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R E P O R T

SEXUALITY EDUCATION IN THE UNITED STATES

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SIECUS

R E P O R T

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COMPREHENSIVE SEXUALITY EDUCATION HAS COME A LONG WAY IN PAST DECADES

Mac Edwards

Should we be discouraged because American schools are implementing abstinence-only-until-marriage education programs without thought or comment? No. Comprehensive sexuality education has come a long way in the past decades. And I have no doubt this progress will continue.

When I look back to my youth in rural Virginia in the 1950s and 1960s, I remember only silence in terms of sexuality education—both at school and at home. I also remember only silence on the part of school administrators and teachers whenever I heard students make homophobic remarks.

Over the years, I have educated myself about my sexual orientation and my sexual health. I have sought counselors at schools and community-based organizations to help me understand and appreciate myself. As a result, I am comfortable with myself and proud of my life.

When I reflect on my youth, I am amazed at the progress we have made. I am also confident that today's youth will not let anything or anyone stand in the way of their receiving the information they need to lead sexually healthy lives.

FEW CONTROVERSIES

Martha Kempner, SIECUS education coordinator, writes in her year-end review of sexuality education controversies in the United States, titled “Fewer Debates About Sexuality Education as Abstinence-Only Programs Take Foothold,” that Americans are, as I mentioned, accepting abstinence-only-until-marriage curricula in their schools without question. SIECUS recorded only 75 controversies in 30 states during the past school year, the lowest number since we started tracking controversies nine years ago and half the number of controversies SIECUS recorded last year.

Despite evidence that most Americans support comprehensive sexuality education, abstinence-only-until-marriage programs and related activities have become big business in the United States. Claudia Trevor, SIECUS state and community advocacy associate, writes in her article, “What Abstinence-Only-Until-Marriage Education Looks Like in Communities Today,” about state programs such as the Governor's Program on Abstinence in Louisiana; bill-board and classroom programs like *Marriage First* in Canton,

OH; and the *Worthy Choice* theatre troupe in Northwest Indiana, among many others.

GOOD NEWS

Even with abstinence-only-until-marriage gaining popularity, there are still many excellent comprehensive sexuality education programs and supporters in the nation.

Consultant Peggy Brick writes about educator Deborah Roffman of Baltimore, MD, in her article “Teaching About Issues, Values, and Decisions: The Newspaper as Sexuality Education Text.” She points to Roffman's goal of supporting her students' ongoing development as people: “I want them to take responsibility for their opinions and their behavior. That's why they read newspapers. I want them to explore the world around them and continually integrate what they are learning.”

And Bronwyn Mayden, executive director of Campaign for Our Children, writes about the U.S. Surgeon General's *Call to Action to Promote Sexual Health and Responsible Sexual Behavior*. “It provides a wake up call to the nation,” she says as she discusses steps to bring comprehensive sexuality education programs to more people.

MORE INFORMATION

Stacy Weibley, SIECUS senior public policy associate, writes in “NIH Report Underscores Need to Reexamine ‘Medical Accuracy’” about a report from the National Institutes of Health on the ineffectiveness of condom usage. She indicates that advocates of abstinence-only-until-marriage programs are using the report to show that safe sex is a myth and that the Centers for Disease Control and Prevention (CDC) has been providing “medically inaccurate” information about condoms.

Finally, we have revised and updated our “Issues and Answers: Fact Sheet on Sexuality Education” to clarify this subject for parents, educators, health care professionals, policymakers, the media, and others so they can better understand the complexities and the importance of sexuality education.

All in all, we should be proud of the tremendous progress we have made in the past decades. We are steadily moving toward the day when we will have a sexually informed and healthy America.

THE LANDSCAPE OF SEXUALITY EDUCATION:
DISCOURAGING, YET EXCITING

Tamara Kreinin, M.H.S.A.

Every year as students and educators head back to school, we devote an issue of the *SIECUS Report* to examining the status of sexuality education in the United States. For almost a decade, this has included a report documenting and analyzing controversies surrounding sexuality education. Each year, we also highlight events in our field and spotlight innovative ways of teaching about sexuality.

This *SIECUS Report* is particularly interesting to me because it paints a landscape of sexuality education that is simultaneously discouraging and exciting. On the one hand, communities continue to restrict the scope and content of sexuality education, often by implementing abstinence-only-until-marriage education. On the other, U.S. Surgeon General David Satcher, a leader among our nation's medical and public health professionals, said that he feels so strongly about the need to promote responsible sexual behavior among our young people that he has included it among the *Surgeon General's Top Public Health Priorities*.

INNOVATIVE REPORT

The goal of the Surgeon General's new report, *A Call to Action to Promote Sexual Health and Sexual Behavior*, is to stimulate respectful, thoughtful, and mature discussions about sexuality in our nation's communities and homes. The report emphasizes that many of the public health issues faced by our nation are related to sexuality. It points to STDs, HIV/AIDS, unintended pregnancy, abortion, sexual abuse, and prejudice based on sexual orientation as examples. It goes on to outline three innovative strategies to combat these problems: increased public awareness through dialogue and education, new health and social interventions that eliminate disparities in sexual health arising from social and economic disadvantage, and a national investment in sexuality research.

I applaud Dr. Satcher for turning the nation's attention to this often ignored topic and providing opportunities for focused discussion on sexuality. This is a positive step toward building a sexually healthy America.

COMMON GROUND

The *Call to Action* is also groundbreaking for its process. In developing this document, Dr. Satcher engaged in a collaboration that brought experts from the academic, med-

ical, and religious communities together with policymakers, advocates, teachers, parents, and youth. I was proud to be part of this process in which people with very different views came together to discuss difficult issues and found numerous areas of agreement. I believe that we learned an important lesson about putting aside our differences to focus on the needs of our communities.

COMMUNITY DISCUSSIONS

On the community level, the analysis of trends in sexuality education included in this issue shows that fewer communities engaged in discussion of sexuality education and that many of them adopted restrictive programs as a way to avoid controversy. Moreover, many schools and communities followed the federal government's lead and provided abstinence-only-until-marriage education without first investigating the needs of their own students and the desires of their parents and teachers.

One of my primary concerns about the programs schools and communities undertook this year is that they clearly do not reflect the realities of today's students. Peggy Brick's article in this issue highlights Deborah Roffman's innovative teaching method that eschewed a textbook in favor of the newspaper and uses current events to teach about sexuality issues. Deborah's approach proves that sexuality issues are a fact of life for all students and communities. While I am excited that her students are able to learn from the political, educational, and scientific developments of the day, I am worried that too many students across the country are forced to deal with these issues on their own.

A CALL TO OTHER POLICYMAKERS

Dr. Satcher's willingness to step forward should be a call to action of its own to other policymakers and elected officials on the state and community level. It is time for governors, mayors, and school board members to thoughtfully examine sexuality education in their own states and communities in an effort to provide their students with the best and most effective programs.

I hope that as you read this issue, you, too, will find that while we, as advocates for sexuality education, face difficult obstacles, we also have exciting new road maps to help us take action on behalf of our youth.

FEWER DEBATES ABOUT SEXUALITY EDUCATION AS ABSTINENCE-ONLY PROGRAMS TAKE Foothold

Martha E. Kempner, M.A.
SIECUS Education Coordinator

The 2000-01 school year saw a dramatic decrease in the number of controversies relating to sexuality education. SIECUS documented only 75 such controversies in 30 states. This is the lowest number since we began tracking these debates in 1992 and just over half the number of controversies we saw last year.

Unfortunately, evidence suggests that this drop in the number of community debates is not indicative of widespread acceptance of comprehensive sexuality education by communities and school boards. Instead, abstinence-only-until-marriage education continues to gain support, some schools are adopting restrictive programs or rules as a way to avoid controversy, and other communities are shying away from making any decisions regarding sexuality education for fear of controversy.

At the same time, more state legislatures are becoming involved in what have traditionally been local decisions. In recent years, numerous states have debated legislation that would mandate an abstinence-only-until-marriage focus, restrict materials or curricula for use in class, forbid discussion of certain topics, dictate how to answer questions, or create statewide administrative rules about sexuality education.

This year's controversies, whether on the state or community level, fit into three basic categories.

First, many states and communities struggled with global decisions such as whether curricula should have an abstinence-only-until-marriage or an abstinence-based focus that would include discussion of other safer sexual practices.

Second, many states and communities debated how much information students should receive in sexuality education classes. Some of these debates centered on materials that parents felt were too explicit while others centered on specific topics such as condoms and sexual orientation.

Finally, SIECUS noted a number of debates on both the state and local level that focused on administrative issues such as whether students should have parental permission before enrolling in sexuality education, whether they could be released from sexuality education for other instruction, and whether sexuality education courses should be a graduation requirement.

While these overall trends may seem discouraging to supporters of comprehensive sexuality education, many of

the incidents reported in this article had positive outcomes in which parents, educators, and policymakers showed their support for broad-based sexuality education and sexual health services. In fact, individuals and groups rallied to show their support for comprehensive sexuality education even in those states and communities that ultimately decided to implement more restrictive programs.

CURRICULA DECISIONS

Mandating Abstinence

In 1996, the federal government created an entitlement program, Section 510(b) of Title V of the Social Security Act, that funneled 50 million federal dollars per year for five years into all 50 states for educational programs. States that choose to accept Section 510(b) funds must match every four federal dollars with three state-raised dollars and then disperse the funds for educational activities. The federal government has since approved additional funds for abstinence-only-until-marriage education programs. All of these federally-funded programs must adhere to a strict eight-point definition, which, among other things, requires them to teach that "sexual activity outside of marriage is likely to have harmful psychological and physical effects."¹

Since the federal abstinence-only-until-marriage program began, many states and communities have followed the government's lead and adopted programs or rules that follow a strict abstinence-only-until-marriage philosophy. States and communities grappled with issues raised by these programs during the 2000-01 school year.

A statewide debate over the focus of education programs took place in **Nebraska** this year. Since 1997, Nebraska's Board of Education has had a strict rule mandating an abstinence-only-until-marriage approach for all state-sponsored sexuality education. Until this year, the statewide HIV-prevention education program sponsored by a grant from the Centers for Disease Control and Prevention (CDC) was exempt from this rule. Educators and health professionals have agreed that it is impossible to provide effective HIV-prevention education without mentioning prevention methods other than abstinence, such as condoms.

When this exemption was brought to the attention of Board of Education members this year, they asked the HIV-

prevention coordinator to draft and defend a policy that officially exempted her program from an abstinence-only-until-marriage approach. At a hearing before the Board, numerous educators, health care professionals, parents, and people living with HIV/AIDS defended the need for a comprehensive HIV-prevention program that includes abstinence and safer sex messages. The Board then voted to hear from an outside panel of experts. Panel members included a spokesman for the Abstinence Clearinghouse, a national organization that advocates for abstinence-only-until-marriage education, and a Georgia educator who reported that she provides HIV-prevention education with a strict abstinence-only-until-marriage focus. Also on the panel was a researcher from the University of Nebraska who explained that research and evaluation support a comprehensive approach to sexuality education and HIV prevention.²

The Board voted in a tie to reject the policy proposed by the HIV-prevention coordinator. In response to this ruling, the department searched for curricula and materials that followed the abstinence-only-until-marriage rule but, according to the Education Commissioner, it could not find any that were secular and that did not discuss condoms or other birth control options. The Commissioner, therefore, decided that the department would make no attempt to renew the CDC grant once it expires in November. This decision means that the department will no longer offer the HIV-prevention trainings and programs sponsored by the grant.³

A regional Board in **Kentucky** made a similar decision this year. The Northern Kentucky Independent District Health Department provides curricula and instructors for public schools in eight counties, using two curricula, *Reducing the Risk* and *Teen Outreach Program* (both of which have been shown to be effective through evaluation).

A Board member called for a review of the programs because he felt that some of the materials were “questionable.” The disputed materials included discussions of same-sex relationships, terms for body parts and sexual activities, and sexual behavior that the curriculum described as safer than “heterosexual intercourse.” One member of the community argued that “birth control is responsible for an explosive increase in pregnancy, abortions, and STDs. It is an unmitigated disaster for an entire society.” In contrast, another Board member predicted that when the current programs end, pregnancies and STDs will rise. He asked, “What will you say to those children and their parents? We told you not to have sex, you got what you deserved?”⁴

The Board voted 16 to 4 to adopt an abstinence-only-until-marriage approach to sexuality education. The decision means that instructors can only discuss birth control if they discourage students from using it. It is unclear how many schools and students this change will affect because few schools currently take advantage of the free sexuality

education offered by the Health Department. Schools in the area often opt to use their own curricula instead. Some educators feel, however, that more schools, including parochial schools, will participate now that the focus is clearly on abstinence-only-until-marriage.⁵

In **Krenshaw County, SC**, the Comprehensive Health Advisory Committee reported back to the full School Board with strict words about abstinence: “We encourage the school district to promote marriage in every area of the comprehensive health education curricula.” The committee felt that the strict focus on marriage will “break the cycle of single parenthood.” The committee made 19 recommendations, among them three which said “materials including films, pictures, or diagrams may not include actual or simulated portrayals of sexual activities or intercourse”; “no contraceptive device or contraceptive medication may be distributed or passed among students in or on school grounds”; and “programs or materials may not include information about abortion counseling, services, or obtaining an abortion.” The full Board is taking the committee’s recommendations under advisement. SIECUS will continue to monitor curricular decisions in this community.⁶

Attempting to Legislate Abstinence

Traditionally, curricular decisions are made on the local level. In recent years, however, state legislatures have become increasingly involved in decisions to define the scope of sexuality education. Since the federal abstinence-only-until-marriage program began, several states have passed laws mandating or promoting abstinence. This year, at least two states fought long battles at the legislative level over whether abstinence-until-marriage should be the primary message in all school-based sexuality education.

A bill (A 742) that would require sexuality education presentations and materials to stress abstinence as the only sure way to prevent pregnancy was introduced in **New Jersey** this year. The bill would also have required instruction about contraceptive methods to include information on their failure rates among teens. This bill, which the sponsor has tried to pass for almost 15 years, was similar to one passed by the legislature in 1993 that was vetoed by then-Governor Jim Florio.⁷

Many educators and legislators opposed this year’s bill, saying that it took control out of the hands of classroom teachers and that it did not reflect public opinion. In fact, a poll conducted by Rutgers University found that 88 percent of adults in New Jersey felt family life education should include information about both abstinence and contraception. Educators pointed out that the core curriculum standards already in place in New Jersey schools state that an eighth grader must “develop strategies to support sexual

abstinence.” Others argued that the bill was not realistic. One legislator who voted against the bill observed, “The reality is that some students are not abstaining and we must protect those students.”⁸ The legislation passed the house but was vetoed by the Senate in June, at least in part because of strong opposition by supporters of comprehensive sexuality education.⁹

A similar legislative battle took place in **Maine**, where opponents of comprehensive sexuality education proposed a bill (LD 1261) to promote abstinence-only-until-marriage education in Maine schools. Maine’s mandate for comprehensive health education includes outcome standards regarding abstinence-based sexuality education. In addition, Maine Governor Angus King decided not to use his state’s Section 510(b) abstinence-only-until-marriage funding in schools because it had “too many strings.” Instead, Maine’s share of the Section 510(b) funds are used on a public education campaign.¹⁰

The proposed bill would have mandated the promotion of abstinence-only-until-marriage education over and above any other form of sexuality education. In addition, the bill would have created abstinence councils with the authority to draw the Section 510(b) abstinence-only-until-marriage funding for education programs across the state. Many educators and lawmakers saw this as an attempt to circumvent the governor’s decision to keep abstinence-only-until-marriage programs out of Maine’s schools. Others objected to this bill because it took control away from individual school boards.

