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R E P O R T

NEW ISSUES ON THE HIV/AIDS PANDEMIC

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SIECUS

R E P O R T

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Debra W. Haffner, M.P.H.

President and CEO

Christopher J. Portelli, J.D.

Director of Information

Mac Edwards

Editor

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

Mac Edwards, Editor

SIECUS Report

130 West 42nd Street, Suite 350

New York, NY 10036-7802

phone 212/819-9770 fax 212/819-9776

Web Site: <http://www.siecus.org>

E-mail: SIECUSRPT@aol.com

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RETHINKING HIV/AIDS

Mac Edwards

Today, as I was finishing this issue of the *SIECUS Report* and thinking about the message that the articles will bring to you, I picked up *The New York Times* and read a front-page article titled “New Challenge to Idea that ‘AIDS Is Special.’”

Its theme—that the time has come to reexamine support services for people with HIV because death rates are dropping and people are living longer—complements the messages in this issue of the *SIECUS Report*.

One prominent voice in AIDS work is calling for advocates to band with people working on other diseases to demand that categorical programs be replaced with a national health care system. But is such a movement feasible?

Many original HIV/AIDS programs were intended as stopgaps to help the dying in a health emergency, the article says, but it is now obvious that the AIDS crisis is long term. New treatments may be turning the disease from a death sentence to a chronic manageable illness. Accepting the projection that the pandemic will last for another generation, advocates say that both the government and the private sector need to take a hard look at future plans.

Clearly, those involved in this important work are at a crossroads and must do some serious soul searching to continue to help people either seek protection from or learn how to live with HIV and AIDS.

IN THIS ISSUE

Here is a brief overview of what you will read in “New Issues in the HIV/AIDS Pandemic” in this *SIECUS Report*.

SIECUS President Debra Haffner points out in her article, “The HIV Pandemic Still Deserves the Best from Us,” that HIV prevention does demand continued special attention.

Dr. Simon Rosser of the University of Minnesota’s Medical School reviews in his article, “New Directions in HIV Prevention,” the four forces that appear to have influ-

enced current change: new treatment advances, a paradigm shift in theory and understanding, a scientific consensus on direction, and the impact of the community planning process.

In her article, “Sorting the Hope from the Hype: Practical Suggestions for Community-Based AIDS Treatment Education,” Sally Cooper, executive director of PWA Health Group in New York City, calls for a new direction for those helping people with HIV/AIDS-related problems.

Then, two articles look at the need to focus programs on specific groups. First, Karen Kun and Rebecca Schwartz of the New Jersey Women and AIDS Network in their article, “Older Americans with HIV/AIDS,” talk about how the narrow focus on “risk groups” has hindered HIV/AIDS education and prevention efforts for women and older adults. Next, Christine Gannon of Planned Parenthood of Delaware and Yvette Getch and Kamieka Gabriel of the University of Georgia provide guidance to educators in their article, “Developing HIV/AIDS Resources for the Deaf.”

Beth Bomze, a health education and HIV/AIDS consultant in New York City, takes a look at her dozen years of work and concludes in her article, “A View from the Field,” that the “AIDS 101” approach to HIV-prevention education is narrow and limited and needs to be expanded to include specific health and sexuality issues that people face daily.

Finally, in their article, “SIECUS’s *SHOPTalk* Keeps Educators Updated on HIV/AIDS Resources,” SIECUS staff members Emily Lamstein and Monica Rodriguez present the biweekly *SHOPTalk* fax service that they edit for more than 500 health and education leaders across the country on current HIV/AIDS prevention programs and activities.

We hope you will find this issue of the *SIECUS Report* both useful and helpful in your work. And please let us know of new programs and approaches you are taking in this important area.

**T H E H I V P A N D E M I C S T I L L D E S E R V E S
T H E B E S T F R O M U S**

D e b r a W . H a f f n e r , M . P . H .



few weeks ago, a newspaper headline trumpeted: **“AIDS Epidemic on the Decline.”** The article reported on the U.S. Centers for Disease Control and Prevention’s (CDC’s) announcement of the first decline in AIDS incidence during 1996 and a continued decline in AIDS-related deaths.

The CDC explained that the decreases were likely the result of recent improvements in HIV treatment in preventing or delaying the onset of opportunistic infections and deaths among people infected with HIV.¹

I couldn’t help but reflect on the “good news” that *only* 56,000 people had been diagnosed with AIDS in 1996 and *only* 38,000 people had died of the disease last year. In reality, the prevalence of AIDS actually increased 11 percent in 1996. And, according to the CDC, approximately 235,470 people are now living with AIDS.

Also hidden in—or absent from—the press stories was the fact that the decline in new cases of AIDS was not universal. New cases of AIDS opportunistic illnesses transmitted through heterosexual contact significantly increased: 19 percent among Black men, 13 percent among Hispanic men, and 12 percent among Black women. Overall, heterosexual transmission was up 11 percent for males and 7 percent for females.

T H E R E A L I T Y O F A I D S

Although I think it is important to celebrate our successes, I fear that the reality of the HIV/AIDS pandemic is being lost on the American public. The reality is that:

- people are continuing to be infected by HIV because prevention programs are not targeted toward them.
- young people, in particular, are not receiving adequate education about prevention because of the new abstinence-only education hysteria.
- people will continue to move from HIV to AIDS-opportunistic illnesses because they do not have money for effective treatment.
- not all people benefit from the new therapies.

According to the CDC, fewer than one in five Americans infected with HIV have private health insurance, and, although half of them are insured by Medicaid, 29 percent

have no coverage at all. And some states, like North Carolina, Florida, and Colorado have no monies to help them.

Another reality, as pointed out in Simon Rosser’s article in this issue is that the best of science and research, as defined by the National Institutes of Health (NIH) Consensus Development Conference on Intervention to Prevent HIV Risk Behaviors, is being ignored.

The NIH consensus document illustrates the serious chasm between science and public policy. Even though it elaborated on the effectiveness of prevention programs—including “interventions designed to change community norms targeting gay men, couples counseling for sero-discordant sex partners, cognitive-behavioral intervention aimed at heterosexual women, drug abuse treatment, community outreach, and needle exchange programs”²—its expert advice was virtually ignored by other parts of the U.S. Department of Health and Human Services.

Similarly, the NIH panel reported that an abstinence-only approach to HIV prevention is “in direct conflict with science and ignores overwhelming evidence that other programs would be effective. Abstinence programs cannot be justified in the face of effective programs...although sexual abstinence is a desired objective, programs must include instruction in safe sex behavior, including condom use.”³

F A L S E B E L I E F

T H A T E P I D E M I C I S O V E R

Recent news reports have left the American public believing that the epidemic is over and that individuals are not at risk unless they are gay men or impoverished people of color. The reports have also encouraged people to believe that AIDS is *always* treatable. Regrettably, this news is leaving people at risk.

Many who are not in certain population groups believe that AIDS does not affect them and they have not changed their behaviors. For example, genital herpes has increased five-fold among white teenagers since the late 1970s and doubled among whites in their twenties. In a recent study of young people in New York and Chicago, 91 percent said they were not concerned about HIV transmission.⁴

Single friends of mine tell me that condom use among heterosexual nonmonogamous adults is low. And a woman

friend recently told me the harrowing story of noticing, after intercourse, that a box of condoms on the bedside table read, "Natural lambskin. Do not use for protection against sexually transmitted diseases." Her new lover had never heard that only latex condoms are effective in preventing pregnancies and STDS. When I subsequently asked other heterosexual men in my age group if they knew the difference between latex and lambskin condoms, nearly all were surprised that only latex condoms protected against disease.

BEEN THERE, DONE THAT

I gave very few talks that focused on HIV prevention last year. Conference organizers often suggested that I concentrate on other issues because "we did AIDS last year" or "people are tired of hearing about AIDS." I have sensed a high degree of burnout and fatigue among health educators and among our audiences who communicate a "been there, done that" attitude.

We cannot let complacency win. We cannot let burnout keep us from remembering that this epidemic is far from over. Our work must honor the memories of those who have died too early from this dreadful disease.

When I feel discouraged about my work on behalf of HIV/AIDS prevention, I remember Bill Travis who helped

me design the Teens for AIDS Prevention Program; Danny Jacobs who was SIECUS's membership coordinator; Billy Partlow who was SIECUS's friend and volunteer, and too many other individuals. I call to mind my college friends—Stuart, Bruce, Lacey, and Marjorie—who died before our twentieth college reunion. I also think of my friends and colleagues who are infected with HIV and who struggle with every new cold and with the decision about when or whether to try new drugs.

You certainly have those that you remember. May their memories comfort and encourage you as you do the important work to end this epidemic.

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SIECUS POSITION STATEMENT ON 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.

NEW DIRECTIONS IN HIV PREVENTION

B. R. Simon Rosser, Ph.D., M.P.H.

Department of Family Practice and Community Health
Medical School, University of Minnesota
Minneapolis, MN

American approaches to HIV prevention have undergone major changes—technologically, theoretically, scientifically, and politically—in the last two years. At least four very different and distinct forces appear to have influenced this change:

- the impact of new advances in HIV treatment
- a paradigm shift in theory and understanding
- a scientific consensus on direction
- the impact of the community planning process on prevention.

NEW TREATMENT ADVANCES

A number of technological discoveries and important advances were reported at the recent Eleventh International Conference on AIDS in Vancouver that appear to have dramatically changed the face of HIV prevention. Chief among these was the measurement of viral loads and the emergence of protease inhibitors. Their impact on HIV prevention has been profound and complex.

On the positive side, the new hope generated by these drugs and the resulting undetectable viral counts in plasma has empowered many HIV-positive individuals to regain health, to retake active roles in prevention, and to gain a respite from many years of funerals and bereavement overload.

On the negative side, protease inhibitors have syphoned limited funding resources away from prevention to service delivery, have increased the pool of infected persons, and have, therefore, potentially increased risk of transmission. Because of the high cost of these treatment regimens, it is estimated that these advances will impact less than 5 percent of the world's infected population.

The hope raised by treatment advances appears to have complex and potentially negative effects on safer sex decision making, and also appears to have brought the tantalizing prospect of a cure, however prematurely, into common discussion.

At least two challenges emerge from these advances. First, we now need to confront the new myths generated by these advances. Protease inhibitors are a *treatment* not a *cure*; undetectable viral loads may still transmit HIV; and the epidemic has *not* disappeared. Second, sexuality educators and health care providers need to prepare for the worst. So willing are we to entertain the possibility of a cure that we have

set up ourselves, our clients, and those we are trying to educate for major disappointment unless protease inhibitors are the answer to every circumstance.

As anecdotal evidence of viral resistance and drug intolerance becomes more common, it is increasingly likely that the advances brought by protease inhibitors will be viewed as temporary, not permanent. Most likely, they will take their place in the arsenal of HIV secondary prevention as a *partial* solution for some people. We have won a battle, not the war; and it is critical, for future prevention efforts, that we make this distinction now.

While the measuring of viral levels has enabled virologists to estimate the effects of new drugs on the HIV virus, the term “undetectable viral levels” has become confused with “cure” and “noninfectious.” Unfortunately, both notions are likely to decrease the resolve in people with HIV/AIDS to avoid transmission of HIV to others. Because most prevention efforts in the past have targeted HIV-negative and HIV-serostatus-unknown individuals, risk reduction practices between persons with HIV/AIDS were not emphasized. In truth, unprotected sex and needle use among people with HIV have the possibility of increasing viral mutation and drug resistance.¹ Hence, it is urgent that we disseminate prevention messages to people with HIV about risk behaviors with other HIV-positive individuals.

A SHIFT IN THEORY, UNDERSTANDING

In *The Structure of Scientific Revolutions*, Thomas Kuhn argues that science undertakes a predictable cycle of initial enthusiasm followed by ever-decreasing advances in research and culminating in a paradigm shift characterized by bursts of new scientific inquiry, perception, and breakthrough.²

Although less dramatic than the advances in treatment, important theoretical shifts in our understanding of HIV prevention have recently occurred and may indicate a paradigm shift. The first decade of HIV-prevention programs in the United States were characterized as cognitive-behavioral in theory, technologically focused on some variant of abstinence/avoidance or condom promotion, and minimalist in instruction. Unsafe sex (or sharing needles) was perceived as the problem behind the spread of HIV, and hence, *risk elimination* was the solution. Dependent on an individual's political, religious, and social philosophy, interventions of abstinence,

monogamy, or risk reduction behaviors were advanced.

More recently, health care providers have questioned the notion that all we need to do is to tell adolescents to wait until marriage, tell gay men to use a condom, and tell drug addicts to share bleach. In all areas of HIV prevention, we are moving away from a simplistic, individually based, behavioral model of intervention to appreciate the complexity of decision making regarding risk behaviors.

Conceptually, the critical goal of HIV prevention has changed from *short-term risk behavior modification* to *long-term low-risk behavior maintenance*. In the process, we have advanced strategies of *risk reduction* instead of *risk elimination*. These changes, necessitated by the nature of the epidemic, are forcing a paradigm shift.

While it may make sense to advance “condom use” or clean needles for *short-term, individually focused* behavior change, they alone are unlikely to prove successful in *long-term, community-wide* maintenance of low-risk behaviors. New contextual approaches to HIV prevention that promote sexual health and comprehensive sexuality education are under evaluation. We need to emphasize a *life-long approach to community health promotion* that integrates sexual health into wider definitions of health needs.

