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SIECUS

REPORT

SEXUALITY EDUCATION WORLDWIDE

JUNE/JULY 1998

SIECUS

REPORT

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The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public. The *SIECUS Report* publishes work from a variety of disciplines and perspectives about sexuality, including medicine, law, philosophy, business, and the social sciences.

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ARTICLES

ALSO IN THIS ISSUE...

TECHNOLOGY PROVIDES ACCESS TO SEXUALITY INFORMATION AND EDUCATION WORLDWIDE

Mac Edwards

This issue of the *SIECUS Report* clearly demonstrates that technology is dramatically improving the ability of people globally to improve their sexual health through information sharing and education. The Internet—including both e-mail and the World Wide Web—is allowing people to communicate quickly and inexpensively across cultures.

Two articles—"Phone Help Line in India Helps Identify HIV Risk Behaviors" and "INPPARES Uses Internet to Provide Peruvians with Sexuality Information and Counseling"—show most directly that this new technology is helping people who were otherwise out of reach just a few short years ago. SIECUS itself is in the process of establishing discussion forums and bulletin boards on its Web site to encourage more information exchange.

The other articles, though not directly related to new technologies, are outgrowths of the opportunities these technologies provide. Nanette Ecker of the Global Institute for Training speaks eloquently about her work in "Where There Is No Village: Teaching About Sexuality in Crisis Situations," Meera Atkinson of Family Planning Queensland in Austrialia gives us an historical perspective of the growth of sexuality education programs in "Hot Debates and Difficult Labors: Sexuality Education in Queensland," and Konstance McKaffree, a sexuality education consultant and SIECUS Board member talks about her global work in "The Personal Challenges and Rewards of Consulting Worldwide on Sexuality Education."

A final, important part of this *SIECUS Report* is the new bibliography on "Sexuality Resources from Around the World." It is available for downloading at no cost to individuals and organizations worldwide from our SIECUS Web site.

SIECUS IS NETWORKED

Like other organizations, SIECUS cannot effectively accomplish its work unless it has the technology to do so. Even though state-of-the-art computer technology and Internet communication is quick and inexpensive, the purchase and installation of the necessary hardware and software requires a substantial financial commitment.

When we told our Board about the expense involved in upgrading SIECUS' office technology last fall, outgoing Board member and long-standing supporter Barbara Stanton volunteered to personally finance the effort. "In small nonprofit organizations like SIECUS, there's frequently a shortage of funds for infrastructure or research," Barbara said. "I am so delighted that the staff now has the tools to do their jobs even better than before." SIECUS is now technologically competitive with the marketplace thanks to this kind and gentle woman. Thank you, Barbara!

All of the articles included in this issue of the *SIECUS Report* were reviewed, edited, and approved by authors from Australia to Peru to India through technology. We literally received comments and approvals from these far corners of the world electronically within hours of our requests.

SEXUAL ORIENTATION ISSUE

I was very proud of our last issue on "Sexual Orientation" and judging from the feedback—much of it via e-mail and the Internet—so were you.

First, I want to thank all of you who wrote or called to tell me how much you appreciated my openly and proudly talking about my sexual orientation and about the acceptance and support I have received from SIECUS.

Next, I want to share with you a letter on the "Sexual Orientation" issue. Reader Dana Adler voiced concern that a section in Beth Reis' article on teaching about sexual orientation left her with the incorrect impression that all sexual abuse is "exploitative same-sex touch." "Your inexactitude not only perpetuated the myth that all/most sexual abuse is committed by homosexuals (implied by the same-sex statement), but also left invisible those (multitudes) of us who have had other experiences," she said. I replied to Ms. Adler that it was not the intent of the *SIECUS Report* or Ms. Reis to make this implication. Ms. Reis herself responded to Ms. Adler by saying that "I am aware of no evidence whatsoever that either form of sexual abuse [heterosexual or homosexual] has any bearing on a person's sexual orientation or, for that matter, his or her gender identity. All kinds of kids experience abuse but, as far as we know, experiencing abuse will not change the child's orientation or identity. And that is the message we need to convey to kids."

Keep your letters coming. SIECUS exists so that you can share your thoughts and insights with others. We want to hear from you.

SIECUS EXPANDS ITS REACH AROUND THE WORLD

Smita Pamar, M.P.H.
SIECUS Director of International Programs

The notion that everyone, especially youth, need and can benefit from sexuality education and services is gaining acceptance around the world. Activists and program planners are increasingly integrating sexual health issues into existing reproductive health care programs with creative and innovative initiatives. SIECUS is working to help accomplish this important work.

Central to much of this work is the *Program of Action* adopted by the International Conference on Population and Development (ICPD) in Cairo five years ago that recognizes sexual and reproductive rights for all people and that views sexuality and sexual health as an integral component of reproductive health and a right in and of itself. Specifically, the *Program of Action* says:

> Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.... It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

Even though there is a growing worldwide commitment to this *Program of Action,* much of the world does not have access to sexuality education and reproductive health care. SIECUS is working to help countries to develop sexuality education *Guidelines*; assist organizations to integrate sexuality issues into population and family planning programs; provide a forum for professionals to communicate and create a dialogue with each other, and to promote resources available through our international clearinghouse and our Web site.

PARTNERSHIP UPDATES

SIECUS is proud of the work that it has accomplished.

Work in Nigeria. Sexuality education has become more accessible to young people throughout Nigeria as a result of SIECUS' work in developing the *Guidelines for Comprehensive Sexuality Education in Nigeria* in 1996 through a Nigerian task force of educators, activists, and policymakers led by Action Health Incorporated (AHI). As part of its ongoing work, SIECUS recently coordinated a week-long training workshop through AHI for sexuality educators in Lagos. Led by the Global Institute for Training, it helped strengthen the ability of educators to train others.

Work in Brazil. Sexuality education in Brazil, where the *Guidelines for Sexuality Education* were released in 1994, also continues to expand with over 40,000 copies distributed to schools nationwide. Marta Suplicy, who is the founder of Grupo de Trabalho e Pesquisa em Orientacao Sexual (GTPOS), and who led the Brazilian task force to develop the *Guidelines,* was elected to Parliament last year. An outspoken advocate for sexual rights and sexuality education, she now has the opportunity to directly address these issues in the Brazilian Congress.

CURRENT PROJECTS

SIECUS is also proud of the work that it is initiating.

Work in India. SIECUS conducted a two-week planning visit to India last winter where staff met with program administrators, activists, and researchers from 16 NGOs (nongovernmental organizations) working in the fields of sexuality education, sexology, family planning, reproductive health, women's health, HIV/AIDS prevention, and education. SIECUS will work during the coming year to bring together these individuals and organizations to develop an Indian framework for sexuality education.

New Web Site Services. SIECUS is currently developing new and innovative ways to help educators and activists around the world receive and exchange information through the SIECUS Web site (www.siecus.org). They will include online discussion forums on timely and pertinent issues in sexuality education as well as interactive bulletin boards with ideas and questions related to sexuality education.

FUTURE CHALLENGES

As the 50th anniversary of the *Universal Declaration of Human Rights* approaches this December, SIECUS and its colleague organizations still face tremendous challenges in their work.

These challenges include, in particular, a glaring need for trained health educators, for accessible sexuality-related services, and for policymakers and governments that understand and appreciate the value of such programs.

But, unlike a decade ago, we face these challenges with the knowledge that we have already made significant progress and gained wide acceptance.

A VIEW FROM THE FIELD: PHONE HELP LINE IN INDIA HELPS IDENTIFY HIV RISK BEHAVIORS

Radhika Chandiramani, Ph.D.
Psychologist
New Delhi, India

The prevalence of HIV/AIDS has reached alarming proportions in India. The official figures from the Indian Ministry of Health and Family Welfare place the *cumulative* sero-positivity rate at 21.07 per 1,000 people and the *current* rate at 69.1 per 1,000 people.[1] Alarm bells should be sounding. Yet, they are ringing in only a few quarters. The intention of this article is to take a realistic look at the risks people are taking and to learn from them.

TARSHI PHONE HELP LINE

Most of of my work is with TARSHI, a phone help line that provides sexuality information, counseling, and referrals in English and Hindi to Indian women and men of all ages and backgrounds. Approximately 80 percent of the calls are from men, and approximately 70 percent of the callers are between 15 and 30 years old.[2] The anonymity and confidentiality, as well as the nonjudgmental and accepting attitude of the counselors, make it possible for people to freely discuss their concerns.

"Information must speak to people's needs and relate to their experiences."

Callers usually seek information on one subject but often expand their conversations to other related concerns. For example, a call may start with a question about masturbation and then move on to a discussion about genital size, premature ejaculation, sexual relations with multiple partners, HIV/AIDS, notions of sexuality, blocks against condom usage, and so on.

All calls are documented, and people often call back using a code number to identify themselves. These help line conversations provide valuable information about what people do and how they do it, about their beliefs and motivations, and about their fears and experiences—information that is difficult to obtain using data collection techniques such as questionnaires or focus groups.

WHAT CALLERS ARE SAYING

The help line calls demonstrate a need for health care professionals to concentrate their work at the level of *already-held* beliefs. These are some of the subject areas that callers have addressed that deserve attention in developing HIV-prevention programs.

Ignorance about HIV transmission. When talking about HIV and AIDS, men frequently ask, "But how can it get into my body? After all, semen comes *out* of my body. Nothing flows *into* it." AIDS is spoken of as a "killer disease," and people expect dramatic, externally observable signs and symptoms. The absence of such signs, combined with the silence about sexuality in the Indian culture, allows the spread of misinformation.

Beliefs about masturbation. Beliefs about nocturnal emissions and masturbation make voluntary abstinence from high-risk sexual behaviors very difficult for Indian men. The loss of their semen in any way other than through penetrative intercourse is considered to result in a loss of vitality. The commonly held belief is that semen must go directly into another body, preferably that of a woman, or else it is wasted and will cause weakness. For this reason, masturbation is considered evil and an unwholesome way of satisfying sexual desire. Many members of the Indian medical profession also subscribe to this belief.

No awareness of connection between STDs and HIV. Sexually transmitted diseases (STDs) are rampant in India, but the average person is unaware that they increase a person's vulnerability to HIV infection. In reality, most Indian men prefer to self-medicate with antibiotics and oil massage while continuing to have unprotected sexual intercourse. Medical help is not usually sought. And, unfortunately, doctors in a majority of institutions are often not equipped with adequate information or helpful attitudes about HIV.

More emphasis in media on sexuality. Social pundits claim that in recent years there has been an increase in sexual activity in India, especially among the urban young. This is attributed to the wave of "modernization" that is sweeping the country in the form of an opening up of Indian financial markets to international companies and the Indian airwaves to foreign television channels. Films and television highlight sexuality. Newspapers and magazines publish columns on sexual problems and lifestyles. Radio programs broadcast similar information. The depiction of sexuality in the media in India is mostly titillating, and only occasionally accurate and healthy.

Clandestine premarital sexual activity. Sexual relations in India still happen very much under the covers. And women, at least publicly, place a high premium on their "virginity." For that reason, there is a tremendous amount of clandestine premarital sexual activity engineered to protect the hymen and avoid conception. Unfortunately, these actions—including anal intercourse and heavy petting involving nonpenetrative genital contact that results in the transmission of bodily fluids—fail to serve that purpose and also place people at risk for HIV.

Lack of knowledge about conception. Conception is highly feared but little understood in India. Many young people believe that conception is not possible the first few times they have sexual intercourse. They also believe that conception occurs only on certain days and that condoms are not necessary on the "safe" days during and just immediately before menstruation. In fact, these days are unsafe in terms of HIV transmission because of the vulnerability of the vaginal tissue and the presence of blood.

Expectations that "respectable" young women are safe. Most Indian men believe that "respectable, decent-looking" young women do not have sexual relations outside of marriage. They often believe that such a young woman could not possibly have a virus associated with promiscuity. HIV awareness campaigns feed these beliefs. One depicts two men lustfully looking at a young woman holding a lit cigarette and posing in revealing attire.

Heterosexist HIV-awareness campaigns. A large number of male callers to the TARSHI phone help line have had penetrative sexual intercourse with other men and continue to do so without defining themselves as homosexual or bisexual. These encounters, called "masti," are seen as fun or play. HIV-awareness campaigns do not address such behaviors. Yet, in reality, Indian men regularly have sexual intercourse with men who are married to women.

Unprotected intercourse with commercial sex workers. Young single Indian men frequently visit commercial sex workers (CSWs) to test their ability to perform sexually prior to marriage. Married Indian men visit the same women to perform sexual relations not appropriate for so-called "decent women." These include fellatio or intercourse in different positions. Resistance to using a condom during fellatio is extremely high because men do not understand the risk when the only unprotected contact is the mouth. In fact some men are willing to pay a higher fee for unprotected sexual relations because the experience is thought to be more "natural."