Educators, parents, and students rallied against this bill and testified in front of the Education Committee, which rejected the bill by a vote of 11 to two. Maine’s rules of procedure required that both the full House and Senate also vote on the bill. It failed by a vote of 101 to 40 in the House and 22 to 11 in the Senate.¹¹

Fear of Controversy

SIECUS is not alone in tracking community controversies in recent years. Many communities have also taken note of how debates over this topic can heat up, and some communities even have their own history of controversy. For this reason, many communities seem to shy away from making any decisions about sexuality education while others enter into these matters cautiously. Still others seem to choose restrictive programs as a way to avoid controversy.

Community members in **Georgetown, TX**, were worried this year when the School Board approved a new curriculum for sexuality education. Nine years ago, controversy was sparked over a lesson about birth control. In Georgetown, fourth graders learn about hygiene, fifth graders learn about human biology and reproductive organs, sixth graders learn about the reproductive system and STDs, seventh and eighth graders learn about social issues related to sexuality and abstinence, and ninth graders attend a three-

day program about AIDS and STDs called LifeGuard. The new program is described as an abstinence-based curriculum that is “more medical and parts based.” While some parents were anxious to make certain the program would be taught to classes separated by gender, there was little concern and no controversy about the Board’s decision.¹²

Last year, **Piconning, MI**, became embroiled in controversy over *Safer Choices*, a curriculum chosen by the Health Curriculum Advisory Board. Some parents complained because the curriculum mentioned “oral, anal, and vaginal sex” and included instructions for condom use.¹³ In response to the controversy, the Board reconsidered its decision and this year chose instead to use *No Apologies—The Truth about Life, Love, and Sex*, a curriculum that teaches students to remain abstinent until marriage and emphasizes the failure of condoms. One community member described the curriculum by saying, “Condom use is frowned upon.”¹⁴

While this decision did not spark the kind of controversy that the community encountered last year, not everyone was pleased or convinced that abstinence-only was the best policy. One tenth grade student said, “We should know more about the whole situation so we can make a more educated decision.” A classmate agreed: “I really don’t think half of them are going to wait until they get married. They’ll pay attention for the test, but it won’t sink in.” In response to criticism, the president of the Board of Education simply said that if parents disagree with the curriculum they can take their children out of class.¹⁵

Dual Track as a Compromise

While some communities seem to adopt restrictive programs to avoid controversy, other communities that cannot agree on the focus of sexuality education adopt two programs. Two years ago, SIECUS reported on a bitter battle in **Osseo, MN**, that resulted in parents having the option to choose between two separate sexuality education programs—a strict abstinence-only-until-marriage program and an abstinence-based program that covers contraception.¹⁶ SIECUS has not seen any large scale debates over this issue since that time. Dual track systems were, however, suggested in at least two communities this year.

In **Little Falls, MN**, an alternative program for students who “opted-out” of the seventh grade curriculum *Human Sexuality: Values and Choices* was advertised in the local paper. According to the ad, this program will “be parent directed” and will “stress abstinence-until-marriage.” It will be made available for students during the school-based sexuality education class time.¹⁷

A proposal to have dual curricula in **Kalamazoo, MI**, was rejected by the School Board because of lack of funds. The existing curriculum in Kalamazoo was criticized for lacking an abstinence focus. The criticism led to three years

of meetings by an advisory committee that recommended two tracks to the Board after deciding they could not find one curriculum that would satisfy everyone. The Board's rejection of the proposal means that the Advisory Board must resume its search for an agreeable curriculum.¹⁸

Not All Decisions End in Restrictions

While in many communities controversies have ended with

more restrictive sexuality education, and other communities have opted to restrict the scope and content of sexuality education as a way to avoid controversy, not all issues are resolved this way. In **Bayfield, CO**, despite protest, the Board voted 3 to 2 to accept an abstinence-based curriculum that includes information about decision-making, choices, consequences, STDs, and contraception. Many community members disagreed with this decision.

STATE-LEVEL DEBATES OVER ABSTINENCE-ONLY-UNTIL-MARRIAGE

The federal government's Section 510(b) abstinence-only-until-marriage program has provided states with millions of dollars in funding since 1996.

The availability of these funds means states must decide whether to provide abstinence-only-until-marriage education; determine appropriate messages for their young people; and design statewide educational programs and media campaigns.

Not surprisingly, these decisions led to a number of statewide debates in recent years. While these debates seem to have subsided as the program has gained acceptance, abstinence-only-until-marriage educational programs, both with and without federal funds, were debated in at least three states during the 2000–01 school year.

Arkansas

During the first year that Section 510(b) funds were available, Arkansas engaged in a statewide debate over which types of programs to fund. Since that time, Arkansas's abstinence-only-until-marriage program has not proved controversial. This year, however, one state lawmaker questioned how funds were used.

The legislator expressed concern about messages of "fear, guilt, and shame" contained in many programs. She pointed to one exercise in which a girl holds a bowl of clear water representing her self-esteem at birth. As the girl made "bad choices," participants put food coloring into the bowl to represent the pollution of her self esteem. "I'm afraid of the message we may be sending in some of these curricula. We don't want to warp people," the legislator said.

She was also concerned with programs that teach exaggerated failure rates for condoms. "I don't think we want to tell teens they [condoms] don't work," she explained. Although other legislators agreed to review abstinence-only-until-marriage programs receiving state and federal funds, the state does not appear to have cancelled or delayed any of them as a result of this review.¹

California

California remains the only state that has never accepted Section 510(b) dollars. This year, state policymakers once again decided not to accept their portion of the federal funds. The state turned down approximately 23 million federal dollars; however, it spent almost 10 times that amount on other adolescent pregnancy-prevention initiatives.

Evaluations of a statewide abstinence-only education initiative developed in California in the early 1990s determined that the program was ineffective. In contrast, the state has learned that its current adolescent pregnancy-prevention programs have likely contributed to a 22 percent drop in the teen pregnancy rate over the last eight years. State educators and policymakers therefore decided that accepting the federal funds and providing the required state-raised matching funds would not prove a productive use of its resources.²

Florida

Governor Jeb Bush announced in March that he wanted to redirect \$1 million in state funds for family planning services at health clinics into abstinence-only-until-marriage programs. At the time of this announcement, Florida already had 35 chastity education programs funded by federal abstinence-only-until-marriage money and run by private organizations. Many state educators and policymakers opposed the Governor's decision to increase state funding for abstinence-only-until-marriage education while simultaneously decreasing money available for reproductive health services. SIECUS will continue to monitor this situation.³

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One parent said that “there are hundreds of things more productive than teaching students about proper use of contraception.” A Board member felt that “the more explicit education about sex and drugs is, the more it raises children’s curiosities.” Nonetheless, the Board’s decision for a more comprehensive curriculum stands.¹⁹

A similar decision was made in **Novi, MI**. There, a review of the sexuality education curriculum began when some parents were concerned about information in the ninth grade health class that covers sexuality, mental health, stress, suicide prevention, nutrition, drugs and alcohol, and CPR. Although the review was originally going to result in only small changes to videos, some parents pushed for more extensive changes, including instituting an abstinence-only-until-marriage curriculum. Over 60 parents attended a public hearing on the matter during which a school counselor defended teaching students about contraception. She argued that if the school adopted an abstinence-only policy, “the message we would be sending to teens is despite the sexual messages that bombard them every day, they are too immature to handle this information.” The Board concurred and voted to keep the current program. One Board member explained that “we want students to have the best information available.”²⁰

Controversy in **Nicolet, WI**, began when a number of parents complained about the curriculum for very different reasons. One parent was upset because her son was not removed from the classroom when a substitute teacher did not realize he had been “opted-out.” A second parent had global complaints about the curriculum that she felt should teach a stronger message about abstinence. In response to these complaints, a committee was appointed to review the curriculum.²¹ The committee was also approached by a parent of a gay student who wanted all students to realize how hard it is to be homosexual in our society and felt that the curriculum did not emphasize this message.²²

After reviewing the curriculum, the committee decided that it was fair and balanced and denied the request to increase the focus on abstinence. In contrast, however, they agreed that there needed to be more information on sexual orientation and added learning objectives on homosexuality, sex roles, and gender identity.²³

The parents who began this process were disappointed. One of them said, “I feel they went in the opposite direction of what we wanted.”²⁴ The other parent argued that the process was a travesty because committee meetings were purposefully made inconvenient and parents were not allowed to speak. The full Board accepted the review committee’s recommendations and said that the original complaints had been given due process and consideration. A district administrator reminded the community that the process is academic, not political.²⁵

The curriculum was also expanded in the neighboring **Fox Point—Bayside School District, WI**, a kindergarten through eighth grade school district whose students eventually attend Nicolet High School. The Board decided to add information about oral and anal sex, two topics that had never before been touched upon in seventh and eighth grade family life education. Officials reported that they were unhappy with the proposal to make sexuality education more explicit and inclusive but that they supported it because it was necessary for students to know about these topics.²⁶

Finally, **Clarenceville, MI**, entertained a proposal to expand the high school reproductive health curriculum from an abstinence-only-until-marriage program to one that stresses abstinence but also includes information on birth control, pregnancy prevention, and STDs. Only a handful of parents attended an open house designed to give the community an opportunity to review and comment on the plan. The majority of those in attendance were supportive. One parent said, “If we don’t give the information to them, they will make decisions based on ignorance. In this case ignorance is not bliss.”²⁷ SIECUS will continue to monitor the Board’s decision.

TOO MUCH INFORMATION

While many controversies revolve around global decisions regarding the focus of a school’s curriculum, other debates involve specific materials, topics, and comments made by teachers. These controversies often start when parents become alarmed about what their child has seen or heard in class. Although this continued to happen during the 2000–01 school year, SIECUS noted far fewer controversies revolving around students who were given too much information.

Materials Pulled

In **Menominee, WI**, the parent of a seventh grade student approached the Board saying that the sexuality education program was too explicit. The parent described the district’s sexuality education as a “sad, sick, and morally bankrupt program” that teaches “condoms, condoms, condoms, and how to do everything.”²⁸ Members of the committee charged with reviewing sexuality education materials said they viewed videos that were “so raw we had to turn them off.” The videos are being removed from the curriculum and the Board has promised to review the program.²⁹

Whereas in previous years textbooks and videos have had the most potential to ignite controversy, this year pamphlets from outside organizations seem to have caused the most trouble. A parent in **East Islip, NY**, approached the superintendent about a pamphlet she found outside the school’s health office. In describing the pamphlet, she said, “It was a pamphlet about condoms and it was so detailed it was horrifying. I found it provocative and even encouraging

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CONTROVERSY OVER CDC'S RESEARCH TO CLASSROOM PROJECT

The Centers for Disease Control and Prevention (CDC) has developed its *Research to Classroom Project* to help educators identify curricula that effectively reduce sexual risk behaviors contributing to HIV and other STD infections and unintended pregnancies. Thus far, it has designated five programs that have shown credible evidence of effectiveness through evaluations and tests as *Programs that Work*.

For many years, prevention programs such as these were largely untouched by the controversies that plagued other types of sexuality education programs, perhaps because they addressed acknowledged public health threats.

During the past few years, however, SIECUS has witnessed a number of well-calculated attacks targeted at *Programs that Work*. The almost overnight increase in these controversies suggests that opponents of comprehensive sexuality education now see *Programs that Work* as vulnerable and that they have developed a new strategy for chipping away at sexuality education in this country.

The first and most involved controversy over *Programs that Work* took place in Ohio during the 1998–99 and 1999–00 school years and ended with that state becoming the first to reject a CDC grant that included money for HIV education. During the 2000–01 school year, three other states engaged in debates that seemed designed to replicate that result.

Ohio

The controversy began in Ohio in the fall of 1998 when state lawmakers became concerned about alleged explicit information included in a training program for HIV educators.

Specifically, lawmakers were concerned with some of the program's information on condoms as well as with a handout of common expressions for sexual activity and anatomy that was designed to make teachers more comfortable discussing such topics with students.

Legislators began by passing an amendment that “froze” CDC funds that had been awarded to Ohio's Department of Education. This action prohibited the department from using or dispensing the money until it assured the legislators it would not use the funds for more training “in how to teach the use of condoms to Ohio school students.”

In January 2000, the legislature held two days of hearings, where some lawmakers argued that state officials

should accept the money on the condition that educators would teach abstinence as the only sure way to prevent STDs. At one point, the lawmakers appeared to have reached a compromise that would have required programs to “emphasize” sexual abstinence. Unfortunately, this did not satisfy everyone, and some legislators prevented a vote on the issue from being taken at that time. A motion to put the issue back on the agenda failed in April 2000. As a result, the CDC funding offer expired, and Ohio essentially turned down the CDC funds.

It is important to note that while *Programs that Work* sparked the controversy, only 10 percent of the nearly \$1 million that Ohio turned down was earmarked for HIV prevention. The majority of the funds were designated for other health initiatives such as heart disease, cancer, diabetes, physical exercise, tobacco use prevention, and dental services.¹

Illinois

The Illinois controversy began with an advertisement placed in *Chicago Parent Magazine*, a periodical with a circulation of about 200,000. A variety of conservative organizations opposed to comprehensive sexuality education, including the Illinois Family Institute, the Eagle Forum, Project Reality, and the Illinois Citizens for Excellence in Education paid for the ad.

The ad began by saying “This public notice contains explicit sexual material contained in your child's HIV/AIDS education in Illinois public schools...(sh-h-h-h)... you are not supposed to know this.” It went on to say:

The Illinois State Board of Education (ISBHE) wants to teach your kids how to avoid sexually-transmitted diseases. But what they plan to teach is better suited for Hustler™ than for health class.

The Centers for Disease Control and Prevention (CDC) programs, labeled “Programs that Work,” introduce impressionable school-age children to the world of explicit sexuality through actual practice with condoms (and partners), dental dams for hetero- and homosexual oral sex, alternative sexual activities called “outercourse,” and values-neutral sexual role-playing in class.”