This paradigm shift is both exemplified by and based upon psychosexual research in safer sex and safer needle-using behavior. While early research tended to report demographic and sex and drug correlates of risk behavior and focus on knowledge, more recent research has explored underlying dynamics such as socioeconomic cofactors, drug and alcohol correlates, and sexual health correlates (*histories of abuse and internalized homophobia*), and mental health markers.

While the past decade taught us that *information alone* is not sufficient to motivate behavior change (and many *interventions were designed with little or no supporting empirical evidence*), this second decade appears focused on establishing a true *psycho-epidemiology of understanding* both risk behavior and identifying those persons likely to be or become at risk because of their behavior.

Both nationally and internationally, HIV is increasingly becoming a disease that disproportionately affects the marginalized, persons of color, the poor, and the mentally ill. While this trend for a sexually transmitted disease to *sink toward those at the bottom* and those with the least health resources is by no means unique to HIV, it is uncertain how it will affect resource allocation and prioritization.

There is already a perception that the HIV epidemic has peaked in the white gay male community and that resources should prioritize “emerging populations.” The trend toward shifting resources away from the communities most infected and affected by HIV and toward emerging groups sends a dangerous message to those most devastated by HIV: namely, that the epidemic is over in that community.

SCIENTIFIC CONSENSUS ON DIRECTION

At the International AIDS Conference in Vancouver, the United States was condemned by experts from many other countries for playing politics with HIV and placing public opinion before public health.

Prevention in America was taken to task in four areas where scientific findings related to HIV prevention are in clear contradiction to current practice:

- the reluctance to initiate needle access programs
- the reliance on abstinence promotion in sexual education
- the prohibition of condoms in correctional facilities
- the use of immigration law to exclude persons with HIV from entering the United States. Speakers called for the United States to heed the experience of other countries in revising its approach and to join the international community.

This past February was a watershed month in the history of American HIV prevention. For the first time in the history of this epidemic, the *National Institutes of Health Consensus Statement on Interventions to Prevent HIV Risk Behaviors* brought together major researchers from around the nation to spell out in clear and unequivocal terms the major findings of prevention research for the United States.³

Too often in the past, scientists, including sexologists and HIV-prevention researchers, have been criticized for vacillating on controversial issues. The *Consensus Statement* lays out collective wisdom and findings:

- condoms are an effective and appropriate intervention to promote the public’s health
- abstinence promotion is an ineffective waste of public resources
- needle access is essential for HIV prevention and must be widely implemented at once
- HIV prevention must be targeted toward those living with HIV/AIDS
- condom availability in schools and correctional facilities must be examined
- social norms, structural factors, and political stances have real impact on HIV prevention and are the proper domain of research.

After achieving the consensus of scientists, the *Consensus Statement* challenges politicians and legislators to demonstrate strong political leadership. (Already, some states, such as Minnesota, have introduced legislation to enable easier access to clean needles.⁴)

It is up to those working in the field to ensure that such strong and brave statements of leadership become widely disseminated and used as a scientific basis for future

prevention planning. I recommend that all sexuality educators and health care providers make this *Consensus Statement* recommended reading for students and colleagues.

Perhaps the greatest contributions of the statement are that it will serve as testimony to the agreement scientists across disciplines have achieved regarding prevention and that it will serve as a challenge to initiate and guide the next generation of HIV-prevention research.

THE COMMUNITY PLANNING PROCESS

The advent of community planning groups (CPGs) in all 66 states, territories and major cities affected by HIV represents a dramatic shift in HIV politics. Funded by the U.S. Centers for Disease Control and Prevention (CDC), these groups are charged with prioritizing HIV prevention according to their local epidemiologic profile and community vision.

On the positive side, the CPG process is one of the most exciting and challenging advances in public health to occur this decade. It appears set to become a model for the prioritization of limited resources in other areas of public health. It has aided HIV prevention by challenging local communities of concerned citizens to direct resources toward those local areas most affected by HIV.

On the negative side, the process shifts the focus on resource acquisition from the federal to the local level. Now, instead of national initiatives such as ACT-UP and national marches on Washington influencing political direction, local communities will struggle to distribute equitably limited resources. This may have the impact of weakening political pressure for resources at a time when people appear too willing to believe in imminent cure and reluctant to examine the long-term HIV-prevention needs for the nation.

CONCLUSION

It is both an exciting and challenging time for those involved in HIV prevention. While future directions are somewhat unclear, it is certain that they will continue to be

driven by advances in technology, scientific research, community participation, and shifts in politics.

In the August-September issue of the *SIECUS Report*, Ruth Mayer documented trends in opposition to comprehensive sexuality education in public schools and noted that opponents of comprehensive sexuality education have "accelerated their efforts in recent years to implement restrictive programs in schools across the nation."⁵

The recommendations of this nation's scientists appear set to add needle access for drug users, condoms in correctional facilities and schools, safer-sex education to teenagers, and political accountability as critical issues for the next decade of public debate.

We would do well to heed the recommendation of the *Consensus Statement*: "The catastrophic breach between the behavioral science of HIV/AIDS prevention science and the legislative process must be healed. Citizens, legislators, political leaders, service providers, and scientists must unite so that scientific data may properly inform the legislative process."

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CONSENSUS STATEMENT AVAILABLE FROM NIH

The *Consensus Statement on Interventions to Prevent HIV Risk Behaviors* is available from the National Institutes of Health Office of Medical Applications of Research (NIH/OMAR), Federal Building, 7550 Wisconsin Ave., MSC 9120, Bethesda, MD 20892-9120. It is also available for downloading from the NIH/OMAR Web site: <<http://consensus.nih.gov>>.

SORTING THE HOPE FROM THE HYPE: PRACTICAL SUGGESTIONS FOR COMMUNITY-BASED AIDS TREATMENT EDUCATION

Sally Cooper, Executive Director

PWA Health Group
New York, NY

I've been carrying all three of my prescriptions around for two weeks now. I got them filled right away, but I can't figure out whether to take them or not, so I carry them with me every day. I have them in my bag right here. I went to two drug stores and asked them, and they both said I was right. I shouldn't mix two of the drugs. They haven't been studied yet. But then one of them said, "it's a pretty popular combination, they're sending a lot of people over from the hospital to get them filled." Like AIDS drugs are the Pepsi challenge or something. I don't know what to do. I'm scared of taking them, and scared not to.

—Gina H., summer 1996.

In 1996, the rapid approval of new antiviral drugs and the new *hit-it-hard-and-early* medical model for treating HIV infection have brought tremendous hope to the thousands of Americans living with HIV and AIDS. This transformation of AIDS medical care has been accompanied by largely uncritical coverage by national media and massive direct-to-consumer marketing campaigns by large pharmaceutical companies, leaving individuals and agencies struggling to sort out what to believe about these changes in treatment for people living with HIV. On a broad social level, these developments redefine AIDS as primarily a medical issue.

What does this mean for AIDS service providers who have rarely focused on the medical aspects of HIV? How will they balance newly urgent *medical* priorities with other critical survival needs for clients, such as housing and drug recovery? What happens if the excitement is unwarranted and the early use of the "HIV drug cocktail" fails to enhance individual survival?

Although this is almost unbearably painful to consider, the parallels to another antiviral, AZT, are too stark to ignore. Few AIDS service providers have systematically considered the consequences of recent profound medical advances. All too often, agency discussions focus on dwindling client numbers and funding cutbacks, when, just outside the door, people with HIV and AIDS are facing what feels like the biggest and most confusing choice of their lives.

The issues raised by new AIDS drugs, like protease inhibitors, are complex, and call for a degree of long-term planning, interagency cooperation, restructuring, and change that is difficult to accomplish in the nonprofit world. (See

the discussion regarding protease inhibitors in Rosser, "New Treatment Advances," page 5.) For AIDS service providers, often working in a crisis climate, this challenge may feel impossible and irrelevant to clients' immediate problems. But to ignore the broad social impact of this medical advance in the treatment of HIV will seriously jeopardize agency survival and leave gaping holes in local networks of support for people with AIDS (PWAs).

For the purposes of this brief overview, AIDS service organizations (ASOs) are defined as any public or private agency providing direct services to people with HIV/AIDS, including HIV antibody testing, case management, entitlement advocacy, recovery and relapse prevention, AIDS hotlines, pastoral care, and/or AIDS services nested within otherwise non-AIDS agencies. The goal in raising these issues is not to suggest that these agencies start promoting new antiviral strategies. Nor is it to displace still-needed existing services or argue for the development of new services. The fact is that many of the skills and resources people need for grappling with new treatments *already* exist in many ASOs and can be readily utilized with some careful planning. In short, community-based agencies have an opportunity to offer a unique level of individualized support and education in the area of new drug therapy that may prove of critical importance for clients.

COMMUNITY-BASED TREATMENT EDUCATION AND SUPPORT

Community-based treatment education offers individuals living with HIV and AIDS the time, information, and emotional support they need to make thoughtful treatment decisions. It is rooted in the understanding that almost anyone can understand key medical concepts and principles if presented in a practical, culturally competent manner that embraces the context in which the individual operates.

Effective treatment education:

- offers people practical tools for negotiating health care delivery in their own best interest
- differs from clinic-based patient education in focusing on the overall needs of the individual living with HIV/AIDS
- is a nondirective, client-centered process recognizing the whole person, allowing individuals to unravel the com-

plex emotional issues that underlie most treatment decisions, such as fear of disease progression, addiction issues, self-esteem, denial, disclosure of HIV status, family and work issues, social and intimate relationships, previous losses to AIDS, health beliefs, spirituality, past experience with medications, and self-image

- is grounded with a firm belief in both the possibility of survival and a lack of denial about illness and death
- is directly shaped by people living with HIV and AIDS.

In helping people articulate their initial reactions to treatment choices, treatment educators help people understand that there are options, that it's their choice what medications they take, and that their choices will be supported. Fear gives way to courage and conviction. Based on thoughtful understanding on the data and research, treatment education offers individuals a supportive place outside a primary care clinic to examine their fears, beliefs and understanding of HIV medications, health care providers, survival, and death.

BARRIERS TO EFFECTIVE COMMUNITY-BASED TREATMENT EDUCATION

Many ASOs began operating before medical care had much to offer the person infected with HIV. Other needs—such as housing, food, and entitlement advocacy—could be handled with existing social service delivery models. By the early 90s, the scope of services had become somewhat institutionalized, with ASOs from coast to coast offering a similar range of services that closely resembled other community self-help agencies.

Community-based AIDS treatment education is a novel social service that grew out of community organizing efforts by gay men in the 80s. Until very recently, these treatment support services have been seen as advocacy-based and have remained separate from neighboring ASOs. Integrating a new range of services into existing infrastructure is never simple, and requires full agency buy-in if it is to work. Some common issues that arise for ASOs considering creating new treatment education services:

- ***AIDS treatment education often feels uncomfortable for the ASO staff person, due to deeply held social taboos against challenging the expertise of the medical profession.*** Common staff objections include: "I couldn't possibly know enough," "I don't want to risk someone's life," and "I'm not a doctor." These comments outline a common confusion about the difference between *treatment information* and *medical advice*, and express an overblown sense of responsibility about the potency of the information and the passiveness of clients.

- ***Talking about health care problems feels too personal for many health care professionals.*** Few case managers have to worry about advocating for their own food stamps, but almost all service providers have had difficulty communicating with health care providers at one time or another. Providing treatment support can require a degree of empathy that some may feel is unprofessional. It can, without warning, offer a glimpse into an understandably frightening reality: *traditional medicine doesn't have all the answers.* It's one short step to: "What if my doctor doesn't have all the answers?" For many service providers, treatment education opens an unexpected door of identification with their clients that they would prefer to keep firmly shut.
- ***AIDS treatment education is necessarily about the possibility of illness.*** For some service providers, keeping a focus on concrete services feels more useful and helps keep their fears about their clients at bay. A social worker does not need to have been homeless to feel deeply and work passionately to help others get housing. Yet, all too often, treatment education efforts today are shaped by public health agendas and pharmaceutical marketing needs that simply do not speak to peoples' central issues about multidrug regimens for AIDS. To be relevant, AIDS treatment education must spring from a deep, multifaceted understanding about living with HIV in a society that remains deeply uncomfortable with AIDS, intravenous drug use, and sexuality.
- ***AIDS treatment education needs to be shaped by people with HIV and AIDS.*** To avoid simply repeating what's offered at the clinic, ASOs will need to hear from staff and clients who are living with HIV and create an infrastructure for them to shape these programs. All too often, treatment education efforts today are shaped by public health agendas and pharmaceutical marketing plans that simply do not address peoples' needs about multidrug regimens for AIDS.
- ***Finally, AIDS treatment education is often intimidating simply because it's a complex area that may require a wide range of new knowledge and information, especially at first.*** Treatment information is a whole new language, often difficult to pronounce. It's embarrassing to mispronounce drug names and it's hard to admit: "I don't know." But for clients, what's far worse to hear is: "I can't help you with that."

Can AIDS service providers shake this legacy and begin helping clients with the awesomely confusing drug therapy decisions of today? With antiviral therapy, every decision is highly individual, never clear cut, and rarely backed up by substantial data. What kind of useful treatment education is possible in such a situation? Exactly the kind that trained HIV service providers in a community-based organization

have the experience to provide. This is because treatment decisions are rarely made based on data alone, and who better than trained counselors to help people sort out their fears so they can start understanding the risk and benefits involved?