Women not insistent on safer sex. In marital situations, Indian women do not insist on safer sex because they don't want their husbands to suspect them of having an affair or a disease. They also do not want to seem to know more than their husbands. In traditional Indian culture, women are not considered autonomous sexual beings. They do not have the option to say no to sexual relations in the context of an Indian marriage.

Unprotected child sexual abuse. Coercive sexual relations are not uncommon in India. There is no question of unprotected sexual relations because of the furtive nature of the encounter, usually within the immediate or extended family. Notions of consent are murky. Resistance to sexual advances by young women or children is considered par for the course and not to be taken seriously. Children who live on the streets are the most vulnerable. The implications in terms of HIV are only too obvious.

Sexual relations with older women. Another common phenomenon in India is the "aunty syndrome" where an older married woman in the neighborhood coaxes a young man into sexual relations and, in some cases, coerces him into sexual relations with her female friends. These extramarital sexual encounters most often occur when her husband is away on business travel. The decision to use contraceptives in such situations is almost always left to the woman. The man sees himself as powerless because the real danger is thought to be the woman's (i.e., pregnancy or infection). He feels that he cannot overrule a woman who says that she is using some other method of contraception, that she has had a tubectomy, or that she is more knowledgeable about these matters and knows what to do. He also wants to please, to appear daring and sophisticated, and to try various sexual acts that he will not have the opportunity to try with someone else.

THE SOURCE IS NEW SIECUS ONLINE NEWSLETTER

The Source is a new bimonthly online newsletter compiled by SIECUS' Mary S. Calderone Library staff to help keep individuals updated on the most current books, journals, and other materials in the field of sexuality.

Three issues are currently available on these subjects: (1) "Annotated Bibliography of Recently Published Fact Sheets, Surveys, and Reports," (2) "Annotated Bibliography of Current Books on General Sexuality Information, Sexuality Education, and Cross-Cultural/International Books," and (3) "Annotated Bibliography of Current Human Sexuality Books."

Browsers can read the newsletter by contacting the SIECUS Web site at www.siecus.org and then clicking on "Descriptions of Programs" and "The Mary S. Calderone Library."

Men offering sexual services. There are a growing number of men in India who offer sexual services to women for a fee or for gifts such as clothes, watches, and other accessories. Discreet networks for these services are commonplace in Indian upscale urban areas. There is little known about whether safer sex outreach programs and education for men have been effective in such circumstances.

Advertisements for sexual services. There are an increasing number of magazines in India that promote sexual networking through advertisements. These advertisements sometimes include married couples arranging sexual trysts with other couples. In these situations, a false sense of safety is promoted by the idea that "it's just between our two families," and high risk behaviors for HIV result.

Other sexual liaisons. People are also having sexual relations with multiple partners in other situations. The phone help line frequently hears about liaisons between a single male and multiple females where protection is not used. The participants rarely question if any of the other partners are having sexual relations with someone else, unsafe or otherwise. They are usually blind to the extension of the sexual partner network that may exist beyond themselves and beyond the moment.

A MULTIDIMENSIONAL PICTURE

The picture painted by these phone callers is multidimensional. Talking about HIV-prevention requires the same approach. Efforts that avoid discussions of sexuality, passion, and desire are not effective. They simply perpetuate misconceptions and prejudices. Instead, people need programs and messages that are clear, nonjudgmental, diverse, and not based on the assumption that India has a single homogenous sexuality. Information must speak to people's needs and relate to their experiences.

People who want to keep safe from HIV must work to reduce the risks associated with sexual behaviors. This is encouraged when people talk candidly about the issues.

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1. S. J. Jejeebhoy, *Adolescent Sexual and Reproductive Behavior: A Review of the Evidence from India,* ICRW Working Paper No. 3, 1996, M. Nag, *Sexual Behavior and AIDS in India* (New Delhi:Vikas Publishing House, 1996).

2. R. Chandiramani, *Talking About Sex,* 1996.

This article is based on a speech the author made at the Manila AIDS Conference —*Editor*

1998 INTERNATIONAL MEETINGS / CONFERENCES

SIECUS Report readers will want to mark their calendars for these 1998 international meetings and conferences:

20th Anniversary of the Nordic Association for Clinical Sexology
September 25–28, 1998
Rungsted Kyst, Denmark
Information: Christian Graugaard, Brumleby 432, DK-2100 Kobenhavn, Denmark. E-mail: kack@post9.tele.dk

IX Latin American Congress of Sexology and Sex Education
October 28–31, 1998
Mexico City, Mexico
Information: Heriberto Frias, 1114A Despacho 2, Colonia del Valle, Mexico D.F. 03100, Mexico. Web site: www.zaragoza.unam.mx/sexualidades/congre.htm

5th Asian Congress of Sexology
November 25–27, 1998
Seoul, Korea
Information: Congress Secretariat, Yonsei University College of Medicine, Yong Dong Severance Hospital, 146-92, Dogok-Dong, Kangnam-Ku, Seoul, 135-270, Korea. E-mail: urol3887@yumc.yonsei.ac.kr

WHERE THERE IS NO VILLAGE: TEACHING ABOUT SEXUALITY IN CRISIS SITUATIONS

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Hempstead, NY

We've all heard it. "It takes a village to raise a child." But what happens when there is no village?

As a sexuality education and reproductive health trainer working in Africa, I witnessed a country's destruction from tribal wars while I was managing projects in Liberia, a small, ruggedly beautiful nation formed by freed American slaves.

During a training I facilitated in the Liberian capital of Monrovia, we regularly monitored the radio for news of an impending invasion of young rebel soldiers. Whether discussing harmful effects of female genital mutilation (FGM) or ways to provide sexuality education, we hoped to make it without rebels invading the capital to riot the streets.

The United States Department of State urged all "nonessential personnel" to leave the country. I complied but soon planned to return to complete my work. I communicated with my Liberian colleagues in coded words about my plans. They told me that "the train was off the track." (In other words, "Don't come back.") This was only the beginning of the terror that would come to Liberia. I still don't know what became of many of my Liberian colleagues except for occasional letters I received from friends displaced in the nameless refugee camps which had sprung up in the border towns of Sierra Leone and Guinea.

"An important first step is to create more awareness about adolescent refugee health."

Most humanitarian organizations have since withdrawn from the region. Of those people who stayed, some were slaughtered like lambs. The project coordinator with whom I worked had her arm broken by boy soldiers after they broke into her home in the middle of the night. Another colleague's farm was destroyed, commandeered, and turned into an army barracks for rebel troops. Even the compound of the United Nations Development Program—always gated, secured, and considered untouchable—was stormed by rebels who murdered several of their staff in cold blood.

Part of my innocence about the inherent goodness of humankind died as a result of my experience in Liberia. My thoughts of the evil mankind is capable of in the name of tribal hatred haunted me in dreams and wakeful hours.

Seduced by ongoing work in the sub-Saharan region, I moved on to tackle other challenges. It wasn't until last June that fate again brought me face to face with the plight of adolescent refugees and their unheard cries of pain and suffering. I need to help tell their stories.

WHEN ELEPHANTS FIGHT, IT IS THE GRASS THAT SUFFERS

There is an old African proverb that says, "When elephants fight, it is the grass that suffers." The adage rang true as I returned home last June from Kenya.

The International Red Cross and the Red Crescent Societies (IRC) had asked me to conduct a training program on adolescent sexuality education and reproductive health for the staff of the humanitarian and relief agencies serving the refugee camps in the Great Lakes region—particularly those in Uganda and Tanzania, where refugee camps have sprung up in border towns that swell to hundreds of thousands of persons displaced from Rwanda, Burundi, and the Democratic Republic of Congo (formerly Zaire), as well as people fleeing from Sudan and Somalia because of genocidal war based on tribal and ethnic hatred.

The adolescent reproductive health and sexuality education training focused on those health workers engaged in work with young people enduring deprivations and daily terrors commonplace in the refugee camps. Many of the stories, told to me by these relief workers echoed the Liberian horror stories and once again told me agonizing tales of lost families, lost hope, and lost lives.

The district and regional medical officers, doctors, nurses, and family planning workers spoke of how displaced youth are sexually victimized in exchange for food, shelter, and protection. Many of these youths grow up in an artificial culture created by the tribal war forces that have torn apart the social fabric of the countries they have fled. They live in a nether world where "survival sex" ensures another day. Exploitative sex is inextricably linked to survival. Rape and sexual abuse sadly become the badges of courage worn as a rite of passage to adulthood.

Many of the relief workers shared with me their experiences with refugee youth. Story after story unfolded to reveal an almost universal, collective pattern of experiences. They told of girls who were sent by their guardians or families to collect food and provisions at distribution sites. These girls could accept a man's offer for sexual intercourse if he promised to buy her oranges. He would often pay her for all the oranges and "then some" if she allowed him to perform sexual acts with her. When she returned to her family with food and money in hand, they rarely questioned her. Rather, they praised her for being so "industrious." A recent issue of *Population Reports* entitled "People Who Move: New Reproductive Health Focus" (November 1997) states that "violence against women is widespread during refugee and internal displacement movements. When women and children move, they are often alone and powerless and thus at risk of becoming sexual prey."[1]

KEY ISSUES AFFECTING YOUTH IN REFUGEE CAMPS

The key reproductive and sexual health problems affecting refugee youth are compounded by the severe lack of resources and the basic need for survival within the refugee setting. Families live on top of each other in tents constructed from plastic sheathing.

In talking with the training participants about the plight and subsequent needs of these adolescents, they discussed cultural, gender-related, psychosexual, and economic factors that contribute to negative sexual attitudes and risky sexual practices that impact on the young people's reproductive and health status. Some of these factors are:

- ***A virtual blackout of sexuality education and sexual health information and resources.*** Discussion about sexuality is taboo. In years past, traditional cultural scripts encouraged extended family members to provide sexuality education for their youth. Rural-to-urban migration and the breakdown in traditional ways have stopped the transfer of sexuality-related knowledge.
- ***A cultural limbo.*** Many youth have left the familiar environment of their country of origin and its cultural and sexual scripts, but have not fully integrated into the host country. They have abandoned or forgotten their own country of origin's scripts, and they are left without the structure, both familial and cultural, to help them navigate through a value system upon which to base their sexual decisions and behaviors. As a result, they are growing up in a confused, muddled world during an already challenging developmental phase.
- ***Exploitation of youth on a variety of levels.*** For some families, unaccompanied minors are seen as a cheap form of labor. They become indentured servants used and exploited for work they can do to help the family unit survive. This can happen with nonrelatives who assume the role of foster parents, as well as by distant family members, who may be the only relatives left in the extended family. The unaccompanied minor taken into the family unit may provide a new source of sexual attention for the male head of the family. Since polygamy is practiced by many of the ethnic groups, a young female coming into a family circle often creates imbalance in a formally stable family unit. The result is jealousy and fear, which may lead to a bias in how commodities are distributed within the family. The best and biggest portions may go to those who are in good favor with the male head of household. And this may be based on sexual favoritism.
- ***An abundance of dangerous myths and misinformation regarding AIDS, sexually transmitted infections (STIs), and pregnancy prevention.*** Myths include the following: An individual can become infected with worms by having sexual intercourse with an elderly person; a man can cure an STI by having sexual intercourse with a virgin or a young girl; a person can improve his or her complexion just by having sexual intercourse. The Great Lakes region that borders Lake Victoria is known for having extremely high rates of HIV/AIDS and STIs. Many men are looking for a miracle cure. Traditional healers encourage men to cure themselves by having sexual intercourse with a young woman, who is unaware of how she is being used. This creates a great risk for many females in the camps who are victimized by men in their search of a cure.
- ***Teenage, premature, and unintended pregnancies are common, and abortion is illegal.*** Desperate adolescents often seek herbalists and other traditional healers for a clandestine abortion. These herbalists may use methods that are dangerous and that may result in sickness, infertility, and death. Serious infections from incomplete abortions are common and are frequently seen by relief workers.
- ***Sexual behavior and actions are connected to power and control in the refugee camp situation.*** A relief worker or other trusted adult often controls the flow and distribution of commodities within a camp. This person, with a leash on the lives of those whose existence depends on him, may be in a position to take emotional, physical, and sexual advantage of dependent youth. This unequal power dynamic often results in young people providing sexual favors in trade for the necessities for survival.
- ***Unequal and stereotypical gender roles often result in dangerous sexual behavior and sexual violence.*** These roles, like those in many countries, define females as inferior and submissive, and males as assertive and domineering. They perpetuate sexual abuse, molestation, sexual and domestic violence, and rape that is rampant in the camps.

