and Europe
P.O. Box 830824, Amman 11183, Jordan.
Phone: 962-6/817040.
Fax: 962-6/816580.

World Health Organization (WHO)—European Region
Scherfigsvej 8, DK-2100 Copenhagen, Denmark 10130.
Phone: 45/39-171717.
Fax: 45/39-171818.

EUROPE & THE MIDDLE EAST/ BY COUNTRY

Belgium

Federation Belge Pour le Planning Familial et l'Education Sexuelle (FFBPFLES)
Rue de la Tulipe, 34, B-1050 Brussels.
Phone: 32-2/502-8203
Fax: 32-2/502-5613.

Bulgaria

Bulgarian Medical Academy—Coordinating Board of Sexology
P.O. Box 60, Sofia 1431.

Czech Republic

Czechoslavak Sexological Society/Institute of Sexology
Charles University, Prague, Karlov Nám_sti 32, Prague 2, 120 00.
Phone: 42-2/297285.
Fax: 42-2/294905.

Denmark

Danish Association for Clinical Sexology (DACS)
Kuhlausgade 46, DK-2100, Copenhagen.
Phone: 45/392-92399.
Fax: 45/354-57684.

The Danish Family Planning Association
Aurehojvej 2, DK-2900, Hellerup.
Phone: 45/31-625688.
Fax: 45/31-620282.

France

Association Recherche Sexologique du Sud-Ouest (ARSSO)
Bordeauz Rive Droite, Route Bergerac, F-33370, Fargues-St-Hilaire.

Fondateur de L'Association Mondiale de Sexology
72, Quai Louis Bleriot, 75016, Paris.
Phone: 30-40/50-38-99.

Sexologies–European Journal of Medical Sociology
21, Place Alexandre Labadie, 13001 Marseilles.
Phone: 33-91/50-20-03.
Fax: 33-91/50-52-77.

Syndicat National des Medecins Sexologues (SNMS)
77 Rue Lakana, lF-37000, Tours, France.

Germany

Aerztliche Gesellschaft zur Gesundheitsfoerderung der Frau e.V. Frauenarztin
Am Bonneshof 30, D-40474 Dusseldorf.
Phone: 49-211/43-45-91.
Fax: 49-211/43-45-03.

Deutsche Gesellshaft für Sozialwissenshaftliche Sexualforshung e.V.
Gerresheimerstrasse 20, Dusseldorf 1.
Phone: 49-211/35-45-91.

Greece

Greek Society for Andrology and Sexology
Chalcocondili 50, Athens.
Phone: 30-1/5245861.

Iceland

Icelandic Sexology Association
Primary Health Care Center in Reykjavik, Baronstig 47, 101 Reykjavik.
Phone: 354-1/22400.
Fax: 354-1/62241.

Israel

Institute for Sex Therapy
Sheba Medical Center, Tel Hashomer.
Phone: 972-3/530-3749.
Fax: 972-3/535-2888.

Israel Family Planning Association
9, Rambam Street, Tel-Aviv, 65601.
Phone: 972-3/5101511.
Fax: 972-3/5102589.

Ministry of Education & Culture
Psychological and Counseling Services, 2 Devorah Hanevia Street, Jerusalem.
Phone: 972-02/293249.
Fax: 972-02/293256.

Italy

Associazione per la Ricerca in Sessuologia (ARS)
Via Angelo Cappi 1/8, II 16126, Genova.

Centro Italiano di Sessuologia
Via della Lungarina, 65, Rome, 00153.
Phone: 39-6/51-245785.

Instituto di Sessuologia di Savona
17026 Noli, Via la Malfa, 5, Savona.
Phone: 39-19/7485687.
Fax: 39-19/7485687.

The Netherlands

Dutch Centre for Health Promotion & Health Education
P.O. Box 5104, 3502 JC Utrecht.
Phone: 31-70/35-56847.
Fax: 31-70/35-59901.

Netherlands Institute of Social Sexological Research (NISSO)
P.O. Box 5018, 3502 JA Utrecht.