SOME SUGGESTIONS FOR IMPLEMENTING TREATMENT EDUCATION PROGRAMS

Today AIDS service organizations are being prodded by funders, pharmaceutical companies, and clients to address the uses of combination therapy for AIDS. Two of the biggest difficulties that agencies encounter with implementing treatment support programs are: (1) professional social service delivery boundaries, and (2) lack of infrastructure for HIV-positive staff, volunteers and clients to define and shape the program. The best way to cope with both of these is to work with a local treatment education and support agency that understands these issues. For many communities, there is no local AIDS treatment organization, although many small People With AIDS Coalitions or other PWA-led support organizations can be a terrific resource. Many treatment agencies' personnel will travel to communities-in-need.

Multisession trainings should focus not only on medical information, but include interactive exercises to help staff become comfortable with the treatment vocabulary, articulate their concerns, and begin the work of figuring out appropriate professional boundaries within the context of medical support.

These are some issues to consider before starting a treatment education program:

- **Sort out what the community-based organization has to offer.** Learn what clients are *not* getting from health care providers and other organizations in their communities. Obtain other agencies' brochures and ask their staff questions. This will help narrow the focus and keep staff from feeling overwhelmed that they have to know everything about new antivirals and many antibiotics. The point is not to become a substitute for a primary care clinic, but a source of warm support. Often what's missing at the clinic is not *information*, but *time to process it*.
- **Determine what kinds of support to offer.** This could include one-on-one counseling, drop-in treatment discussion groups, regularly scheduled workshops, one-on-one discussions with physicians, library and reading areas, Internet access, written materials, videos, and other such services. Start by subscribing to different treatment newsletters and learn from staff and volunteers which ones they personally understand. No one has an innate understanding of treatment terminology, and finding resources that explain practical medical issues will help

both staff and clients. If there's a staff person or volunteer who likes treatment issues—utilize them to start building files and encourage them to find volunteers to help.

- **Figure out who to target.** Not all clients have the same issues about their medical options, and agencies may find that targeting certain groups will allow for more meaningful treatment education. Examples include: women, people who have recently tested positive, people choosing not to take drugs, people from whom the drugs are no longer effective, and, most important, HIV-positive staff who deserve safe, internal support networks to cope with their personal and professional issues about their own and others' medical choices.
- **Start small and learn from the experience.** Many people with HIV/AIDS are looking for clear information and the chance to speak with someone who is on the same drug regimen as they are. Simple mechanisms can be easily established within existing budgets to get these conversations going.
- **Determine what information to offer.** Many ASOs freely offer materials from pharmaceutical companies. While often clear, with nice graphics, these materials are never complete. Published as part of large marketing campaigns, these materials cover the specific company's drugs but fail to mention drugs from other companies. The full context for treatment decisions is never addressed by these materials. Increasingly, community treatment agencies publish information and run forums with pharmaceutical funding. The reality is that the pharmaceutical industry is currently spending millions of dollars to promote their products directly to PWAs and their support organizations. Each agency needs to carefully think through policy about pharmaceutical funding and sort out what pharmaceutical companies can offer that is not available elsewhere. Much of the time, what's missing is the nuanced context of data, knowledge of side effects, and information regarding the full range of treatment options: the heart of good treatment education.
- **Decide who is going to provide the treatment education and support.** While social workers and case managers are an obvious choice due to their counseling skills, professional boundary issues and overwork are serious concerns. Educators may lack sustained contact with clients because much of prevention work is outreach and one-time workshops. *Treatment education* does not need to become an entire department: Many agencies have started supporting one sympathetic staff person to become the resident treatment expert. This staff person is sent to conferences, builds files, and makes her/himself available to clients in regularly scheduled formats. AIDS treatment education requires a reflective understanding of the dif-

ference between *medical advice and treatment information* and *directive language and support*. This boundary is not simple. Educators need support and help with maintaining a warm but respectful boundary. Staff who are unable to maintain this boundary, who are personally uncomfortable with acknowledging their own ignorance to a client, who make up answers, or who fail to get back to clients should not be treatment educators.

SUMMARY

A new medical model has emerged for treating HIV infection which offers unprecedented benefit for many people with HIV, but not all. It is of utmost importance that AIDS service organizations begin helping their HIV-positive clients, staff, and volunteers sort out how to best utilize the promise of these new drug therapies while acknowledging the real limitations of the data.

This is also critical because ASOs have an important community function to fulfill. History teaches us that traditional medical models have much to offer, but also tend to redefine social problems in narrow ways, with narrow solutions that sometimes fail in the fractured American system of health care delivery. For many, AIDS treatment is now about convincing people with HIV and AIDS to get on combination drug therapies and stay on them, even though these drugs have already failed so many. AIDS as a complex social problem has already started to fade from national media coverage. Despite this, ASOs are uniquely positioned to stand watch for their clients and staff for whom the new medications do not work, for those who isolate with severe gastric pain from protease combinations, and for those for whom this miracle does not hold promise because the health care system lets them down. The mission of ASOs is to serve people with HIV and AIDS. Positioned outside of the health care system, ASOs have a loud and vital role to play in ensuring that clients get fair access to new drugs and practical information, and since the model only works for some, they will also fight for those not well served.

Providing HIV and AIDS treatment education and support is not as difficult as it may sound. There are many AIDS treatment organizations ready to help with trainings, written materials, consultations, and support. There is no need for every staff person to become expert in this area. Slowly build agency competence about clients' treatment issues and freely offer useful material and referrals, and your agency will go a long way to reducing the crushing isolation that many PWAs feel today.

Far too often, when a client asks a service provider about medication the answer is: "You should ask your doctor about that." Although well intentioned, this response signals clients not to ask again and leaves them alone with their fears. Worse, it ignores the fact that the question was asked because that client failed to find an answer in the clinic in the first place. For many people with HIV, antiviral treatment decisions feel more frightening than ever before: *What if I choose the wrong combination? What if it works for now, but I can't benefit from other drugs in the future? What if I get too many side effects? How long do I have to take this? When can I stop taking them? What if they kill me?* Health care providers are inadvertently leaving people with HIV/AIDS feeling rushed into making complex decisions that feel momentous and overwhelming. ASOs can help. The next time someone asks for help, take the time to understand the question and look for an answer. Then send them back to the clinic, this time armed with your support.

The PWA Health Group is a national AIDS treatment education and advocacy organization. The PWA Health Group offers individual treatment counseling, drop-in treatment discussion groups, fact sheets and newsletters, and multi-session treatment training sessions for clients and staff of AIDS service organizations and drug treatment programs. A twelve-week agency training curricula is available by request. For more information: PWA Health Group, 150 West 26th Street, Suite 210, New York, NY 10001. Phone: 212/255-0520. —Editor

SIECUS BIBLIOGRAPHY ON HIV/AIDS

SIECUS has published an *HIV/AIDS Annotated Bibliography* of current books, curricula, and other materials. It is available free of charge by downloading it from the SIECUS Web site (<http://www.siecus.org>) or for \$2.00 by writing to SIECUS Publications, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802.

OLDER AMERICANS WITH HIV/AIDS

Karen E. Kun, M.P.H., M.A., Executive Director
Rebecca W. Schwartz, Program Coordinator
New Jersey Women and AIDS Network
New Brunswick, NJ

Since the start of the AIDS pandemic, the faces of Americans living with HIV/AIDS have changed drastically in respect to age, gender, sexual orientation, and ethnicity. Although HIV/AIDS has historically been viewed in the United States as a young gay men's disease, the U.S. Centers for Disease Control and Prevention reports a steady increase in the number of women with AIDS.¹ Additionally, the number of AIDS cases in older adults is steadily increasing.²

Although "risk groups" have been the focus of HIV prevention, education, and diagnostic efforts in the past, the growth in cases involving women and older adults clearly supports that "risk behaviors" should be the appropriate emphasis for these initiatives.

The narrow focus on "risk groups" has hindered HIV/AIDS education and prevention efforts to the detriment of women and older adults, resulting in a delay in the early detection of HIV infection, with a concomitant delay in the accessing of treatment.

INCORRECT ASSUMPTIONS

Misplaced notions characterizing older adults as sexually inactive may lead health professionals to ignore behaviors which have been deemed "risky" in younger populations. In actuality, older people may engage in sexual relationships into their 80s and 90s, and not all are married or in long-term monogamous relationships.³ A study conducted in 1990 found that although the frequency of sexual activity declines with age, a majority of persons over 60 remain sexually active.⁴ Regardless of such findings, myths and taboos concerning sexuality and aging are perpetuated, and many older adults may be reluctant to discuss their sexual histories with a health care professional.

Health care providers may also be reluctant to inquire about sexuality related issues. This was demonstrated in a telephone survey of 14,000 Americans where only a small minority of middle-aged and older patients reported that they had discussed their risk for HIV infection and other sexually transmitted diseases with their physician.⁵

Yet, contrary to assumptions about the reluctance of older adults to discuss sexuality related issues, health care providers can have honest discussions about sexual health with patients who are in middle or later life.⁶ In fact, a vast number of older adults have been willing to discuss their

sexual histories in cases where the discussion led to pertinent information about their own health, or the health of the people they love.⁷

SEXUAL HEALTH

Safer sex, behavior modification, and early detection (through HIV testing) are the primary components of HIV/STD prevention initiatives targeted to younger adults. However, these elements may be forgotten or dismissed as "unnecessary" when discussing HIV/AIDS-related issues with the aging.⁸ Furthermore, older adults, as is also commonly the case with younger individuals, may feel immune to STDs and HIV and may therefore be reluctant to participate in discussions about safer sex, even when available.

Additionally, as many older women are no longer concerned with pregnancy, they are less likely to use condoms, which substantially reduce the risk of contracting HIV.⁹ In fact, a National AIDS Behavioral Survey documented that only a very small proportion of Americans past the age of 50 who had a known behavioral risk for HIV infection had used condoms during intercourse, or had undergone HIV testing.¹⁰ In addition, at-risk Americans past the age of 50 were one sixth as likely to use condoms during intercourse, and one fifth as likely to have been tested for HIV, compared to a group of at-risk individuals in their 20s.¹¹

PHYSIOLOGICAL FACTORS

In addition to a possible lack of safer sex information for the aging, or a disregard for such information, older adults may experience physiological changes which may heighten their risk of acquiring HIV infection.

Aging women, due to physiological changes, may be more prone to HIV and other sexually transmitted diseases because of a thinning of the vaginal mucosa, a diminishment of vaginal length and width, and reduced lubrication.¹² Consequently, a thinning of vaginal tissue or insufficient lubrication during sexual intercourse can enhance a woman's risk of tearing and bleeding, and hence provide a mechanism for HIV transmission.

Older women and men may also experience a general age-related decline in their immune systems. Such changes, including a decrease in the amount of antibody production and T-cell regeneration, characterize an overall abatement in

the effectiveness of the immune system.¹³ Consequently, due to these factors, HIV infection in older adults may result in rapid disease progression, increased severity, and a greater likelihood of death than in younger patients.¹⁴

DIAGNOSIS

Symptoms resulting from HIV infection or sero-conversion may emulate common manifestations of general age-related declines in the immune system of older adults.¹⁵ Furthermore, aging patients in the early stages of HIV infection often have vague symptoms such as decreased appetite, weight loss, fatigue, and diminished physical and mental capabilities, which may mirror other disease processes, most commonly Alzheimer's Disease.¹⁶

Due to the unclear differentiation between these symptoms and those related to other age-related illnesses, health professionals may not normally consider HIV as a potential diagnosis. Yet, AIDS should be considered as a possibility in the cognitively impaired older person since dementia may be the only presenting clinical symptom.¹⁷

Early detection of HIV leads to early treatment, and also to information on nutrition and wellness, which can significantly impact an individual's survival rate. However, since older adults often have symptoms mirroring other chronic diseases and are not perceived to be at risk for HIV/AIDS, they are diagnosed later in the disease process. Consequently, the proportion of patients with AIDS dying in the same month as receiving an AIDS diagnosis progressively increases after the age of 49.¹⁸

PREVENTION INITIATIVES

In the past, HIV-prevention and risk-reduction interventions have focused on younger adults. Yet, there is a profound need for programs specific to the aging that emphasize harm-reduction techniques, safer sex practices, and where appropriate, HIV-testing.

A National AIDS Behavioral Study concluded that older adults are willing to adopt risk-reduction strategies if, and when, they are made aware of their risk for HIV infection and are shown specific ways to prevent transmission.¹⁹

Some health professionals may be uncertain about the manner in which to proceed in discussing sexuality with older adults.²⁰ In fact, even physicians at clinics for the aging often have received no prior training in sexuality. In addition, most physicians have failed to initiate any discussions with their patients focusing on sexual relationships.²¹

Prevention initiatives for older adults, when properly formulated, can be effective. A 1996 study examined the effect of an age-specific AIDS education program for older adults, and participants reported an increased recognition of their own susceptibility to HIV/AIDS after having completed the program.²²

RECOMMENDATIONS

These are some recommendations that sexuality and HIV/AIDS-prevention educators may want to incorporate into programs:

- provide training programs in sexual health and HIV/AIDS for both physicians and nurses who work with the aging
- incorporate images of older adults into advertising campaigns (posters, pamphlets, etc.) to increase the visibility of older adults in the HIV/AIDS pandemic
- perform outreach to groups not typically included in HIV-prevention efforts, such as the American Association of Retired Persons, the Older Women's League, senior citizen groups, and religious organizations
- recruit older adults to educate their peers regarding HIV/AIDS and other STDs through clubs for older adults, religious organizations, support networks, retirement communities, and health care facilities.