The ad included pictures of three of the *Programs that Work*—*Reducing the Risk, Becoming a Responsible Teen*, and *Be Proud, Be Responsible*—with excerpts from each curriculum and explanations of various activities. The ad also pointed to information contained in a “Train the Trainers” workshop and did not make it clear that this information was meant solely for adult workshop leaders.

Finally, the ad suggested that these programs were in violation of an Illinois statute stating that abstinence is the “expected norm.” Readers were asked to call the State Superintendent and “demand the innocence of your child, and your right to defend your values, be protected.”

Supporters of comprehensive sexuality education were outraged by the inflammatory nature of the ad and rushed to defend *Programs that Work*. Advocates, spearheaded by the Illinois Chapter of the Society for Public Health Education, took out their own ad in a subsequent issue of *Chicago Parent Magazine*. This ad explained that “an attack is being waged against not only HIV/AIDS-prevention education but health education in general.” The ad went on to explain that *Reducing the Risk* was age appropriate and has been proven to delay the onset of intercourse and reduce the amount of unprotected intercourse. Like the original, this ad also suggested that parents call the Superintendent and “state that you support sane and sensible health education in our public schools.”

The quick action of these advocates seems to have prevented this situation from becoming a full-scale controversy like that in Ohio. In fact, sources say that the Superintendent’s office received more phone calls in support of the program than in opposition to it.² The state Board of Education also stood behind *Programs that Work* and said that “schools need not use the programs but it fulfills the requirements of both abstinence-based sex programs and HIV-prevention classes.”³

South Carolina

A debate over *Programs that Work* began this year in South Carolina when a state legislator from Charleston asked the Attorney General to review all five curricula on the grounds that they might violate the state’s Comprehensive Health Education Act of 1988. This act stipulates that teachers should limit instruction to emphasize abstinence and relations between married heterosexuals.

The Attorney General determined that the curricula did violate this law because they “repeatedly authorize or even encourage premarital sex...”

He went on to say that “if you look at the material, no reasonable parents would want their child exposed to it. Anal sex, oral sex, orgasms, and mutual masturbation are all discussed in ways which will titillate and encourage youngsters.” The Attorney General then warned schools that their use of *Programs that Work* materials could make them vulnerable to legal action.⁴

The state Board of Education ordered a survey to determine which schools used the *Programs that Work*. In the meantime, the controversy seems to have died down. It is, however, unclear whether the Attorney General’s warning has convinced school systems to discontinue use of these effective curricula.⁵

Nebraska

The Nebraska debate began when the Board of Education was asked to approve the Department of Education’s grant to the CDC, which included funding for, among other things, the Youth Risk Behavior Surveillance System (YRBS), HIV prevention using *Programs that Work*, and parent education using the National Education Association’s (NEA’s) *Can We Talk?* program.

The Board originally opposed the grant because it included a plan for a partnership between the Department of Education and the Department of Health to administer the YRBS, a CDC-sponsored biannual survey of high school students. A Board member expressed concern over the survey because she believed it would ask high school students if they had ever engaged in anal sex. The HIV-prevention coordinator, who had written the grant and was responsible for many of its programs, was able to quickly provide the Board with information that put these concerns to rest. The Board, however, still refused to approve the grant.

The next point of contention was the NEA’s *Can We Talk?* Program, which is designed to improve parent-child communication about sexuality-related issues. While the Board had no specific complaints about the *Can We Talk?* program, one Board member felt that the NEA’s acceptance of comprehensive sexuality education put the organization and all of its materials at odds with a strict abstinence-only-until-marriage policy instituted by the Board in 1997. She asked that the program use materials from Project Reality, an Illinois-based abstinence-only-until-marriage organization, instead of the NEA materials.

At that point, the HIV-prevention coordinator presented the Board with a written comparison of materials from the two organizations and explained why

Project Reality materials were not a suitable replacement for *Can We Talk?* While the majority of Board members were satisfied with this explanation, the CDC grant was still not approved.

This time, the same Board member turned her attention to *Programs that Work*. She pointed to a training session conducted under a previous CDC grant using the curriculum *Get Real About AIDS*. She suggested that the training promoted condom use and included a condom demonstration for youth that again violated Nebraska's abstinence-only-until-marriage policy. To illustrate her point, she conducted condom demonstrations for fellow Board members. The coordinator of the program explained to the Board that the training in question was not conducted with youth but with adult educators.

At this point, the Board voted to approve the grant that was subsequently awarded by CDC. However, the controversy was not over. The Board member opposed to the program began to question why the HIV-prevention programs funded with this grant were exempt from Nebraska's abstinence-only-until-marriage policy. While the program was never officially exempted from the rule, educators and health professionals had always seemed to agree that it is impossible to provide effective HIV-prevention education without mentioning prevention methods such as condoms.⁶

The Board asked the HIV-prevention coordinator to draft and defend a policy that officially exempted her program from an abstinence-only approach. After a series of hearings, the Board voted in a tie to reject the policy.

In response to this ruling, the department searched for curricula and materials that followed the abstinence-only-until-marriage rule but, according to the Education Commissioner, it could not find any that were secular and that did not discuss condoms or other birth control options. The Commissioner, therefore, decided that the department would make no attempt to renew the CDC grant once it expires in November. This decision means that the department will no longer offer the HIV-prevention trainings and programs sponsored by the grant.⁷

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for students. The leaflet explained how to purchase a condom, how to use it, how to sustain an erection, and how to enjoy sex while wearing it." The superintendent agreed to have the pamphlet removed from the school.³⁰

Two fathers of sixth graders in **Mountainside, NJ**, had a similar reaction to a pamphlet called *Growing in Maturity*, which they felt was too explicit for their daughters. At a School Board meeting, one of the fathers read a passage from the pamphlet about sexual arousal which he said "just titillates" students. The Board explained that teachers are allowed to add materials to the approved curriculum but are told to get Board approval if the materials might be controversial. The pamphlet was pulled from the class.³¹

The debate in **Whatcom County, WA**, followed a slightly different course. The Department of Health and Human Services compiles and prints *Teen Help Cards* designed to give youth a guide to local health resources.

This year, the card caused controversy not because of what was included but because some local resources were excluded. The department was criticized because a local anti-abortion organization that sponsors *Great Expectations*, a group home for pregnant mothers, and *Relate*, an abstinence education program, was left off the card. Officials say *Great Expectations* was left off the card because it requires expectant mothers to attend church while staying at the home. (*Great Expectations* denies this claim.) Officials went on to explain that including it would violate state and federal laws against government organizations sponsoring or assisting evangelical programs. Also left off the card was a local crisis pregnancy center which officials claim was not included because it does not offer information about "all the options" for pregnancy services. As a result of the controversy, distribution was halted until a review of the selection process is completed.³²

Teachers Censored

Over the years, SIECUS has documented numerous incidents in which something a teacher has said during a sexuality education class became controversial. While each of these controversies differs, teachers are often penalized for introducing additional topics to answer a student's question or for using the same popular language that students use instead of medical or biological terms.

This year SIECUS documented only one such incident, in **Massapequa, NY**, where a father complained that his daughters' sixth grade science teacher had conducted an inappropriate discussion with her students about "deviant sexual behavior." Some parents came to the defense of the teacher, pointing out that it was a student who brought up the topic. A complaint was filed and the district is looking into the incident. In the meantime, the situation received national attention when the father appeared on several conservative radio talk shows.³³

Anecdotal evidence suggests that the drop in the number of controversies about what teachers have said in class is due, at least in part, to teachers censoring themselves for fear of controversy. This seemed to be the case in **Seneca, PA**, where a meeting to discuss AIDS education revealed that teachers are not using all of the approved curriculum. A sixth grade teacher explained to the Board that she felt not everything in the approved curriculum, *Growing Healthy*, was appropriate for the age of the students and that she and other teachers use only selective portions of the curricula. The teacher said that there was no uniform standard for what gets used and what does not. The assistant superintendent agreed, saying, "There is no official list of what is being omitted regarding the more sensitive issues surrounding AIDS, like homosexuality and specific sexual activities that increase risk for HIV." The Board decided to form a committee of parents, students, and educators to officially determine what should be taught.³⁴

This year **Utah** engaged in a statewide debate about what teachers can and cannot say in the classroom when a bill was introduced that attempted to legislate how teachers should respond to students' questions about sexuality. The bill (SB 75) stipulates that when teachers are asked questions about topics that "skirt the state approved curriculum, such as homosexuality," they must pull students aside to answer the question or refer students to a school counselor. The author of the bill felt that if teachers answer every question "the class would be driving the curriculum."³⁵

Many educators and organizations opposed the legislation for taking control out of the hands of trained teachers. One educator who opposed the bill argued that "if one kid asked, they all wanted to know." She also pointed out that by referring a student to a counselor you lose the "teachable moment." Before it passed, the bill was amended to clarify that it will not keep teachers from answering questions.

However, supporters of the bill say that since teachers cannot answer questions outside Utah's law (which prohibits the advocacy of contraception or homosexuality), the amendment did little to change the intent of the legislation.³⁶

Condom Controversies

Condoms are often at the center of state and community controversies. Parents, educators, and administrators debate whether information about condoms should be provided, whether condom use should be demonstrated, and whether condoms should be made available to students. This year some communities entered into these kinds of debates while others were skittish about including condoms in educational programs for fear of controversy.

Educators in **Gainesville, GA**, were anxious about parents' responses to *Let's Talk About AIDS*, an abstinence-based sexuality education play performed by Project Magic (Making AIDS Go Away In Children). The sexuality education courses in Gainesville emphasize abstinence over contraception and forbid the presence of contraceptives in the classroom. The play, however, mentions condoms. Approximately 300 parents and students saw the play and most supported its message. One parent of a seventh grader approved of the play because she felt "you have to be straightforward with kids." A grandfather of a 14-year-old student agreed, "I believe that the kids need to learn that."³⁷

In **Baldwin, NY**, not everyone agreed that peer educators, who have been providing HIV-prevention programs since 1995, should be allowed to demonstrate condom use on anatomically correct models. The director of health for the district presented the School Board with research supporting condom demonstrations. Many Board members agreed with the concept. One explained, "Kids make mistakes and sometimes make bad decisions.... We don't want to give them a death sentence." In contrast however, another Board member felt that the research was not necessarily applicable to their school and that condom demonstrations would send a confusing message.³⁸ SIECUS will continue to monitor the Board's debates over this issue.

Condoms were also controversial in **Eugene, OR**, where student activists conducted the third annual protest against the district's condom availability policy by distributing condoms to their classmates outside the community's two high schools on Valentine's Day. The protestors, who paid for the condoms themselves, distributed over 1,000 bags with condoms, instructions on how to use them, coupons that could be redeemed for more condoms at a local Planned Parenthood, and a statement of protest. The district's condom availability policy allows school health personnel to distribute contraceptives only to those students who already have a sexually transmitted disease. According to the deputy superintendent, the policy

“represents a compromise that allows school health clinics to help already infected students yet sidesteps the controversy of condoms available to all.”

The protestors take a different view. One junior argued that “the school has a responsibility to educate and help students protect themselves.” A senior involved in the protest stated that the “policy ignores the fact that sexually active kids are at risk.” She went on to describe the protest by saying, “We are not promoting sex but making sure that those who have it behave responsibly.”

Although students at one of the high schools were asked to stop distribution after administrators received a phone call from an upset parent, their efforts may have worked; the deputy superintendent admitted that it might be time to re-examine the policy.³⁹

Sexual Orientation Debated

Like condoms, the topic of sexual orientation is often controversial. Over the years, many schools have debated if and when to discuss this issue with students. Others have questioned whether to permit lesbian, gay, bisexual, and transgender clubs to meet after school. Still others have criticized teachers for discussing their own sexual orientation with students. This year controversies over sexual orientation took many forms at both the state and local level.

In **California**, a bill (HB 1326) was introduced to prohibit the promotion of homosexuality in schools. Although the bill was taken off the schedule at the request of the author, SIECUS has seen a number of similar measures proposed across the country in recent years. For example, the **Oregon** Citizens Alliance put Measure 9 on the ballot in that state in November 2000. The measure would have prohibited public instruction encouraging, promoting, or sanctioning homosexual or bisexual behavior. Schools that violate the measure would lose state funding. According to the measure’s author, “the reason Oregon needs this at this time is because the gay community and educators decided they needed to affirm the lifestyle. They don’t teach it in a neutral way—they promote it.” A fundraiser for a group that opposed Measure 9 pointed out that it was “so ambiguously worded it could curtail or eliminate AIDS and sex education in schools.”⁴⁰ The measure failed with 53 percent of voters opposed and 43 percent in favor.⁴¹

The fear of groups “promoting” homosexuality was also an issue in **Heuvelton, NY**, where the Board unanimously voted to add sexual orientation to discrimination policies, including complaints and grievances by students and employees. The decision was made in response to a request by a teacher who is also a member of Parents and Friends of Lesbians and Gays (PFLAG), a national advocacy organization. Fifty members of the community, including a local legislator, came to protest this decision. The legislator

felt that PFLAG was using this issue to “get their foot in the door.” Many residents echoed his concern that this will open the door for PFLAG brochures, pamphlets, and guest speakers “promoting” homosexuality. The School Board president assured community members that this decision is about “individual cases of anti-discrimination,” that it had “nothing to do with group rights,” and that PFLAG would have to follow standard procedure. He went on to add, “Of course I don’t want them here either.”⁴²

Last year, SIECUS reported on a controversy in **El Modena, CA**, where students filed suit against the Board of Education for refusing to allow a Gay/Straight Alliance to meet as an after-school club. In April 2000, a judge issued a temporary restraining order that permitted the students to meet until the discrimination suit was heard. In September 2000, an out-of-court settlement was reached that will allow the club to meet and to keep its name (which the Board had wanted to change). The Board also agreed not to single out the club for any special regulations. At least two Board members wanted the Board to take this battle to court rather than grant permission for the club to meet after school.⁴³

RULES AND REGULATIONS

In addition to decisions about the focus of curricula and the topics and materials included in class, debates over sexuality education often focus on administrative details such as how students enroll in a class and whether sexuality education is a required course for all students.

One administrative issue that SIECUS has documented in the past is the decision of whether to teach sexuality education to combined classes of male and female students or to separate students based on gender. SIECUS documented no controversies about gender separation this year.

Opt-Out/Opt-In

Most school districts have policies (referred to as opt-out) that allow parents who disagree with any aspect of a sexuality education curriculum to remove their child from a classroom lecture or an entire course. Over the years, many communities have considered creating a stricter policy (referred to as opt-in) that only allows students to attend sexuality education classes when a parent has signed a permission slip. In the past few years, this issue has been heavily debated on the local and state level.