Rutgers Stitching
Postbus 17430, Groot Hertoginnelaan 201, 2502 CKs Gravenhage.
Phone: 31-70/363-1750.
Fax: 31-70/356-1049.

Poland

Polish Sexological Society
ul. Londynska 12m 31, 03-921 Warszawa.

Portugal

Associação Para o Planeamento de Família
Rue Artilharia Um, 38, 2.°-Dto., 1200 Lisbon.
Phone: 351-1/385-3993.
Fax: 351-1/388-7379.

Romania

Society for Education in Contraception & Sexuality (SECS)
Str. Paleolagu 4, 70273 Bucuresti 2, PO 20.
Phone: 40-1/312-6693.
Fax: 40-1/312-7088.

Russia

An Effective Shield of Protection (AESOP)
P.O. Box 27, Moscow 121552.
Phone and Fax: 7-095/141-8315.

Center for Formation of Sexual Culture
ul. Pionerskaya, 19, Mediko-Pedagogicheskaya Shkola, Yoroslavl 150044.
Phone: 7-085/255-6691.
Fax: 7-085/225-5894.

Russian Family Planning Association
18/20 Vadkovsky Per., 101479 Moscow.
Phone: 7-095/973-1559.
Fax: 7-095/973-1917.

Russian Sexological Association
Krylatskiye Kholmy, 30-2, 207, Moscow.
Phone: 7-095/288-4010.
Fax: 7-095/919-2525.

Spain

Federacion Espanola de Sociedades de Sexologia
c/ Valencians, 6-Principal, Valencia, 46002.
Phone: 34-96/332-1372.

Societat Catalan de Sexologia
Tren de Baix, 51, 2o, 2o, 08223 Teraessa, Barcelona.
Phone: 34-3/788-0277.

Sociedad Sexologica de Madrid
C/Barbieri, 3.3 dcha, Madrid 28004.
Phone: 24-1/522-25-10.
Fax: 24-1/532-96-19.

Sweden

Swedish Association for Sex Education (RFSU)
Drottningholmsvagen 37, P.O. Box 12128, S-102 24 Stockholm.
Phone: 46-8/692-0797.
Fax: 46-8/653-0823.

Swedish Association for Sexology
Bygglovsgr.10, Lund, 222 47.
Phone: 46-46/17-4120.
Fax: 46-46/17-4833.

Swedish Institute for Sexual Research
Lastmakargatan 14-16, S 111 Stockholm, 44.
Phone: 46-8/488-3511.

Turkey

Turkish Family Health & Planning Foundation
Sitesi A Blok D. 3-4, 80660 Etiler, Istanbul.

Ukraine

European-Asian Association of Sexologists (EAAS)
P.O. Box 274, Kiev, 252034.
Phone: 38-44/446-1346.
Fax: 38-44/228-0103.

United Kingdom

Association of Sexual and Marital Therapists
82 Harley Street, GB-London W1N 1AE.

Family Planning Association (FPA)
27/35 Mortimer Street, London W1N 7RJ.
Phone: 44-171/636-7866.
Fax: 44-171-436-3288.

Sex Education Forum, National Childrens Bureau
8 Wakely Street, London EC1V 7QE.
Phone: 44-171/843-6000.
Fax: 44-171/278-9512.

NORTH AMERICA/ BY COUNTRY

Canada

International Academy of Sex Research (IASR)
Clarke Institute of Psychiatry, Child and Family Studies Centre, 250 College Street, Toronto, Ontario M5T IR8 Canada.
Phone: 416/979-2221.
Fax: 416/979-4668.
E-Mail: zucker@cs.clarke-inst.on.ca.

Planned Parenthood Federation of Canada (PPFC)
1 Nicholas Street, Suite 430, Ottawa, Ontario K1.
Phone: 613/238-4474.

Sex Information and Education Council of Canada (SIECCAN)
850 Coxwell Avenue, East York, Ontario, M4C 5RI.
Phone: 416/466-5304.
Fax: 416/778-0785.

United States

Advocates for Youth
International Center on Adolescent Fertility, 1025 Vermont Avenue, N.W., Washington, DC 20005 USA.
Phone: 202/347-5700.
Fax: 202/347-2263.

