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R E P O R T

GETTING IT TOGETHER:
INTEGRATING TEEN PREGNANCY AND
STD/HIV PREVENTION EFFORTS

FEBRUARY/MARCH 2003

SIECUS

R E P O R T

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CHALLENGES ON THE STATE LEVEL

The Association of Maternal and Child Health Programs (AMCHP) is developing initiatives to help integrate teen pregnancy, HIV, and STD prevention programs at the state level.

AMCHP—a national organization representing state public health leaders and others working to improve the health and well being of women, children, youth, and families—recently brought together representatives of pregnancy and HIV prevention programs in Maryland, Texas, and Virginia to discuss ways to integrate efforts.

State program coordinators indicated during the meeting that they had rarely worked with each other even though they had similar goals. They urged AMCHP and other national organizations to incorporate similar meetings into their grant applications so they could continue to share ideas.

They said they face challenges such as limited funds and specific program requirements that make it difficult for them to work with colleagues in other issue areas. They also indicated that they often operate under a com-

plicated structure that makes collaboration among program areas very difficult. For example, programs with similar agendas are often in different divisions with different mission statements.

They suggested that national organizations could help with the integration of state programs by developing a matrix of related health department programs and contacts; by identifying common ground among programs; and by sponsoring meetings to link HIV, STD, and teen pregnancy prevention programs.

AMCHP is currently developing activities, including a web cast to showcase the efforts of Maryland, Texas, and Virginia program coordinators, to help these individuals discuss challenges and communicate with each other.

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TEENS PLAY CRUCIAL ROLE IN COMMUNICATING
INTEGRATED MESSAGES TO OTHER TEENS

Mac Edwards

Last fall I asked organizations across the country to send me descriptions of programs they had developed to integrate information about teen pregnancy, STDs, and HIV. I received dozens submissions telling me about peer programs, lesson plans, curricula, certification programs, and media campaigns as well as coalitions, partnerships, and agency consolidations.

As I read the descriptions, I was struck by the regularity with which people had involved teens in the integration process. This was particularly true of the programs and lessons. No doubt, program planners realized that teens play a critical role in reaching other teens with important information.

I discovered an underlying truth after reviewing the submissions. It was that teens automatically integrate prevention messages about pregnancy, STDs, and HIV when they tell their real life stories.

TEEN INVOLVEMENT

I would like to focus my column on teen involvement in communicating prevention messages. I think this is important to the success of such programs.

The *Role Model* program developed by the Family Health Council of Pittsburgh, PA, interviews young African American and Latino teens about their decisions to change their risky behaviors and develop safer sexual practices. The interviews are published in pamphlets that include integrated messages. They are distributed one-on-one by teens to their peers.

The *Pillow Talk* program developed by the Adolescent Communication and Education Program (ACE) in New Orleans, LA, uses the same premise—but is totally verbal. Young African American females attended slumber parties where they talk to each other about making health decisions relating to sexuality.

The *Teen Advocates Sharing Knowledge (TASK)* program at the YWCA in Malden, MA, encourages young people to talk among themselves and with their parents and teachers about pressing issues ranging from self-image and trust to pregnancy and STDs. Each month approximately five to 10 TASK teens conduct workshops after school, during school vacations, and on some Saturdays. These interactive sessions provide teens with opportunities for growth and development not always available in school.

As you read this *SIECUS Report*, I think you will be amazed at the work teens are doing to help each other prevent unwanted pregnancy, STDs, and HIV. It's a truly positive picture of integration in action.

INTEGRATED INFORMATION

As educators expand their teaching responsibilities to include a variety of sexuality-related subjects, they will need additional resources. This is especially true in the area of contraceptive technology and STD/HIV prevention. New products and tests are regularly appearing on the market.

To help teachers accomplish what is already an overwhelming task, we decided to develop an “integrated” bibliography. We are proud to include with this SIECUS Report the new “SIECUS Annotated Bibliography on Preventing STDs, HIV, and Teen Pregnancy.”

We have put this together with the goal of providing professionals with the most current information on these subjects. We have also divided it into four categories: “Integrated Discussions on Adolescent Health,” “HIV/AIDS,” “STDs,” and “Pregnancy Prevention.” It also includes a comprehensive directory of organizations who work on these issues.

In addition, we are including a new “SIECUS Fact Sheet on Sexually Transmitted Diseases.” It is the second that incorporates our new design. The first was our “SIECUS Fact Sheet on Condoms.”

CONCLUSION

I think this issue of the *SIECUS Report* contains important information on developing effective sexual health programs. It highlights not only the unique programs currently underway across the nation but also the work that lies ahead in terms of breaking down bureaucratic funding barriers.

The fine tuning of programs to integrate efforts can certainly help sexuality educators and sexual health professionals move closer to their goal of helping people experience the wholeness of who they are as human beings.

This includes having meaningful relationships, remaining free from disease, and making thoughtful, mature decisions that will lead to a healthy and happy life.

ADVOCATES MUST WORK TO ELIMINATE
ROADBLOCKS TO INTEGRATED PROGRAMS

Tamara Kreinin, M.H.S.A.

I must admit that the topic of integration puzzles me. It's not that integrating STD, HIV, and teen pregnancy prevention efforts doesn't make sense. It's that it makes so much sense. Why isn't it standard procedure?

Young people have repeatedly told me that they are equally concerned about each of these issues and that they want accurate and complete information. Parents have told me that they clearly see the connection between these issues and that they have taken it for granted that their child's school or after-school program was dealing with all three.

Yet the reality is that most educators are operating under strict rules imposed by funding streams, education policies, and school mandates to handle these topics separately.

It has been my experience that the problem of integration of prevention programs is most often one of overcoming administrative and bureaucratic barriers established by government agencies and other funding sources. We need advocates at the federal, state, and local level to help create an environment where the political and administrative roadblocks to true integration of prevention efforts are eliminated.

Only then will this logical approach to prevention and sexual health education become a reality.

CHANGE STARTS ON THE GROUND

I have always believed that true change starts at the community level. Advocates across the country have already created some model programs that others may want to replicate.

Hartford, CT, is an excellent example of an integrated plan created by community advocates. Not many years ago, Hartford faced alarmingly high rates of teen pregnancy and STDs among its adolescents. Individuals worked together to create a strategic plan that not only brought together teen pregnancy, STD, and HIV information but also united community-based organizations, private businesses, and government agencies. Thus far, this multi-pronged plan has resulted in school-based health centers where contraception is distributed; a new high school health curriculum that better addresses STDs, HIV, and teen pregnancy; and an upcoming revision to the middle school health curriculum.