- ***Experimental sexual relationships have become a rite of passage for many youth who are left unsupervised, or who are now the head of household.*** With few recreational programs and lack of educational opportunities, young people may engage in sexual relationships for recreational purposes and as a panacea against boredom, to fill the void left by a lack of parental affection, to establish their adult status, for popularity, and for curiosity.
- ***Maternal child health and population/family planning services in the camps are minimal and are targeted toward adults.*** There are several hundred thousand displaced people living in various degrees of squalor who are not receiving reproductive and sexual health intervention. Although many adolescents are in the camps, their exact numbers are unknown. *A Reproductive Health and Training Needs Assessment in Refugee Camps In Kigoma Region—Tanzania,* conducted by the International Federation of Red Cross in March 1997, states that "adolescent sexuality programs had not been established in any of the camps in spite of the many problems facing the youth such as STD/HIV infection and teen pregnancy." It also says that "youth were reluctant to visit Maternal Child Health/Family Planning (MCH/FP) clinics where adults, including their parents, go for services."[2] Most of the health needs of youth go unmet. There are no targeted programs for them within the camp that would help curtail the soaring pregnancy, HIV/AIDS, and STI rates through promotion of comprehensive sexuality education and the distribution of condoms and contraceptives.
- ***A general tacit attitude of acceptance of child marriage exists within the camps.*** The needs assessment report talks of many teen mothers in the camps who are unskilled in properly caring for their children. It says that there are many young women who marry immediately after their first menstrual cycles. The resulting premature childbirth often leads to complications such as the formation of Vesico-vaginal fistulae (VVF), which are small tears between the walls of the vagina and the bladder caused by childbirth before a young woman reaches full maturity.
- ***Young people receive education through United Nations High Commission on Refugee (UNHCR)-supported schools only through elementary levels.*** The lack of education and literacy has profound effects on a young person's ability to attain a viable economic means of support and to achieve life planning and career goals. It has been well documented that individuals who obtain higher degrees of literacy and education have smaller families. They will have children that they are able to feed, to support, and to educate. There are many children and adolescents in the camps who are older than elementary school level age. They are left idle and their educational needs are left unmet. They often pass time by using bang (marijuana), sniffing glue, or using alcohol or other drugs. Some resort to trading sex for drugs, much like adolescents who trade sex for drugs in the urban crack houses in the United States. They are well aware that their future is bleak. They often suffer depression. The relief workers lack the counseling skills to address many of their problems.

The training that I provide through the Global Institute for Training (GIFT) helps doctors, clinicians, and relief workers focus on identifying adolescent social, emotional, reproductive, and sexual health problems that can be addressed through improved health service delivery and comprehensive sexuality education programs.

The bulk of the participants are painfully shy, embarrassed, and improperly trained in concepts surrounding such initiatives. In particular, they lack training related to human sexuality and sexual health needs specific to adolescents. They have not been exposed to information about sexuality; they have not addressed their lack of attitudinal comfort and confidence in discussing sexuality issues with youth; and they lack skills related to the counseling or health service needs of at-risk youth. The cultural constraints surrounding the discussion of sexuality issues are very powerful and point to the need for continued training and attitude clarification opportunities.

During GIFT training, I witnessed the fascinating transformation of participants into advocates of adolescent sexual health programs. Every day, we discussed and buried myths, identified key agents of change within the community, suggested strategies, and strengthened skills and comforts.

Yet, I know I cannot expect change overnight. It takes time to change negative attitudes toward sexuality that are strongly embedded in their culture. Change will only come through adequate resources and the subsequent transfer of the knowledge and skills necessary to implement programs.

We need advocates for change and a belief in the mission of helping youth to help themselves. There are no easy answers, no *ju-ju,* or as we say in the West, *no magic bullets.*

RECOMMENDATIONS FOR PROGRAM DEVELOPMENT

GIFT has developed a variety of steps to help those who work with youth, particularly displaced or refugee youth, to meet their emotional, academic, reproductive, sexual health, and sexuality education needs.

An important first step is to create more awareness about adolescent refugee health and their social, emotional, and health needs. This means working to initiate change at camp, local, and regional levels; within international donor, humanitarian, and relief organizational levels; and within the global community, including the international media.

An important second step is to gain support and under-

standing of the needs of adolescent refugees by working with individuals who are the key agents of change such as governmental and ministry officials; religious and spiritual leaders; village elders; school officials; youth leaders; traditional healers; doctors, traditional birth attendants, family planning and allied health professionals; and youth.

Action must be swift and widespread and should promote the agents of change in the refugee community to mobilize in support for adolescent sexuality education initiatives. Workers must integrate adolescent sexuality education initiatives within their ongoing job responsibilities.

Since opposition exists to providing youth with access to contraceptives and sexual health services, individual members of the community must publicly support such initiatives. Other recommendations include:

- ***Organizational collaboration for the common good*** that includes pooling staff, resources, talent, and time to ensure that programming is well integrated.
- ***Training of grassroots educators*** to work with parents or guardians in the camps to enhance sexuality education within families.
- ***Training of peer educators*** to provide youth with positive role models and important information.
- ***Training of agencies and ministries*** on adolescent reproductive and sexual health, human sexuality, gender role development, and violence prevention.
- ***Standardizing resource materials around adolescent reproductive health programs and services*** to help establish guidelines to keep workers on track through the process of needs assessment, strategic planning, program development, implementation, and evaluation.
- ***Building an advocacy group to address opposition to sexuality education for youth.*** The individuals who are key agents of change within the refugee, local, and international community have the ability to advocate for the creation of new policies, resources, programs, and services that focus on adolescent reproductive, sexuality, gender equity, sexual health, social and educational needs.
- ***Involve youth.*** Provide them with focus group opportunities so they can tell you what methods and interventions they think will prove most effective in dealing with their problems. Involve them in the design as well as in the delivery of such programs. They will prove powerful advocates and will exert a strong influence on the social norms adopted by their peers
- ***Create recreational and social programs to generate self-esteem and personal development among the youth.*** Integrate sexuality education into these social and recreational programs. Provide youth-oriented health clinics where they can access contraception and condoms without fear of judgment or embarrassment. Try to enhance their future by providing more comprehensive educational opportunities and vocational training. In the process, keep the donor community informed and involved.

Yet the cries of the young still go unheard. Many refuse to pay adequate attention to the adolescent refugee crisis. This is not surprising in a world where the majority of cultures are uncomfortable dealing with sexuality, in general, and adolescent sexuality, in particular.

The first need is to recognize the problem. Yes, the relief workers are now more aware of the need for adolescent services. But these agencies have limited time, money, and resources. They are also overwhelmed trying to provide basic necessities. They lack the expertise to deal with the problems experienced by refugee youth in regard to sexuality and sexual health. But awareness is not enough. They also need adequate support for international family planning and education programs. Both established agencies and developed countries must answer the call.

We as sexuality educators cannot continue to overlook the needs of adolescents in refugee camps, when, in fact, they are in the most precarious situations—with no adults to protect them, no access to contraceptives or condoms, no feelings of control, no set cultural scripts, no knowledge of the dangers of unprotected sexual intercourse, and no way to refuse acts that may lead to their death from the very real threats of AIDS and complications from adolescent pregnancy and childbirth.

Whether or not there is a village need not matter. There still can be love. There still can be hope. People who care can make all the difference in the world. We must raise children to be happy, healthy, and informed. We are, after all, a global village, and the future must be made bright for all our children.

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HOT DEBATES AND DIFFICULT LABORS: SEXUALITY EDUCATION IN QUEENSLAND, AUSTRALIA

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Sexuality education in schools is arguably the most controversial education issue of this century in Australia. The people who wrangle with the issue—educators, school administrators, government workers, parents, and community groups—are diverse in outlook and policy. And the points of contention are endless. Each place has its own tale to tell. And so does Queensland, Australia.

THE QUEENSLAND STORY

The Queensland sexuality education story begins with the state's name. In 1859, during the reign of Queen Victoria, a part of Australia broke away from New South Wales and was named the Colony of Queensland in honor of the monarch.

Victorianism prevailed in Britain and its colonies, creating an atmosphere in which the acknowledgment, expression, and discussion of sexuality was illegal. Victorian texts warned young women about indulging in the evils of sex and discouraged the curiosity of both children and adults. Homosexuality was "the love that dares not speak its name," and, in most households a child caught masturbating was seriously "dealt with."[1] Education was often punitive and limited to English and mathematics.

Despite this stifling sexual climate, pornography and prostitution thrived. And sexually transmitted diseases such as syphilis and gonorrhea ran rampant. Small numbers of people settled in the huge new state in isolated communities that, by and large, tended to continue the traditions of Victorianism long after the more cosmopolitan southern cities had begun to leave it behind.

Perhaps, as E. M. Brecher pointed out,[2] Queensland has not so much witnessed a sexual revolution in recent decades as a recovery from Victorianism. In fact, Queensland has been slower to recover than any other Australian state.

THE DEBATE CHRONOLOGY

The Australian sexuality education debate was born in a climate of radical social change during and immediately after the two world wars. Rising incidences of sexually transmitted diseases and an increase in out-of-wedlock births, bigamy, divorce, and sexual violence had alerted people to the need for some sort of education.

Programs to combat "venereal disease." The first programs focused on the prevention of venereal disease and were directed toward men. But, in 1943, a need was identified for parent and classroom education. Schools and teachers were initially resistant because of the overwhelming and problematic task for developing a suitable program. Sexuality education was put in the "too hard" basket where it stayed for several more decades.

"Children will continue to ask questions. Only time will tell if they feel safe enough to ask them in Queensland's classrooms."

The debate died down during the 1950s with the development of penicillin, which effectively reduced the rates of syphilis and gonorrhea.[3] Images of middle-class modernity smiled fresh-faced from billboards and movie screens. Mothers stayed home and baked. Fathers worked. Girls were "good" and waited for marriage. Boys were content to snuggle at drive-ins. At least that is how it seemed on the surface in Queensland, a rural state with a small country town for a capital city.

Nor surprisingly, given the historical lack of information and education, sexually transmitted disease rates increased dramatically during the cultural revolution of the 1960s. Authorities took notice when studies showed a dramatic increase of STDs among young people 15 to 19 years old.[4]

Programs with moral, religious emphasis. The first sexuality education initiative in Queensland was made by the Father and Son Welfare Movement (later called the Family Life Movement) in Victoria in 1951. A branch was established in Queensland in 1953 to conduct Christian-based community programs for parents and children. It requested permission in 1957 to conduct the programs in Queensland schools.[5] Although the Education Department initially refused, it eventually agreed to let the Movement conduct lectures and show films as long as they were presented after school to segregated groups of children accompanied by their parents.

Public interest in sexuality education increased during the 1960s led by those who saw it as an opportunity to combine moral and religious instruction with the barest of biological facts. But another development brought more change. Medical science, which has all but eliminated sexually transmitted diseases, had developed "the pill."

Although it is debatable whether people actually did participate in sexual relations more during the 1960s and 1970s than in other decades, certain trends did emerge. The number of births by single mothers increased,[6] largely due to less pressure to marry in the face of an unintended pregnancy. And sexually transmitted diseases increased in the 15- to 19-year-old age group,[7] once again reigniting the sexuality education debate.

Control by antisexuality education groups. Queensland has long been preceived as the conservative capital of Australia. In reality, the progress of sexuality education in Queensland has probably not been slower than in other states. But there is no doubt that the long reign of Sir Joh Bjelke-Peterson's National Party did nothing to pave the way. "Sir Joh," who represented the traditionally conservative rural areas of the state, served as premier from 1968 to 1987. Powerful and ultraconservative, he created a climate in which the more progressive minds in the National Party refrained from speaking out about the need for sexuality education in schools.

Small but vocal antisexuality education groups made headlines with sensational claims. Two organizations in particular, STOP (Society to Outlaw Pornography) and CARE (Campaign Against Regressive Education), both fronted by Mrs. Rona Joyner, were Queensland's most vocal opposition to sexuality education in schools. Propaganda included accusations that sexuality education was a United Nations conspiracy. Mrs. Joyner stated publicly that United Nations doctrines were "serious and sinister" and "anti-family and anti-nationalistic."[8] STOP and CARE labored in the belief that sexuality education in the schools would wreak havoc on society by destroying the fabric of traditional family life.

Despite such vocal opposition, grassroots organizations like the Family Planning Association of Queensland (now FPQ) purchased American sexuality education films and offered to conduct programs in primary and secondary schools for parents and children after school in the Brisbane metropolitan area.[9]

STOP and CARE successfully lobbied to have two resource kits banned from the curriculum by claiming that their social science information was a disguise for sexuality education. Sir Joh Bjelke-Peterson subsequently announced the formation of a Parliamentary Select Committee of Inquiry to examine the Queensland Education System. Its report, called the "Ahern Report," recommended a course in human relationships, including sexuality education.[10] A committee was established two years later to develop such a course. The government finally approved the Personal Development Program in 1983. It offered after-school sessions upon approval of parents and staff.