CONCLUSION

Framing HIV-prevention, education, and diagnostic efforts in respect to "risk-groups" has led to the invisibility of aging faces in the HIV/AIDS pandemic. Denial of older adults' risk for HIV infection is further compounded by societal myths regarding the sexual inactivity of the aging, which hampers HIV educational and diagnostic efforts.

Although health care professionals may not be comfortable discussing HIV/AIDS with older adults, this information is necessary. Furthermore, research supports that information related to sexuality, in general, and HIV/AIDS, in particular, is readily accepted when provided in an appropriate manner.

Older adults should be educated about HIV/AIDS in the interest of their own health, but also in the interest of their peers, children, and grandchildren, to whom they can serve as educators and role models.

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UNAIDS SAYS SEXUALITY EDUCATION LEADS TO SAFER SEXUAL BEHAVIOR

A review commissioned by the Joint United Nations Program on HIV/AIDS (UNAIDS) indicates that sexuality education for children and young people promotes safer sexual practice and does not increase their sexual activity.

UNAIDS commissioned a review of 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States, and various Nordic countries that looked at sexual health education programs and those incorporating education about the HIV virus.

The review's primary intention was to inform policy-makers, program planners, and educators about the impact of HIV and sexuality education on the behavior of young people as described in the published literature.

The major conclusions of the review were:

- Education about sexual health and/or HIV does not encourage increased sexual activity
- Quality programs help delay first intercourse and protect sexually active youth from sexually transmitted diseases, including HIV, and from pregnancy
- Responsible and safe behavior can be learned
- Sexuality education is best started before the onset of sexual activity.

The review also concluded that effective education programs:

- have focused curricula, give clear statements about behavioral aims, and feature clear delineation of the risks of unprotected sex and methods to avoid it
- focus on learning activities that address social influences and media influences
- teach and allow for practice in communication and negotiation skills
- encourage openness in communicating about sexuality
- are grounded in theories stressing the social nature of learning.

"Globally, there has been some increase in political commitment and in programs responding to the right of people to be educated about their health, but much more needs to be done especially in the area of sexual health," said Dr. Peter Piot, executive director of UNAIDS. "And, as this review shows, the quality of these programs is all important in developing healthy behavior in order to reduce transmission of HIV and other STDs."

"The most important conclusion is that failing to provide appropriate and timely information to young people for fear of encouraging sexual activity is not now a viable option."

For more information: UNAIDS, 26C 3 UN Plaza, New York, NY 10017. Phone: 212/824-6643 Web site: <<http://www.unaids.org>>.

A VIEW FROM THE FIELD

Bracha Nachama Beth Bomze
Health Education and HIV/AIDS Consultant
New York, NY

Although many adult participants in HIV/AIDS training sessions have indicated that they are frustrated because they are “AIDS-information saturated,” they have simultaneously indicated an alarming confusion about basic facts, thus illustrating the scope of fear, rationalization, and ignorance now spurring this pandemic toward decade three.

Responding creatively to the challenge of such barriers, SIECUS has advanced a model of HIV/AIDS education that is activist in nature and that I have followed in my own work. Our collective launching of such programs has succeeded despite a fearsome backlash by forces that support anti-intellectual and myth-driven agendas.

Meanwhile, the virus continues to decimate both “our side” and “theirs” as it recognizes our entire species as one “high risk group,” a worldwide race in need of straightforward information and prophylaxis, ranging from latex barriers and medical treatments to the prevention of poverty.

REFLECTIONS

When SIECUS published the article, “AIDS 101 Is Not Over Yet,” in its October–November 1991 *SIECUS Report*, I eagerly read the article where the author, SIECUS staff member Carolyn Patierno, pointed out that the word *activist* “is a loaded one which conjures up images that make people feel uncomfortable.” “Instead,” she said, “HIV/AIDS-prevention educators should consider *activism* as *taking control and responsibility for what you feel is important*.”

“It means,” she said, “relating HIV/AIDS to the politics of poverty, racism, homophobia, and sexism.... Finally, it means using anger in the most positive way as a *motivator*....”¹

Today, I continue to travel from program to program training young people and staff—often feeling isolated yet also bolstered by the support of some wise school administrators who are concerned about the issues that propel adolescents toward high-risk activities. These adolescents are vulnerable to HIV infection.

Clearly, as SIECUS noted in its 1991 article, and as I now concur, *AIDS 101 is not over yet*. In my work, I am daily reminded of this as I work with students who present anecdotal evidence for the nightmarish statistics on sexually transmitted diseases including HIV.

This daily dramatization threatens to syphon off vital energy from my work, an energy already weakened by continued political undermining and administrative fiat, such as bans on condom demonstrations in high school classrooms.

The educator/activist network that coalesced to originally launch programs has now all but crumbled for a host of reasons: teacher anxiety about the atmosphere bolstered by opponents; playing politics at the highest levels of the public school system; and a deepening sense of exhaustion.

AN ISSUES APPROACH

Meanwhile, it seems clear that it is now essential not only to shore up flagging advocacy for the activist vision of HIV/AIDS education, but also to examine the narrowness and limitations of the standard “AIDS 101” approach.

Before succumbing to HIV/AIDS in 1991, Dr. A. Damien Martin, cofounder of the Hetrick–Martin Institute, posited a framework for in-depth prevention efforts for those infected with HIV. I have adopted this general framework for my own, as the standard “AIDS 101” approach locks the understanding of the immune system into a grim disease model, and fails to pose the key question that Martin underscored: “What are the issues that put this population at risk for HIV infection?”

In developing his framework, Martin examined the limits of an approach that sees as sufficient the teaching of a young person to put on a condom correctly, when the young person may be put at risk primarily by other factors such as homelessness, a condition too often generated when, as Martin described, parents throw an adolescent boy into the streets rather than shelter a gay son. To fight off the proposals of an individual offering ready cash for unprotected sex, he will need to know much more than simply how to use a condom.

After 12 years in the field, I find Martin’s unfortunate scenario tragically familiar. I teach a workshop entitled, “Your White Blood Cell Support Teams: What Is Immune-Enhancing Behavior?” In one of these workshops, not one student was aware that the labia minora, clitoris, penis, anus, or rectum are made of mucous membranes.

In this workshop, students match all the sexually transmitted diseases they can name (including HIV) with the appropriate microbe category, and delineate primary prevention issues, including a frank discussion of mucous membranes and vulnerability to microbes.

During the second segment of the workshop, students define and list both *immune-enhancing* and *immune-suppressing* behaviors. I suggest they copy their immune-enhancing activities from the blackboard as their personal menu of choices for negotiating stressful situations in health promoting ways.

Students also volunteer the phrases they utter inwardly or aloud when about to leap into activities they now deem immune suppressive. I explore with them how best to identify inner signals indicating they might be in danger of crossing a line into their list of possible risky behaviors or negative situations.

The students then list activities that might protect them: positive communication; community involvement; exercising; regular check-ups at a facility where teenagers are treated with respect; dancing; reading; singing; postponing sexual relations; having safer sex; talking to a counselor; quitting smoking; and relaxing in the bathtub.

Thus, HIV infection is discussed within a framework of activities and outcomes elicited from the students themselves instead of in an isolated and narrow context. I do not assume they are familiar with sexual and reproductive anatomy, with the concept of mucous membranes and vulnerability to disease transmission, or even that they are scientifically literate about the names, locations, and functions of internal organs.

I also include the myriad social and political issues that put human beings at risk, such as forced sexual relations and pressured sexual relations. HIV/AIDS-prevention educators need to approach such issues without casting blame so that students will seek counseling, medical attention, and legal help, if they choose. Those of us who encourage students to report such situations and to subsequently care for themselves are actually facilitating life-saving prevention measures and other immune-enhancing interventions.

A PERSONAL STORY

Let me share with you a composite story of the young women whom I've counseled. Anna shared that she had conceived a child at age 16 with an adult in his mid-twenties whom she had subsequently married. Her husband was currently unemployed, and they lived with his parents.

Anna indicated that her own family had been intolerably abusive and that she had hoped life with her husband would be an improvement. Instead, she said she didn't enjoy sexual relations with him because of how he treated her, including flaunting his affairs. She then confided that he currently had an infection and a mucous discharge from his penis. When I patiently reviewed general information on sexually transmitted diseases and gave her a pamphlet on the subject, she shared that her husband had refused to seek treatment even though "he says it burns" when he urinates. She herself had not visited a gynecologist since the birth of their child.

Anna then shared her pride in the fact that given this "scary" situation, she had refused vaginal intercourse with her husband, but agreed to "only have oral sex." I gave her brochures of adolescent health care facilities, explaining that she needed to tell a doctor exactly what she had told me, and that she would be treated with respect. I explained that she

might need a throat culture and might also request a full sexually transmitted disease screening—including pre-test counseling for the HIV antibody test. It was obvious that Anna only now understood that she might be at risk for the virus.

I explained that, while there, she could also enlist the ongoing emotional support and practical guidance of a trained counselor to help her continue making healthy choices for herself and her child. Anna seemed responsive to these suggestions and promised to make an appointment. The only thing that confused her was the term "throat culture." Why would she need that if she was only having oral sex? I proceeded to gently explain. "Oh!" she cried. Apparently Anna had been confusing the terms "anal" and "oral" and was, in fact, engaging in unprotected anal intercourse to appease her husband, firmly convinced that she was engaging in safe sex. "I thought only gay guys could get something that way," she added.

She then requested a strip of condoms for future use, and I pointed out the small print about vaginal spermicides and their importance. Anna had never heard of vaginal spermicides. As I am not supplied with contraceptive creams, jellies, or foams for students, I used this as another example of how the adolescent health care providers could assist her.

So what are the issues that put Anna at risk for HIV infection? I will begin the sad list to which *SIECUS Report* readers may add: an abusive family of origin; lack of healthy boundaries; lack of adult intervention to guide her toward healthier options; poverty; illiteracy about the human body; lack of information about local health care facilities; mistreatment in an oppressive marriage; the myth that marriage is a protection from HIV infection; submission to high-risk sexual relations as a bargaining chip against homelessness; lack of awareness of HIV as a sexually transmitted disease; lack of explicit education about risk behaviors; and so on.

WE WILL PREVAIL

In spite of all this, I take courage that justice, freedom, and happiness can become more "infectious" than HIV, and refuse to give in to the thought that the myriad oppressions that fuel this pandemic will surely steamroll across the next decade, flattening the lives and aspirations of young people.

In conclusion, I offer you a cherished message from Jewish culture (Sanhedrin 4:5), which is now the motto of the Tsvi Aryeh AIDS Foundation here in New York: "Whoever rescues a single life is credited as though they have saved an entire world."²

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SIECUS'S SHOPTALK KEEPS EDUCATORS UPDATED ON HIV/AIDS RESOURCES

Emily Lamstein

SIECUS School Health Project Associate

Monica Rodriguez

SIECUS Director of Education

SIECUS's *SHOPTalk*, a biweekly fax service to over 500 health and education leaders across the country, provides these individuals with current information on HIV/AIDS-prevention programs and activities.

Since its inception, *SHOPTalk* (which is an acronym for *School Health Opportunities and Progress*) has typically included an HIV/AIDS program profile, new HIV/AIDS resources, and new HIV/AIDS training opportunities.

A recent evaluation found that over 90 percent of the *SHOPTalk* recipients found the newsletter timely, useful, and interesting. Some comments were:

- "The biggest benefit is the brevity. I look at it right away, unlike longer newsletters and journals."
- "I find it very helpful and distribute it to about 50 colleagues in my state."

SIECUS Report readers can download the *SHOPTalk* newsletter from the SIECUS Web site: <<http://www.siecus.org>>.

Several items from recent *SHOPTalks* are excerpted here for *SIECUS Report* readers.

MULTIFACETED APPROACHES

A recent study, funded by the Robert Wood Johnson Foundation in New Brunswick, NJ, reviewed 37 AIDS prevention and service projects in the United States. All took a multifaceted approach to helping individuals whose behaviors and other life experiences placed them at risk for HIV infection. Such approaches included:

- **holding small-group discussions** including role plays, talks about safer sex and healthy behaviors, and discussions on relapse prevention and HIV risks in the workplace.
- **sending outreach workers to populations exhibiting high-risk behaviors** including shelters, homeless centers, soup kitchens, bars, parks, "stroll" districts (areas where prostitutes solicit clients), "shooting galleries," crack houses, prisons, and Narcotics Anonymous meetings and drug treatment centers.
- **training peers and volunteers** including high school students doing volunteer work with hospitalized AIDS patients, youth performing in theater troupes that give

HIV-prevention presentations to community groups, African-American and Latina women working with their peers who are postpartum and HIV-positive, and gay and bisexual men conducting relapse prevention workshops for other gay and bisexual men.

- **offering safer-sex kits**
- **conducting large group discussions**
- **holding support groups**
- **conducting individual counseling.**

The study also identified eight factors that were present in 12 effective projects. They:

- had culturally relevant and language-appropriate interventions
- embedded AIDS information into broader contexts
- provided creative rewards and enticements (to help with recruitment and retention)
- built in opportunities for program flexibility (such as varying the intervention's content, format, schedule, process and delivery system)
- promoted integration into—and acceptance by—the community (to help publicize efforts, enhance recruitment, aid credibility, and bolster success)
- repeated essential HIV-prevention messages ("the more people keep throwing out the message...the more kids will start thinking about it")
- created a forum for open discussion (to give participants increased control over the intervention)
- solicited participant involvement (such as working on planning and advisory boards, serving as peer educators, and completing evaluations).