Maine used a different tactic to simultaneously work on the issues of teen pregnancy, STDs, and HIV from a statewide perspective. It passed the Family Life Education Act last year that mandates comprehensive family life edu-

cation. This includes providing medically accurate information on family planning and STDs as well as information on developing solid communication and decision-making skills.

I hope advocates will use both the Hartford and the Maine success stories as models for action.

FROM THE TOP DOWN

I feel, however, that it is unfair to put the burden of integrating programs on states and communities, which are most often operating under the confines of a system set by the federal government and other funding sources.

In the years that I worked with communities on teen pregnancy prevention, for example, I can't remember a single community-based organization or a state coalition telling me they had no interest in also working to prevent HIV and STDs among the young people they served. Yet, the reality of their single-issue funding stream often reared its ugly head.

In the past few years, the Centers for Disease Control and Prevention (CDC) has taken a leadership role on the issue of integration. For example, its Division of Reproductive Health funded 13 communities to help them integrate STD, HIV, and teen pregnancy prevention messages and services.

More recently, the CDC's Division of Adolescent and School Health funded SIECUS and five other national organizations to provide technical assistance, training, and resources on the importance of integrating STD, HIV, and teen pregnancy prevention programs and messages.

INTEGRATED PROGRAMS

These are fantastic first steps but, in truth, our nation continues to have a system that focuses not on young people as a whole but on the individual problems they may face.

Individuals and organizations on all levels—federal government and private funding sources, state and local governments, nongovernmental organizations, state-based organizations, schools and community-based groups—need to intentionally address the integration of STD, HIV, and teen pregnancy prevention programs and messages.

We all need to think creatively and flexibly in order to restructure funding streams, refocus priorities, and foster an environment where organizations, parents, and communities can work together to ensure that their youth are sexually healthy.

TRUE INTEGRATION OF PREVENTION PROGRAMS REQUIRES BROAD FOCUS ON SEXUAL HEALTH

Martha E. Kempner, M.A.
SIECUS Associate Director
of Information & Education

Each year, approximately 10 million 15- to 24-year-olds in the United States contract a sexually transmitted disease (STD), almost 20,000 young people are infected with HIV, and nearly one million teenagers become pregnant.

The link between STDs, HIV, and adolescent pregnancy is clear—by age 19, four out of five American teenagers have had sexual intercourse; nearly half of sexually active high school students did not use a condom the last time they had sexual intercourse; and one third of sexually active teens have had three to six sexual partners.

The similarities between STDs, HIV, and teen pregnancy extend beyond the fact that they are caused by the same behaviors. Today, all three of these issues disproportionately impact young people and women, especially those from underserved communities and communities of color.

To the outside observer, the concept of integrating programs might seem matter of fact. Yet, professionals in the field realize that when it comes to both services and prevention, these three topics are usually handled separately.

THREE CULTURES

It is unlikely that the public health field set out to separate these clearly related issues. What is more likely is that public health professionals responded to the problems with which they were faced. The result is that family planning services, STD clinics, and later, HIV/AIDS prevention and care, each developed into its own culture with its own set of priorities, methods, and messages.

For example, STD clinics usually operate at times of client crisis, after symptoms have appeared. Their top priority is treatment and prevention of further transmission. Therefore, their messages to clients involve considering partner selection, reducing the number of partners, and increasing condom use.

In contrast, family planning providers focus almost exclusively on women and often develop a long-term relationship with clients designed to prevent unplanned pregnancy and to time the births of children throughout a woman's reproductive years. The messages to clients, therefore, focus on coital frequency, coital timing, and contraception. Those contraceptive methods that have the best track record for preventing pregnancy (such as the pill, the IUD, or even sterilization) offer no protection from STDs.

The separate cultures of STD care and family planning were already in place when the AIDS epidemic began in the

early 1980s. Although HIV shared many similarities with other STDs, its life-threatening nature and the accompanying sense of urgency set it apart and a third culture began to emerge.

At the beginning of the epidemic, health care professionals working in the field of HIV and AIDS had a very different set of tasks and priorities than those working in related fields. They were faced with understanding a new disease, trying to stop its spread, and providing care for dying patients.

Early detection of HIV and the introduction of anti-retroviral drug therapy has since changed these tasks and priorities, but by this time, three distinct cultures existed within the public health community.

FUNDING KEEPS THEM SEPARATE

Today, however, the biggest obstacle to integration is not these separate priorities, practices, and messages; it is separate funding streams. An infrastructure has developed around these issues under which government funding and oversight is handled separately for family planning, STDs, and HIV. This has ramifications not only for care but for prevention programs and advocacy efforts as well.

On the federal level, for example, public health issues across the board—from sexual health to heart disease—are, in essence, competing with each other for a limited amount of resources. Sexual health advocates undoubtedly realize the equal importance of care and prevention for family planning, STDs, and HIV. However, they are often forced to prioritize in their efforts to ensure maximum funding.

Organizations that provide care and prevention are also forced to choose priorities. Too often they are bound by restrictive funding to provide health and education services that focus on either STDs, HIV, or unintended pregnancy.

Even when advocates and providers recognize that simultaneously addressing these issues would benefit those they serve, the system that has become firmly entrenched makes this an extremely daunting task.

PREVENTION EFFORTS ARE SEPARATE, TOO

While this funding infrastructure impacts prevention efforts, the narrow focus of many prevention programs is also philosophical in nature. Adults in this country are uncom-

fortable with the concept of adolescent sexuality. They do not like to think of their teenagers as sexual beings and often try to ignore the fact that teens engage in sexual behavior. This discomfort extends to sexuality education. Many schools and communities approach the subject with trepidation, often out of a misguided fear that teaching teens about sex is tantamount to encouraging sexual behavior and experimentation.

At the same time, adults are unable to ignore the fact that many teens are becoming infected with STDs, including HIV, and facing unintended pregnancy and the harsh realities of teen parenthood. The existing feeling that something had to be done about the problems facing our young people only intensified in the face of the AIDS epidemic. The reality of a life-threatening disease spurred many schools and communities into creating education programs.

This dichotomy—a need to face public health crises among young people coupled with discomfort about the behaviors that connect these problems—led to programs that focused exclusively on preventing either STDs, HIV, or teen pregnancy. Rather than broad-based education about sexuality that includes information on sexual development, behavior, and relationships, these programs have a narrow focus and goal that could be described as “*disaster prevention*.”