Legislation (HB 2641) was introduced in **Arkansas** that would require written permission to teach sexuality education to students in middle school or elementary school. The author of the bill explained that “what really disturbs me is that parents are having their children taught things they don’t know about.”⁴⁴ A bill introduced this year in **Tennessee** (HB 1014) would allow students to be released from sexuality education courses specifically to attend religious instruction. Neither bill passed.

Last year, **Utah's** Board of Education revised rules relating to sexuality education. In the past, parental consent was only required for lessons on contraception. The revised rules converted all sexuality education in Utah to an opt-in policy. As part of this change, the Board of Education created a statewide parental consent form. The form includes a list of topics that the state suggests schools cover in sexuality education classes and asks schools to check a box next to each topic they will cover.

This year, the **Nebo, UT**, school district petitioned the state Board of Education to allow them to alter the form by removing contraception from the list of topics. Nebo uses an abstinence-only-until-marriage curriculum that does not mention contraception. The state Board denied Nebo's request and said that while the community had the right not to teach about contraception, parents also had the right to know that the state feels schools should include this topic in sexuality education classes.⁴⁵

Administrative issues regarding opt-in/opt-out policies were also at the center of a controversy in **Prince William, VA**. A parent in that community became upset when her "opt-out" request was accidentally ignored and her son remained in a sexuality education class where he apparently learned about masturbation, homosexuality, premarital sex, and STDs. The opt-out process in Prince William starts with a letter sent home informing all parents of their right to remove their child from sexuality education. Parents who wish to take advantage of this policy must sign the letter and send it back, at which point they receive the official opt-out form which they must sign and return to the school. It is then the principal's responsibility to inform the classroom teacher. The Board agreed that this procedure was overly complicated and said they will review the rules.⁴⁶

Sexuality Education as an Elective

Last year, **Northville, MI**, engaged in a debate about condom demonstrations in the classroom and a video that portrayed teenagers purchasing condoms. This year the Citizen's Advisory Committee recommended that the school take sexuality education off the list of required courses and offer it as an elective. The state does not mandate sexuality education. Michigan does, however, require schools to teach about HIV and other STDs. One committee member argued that sexuality education is not necessary because "we've learned that teaching this information does not have a significant impact on attitudes or behavior." In response, a committee member who opposed this proposal said, "Nationally math scores aren't improving, but we're not going to stop teaching math. We're going to suck it up and find a better way to communicate." The full Board, which does not have to accept the committee's recommendation, has said that it will weigh this recommendation with their duty to provide information.⁴⁷

BEING PREPARED

Controversy over sexuality education often erupts over misunderstandings or seemingly small decisions. Communities then find themselves completely unprepared to defend the sexuality education their schools offer, to defeat a proposal for restrictive education, or to bring new educational opportunities to their young people. Over the decade that SIECUS has monitored sexuality education controversies, we have noted that those communities that are prepared are often able to stave off controversy before it starts.

This belief was recently reinforced when the School Board in **Portland, ME**, announced plans to cut funding for sexuality education because of a budget deficit. Maine has a number of organizations and individuals who have advocated for comprehensive sexuality education for many years. The advocates were well prepared to defend the program against controversy or, in this case, against budget cuts. Parents, teachers, and students expressed their outrage over the proposed cut and explained the need for comprehensive sexuality education. The Board decided to keep the program and reduce spending elsewhere.⁴⁸

Similar steps prevented a proposal to distribute contraception in **Hartford, CT**, school clinics from becoming a controversy. The rates of pregnancy and STDs among Hartford teens is more than double the national rate and four times the state rate. In fact, in 1999, more teen girls in Hartford gave birth than graduated from high school. The aim of the proposal made to the state Board of Trustees overseeing city schools is to reduce the rates of teen pregnancy and STDs.

A similar proposal was defeated in Hartford 10 years ago because of concerns that handing out condoms and other contraceptives at the school clinic would encourage teens to have sex. The Superintendent who strongly supports this program made it clear to the trustees and the public that "the availability of contraceptives in no way increases sexual activity. We have to break that myth... All it does is prevent diseases and pregnancies. It saves lives."⁴⁹

After the Superintendent and a team of health professionals presented the plan to the trustees, they began meeting regularly with the city's clergy to enlist the support of the faith community for the plan. Many faith leaders promised to do what they could to support the plan and others have requested additional training on the issues of STDs and adolescent pregnancy.

Parents were also supportive of the contraceptive availability plan. One parent explained, "I have four daughters. I think they should stress abstinence, but if children are sexually active I want them to be protected."⁵⁰

By reaching out to parents and members of the clergy, the Superintendent was able to build support for the plan and to prevent controversy. The program was approved with

no dissent from the public or the trustees overseeing Hartford's schools.

THE FUTURE OF COMPREHENSIVE SEXUALITY EDUCATION

In recent years, many supporters of comprehensive sexuality education have felt discouraged by the trends toward abstinence-only-until-marriage education and other programs that restrict the information today's youth receive.

During the 2000-01 school year, we continued to see movement in this direction with fewer communities engaging in informed public discourse about the need for comprehensive sexuality education and many schools accepting abstinence-only-until-marriage programs with little or no discussion.

These programs do not reflect the desires of parents who have stated in numerous national surveys that they want more rather than less information for their children.⁵¹ They do not reflect the research and evaluation data which supports a comprehensive approach to sexuality education that teaches students about abstinence and other disease prevention methods.⁵² And, perhaps most importantly, they do not reflect the reality of our young people's lives who are bombarded by messages of sexuality through the media, movies, music, and television.

Supporters of comprehensive sexuality education can take heart, however, in those communities like **Portland, ME**, and **Hartford, CT**, where proactive advocacy efforts were successful during the past school year. Even in communities that ultimately decided to restrict sexuality education, numerous parents, educators, community leaders, and students defended the need to provide young people with the information and skills necessary to make responsible sexual decisions.

If we are to counter this tide of restrictive sexuality education, states and communities need to take action. Rather than simply following the federal government's lead on abstinence-only-until-marriage, parents, educators, and community leaders need to determine what is right for their young people and their community.

Advocates for comprehensive sexuality education can make a difference by speaking up.

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ARE YOU AN ADVOCATE LOOKING FOR SUPPORT?

SIECUS can help.

SIECUS is committed to working closely with advocates across the country to secure sexuality education that is comprehensive, medically accurate, and free of bias that meets the needs of our youth.

In recent years, we have become increasingly aware of how states and communities can benefit from proactive steps to support sexuality education. Steps which can, in turn, help them avoid controversy. We believe that our role as a national organization is to work with groups on the state and local level to complement and augment the advocacy efforts already taking place.

On the state level, SIECUS can provide a wide variety of tailored technical assistance that may include, but is not limited to, working with coalitions to help draft mission statements, involve members, and create action plans; with advocacy organizations to prepare

testimony against restrictive legislation or to draft and introduce legislation supporting comprehensive sexuality education; and with state health and education agencies to strengthen sexuality education programs.

On the community level, SIECUS is eager to assist organizations and schools that are trying to proactively build support for comprehensive sexuality education as well as those that are responding to controversy. SIECUS will provide customized technical assistance that may include, but is not limited to, background information on sexuality education, analysis of current research, reviews of curricula and related materials, guidelines for choosing curricula, responses to common myths, ideas to help parents discuss sexuality education with school administrators, and referrals. SIECUS will also provide much needed support, encouragement, and guidance to parents.

Contact SIECUS at 212/819-9770 or siecus@siecus.org.

WHAT ABSTINENCE-ONLY-UNTIL-MARRIAGE EDUCATION LOOKS LIKE IN COMMUNITIES TODAY

Claudia Trevor, M.A.

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This past school year saw the continued and virtually unchallenged proliferation of abstinence-only-until-marriage programs in schools and communities, despite evidence that most Americans support comprehensive sexuality education and that such education can delay the onset of sexual activity and increase contraceptive use.

According to Leslie Unruh, founder of the Abstinence Clearinghouse, "All of a sudden, abstinence has become a business," a business that she estimates has grown by "900 new programs nationwide in recent years."¹

During the school year, these programs took place in public schools, private schools, and community settings. Some provided positive messages about the benefits of abstinence and parental communication. Others, however, taught students that premarital sexual activity inevitably has dire consequences and relied on fear and shame to scare students into abstaining from sexual activity. Many of these programs had religious affiliations, and some included material that directly referred to specific religious beliefs.

While many of these programs are funded with federal section 510(b) abstinence-only-until-marriage money, some rely on state, local, or private funding.

The following is an overview of some of the abstinence-only-until-marriage programs found in communities during the 2000-01 school year.

STATE PROGRAMS

Many states have designed statewide educational programs and media campaigns that have contributed to the rise in the number of abstinence-only-until-marriage education programs and events across the country.

Louisiana. Governor Mike Foster created the *Governor's Program on Abstinence (GPA)*, appointing Dan Richey as state coordinator. During the school year, Richey traveled throughout the state to promote this program, which included community projects, an abstinence-only curriculum for seventh grade public school students, GPA Clubs for high school students, and a clearinghouse center/Web site. The Web site encouraged teens to sign a *True Love Waits* abstinence pledge. One community project brought 20 student members of GPA Clubs to "Leadership Week" in Washington, DC. The week included training workshops sponsored by a number of conservative political groups, including the Leadership Institute, the Family Research Council, and Concerned Women for America.²

COMMUNITY PROGRAMS

Community-based abstinence programs incorporate a variety of abstinence-promotion methods, such as curricula, chastity rallies, peer education, and media campaigns.

Osceola County, FL. A new community program called *Respect* received \$1 million from the state of Florida to provide abstinence-only education exclusively to young people in Osceola County. The program trains local high school students as peer educators to perform musical and theater skits relating to abstinence. One educator described the program by saying "It is 100 percent abstinence. We don't promote birth control or [so-called] safe sex... no sex, no problem."³

Canton, OH. The Pregnancy Support Center joined the Community Services of Stark County's *Marriage First* program to run a billboard campaign as well as classroom presentations. The purpose of the joint effort was to "promote abstinence from premarital sex." During a classroom presentation, the speaker explained that condoms are only one-sixth the thickness of latex surgical gloves. She went on to say that during certain procedures "doctors protect themselves with up to three pairs of latex gloves." The executive director of the Pregnancy Support Center described the program by saying that "we make no bones about the fact that we come from a Biblical standpoint... We believe we're led to be united with one mate, one spouse."⁴

Hastings, NE. *The Pure Revolution Project*, sponsored by the Victory Bible Fellowship, Platte Valley Youth for Christ, Hastings Fellowship of Christian Athletes, KROA Radio, and several other community organizations, conducted a four-day campaign for sexual purity. Presentations made in nine public and private schools discussed the consequences of premarital sex and encouraged abstinence and sexual purity. The event culminated with a youth abstinence rally.⁵

PEER EDUCATION

Peer education programs employ adolescents for the purpose of educating and counseling their peers about abstinence from sexual activity. These programs may utilize theater and role-playing to communicate abstinence messages, or simply emphasize youth development through peer interaction.

Duval County, FL. *Project T.A.G. Team*, the Duval County Abstinence-Only Education Program, is a peer education group whose purpose is to "encourage abstinence as the only means of safe sex."⁶ It recently joined with another

group, the “PrAzas” (pronounced Praise-ahs), led by “Praya” (pronounced Pray-ah), who work to empower youth in the areas of education, family, health and faith.⁷ *Project T.A.G.* is a recipient of federal Section 510(b) funding.

Gary, IN. A high school theater troupe performed a play titled *Worthy Choice* at high schools throughout Northwest Indiana as well as at a maximum-security women’s prison. The play, sponsored by the Catholic Diocese of Gary, followed a group of high school characters “as they make choices to remain virgins or become celibate until marriage.”⁸

CHASTITY/ABSTINENCE RALLIES

Chastity rallies that promote pre-marital abstinence began as faith-community events. Today, however, they often take place in school or other secular community settings. Numerous national and local groups sponsor these events. Participants are often encouraged to sign abstinence pledges.

True Love Waits. In recent years, *True Love Waits* (T.L.W.), an organization sponsored by LifeWay Christian Resources, which is owned and operated by the Southern Baptist Convention,⁹ held chastity rallies around the country. This year *T.L.W.* hosted the “Seize the Net” online campaign.

Many public schools, faith-based schools, youth groups, and individual students participated in the “Seize the Net” campaign, which included an online chastity pledge card identical to the one presented at rallies. As part of the campaign, *T.L.W.* organized Valentine’s Day chastity rallies across the country. Participating communities included Pensacola, FL,¹⁰ Trenton, IL,¹¹ West Frankfort, IL,¹² Elizabethtown, KY,¹³ Walterboro, SC,¹⁴ Lamesa, TX,¹⁵ and Rosenberg, TX.¹⁶ Other *T.L.W.* rallies were held in Augusta, IL, and Marshall, IL, and focused on the same format as the Valentine’s Day rallies.¹⁷

Richland County, MT. The Richland County Health Department’s group, *Abstinence: The Best Choice (ABC)*, held a purity retreat for junior high and high school students. The theme of the weekend retreat was “And the Bride Wore White: Seven Secrets to Sexual Purity.”¹⁸

Cornelia, GA. Haberdashem Life Crisis Pregnancy Center held the first *Teen Challenge Abstinence Rally* in the parking lot of a local post office. The rally featured live musical entertainment, speakers, and free food.¹⁹

Milwaukee, WI. Milwaukee High School of the Arts, a public school, hosted the Milwaukee *Adolescent Pregnancy Prevention Consortium* this year. Presentations included a speaker from the Seedfolks Youth Ministry who discussed “healthy male-female relationships,” and a speaker from the Center for Teaching Entrepreneurship who “preached” virginity to the students, four of whom were called to “testify of their faith in the power of the word.” Participants also heard “the story of the eight virgins, told by eight girls from the Spirit of Truth Worship Center, who rejoiced in the goodness of virginity.”²⁰

PRESENTATIONS

A circuit of professional abstinence-only speakers, who travel the country giving presentations to middle school and high school students, has cropped up in recent years.

The group, which includes Pam Stenzel, A.C. Green, Mike Long, Molly Kelly, and Lakita Garth, has grown over the past year to include others such as Gary Swant and Marilyn Morris.

While many schools host such national speakers, other schools rely on local speakers or celebrities to make presentations on abstinence. Many of this year’s presentations included messages of fear and shame.