Representatives of these projects recognized that no single HIV-prevention strategy universally leads to reductions in high-risk sexual and drug-use behavior. At the same time, they did identify those strategies perceived most effective and the factors that facilitated success.

Source: N.K. Janz, et al, "Evaluation of 37 AIDS Prevention Projects: Successful Approaches and Barriers to Program Effectiveness," *Health Education Quarterly* 23(1), pp. 80-97.

A PROGRAM FOR INJECTION DRUG USERS

Approximately 75 percent of the estimated 41,000 new HIV infections occurring each year in the United States are among injection drug users (IDUs), their sexual partners, and their offspring.

The U.S. Centers for Disease Control and Prevention (CDC) has recommended that local governments work with community groups to develop comprehensive approaches to HIV prevention among IDUs and their sexual partners.

SHOPTalk recently interviewed Timothy Purington, director, and Luciano Colonna, harm reduction counselor, from the Harm Reduction Services of the Family Planning Council of Western Massachusetts (FPCWM).

Describe the different components of your program.

There are three: (1) the Community Education and Bleach Distribution involves street outreach and local business involvement for education and bleach distribution; (2) the Clean Needle Exchange is an anonymous, one-for-one exchange held at two sites on fixed days and times; (3) the Peer Health Education Program is a coupon-based recruiting system that pays IDUs to educate others and bring them to the harm reduction program for more intensive education.

How did the harm reduction program start?

With the help of other model programs, FPCWM submitted a proposal to the Massachusetts Department of Public Health in the fall of 1995. The program received funding to start the first peer health education pilot program in the state.

How did the peer health education program start?

At the onset, the harm reduction program proved effective in getting people in the door. But it soon became clear that clients weren't involved in a way that would empower them to HIV prevention and health education.

As a result, the program decided to increase client involvement in program development. IDUs are now being hired as consultants to serve on focus groups and are also paid as outreach workers. They have proposed ideas on prevention projects aimed at making people more active in health promotion.

Many initiatives have been implemented as a result of the focus groups and client involvement. This includes traditional outreach education and distribution within social networks. A magazine has also been developed that addresses HIV prevention and harm reduction. Public service announcements are being produced through college radio stations that discuss the importance of needle exchanges. Educational posters have been developed, and a "Design a Clean Needle Exchange" T-shirt contest is in the works.

What is the local community's reaction?

We worked closely with local politicians and law enforcement officers. They were very positive about our program. The hot topic in the community was the clean needle exchange. It drew the most debate. Peer health education received little attention and wasn't widely known. The services were provided for and by a population that is generally invisible to the rest of the community.

For more information: Timothy Purington, Family Planning Council of Western Massachusetts, 16 Center Street, Northampton, MA 01060. Phone: 413/586-2016. Fax: 413/586-0212.

VIVIREMOS! ADDRESSES NEEDS OF MIGRANT STUDENTS

jViviremos! On the Road to Healthy Living is a new bilingual curriculum on AIDS and HIV-prevention education for migrant students in grades 6 through 12 that was developed by Villarreal Analytical Management and Organizational Services (VAMOS) and the National Coalition of Advocates for Students.

jViviremos! was written specifically for migrant students because, due to travel, they are frequently absent from health education classes. There are also very few Spanish-language HIV-prevention curricula in public schools.


Migrant youth have the lowest graduation rate of any group of students in public schools. Estimates range from 40 to 50 percent.

jViviremos! has six objectives:

- to provide education about HIV that is culturally and linguistically specific to migrant students
- to encourage farmworker teens to delay sexual intercourse
- to help students practice making HIV-related decisions
- to help students understand and practice assertive behaviors in potentially high-risk situations
- to help students know how to use condoms correctly and urge sexually active teens to use them consistently
- to help students learn and practice problem solving techniques to help them apply their knowledge of HIV to everyday situations.

For more information: Rosie Munoz-Lopez, National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116. Phone: 617/357-8507. Fax: 617/357-9549.

DEVELOPING HIV/AIDS RESOURCES FOR THE DEAF

ulturally targeted HIV/AIDS education programs are severely lacking in the deaf community. In fact, statistics show that the average deaf person does not know what "HIV-positive" means, and does not know that HIV can be contracted from someone who has no symptoms.¹

Yet, the disease is definitely affecting the deaf. Recent estimates show that over 25,000 deaf people have HIV and that over 500 have died of AIDS.² This estimate is probably conservative as HIV/AIDS statistics are not regularly maintained according to a person's hearing status.

Sexuality and HIV/AIDS-prevention educators have a responsibility to help the deaf community acquire the knowledge they need to protect themselves from this virus and the subsequent disease. The following criteria and resources will help.

SPECIFIC CRITERIA

When developing programs, educators should keep a number of specific criteria in mind.

Recognize the diversity and heterogeneity of the deaf community. Consider such issues as race, ethnicity, and language. This is particularly important in terms of language. Educators should not restrict their programs to the manual alphabet. (For example, videos should include both captioning and sign language.) In addition, they should consider different levels of literacy. The reading level of the average deaf adult is somewhere between the third and the eighth grade.³ Visual aids should also supplement written information. They provide another way of relaying information.

Use deaf role models to encourage positive behavioral change. By utilizing deaf individuals as the presenters or characters, HIV/AIDS-prevention educators will discourage the deaf from developing a "this can't happen to me" attitude. In addition, role models will give deaf individuals an incentive to maintain or begin positive, healthy behavior.

Provide additional HIV/AIDS resources that are "deaf friendly." For example, by listing the U.S. Center for Disease Control and Prevention's (CDC's) AIDS Hotline for the Deaf at the end of a handout, an educator allows the deaf individual to easily find more information and services that meet their needs.

RESOURCES

When developing programs, educators may want to review and consider these resources:

GENERAL

H. Lane, R. Hoffmeister, and B. Bahan, *A Journey into the Deaf World* (San Diego, CA: Dawn Sign Press, 1996).

R. Luczak, "Have You Listened to a Deaf Patient Lately?" *New York Native*, 414, pp.18-22, 1991.

D. F. Moores, *Educating the Deaf* (Boston: Houghton Mifflin Company, 1996).

N. A. Scheetz, *Orientation to Deafness* (Boston: Allyn and Bacon, 1993).

EDUCATION

D. Fitz-Gerald and M. Fitz-Gerald, *Viewpoints: Sex Education and Deafness* (Washington, DC: Gallaudet University), 1985. (ERIC Document Reproduction Service No. ED 298745).

J. A. Holt, "Stanford Achievement Test—8th Edition: Reading Comprehension Subgroup Results," *American Annals of the Deaf*, 138(2), pp. 175-77, 1993.

J. Joseph, "Peer Education and the Deaf Community," *Journal of College Health*, 41, pp. 264-66, 1993.

J. Joseph, R. Sawyer, and S. Desmond, "Sexual Knowledge, Behavior, and Sources of Information Among Deaf and Hard of Hearing College Students," *American Annals of the Deaf*, 140(4), pp. 338-45, 1995.

HEALTH CARE

E. Jones and T. Badger, "Deaf Children's Knowledge of Internal Human Anatomy," *The Journal of Special Education*, 25(2), pp. 252-60, 1991.

M. Minter, *The Status of Health Education Programs for the Deaf: What Implications Does This Have for Health Education*. (Paper presented at the Eastern District Convention of the American Alliance for Health, Physical Education, Recreation, and Dance, Providence, RI, Feb. 16-20, 1983. (ERIC Document Reproduction Service No ED 228175), 1983.

HIV/AIDS PREVENTION

G. Boder, "AIDS Activities for the Deaf Are Picking Up Steam," *Alive and Kicking*, April 6, 1992, p. 8.

A. G. Doyle, "AIDS Knowledge, Attitudes, and Behaviors Among Deaf College Students: A Preliminary Study," *Sexuality and Disability*, 13(2), pp. 107-34, 1995.

J. A. Gibson, "Deaf Homosexuals and AIDS," *The Deaf American*, 39(4), pp. 30-31.

S. G. Kennedy and C. L. Bucholz, "HIV & AIDS Among the Deaf," *Sexuality and Disability*, 13(2), pp. 145-58, 1995.

J. L. Luckner, and B. Gonzales, "What Deaf and Hard-of-Hearing Adolescents Know and Think About AIDS," *American Annals of the Deaf*, 138(4), pp. 338-42, 1993.

SEXUALITY EDUCATION

Y. Getch, *Sexuality Education for Students Who are Deaf: Current Practices and Concerns*. (Paper presented at the Society for the Scientific Study of Sexuality, Eastern and Mid-Continent Joint Annual Conference, May 3-5, 1996.)

W. Kempton, *Socialization and Sexuality: A Comprehensive Training Guide for Professionals Helping People With Disabilities That Hinder Learning* (Haverford, PA. Planned Parenthood Southeastern Pennsylvania, 1993).

M. McCarthy, "The Sexual Support Needs of People with Learning Disabilities: A Profile of Those Referred for Sex Education," *Sexuality and Disability*, 14(4), pp. 265-79, 1996.

SEXUALITY ISSUES

R. G. Sawyer, S. M. Desmond, and J. M. Joseph, "A Comparison of Sexual Knowledge, Behavior and Sources of Health Information Between Deaf and Hearing University Students," *Journal of Health Education*, 27(3), pp. 144-52, 1996.

Texas School for the Deaf, *You and Me and Human Sexuality: A Student Booklet Written for Deaf Adolescents* (Austin, TX: Texas School for the Deaf, 1995) (ERIC Document Reproduction Service No. ED 206941).

G. T. Zakarewsky, "Patterns of Support Among Gay/Lesbian Deaf Persons," *Sexuality and Disability*, 2(3), pp. 178-91, 1979.

REFERENCES

1. D. Van Biema, "AIDS," *Time Magazine*, April 4, 1994, p. 76-7.
2. *Deaf AIDS Action Update* (Madison, Wisconsin: Brown and Benchmark Publishers, 1995).
3. D. Van Biema, "AIDS," p. 77.; G. Bober, A personal letter to Reverend James Littrell, executive director, Philadelphia AIDS Consortium, 1991.

This article and resource list was written by Christine Gannon, M.S.Ed., of Planned Parenthood of Delaware, and Yvette Q. Getch, Ph.D., C.R.C., and Kamieka O. S. Gabriel, M.A., of the University of Georgia. — Editor

TARGETING THE DEAF, HARD OF HEARING

SIECUS's *SHOPTalk* staff recently talked with David Cowan, the program director for deaf and hard-of-hearing services at Indiana Cares, an organization that provides such targeted HIV-prevention education.

Tell us about your program.

Ours is an HIV-prevention education and intervention program designed to provide language accessibility to the deaf community. Our goal is to educate and improve services so that deaf and hard-of-hearing people will have greater accessibility.

What are the unique needs of the deaf and hard of hearing?

The most important need is the accessibility of HIV testing services. Many deaf people have not been tested for HIV because they are uncomfortable opening up to interpreters who are part of the close-knit deaf community.

Where is your program implemented?

Our program has worked closely with the Indiana Deaf School as well as deaf community services, deaf clubs, vocational rehabilitation centers, and homes for emotionally disturbed deaf teenagers.

Have you experienced any resistance from the deaf and hard-of-hearing community?

Yes. While most school staff have been very supportive

about HIV-prevention education, some of the teachers are resistant because they fear negative reaction from students' families. Many of the deaf clubs are also resistant. Many deaf and hard-of-hearing people think that HIV/AIDS is a "hearing" people's disease because there are few statistics on how the virus affects them.

What materials do you use for your program?

We have two videos: *It's Not Just Hearing AIDS*, and *AIDS in the Deaf Community; Deaf in the AIDS Community*. There are, however, very few materials to educate the deaf community about HIV/AIDS.

What advice would you give to others interested in starting a program?

My advice is for them to have the program run by a deaf person who uses sign language. This is invaluable. They will also need access to someone in the HIV/AIDS community who will need to reach out to the deaf community and offer them resources to establish their program.

For more information: David Cowan, Deaf and Hard of Hearing Services, Indiana Cares, 3951 N. Meridian Street, Suite 10, Indianapolis, IN 46208. Phone: 317/920-1200. Fax: 317/926-7823.

IT'S ELEMENTARY: TALKING ABOUT GAY ISSUES IN SCHOOL

A video from Women's Educational Media
 San Francisco, CA 94110
 415/641-4616
 77 minutes
 \$250/universities, associations;
 \$150/school districts;
 \$99/schools, community groups, individuals

Issues facing gay, lesbian, bisexual and transgendered (LGBT) members of our society have become the fuel for a battle currently being waged on several fronts. The rights of all citizens to equal access and due process have received increased attention as LGBT people campaign for freedom from bigotry and resulting oppression. The educational system has been among those targeted to increase awareness and effect a change in attitudes and tolerance.

Academy Award-winner, Debra Chasnoff, has coproduced with Helen Cohen a 1 hour and 17 minute video, *It's Elementary*, which addresses the challenges inherent in teaching elementary and middle-school students about lesbian and gay issues. Interweaving comments from students, teachers, school administrators, and parents with the propaganda from the so-called "right," this video is extremely effective in highlighting the need for these issues to be addressed within school curricula. As one participant so aptly said, "Kids are already thinking about it—it's already there." The problem has been that children have been

taught to parrot stereotypes and epithets without any real understanding of or appreciation for the impact upon peoples' lives.

This video provides an effective tool for desexualizing the issues. It drives home the point that the issue is addressing communities and how discrimination hurts people, especially children. It deals with the misinformation with which children are faced about lesbians and gay men.