HIV/AIDS epidemic underscores need. When HIV/AIDS surfaced in Australia in the early 1980s, it was viewed by many as a "homosexual disease" and treated as a moral rather than a health issue. People eventually felt, however, that the seriousness of the epidemic required the establishment of more comprehensive sexuality education programs in the schools. The opening for such programs came in 1987 when Sir Joh was replaced by Mike Ahern, an advocate of sexuality education. His newly appointed minister for education promptly ordered a review of the Personal Development Program.

HUMAN RELATIONSHIPS PROGRAM

In 1988, guidelines for a more comprehensive sexuality education program were released with support from all political parties. The Human Relationships Education Program (HRE) consisted of five key elements: *communication, values, self concept, sexuality,* and *relationships.* The courses were taught by teachers with a special interest or ability in the area, with the support of a team of education department consultants.

While the theory of HRE impressed most advocates, the reality has sometimes failed to live up to the vision. In

SUBMISSIONS FOR SEXUALITY EDUCATION AWARD

The Sexuality Education Committee of the World Association of Sexology (WAS) invites organizations, activists, and educators from around the world to submit nominees for the 1999 Sexuality Education Award scheduled for presentation at the 14th World Congress of Sexology in Hong Kong, China in August 1999.

This award, which recognizes significant and outstanding achievements in sexuality education, highlights the efforts of educators to promote the understanding of comprehensive sexuality education, to develop unique advocacy strategies to increase greater acceptance of sexuality education, and to develop innovative sexuality education programs for people of all ages.

Individuals should submit nominations to Smita Pamar, director of international programs, Sexuality Information and Education Council of the United States (SIECUS), 130 W. 42nd Street, Suite 350, New York, NY 10036-7802 U.S.A. Phone: 212/819-9770, extension 308. Fax: 212-819-9776. E-mail: spamar@siecus.org. Web site: www.siecus.org

fact, its implementation and effectiveness varies widely. Some schools have taken it on as a school philosophy, including formal sexuality education training. Some offer no sexuality education at all. Most operate somewhere in between.

Training services for teachers. Family Planning Queensland Education Services regularly provides consultants to help teachers improve their skills and comfort level with the HRE program. Although many teachers are competent and are able to coordinate the HRE program without outside help, others find that the school system does not support them. HRE is often seen as an add-on subject that is less important than traditional curriculum areas. There is currently enormous pressure, however, to teach everything from sexuality education to sun safety to driver and drug education.

Concern for future efforts. With cautious winds blowing across Australia and with news of America's abstinence-only sexuality education programs, advocates for comprehensive programs in Queensland are aware of the attitude of a minority that sexuality education should simply teach "don't do it."

But for now, it's work as usual for FPQ educators and HRE teachers around the state. In a Grade 5 classroom in Brisbane's northern suburbs, students are having their first family planning session. After discussing puberty, the educator uses a chart to describe a menstrual cycle and takes some pads and tampons out of a paper bag to show them to the students. "Does this happen to every girl?" asks a small voice in the back of the room.

At the conclusion of the class, the students hand the teacher slips of paper on which they have written anonymous questions such as "Was I a sperm?" "Can men have sex through their penis?" "What's a bisexual?" The questions are surprising, cute, sad, intelligent, and endless.

Whatever direction sexuality education takes in the twenty-first century, children will continue to ask questions. Only time will tell if they feel safe enough to ask them in Queensland's classrooms and how educators will answer.

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14TH WORLD CONGRESS OF SEXOLOGY SCHEDULED FOR AUGUST 23–27, 1999 IN HONG KONG

The 14th World Congress of Sexology—with the theme "Sexuality in the New Millenium"—is scheduled for August 23–27, 1999, in Hong Kong, China.

This biannual meeting is organized by the World Association of Sexology (WAS), an international multidisciplinary coalition of sexologists, medical and health professionals, educators, activists, and researchers committed to promoting sexual health and rights around the globe.

Hosted by the Hong Kong Sex Education Association and the Department of Psychiatry of the University of Hong Kong, the World Congress will focus on the opportunities that lie ahead in the new millennium in sexual health and sexuality education. It will provide a valuable arena for activists, educators, sexologists, and researchers all over the world to share experiences, information, and developments in the field of sexuality through workshops, plenary sessions, and roundtable discussions.

Individuals interested in submitting abstracts for presentation at the meeting should do so either by the first deadline, Dec. 31, 1998, or the second deadline, March 1, 1999.

Registration information: Dr. Emil Man-Lun Ng, president, 14th World Congress of Sexology, c/o University of Hong Kong, Queen Mary Hospital, Pokfulam, Hong Kong, Cod. P. 12. Phone: 852/819-2486. Fax: 852-855-1345. E-mail: HRMCNML@hkucc.hku.hk. Web site: www.tc.umn.edu.hlhome/m201/colem001/was/ Individuals can register online at www.medicalconferences.com/confs/10620.html

INPPARES USES INTERNET TO PROVIDE PERUVIANS WITH SEXUALITY INFORMATION AND COUNSELING

Elizabeth Acevedo, Gisella Delgado, and Edgardo Segil
The Peruvian Institute for Responsible Parenthood (INPPARES)
Lima, Peru

The Peruvian Institute for Responsible Parenthood (INPPARES) is now using the Internet as part of its information services program to provide sexuality information and counseling to individuals nationwide.

The idea for an Internet address dedicated exclusively to the sharing of such information started in 1995 when its "Centro Futuro" youth services staff started distributing information about sexual and reproductive health through national list-servs and computer bulletin boards.

The staff included their individual e-mail addresses and were surprised when they started receiving requests for personal advice and information from a significant number of people.

A DEDICATED ADDRESS

As a result, INPPARES decided to establish a dedicated e-mail address last year—PREGUNTO@inppares.org.pe—to offer counseling and information services. The address translates as "I ask."

INPPARES decided to use the Internet because of the increasing number of people—particularly young people—who are using it to share information. It estimated that more than half of the questions they receive are from adolescents and young adults.

Internet counseling allows INPPARES to reach groups who are less likely to access services during clinic hours due to school and work schedules or who are uncomfortable directly accessing reproductive health services. It offers individuals a medium of communication that is increasingly more familiar and that provides some sense of anonymity.

HOW IT WORKS

INPPARES tells individuals about the Internet counseling services in a number of ways: through its Web site, through list-servs and bulletin boards, and through word of mouth.

A staff psychologist/counselor opens the e-mails every day and sends them to other appropriate staff. Medical questions are forwarded to medical providers, and youth-oriented questions are forwarded to psychologists or social workers specializing in a particular age group.

The total turnaround time for a reply is one to two days. Most of the questions are from Peruvians living in Lima. Close to 15 percent of the replies come, however, from other parts of the country as well as from Argentina, Colombia, Cuba, Ecuador, and Spain.

When INPPARES staff reply to the e-mail, they include a small questionnaire that asks for basic demographic information. This allows them to keep track of the age, gender, education level, and geographic location of the people who use the service.

TYPES OF QUESTIONS

Since the Internet service started last year, individuals have asked questions about sexual and reproductive health, sexuality, birth control methods, sexual violence, sexually transmitted diseases (STDs), HIV, sexual problems, and pregnancy.

In one case, an e-mail client wrote that his girlfriend had recently found out that she was pregnant, and that she was contemplating giving herself an abortion. An INPPARES counselor convinced the young man and his girlfriend to make an appointment for counseling.

Another man wrote about his excitement regarding his wife's pregnancy and wanted to know what he could do to make the pregnancy a special time for her.

In general, INPPARES has found that the Internet is an excellent way to help men express their sensitivity and concerns about sexuality and their partners. They have also found that women are the ones who most frequently ask about talking to their partners about contraceptives or about their feelings during lovemaking.

CONCLUSION

INPPARES feels that the Internet is an exciting option for extending the reach of the organization both nationally and internationally. In particular, it brings services to those people who would not otherwise receive them because of time constraints, geographic isolation, or fear. It provides a truly human touch in the sometimes cold world of technology.

Also providing information for this article was Diana Diaz Granados, in the International Planned Parenthood Federation's Western Hemisphere Region.

A VIEW FROM THE FIELD: THE PERSONAL CHALLENGES AND REWARDS OF CONSULTING WORLDWIDE ON SEXUALITY EDUCATION

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Two years ago, I retired from my position as a public school teacher after 33 years. I continued, however, with my work at the University of Pennsylvania where I help prepare sexuality educators for the challenges they will face. I have also continued to hold workshops for teachers, parents, or other groups interested in developing sexuality education programs.

Though most of this work has involved groups who are predominately Caucasian, middle class, and suburban, I recently developed an HIV-prevention curriculum for African-American teens that opened a new world for me. Since then, I have continued to work with diverse populations and have helped family planning workers to implement sexuality education programs in South Africa, Zambia, and the Philippines

Foreign cultures have been fascinating for me since I was a small child and my father regaled me with stories of his visit to India on a mule barge when he was just 18 years old. As I grew older the tales of his homeland, now the Czech Republic, continued to engage me. After college, I spent a few summers traveling, studying, and meeting new friends in international settings. I became familiar with how similar we are though we may speak a different language or have different customs, sights, sounds, and smells.

As a result of those early visits, I became accustomed to the fascination people from other cultures have about those of us who are native to the United States of America. The intrigue seems even more prominent today with a potent expectation that, as "American" consultants, we represent authority, advanced knowledge, affluence, and sexual openness. Each of these assumptions can create difficulty in the work we do in foreign settings.

Authority. The most difficulty I have faced in my work is the expectation that I alone have the answers to people's most detailed questions and difficult problems. It is both unrealistic and counterproductive for anyone to have such an expectation. It is impossible for an outside consultant such as myself to understand all the dynamics of a culture. It is also not a philosophy that builds confidence, skill, and self sufficiency. If I alone had all the answers, then people wouldn't believe they could perform the job when I left. Unfortunately, this is a common pattern for organizations that invest in other cultures. "Experts" are sent to share their expertise. But the sharing is hampered by a difference in cultural norms, an absence of technology or materials, or the inadequate development of skills by the country's professionals. On one hand, other cultures are very appreciative of the expertise that outside consultants bring. But, too often, they are left without the resources, confidence, or proficiency to continue after the outside consultants leave.

Knowledge. Consultants are expected to bring knowledge with them. The assumption is that increased knowledge will improve performance. It is a difficult sell in each country to convince people that I can show them resources where they can find knowledge, but that knowledge in and of itself may not be a major component of their work. Helping professionals examine their attitudes, identify the impact of those attitudes on their work, and develop skills to communicate more effectively is a new concept for them. Most have participated in sexuality education through lectures. They are challenged to acquire new ways to learn and to participate in their own learning.

Affluence. Many people automatically assume that I expect upscale accommodations and Western food. This sometimes translates into their spending money on items for me that they should use for their own necessities. I am often flattered by their concern for my well being, yet I am also aware that their hospitality is often an extravagance they cannot afford. For example, I was scheduled to spend my first week in the Philippines working with country representatives on a culturally relevant curriculum. They had no "office" where all of us could meet so they rented a conference room in an upscale hotel. The room cost the equivalent of $100 a day—far more than many Filipinos make in two months.[1] I'm sure that I also reinforced my image of affluence when I dragged around a large suitcase filled with clothes and books. Educational materials are a luxury and represent abundance. It didn't matter that I had convinced publishers to donate the books and that I was simply delivering them to the eager professionals.

Sexual Openness. Because I am from the United States, which is the source of a plethora of imported movies and television, people assume that the sexual openness they see on the screen is commonplace and routine. They see

Americans as "superior" because sexual openness is perceived as the way to solve "problems." A technique I have found helpful is to share examples of sexual awkwardness or illiteracy in the United States. People embrace ideas even more when they realize their culture is not as "backward" as usually believed.

ENJOYABLE CHALLENGES

Though consultants face many expectations they also face challenges that create opportunities for them to learn more about a culture.

Selecting a language. The professionals I have trained all spoke English. Some were more proficient than others. Sexual information was commonly communicated in English. Yet, discussions about values and attitudes were usually in native languages. When we talked about a very powerful issue such as abortion, I would have only body and facial expressions as my guide. Within any one group, people might speak in three different vernaculars. I was always able to find someone who could translate for me. This made facilitation difficult. Yet, the learning experience was important. And the participants' values were challenged.