Knox County, OH. Lakita Garth, a former Miss Black California, presented *The Naked Truth* at Fredericktown High School and at various other high schools and public venues on a four-day tour of Knox County. She discussed the negative consequences of premarital sexual activity such as “hurt, injury, pain” and STD’s. She also shared her personal goal of remaining abstinent prior to marriage, and gave this reason to the students: “I’d much rather be intimate and love one person for 70 years than to be in love (and have sex with) 70 different people in one year.”²¹

Columbia Falls, MT. Gary Swant discussed abstinence with a group of male students at Columbia High School. Swant said, “Guys...never make a toy out of a girl...Don’t be hunters in search of girls, be warriors who want to protect them.” As a part of the presentation, Swant attempted to demonstrate the rigorous process of childbirth by forming a fist and inserting his forearm through a model of a female pelvis.²² Swant also spoke in Sidney, MT,²³ and Jamestown, ND.²⁴

Jackson, TN. Pam Stenzel, founder and director of *Straight Talk, Inc.*, spoke to the Jackson community about abstinence and the “dangers of promiscuity,” which she says include STDs and “emotional baggage.” According to Stenzel, such dangers are particularly relevant for women.²⁵ In a separate presentation, she told students in Vero Beach, FL, that “if you have sex outside of a one-person monogamous relationship, you’ll pay. There’s a cost. No one has ever had more than one partner and not had to pay.”²⁶ Stenzel also spoke in Bradenton, FL,²⁷ La Porte, IN,²⁸ Monroe, LA,²⁹ Traverse City, MI,³⁰ Grand Forks, ND,³¹ and West Allis, WI.³²

Russelville, AR. Marilyn Morris, president of *Aim for Success*, discussed the “freedom” that comes with practicing sexual abstinence to Russelville Junior High School students. Morris and other *Aim for Success* speakers emphasized that abstinence is the “high road.” They explained to students that “your dog can have sex. It takes a strong person with self-control, self-discipline and self-respect to say no.”³³ As part of her presentation, Morris showed a large color slide of “grotesquely swollen fallopian tubes” and explained that chlamydia is a “silent sterilizer.” Morris also spoke in

Bozeman, MT,³⁴ Oklahoma City, OK,³⁵ Wilkes-Barre, PA,³⁶ Arlington, TX,³⁷ and Logan, UT.³⁸

Beaver, PA. *The Human Sexuality Alliance* spoke to New Brighton Middle School's sixth grade girls and their mothers about "becoming women." *Project Pals*, a state-funded program that promotes abstinence, sponsored the discussion. The speaker presented each girl with a white rose to "symbolize sexual purity and virginity," and told them that "yourself...is the gift you give your husband on your wedding night."³⁹

Joliet, IL. A community health educator from the Will County Department of Health led a panel of teenage mothers as part of an abstinence presentation at the Hufford Middle School. The speaker began by "talking about the risk of sexually transmitted diseases and the emotional fallout that can come with giving up one's virginity." She then held up a paper heart and began ripping off pieces while announcing that "every time you have sex with someone, you tear another piece of your heart off."⁴⁰

O'Fallon, IL. Tara Bollinger, Miss Mid-Missouri and former Miss Illinois Teen, addressed Signal Hill School students regarding the "dangers of premarital sex." When discussing her personal choice to remain abstinent until marriage, Bollinger pointed to the fact that "you can't be Miss America, honestly, if you've ever been pregnant" and to the fact that she does not "regret not getting drunk, sleeping with some guy I don't know, and having AIDS at age 21."⁴¹

Pleasanton, CA. Scott Ruiz, a former Dallas Cowboy and motivational speaker, spoke to Dublin High School students about abstinence from premarital sexual activity and substance use. As part of his presentation, Ruiz "hoisted two female students by a single steel bar and whirled them in a circle," broke multiple layers of bricks with one arm, snapped a wooden bat behind his back, and bent a solid steel bar into a horseshoe shape with his teeth. During his discussion of premarital abstinence, Ruiz told students that "94 percent of people sexually active before marriage will end up in a divorce."⁴²

Milwaukee, WI. Trisha Magaw, a self-described "23-year-old virgin" offers the *WAITT (Wanting an Individual to Trust)* program. She recently facilitated the one-hour presentation for Milwaukee area teens. The *WAITT* program teaches teenagers how to "maintain their chastity" and "reaches young people with a religious message through elaborately scripted presentations of music, drama, and comedy." The program can also be extended to a weekend session. Magaw claims that the program will "walk you through the lifestyle—how to be pure daily."⁴³

Atascadero, CA. Pam Martinez, a speaker from the Tree of Life Pregnancy Support Center, addressed students in the Paso Robles school district regarding abstinence and the "repercussions of premature sex." Martinez explained the "natural progression of a physical relationship," which

includes two zones, the "safe intimate zone" and the "dangerous intimate zone." According to Martinez, some of the risks included in the "dangerous intimate zone" are pregnancy, diseases, compromised goals, and the "danger of date rape." Students were also taught that these "physical repercussions of premature sex are only the icing; emotionally premature sex can take its toll and does. In many teen suicides, the deceased's troubles can be linked to a relationship that got too involved and then went awry."⁴⁴

TRADITIONAL CLASSROOM CURRICULA

As abstinence-only-until-marriage messages have become more popular, organizations have made more curricula and materials commercially available. Many communities use these materials when planning a classroom-based unit on abstinence. Other communities develop their own courses.

Dunlap, TN. *Why kNOw*, a week-long abstinence-only curriculum, was presented to Sequatchie Middle School students. As part of the curriculum, seventh-grade students participated in a mock wedding "complete with dresses, suits, and a preacher" and "learned about wedding customs and how the ceremony itself supports faithfulness and purity."

Eighth-grade students were told of the "emotional fallout" from casual sexual relationships and sexually transmitted diseases. At the end of the course, one eighth-grader wrote a poem on the topic of sexuality, which included the following verse: "God knew what He was talking about when he told us to abstain. He knew the hurt that freedom would cause, the loneliness and pain. When we try to do it our own way, we always get in trouble. All of our best hopes and dreams, they pop just like a bubble."⁴⁵

Roslyn, NY. The Roslyn community, as a part of their comprehensive health education efforts, recently instituted a program from *Project Reality (PR)*, an organization that produces abstinence-only-until-marriage curricula and materials. The program began with a public forum for parents entitled "Sex and the Suburbs."⁴⁶ It was also used in Moline, IL,⁴⁷ O'Fallon, IL,⁴⁸ and Muscatine, IA.⁴⁹

PARENTING SIMULATION

In a departure from traditional sexuality education, many schools are relying on parenting simulation programs to discourage teen pregnancy. These programs allow students to temporarily experience the responsibilities of teen parenting and pregnancy. Some educators feel that these experiments are valuable learning experiences when used in conjunction with comprehensive or abstinence education programs. In recent years, however, these programs were often used in place of sexuality education.

Solon, OH. *Baby Think It Over (BTO)*, a program that requires students to take an electronic baby home and care

for it, was recently added to the Kenston Middle School eighth-grade's comprehensive sexuality education class. The computerized doll is pre-programmed to cry and record neglect or abuse.⁵⁰ It was also used in Tulsa, OK, where one student commented that the doll "just cries. And cries. Loudly."⁵¹ A student in Glendale, AZ "stuck it (the doll) back in the rose bushes so she wouldn't have to carry it around anymore."⁵² A similar program, using a pregnancy simulator called the "Empathy Belly," was used in Newnan, GA.⁵³

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AASECT ISSUES "CALL FOR PRESENTATIONS" FOR 34TH ANNUAL CONFERENCE SET FOR MAY 1-5

The American Association of Sex Educators, Counselors, and Therapists (AASECT) is issuing a "Call for Presentations" for its 34th Annual Conference scheduled for May 1-5, 2002, at the Roney Palace Resort & Spa in South Beach, Miami, FL. The theme of the Conference is "Advances in Sexuality—the Hottest Topics."

The "Call for Presentations" includes an invitation to submit proposals or papers for workshop sessions, brief presentations, or roundtable discussions. All should relate to the promotion of the understanding of human sexuality and healthy sexual behavior.

AASECT will give preference to those proposals

that provide new information, innovative strategies, fresh perspectives, or evaluative research.

Registrants at AASECT conferences are usually physicians, psychologists, counselors, nurses, educators, family planning specialists, health professionals, ministers, theologians, sociologists, anthropologists, social workers, marriage therapists, family therapists, law enforcement personnel, physician assistants, midwives, and others.

Individuals interested in submitting proposals, should write to AASECT, P. O. Box 5488, Richmond, VA 23220-0488. Phone: 804/644-3288. E-mail: aasect@mediaone.net

TEACHING ABOUT ISSUES, VALUES, AND DECISIONS: THE NEWSPAPER AS SEXUALITY EDUCATION TEXT

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Today, *The New York Times* features a report titled “Now High Schools’ Sex Gossip Is Scrawled on Web Site Walls.”¹ Tomorrow, Deborah Roffman’s students will read the report that describes how two male seniors at a suburban, Westchester, NY high school posted a Web site listing names, phone numbers, and alleged sexual exploits of dozens of female classmates. They will examine the possible causes and consequences of such abusive behavior.

Once again, a news article will provide the content of Roffman’s sexuality education lesson as she aims to “bring the world into the classroom (because) helping kids think about the world around them is the content of school.”

I learned about how Deborah Roffman uses such news reports as I was interviewing her for this article. In an earlier *SIECUS Report*,² I described 17 of the many “success stories” I have collected from educators across the nation. They illustrate the insights, self-awareness, and sense of urgency students report following educational encounters that challenge myths and stereotypes, provide new resources, or develop assertiveness skills. Few of these successes would have been revealed by the statistical methods people are demanding as proof that sexuality education “works.”

Continuing my more qualitative approach to evaluating the impact of sexuality education, I interviewed Roffman because she is one of the most talented and thoughtful sexuality educators I know. Her textbooks are *The Baltimore Sun* and *The New York Times*. Her goal is to help students examine and understand the confusing world around them so they will be sexually literate able to think about sexual issues, values, and decisions.

Roffman, author of the excellent *Sex and Sensibility: The Thinking Parent’s Guide to Talking Sense about Sex*,³ teaches at The Park School, a kindergarten through twelfth grade independent school in Baltimore.

In contrast to many public school teachers, she is encouraged—by both parents and school administrators—to really teach about sexuality, to discuss the real life issues students face in society today. Here is how she talks about her work:

PB: When people ask whether sexuality education “works,” they usually mean: does it reduce sexually transmitted diseases, unwanted pregnancy and abuse? What are you trying to accomplish when you educate about sexuality?

DR: My goal is to help students become sexually healthy adults. I want to support their ongoing development as people and help them take responsibility for their opinions and their behavior. That’s why they read newspapers. I want them to explore the world around them and continually integrate what they are learning.

PB: How do you do that?

DR: In 1991, I serendipitously forgot to order my students textbooks and decided to do what I’d always wanted to do: teach from newspapers. Now my students get *The New York Times* and *The Baltimore Sun*. That’s our text. We read everything that is in any way connected to sexuality. We read the news, features, editorials, letters to the editor. Students learn the importance of reading every day so they can understand how the news is being presented, how it unfolds, and how people are reacting to it.

PB: How did you use the news when you started this approach in 1991?

DR: That year, Clarence Thomas was confronted by Anita Hill. Magic Johnson told the world he had AIDS. There was the Kennedy rape trial in Florida. There are always important stories that can be used to get students thinking about the issues. At that time we examined sexual harassment, sexually transmitted infections, sexual abuse. This spring, we’ve been following the story of AIDS in Africa. Students are horrified. We return to news stories from the 80s and discover that the current situation was predictable: a really moral world community would have done something to prevent this situation 15 years ago.

PB: Increasingly people look for reliable statistical evidence when they evaluate sexuality education. How do you evaluate the effectiveness of your teaching?

DR: I’m looking for students to be able to talk about issues intelligently, to consider how they might respond in a particular situation, to understand what goes into a healthy approach to life and relationships.

PB: What are the benefits of using current events to accomplish this?

DR: First of all, I rarely have to plan—any topic in the news

paper can stimulate learning and conversation. For example, a recent article discussed the new contraceptive patch. I used that story as a segue into a more comprehensive discussion of contraception. In that way the information became integrated, interdisciplinary, and relevant. I really want to cover as little as possible in a formal way, I want students to learn in dynamic ways so that information can be stored and retrieved easily and meaningfully.

PB: I remember you wrote an editorial about the educational opportunity presented by the firing of Surgeon General Jocelyn Elders.

DR: Yes, what intrigued me was that Elders had said many outrageous things, but a relatively benign statement about masturbation was what cost her the job. By firing her, President Clinton was saying you shouldn't talk about such things, yet, he made it news by talking about it. As a result, my students talked and wrote about the event for the next two weeks. Masturbation was secondary. What we examined was why this was such a potent topic. What positions different writers were taking. Students discovered that it's not acceptable to talk about pleasure in this society. Later, when I was training a group of teachers, they couldn't believe we'd had this open, free-wheeling discussion about masturbation. Remember, the newspapers were full of this story and this is supposedly the most free country on earth, yet most teachers couldn't even bring it up since they are prohibited from using any material in their classroom that has not been approved months before. How can they challenge their students to think? In my opinion, the world disclosed in the newspapers should be the content of any sexuality course, to help kids think about that world.

PB: Recently a shocking story hit the news in Baltimore. A lacrosse player at a prestigious Baltimore private school had made a video of himself having intercourse with a fifteen year-old girl. He showed it—twice—to his team-mates. No one left the room or reported the incident. How did you use this story?

DR: Well, everybody in the city knew about it! I steered students away from sharing gossip and focused our discussion on what students thought they might have done in that situation. For example, if they had been the one of the players watching the video. We labeled it "The Video Incident" not the "St. Paul's Incident" because I wanted them to recognize it could have happened in their own school. "We're all St. Paul's school," I said.

I stressed the fact that these were kids who had been taught many ethical and moral values and then

asked, "How could this have happened?" "How do you know what is right and what is wrong?" "What makes you act or not act on what you know?" Many of my seventh and eighth grade boys confessed they didn't know what they would have done under the pressure of such a situation.

Some students recognized that the boys' lack of empathy for the girl could be attributed to the fact that they so often see women depicted as sex objects. Moreover, a "boys-will-be-boys" mentality allowed them to have a different morality when it came to sex and girls: "You have to see someone's pain to have empathy," said one student. Such news provided an unmatched teaching opportunity because it happened right here and had immediate relevance to their lives.

I knew students were making connections when one boy said, "Those boys violated every value we've been talking about since the beginning of this course." Several weeks later, I revisited the story, asking students what had stuck with them. An eighth grade girl responded poignantly, "How do you know whom you can trust?" One boy claimed, "I'm a different person because this happened." I believe our thorough discussion of this incident changed students by making them less vulnerable when they are confronted with such moral dilemmas.

PB: Some teachers would be afraid of administrative or parental opposition to discussing such controversial topics. Have you had any problems?