Contrary to the picture painted by anti-gay hatemongers, this video is not a "how-to" on gay and lesbian sexual relations. It does not discuss sexual practices at all. What it does is provide a tool for educating teachers so they can educate children. Film crews were allowed into schools where this education is currently happening. Models are provided for leading discussions and designing activities for students of different ages.

The students, themselves, are the most insightful and strongest proponents of the need for this type of education. They talk openly about the name-calling and ostracism of students presumed to be "different" and of their perceptions of how it must feel to be the recipient of such abuse. They question teachers' participation in allowing this to continue in our schools. They also challenge the opponents of teaching about gay and lesbian issues in their failure to see what all the fuss is about. There are, too, those students who voice anti-gay sentiment, some of whom, when offered an opportunity to think about what they've been saying, see the hurtful conse-

quences of their opinions.

Teachers, administrators, and parents provide cogent support for the need for this type of education, as well as the challenges faced in school systems who take on these issues. The teaching of not just "family values" but "social and community values" and a broadened definition of "family" is covered.

The ill effects of the emotional abuse and violence targeted toward gay and lesbian children and youth is demonstrated through the display of harrowing statistics. According to the video, a high percentage of gay teens drop out (twice the national average) and commit suicide. These indicators will continue to be a reality for young people growing up gay or lesbian unless significant strides are taken to eliminate oppression on the basis of sexual orientation or gender identification.

Several basic core values have been espoused in the movement to create schools that are safe environments for all students. These include every student's right to equal access to education, the right to self-understanding, and the requirement that schools address the welfare of all their students.

This video clearly and effectively supports these values. Debra Chasnoff and Helen Cohen did a fine job of addressing vitally important, yet, controversial issues with grace.

Reviewed by Beverly Saunders Biddle, M.H.A., who is the executive director for the National Lesbian and Gay Health Association in Washington, DC.

SIECUS POSITION STATEMENT ON 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.

A SIECUS Annotated Bibliography of Available Resources

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.

This bibliography on *Sexuality Education in the Home* is designed to provide parents or caregivers with resources they can use to talk to children about sexuality and to prepare them for their adult lives.

SIECUS does not sell or distribute these books or videos. They are, however, available for use in the Mary S. Calderone Library. For those interested in purchasing any of the following books, each annotation contains contact and price information (not including shipping and handling).

This bibliography is available free of charge on the SIECUS Web site: <<http://www.siecus.org>> or for \$2 per copy by writing to the SIECUS Publications Department.

SIECUS is located at 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; E-mail: <SIECUS@siecus.org>; Web site: <<http://www.siecus.org>>.

This bibliography was compiled by Amy Levine, M.A., SIECUS librarian.

FOR FAMILIES

**All About Sex:
A Family Resource
on Sex and Sexuality**

Ronald Filiberti Moglia, Ed.D.
and Jon Knowles, Editors

This book, published by the Planned Parenthood Federation of America, provides important information about sex and sexuality in straightforward language that families can understand and use. It is intended to facilitate family communication, establish sexual values, and encourage responsible sexual behaviors.

1997; \$20.00; 362pp.; ISBN 0-609-80146-5; Random House, 400 Hahn Road, Westminster, MD 21157; Phone: 800/733-3000; Fax: 800/659-2436; Web site: <<http://www.randomhouse.com>>.

**The Family Guide to Sex
and Relationships**

Richard Walker, Ph.D.

Complete with over 300 color photos, illustrations, and diagrams, this book presents comprehensive information about sexuality and relationships throughout the entire life

cycle. Chapters include: "The Reproductive Body," "Baby to Child," "Adolescence," and "The Family and Sexuality."

1996; \$34.95; 320pp.; ISBN 0-02-861433-X; Macmillan Publishing USA, 201 W. 103rd, Indianapolis, IN 46290; Phone: 800/428-5331; Fax: 800/882-8583; Web site: <<http://www.superlibrary.com>>.

**Free Your Mind: The Book
for Gay, Lesbian, and Bisexual
Youth and Their Allies**

Ellen Bass and
Kate Kaufman

Written for the gay, lesbian, or bisexual reader, this book provides practical information, validation, reassurance, and advice. It is divided into six parts: "Self-Discovery," "Friends and Lovers," "Family," "School," "Spirituality," and "Community." Integrated into these six parts are chapters for parents, educators, clergy, counselors, and members of the community. A resource list and index are included.

1996; \$14.00; 417pp.; ISBN 0-06-095104-4; HarperCollins Publishers, 1000 Keystone Industrial Park, Scranton, PA 18512; Phone: 800/242-7737; Fax: 800/822-4090; Web site: <<http://www.harpercollins.com>>.

**The Underground
Guide to Teenage Sexuality:
An Essential Handbook for
Today's Teens and Parents**

Michael J. Basso

This handbook answers teenagers' questions about health and sexuality. Chapters include: "Sexual Anatomy," "Contraception and Birth Control," and "How to Say No to Sex." A glossary and index are included. 1997; \$14.95; 230pp.; ISBN 1-57749-034-7; Fairview Press, 2450 Riverside Avenue South, Minneapolis, MN 55454; Phone: 800/544-8207; Fax: 612/672-4980; Web site: <<http://www.press.fairview.org>>.

FOR PARENTS

**Does AIDS Hurt?
Educating
Young Children
About AIDS**

Marcia Quackenbush, M.S., M.F.C.C.,
and Sylvia Villarreal, M.D.

Written for teachers, parents, and other care providers, this handbook carefully explains the difference between HIV and AIDS.

A SIECUS Annotated Bibliography of Available Resources

Using age-appropriate language, it offers sensible advice to help children understand the virus and subsequent diseases.

1992; \$17.95; 149pp.; ISBN 1-56071-084-5, ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: <<http://www.etr.org>>.

Five Hundred Questions Kids Ask About Sex and Some of the Answers

Francis Younger, M.A.

This book is intended for parents, teachers, and young people. Written in question-and-answer format, it provides clear, comprehensive answers to questions young people ask. Chapters include: "Bodily Development and Sexual Maturation," "Conception, Pregnancy, and Childbirth," "Relationships," "Birth Control," "Sexually Transmitted Diseases," and "Heredity."

1992; \$36.95, 212pp.; ISBN 0-398-05789-3; Charles C. Thomas Publisher, Ltd., 2600 South First Street, P.O. Box 19265, Springfield, IL 62794-9265; Phone: 800/258-8980; Fax: 217/789-9130; Web site: <<http://www.ccthomas.com>>.

Flight of the Stork: What Children Think (and When) About Sex and Family Building

Anne C. Bernstein

This book explores children's understanding of sex and reproduction, as well as their awareness of other forms of family building, namely, adoption and assisted reproductive technology. It translates basic research findings into relevant, and practical information for parents and professionals. The author's suggestions should prove invaluable to parents who are searching for ways to help their children understand the complexities of human sexuality and family building.

1994; \$14.00; 287pp.; ISBN 0-944934-09-9; Perspectives Press, P.O. Box 90318, Indianapolis, IN 46290-0318; Phone and Fax: 317/872-3055; Web site: <<http://www.perspectivespress.com>>.

Mothering Teens: Understanding the Adolescent Years

Miriam Kaufman, Editor

This book helps parents to understand adolescence. Divided into three sections, it outlines issues that are basic to many teen experiences. Essays include: "Change Is the Essence: Adolescent Development," "What Is the Role of Gender?," "Sexuality: The Desire to Be Lovable and Loving," and "Coming Out: Parents of Lesbian and Gay Teens."

1997; \$16.95; 319pp.; ISBN 0-921881-46-0; LPC Group, 1436 West Randolph Street, Chicago, IL 60607; Phone: 800/243-0138; Fax: 312/432-7601; Web site: <<http://www.coolbooks.com>>.

Sex Is More Than a Plumbing Lesson: A Parent's Guide

Patty Stark

This book stresses the complex nature of human sexuality and the parent's role as a sexuality educator. Written clearly and directly, it encourages parents to communicate with their children about sexuality.

1990; \$12.95; 203pp.; ISBN 0-9629463-0-3; ACCESS Publishers Network, 9893 Sullivan Road, Grawn, MI 49637. Phone: 800/507-2665; Fax: 419/281-6883.

Sex Is Not a Four-Letter Word! Talking with Your Children Made Easier

Patricia Martens Miller

This book encourages Christian parents to develop honest, open communication with their children about sexuality and morality. Chapters include: "Are You Comfortable With Your Own Sexuality?," "Self-Esteem: The Essential Ingredient," "Loving Your Gay or Lesbian Child," and "The Reality of Sexual Abuse."

1994; \$14.95; 206 pp.; ISBN 0-8245-1437-8; The Crossroad Publishing Company, 370 Lexington Avenue, 26th Floor, New York, NY 10017; Phone: 800/395-0690; Fax: 800/395-2860.

Sexual Abuse of Children and Adolescents

William E. Prendergast

This book is intended for parents, teachers, and counselors as a guide to prevent sexual abuse of children and adolescents. It includes information on the makeup of the victimizer, the needs and reasoning of children and adolescents, and the mistakes that parents, teachers, religious leaders, and even counselors make. A parents' checklist, glossary, and index are included.

1996; \$29.95; 336pp.; ISBN 0-8264-0892-3; Publisher Resources, Inc., 1224 Heil Quaker Boulevard, LaVergne, TN 37086; Phone: 800/937-5557; Fax: 800/774-6733; Web site: <<http://www.continuum-books.com>>.

Sexual Development of Young Children

Virginia Lively and Edwin Lively

This resource helps to clarify issues in the sexual development of children. An appropriate book for both parents and teachers, the book is especially helpful in answering questions and focusing discussions.

1991; \$29.95; 198pp.; ISBN 0-8273-4198-9; ITP Delmar, 7625 Empire Drive, Florence, KY 41042; Phone: 800/347-7707; Fax: 800/647-5023; Web site: <<http://www.thompson.com>>.

When Sex Is the Subject: Attitudes and Answers for Young Children

Pamela M. Wilson, M.S.W.

Written for teachers and parents, this book focuses on children 10 years old and younger. The psychosocial development and learning process of children is discussed. Guidelines are provided for accurate and comfortable responses.

1991; \$17.95; 101pp.; ISBN 1-56071-064-0; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: <<http://www.etr.org>>.

A SIECUS Annotated Bibliography of Available Resources

RESOURCES FOR CHILDREN

Bellybuttons Are Navels

Mark Schoen

This book is intended to help parents create a relaxed environment for the discussion of sexuality. It will help parents initiate and guide matter-of-fact, accurate discussions about sexual anatomy with their young children.

1990; \$17.95; 44pp.; ISBN 0-87975-585-7; Prometheus Books, 59 John Glenn Drive, Amherst, NY 14228-2197; Phone: 800/421-0351; Fax: 716/691-0137; Web site: <<http://www.prometheusbooks.com>>.

Daddy's Roommate

Michael Willhoite

Using simple language and color illustrations, this book is intended for young children. The main character is a young boy who talks about his Daddy and his Daddy's roommate Frank. He mentions all the fun activities they do together including going to the beach and the zoo. It concludes with the statement: "Being gay is just one more kind of love. And love is the best kind of happiness."

1990; \$9.95; 31pp.; ISBN 1-55583-118-4; Alyson Publications; available only in bookstores; Web site: <<http://www.alyson.com>>.

Did the Sun Shine Before You Were Born?: A Sexuality Education Primer

Sol and Judith Gordon

Targeted to children three to seven years old, this book focuses on the family and how it grows. It explains everything from conception to birth. Illustrated with multi-cultural charcoal drawings, this book fosters communication between parents and children by sharing values and ideas.

1992; \$9.95; 48pp.; ISBN 0-87975-723-X; Prometheus Books, 59 John Glenn Drive, Amherst, NY 14228-2197; Phone: 800/421-0351; Fax: 716/691-0137; Web site: <<http://www.prometheusbooks.com>>.

Heather Has Two Mommies

Leslea Newman

Written for children ages three to eight, this book talks about Heather and her two lesbian mothers. It is written in simple language and supplemented with charcoal illustrations. It emphasizes that each family is special and that love is what is important. 1989; \$8.95; 37pp.; ISBN 1-55583-180-X; Alyson Publications; available only in bookstores; Web site: <<http://www.alyson.com>>.

How You Were Born?

Joanna Cole

This book is designed to tell children about birth in a simple way. Using colorful photographs, it can be read to children or the pictures can be discussed. An important note to parents is included.

1993; \$16.00; 48pp.; ISBN 0-688-12059-8; Wilmor Inc., 39 Plymouth Street, Fairfield, NJ 07004; Phone: 800/843-9389; Fax: 888/775-3260.

A Kid's First Book About Sex

Joani Blank

Intended for children ages five to nine, this book discusses body parts, sexual feelings, sexual behaviors, sexual orientation, and sexual and personal relationships with other people.

1983; \$6.00; 49pp.; ISBN 940208-07-5; Down There Press, 938 Howard Street, #101, San Francisco, CA 94103; Phone: 800/289-8423.

My Body Belongs to Me

Kristin Baird

This book is designed to help young children develop self-esteem and positive body image. It is intended to help them develop respect and understanding for their bodies if they are threatened with sexual abuse or exploitation. It presents these safety rules: Say no in a loud voice, move away to a safe place, and tell a grown-up who can help. 1986; \$24.95; 31pp.; ISBN 0-88671-173-8;

American Guidance Service, Inc., P.O. Box 99, Circle Pines, MN 55014. Phone: 800/328-2560; Fax: 612/786-9077; Web site: <<http://www.agsnet.com>>.