In many communities and schools such programs remain the only form of sexuality education. As abstinence-only-until-marriage programs have gained popularity and schools have worked to restrict sexuality education, “disaster prevention” programs are often the only politically viable way to provide any education about sexuality, HIV, STDs, or teen pregnancy. They also remain the only financially viable option. The government provides no funding for comprehensive sexuality education. This leaves community-based organizations with few choices—an abstinence-only-until-marriage program that adheres to the federal government’s strict rules or a narrowly-focused prevention program that can qualify for money under either the STD, HIV, or family planning funding streams.

While prevention programs can be very effective, many educators realize that they are not enough. Even so, those education providers who wish to expand their prevention efforts are often bound by the source of their funding to cover only a narrow topic area.

Integration has recently become a buzzword for both prevention education and health care services. National advocacy groups and community-based organizations have begun to openly discuss the potential for reaching more clients, providing more services, and creating more effective prevention programs by addressing STD, HIV, and teen pregnancy prevention in the same setting.

While many pilot projects have worked to integrate these issues, a fundamental shift in how American society

views adolescent sexuality and education must occur before a real change can take place.

SEXUALLY HEALTHY ADOLESCENTS

Everyone agrees on what is not sexually healthy for young people. Unintended pregnancy, STDs, and HIV top that list. While preventing any and all of these problems remains a top priority, many adults will agree that simply seeing our young people reach their eighteenth or twenty-first birthday without having experienced an unintended pregnancy or STD is not enough to ensure that they will have a happy and healthy sexual life as an adult. Unfortunately, adults have a much harder time deciding what exactly they do want when it comes to the sexual health of young people.

To help answer this question, SIECUS convened the National Commission on Adolescent Sexual Health in 1995. This group of experts in the fields of adolescent development, medicine, and sexuality recommended that helping adolescents become sexually healthy be set forth as the ultimate goal.

According to the Commission, sexual health encompasses sexual development and reproductive health as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one’s own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one’s own values.

In its report, the Commission defined the characteristics of a sexually healthy adolescent, looked at readiness for mature sexual relationships, and suggested the necessary components of responsible intimate relationships. They also made recommendations for parents, media, health care providers, and policymakers as well as comprehensive sexuality education and community-based programs.

INTEGRATED EDUCATION

While it is possible for a program to integrate STDs, HIV, and teen pregnancy without adopting this focus on sexual health, it seems clear that moving away from “disaster prevention” and towards sexual health is a decisive move toward integration.

By its nature, prevention focuses on problems and paves the way for programs that concentrate on STDs, HIV, or unintended pregnancy without dealing with sexual behavior or other aspects of adolescent sexuality. Programs that hold as their goal helping young people become sexually healthy shift this focus from problems that happen to young people to the young people themselves.

Education that has the goal of developing sexually healthy adolescents would encourage young people to delay sexual behaviors until they are physically, cognitively, and emotionally ready for mature sexual relationships and their

consequences. Such education would provide them with accurate information about sexuality; foster responsible decision-making skills; and help them explore their own values and the values of their families and communities. Programs would also discuss intimacy; sexual limit setting; resisting social, media, peer, and partner pressure; benefits of abstinence; and pregnancy and sexually transmitted disease prevention.

This type of program allows educators to focus on the entire person; to look at the values, attitudes, behaviors, and skills (or lack of skills) that lead young people to make certain decisions and face (or avoid) certain consequences; and to address each of these components. A program that does this will by its very nature integrate the topics of STDs, HIV, and unintended pregnancy.

MOVING TOWARD INTEGRATION

It has been almost eight years since the National Commission on Adolescent Sexual Health released its report and recommended a move toward sexual health programs. Unfortunately, this vision is not yet a reality. In today's

environment, students are lucky if they have the opportunity to attend a program focusing on either STD, HIV, or teen pregnancy prevention.

Rather than despair over what we have yet to achieve, we must look for new opportunities. The current attention paid to the idea of integration on the part of service providers, educators, and funders gives us an opportunity to shift our approach.

A move toward integrated prevention programs will take a great deal of effort. It will take the commitment of the government to reexamine their infrastructure and relax funding requirements that enforce segregation of programs and services. It will take leadership by national organizations who can help those working on STD, HIV, and teen pregnancy prevention to get together. It will take the hard work of educators as they move toward more expansive programs.

And finally, it will take the understanding that "disaster prevention" is not enough; that young people need and deserve greater efforts on the part of adults to ensure that they come out of adolescence not just problem-free but healthy.

PROGRAMS INTEGRATING SEXUALITY EDUCATION INTO YOUTH DEVELOPMENT PROGRAMS

SIECUS is developing a companion publication to its *Guidelines for Comprehensive Sexuality Education, K-12* designed to help youth development professionals infuse sexuality education into their programs.

SIECUS wants to highlight successful youth development programs across the country that address sexuality-related issues and topics. This includes any creative approaches from programs such as sports, mentoring, arts, after-school, and drop-in centers.

Do you know of any programs that fit this description? If so, please e-mail Kate McCarthy, SIECUS school health coordinator, at kmccarthy@siecus.org or call her at 212/819-9770, extension 304. Your submission should include general descriptions as well as overall goals, specific strategies, and implementation challenges.

ROLE MODEL STORIES SEND INTEGRATED PREVENTION MESSAGES TO MINORITY YOUTH

Jami Stockdale, M.A.
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The concept of using *role model* stories to provide teens with integrated information on preventing pregnancies, STDs, and HIV was developed by the Family Health Council (FHC) of Pittsburgh, PA, and the Family Planning Council (FPC) of Philadelphia, PA, to reach minority youth in our respective cities. It is part of a national project funded by the Centers for Disease Control and Prevention (CDC) in Atlanta, GA, to develop integrated programs that organizations can replicate.

The idea of using such stories actually began as part of a multi-site FHC program in Pittsburgh designed to help females understand how to remain HIV negative. It was expanded to provide teens—both female and male—with information on preventing the spread of HIV and STDs. Eventually, it was used to provide young female teens with information about pregnancy prevention in clinic waiting areas and in small group discussions and counseling sessions. The integration of the *role model* messages was both practical and logical.

Drawn from experiences of African American and Latino youth, these stories are based on interviews with young people about their personal decisions to change risky sexual behaviors and develop safer sexual practices. They are accompanied by related facts and data. They incorporate the language of the storytellers and refer to culturally specific mores and norms. (See stories and artwork accompanying this article.)