American Association of Sex Educators, Counselors, and Therapists (AASECT)
P.O. Box 238, Mt.Vernon, IA 52314 USA.
Phone: 319/895-8407.
Fax: 319/895-6203.

Margaret Sanger Center International
Margaret Sanger Square, 26 Bleecker Street, New York, NY 10012-2413 USA.
Phone: 212/274-7272.
Fax: 212/274-7299.

Planned Parenthood Federation of America (PPFA)
810 Seventh Avenue, New York, NY 10016 USA.
Phone: 212/261-4655.
Fax: 212/765-4711.

Sexuality Information and Education Council of the United States (SIECUS)
130 W. 42nd Street, Suite 350,
New York, NY 10036-7802 USA.
Phone: 212/819-9770.
Fax: 212/819-9776.
E-mail: siecus@siecus.org.

Society for the Scientific Study of Sex (SSSS)
P.O. Box 208, Mt. Vernon, IA 52314 USA.
Phone: 319/895-8407.
Fax: 319/895-6203.

Society for Sex Therapy and Research (SSTAR)
CMGH-Psychiatry, 3395 Scranton Road,
Cleveland, OH 44108 USA.

LATIN & SOUTH AMERICA (INCLUDING THE CARIBBEAN)/ THE REGION

International Planned Parenthood Federation – Western Hemisphere Region (IPPF/WHR)
902 Broadway, Tenth Floor,
New York, NY 10010.
Phone: 212/995-8800.
Fax: 212/995-8853.

Federacion Latinamericana de Sociedades de Sexolgia y Educacion Sexual (FLASSES)
Dr. Ricardo Cavalcanti, SHIS-Q1-19,
Conjunto 10, Casa 6, Brasilia, DF, Brazil.
Phone: 55-61/366-4393.
Fax: 55-61/366-3504.

Latin American Population Program, Centro de Estudios de Poblacion (CENEP)
Casilla 4398, Correo Central, 1000 Buenos Aires.
Phone: 54-1/961-2268/0309.
Fax: 54-1/961-8195.
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Asociacion Argentina de Sexologia y Educacion Sexual (AASES)
Cuba 2243-9°A, Buenos Aires, 1428.
Phone: 54-1/782-1614.
Fax: 54-1/812-2770.

Asociacion Rosarina de Educacion Sexual y Sexologia
Moreno 624, 2000 Rosario.

Centro de Educacion, Terapia e Investigacion en Sexualidad (CETIS)
Darregueyra 2247 - Dto "B',
1425 Capital Federal, Buenos Aires.
Phone: 54-1/773-4141.
Fax: 54-1/777-3459.

Circulo Argentino de Sexologia
Callao 1178, 7 B, Buenos Aires, 1425.

Belize

Belize Family Life Association
127 Barracks Road, P.O. Box 529,
Belize City.

Bolivia

Asociacion Boliviana de Educacion Sexual
Cas Correo 8158, La Paz.

Centro de Investigaciones Sociales
Edificio Alborado Pico 11-1105,
Box 6931, Correo Central, La Paz.
Phone: 591-2/352931.

Brazil

Associação Brasieira de Sexologia
Rua Tamandare 693-Conj. 31, Sao Paulo.

Centro de Sexolgia de Brasilia
SHIS-QI-19, Conjunto 10, Casa 6, Brasilia, DF.
Phone: 55-61/366-4393.
Fax: 55-61/366-3504.

Grupo Transas do Corpo Acoes Educativas em Saude e Sexualidade (GTC/AESS)
Av. Anhanguera, No. 5674 Sala 1304-
Centro, 74039-900 Goiania-Go.
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E-mail: gtcaess@ax.apc.org.

Grupo de Trabalho e Pesquisa em Orientação Sexual (GTPOS)
Rua Monte Aprazivel, 143, Vila Nova
Conceicao, CEP 04513-030 Sao Paulo SP.
Phone: 55-11/822-8249.
Fax: 55-11/822-2174.