My Dad Has HIVEarl Alexander, Sheila Rudin,
and Pam Sejkora

In this book, seven-year-old Linsey relates the facts about HIV and AIDS. It has excellent color illustrations, and clear, sensitive language that children can understand.

1996; \$14.95; 32pp.; ISBN 0-925190-99-3; Fairview Press, 2450 Riverside Avenue South, Minneapolis, MN 55454; Phone: 800/544-8207; Fax: 612/672-4980; Web site: <<http://www.press.fairview.org>>.

What's the Big Secret?: Talking About Sex with Girls and BoysLaurie Krasny Brown
and Marc Brown

This colorful, illustrated book for children presents information and answers about sexuality. It addresses how boys and girls differ, anatomy, reproduction, pregnancy, and birth. It also discusses feelings, touching, and privacy.

1997; \$15.95; 32pp.; ISBN 0-316-10915-0; Little, Brown and Company, 3 Center Plaza, Boston, MA 02108; Phone: 800/343-9204; Fax: 800/286-9471; Web site: <<http://www.littlebrown.com>>.

Where Did I Come From?: The Facts of Life Without Any Nonsense and with Illustrations

Peter Mayle

Celebrating its 20th anniversary, this book uses humor and bright illustrations to explain to children anatomy, intercourse, orgasm, fertilization, pregnancy, and birth. 1977; \$9.95; 48pp.; ISBN 0-8184-0253-9; Carol Publishing Group, 120 Enterprise Avenue, Secaucus, NJ 07094; Phone: 800/447-2665; Fax: 201/866-8159; Web site: <<http://www.citadelpublishing.com>>.

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Where Do Babies Come From?

Susan Meredith

This book presents information in an easy-to-read and colorful format. Topics include fertilization, pregnancy, birth, and the effects of having a new baby in the family. It is particularly good for a child who is expecting a new sibling. It includes an index.

1991; \$4.95; 24pp.; ISBN 0-7460-0690-X; EDC Publishing, 10302 East 55th Place, Tulsa, OK 74146; Phone: 800/475-4522.

Where Do Babies Come From?

Angela Royston

This book uses clear, simple language and photographs. It will help young children understand how life begins, revealing the basic processes of reproduction and showing how they are repeated in various species in the animal kingdom.

1996; \$9.95; 37pp.; ISBN 0-7894-0579-2; Publisher Resources, Inc., 1224 Heil Quaker Boulevard, LaVergne, TN 37086; Phone: 888/342-5357; Fax: 800/774-6733; Web site: <<http://www.dk.com>>.

RESOURCES FOR ADOLESCENTS**Asking About Sex and Growing Up**

Joanna Cole

Using a question-and-answer format, this book offers scientific facts and practical guidance about puberty, masturbation, intercourse, pregnancy, sexual abuse, and STDs.

1988; \$4.95; 90pp.; ISBN 0-688-06927-4; Wilmor Inc., 39 Plymouth Street, Fairfield, NJ 07004; Phone: 800/843-9389; Fax: 888/775-3260.

Captain Bio: HIV Attacks

This comic book is aimed at helping young people learn the facts about HIV transmission and prevention. They are presented as part of a scientific adventure.

1996; \$1.50; 17pp.; Tim Peters and Company, 87 Main Street, P.O. Box 370, Peapack, NJ 07977; Phone: 800/543-2230; Fax: 908/234-1961; E-mail: <tpc@biocomics.com>; Web site: <<http://www.biocomics.com>>.

Caution: Do Not Open Until Puberty!: An Introduction to Sexuality for Young Adults with Disabilities

Rick Enright, B.A., M.S.W.

This book is intended as an icebreaker for an open discussion of sexuality between disabled adolescents and their families. Using illustrations and clear, informative text, this book addresses decision making, anatomy, sexual response, physical disability and sexual functioning, as well as suggestions for further learning.

1995; \$9.95; 37pp.; ISBN 0-9680415-0-7; Devinjer House, P.O. Box 130, Sparta, Ontario, Canada, N0L 2H0; Phone: 519/775-2252; Fax: 519/685-8689.

Changes in You and Me: A Book About Puberty Mostly for Boys

Paulette Bourgeois and Martin Wolfish, M.D.

This is a reference book for boys about the body and some of the changes and feelings that go along with growing up. Topics include: anatomy, puberty, birth control, pregnancy, masturbation, what happens to girls, decision making, STDs, sexual abuse, sexual orientation, and where to go for help. Transparent overlays, a glossary, and an index are included.

1994; \$14.95; 64pp.; ISBN 0-8362-2814-6; Andrews & McMeel, P.O. Box 41942, Kansas City, MO 64141; Phone: 800/826-4216; Fax: 800/437-8683; Web site: <<http://www.uexpress.com>>.

Changes in You and Me: A Book About Puberty Mostly for Girls

Paulette Bourgeois and Martin Wolfish, M.D.

This is a reference book for girls about the body and some of the changes and feelings that go along with growing up. Topics include: anatomy, puberty, birth control, pregnancy, masturbation, what happens to boys, decision making, STDs, sexual abuse, sexual orientation, and where to go for help. Transparent overlays, a glossary, and an index are included.

1994; \$14.95; 64pp.; ISBN 0-8362-2815-4; Andrews & McMeel, P.O. Box 41942, Kansas City, MO 64141; Phone: 800/826-4216; Fax: 800/437-8683; Web site: <<http://www.uexpress.com>>.

Changing Bodies, Changing Lives

Ruth Bell

This book offers information that adolescents need to become sexually healthy (both emotionally and physically), to take good care of themselves, and to have control over their lives. It includes information on contraception, STDs, relationships, masturbation, sexual orientation, pregnancy, rape, and communication with parents and friends. A revised and updated version will be available in 1998.

1988; \$23.00; 254pp.; ISBN 0-394-75541-3; Random House, 400 Hahn Road, Westminster, MD 21157; Phone: 800/733-3000; Fax: 800/659-2436; Web site: <<http://www.randomhouse.com>>.

Dear Larissa: Sexuality Education for Girls Ages 11-17

Cynthia Akagi

This book consists of a compilation of letters lovingly written from a mother to her daughter. They cover a wide variety of topics including bodily changes during puberty, conception and pregnancy, what girls should know about boys' bodies, dating, birth control, STDs, and relationships. In addition, it provides space to write ques-

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tions, as well as a glossary and an index. 1994; \$12.95; 229pp.; ISBN 1-880197-10-3; Gylantic Publishing, P.O. Box 2792, Littleton, CO 80161-2792; Phone: 800/828-0013; Fax: 303/727-4279; E-mail: <gylanp@aol.com>.

Dear Michael: Sexuality Education for Boys Ages 11–17

Cynthia Akagi

This book is a boy's version of the previously mentioned book. It consists of a compilation of letters, lovingly written from a mother to her son. The letters cover a wide variety of topics, including bodily changes during puberty, dating, what boys should know about girls' bodies, birth control, STDs, and relationships. In addition, it provides space to write questions, as well as a glossary and an index.

1996; \$12.95; 213pp.; ISBN 1-880197-16-2; Gylantic Publishing, P.O. Box 2792, Littleton, CO 80161-2792; Phone: 800/828-0013; Fax: 303/727-4279; E-mail: <gylanp@aol.com>.

Easy for You to Say: Q&As for Teens Living with Chronic Illness or Disability

Miriam Kaufman, M.D.

Written in a question-and-answer format, this book is for teens with chronic illness or disability. It addresses the concerns of young adults, especially those with special needs. Chapters include: "Family Relationships," "Sexuality," and "Friends and Dating." A glossary and index are included.

1995; \$15.94; 291pp.; ISBN 1-55013-619-4; Firefly Books, 3680 Victoria Park Avenue, Willowdale, Ontario, Canada M2H3K1. Phone: 800/387-5085. Fax: 800/565-6034.

Finding Your Way: A Book About Sexual Ethics

Susan Neiburg Terkel

Intended for adolescents, this book explains the importance of making educated decisions about sexual behavior, and of appreci-

ating the sexual values of other people. 1993; \$22.70; 159 pp.; ISBN 0-531-11234-9; Franklin Watts, Sherman Turnpike, Danbury, CT 06813; Phone: 800/621-1115; Fax: 800/374-4329; Web site: <http://www.groliner.com>.

Girltalk: All the Stuff Your Sister Never Told You

Carol Weston

This book is for girls 11 to 18 years old and provides straightforward advice. It answers questions that teens may feel too awkward to ask. Chapters include: "Body: Looking and Feeling Your Best," "Love: Falling In, Falling Out," and "Sex: What You Should Know Before Saying Yes."

1997; \$14.00; 337pp.; ISBN 0-06-092850-6; HarperCollins Publishers, 1000 Jeystone Industrial Park, Scranton, PA 18512; Phone: 800/242-7737; Fax: 800/822-4090; Web site: <http://www.harpercollins.com>.

How Sex Works

Elizabeth Fenwick and Richard Walker

This illustrated book covers changes during puberty, dating and relationships, sexual activity, contraception, STDs, and sexual violence and consent. It also provides references for teenagers who need further information. 1994; \$14.95; 96pp.; ISBN 1-56458-505-0; Publisher Resources, Inc., 1224 Heil Quaker Boulevard, LaVergne, TN 37086; Phone: 888/342-5357; Fax: 800/774-6733; Web site: <http://www.dk.com>.

"I'm Pregnant, Now What Do I Do?"

Robert W. Buckingham, Dr., P.H., and Mary P. Derby, R.N., M.P.H.

This book is a valuable resource for young women, their partners, and their families. It provides firsthand accounts from pregnant young women and allows the reader to make her own fully informed decision. A glossary and resource section are included.

1997; \$12.95; 228pp.; ISBN 1-57392-117-3;

Prometheus Books, 59 John Glenn Drive, Amherst, NY 14228-2197; Phone: 800/421-0351; Fax: 716/691-0137; Web site: <http://www.prometheusbooks.com>.

It's Perfectly Normal: Changing Bodies, Sex and Sexual Health

Robie H. Harris

Accurate information about sexuality is presented in this book in a reader-friendly style that includes age-appropriate illustrations and humor. From conception and puberty to contraception and HIV/AIDS, it covers both the biological and psychological aspects of sexuality. It is intended for ages 10 and up.

1994; \$9.99; 89pp.; ISBN 1-56402-159-9; Penguin USA, P.O. Box 999, Bergenfield, NJ 07621; Phone: 800/526-0275; Fax: 201/385-6521.

My Body, My Self

Lynda Madaras and Area Madaras

This companion workbook to *What's Happening to My Body? Book For Girls* provides exercises, quizzes, and activities that will help girls learn about the changes that take place in their bodies during puberty. The mother-daughter team writes in honest, appropriate language for teenagers.

1993; \$11.95; 118pp.; ISBN 1-55704-150-4; Newmarket Press, 18 E. 48th Street, Suite 1501, New York, NY 10017; Phone: 212/832-3575; Fax: 212/832-3629.

My Body, My Self For Boys

Lynda Madaras and Area Madaras

This companion workbook to *What's Happening to My Body? Book For Boys* provides exercises, quizzes, and activities that will help boys learn about the changes that take place in their bodies during puberty.

1995; \$11.95; 93pp.; ISBN 1-55704-230-6; Newmarket Press, 18 E. 48th Street, Suite 1501, New York, NY 10017; Phone: 212/832-3575; Fax: 212/832-3629.

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**Out with It: Gay and Straight
Teens Write About Homosexuality***Youth Communication*

This is an anthology of articles by gay and straight teens on homosexuality. The articles cover such subjects as homophobia, coming out, and friends and family. Also included is an extensive chapter on teacher resources. 1996; \$8.00; 115pp.; *Youth Communication*, 144 West 27th Street, 8R, New York, NY 10001; Phone: 212/242-3270; Fax: 212/242-7057, E-mail: <hefnerk@aol.com>.

Period.

JoAnn Gardner-Loulan,
Bonnie Lopez,
and Marcia Quackenbush

Illustrated with drawings, this book addresses some of the changes that girls experience as they mature. Emphasizing that people are all unique and special, it explains physical changes during puberty. Chapters include: "So Many Changes," "So Many Parts," "Menstruation," "I Have a Question About That," "Why Do I Feel This Way?," and "What's a Pelvic Exam?" A parents' guide is included.

1991; \$9.95; 87pp.; ISBN 0-912078-88-X; Volcano Press, P.O. Box 270, Volcano CA 95689-0270; Phone: 800/879-9636.

**The Period Book:
Everything You Don't Want
to Ask (But Need to Know)**

Karen Gravelle
and Jennifer Gravelle

This is a positive, down-to-earth book illustrated with funny and sympathetic cartoons. It answers the many questions that young women may have about their "period." Most important, it will help guide young women through physical, emotional, and social changes.

1996; \$8.95; 117pp.; ISBN 0-8027-7478-4; Walker and Company, 435 Hudson Street, New York, NY 10014; Phone: 800/289-2553; Fax: 212/727-0985.

Sex & Sense

Gary F. Kelly

The author of this book dispels many myths about sexuality and emphasizes the explorations and examinations that are part of adolescent sexual and emotional development. The text stresses communication, being well informed, and clarifying one's values before making sexual decisions. It also helps adolescents examine what it means to be a sexual person.

1993; \$8.95; 262pp.; ISBN 0-8120-1446-4; Barron's Educational Services, 250 Wireless Boulevard, Hauppauge, NY 11788; Phone: 800/645-3476; Fax: 516/434-3217.