After the stories are developed and written, they are printed and distributed one-on-one by young peer educators trained by FHC and FPC to minority youth in targeted communities throughout our cities in an effort to help them grasp the importance of making safer sex decisions. The stories are based on the trans-theoretical model developed by James O. Prochaska and Carlo C. DiClemente popularly known as the *stages of change*.¹

DEVELOPMENT AND ADAPTATION

We regularly take a number of specific steps to make certain that *role model* stories are culturally appropriate and reality-based so that minority youth will relate to them and subsequently make healthy sexuality-related decisions. These steps include:

- Writing the stories based on the *stages of change*
- Developing appropriate sidebars or information boxes that correspond to the stories
- Developing appropriate artwork
- Reviewing stories with teens and experts (discussion groups and focus groups)
- Making changes based on recommendations
- Submitting the stories for review and approval by a Community Review Board

Overall, effective *role model* stories communicate messages to teens because they are personal, engaging, and realistic. They also target individuals according to age, gender, culture, ethnicity, and environment. In addition, they have a basis in behavioral theory and use tested principles related to message development and delivery.²

We must, therefore, pay careful attention when matching stories to groups. Effective stories are those that connect with the teens themselves.

MESSAGE INTEGRATION

FHC integrated prevention messages in its *role model* stories by using two distinct strategies.

First, we made certain that the messages addressed multiple teen-related issues focusing on pregnancy, STDs, and HIV. For example, one story focused on a teen who suffered a miscarriage and subsequently decided to use condoms rather than face future unintended pregnancies. Another story focused on a teen who received word from a clinic that he had contracted an STD from unprotected sexual intercourse. He decided to always use condoms to avoid future STDs.

Examples of outcomes (behavior changes) for these individuals included:

- They decided to get information about birth control and condoms
- They started using condoms
- They started talking to their parent(s) about pregnancy, STDs, and HIV
- Their parents initiated conversation about sexual health with them

- They decided to remain abstinent
- They talked to their partner about using condoms
- They talked to their partner about remaining abstinent
- They decided to use birth control to prevent repeat pregnancy

Second, we integrated messages by adding facts about preventing either pregnancies, STDs, or HIV in the form of “sidebars” or information boxes. The information corresponded to the theme of the story and integrated teen pregnancy and STD information.

For example, the story about the teen who had a miscarriage included a sidebar with additional information on condoms (such as the fact that they decrease the risk of getting pregnant as well as getting an STD, including HIV) and a sidebar on how to use a condom.

Similarly, the story about the teen who contracted an STD included a sidebar on ways to reduce the risk of STDs along with information stating that individuals should use a condom even when using another form of birth control such as the pill or Depo-Provera.

We have developed sidebars to incorporate information about:

- Ways to talk to a partner about avoiding STD and pregnancy risks
- True and false questions about pregnancy, STDs, and HIV
- Information about specific STDs, including HIV
- Tips for parents on how to talk to a teen about sexual health

When teens tell us their stories, they often have one concern or problem as their main focus (such as a teen who discovered she was pregnant). A sidebar would, therefore, integrate related information on protection not only from pregnancy but also from STDs and HIV.

USE OF STORIES

FHC and FPC first developed and used *role model* stories as part of a successful federally-funded, multi-site, female-centered, HIV prevention project as a basis for street outreach, one-on-one discussions, and community mobilization.³

Subsequently, we used them for teen-focused, state-funded programs for HIV and STD prevention. We also used them in health clinic waiting areas as a focus for small group discussions and counseling sessions, and as a marketing tool.

We currently use *role model* stories to conduct street outreach with youth in several inner-city neighborhoods in Pittsburgh. We recruit teens from the intervention neighborhoods to become “peer networkers.” We train them in STD, HIV, and pregnancy prevention as well as in street outreach strategies.

They eventually participate in two to three hours of outreach per week in their community. We give them gift vouchers in appreciation for their time. When conducting the outreach, the “peer networkers” approach young people, introduce themselves and the project (if appropriate), and offer copies of the *role model* stories.

They may describe a story and then answer questions related to teen pregnancy, STDs, HIV, or condoms. They may also, if needed, refer individuals to health care services. They provide feedback to us through weekly debriefings and teen focus groups.

The distribution of *role model* stories through street outreach enhances FHC’s ability to reach a large number of teens with a format which they like.

EVALUATION

Both FHC and FPC convened focus groups and discussion groups to evaluate the effectiveness of our *role model* handouts. Findings have indicated the need for realistic, detailed stories that display emotion to draw the reader into the story; the importance of illustrations and bright colors to attract readers’ attention; and the relevance of locally appropriate slang to connect the reader.

Organizations interested in adapting *role model* stories to communicate sexual health messages to teens should keep these findings in mind. Above all, they should remember that the success of the program will depend on the involvement of local teens and experts through discussion and focus groups. Their participation will help to make the stories relevant and meaningful.

In an effort to determine the effectiveness of our *role model* stories, FHC placed the *role model* handouts in two of its clinic waiting rooms so clients could read them before or after clinic visits. We included a brief anonymous questionnaire with the handouts and asked the individuals to complete them and return them to a colorful box located in the waiting area.

Findings suggested that teens found the stories and sidebars useful, informative, and realistic. The majority also said they would recommend them to friends, felt the stories could happen to them or someone they knew, and found the sidebar information helpful.

That feedback alone made us realize that we were succeeding in using *role model* stories to communicate integrated sexual health messages to teens in our community.

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This article was adapted from an article written by the author for the NOAPPP Network (summer 2002, vol. 22, no. 2, pp. 9-10), a

quarterly publication of the National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP) in Washington, DC.

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"ALL THAT GLITTERS AIN'T GOLD"

Tyrale's Story



Hi, my name is Tyrale, and I'm 14 years old. I'm a freshman in high school. And going into my freshman year in high school, I thought I knew everything. Well, "everything" got me infected with a sexually transmitted disease (STD).

Last summer I was at my boy David's house kickin' it, playing his Play Station, when this girl names Alyiah came over to visit his sister. I mean girlfriend was fine. She had the bomb body and the cutest smile. I asked my boy to hook me up because honey was cute. He told me, "Yeah, man, but all that glitters ain't gold." I didn't know what he was talking about. All I knew is that I wanted to get with her real bad. My boy tried to talk me out of it so I told him to stop playa hatin'.