Sociedade Brasileira de Sexualidade Humana
Rua Amancio Moro, 77 Alto da Gloria
Curitiba, Parana, 80030.
Phone: 55-41/264-3424.

Sociedade Brasileira de Sexolgia
Praca Serzedelo Correia 15, Apt. 703,
Copacabana, Rio de Janeiro, 22040.
Phone: 55-21/236-6413

SOSCORPO
Rua Major Codeceira, 37 Sto. Amaro,
Recife, Pernambuco.
Phone: 55-81/221-3018.
Fax: 55-81/221-3947.
E-mail: soscorpo@.ax.apc.org.

Colombia

Fundacion para el Desarrollo Humano y Social CRESALC
Calle 98A Number 34-78, Bogotá.
Phone: 57-1/218-2906.
Fax: 57-1/257-1498.

Centro de Asesoria y Consultoria
Carrera 50 Number 72-80 Piso 1,
Barranquilla.
Phone: 57-53/453142.
Fax: 57-53/582484.

Fundacion Para el Desarrollo Humano y Social CRESALC Colombia
Calle 81 Number 11-68 Of. 406, Sante Fe de Bogotá.
Phone: 57-1/618-0521.
Fax: 57-1/618-0410.

Ministerio de Educacion—Proyecto Nacional de Educacion Sexual

Avenida El Dorado Can Of. 120, Sante Fe de Bogotá, D.C..
Phone: 57-1/222-0165.
Fax: 57-1/222-0165.

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Calle 34, Nov 14-52, Bogotá D.C.
Phone: 57-1/287-2100.
Fax: 57-1/287-5530.

Sociedad Colombiana de Sexologia

Apartado Aereo 3441, Cali.
Phone: 57-2/661-4858.
Fax: 57-2/668-0193.

Costa Rica

Programa Salud Reproductiva

Apartado 1434-1011 Y-Griega, San José.

Cuba

Centro Iberoamericano de Formacion Pedagogica y Orintacion Educacional (CIFPOE)

Calle 108, Number 29E08, entre 29 E y 29 F, Ciudad Escolar Libertad, Marianao, La Habana.
Phone: 33-537/206190.
Fax: 33-537/331697.

Cuatrimestral Especializada del Centro Nacional de Educacion Sexual (CENESEX)

Callo 19. Number 851, Esquina a4, El Vedado, Habana.
Phone: 33-537/302679.
Fax: 33-537/228382.

Guatemala

Asociacao Guatemalteca de Educacion Sexual

3a Calle 4-687-1, Guatemala.

Mexico

Asociacion Mexicana de Educacion Sexual A.C.

Michoacan 77, Mexico DF 11.

Asociacion Mexicana de Sexologia A.C. (AMSAC)

Apartado Postal 21-205, Mexico DF 21.

Asociacion Mexicana para la Salud Sexual

Tezoquipa 26, Col. La Joya, Deleg. Tlalpan, Mexico DF 14000.
Phone: 52-5/573-3460.
Fax: 52-5/513-1065.

MEXFAM

Calle Juarez #208, Tlalpan, Mexico 14000 DF.

Peru

Peruvian Society of Sexology

Avenida Arequipa 1775-203, Lima 14.

Venezuela

Centro de Investigaciones Psiquiatricas, Psicologicas y Sexologicas de Venezuela (CIPPSV)

Edificio Torre Bianco, Avenida Paramaconi, Urbanization San Bernadino, Caracas 1011.
Phone: 58-2/528922.
Fax: 58-2/513455.

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Sociedad Venezolana de Sexologia Medica

Apartado Postal: 68636, Altamira Caracas, 1062-A.
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Fax: 58-2/576-1083.

Sociedad Venezolana de Psicologia Sexologica

Apartado Postal: 17.302, Parque Central, Caracas, 1015-A.
Phone: 58-2/573-1802.
Fax: 58-2/576-1083.

Unidad de Terapia y Educacion Sexual (UTES)

P.O. Box 17302, Caracas 1015A .
Phone: 58-2/573-6624.
Fax: 58-2/576-1083.