Discussing values. Having conducted many heated discussions in the United States on such controversial issues as abortion, contraception, and homosexuality, I was not looking forward to more. I was unsure of how participants would express themselves, of culturally appropriate group behavior, of the tolerance for different beliefs, *and* of the possibility that I was creating an ethical dilemma by asking groups to challenge deeply held convictions. I was unprepared for the response. In every instance, the participants listened, contemplated, and respectfully exchanged their thoughts. Most Filipinos are Catholic, and they appear somewhat homogenous. They assumed, in fact, that they would have similar values on most issues. When they found the situation to be otherwise, they were excited—rather than threatened—about the learning experience. In fact, their work in sexuality education is recognized for its positive impact on health rather than as a moral invasion of their culture.

Interpreting cultural norms. I remember being told by an American working in the Philippines that "the people here are lazy." When I asked what he meant, he said that it often took weeks to get something accomplished. He described giving someone a task and following up a few weeks later only to find it was not completed. As I probed more, I discovered that the task he had assigned this person was to contact another professional and get an evaluation report. In actuality, the person had been working diligently to accomplish this task. But the cultural norm prohibits an individual from speaking directly to someone they don't know well. All business is accomplished with someone familiar.

My own style of working was often challenged by the differing cultural norms. I would attempt to enlist the services of the country representatives who were to assist in developing the curriculum or workshop presentation. In Zambia and South Africa, the professionals were always very supportive of my suggestions. They would never challenge an idea or critique a proposal. I discovered that it was culturally unacceptable to challenge a "guest." I knew then that I would find it difficult to implement my plans through consensus since the entire process was based on presenting ideas and gathering feedback. I needed to develop methods that involved anonymous feedback where no one was expected to confront another.

Learning new education styles. Many cultures had never experienced training that involves interactive methodologies. They have participated only in lecture/discussion formats. They have not participated in such learning techniques as forced choice, group role play, and anonymous sharing. At first, they were not comfortable. But they learned quickly. One of my most successful groups—based on their own feedback—were Philippine agency leaders and executive directors. One woman who identified herself as a "60-year-OLD woman" was excited because she thought she was too old to learn. She was intellectually stimulated by the new education and became a strong advocate of sexuality education!

Understanding the relationship between sexuality and religion. Each country in which I have worked has had a strong religious base. Roman Catholicism is the predominant religion for 85 percent of the Filipino population.[2] Catholicism and other fundamentalist religions are the predominant religions in the other countries in which I have worked. I have often wondered about the influence of religious beliefs on my work. As it has turned out, the issues are basically the same as in the United States. At what age should a person receive information on sexual behavior? How can couples be motivated to use contraceptive methods which will prevent disease and pregnancy? How can people be encouraged to talk about sexual issues?

Some major differences created especially rich discourse. In the Philippines, for example, abortion is illegal. Yet it is estimated that there are as many as 750,000 illegal abortions per year in this country of 73 million people.[3] The country has adopted language in its constitution that encourages the freedom of conscience. "In other cultures, if you are not pro-life then you must be pro-abortion. But if you are pro-choice, then you are against the moral teaching of the Church. We don't choose. Freedom of procreation is a decision of married couples to be made with proper information, a proper environment and primary health care" said Philippine President Fidel Ramos.[4] The professionals were torn between their personal religious values

and the country's belief system that gives freedom to individuals to make their own decisions.

Adolescent Sexuality. There was also lively discussion about adolescent sexuality. In the Philippines, only 7 percent of women below the age of 20 were reported to have given birth.[5] Though the numbers are rising, few are believed to have engaged in sexual intercourse prior to marriage. Professionals felt that couples should learn more about sexuality issues, but they were hesitant to encourage any discussion among preadolescent children

Most of the professional with whom I worked in Africa and the Philippines also knew no one who was gay, lesbian, bisexual, or transgendered. Their understanding of sexual variations was minimal except for cultural myths. My greatest challenge was to help them increase their awareness. This was also true in regard to HIV and AIDS. Silence on the spread of the virus was the norm. No one knew anyone with AIDS in Zambia even though the disease was of epidemic proportions

CONCLUSION

My work in foreign countries has been an overwhelmingly positive experience. It has challenged my skills and the philosophy that guides my teaching. It has created for me a new way of looking at the "culture" of my students in the United States. I no longer approach a group of students as if I know their culture by age, region, or ethnic background. I approach them as if I am a foreign consultant who needs to learn as much about their "culture" in order to guide them through the learning process. It has opened a new "world" which is challenging and energizing.

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UNAIDS PUBLISHES REVIEW SUPPORTING SEXUAL HEALTH EDUCATION

Sexual Health Education Does Lead to Safer Sexual Behavior is a review just published by the Joint United Nations Program on HIV/AIDS (UNAIDS) that says sexuality education promotes safer sexual behavior and does not lead to increased sexual activity.

Containing 68 studies on sexuality education from around the world, the review is designed to inform policymakers, program planners, and educators about the importance of sexuality education in preventing HIV and AIDS.

The review reiterates that sexuality education does not encourage increased sexual activity but instead helps delay first sexual intercourse and protects sexually active youth against HIV/AIDS, sexually transmitted diseases (STDs), and unplanned pregnancy.

Order information: Anne Winter, UNAIDS, Geneva, Switzerland (phone: 41 22 791.4577), or Lisa Jacobs, Ogilvy, Adams and Rinehard, New York, NY (phone 212/880-5325). The UNAIDS Web page is www.unaids.org

The International Encyclopedia of Sexuality

Robert T. Francoeur, Editor
The Continuum Publishing Company
370 Lexington Avenue
New York, NY 10017
1997, 3 Volumes, 1,737 pp.
$255, the set

Due to a tremendous rise in international travel over the past few decades as well as to advancing technologies that allow people on opposite sides of the globe to have instant communication via the Internet, the world is becoming smaller.

Certainly, the United States is increasingly becoming a multiethnic country. Our society is described as not so much a melting pot as a tossed salad with people of different cultures, races, and religions living together while maintaining their individual identities. Living in such a diverse culture, I have come to realize that it is important and challenging for researchers, scholars, educators, and clinicians, as well as nonprofessionals, to be able to understand the various sexual mores, customs, beliefs, and practices.

The International Encyclopedia of Sexuality fills a big gap in people's knowledge about sexual attitudes and behaviors. It seriously treats the subject of sexuality, though it does not dwell solely on pathologies. What separates this encyclopedia from past international sexuality books is its distinct dissimilarity to a "guidebook to the sexual hot spots of the world."

Robert Francoeur, the editor, recruited teams from various countries to write, with the help of selected experts, about their country's sexual attitudes and behaviors. The result is a three-volume set that covers sexuality from 32 countries around the world, written in a straightforward manner with the help of a total of 170 contributors trained in an academic disciplines ranging from cultural anthropology to medical sexology.

Each chapter is dedicated to one country, and follows the editor's outline of 15 broad topics that invite comparisons: demographics; basic sexological premises; religious and ethnic factors affecting sexuality; sexuality knowledge and education; autoerotic behavior and patterns; interpersonal heterosexual behaviors (children, adolescents and adults); homoerotic, homosexual, and ambisexual behaviors; gender-conflicted persons; significant unconventional sexual behaviors (including sexual coercion, prostitution, pornography, and erotica and paraphilias); contraception, abortion, and population planning; sexually transmitted diseases; HIV/AIDS; sexual dysfunctions, counseling, and therapies; research and advanced education; and aboriginals, important ethnic, racial, and/or religious minorities.

One of the characteristics that makes this encyclopedia so valuable is that the information is extremely accessible to the professional and lay person alike. The material provides rich data for cross-cultural analyses of sexuality and the "Comparison-Facilitating Index" makes the task that much easier. The authors of the chapter on Puerto Rico, for example, highlight the misunderstandings that can occur in the translation from one culture to another regarding sex role attitudes:

"Puerto Rican culture, like other Latino societies, stresses a very strong gender difference from birth, one that is reflected in every aspect of sexual expression and male-female interaction.... Outside the Latino cultures, the terms macho and machismo carry a common pejorative implication of a chauvinistic, tyrannical male domination. However, in Spanish, the terms refer to male pride." (page 1,026)

The reader can very easily make a direct comparison with another culture by looking under the same "Character of Gender Roles" section for any other country. For example, in the chapter on gender roles in Russia, one finds this description:

"Soviet Russian general attitudes to gender roles and sex differences can be defined as a sexless sexism. On the one side, gender/sex differences have been theoretically disregarded and politically underestimated. The notions of sex and gender are conspicuously absent from encyclopedias, social-science and psychology dictionaries and textbooks. On the other side, both public opinion and social practices have been extremely sexist, all empirical sex differences being taken as given by nature." (page 1,047)

The emphases of the chapters clearly are on mainstream attitudes and customs rather than on exotic tales and titillating peeks into fringe sexual practices. One can read, for example, about the waning influence of official religious institutions on sexual behaviors in various parts of the world including Ireland and other Northern European countries as well as in South America and Puerto Rico. At the same time, one learns about the increasing sex-negative influence of fundamentalist orthodox religious groups in countries such as Israel, Russia, and the United States.

In the area of gay, lesbian, and, bisexual civil rights, one sees evidence that activist groups are increasingly visible around the world while in some countries homosexuality remains virtually invisible.

The three volumes together also reveal a worldwide trend toward earlier sexual intercourse among adolescents as well as a decline in birth rates and family size, and an increase in the use of contraception, even in countries where it is illegal. The influence of history, politics, and religion are woven throughout.

Teachers working with culturally and ethnically diverse groups will find this to be an extremely valuable resource. Gaining some insight, for example, into the Indian culture's views of sex roles, or how the Chinese look upon premarital sexual activity, will be a tremendous help to the classroom teacher, as well as to the sex therapist, and the marital counselor.

A comprehensive cross-cultural comparison of sexual attitudes and behaviors, *The International Encyclopedia of Sexuality* is an impressive and important contribution to our understanding of sexuality in a global society.

Reviewed by Eva S. Goldfarb, Ph.D., assistant professor, Montclair State University, Upper Montclair, NJ.

A SIECUS Annotated Bibliography of Organizations and Available Materials

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

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

This bibliography may be downloaded from SIECUS' Web site at www.siecus.org It was compiled by Smita Pamar and Lissette Marrero.

ADOLESCENT SEXUALITY

Adolescent Health: Reassessing the Passage to Adulthood

Judith Senderowitz

This paper includes data on adolescent health with an emphasis on reproduction. It assesses, by region, trends in sexual knowledge, contraceptive use, marriage, fertility, and STDs, including HIV. It also looks at related issues such as sexual abuse and nutritional and health problems. The paper also summarizes programs designed to reach adolescents, and recommends legal, policy, and program strategies to improve adolescent access to services and to enhance the quality of those services. 1995; 54pp.; $7.95 U.S.; ISBN 0-8213-3157-4.

The World Bank, Discussion Paper Number 272, P.O. Box 960, Herndon, VA 20172-0960. Phone: 703/661-1580. Fax: 703/661-1501. Web site: www.worldbank.org

Adolescence and Sexuality II (Spanish)

Profamilia

This book looks at adolescent sexuality from the viewpoints of biology, identity, and roles. It lists the 12 sexual and reproductive rights of young people as defined by the Colombian Ministry of Health's Right to Sexuality Education in 1992. It also lists all Profamilia adolescent centers, including their addresses, services, and hours of operation. Purchase information not available.

Profamilia, Avenida Caracas, Calle 34 Esquina, Santa Fe de Bogotá, Colombia. Phone: 57-1/245-4607. Fax: 57-1/287-2100.

Adolescents and Unsafe Abortions in Developing Countries: A Preventable Tragedy

Advocates for Youth

This report is based on the proceedings of the International Forum on Adolescent Fertility. The purpose for the proceedings was to discuss the current state of affairs regarding adolescent fertility in developing countries. It addresses such topics as "What have we done?" and "What can we do?" March 1992; 67pp.; $7.00 U.S.

Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 200, Washington, DC 20005. Phone: 202/347-5700. Fax: 202/347-2263. E-mail: info@advocatesforyouth.org Web site: www.advocatesforyouth.org

African Forum on Adolescent Reproductive Health, United Nations Population Fund

The Centre for Development and Population Activities

This publication has four themes: (1) "Adolescent Reproductive Health Today," (2) "Religion, Culture, and Society: Impact on Adolescent Reproductive Health," (3) "Reaching Youth Through Family Life Education and Other Information, Education, and Communication Strategies," and (4) "Policy and Legislation Toward Adolescent Reproductive Health." 1997; 109 pp.; free.

The Centre for Development and Population Activities (CEDPA), 1717 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036. Phone: 202/667-1142. Fax: 202/332-4496. E-mail: cedpa@cedpa.org Web site: www.cedpa.org

Coming of Age: From Facts to Action for Adolescents

Sexual and Reproductive Health World Health Organization

This guide focuses on the sexual and reproductive health of adolescents. It discusses the morbidities related to high-risk sexual behaviors. It includes analysis of existing data from around the world. 1998; 177 pp.; no charge.