He said, "Well, it's your life, but there's a rumor that Alyiah burned a lot of guys in the neighborhood." Well, I

wasn't convinced so I put my mack down anyway, and that same night she let me hit it, right in the middle of the living room floor. I'm not goin' to front, but I really didn't think my game was that strong, not to get it on the first night. But even though I didn't have a condom, we did it anyway.

Three weeks went past, and I haven't heard from Alyiah since that night. I hadn't been feeling good lately, and I noticed that every time I went to the bathroom it would burn. I made an appointment at one of those clinics to get it checked out. When the results came back, the nurse told me that I had an STD called genital herpes. I'm like, "What's that?" I mean, I have heard about gonorrhea because my brother had it before. But all he had to do is take a few pills and it was gone. But this was something different. The nurse said that it was a viral STD and that I would have it for the rest of my life. I couldn't believe it. This was only the second time I had sex, and now this is what I have to look forward to for the rest of my life.

Now I know what David meant when he said, "All that glitters ain't gold." Alyiah looked good on the outside, but I should have paid more attention to what was going on in the inside. The worst thing is the outbreaks hurt, and I have to go for treatments for them every few months. It got to the point where I had to tell somebody, so I told my older brother what happened that night. He told me I was lucky it was herpes and not HIV and how stupid I was for having unprotected sex. Come to find out, after his gonorrhea

ordeal, he never had sex without a condom, and he's eighteen. Man, it pays to wear condoms. If you don't have one, get one or wait. I'm not having sex these days, but when I do, I'll always use a condom. I learned very early on that all that glitter doesn't make it gold.

Genital Herpes

Genital Herpes is a viral sexually transmitted disease that you can get by having protected or unprotected anal, oral, or vaginal sex with an infected person.

How do you know you have it? Flu-like symptoms begin to occur and small painful blisters appear around the

vagina, penis, anus, and/or mouth. Itching and burning may occur before the blisters appear. Blisters last about one to three weeks. Night sweats is a common symptom with genital Herpes; however, many times there may be no symptoms at all.

Treatment Genital Herpes can never be cured. However, it may be treated. It may re-occur. Medications may be prescribed to help alleviate the pain.

If not treated A mother can give Herpes to her unborn child. It can be transmitted to your sexual partner or someone who simply touches the infected areas.

What else do you know about pregnancy, STDs, and HIV?

1. T or F A couple won't get pregnant if they have sex only during the woman's period.
2. T or F If a man pulls out before he comes, he can keep his partner from getting pregnant or an STD.
3. T or F You can get STDs and HIV through oral sex.
4. T or F If you have unprotected sex tonight, you can get an accurate HIV test within two weeks.

Answers: 1=F, 2=F, 3=T, 4=F

**THERE IS NO "SAFE SEX."
BUT CORRECT CONDOM USE MAKES IT SAFER!**

"USING CONDOMS... SAVES LIVES IN MORE WAYS THAN ONE"

Candice's Story



My name is Candice and even though I'm only 15 years old, I've been having sex for a while. My best friend Latasha

started having sex before me and showed me how to use a condom. But Latasha got careless and didn't use condoms every time she had sex. When she told me she was pregnant, I was kind of disappointed because I thought she had it together about sex and birth control. Anyway, she asked me to be the baby's godmother, and I couldn't wait for the baby to be born.

Around the sixth month, there was a problem with the pregnancy and Latasha had a premature baby girl. She was so cute with her silky skin and big ol' eyes. But she was so tiny and weak that she never made it home from the hospital. When she died I felt like a part of me died with her. We couldn't understand what went wrong. I mean, she did everything a pregnant girl is supposed to do.

Latasha’s doctor told her that young mothers are at risk for giving birth to premature babies. I got scared when I heard that because Latasha and I are the same age. That could have been me pregnant, scared, and then suffering because my baby died.

Me and Latasha made a promise to each other to use condoms ALL THE TIME. They save lives in more ways than one. I miss my godchild, but I don’t want a baby any time soon, so I have to be for real about protecting myself. Since I choose to have sex, I have to make sure that I use condoms every time I have sex—for me and for the baby I may have someday.

What Else Candice May Want to Know

- Not having sex is the only sure way to prevent unplanned pregnancy, STDs, and HIV.
- Other effective methods of birth control include: birth control pill, hormone implant (Norplant), or hormone injections/shots (Depo-Provera). These methods must be used along with a condom to protect against STDs, including HIV.
- Emergency contraception can be used within 72 hours after having unprotected sex
- Candice could get an STD (including HIV) from having unprotected vaginal, anal, or oral sex

What else do you know about pregnancy, STDs, and HIV?

1. T or F The correct definition of abstinence is no anal, oral, or vaginal sex.
2. T or F If you have sex, you can get pregnant—even if you only do it once.
3. T or F People with STDs, such as gonorrhea, HIV, Chlamydia, and Herpes, always show visible symptoms.
4. T or F There is no form of protection that is 100 percent safe.

Answers: 1=T, 2=T, 3=F, 4=T

**THERE IS NO “SAFE SEX.”
BUT CORRECT CONDOM USE MAKES IT SAFER!**

“ALISA’S MY NAME AND CONDOM’S MY GAME”

Alisa’s Story



My name is Alisa. I’m 17 years old and a freshman at CCP. I like going to college. The work is hard, but the men, the men are fine. A few of them got game, but I have my own.

It wasn’t until last month that I decided to use condoms. I woke up one morning with the worst cramps. I was a little

late that month so I was hoping it was my period. But the cramps were too bad. I went to the bathroom and the cramps got worse. I called my girl Tammy over, and she went with me to the emergency room.

I’ve used condoms a few times, but I didn’t like the way they made sex feel. But, if I had used a condom, I would have never gotten pregnant. See, the nurse at the hospital told me that I had had a miscarriage. A miscarriage! I couldn’t believe it. I didn’t even know I was pregnant. She asked what kind of birth control I used. I told her none but that I use the withdrawal method. You know, make him pull it out before he cums. Before I left the hospital, she told me about family planning services. She said that they would be able to explain to me about reliable birth control methods and give me free condoms. And since I’m only 17, all my services would be free.

I have slept with many guys, and who knows what they might have. For the first time in my life, I really had to

check myself. What would I do with a baby at 17, no job, and trying to go to college? I'm not trying to get pregnant anytime soon, and I sure don't want an STD. For me, condoms are the best way to go. It's been a month now, and it's not that bad. I just tell 'em "Alisa's my name and condom's my game."