**The Teen Trip:
The Complete Resource Guide**

Gayle Kimball, Ph.D.

This guide is built around short quotes from over 1,500 surveyed young people. They were asked to describe the issues that they face and how they cope. Some of the chapters address such issues as: the body, feelings, sexuality, drugs, and peers. Each section is divided into three parts: information, quotes from youth, and resources.

1997; \$16.95; 523pp.; ISBN 0-938795-26-0; Equality Press, 42 Ranchita Way, Suite 5, Chico, CA 95928; Phone: 916/345-8118; Web site: <<http://www.ecst.csuchico.edu/~gkimball>>.

**The Watts Teen
Health Dictionary**

Charlotte Isler, R.N.
and Alwyn T. Cohall, M.D.

Presented in dictionary format, this health resource answers young people's questions about their bodies and their health. It includes illustrations and charts, hotlines and information sources, and a list of books for teens.

1996; \$16.00; 191pp.; ISBN 0-531-15792-X; Franklin Watts, Sherman Turnpike, Danbury, CT 06813; Phone: 800/621-1115; Fax: 800/374-4329; Web site: <<http://www.grolier.com>>.

What's Happening to Me?

Peter Mayle

This book humorously addresses everyday concerns about puberty in a question-and-answer format with cartoon illustrations. The questions are introduced by a basic explanation of how bodies work.

1975; \$9.95; 53pp.; ISBN 0-8184-0312-8; Carol Publishing Group, 120 Enterprise Avenue, Secaucus, NJ 07094; Phone: 800/447-2665; Fax: 201/866-8159; Web site: <<http://www.citadelpublishing.com>>.

**The "What's Happening
to My Body?" Book For Girls**

Lynda Madaras

This book on female physical development encourages young women to explore, understand, and accept their bodies. Chapters include: "Puberty," "Changing Size and Shape," "Changes in the Reproductive Organs," "The Monthly Miracle: The Menstrual Cycle," "Puberty In Boys," "Sexual Intercourse, Pregnancy and Childbirth, and Birth Control," "Sexually Transmitted Diseases, AIDS, and Other Sexual Health Issues," and "Romantic and Sexual Feelings." 1993; \$11.95; 269pp.; ISBN 0-937858-98-6; Newmarket Press, 18 E. 48th Street, Suite 1501, New York, NY 10017; Phone: 212/832-3575; Fax: 212/832-3629.

**The "What's Happening
to My Body?" Book For Boys**

Lynda Madaras

This book covers the physical changes of puberty for boys. Chapters include: "Puberty," "Changing Size and Shape," "Body Hair, Whiskers, Perspiration, and Pimples," "Ejaculation, Orgasms, Erections, Masturbation, and Wet Dreams," "Girls and Puberty," "Sexually Transmitted Diseases, AIDS, and Other Sexual Health Issues," and "Romantic and Sexual Feelings."

1993; \$11.95; 251pp.; ISBN 0-937858-99-4; Newmarket Press, 18 E. 48th Street, Suite 1501, New York, NY 10017; Phone: 212/832-3575; Fax: 212/832-3629.

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You're in Charge: A Teenage Girl's Guide to Sex and Her Body

Niels H. Lauersen, M.D., Ph.D.
and Eileen Stukane

This book is written for girls who have questions about their changing body and what it all means. Chapters include: "How Your Body and Looks Are Changing: What They Didn't Tell You in Health Class," "What Are Boys Going Through," "Understanding Your Sexuality: What's Normal, What's Not," "When You're Ready for Sex, What Birth Control is Safe?," "What It Means to Be Pregnant and Have a Baby," and "Why Making Healthy Choices (Even When You're Stressed Out) Makes Life Easier."

1993; \$12.00; 345pp.; ISBN 0-449-90464-4; Random House, 400 Hahn Road, Westminster, MD 21157; Phone: 800/733-3000; Fax: 800/659-2436; Web site: <<http://www.randomhouse.com>>.

AUDIOVISUALS**Raising Healthy Kids: Families Talk About Sexual Health**

This set of two 30-minute videos with discussion guides is designed to help families of young children, preadolescents, or adolescents communicate about sexual health. The first video is for parents of young children. It includes interviews with children, parents, and experts and features discussion about setting limits, telling the truth, labeling body parts, how babies are made, self-touching, appropriate and inappropriate touch, and more. The second video is for parents of preadolescents and adolescents. It includes interviews with young people, parents, and experts and features discussions about values, listening, avoiding absolutes, mixed messages, relationships, and more.

Videos are available as a set or individually and are closed captioned.

\$149.95 for set of two and \$99.95 each, plus shipping and handling; produced by Media Works Inc.

Publications Department, Media Works, Inc, P.O. Box 15597, Kenmore Station, Boston, MA 02215. Phone: 978/282-9970; Web site: <<http://www.aboutthehealth.com>>.

Talking About Sex: A Guide for Families

Planned Parenthood
Federation of America

This multimedia package includes an engaging animated video, a fact-filled book for parents, and a fun activity book for young people 10 to 14 years old. It will help open the lines of communication about sexuality, puberty, and relationships between parents and their children.

1996; \$29.95; Marketing Group, Planned Parenthood Federation of America, 810 Seventh Avenue, NY, NY 10019; Phone: 800/829-PPEA; Fax: 212/245-1845; Web site: <<http://www.ppfaf.org>>.

SIECUS BOOKLETS AND PAMPHLETS**Como Hablar Con Sus Hijos Sobre El SIDA**

This is an adaptation of *How to Talk to Your Children About AIDS* for Spanish-speaking families. It includes information for preschoolers, young children, preteens, and teenagers. A revised and updated version will be available summer 1998.

1990; \$1.00; 20pp.; SIECUS, Publications Department, 130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone 212/819-9770; Fax: 212/819-9776; E-mail: <siecus@siecus.org>; Web site: <<http://www.siecus.org>>.

How to Talk to Your Children About AIDS

This booklet, designed to help parents talk to their children about HIV/AIDS, offers basic information and guidelines for specific age levels: preschool, young children, preteens, and teenagers. More than a million copies have been distributed to individuals and organizations across the United States. "I

heartily recommend ...*How to Talk to Your Children About AIDS*. It is written in plain, easy-to-understand language."—Dear Abby. 1997; \$1.00; 8pp.; SIECUS, Publications Department, 130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone 212/819-9770; Fax: 212/819-9776; E-mail: <siecus@siecus.org>; Web site: <<http://www.siecus.org>>.

Now What Do I Do?

Designed to help parents of preteens with tough questions, this booklet includes 15 situations dealing with sexuality issues. Topics include HIV/AIDS, puberty, love, dating, contraception, and masturbation. A three-step process asks the parent to consider why the situation arose, how to respond, and what messages they want their children to receive. The "Remember" section for each topic includes helpful hints about preteens and sexuality, as well as some basic facts that preteens need.

1996; \$2.00; 43pp.; SIECUS, Publications Department, 130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone 212/819-9770; Fax: 212/819-9776; E-mail: <siecus@siecus.org>; Web site: <<http://www.siecus.org>>.

Oh No! What Do I Do Now?

This updated booklet contains eight hypothetical but frequently encountered "Oh No! What Do I Do Now?" situations. They are offered to help teach parents of preschool children how to analyze their feelings, formulate their responses, and become more relaxed in discussions about sexuality with their children. *Ay No! Que Hago Ahora?* is the Spanish translation available on SIECUS's Web site.

1997; \$2.00; 12pp.; SIECUS, Publications Department, 130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone 212/819-9770; Fax: 212/819-9776; E-mail: <siecus@siecus.org>; Web site: <<http://www.siecus.org>>.

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Talk About Sex

This booklet was developed to help teenagers communicate more openly and effectively about issues related to sexuality and HIV/AIDS. It offers clear, honest, and straightforward information in a very engaging, youth-friendly manner. *Hablemos de Sexo*, the Spanish translation, is also available. 1992; \$2.00; 46pp.; SIECUS, Publications Department, 130 W. 42nd Street, Suite 350, New York, NY 10036-7802; Phone 212/819-9770; Fax: 212/819-9776; E-mail: <siecus@siecus.org>; Web site: <http://www.siecus.org>.

ORGANIZATIONS

The following organizations offer resources to help parents and caregivers talk to children about sexuality.

Advocates for Youth

1025 Vermont Avenue, N.W., Suite 200
Washington, DC 20005
Phone: 202/347-5700
Fax: 202/347-2263
Web site: <http://www.advocatesfor-youth.org>

Family Health Council, Inc.

960 Pennsylvania Avenue, Suite 600
Pittsburgh, PA 15222
Phone: 412/288-0518
Fax: 412/288-9036

Mother's Voices

165 W. 46th Street, Suite 701
New York, NY 10036
Phone: 212/730-2777; 888/MVOICES
Fax: 212/730-4378
Web site: <<http://www.mvoices.org>>

National Information Center for Children and Youth with Disabilities (NICHCY)

P.O. Box 1492
Washington, DC 20013-1492
Phone/TTY: 800/695-0285
Fax: 202/884-8441
Web site: <<http://www.nichcy.org>>

National PTA

330 N. Wabash Avenue, Suite 2100
Chicago, IL 60611-3690
Phone: 312/670-6782
Fax: 312/670-6783
Web site: <<http://www.pta.org>>

Parents, Families, and Friends of Lesbians and Gays (PFLAG)

1101 14th Street, N.W., Suite 1030
Washington, DC 20005
Phone: 202/638-4200
Fax: 202/638-0243
Web site: <<http://www.pflag.org>>

Plain Talk: Seattle-King County

Neighborhood House
10041 6th Avenue., S.W.
Seattle, WA 98146
Phone: 206/767-9244
Fax: 206/7677671
Web site: <<http://www.speakeasy.org/plaintalk>>

Planned Parenthood Federation of America (PPFA)

810 Seventh Avenue
New York, NY 10019
Phone: 800/829-PPFA;
Contact your local Planned Parenthood:
800/230-PLAN
Fax: 212/245-1845
Web site: <<http://www.ppfa.org>>

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

130 West 42nd Street, Suite 350
New York, NY 10036-7802
Phone: 212/819-9770
Fax: 212/819-9776
Web site: <<http://www.siecus.org>>
Information for parents about sexuality education: <<http://www.siecus.org/parent/index.html>>

CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews, or critical analyses from interested individuals. Detailed instructions for authors appear on page 30 of this issue. Upcoming issues of the *SIECUS Report* include:

Multicultural Approaches to Sexuality Education

February/March 1998 issue.
Deadline for final copy: December 1, 1997

Sexual Orientation

April/May 1998 issue.
Deadline for final copy: January 1, 1998

Sexuality Education Worldwide

June/July 1998 issue.
Deadline for final copy: March 1, 1998

Sexuality and the Law

August/September 1998 issue.
Deadline for final copy: May 1, 1998

INSTRUCTIONS FOR AUTHORS

Submitting Articles and Book and Audiovisual Reviews for Publication in the *SIECUS Report*

Each issue of the *SIECUS Report* features groundbreaking articles and commentary by leaders and front-line professionals in the field of sexuality and education, along with news, special bibliographies on varied topics, book and audiovisual reviews, recommended resources, and advocacy updates. All of this comes to members and other subscribers six times each year.

Manuscripts are read with the understanding that they are not under consideration elsewhere and have not been published previously. Manuscripts not accepted for publication will not be returned. Upon acceptance, all manuscripts will be edited for grammar, conciseness, organization, and clarity.

To expedite production, submissions should adhere to the following guidelines:

PREPARATION OF MANUSCRIPTS

Feature articles are usually 2,000–4,000 words. Book and audiovisual reviews are typically 200–600 words.

Manuscripts should be submitted on 8½ x 11 inch paper, double-spaced, with paragraphs indented. Authors should also send a computer disk containing their submission.

All disks should be clearly labeled with the title of submission, author's name, type of computer or word processor used, and type of software used.

The following guidelines summarize the information that should appear in all manuscripts. Authors should refer to the current issue of the *SIECUS Report* as a guide to our style for punctuation, capitalization, and reference format.

Articles

The beginning of an article should include the title, subtitle, author's name and professional degrees, and author's title and professional affiliation.

Articles may incorporate sidebars, lists of special resources, and other supplementary information of interest. Charts should be included only if necessary and should be submitted in camera-ready form. References should be numbered consecutively throughout the manuscript and listed at the end.

Book Reviews

The beginning of a book review should include the title of the book, author's or editor's name, place of publication (city and state), publisher's name, copyright date, number of pages, and price for hardcover and paperback editions.

Audiovisual Reviews

The beginning of an audiovisual review should include the title of the work, producer's name, year, running time, name and address of distributor, and price.

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On request, authors of articles receive three copies of the issue in which their article appears, and reviewers receive two copies. Larger quantities are available to authors and reviewers at half price if requested prior to printing.

INQUIRIES AND SUBMISSIONS

All questions and submissions should be addressed to the editor, by telephone, at 212/819-9770, by E-mail to siecus-rpt@aol.com, or by mail to *SIECUS Report*, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802.

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New York, NY 10032
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or E-mail sms.sph@columbia.edu

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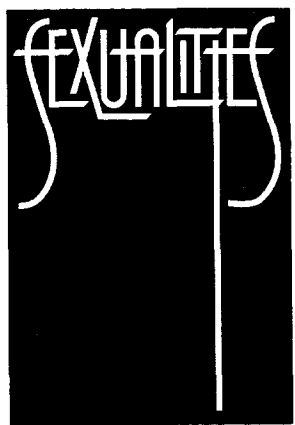
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