Adolescent Health and Development Programme, Family and Reproductive Health, World Health Organization, Geneva, Switzerland HO/FRH/ADH/97.18. Phone: 41-22/791-4857. Fax: 41-22/791-2476. E-mail: who@who.org Web site: www.who.org

FOCUS on Young Adults

Papers commissioned by FOCUS on Young Adults include "Health Facility Programs on Reproductive Health for Young Adults," "Promoting Reproductive Health for Young Adults through Social Marketing and Mass Media," "Reproductive Health Outreach Programs for Young Adults," and "Reproductive Health Outreach Programs for Young Adults: School-Based Programs." No charge.

Focus on Young Adults, 1201 Connecticut Avenue, N.W., Suite 501, Washington, DC 20036. Phone: 202/835-0818. Fax: 202/835-0282. Web site: www.pathfind.org\focus.htm Available on-line.

Mezzo: For Young People by Young People

Doortje Braeken and Roni Liyanage, editors

This new international publication contains many of the issues that young people raised in response to the "Generation 97" survey on friendship, love, early marriage, contraception, and pregnancy conducted by IPPF and the United Nations Family Planning Association. Over 600 respondents from 14 to 24 years of age in 54 countries participated. 1997; 50pp.; no charge.

International Planned Parenthood Federation, Regent College, Inner Circle, Regent's Park, London NW14NS, UK. Phone: +44(0)171-487-7900. Web site: www.ippf.org

Reproductive and Pregnancy Conduct in Adolescents

Edit A. Pantelides and Marcela Cerruti

This book is based on research on adolescents in Argentina. It includes chapters on adolescents having children, asking questions, having sexual relations, understanding their bodies, knowing their reproductive systems, and using contraceptives. The authors make recommendations about sexuality education for children. 1992; 97pp.; $10.00 U.S.

Centro de Estudios de Poblacion-CENEP, Casilla 4397-Correo Central 1000-Buenos Aires, Argentina; Phone: 54-1/961-0309/2268. Fax: 54-1/961-8195. E-mail: system@cenep.satlink.net

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

Advocates for Youth

This report analyzes services to prevent adolescent pregnancy in Latin America, Africa, and Asia. Over 150 programs were surveyed on topics including: funding sources for fertility programs; agencies providing adolescent pregnancy prevention programs; and HIV/AIDS-prevention and education services offered to young people. 1993; 63pp.; $10.00 U.S.

Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 210, Washington, DC 20005. Phone: 202/347-5700. Fax: 202/347-2263. E-mail: info@advocatesforyouth.org Web site: www.advocatesforyouth.org

The Sexual and Reproductive Health of Adolescents: A Review of UNFPA Programme Experience

United Nations Population Fund (UNFPA)

This report reviews adolescent reproductive and sexual health programs supported by the United Nations Population Fund (UNFPA). It reviews the sexual and reproductive health needs of adolescents as well as the services and information available to them. It covers programs in Africa, Asia and the Pacific, the Arab States, Europe, Latin America, and the Caribbean. 1998; 83pp.; no charge.

United Nations Population Fund (UNFPA), Technical and Policy Division, 220 East 42nd Street, New York, NY 10017. Phone: 212/297-5023. Fax: 212/557-6416. E-mail: unfpa@unfpa.org Web site: www.unfpa.org

Sexual Rights of Young Women

Danish Family Planning Association and Swedish Association for Sex Education

This summary provides insight into the Danish tradition of working toward sexual and reproductive rights for all women. A review of the last century includes discussions on the right to sexuality education and the recognition of young women's sexuality. The book is based on the premise that women's sexual rights have reached a stage where women can control their sexuality, fertility, and reproduction. 1995; 24pp; no charge.

The Swedish Association for Sex Education, Box 12128, 102 24 Stockholm, Sweden. Phone: 46-8/692-0798. Fax: 46-8/653-0220.

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

International Planned Parenthood Federation (IPPF)

This booklet examines adolescent sexuality from an international perspective and includes a needs assessment that is presented through a broad look at adolescent fertility, marriage, and sexual behavior. The report includes statistics from countries worldwide. 1994; 33pp.; no charge.

International Planned Parenthood Federation (IPPF), Regent's College, Inner Circle, Regent's Park, London NWI 4NS, UK. Phone: 44-1-71/486-0761. Fax: 44-1-71/487-7950. E-mail: ippf@ippf.org Web site: www.ippf.org

UNFPA and Adolescents

United Nations Population Fund (UNFPA)

This paper discusses the position of the United Nations Population Fund on reproductive health among adolescents and looks at the reproductive health needs of adolescents. 1997; 23pp.; no charge; ISBN 0-89714-391-4.

United Nations Population Fund (UNFPA), 220 East 42nd Street, New York, NY 10017. Phone: 212/297-5023. Fax: 212/557-6416. E-mail: unfpa@unfpa.org Web site: www.unfpa.org

UNFPA International Youth Essay Contest: Promoting Responsible Reproductive Health Behavior: The Youth Perspective

United Nations Population Fund (UNFPA)

This booklet covers the information young people would like to know about reproductive health and sexuality education so that they can grow into healthy adults. 1997; 96 pp.; no charge; ISBN 0-89714-428-7.

United Nations Population Fund (UNFPA), 220 East 42nd Street, New York, NY 10017. Phone: 212/297-5023. Fax: 212/557-6416. E-mail: unfpa@unfpa.org Web site: www.unfpa.org

Youth Health–For a Change: A UNICEF Notebook on Programming for Young People's Health and Development

United Nations Children's Fund (UNICEF)

This book covers the experiences of programs of countries and partners working together interregionally on youth health issues, including HIV/AIDS. It includes major issues about health and development rights of children; an outline for a program to provide for the health and development of adolescents; and a guide to resources, organizations, and people that provide support to expedite national programs. 1997; 149pp.; no charge.

United Nations Childrens Fund, 3 United Nations Plaza, New York, NY 10017. Phone: 212/326-7000. Fax: 212/824-6464. E-mail: bdick@unicef.org Web site: www.unicef.org

Youth and Reproductive Health in Countries in Transition

United Nations Population Fund (UNFPA)

This report looks at the needs of adolescents in Eastern and Central Europe. In particular, it reviews the reproductive and sexual health needs of young people in the context of social, political, and economic changes. 1997; 70pp.; no charge; ISBN 0-89714-455-4.

United Nations Population Fund (UNFPA), 220 East 42nd Street, New York, NY 10017. Phone: 212/297-5023. Fax: 212/557-6416. E-mail: unfpa@unfpa.org Web site: www.unfpa.org

AIDS-RELATED ISSUES

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

Population Action International

This information kit provides an overview on the role family planning programs can play in slowing the spread of HIV and other STDs. It includes abstracts from scientific and social science journals as well as inserts with descriptions of the most common STDs. There are also profiles of programs linking family planning and STD services as well as an annotated bibliography of books and articles that address various aspects of HIV/AIDS. 1995; 35pp.; $8.00 U.S.

Population Action International, 1120 19 Street, N.W., Suite 550, Washington, DC 20036. Phone: 202/659-1833. Fax: 202/293-1795. E-mail: pai@popact.org Web site: www.populationaction.org

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

Sheldon Shaeffer

This paper discusses HIV/AIDS education programs in the sub-Saharan region of Africa with specific discussions on their effectiveness. It includes responses of educators and looks at the need for training and research. 1994; 45pp.; no charge.

United Nations Educational, Scientific and Cultural Organization (UNESCO), Section for Preventive Education, 7 Place de Fontenoy, 75352 Paris 07SP, France. Phone: 33-14/568-1000. Fax: 33-14/567-1690.

Report On the Global HIV/AIDS Epidemic

United Nations Joint Program on AIDS (UNAIDS)
World Health Organization (WHO)

This report documents the most recent global estimates of HIV/AIDS cases worldwide. It includes statistics and analysis from Sub-Saharan Africa, North Africa and the Middle East, South and South-East Asia, Latin America, Caribbean, Eastern Europe and Central Asia, Western Europe, North America, and Australia and New Zealand. Graphs, charts, and tables are also included. 1997; 20pp.; no charge.

UNAIDS, 20 Avenue Appiach, CH-1211, Geneva 27, Switzerland. Phone: 41-22/791-3666. Fax: 41-22/791-4187. E-mail: unaids@unaids.org Web site: www.unaids.org

School Health Education to Prevent AIDS and STDs

World Health Organization (WHO)

This publication includes a "Handbook for Curriculum Planners," a "Teacher's Guide," and a "Student Activities Booklet." It establishes background for the development and adoption of worldwide sexuality education programs for youth between the ages of 12 and 16. 1994; 88 pp.; 18 Swiss Francs.

WHO/GPA Production Center, 49 Sheridan Avenue, Albany, NY 12210. Phone: 518/436-9686. Fax: 518/436-7433.

Sexual Behavior and AIDS in the Developing World

John Cleland and Benoit Ferry, editors

This book provides findings of sexual behavior and partner relations surveys distributed in Sub-Saharan Africa, Asia, and Central and South America. It includes data on the AIDS-related knowledge of these countries. 1995; 243pp.; $24.95 U.S.

Taylor and Francis, Inc., 1900 Frost Road, Suite 101, Bristol, PA 19007. Phone: 800/821-8312. Fax: 215/785-5515. E-mail: jorders@tandfpa.com or *bkorders@tandfpa.com Web site: www.tandf.co.uk*

UNAIDS Review: Sexual Health Education Leads to Safer Sexual Behaviour

United Nations Joint Program on AIDS (UNAIDS)

This report provides data on the impact of sexuality education and sexual activity among young people throughout the world and includes recommendations for program development. This review focuses on research studies from Africa, Asia, and Europe 1997; 34pp.; no charge.

UNAIDS, 20 Avenue Appiach, CH-1211, Geneva 27, Switzerland. Phone: 41-22/791-3666. Fax: 41-22/791-4187. E-mail: unaids@unaids.org Web site: www.unaids.org

Women and HIV/AIDS: An International Resource Book

Marge Berer and Sunanda Ray

This book contains international resource information on women and HIV/AIDS, reproductive health, and sexual relationships. 1996; 14.99 British Pounds.
29-35 Farringdon Road, London ECIM 3JB, England. Fax: 44-171/242-969. E-mail: 100663.504@compuserve.com

Women, Poverty and AIDS: Sex, Drugs and Structural Violence

Paul Farmer, Margaret Connors and Janie Simmons, editors

This book looks at the status of women in the global AIDS pandemic and analyzes large-scale economic, political, and cultural forces that place them at increased risk for HIV infection. 1996; 473pp.; $19.95 U.S.; ISBN 1-56751-074-4.
Women Ink, 777 United Nations Plaza, New York, NY 10017. Phone 212/687-8633. Fax: 212/661-2704. E-mail: wink@womenink.org Web site: www.womenink.org

SEXUALITY

Challenges: Sexual and Reproductive Health

Evert Ketting, editor

This collection of articles highlights relationships between family planning and sexual and reproductive health. All have a common denominator: the recognition that sexuality is an integral component of reproductive health and family planning programs. The articles look at regional, social, and cultural backgrounds as well as current challenges and programs. 1993, 1995; 48pp.; no charge.
International Planned Parenthood Federation, International Office, Regent's College, Inner Circle, Regent's Park, London NW1 4NS, U. Phone: 44- 1- 71/487-7900. Fax: 44- 1- 71/487-7950. E-mail: ippf@ippf.org Web site: www.ippf.org

Contexts: Race, Culture and Sexuality: An Assessment of Our Communities

Shivananda Khan

This report focuses on the sexuality of the South Asian ethnic community (India, Pakistan, Bangladesh, and Sri Lanka) in the United Kingdom. Recommendations are offered for the development of culturally specific and appropriate services in terms of HIV/AIDS and sexual health. 1994; 87pp.; 10 British Pounds.
The NAZ Project, Palingswick House, 241 King Street, London W6 9LP, United Kingdom. Phone: 44-0-81/563-0191. Fax: 44-0-81/741-9841.