What Else Alisa May Want to Know about Condoms

- Condoms help protect against STDs, including HIV.
- Condoms are easy to use. No mess. No fuss.
- Directions for correct condom use are enclosed with the condoms.
- Condoms can be fun! Colored, flavored, and ribbed condoms are available.
- ★ *Correct condom use decreases your risk for getting pregnant or getting an STD, including HIV.*

How to Use a Condom

- Squeeze condom package to make sure it is airtight.
- Check expiration date.
- Use condom when penis is erect but before any sexual contact.
- Take condom out of wrapper.
- Squeeze tip of condom.
- Roll condom down to base of the erect penis. Leave space at the tip.
- Ejaculation (cum).
- After intercourse, hold the base of the condom and withdraw penis away from vagina.
- Roll condom off penis.
- Throw condom in garbage, not the toilet.

**THERE IS NO "SAFE SEX."
BUT CORRECT CONDOM USE MAKES IT SAFER!**

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:

**The Debate about Sexual
Addiction and Compulsion**

June/July 2003 issue

Deadline for article submission:

April 18, 2003

**Monitoring Sexuality Education
in the United States/
Tenth Anniversary**

August/September 2003 issue

Deadline for article submission:

June 1, 2003

ALL TOGETHER NOW: COMBINING PREGNANCY AND STI PREVENTION PROGRAMS

Bill Taverner, M.A.

Director, The Center for Family Life Education
Planned Parenthood of Greater Northern New Jersey
Morristown, NJ

Okay, so you would like to have me come to your class and teach about contraception and STIs. The classes are 40 minutes long, right? Okay, I can block out 10 days, how does that sound? Oh, just one day? Oh, just one class.

No doubt this phone conversation will sound familiar to many sexuality educators. But educate about both contraception and STIs in a single 40-minute lesson? How is that possible? Even the most creative individual might find that request a little too daunting.

And why would an educator even want to do it? New research is continuing to reinforce what many educators already knew (or at least suspected): a major characteristic of effective sexuality education programs is that they are ongoing, integrated into other curricula, and not limited to one single lesson.¹

So the educator receiving this program request is left with a dilemma. Turn it down, and maybe someone with incomplete or unreliable information will do the lesson instead. Accept the request and figure out how on earth to meet this impossible challenge.

PERSONAL RISK FOCUS

When sexuality educator Peggy Brick originally developed the “All Together Now” lesson in 1996 for *The New Positive Images*, the second edition of a popular teaching manual published by Planned Parenthood of Greater Northern New Jersey (PPGNNJ),² she acknowledged that having just one session to educate about both contraception and safer sex is truly inadequate. That said, she pointed out that that precious time would be best spent helping young people assess their own risk, rather than detailing facts about each infection and method.

Often, well-intended educators spend time giving endless information about STIs—signs, symptoms, treatment regimen. Some kid themselves into believing that young people will somehow find these details meaningful—as if young people are choosing, “I’ll risk getting this infection, but I definitely won’t risk getting that.” Since the mechanism for transmission is essentially the same for any STI, young people need to know how to avoid all of them.

In addition, limited time is not best spent reviewing endless details about how each method of contraception works. While it is useful for young people to know the advantages and disadvantages of a variety of methods, educators often miss the opportunity to help young people learn how to think about protecting themselves from both pregnancy and infections.

The “All Together Now” lesson addresses the unfortunate reality that many educators have only one opportunity to reach a group of young people. They need to spend that valuable time helping young people examine their own personal risk for unplanned pregnancy or STIs.

LEARNING METHODS

The “All Together Now” lesson incorporates a variety of learning methods described by sexuality educators Evonne Hedgepeth and Joan Helmich in *Teaching about Sexuality and HIV*,³ as well as in other ground-breaking sexuality education resources.

Learning methods that are most prominent in this lesson include:

- *Sensual (kinesthetic, visual, and aural) learning*, in which participants move around the room placing signs correctly to describe relative levels of protection from unplanned pregnancy and STIs and then discussing their placements; and
- *Collaborative learning*, which requires that group members work together to establish a full, wall-sized picture of the effectiveness of both contraception and safer sex

The “All Together Now” lesson helps students integrate prevention of both pregnancy and STIs into their sexual decision-making process. This is something that is not so easily accomplished if one lesson is exclusively about contraception and another focuses exclusively on safer sex.

Europeans have already learned this and have effectively integrated the dual message about pregnancy prevention and STI prevention into their lessons and their public health campaigns.

In the Netherlands, for example, teens learn to go “Double Dutch,” using the pill to prevent pregnancy and

the condom to prevent infections. Consequently, 24 percent of Dutch teens use both oral contraception and condoms together at first intercourse,⁴ compared with between five and nine percent of teens in the United States.⁵

The difference is also seen in the rates of teen pregnancy and STIs, where the United States lags behind not only the Netherlands but also many other developed nations in the world.⁶

TRAINING EDUCATORS

During the past year, PPGNNJ has trained more than 1,200 sexuality educators in 30 cities to use the lessons in *Positive Images*, including the “All Together Now” lesson.

As part of the training, we established a list serv of sexuality educators as a way for workshop participants to exchange ideas about uses and adaptations of the lessons. To date, more than 200 educators have signed up.

This list serv also allows workshop participants to network with other *Positive Images* users long after the workshop. These are some of their comments about “All Together Now”:

We use it a lot. I like it most because it allows the facilitator to add whatever level of details about each method is appropriate for the setting and session. I love that it gets students to identify their own personal goal for risk reduction and that all methods have strong points and things we wish were better. This lesson plan has become a real standard for us.

—Kathleen Baldwin
Planned Parenthood of Greater Indiana

I love the All Together Now lesson. I am called to present on STD/HIV and pregnancy prevention by our local high school teachers and I really do have just 50 minutes to cover it all. This lesson allows me to do just that in a manner that:

- *Has the kids interacting because I have them decide with a partner where the method falls on each spectrum*
- *Honors both methods promoted by local faith communities and the ones promoted more by the medical community (especially important because this is a very conservative area of Minnesota)*
- *Provides a great visual of each method's effectiveness*
- *Introduces what the methods are for further discussion. After the lesson, there is time to briefly discuss related topics such as where teens can go for birth control counseling and teen parenting*

—Denise Ertl, M. Ed.
McLeod County (MO) Public Health

I have successfully added a decision tree to the lesson to integrate both pregnancy and safer sex decision-making. The first branch of the tree is the decision to be sexually active. Flowing from that decision is the decision whether or not to have intercourse, and from that, vaginal, anal, or oral intercourse. From vaginal intercourse, there are two decisions—to protect against pregnancy and to protect against STIs. From anal and oral intercourse, there is the decision of whether or not to protect against STIs. If any of these decisions are NO, the tree branches out to possible consequences and additional decisions arising from those consequences (pregnancy options, whether or not to seek early STI treatment). If the decision for protection is YES, then the tree branches out to list possible methods, and identifies which methods protect against both pregnancy and STIs, and which do not.