DR: Here's an example of the kind of support my school gives to helping students learn and think about sensitive topics. Several years ago a news story reported that a junior at Harvard who was born female was now living as a young man. A picture in the paper showed him with his girlfriend. At first he had come out as gay, but later realized he was transsexual. Now he was an activist, bravely trying to educate the entire campus about transsexuality. Our Upper School Principal brought up the story in morning assembly, describing this young man and noting that because of one of his many characteristics, society had made him an outcast. Then he said, "This is a spectacular, ethical, human being. Yes, this person is different—but what are the differences that really matter?"

Just this past week another article provided an opportunity for us to discuss how fundamental gender identity is to how we think about an individual and how so many societies discriminate against people when their identity is unclear. This fascinating story was from Africa: a child who had been raised as a boy later discovered s/he was pregnant! Her extremely

gender-typed society simply had no idea what to do with her, and she was completely shunned. Our parents, too, have been a great help because they want their kids to be educated. They believe in a basic tenet of progressive education: the role of the school is to facilitate students making meaning of the world around them. And to these parents, the topic of sexuality is no exception. Parents understand that to be well educated is different from simply being well informed. Being well educated means having accurate, complete, relevant, and organized information and being able to apply it.

PB: So, how do you evaluate students using these criteria?

DR: They might write a paper on any sexuality issue. Or I might assign 15 articles and give a current events quiz. I ask short-answer questions like, “Why is this news?” “How has this story been analyzed?” “What would you do in this situation?”

They can get extra credit by writing about an article I didn’t assign. Of course, I’m also constantly expecting them to be aware of what’s happening in the news and able to talk about events in class.

PB: But aren’t you frustrated when, like most sexuality educators, you see students only occasionally?

DR: Let me give you an example. Yesterday I was teaching fifth graders—I see them only three times during the school year, two sessions each time. One subject we’ve been focusing on is the idea of tolerance, and in the fall discussed a gay rights bill that was before the Maryland legislature. In the second series, after we discussed homophobic comments they’d overheard among older students, I asked these fifth graders, “Why do older kids make bad decisions?” We discussed the difficulty of confronting prejudice because of peer pressure. Then I divided students into small groups and they listed ten things they could do when they were feeling pressured. While we were discussing their ideas,

I abruptly went up to a student and aggressively said, “Give me your watch.”

Without protest, she did! We talked about how difficult it is to translate classroom learning into real life situations. By the final sessions, the legislature had passed the gay rights legislation, but the newspaper was reporting that a group calling itself “Take Back Maryland” was working to get the bill overturned. We printed the article out and students took copies home to read for homework. Next year they’ll move to the Middle School where they can join the eighth graders who are developing a project for educating the community about homophobia and related gender issues. The field of sexuality is changing so fast, I just don’t understand how teachers can avoid using current events to help students think about their lives in this complex world.

Does Deborah Roffiman’s kind of sexuality education “work”? A standardized test could hardly capture the quality of learning that goes on as these students consider, in a safe and supportive atmosphere, the sexual issues they will face now—or in the future.

Perhaps a video of her teaching a variety of classes would do it—show the excitement and enthusiasm of students learning to question, to probe, to challenge, and to think critically. If more teachers could teach like this, we would have a citizenry educated not only about sexuality, but about living responsibly in a pluralistic democracy.

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CALL FOR SUBMISSIONS

The *SIECUS Report* welcomes articles, reviews, or critical analyses from interested individuals. Upcoming issues of the *SIECUS Report* will have the following themes:

Emerging Issues in STD Prevention

October/November 2001 issue

Deadline for final copy: October 1, 2001

Sexuality and Aging Revisited

December 2001/January 2002 issue

Deadline for final copy: October 1, 2001

TAKING ACTION ON SEXUAL HEALTH

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U.S. Surgeon General David Satcher released the long-awaited *Call to Action to Promote Sexual Health and Responsible Sexual Behavior* in late June.

The report is the culmination of two years of work based on scientific review papers contributed by experts in relevant fields, and on recommendations developed at two national conferences.

The document included input from a wide range of representatives from the academic, medical, and religious communities as well as from policymakers, advocates, teachers, parents and youths. The report was finalized after extensive review and comment, and it is intended to encourage an open and honest dialogue about sexual health.

The report was released one month after local communities across the nation celebrated National Teen Pregnancy Prevention Month. This month-long celebration spotlighted the progress made toward decreasing adolescent pregnancies and reducing the personal and societal effects of those pregnancies. It also served as a rallying cry for communities to work together to insure that each child has a healthy and pregnancy-free adolescence.

We had much to celebrate in May. During the past several years, there have been sustained declines in teen birth rates—a positive development in view of the often devastating effects of adolescent childbearing on young women, young men, their children, and society as a whole. Adolescent pregnancy has declined to the lowest rate in 60 years.

Researchers from the Alan Guttmacher Institute report that two primary mechanisms have effected declines in teenage pregnancies in the United States: changes in sexual behavior and changes in contraceptive use.

In addition, the Guttmacher Institute reports that societal factors are the underlying influences of both mechanisms. Fear of HIV, changing attitudes about sexuality, and the availability of new contraceptive technologies have affected sexual activity and have resulted in altered patterns of contraceptive use among those who do have sexual intercourse.

HIGHEST TEEN PREGNANCY RATE

Yes, there is cause for celebration. But the battle is far from finished. Amazingly, the United States has the highest teen pregnancy rate of all fully industrialized nations. Four of every 10 young women become pregnant at least once before they reach the age of 20—nearly one million every

year. The cost to taxpayers alone is staggering, with estimates ranging from \$35 to \$50 billion annually.

The U.S. Surgeon General's report provides a wake up call to the nation about sexual health. The *Call to Action* provides numerous statistics highlighting the undesirable consequences of adolescent pregnancies, as well as the alarmingly high levels of sexually transmitted diseases (STDs) and HIV infections, unintended pregnancies, abortions, sexual dysfunctions, and sexual violence in the United States.

Each of these problems carries with it the potential for lifelong consequences, with serious disparities among the populations affected. The economically disadvantaged, racial and ethnic minorities, the disabled, and adolescents often bear the heaviest burden. That is one reason the U.S. Surgeon General's *Call to Action* represents "only a first step—a call to begin a mature, thoughtful, and respectful discussion nationwide about sexuality."

CHALLENGING FACTORS

There are several factors on the horizon that will make our efforts on reproductive health more challenging than ever:

- **More young people.** Between 2010 and 2020, the population of 10 to 19 year olds is expected to rise to 44 million, the highest level in U.S. history. While this country's overall population will grow by nine percent, the number of youths will rise by 11 percent.¹
- **More young minorities.** In 1993, one-third of youths were Latinos or other minorities, according to federal officials. By 2030, Latinos, African-Americans, and Asian Americans will account for more than half of the adolescent population. The Latino adolescent birth rate is twice that of the white adolescent—a pattern observed for many years. And for the first time, the Latino adolescent birth rate has surpassed that of the African-American.²
- **Increased sexual content on television.** According to a recently released study by the Kaiser Family Foundation, two out of every three programs on television include sexual content—an increase from about half of all shows during the 1997/1998 television season.³ While there are more dominant influences on adolescent sexual activity, these programs inform youths' opinions about what is supposedly acceptable sexual behavior.
- **Earlier puberty.** Caucasian and African-American girls are

entering puberty at earlier ages. According to *Time* Magazine: “Among Caucasian girls today, one in seven starts to develop breasts or pubic hair by age eight. Among African-Americans, for reasons nobody quite understands, the figure is nearly one out of every two.”⁴ Because these children appear physically mature, they may experience sexual harassment or become involved in sexual activity earlier in their lives than girls who don’t experience early puberty.

- **View of non-intercourse sexual practices as “safe” sex.** Alarming anecdotal reports from adolescent health professionals indicate that young people are engaging in oral sex because they consider it a safe alternative to sexual intercourse. In a recent online survey conducted by Campaign for Our Children (CFOC), 11 to 19 year olds were asked if they considered someone a “virgin” if they had oral sex. Most respondents—44 percent—determined that someone was still a virgin if they had oral sex. Further, the younger the respondent, the more likely they reported someone was still a virgin after oral sex.⁵

EVIDENCE-BASED INTERVENTION MODELS

The U.S. Surgeon General’s *Call to Action* provides an overview to the approaches and programs initiated by many organizations all over the country to improve sexual health and encourage responsible behavior.

- **Community Based Programs**
According to *Call to Action*, “Youth development programs, although they typically do not specifically address sexuality, have been shown to have a significant impact on sexual health and behavior. Programs that improve education and life options for adolescents have been demonstrated to reduce their pregnancy and birth rates. These programs may increase attachment to school, improve opportunities for careers, increase belief in the future, increase interaction with adults, and structure young people’s time.”⁶
- **School-based Programs**
Schools are the one institution in our society regularly attended by most young people—nearly 95 percent of all youth aged five to 17 years are enrolled in elementary or secondary schools.⁷ Schools offer the opportunity for students to receive sexuality education taught by professionals. A majority of Americans favor some form of sexuality education in the public schools and also believe that some sort of birth control information should be available to adolescents.⁸ “School-based sexuality education programs are generally of two types: abstinence-only programs that emphasize sexual

abstinence as the most appropriate choice for young people, and sexuality and STD/HIV education programs that also cover abstinence but, in addition, include condoms and other methods of contraception to provide protection against STDs or pregnancy.”⁹

“To date, there are only a few published evaluations of abstinence-only programs. Due to this limited number of studies, it is too early to draw definite conclusions about this approach. Despite the available evidence regarding the effectiveness of school-based sexuality education, it remains a controversial issue for many. Few would disagree that parents should be the primary sexuality educators of their children or that sexual abstinence until engaged in a committed and mutually monogamous relationship is an important component in any sexuality education program. It does seem clear, however, that providing sexuality education in the schools is a useful mechanism to ensure that this nation’s youth have a basic understanding of sexuality.”¹⁰

- **Clinic Based Programs**
“Prevention programs based in health clinics that have an impact on sexual health and behavior are of three types: counseling and education; condom or contraceptive distribution; and STD/HIV screening. Successful counseling and education programs have several elements in common: they have a clear scientific basis for their design; they require a commitment of staff time and effort, as well as additional time from clients; they are tailored to the individual; and they include building clients’ skills through, for example, exercises in negotiation.”¹¹

MEETING THE CHALLENGE

We can meet these challenges. But first we must find common ground and reach consensus on some key problems and possible solutions.

It is critical to recognize the responsibilities that individuals and communities have in protecting sexual health. The U.S. Surgeon General’s report provides for strategies that cover three fundamental areas—increasing awareness, implementing and strengthening interventions, and expanding the research base—that could provide a foundation for promoting sexual health and responsible behavior in a manner that is consistent with the best available science.

The report recognizes that parents are the child’s first educators and must help guide other sexuality education efforts so that they are consistent with their values and beliefs. In addition, the report recommends access to education about sexual health and responsible sexual behavior that is thorough, wide-ranging, begins early, and continues throughout the lifespan. “In moving toward equity of access to information for promoting sexual health and responsible

sexual behavior, school sexuality education is a vital component of community responsibility.”¹²

The second set of strategies is geared toward implementing and strengthening interventions that fortify families, offer adequate training in sexual health to all professionals who deal with sexual issues in their work, provide improved access to related health care services and eliminate disparities in health status that arise from social and economic disadvantage.¹³

The third and final strategy outlines research-oriented approaches that would promote further scientific study of human sexual development and reproductive health during the entire lifespan; would improve evaluation efforts for interventions; and would help in the development of educational materials.¹⁴

Satcher stated that the *Call to Action* represents “only a first step—a call to begin a mature, thoughtful, and respectful discussion nationwide about sexuality.”¹⁵

NEXT STEPS

As a participant in the process (along with SIECUS and numerous other organizations), I believe the report is truly an admirable first step that will serve as a springboard to a national discussion on sexual health and responsible behavior.

Unfortunately, political bickering over the report threatens to cloud the real issues and paralyze the nation from moving forward. I would like to add a few other suggestions that are aimed at my colleagues throughout the teen pregnancy-prevention world to get the dialogue going:

- **Promote the centrality of individual and family values and responsibilities.** Study after study indicates that teens who feel closely connected to their parents and family are more likely to delay sexual intercourse. Parents need the skills and support to develop and maintain close, caring relationships with their children as they progress through teenage years. Relationships with other family members and adult role models should be nurtured if parents are unavailable. In addition, parents must have ready access to resources that will inform and strengthen their role as primary sexuality educators of their children.
- **Develop a supportive role for community institutions in affirming a set of values for purposeful and responsible behavior by teens.** The community must support and reinforce individual family efforts to delay sexual activity among teens. The first line of defense and responsibility is the individual and the family; but general social and community norms shape individual and family values. The community as a whole must be dedicated to supporting the fundamental importance of the family by reflecting family values and standards in society. Schools, in particular, must be allowed to teach comprehensive

sexuality education that complements parent-child discussions at home.

- **Counter the pervasive sexual influences in music, movies, television and the Internet.** The Surgeon General’s report did not address the pervasive sexual influences in music, movies, television and the Internet. The exploitation of sex, aggression and violence tolerated in public forums and by public personalities must become a focus of concern. Sex is portrayed as a commodity and is used to sell everything from toothpaste to clothing. If the medium is the message, the message is clear: “Everybody’s doing it.”

There is more than one message, however, and our youths are thrust into a tug-of-war of conflicting values, opposing norms and contradictory expectations. The Surgeon General would serve the nation well if he would suggest that parents can monitor television viewing, music, films and Internet usage in their own homes and that they can use media content as opportunities to discuss family values and expectations.

Media campaigns can help change public perceptions of social norms, reinforce school and community-based programs, build support for changes in institutional structures, and, ultimately, motivate individuals to change their behavior. Such educational campaigns should have culturally appropriate, contemporary messages that don’t alienate adults or teens.

- **Develop programs that use a holistic approach to empower youth to discover interests and develop talents by emphasizing education and employment.** Teens who feel they have a promising future are more likely to avoid “risk-taking behavior”—whether it is smoking, drinking, drugging, weapon-related violence, or early sexual behavior. Programs that promote youth empowerment and help them develop personal goals encourage young people to desire productive futures. Providing information on sexual development and the consequences of sexual activity must be essential elements of such programs—just as comprehensive health services must include family planning components for sexually active teens.

CONCLUSION

The urgency in human terms compels us to move forward with bold determination. Alleviating the devastating effects of teen pregnancy requires a sustained, coordinated commitment to a comprehensive, incremental, and long-term effort. It demands that we communicate openly with our youth about sexuality and the consequences of early sexual activity.

We must be persistent in this endeavor, regardless of our political affiliations or religious persuasions. Pitting one approach against another is self-defeating and damaging. While adults argue, our children are having children.

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TEN TALKS INSTITUTE WILL ADDRESS STRATEGIES FOR PARENT-CHILD COMMUNICATION

Dominic Cappello, co-author of *The New York Times* bestseller *Ten Talks Parents Must Have with their Children About Sex and Character*, will facilitate a *Ten Talks Institute* on November 9 and 10 at the Hotel Santa Fe in Santa Fe, NM.