Cross-Cultural Perspectives on Human Sexuality

Sandra L. Caron

This book covers the basic issues of sexuality in 44 different countries. A brief overview of each country is provided, including information on population, ethnicity, religions, and annual income. Data is presented on these issues: sexual activity, contraception, abortion, sexuality education, sexually transmitted diseases, sexual orientation, prostitution, and erotica. 1998; 201pp.; $22.95 U.S.; ISBN 0-205-27416-1.
Allyn and Bacon, Order Processing Dept., P.O. Box 11071, Des Moines, IA 50336-1071. Phone: 800/666-9433. Fax: 515/284-6719. E-mail: bwebmaster@abacon.com Web site: www.abacon.com

A Global View of Lesbian and Gay Liberation and Oppression

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

Compiled under the auspices of the International Lesbian and Gay Association (ILGA), this book looks at the political, social, and legal climate for gay men and lesbians in over 15 countries. The authors offer an historical analysis of the international cooperation among gay and lesbian groups and suggest future strategies for cooperation. 1993; 349pp.; $31.95 U.S.
Prometheus Book Publishers, 59 John Glenn Drive, Amherst, NY 14228-2197. Phone: 800/421-0351. Fax: 716/691-0137. E-mail: pbooks6205@aol.com Web site: www.prometheusbooks.com

IPPF Charter on Sexual and Reproductive Rights (available in English, French, Spanish, and Arabic)

International Planned Parenthood Federation (IPPF)

This *Charter on Sexual and Reproductive Rights* is based on 12 rights that reflect the mission of the International Planned Parenthood Federation. The document is a core international human rights instrument. 1996; 63pp.; no charge; ISBN 0-86089-109-7.
International Planned Parenthood Federation, International Office, Regent's College, Inner Circle, Regent's Park, London NW1 4NS, UK. Phone: 44-1-17/487-7900. Fax: 44-1-71/487-7950. E-mail: ippf@ippf.org Web site: www.ippf.org

The International Encyclopedia of Sexuality

Robert T. Francouer, editor

This three-volume encyclopedia is a collection of writings by sexologists from 30 countries. Chapters on each country contain sections on "Heteroscxual Behavior," "Gender Conflict," "Gender Orientation," "Coercive Sex, Prostitution, Pornography, Paraphilia," "Contraception, Abortion, Population Planning," "STDs and HIV/AIDS," "Sexual Dysfunction and Therapies," and "Sexual Research." 1997; three volumes; $255 U.S.; ISBN 0-8264-0841-9.
Continuum Publishing, 377 Lexington Avenue, New York NY 10017. Phone: 212/953-5858. Fax: 212/953-5944. E-mail: mnwy14A@prodigy.com Web site: www.continuum-books.com

Islam and Sexuality (French) Centre de Documentation et d'Information de la Fédération FrancoPhone Belge pour le Planning Familial et l'Education Sexuelle (CEDIF)

This booklet examines sexuality in the Islamic culture through gender roles, identity, and sexuality perceptions. 1993-94; 63 pp.; 200 Belgian Francs.

Centre de Documentation et d'Information de la Fédération FrancoPhone Belge pour le Planning Familial et l'Education Sexuelle (CEDIF), Rue de la Tulipe 34, 1050 Bruxelles, Belgium. Phone: 2-6/502-6800. Fax: 2-6/502-5613.

Learning About Sexuality: A Practical Beginning

Sondra Zeidenstein and Kirsten Moore, editors

This book examines ways in which sexuality, gender roles, and power imbalance in intimate relationships influence family planning and reproductive health choices. It is a compilation of essays that detail sexuality research and programs from a variety of countries. It is written for family planning and reproductive health care providers, sexuality researchers, educators, and activists. 1996; 404pp.; $20.00 U.S.; ISBN 0-878-34085-8.

The Population Council, Inc., One Dag Hammerskjold Plaza, New York, NY 10017. Phone: 212/339-0500. Fax: 212/755-6052. E-mail: pubinfo@popcouncil.org Web site: www.popcouncil.org

Sex in China: Studies in Sexology in Chinese Culture

Fang Fu Ruan

This book provides an overview of traditional Chinese sexual philosophy, classical sexology, classic erotic literature, Taoist sexual beliefs, homosexuality, transvestism, transsexualism, and prostitution, as well as modern Chinese attitudes and political thought on sexuality. 1991; 208pp.; $34.40 U.S.; ISBN 0-306-43860-7.

Plenum Press, 233 Spring Street, New York, NY 10013. Phone: 212/620-8000. Fax: 212/807-1047. E-mail: books@plenum.com Web site: www.plenum.com

Sexology Today: A Brief Introduction

Erwin J. Haerberle and Rolf Gindorf, editors

This manual provides a worldwide overview of sexological organizations, training programs, resources, and ethical practices for professionals. It includes an historical chronology of developments in the field of sexology and a discussion on sexology as a profession. 1993; 141pp.; 10 Deutsch Marks;

German Society for Social-Scientific Sex Research, DGSS, Gerresheimerstrasse 20, D-40211, Dusseldorf, Germany. Phone: 49-211/35-4591. Fax: 49-211/36-0777.

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

Igor Kon

This book reviews the historical change in sexual behavior and values in Russia and explores the meaning of current trends in Russian sexuality. Art, literature, folk tales, and recent studies are used in looking at the evolution of Russian sexual culture. 1995; 337pp.; $25.00 U.S.

The Free Press, 866 Third Avenue, New York, NY 10022. Phone: 800/223-2336. Fax: 800/445-6991. E-mail: majordomo@msl.mcp.com Web site: www.simonsays.com

Sexuality and the Law in Victoria: Fertility and Sexual Health

Family Planning Victoria, Australia

This book reviews health laws on sexuality in the Australian state of Victoria. Written for health workers, sections include: "Giving Clients Sufficient Information," "Consent to Medical Treatment," "Protecting Client Confidentiality," "Sexuality and Fertility Control," and "Prescribing Contraceptives." 1995; 31pp.; $4.00 U.S.

Family Planning Victoria Inc., 266-272 Church Street, Richmond, Victoria 3121, Australia. Phone: 61-3/429-3500. Fax: 61-3/427-9987.

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

Family Planning Victoria, Australia

This book reviews legal aspects of sexuality in relation to people with developmental disabilities. It reviews laws about consent, sexual orientation, abortion, sterilization, antidiscrimination, and sexual abuse. 1995; 24pp.; $4.00 U. S.

Family Planning Victoria Inc., 266-272 Church Street, Richmond, Victoria 3121, Australia. Phone: 61-3/429-3500. Fax: 61-3/427-9987.

Unspoken Rules: Sexual Orientation and Women's Human Rights International Gay and Lesbian Human Rights Commission

This book, which was prepared for the United Nations Fourth World Conference on Women, documents human rights violations against lesbians in 31 countries and discusses strategies lesbian activists and other human rights advocates have employed to challenge this oppression. 1995; 263pp.; $15.00 U.S.; ISBN 1-884955-02-9.

International Gay and Lesbian Human Rights Commission, 1360 Mission Street, Suite 200, San Francisco, CA 94103-2609. Phone: 415/255-8680. Fax: 415/255-8662. E-mail: iglhrc@iglhrc.org Web site: www.iglhrc.org

We Talk about Sex (Spanish) Victor Ya (Spanish)

This resource addresses sexuality from a Latin American perspective. Issues include sexuality in human evolution, the psychology of partner relationships, sexual behaviors, sexual responses, homosexuality, abortion, fertility, contraception, and AIDS. There is also a section on the influence of the Christian religion on sexuality issues. 1991, 336pp.

Sociedad Peruana de Sexologia, Avenida Arequipa 1775, 203 Lima 14 Peru. Phone: 51-14/71-8960. Fax: 51-14/48-8938.

What's Sex Got to Do With It? Challenges for Incorporating Sexuality into Family Planning Programs

Kirsten Moore and Judith F. Helzner

This booklet addresses the need to integrate discussions of sexuality into international family planning and reproductive health programs. It explores questions, myths, and challenges about the connection between sexuality and family planning. 1996; 28pp.; no charge; ISBN 0-87834-088-2.

The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017. Phone: 212/339-0500. Fax: 212/755-6052. Email: publinfo@popcouncil.org Web site: www.popcouncil.org

SEXUALITY EDUCATION

Adolescence Education

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

This four-part booklet addresses adolescent sexuality from the perspectives of physical, social, and gender roles and STDs. Developed in Asia and the South Pacific, this collection of educators' lessons includes definitions, facts, diagrams, objectives, time requirements, materials, and ideas for choosing and implementing appropriate lessons for schools. 1995; Part 1, 100pp.; Part 2, 73pp.; Part 3, 40pp.; Part 4, 45pp.; $5.00 U.S., each.

UNESCO/PROAP, RECHPEC, P.O. Box 967, Prakanong Post Office, Bangkok 10110, Thailand.

Canadian Guidelines for Sexual Health Education

Ministry of National Health and Welfare, Canada

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

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

Educacion Sexual de Adolescentes: Una Experencia de Investigacion–Accion Participativa Con Las Comunidades Educativas de Usme (Spanish)

Cecilia Cardinal de Martin Matilde Saavedra de Tafur

This book is a compilation of information on sexuality education that focuses on students, parents, teachers, and community leaders in Usme, Colombia. Santa Fe de Bogotá; May 1993; 157 pp.

Fundacion Para el Deserrollo Humano y Social Cresalc Colombia, Centro Internacional de Investigaciones Para el Desarrollo C11D – Canada, Calle 54 No. 11-68 Of. 406, Santa Fe de Bogotá. Phone: 61/80-521. Fax: 61/80-410.

Education in Human Sexuality: A Sourcebook for Educators

Dhun Panthaki

Written primarily as a teaching manual on sexuality education in India, this book is also a resource for parents, counselors, social workers, and others from whom young people seek information about sexual development. Topics include anatomy and physiology, sexual and emotional development, relationships, contraception, sexual behaviors, STDs, and HIV/AIDS, and also methods of teaching sexuality education. Also included are a list of suggested curricula, illustrations, contacts, and a translation of key sexuality terms in Hindi, Marathi, and Gujarati. 1997; 270pp.; $30.00 U.S.; ISBN 81-900732-0-6.

Director, Resource Development & Public Relations, Family Planning Association of India, Bajaj Bhavan, Nariman Point, Mumbai 400 021, India. Phone: 202 9080/202 5174. Fax: +91-22-2029038/2048513. E-mail: fpai@glasbm01.vsnl.net.in Web site: www.allindia.com/fpai

Framework for Sexuality Education for Russian Youth Center for Formation of Sexual Culture

This framework, adapted from the SIECUS *Guidelines,* outlines the objectives, concepts, and topics required of a sexuality education program in Russia. 1997; 17pp.; no cost available.

Center for Formation of Sexual Culture, Piogskaya Str. 19, Yaroslavl, 150044. Phone: 085-255-5046. Fax: 085-255-6691. E-mail: valya@fsc.edu.yar.ru

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

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

This resource, adapted from the SIECUS *Guidelines for Comprehensive Sexuality Education, Kindergarten–12th Grade,* was created by a national forum of over 30 Brazilian sexuality education professionals and a committee of over 75 organizations committed to sexuality education and sexual health. It outlines messages to include in education programs in Brazilian schools. There is a section on methodology as well as a bibliography. 1994; 112pp.; $11.00 U.S.; ISBN: 85-8514-31-X.

GTPOS, Rua Monte Aprazivel, 143, Vila

Nova Conceicao, CEP 04513-030, Sao Paulo, SP Brasil. Phone: 55-11/822-8249. Fax: 55-11/822-2174.

Guidelines for Comprehensive Sexuality Education in Nigeria: School Age to Young Adulthood

National Guidelines Task Force

Based on SIECUS' *Guidelines,* the Nigerian adaptation was developed by the National Task Force of 20 key agencies and institutions working in the areas of adolescent health, education, and development in Nigeria. 1996; 82pp.; no cost available; ISBN 978-33952-0-3.

Action Health Incorporated, Plot 54 Somorin Street, Ifako-Gbagada. P.O. Box 803, Yaba, Lagos. Fax: 234-1-861-166.

Guidelines for Comprehensive Sexuality Education, Kindergarten–12th Grade, 2nd Edition (English or Spanish)

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

Developed by a U.S. task force of 20 leading health, education, and sexuality experts, this publication outlines a comprehensive sexuality education program, and provides a framework for communities to create new or improved programs. Countries worldwide have adapted the guidelines with permission and assistance from SIECUS. 1996; 59pp; $7.95 U.S.

SIECUS, 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: www.siecus.org

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

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

A brief history of sexuality education and clinical sexology in Latin America is provided in this pamphlet from the VII Congreso Latinoamericano de Sexologia y Educacion Sexual. 1994; 15pp.; purchase information not available.

Federacion Latinoamericana de Sociedades de Sexologia y Educacion Sexual (FLASSES), Dr. Ricardo Cavalcanti, president, Centro Médico de Brasilia-Bloco "E" Sala 605-716 Sul Brasilia-DF-Brasil CEP.70.390. Phone: 55-61/245-2145.

Latin American Journal of Sexology, Volume 10, Number 1 National Project for Sex Education,

Colombia Zoralda Martinez Mendez, editor

This special issue addresses the current Colombian sexuality education project created in 1993 by the Ministry of National Education. The articles discuss the philosophical, pedagogical, and administrative requirements needed to initiate school projects, including training, curricula development, communication, and program evaluation. 1995; $25.00 U.S.