—Myra Aaronson
PPGNNJ

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ALL TOGETHER NOW: A ONE-SHOT, 40-MINUTE LESSON¹

This is the “All Together Now” 40-minute lesson that is included in the third edition of *Positive Images: Teaching Abstinence, Contraception, and Sexual Health* published by Planned Parenthood of Greater Northern New Jersey (PPGNNJ).

It is designed to provide contraceptive education that includes the integration of information about abstinence and prevention from STIs.

OBJECTIVES

Participants will:

- a: Examine their personal feelings about the relative risks of unplanned pregnancy, STIs, and HIV.
- b: Compare the effectiveness of the major methods for preventing pregnancy and STI/HIV.
- c: Discuss integrating prevention of unplanned pregnancy with preventing STI/HIV.

RATIONALE

Unfortunately, educators sometimes have only a single session in which to talk with students about contraception and “safer sex.” Although one session is completely inadequate, our research indicates that even a one-shot lesson can have a positive effect on participant knowledge regarding specific contraceptive methods and their comfort in accessing reproductive health care.² We find that the precious 40 minutes are best spent raising participants’ consciousness and helping them assess their own risk, rather than in detailing facts about each method of contraception. This lesson emphasizes the importance of preventing both unplanned pregnancy and STI/HIV.

MATERIALS

- a: Worksheet: All Together Now: Preventing Unplanned Pregnancy and STI/HIV
- b: Contraceptive Options Chart from the manual *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Second Edition* or pamphlets describing contraceptive choices.
- c: A set of large signs with the following:

Very Effective Protection (No/Very Low Risk)	Some Protection (Some Risk)	No Protection (High Risk)
Pregnancy	STI/HIV	

- a: Two sets of smaller signs; each set a different color, with the following labels:

Abstinence Condom and Spermicide Contraceptive Patch Depo-Provera Diaphragm	Female Condom Implant Lunelle Male Condom No Method Outercourse	Spermicide Alone The Pill Vaginal Ring Withdrawal
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PROCEDURE

(Before the lesson begins, put the large signs on the wall or board in the format shown on the *Worksheet*.)

1. Put the following words on the board or newsprint and ask participants to rank them:
 - a: the most difficult for you to deal with at this time in your life
 - b: the second most difficult
 - c: the least difficult
 - Pregnancy
 - Sexually Transmitted Infection
 - HIV

Discussion Questions

 - a: What are the reasons for your ranking?
 - b: Among the people you know, are they more likely to be at risk for an unplanned pregnancy, an STI, or HIV?
 - c: How much do people you know think about ways they can avoid all three risks? Explain.
2. Distribute:
 - a: Worksheet: All Together Now
 - b: The Contraceptive Options Chart or pamphlets describing contraceptive choices.
 - c: The 30 smaller signs; if too few participants, some can take two or more; if too many participants, some can work in pairs.
3. Show participants the large signs on the wall that mark a continuum of protection from unplanned pregnancy from “Very Effective Protection” (very low or no risk) to “No Protection” (high risk).
4. Ask participants with *one* color of signs (e.g., blue) to use the *Contraceptive Options Chart* or pamphlets to determine where on the “Pregnancy Prevention” sec-

tion of the continuum their method belongs. When they have decided, they should tape their sign in the correct place showing *how effective that method is in preventing “pregnancy.”*

Discussion Questions

- a: Does anyone disagree with the location of any of the methods? If you disagree, why? Where should the method be on the continuum? (If the group agrees with the change, move the sign.)
- b: Are there any other methods we should include?
- c: What can increase or decrease the effectiveness of a method? (Forgetting to take a pill, certain drugs decrease effectiveness of pill, using oil-based lubricant on a condom)

5. Ask participants with the other color signs (e.g., yellow) to come forward and tape their method on the bottom part of the chart at the appropriate place showing *how effective that method is in preventing STI/HIV.*

Discussion Questions

- a: Does anyone disagree with the location of any of these methods?

b: Looking at the “Pregnancy” (top) part and the “STI/HIV” (bottom) part of the chart, what conclusions do you draw? What questions do you have? (Emphasize that some methods that are most effective for preventing pregnancy do not protect against STI/HIV.)

Note that spermicidal methods are NOT recommended for protecting against STIs. Rather, they sometimes act as a skin irritant, resulting in lesions that could actually facilitate the transmission of STIs.

6. Ask participants to quickly fill in the top of their *Worksheets* and then answer the questions on the bottom. Emphasize that the *Worksheets* are confidential and will not be collected.

Discussion Questions

- a: How can teens protect themselves from *both* pregnancy and STI/HIV?
- b: Do you think that people who participate in this lesson will be more likely to protect themselves from unplanned pregnancy and STI/HIV? Explain.

WORKSHEET

1. Place each method in a continuum on the chart twice, once for the protection it gives in preventing pregnancy and once for the protection it gives in preventing STI/HIV:

<i>Abstinence</i>	<i>Female Condom</i>	<i>Spermicide Alone</i>
<i>Condom and Spermicide</i>	<i>Implant</i>	<i>The Pill</i>
<i>Contraceptive Patch</i>	<i>Lunelle</i>	<i>Vaginal Ring</i>
<i>Depo-Provera</i>	<i>Male Condom</i>	<i>Withdrawal</i>
<i>Diaphragm</i>	<i>No Method</i>	
	<i>Outercourse</i>	

P R E G N A N C Y		
Very Effective Protection <i>(No/Very Low Risk)</i>	Some Protection <i>(Some Risk)</i>	No Protection <i>(High Risk)</i>
Pregnancy	STI/HIV	
S T I / H I V		

2. Considering your own behavior now, where on the continuum of risk do you place yourself for an unplanned pregnancy?

___No/Very Low ___Some ___High

For a sexually transmitted infection?