Based on the *Ten Talks* book series (which includes *Ten Talks Parents Must Have with their Children About Drugs and Choices* and *Ten Talks Parents Must Have with Their Children About Violence*), the Institute will address ways families can discuss violence prevention; school safety; alcohol, tobacco, and other drug use; HIV and teen pregnancy prevention; healthy relationships; and family rules, school rules, and the law.

The Institute will present proven strategies for setting up parent-child communication programs in the workplace, schools, community, and online. Institute attendees will participate in experiential activities that illustrate the *Ten Talks* model for enhancing family and community communication.

Registration fees for the *Ten Talks Institute* are \$285, including books and materials, lunch on Friday, and breakfast and lunch on Saturday. The deadline for registration is October 1.

For more information: META Associates, 22141 Chippewa Lane, Golden, CO 80401. Phone: 303/526-7480. E-mail: duron1@aol.com

NIH REPORT UNDERSCORES NEED TO REEXAMINE 'MEDICAL ACCURACY'

Stacy Weibley

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Before leaving office, former U.S. Rep. Tom Coburn (R-OK) left a final legacy as a reproductive rights opponent—a report that seeks to erode years of promoting responsible and accurate information about sexuality.

The report, issued by the National Institutes of Health (NIH) as part of a legislative deal negotiated by Coburn when he was in office, was released on July 20. It found there was “insufficient evidence” that male latex condoms are 100 percent effective in preventing the transmission of a variety of STDs beyond HIV and gonorrhea.

CDC WARNS ABOUT REPORT

Many public health officials have expressed concern that potential misunderstandings about the report’s findings will dissuade people from using condoms.

As a result, the Centers for Disease Control and Prevention (CDC) has released a fact sheet that says research shows latex condoms, when used consistently and correctly, are highly effective in preventing the transmission of HIV and can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis. The fact sheet notes, however, that genital ulcers and HPV infections can sometimes occur in genital areas not protected by condoms.

“MEDICAL ACCURACY”

Regardless, Coburn and other supporters of abstinence-only-until-marriage education argue that the NIH report is proof that “safe sex” is a myth.¹ In fact, he has commented that a condom is only truly effective when used perfectly, and “nobody uses condoms perfectly.”²

Coburn took the publication of the NIH report as an opportunity to further decry an alleged government “cover-up,” declaring that “for decades, the federal government has spent hundreds of millions of dollars to promote an unsubstantiated claim that promiscuity can be safe. We all now know for a fact that that is a lie.”³

On July 24, Coburn—in conjunction with the Physicians Consortium, the Catholic Medical Association, and U.S. Rep. Dave Weldon (R-FL)—asked Dr. Jeffrey Koplan, director of the CDC, to resign. He also urged the

CDC to require condom labeling that “reflects the clinical science on condom effectiveness.”⁴

In addition, Coburn and these groups called the CDC’s actions “in direct and intentional violation of federal law.”⁵ They were referring to P.L. 106-554, which requires federal agencies to provide “medically accurate information regarding the effectiveness or lack of effectiveness of condoms” in preventing HPV.⁶

They also asked the U.S. Department of Health and Human Services to withdraw federal funds from all agencies whose materials do not provide “medically accurate” information.

NEW TWIST

Supporters of comprehensive sexuality education have long advocated for “medically accurate” mandates, with California, Arizona, Missouri, and Utah currently being the only states that have achieved success. In a myriad of cases, anti-comprehensive sexuality education groups similar to those now calling for “medical accuracy” squelched our efforts.

These groups have also claimed that current federally-funded abstinence-only-until-marriage programs are already medically accurate even though a variety of such programs rely on misinformation.⁷

Advocates of responsible sexuality education have traditionally viewed “medical accuracy” as a minimum standard. We will now have to revisit this notion as opponents of comprehensive sexuality education appropriate our language for their own political purposes. Unfortunately, what they tout as “medical accuracy” will ultimately fail our young people.

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ISSUES AND ANSWERS: FACT SHEET ON SEXUALITY EDUCATION

Sexuality education is the lifelong process of building a strong foundation for sexual health. It takes place daily in homes, schools, faith-based institutions, and through the media. Even though this topic is often discussed, myths and misunderstandings persist. This fact sheet is designed to clarify this issue for parents, educators, health care professionals, policymakers, the media, and others so they can understand the complexities and importance of sexuality education.

LEARNING ABOUT SEXUALITY

Issue: What is sexuality education?

Answer: Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values. It includes sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.

Sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioral domain (communication and decision-making skills).¹

Issue: Where do young people learn about sexuality?

Answer: Sexuality education begins at home. Parents and caregivers are—and ought to be—the primary sexuality educators of their children. Teachable moments—opportunities to discuss sexuality issues with children—occur on a daily basis.

From the moment of birth, children learn about love, touch, and relationships. Infants and toddlers learn about sexuality when their parents talk to them, dress them, show affection, play with them, and teach them the names of the parts of their bodies. As children grow, they continue to receive messages about sexual behaviors, attitudes, and values from their families and within their social environment.

Some parents and caregivers are comfortable discussing sexuality issues with their kids. Others feel anxious about providing too much information or embarrassed about not knowing answers to questions that are asked. Honest, open communication between parents and children—through childhood, the pre-teen years, adolescence, and young adulthood—can help lay the foundation for young people to mature into sexually healthy adults.

Young people also learn about sexuality from other sources. These include friends, teachers, neighbors, television, music, books, advertisements, toys, and the Internet. They also frequently learn through planned opportunities in faith communities, community-based agencies, and schools.

EDUCATION IN THE HOME

Issue: Are parents and children comfortable discussing sexuality?

Answer: Research has shown that parents and children have a wide range of comfort levels when it comes to discussing sexuality. However, children consistently report wanting to receive information about sexuality from their parents.

* In one study of 687 students in grades 9 through 12, 36% said they wanted to talk to their parents about sex. Of the 405 parents surveyed for this study, 58% felt that their teens wanted to talk to them about sex.²

* A study of 374 parents of students in grades 7 through 12 found that 65% were “somewhat comfortable” or “very comfortable” talking to their teens about sexuality.³

* *Talking with Kids about Tough Issues*, a study released in 2001 by the Kaiser Family Foundation, Nickelodeon, and Children Now, surveyed 1,249 parents of children 8 to 15 years of age and 823 children in that age group. The study found that 32% of children were “very comfortable” and 45% were “kind of comfortable” talking to their parents about puberty; 42% were “very comfortable” and 45% “kind of comfortable” talking to their parents about HIV/AIDS; 27% were “very comfortable” and 49% were “kind of comfortable” talking to their parents about the basics of sexual reproduction; and 43% were “very comfortable” and 38% were “kind of comfortable” talking with their parents about what it means to be gay.⁴

Issue: Are parents talking to their children about sexuality?

Answer: Research shows that parents and children do discuss numerous issues related to sexuality, but that the frequency of these discussions and the topics covered vary.

* In a study published by the *Journal of School Health*, almost all parents (94%) reported that they had talked to their teens about sexuality. However, only 9% believed that most parents adequately communicated with their teens about sexuality.⁵

* *Talking with Kids about Tough Issues* found that 65% of parents reported talking to their children about puberty, 59% about the basic facts of sexual reproduction, 55% about HIV or AIDS, and 52% about what it means to be gay.⁶

* In addition, among respondents in that study whose children were between the ages of 12 and 15, 49% discussed how to know when he/she is ready to have a sexual relationship, 54% discussed how to handle

pressure to have sex, and 32% discussed what kinds of birth control are available and where to get them.⁷

- * In another study, parents report speaking “a great deal” with their children about STDs (40%), dating relationships (37%), and not having sexual intercourse until marriage (36%). In contrast, the parents reported that they spoke to their children “not at all” about masturbation (39%), prostitution (42%), pornography (40%), and abortion (34%).⁸
- * It is important to note that parents and children do not always agree about the content or frequency of these conversations. In *Talking With Kids about Tough Issues*, 59% of 8 to 11 year olds whose parents say they talked to them about HIV/AIDS do not recall the conversation, nor do 39% of 8 to 11 years olds whose parents say they talked to them about the basics of sexual reproduction, or 36% of 8 to 11 years olds whose parents say they talked to them about puberty.⁹
- * In another study, 98% of parents felt they had communicated with their teens about alcohol use, drug use, and sex while only 76% of teens said these discussions took place.¹⁰

Issue: Is adult-child communication about sexuality effective.

Answer: Teens consistently rank their parents as one of their primary sources of information on sexuality issues and studies have shown that adult-child communication can decrease sexual risk behaviors.

- * *Talking with Kids about Tough Issues* found that 58% of children said they learned “a lot” about sex, “treating people who are different,” drugs, alcohol, and violence from their mothers, 38% from their fathers, and 32% from other people in their families.¹¹
- * A 1999 study released by the Kaiser Family Foundation found that 59% of adolescents 10 to 12 years of age and 45% of adolescents 13 to 15 years of age said that they personally learned the “most” about sexuality from their parents.¹²
- * A study published in the *Journal of Adolescent Research* found that parent-teen discussions about condoms were related to greater condom use at last intercourse, greater lifetime condom use, and greater consistent condom use.¹³
- * In addition, a study of the role of adult mentors found that youth who reported having a mentor were significantly less likely to have had sexual intercourse with more than one partner in the six months prior to the study than their peers who reported not having an adult mentor.¹⁴

SCHOOL-BASED EDUCATION

Issue: What are the goals of school-based sexuality education?

Answer: School-based sexuality education complements and augments the sexuality education children receive from their families, religious and community groups, and health care professionals. The primary goal of school-based sexuality

education is to help young people build a foundation as they mature into sexually healthy adults. Such programs respect the diversity of values and beliefs represented in the community.

Sexuality education seeks to assist young people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them make sound decisions now and in the future.

Comprehensive sexuality education has four main goals:

- * to provide accurate information about human sexuality
- * to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality
- * to help young people develop relationships and interpersonal skills, and
- * to help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.¹⁵

Issue: How do school-based programs differ?

Answer: Schools and communities are responsible for developing their own curricula and programs regarding sexuality education. The following terms and definitions provide a basic understanding of the sexuality education programs currently offered in schools and communities.

- * **Comprehensive sexuality education.** Sexuality education programs that start in kindergarten and continue through twelfth grade. These programs include information on a broad set of topics and provide students with opportunities to develop skills and learn factual information.
- * **Abstinence-based.** HIV-prevention and sexuality education programs which emphasize abstinence. They also include information about non-coital sexual behavior, contraception, and disease prevention methods. These programs are also referred to as *abstinence-plus* or *abstinence-centered*.
- * **Abstinence-only.** HIV-prevention and sexuality education programs which emphasize abstinence from all sexual behaviors. They do not include any information about contraception or disease prevention methods.
- * **Abstinence-only-until-marriage.** HIV-prevention and sexuality education programs which emphasize abstinence from all sexual behaviors outside of marriage. They do not include information about contraception or disease-prevention methods. They typically present marriage as the only morally correct context for sexual activity.

Issue: What do comprehensive programs ideally include?

Answer: The National Guidelines Task Force, composed of representatives from 15 national organizations, schools, and universities, identified six key concept areas that should be part of any comprehensive sexuality education program: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture.

The Task Force published the *Guidelines for Comprehensive*

Sexuality Education, which include information on teaching 36 sexuality-related topics in an age-appropriate manner.¹⁶

Issue: What does school-based sexuality education include?

Answer: The content of sexuality education varies depending on the community and the age of the students in the programs. Recent studies provide some insight into what is taught in America's classroom today.

- * In a national survey released by the Kaiser Family Foundation, 61% of teachers and 58% of principals reported that their school takes a comprehensive approach to sexuality education, described as teaching young people that they should wait to engage in sexual behavior but that they should practice “safer sex” and use birth control if they do not. In contrast, 33% of teachers and 34% of principals described their school's main message as abstinence-only-until-marriage.¹⁷
- * In the same survey, teachers reported covering the following topics in their most recent sexuality education course: HIV/AIDS (98%), abstinence (97%), STDs (96%), and the basics of reproduction (88%), birth control (74%), abortion (46%), and sexual orientation and homosexuality (44 %).¹⁸
- * The Centers for Disease Control and Prevention's (CDC's) Division of Adolescent and School Health has published *School Health Education Profiles* (SHEP) which summarizes results from 35 state surveys and 13 local surveys conducted among representative samples of school principals and health education coordinators. SHEP found that 97% of health education courses required by states included information about HIV prevention, 94% included information about STD prevention, and 85% included information about pregnancy prevention.¹⁹
- * Among those schools that required HIV education, 99% taught about HIV infection and transmission, 76% taught about condom efficacy, and 48% taught how to use condoms correctly.²⁰
- * In addition, 96% of health education courses required by states taught skills to help students resist social pressures, 97% taught decision-making skills, and 90% taught communication skills.²¹

RESEARCH ON EDUCATION

Issue: Are comprehensive sexuality education programs that teach students about both abstinence and contraception effective?

Answer: Numerous studies and evaluations published in peer-reviewed literature suggest that comprehensive sexuality education is an effective strategy to help young people delay involvement in sexual intercourse. Research has also concluded that these programs do not hasten the onset of sexual intercourse, do not increase the frequency of sexual

intercourse, and do not increase the number of partners of sexually active teens.

* ***Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy***, a report released in 2001 by The National Campaign to Prevent Teen Pregnancy, identified

successful teenage pregnancy prevention initiatives, including five sexuality/HIV education programs, two community service programs, and one intensive program that combined sexuality education, health care, and activities such as tutoring. *Emerging Answers* concluded that sexuality and HIV education programs do not hasten sexual activity, that education about abstinence and contraception are compatible rather than in conflict with each other, and that making condoms available does not increase sexual behavior.²²

* ***No Easy Answers***, a report commissioned in 1997 by The National Campaign to Prevent Teen Pregnancy, reviewed both sexuality and HIV education programs. The report concluded that skills-based sexuality education—those programs that, among other things, teach contraceptive use and communications skills—can delay the onset of sexual intercourse or reduce the frequency of sexual intercourse, reduce the number of sexual partners, and increase the use of condoms and other contraception. The review concluded that sexuality and HIV education curricula that discuss abstinence and contraception do not hasten the onset of intercourse, do not increase the frequency of intercourse, and do not increase the number of sexual partners.²³

* ***UNAIDS, Sexual Health Education Does Lead to Safer Sexual Behavior-UNAIDS Review***, commissioned in 1997 by the Joint United Nations Programme on HIV/AIDS (UNAIDS), examined 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States, and various Nordic countries. It found 22 studies that reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates. It also found that education about sexual health and/or HIV does not encourage increased sexual activity. The authors concluded that quality sexual health programs helped delay first intercourse and protect sexually-active youth from pregnancy and STD's, including HIV.²⁴

Issue: What are the characteristics of effective programs?