Latin American Journal of Sexology, Barranguilla – Colombia. Telefax: 95 356 40 40. E-mail: latinsex@rednet.net.co Web site: www.rednet.net.co/latinsex

The Other Curriculum: European Strategies for School Sex Education

Philip Meredith, editor

This volume addresses the interrelationship between sociopolitical structure and the ideology of sexuality education in Europe. It looks at the ethical, philosophical, and sociological bases on which most sexuality and family life educational policies are based. 1989; 384pp.; $20.00 U.S.

International Planned Parenthood Federation (IPPF), Regent's College, Inner Circle, Regent Park, London, NW1 4NS Great Britain. Phone: 44-1-71/486-0741. Fax: 44-1-71/487-7950. E-mail: ippf@ippf.org Web site: www.ippf.org

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

Lena Lennerhed

This booklet describes how and why sexuality education developed in Sweden. It provides insight into programs in other countries and provides suggestions for new models. 1995; 28pp.; 23 Swedish Crowns.

Swedish Association for Sex Education, P.O. Box 12128, S-102 24 Stockholm, Sweden. Phone: 46-8/692-0700. Fax: 46-8/653-0220.

RESEARCH SURVEYS

Generation 97: What Young People Say About Sexual and Reproductive Health

Pramilla Senanayake and Alex Marshall, managing editors

This is a survey of over 600 young people from 54 countries about their opinions and experiences regarding sexuality, relationships, and reproductive health issues. This report includes numerous quotes and observations that highlight clear differences and similarities across regions. 1997; 16pp.; no charge.

International Planned Parenthood Federation (IPPF), Regent's College, Inner Circle, Regent's Park, London NW1 4NS, U.K. Phone: 44-1-71/487-7990. Fax: 44-1-71/487-7950. E-mail: ippf@ippf.org Web site: www.ippf.org

Sex In America: A Definitive Survey

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

This book contains results of a survey on adult sexual behavior in the United States for a general audience. (A companion volume, *The Social Organization of Sexuality,* is for a professional audience.) Topics include sexual practices, partners, masturbation, erotica, and STDs. 1994; 300pp.; $12.99 U.S.; ISBN 0-44667-183-5.

Little, Brown and Co., 200 West Street, Waltham, MA 02154. Phone: 800/343-9204. Fax: 800/286-9471. Web site: www.littlebrown.com

Sexual Attitudes and Lifestyles

Anne Johnson, Jame Wadsworth, Kaye Wellings, and Julia Field

This study is based on surveys of 19,000 British men and women. Chapters include "Heterosexual Partnerships and Practices," "Sexual Diversity and Homosexual Behavior," "Sexual Attitudes," and "Physical Health and Sexual Behavior." 1994; 528pp.; $50.00 U.S.; ISBN 0-63203-343-6.

Blackwell Science Incorporated, Commerce Place, 350 Main Street, Malden, MA 02148. Phone: 781/388-8250. Fax: 781/388-8270.

Sexual Behavior in Modern China

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

This is a nationwide survey of sexual behavior in China. 1996; $95.00 U.S.; ISBN 0-82640-886-9.

Continuum, P.O. Box 605, Herndon, VA 20172. Phone: 800/561-7704. Fax: 703-661-1501.

Sexual Behavior of Young Adults in Latin America

Leo Morris

This report presents the results of a survey of adolescent sexual experiences and education in Latin America, including: contraceptive use, unintended pregnancies, premarital conceptions, and HIV transmission knowledge. Charts graph the percentage of males and females who have received sexuality education. 1994; 21pp.; no charge.

U.S. Centers for Disease Control and Prevention, 3440 Buford Highway, N.E., MSK35, Atlanta, GA 30347. Phone: 770/488-5260. Fax: 770/488-5965. Web site: www.cdc.gvt

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

Osmo Kontula and Elina Haavio-Mannila

Based on a 1992 research project on sexuality in Finland (FINSEX), this resource presents the results of a national survey of over 2,000 people 18 to 74 years old. Data from 1992 is compared with data from a 1971 survey—establishing one of the only national longitudinal sexuality surveys in the world. 1995; 287pp.; $75.95 U.S.; ISBN 1-85521-628-0.

Ashgate Publishing Company, Old Post Road, Brookfield, VT 05036. Phone: 802/276-3162. Fax: 802/276-3837.

Young Adult Reproductive Health Survey in Two Delegations of Mexico City

U.S. Department of Health and Human Services

This study looks at young adults in Mexico from the perspective of their sexual knowledge and experience. The chapter on "Sex Education and Use of Youth Centers" talks about sexuality education and concludes that most youth receive the information they need on contraception too late. 1994; 104pp.; no charge.

U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 3440 Buford Highway, N.E., MS K35, Atlanta, GA 30347. Phone: 770/488-5260. Fax: 770/488-5965. Web site: www.cdc.gvt

Young Adult Reproductive Health Survey From Romania

Prepared by Florina Serbanescu, MD and Leo Morris, MD

This report presents the findings of a survey that included over 4,000 young adults in Romania. Topics include sexuality education; knowledge, attitudes about, and use of contraceptives; sexual behavior; pregnancy experience; attitudes about reproductive health and gender; health behaviors; and knowledge of AIDS transmission and prevention. 1998; 240pp.; no charge.

Behavioral Epidemiology and Demographic Research Branch, Division of Reproductive Health, U. S. Centers for Disease Control and Prevention, 3440 Buford Highway, N.E., MS K35, Atlanta, GA 30347. Phone: 770/488-5260. Fax: 770/488-5965. Web site: www.cdc.gvt

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International Gay and Lesbian Human Rights Commission
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San Francisco, CA 94103 USA
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E-mail: iglhrc@iglhrc.org
Web site: www. iglhrc.org

International Planned Parenthood Federation (IPPF)
Regents College
Inner Circle
Regents Park
London, NW1 4NS, United Kingdom.
Phone: 071/486-0741. Fax: 071/487-7950.
E-mail: info@ippf.org
Web site: www.ippf.org

United Nations Joint Programme on AIDS (UNAIDS)
20 Avenue Appia, 1211 Geneva 27, Switzerland
Phone: 41-22/791-3666.
Fax: 41-22/791-4187.
E-mail: unaids@unaids.org
Web site: www.unaids.org

United Nations Population Fund (UNFPA)
220 East 42nd Street, New York, NY 10017 USA
Phone: 212/297-5236. Fax: 212/297-4915.
E-mail: unfpa@unfpa.org
Web site: www.unfpa.org

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

World Health Organization (WHO)
20 Avenue Appia 1211
Geneva 27, Switzerland.
Phone: 41-22-791-2111.
Fax: 41-22-791-0746.
E-mail: info@who.ch
Web site: www.who.ch

DIRECTORY OF ORGANIZATIONS: BY REGION AND COUNTRY

AFRICA/REGION

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

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

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

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

AFRICA/BY COUNTRY

Botswana

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

Cameroon

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

Chad

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

Côte d'Ivoire

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

Egypt

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

Kenya

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

Liberia

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

Nigeria

Action Health Incorporated, Youth Center
Plot 54, Somorin Street
Ifako, Gbagada
Lagos.
Phone/Fax: 234-1/861-166.
E-mail: ahi@linkserve.com.ng

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

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

Senegal

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

South Africa

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

Swaziland

Family Life Association of Swaziland
P.O. Box 1051
Manzini.
Phone: 53586/53082/53088.

Uganda

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

Zimbabwe

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

ASIA & SOUTH PACIFIC/ REGION

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

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

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

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

ASIA, AUSTRALIA & SOUTH PACIFIC/BY COUNTRY

Australia

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

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

China

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

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

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

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

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

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

Hong Kong

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

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

India

Family Planning Association of India (FPAI): Sex Education, Counseling, Research Training Centre (SECRT)
Bajaj Bhavan, Nariman Point
Mumbai 400 021, India.
Phone: 202 9080/202 5174.
Fax: +91-22-2029038/2048513.
E-mail: fpai@glasbm01.vsnl.net.in
Web site: www.allindia.com/fpai

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

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

Talking About Reproductive and Sexual Health Issues (TARSHI)
162 Aravali Apt's
Alaknanda, New Delhi 110019.
Phone: 91-11-462-2221/4441.

Japan

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

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

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

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

Malaysia

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

New Zealand

Family Planning Association of New Zealand
30 Ponsonby Road
Auckland 1.
Phone: 09/360-0360.
Fax: 09/360-0390.

EUROPE & THE MIDDLE EAST /REGION

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

International Planned Parenthood Federation (IPPF)—Arab World Region
2 Place Virgile
Notre Dame
1082 Tunis
Tunisia.
Phone: 216-1/894-173.
Fax: 216-1/789-934

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

World Health Organization (WHO)—European Region
Scherfigsvej 8, DK-2100
Copenhagen, Denmark 10130.
Phone: 45/39-171717.
Fax: 45/39-171818.
E-mail: postmaster@who.dk
Web site: www.who.dk

EUROPE & THE MIDDLE EAST /BY COUNTRY

Belgium

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

Bulgaria

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

Czech Republic

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

Denmark

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

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

France

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

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

Germany

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

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

Greece

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

Iceland

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

Israel

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

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

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

Italy

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

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

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

The Netherlands

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

Netherlands Institute of Social Sexological Research (NISSO)
Oudenoord 182
Utrecht (The Netherlands)
Postbus 5018
3502 JA
Utrecht.
Phone: 31/302367750 / (31)302304010l.
Fax: 31/302342458.
E-mail: webmaster@nisso.nl
Web site: www.niwi.knaw.nl/guests/nisso

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

Poland

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

Portugal

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

Romania

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

Russia

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

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

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

Russian Sexological Association
Krylatskiye Kholmy, 30-2, 207
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Spain

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

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

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

Sweden

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

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

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

Turkey

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

Ukraine

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

United Kingdom

Family Planning Association (FPA)
27/35 Mortimer Street
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Fax: 44-171-436-3288.

Sex Education Forum, National Childrens Bureau
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Canada

International Academy of Sex Research (IASR)
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Fax: 416/979-4668.
E-Mail: zucker@cs.clarke-inst.on.ca

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

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

United States

Advocates for Youth
1025 Vermont Avenue, N.W.
Washington, DC 20005 USA.
Phone: 202/347-5700.
Fax: 202/347-2263.
E-mail: info@advocatesforyouth.org
Web site: www.advocatesforyouth.org

American Association of Sex Educators, Counselors, and Therapists (AASECT)
P.O. Box 238
Mt.Vernon, IA 52314 USA.
Phone: 319/895-8407.
Fax: 319/895-6203.
E-mail: AASECT@worldnet.att.net
Web site: www.aasect.org

The Kinsey Institute for Research in Sex, Gender, and Reproduction
313 Morrison Hall
Indiana University
Bloomington, IN 47404.
Phone: 812/855-7686
Fax: 812/855-8277
E-mail: libknsy@indiana.edu
Web site: www.indiana.edu/~kinsey

Planned Parenthood Federation of America (PPFA)
810 Seventh Avenue
New York, NY 10016 USA.
Phone: 212/261-4655.
Fax: 212/765-4711.
E-mail: communications@ppfa.org
Web site: www.plannedparenthood.org

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

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

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

LATIN & SOUTH AMERICA (INCLUDING THE CARIBBEAN)/REGION

International Planned Parenthood Federation—Western Hemisphere Region (IPPF/WHR)
902 Broadway, Tenth Floor
New York, NY 10010.
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Fax: 212/995-8853.
E-mail: info@ippf.org
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Asociacion Argentina de Sexologia y Educacion Sexual (AASES)
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Buenos Aires, 1428.
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Fax: 54-1/812-2770.

Centro de Educacion, Terapia e Investigacion en Sexualidad (CETIS)
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1425 Capital Federal
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Phone: 54-1/773-4141.
Fax: 54-1/777-3459.

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

Belize

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

Bolivia

Asociacion Boliviana de Educacion Sexual
Cas Correo 8158
La Paz.

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

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Centro de Sexolgia de Brasilia
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Grupo de Trabalho e Pesquisa em Orientação Sexual (GTPOS)
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Sociedade Brasileira de Sexualidade Humana
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Copacabana, Rio de Janeiro, 22040.
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Ministerio de Educacion—Proyecto Nacional de Educacion Sexual
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Apartado 1434-1011 Y-Griega
San José.

Cuba

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Asociacion Mexicana de Sexologia A.C. (AMSAC)
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Asociacion Mexicana para la Salud Sexual
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Web site: www.zeragoza.unam.mx/sexualidades/congre.html

Mexican Family Planning Association (MEXFAM)
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E-mail: mexfinfo@mexfam.org.mx
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