Answer: Research has shown that effective programs share a number of common characteristics. These characteristics was developed by Doug Kirby, Ph.D, author of both *Emerging Answers* and *No Easy Answers*.

Effective programs:

- * focus narrowly on reducing one or more sexual behaviors that lead to unintended pregnancy or STDs/HIV infection

- * are based on theoretical approaches that have been successful in influencing other health-related risky behaviors
- * give a clear message by continually reinforcing a clear stance on particular behaviors
- * provide basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse
- * include activities that address social pressures associated with sexual behavior
- * provide modeling and the practice of communication, negotiation, and refusal skills
- * incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students
- * last a sufficient length of time to complete important activities adequately
- * select teachers or peers who believe in the program they are implementing and then provide training for those individuals²⁵

Issue: Are abstinence-only-until-marriage programs effective?

Answer: To date, no published studies of abstinence-only programs have found consistent and significant program effects on delaying the onset of intercourse.

- * The National Campaign to Prevent Teen Pregnancy's report titled *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* identifies successful teenage pregnancy-prevention initiatives but indicates that none are abstinence-only programs. The report indicates that evidence is not conclusive about such programs but that, thus far, the information is "not encouraging." In fact, the report states that none of the evaluated abstinence-only programs "showed an overall positive effect on sexual behavior, nor did they affect contraceptive use among sexually active participants."²⁶
- * Of the previous studies of abstinence-only programs, none have found consistent and significant program effects on delaying intercourse. At least one has provided strong evidence the program did not delay the onset of intercourse.
- * Proponents of abstinence-only-until-marriage programs often conduct their own in-house evaluations and cite them as proof that their programs are effective. Outside experts have found, however, that these evaluations are inadequate, methodologically unsound, or inconclusive based on methodological limitations.²⁷
- * The CDC's *Research to Classroom Project* identifies curricula that have shown evidence of reducing sexual risk behaviors. A recent paper written by the White House Office of National AIDS Policy points out that "none of

the curricula on the current list of programs uses an 'abstinence-only' approach."²⁸

Issue: Are "Virginity Pledges" effective?

Answer: In recent years, many abstinence programs have begun to include pledge cards for students to sign promising to remain virgins until they are married. Recent research suggests that under certain conditions these pledges may help some adolescents delay sexual intercourse. For these adolescents, the pledge helped them delay the onset of sexual intercourse for an average of 18 months. The study, however, also found that those young people who took a pledge were less likely to use contraception when they did become sexually active.²⁹

GOVERNMENT'S ROLE

Issue: Is there a federal policy on sexuality education?

Answer: There is no federal law or policy requiring sexuality or HIV education. The federal government is explicit in its view that it should not dictate sexuality education or its content in schools. Four federal statutes preclude the federal government from prescribing state and local curriculum standards:

- * the Department of Education Organization Act, Section 103a
- * the Elementary and Secondary Education Act, Section 14512
- * Goals 2000, Section 314(b)
- * the General Education Provisions Act, Section 438

Issue: How does the federal government's abstinence-only-until-marriage education program fit in?

Answer: While the federal government does not have a policy about sexuality education and has never taken an official position on the subject, a number of federal programs have been instituted in recent years that provide funding for strict abstinence-only-until-marriage education.

- * In 1996, the federal government created an entitlement program, Section 510(b) of Title V of the Social Security Act, that funnels \$50 million per year for five years into states for abstinence-only-until-marriage programs. Those that choose to accept Section 510(b) funds must match every four federal dollars with three state-raised dollars and then disperse the funds for educational activities.
- * Programs that accept the Section 510(b) funds must adhere to the following strict definition of "abstinence education":

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is

likely to have harmful psychological and physical effects;

(F) teaches that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society;

(G) teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and

(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

- * Funding for abstinence-only-until-marriage education has increased nearly 3,000% since this federal entitlement program was created in 1996.³⁰ The federal government has since approved an additional 50 million dollars of funding for abstinence-only-until-marriage programs. Although these funds are not part of Section 510(b), programs must conform to the strict eight-point definition. In addition, these new funds are awarded directly to state and local organizations by the Maternal and Child Health Bureau through a competitive grant process instead of through state block grants as is the case for Section 510(b) funds.

Issue: Do state governments have policies on sexuality education?

Answer: States vary in their approach to sexuality education. Some mandate that schools provide sexuality education, others mandate that schools provide STD and/or HIV/AIDS education, and others mandate both. Some states make no mandates at all while others make recommendations.

Among states that mandate sexuality education and/or STD and/or HIV/AIDS education, some include specific requirements or restrictions on the content of these courses while others leave these decisions to local communities.

Even in those states where sexuality education is not mandated, certain requirements and restrictions are sometimes placed on those schools that opt to teach either sexuality education or STD and/or HIV/AIDS education.

There is a lack of uniformity in language used by states to enact mandates. This makes categorization difficult. For more information, contact your state legislature.

Sexuality education mandates.

- * Nineteen states, including the District of Columbia, require schools to provide sexuality education. (DE, DC, GA, IL, IA, KS, KY, MD, MN, NV, NJ, NC, RI, SC, TN, UT, VT, WV, WY)
- * Thirty-two states do not require schools to provide sexuality education. (AL, AK, AZ, AR, CA, CO, CT, FL, HI, ID, IN, LA, ME, MA, MI, MS, MO, MT, NE, NH, NM, NY, ND, OH, OK, OR, PA, SD, TX, VA, WA, WI)³¹

Content requirements. Regarding sexuality education, content requirements for abstinence and contraception were examined. Many states also have mandates for the inclusion or prohibition of other information, such as information on puberty and sexual orientation.

- * Of the 19 states that require schools to provide sexuality education, three (IL, KY, UT) require schools that teach

sexuality education to teach abstinence but do not require that they teach about contraception.

- * Of the 19 states that require schools to provide sexuality education, nine (DE, GA, NJ, NC, RI, SC, TN, VT, WV) require schools that teach abstinence to also teach about contraception.
- * Of the 32 states that do not require schools to provide sexuality education, 11 (AL, AZ, CO, FL, IN, LA, MI, MS, OK, SD, TX) require that curricula, when taught, must include information about abstinence but not about contraception. Of those 11 states, six (AL, FL, IN, LA, MS, TX) require that curricula, when taught, must include abstinence-only-until-marriage education.
- * Of the 32 states that do not require schools to provide sexuality education, five (CA, HI, MO, OR, VA) require that curricula, when taught, must provide information about abstinence and contraception. Of these five, three (CA, MO, VA) specify abstinence-only-until-marriage education.³²

STD/HIV education mandates.

- * Thirty-six states, including the District of Columbia, require schools to provide STD, HIV, and/or AIDS education. (AL, CA, CT, DE, DC, FL, GA, IL, IN, IA, KS, KY, MD, MI, MN, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV, WI, WY)
- * Fifteen states do not require schools to provide STD, HIV, and/or AIDS education. (AK, AZ, AR, CO, HI, ID, LA, ME, MA, MS, MT, NE, SD, TX, VA)³³

Content requirements. For STD and/or HIV/AIDS education, content requirements for abstinence and prevention methods were examined.

- * Of the 36 states that require schools to provide STD, HIV, and/or AIDS education, two (IN, OH) require that such education also teach abstinence-only-until-marriage but do not require information about prevention methods.
- * Of the 36 states that require schools to provide STD, HIV, and/or AIDS education, 24 (AL, CA, DE, FL, GA, IL, KY, MI, MN, MO, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV) require that such education also teach about abstinence and methods of prevention. Of these 24 states, 12 (AL, CA, FL, GA, IL, MN, MO, NC, SC, TN, UT, WA) specify abstinence-only-until-marriage education.
- * Of the 15 states that do not require schools to provide STD, HIV, and/or AIDS education, four (AZ, LA, MS, TX) require that such education also teach abstinence but not prevention methods. Of these four, three (LA, MS, and TX) specify abstinence-only-until-marriage.
- * Of the 15 states that do not require schools to provide STD, HIV, and/or AIDS education, two (HI, VA) require that such programs, if taught, must also teach abstinence

and methods of prevention. Virginia specifies abstinence-only-until-marriage³⁴

SUPPORT FOR COMPREHENSIVE SEXUALITY EDUCATION

Issue: Do parents, teachers, and students support it?

Answer: Recent research shows that parents, teachers, and students consistently support sexuality education and that they want more rather than fewer topics included in these classes.

- * A 2000 study released by the Kaiser Family Foundation found that virtually all parents, teachers, principals, and students want some form of sexuality education taught in secondary school, and all overwhelmingly support teaching high school students a broad range of topics including birth control and safer sex. For middle and junior high school students, support is more divided; about half or more of students, parents, teachers, and principals favor teaching all aspects of sexuality education.³⁵
- * Parents surveyed wanted sexuality education to teach the following topics and skills: HIV/AIDS and other STDs (98%), the basics of reproduction and birth control (90%), how to deal with the pressure to have sex and emotional issues and consequences of being sexually active (94%); how to talk with a partner about birth control and STDs (88%); how to use condoms (85%); how to use and where to get other birth control (84%); abortion (79%); and sexual orientation and homosexuality (76%).³⁶
- * A third of parents (33%) said they wanted their children to learn abstinence as the only option until marriage. However, many of the same parents also wanted their children to learn preventative skills such as how to use condoms and other birth control methods.³⁷
- * In addition, nearly three-quarters of parents (74%) said that they wanted schools to present issues in a “balanced” way that represented different views in society.³⁸
- * When asked what they wanted to learn more about, students who had already had sexuality education classes named the following: knowing what to do in case of rape or sexual assault (55%); knowing how to deal with the emotional consequences of being sexually active (46%); knowing how to talk with a partner about birth control and STDs (46%); and knowing how to use or where to obtain birth control (40%).³⁹

Issue: Does the public support sexuality education?

Answer: Numerous national polls find overwhelming public support for comprehensive sexuality education.

- * A national poll conducted by Hickman-Brown Research, Inc., in 1999 for SIECUS and Advocates for Youth found that 93% of all Americans support the teaching of

sexuality education in high schools and 84% support sexuality education in middle/junior high schools.⁴⁰

- * A survey conducted by Peter D. Hart Research Associates, Inc., for the Children’s Research and Education Institute in 1999 found that 66% of registered voters are in favor of teaching sexuality education in the public elementary schools, 22% are negative about sexuality education in the public elementary schools, and 12% are neutral on the topic.⁴¹
- * A recent Phi Delta Kappa/Gallup Poll, *The Public’s Attitudes Toward the Public Schools*, found that 87% of Americans favor including sexuality education in school curricula.⁴²

Issue: Do national and government organizations support sexuality education?

Answer: Numerous national and government organizations have expressed support for comprehensive sexuality education.

- * Officials at the National Institutes of Health⁴³, The Institute of Medicine⁴⁴, the U.S. Centers for Disease Control and Prevention⁴⁵, the White House Office on National AIDS Policy⁴⁶, and the Surgeon General’s Office⁴⁷ have all publicly supported sexuality education programs that included information about abstinence, contraception, and condom use.
- * Prominent public health organizations also support comprehensive sexuality education including the American Medical Association⁴⁸, the American Academy of Pediatrics⁴⁹, the American College of Obstetrics and Gynecology⁵⁰, and the Society for Adolescent Medicine.⁵¹
- * In fact, more than 127 mainstream national organizations focusing on young people and health issues including Advocates for Youth, Girls Inc., the National Association for the Advancement of Colored People, and the YWCA of the USA have joined the National Coalition to Support Sexuality Education to assure comprehensive sexuality education for all youth in the United States.

Issue: Is there more information available on these issues.

Answer: SIECUS provides resources and services to help parents, educators, policymakers, the media, and the public understand sexuality education. SIECUS’ Web site (www.siecus.org) contains over 1,000 pages of information and links to numerous organizations working in this area. SIECUS also produces fact sheets, bibliographies, and other publications to expand on the information in this fact sheet. Contact SIECUS for a publications catalogue. In addition, SIECUS’ Mary S. Calderone Library is open to the public for assistance with research.

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SEXUALITY RESEARCH FELLOWSHIP PROGRAM

THE SOCIAL SCIENCE RESEARCH COUNCIL announces the 2002 competition of the Sexuality Research Fellowship Program, providing dissertation and postdoctoral support for social and behavioral research on sexuality conducted in the United States. Applicants are invited to submit proposals that investigate a wide range of sexuality topics.

ELIGIBILITY

Dissertation Fellows The competition is open to predoctoral applicants who are matriculated students in a full-time graduate program leading to a Ph.D. degree in a social, health, or behavioral science, or public health department or division of a nationally accredited U.S. college or university. The applicant will be expected to demonstrate commitment to human sexuality research by submission of previous coursework records and the completion of the applicant's career plan essay submitted with the application. Sufficient development of the project must have taken place for the application to be competitive.

Postdoctoral Fellows The competition is open to scholars who hold the Ph.D. or its equivalent in a social or behavioral science from a state or nationally accredited university in the United States, or an equivalent Ph.D. degree from an accredited foreign university. The applicant may be a recent recipient of the doctorate or more advanced in the postdoctoral research process. However, postdoctoral candidates who have conducted research on sexuality for more than 8 years **or** who obtained a Ph.D. degree more than 8 years ago will not be considered. Persons conducting their research in nonacademic settings are welcome to apply.

Fellowship applications must be submitted as **joint** applications from the applicant and her/his **research advisor** or in the case of postdoctorate applicants, from the applicant and her/his **research associate**. The research advisor/associate will be responsible for providing a training experience for the Fellow and must function in a mentoring capacity.

Dissertation Fellowship support will be provided

In the administration of its fellowship and grant programs, the Social Science Research Council does not discriminate on the basis of age, color, creed, disability, marital status, national origin, sexual orientation, race, gender, or any other characteristic protected by applicable laws.

STIPENDS/ALLOWANCES

for 12 continuous months in the amount of \$28,000 to cover direct research costs, matriculation fees, and living expenses.

Postdoctoral Fellowship will be provided for a minimum of 12 and up to 24 continuous months in the amount of \$38,000 per year to cover research costs and living expenses. Either 1 year or 2 year applications will be considered for postdoctoral candidates.

Institution & Research Advisor/Associate Allowance

For each Fellowship, an additional \$3,000 will be awarded to the Fellow's host institution and \$3,000 to the Fellow's research advisor or associate to defray expenses associated with the Fellow's training, including direct research. Award and use of the advisor/associate fees, and of the research allowance for both the dissertation and postdoctoral Fellow, will be subject to approval of the submitted budget.

The deadline for applications is December 15, 2001.

APPLICATIONS

Awards will be announced in March 2002.

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