___No/Very Low ___Some ___High

3. Do you want to change your location on the continuum? ___Yes ___No

4. If yes, one thing you could do is:

References

1. Adapted from P. Brick and B. Taverner, *Positive Images: Teaching Abstinence, Contraception, and Sexual Health, Third Edition* (Morristown, NJ: Planned Parenthood of Greater Northern New Jersey, 2001). For more information about *Positive Images*, contact PPGNNJ at 973/539-9580, extension 120 or send an e-mail message to Bill.Taverner@ppfa.org
2. Research with Pearla Brickner Namerow, Ph.D., Columbia University, Center for Population and Family Health.

16 PROGRAMS THAT COMBINE PREGNANCY, STD, AND HIV/AIDS PREVENTION

Organizations nationwide are integrating information about pregnancy, STDs, and HIV/AIDS into their prevention programs. These efforts have resulted in many new, comprehensive peer programs, lesson plans, curricula, certification programs, coalitions, partnerships, agency consolidations, and media programs.

SIECUS recently requested information on integration efforts from organizations throughout the nation. We are sharing responses and providing contact information in an effort to raise awareness and provide encouragement.

If you know of other integration efforts, send descriptions to Mac Edwards, *SIECUS Report* Editor, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802. You can also send them by e-mail to medwards@siecus.org

1

ADOLESCENT COMMUNICATION AND EDUCATION

A Program of the Institute of Women and Ethnic Studies
New Orleans, LA

The Adolescent Communication and Education Program (ACE) was developed by the Institute of Women and Ethnic Studies to empower inner-city youth in New Orleans, LA, to reduce unintended pregnancies, STDs, HIV/AIDS, violence, and other negative sexual health outcomes.

Two of its most successful programs are *Teen Expression*, which produces a teen talk show on cable television where young people discuss sexual and reproductive health issues, and *Pillow Talk*, which organizes peer-led slumber parties and group meetings for African American females between the ages of 13 and 22, where they become aware of STD, HIV, and pregnancy issues.

Teen Expression is essentially a talk show for and by teens. Students from high schools throughout New Orleans are recruited to participate in the Teen Expression Core Group, which plans, organizes, and facilitates the show. Group members are involved in every step of the development—from working the cameras and directing the show to serving as hosts, reporters, and audience members.

Teen Expression was designed to get adolescents to talk positively about social and health issues and to begin to change high-risk behaviors. During the show, teens discuss such topics as HIV/AIDS, STDs, drug use and abuse, dating and relationships, teen pregnancy, and violence. A panel of experts is regularly invited to answer questions and provide

facts. The program airs every Saturday at noon on New Orleans cable access television, channel 77.

Pillow Talk sessions are held at a variety of sites including college women's centers, bed and breakfasts, and private homes. They are led by students from local universities and colleges who have participated in a two-day peer training and HIV risk-reduction program utilizing the *Power Moves* curriculum.

During an eight-month period, approximately 30 high school students (in groups of 15 each) attend one *Pillow Talk* session per month, where mentors lead them in small group discussions, role-playing, skits, and individual counseling, which results in open and direct dialogue about sexual health.

Upon completion of the project, the high school students participate in a community-based event where they share their knowledge with parents, teachers, relatives, friends, and other groups.

Overall, the ACE Program has increased young people's awareness and positive attitudes about healthy sexual behaviors by: engaging them in critical thinking and organizing that increases their ownership of social and health issues; giving them a broader audience for their ideas, questions, and opinions; relating to young people and their ideas; building their self-esteem through skill building; supporting their ideas with resources and positive feedback; and broadening their perspectives on options and information relating to social issues and behaviors that influence sexual health outcomes.

Successful strategies employed by ACE include: combining youth development and health education through media production; supporting young people in designing and implementing their own youth-driven initiatives and projects; and creating audience-centered and culturally specific project approaches.

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2

AMIGO A AMIGO

A Program of Planned Parenthood of Santa Barbara,
Ventura & San Luis Obispo Counties
Santa Barbara, CA

Amigo a Amigo (Friend to Friend) is a peer education and

referral program developed by Planned Parenthood of Santa Barbara, Ventura & San Luis Obispo Counties to promote family planning and sexual health among lower-income, higher-risk Latino teens.

Based on the MexFam *promotores* program developed in Mexico, *Amigo a Amigo* involves recruiting, training, and supervising teen peer educators who serve as role models promoting healthy social sexual norms, providing emotional and practical support, sharing information, and connecting with the people with whom they have the greatest influence (their friends and family).

The peer educators help their peers make thoughtful and appropriate life decisions related to sexual health. The most frequently discussed subjects are contraception, STD/HIV prevention, relationships, and clinical services. The peer educators provide such information within the broader context of human sexuality, life goals, social relationships, and Latino culture. In many cases, they accompany their peers to clinics or social service agencies.

Peer educators are recruited by bilingual, bicultural program coordinators through schools and other youth-serving organizations. Interested teens are screened for commitment to program goals and philosophy, access to peers, and effective communication skills.

Thirty hours of training in reproductive health, family planning, peer outreach, community resources, and related topics are provided. Training is interactive and is presented in the context of Latino and youth cultural norms. It also includes field trips to local medical and social service referral sites.

Each peer educator provides outreach to at least 30 peers. This outreach involves sharing reproductive health information, modeling target behaviors, making referrals, distributing literature and condoms, and accompanying peers to clinics or service groups.

Peer educators document peer contacts and interview a sample of 50 percent of peers two to three months after initial contact to evaluate changes in knowledge and behavior. Each peer educator receives a stipend of \$200 following completion of outreach and follow-up.

To date, over 300 *promotores* ranging in age from 13 to 17 have provided outreach to over 10,000 peers. The majority are female (60 percent) though the number of males is increasing. The majority of peers were friends or family members of the *promotores*.

The peer educators were overwhelmingly positive about the program, with several peer educators reporting that the program had profound effects on their self-esteem and social status. One male peer educator became known as the “condom guy” and now distributes and demonstrates proper use of condoms regularly. One female peer educator became known as “Dr. Ruth” and was frequently sought for advice on sex and relationships. Several peer educators are

pursuing careers in health education or a related field as a result of their program experience.

Follow-up evaluations indicate that 85 percent of the peers demonstrated increased knowledge of the topics they discussed with the peer educators. Sixty-five percent indicated that they had limited their sexual activity and/or increased use of contraception.

At a cost of about \$80 per person, the *Amigo a Amigo* program is a cost-effective model for promoting family planning and reproductive health among at-risk Latino youth.

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NEW JERSEY TEEN PREGNANCY EDUCATION

A Program of the
Princeton Center for Leadership Training
Princeton, NJ

The New Jersey Teen Pregnancy Education Program was developed by the Princeton Center for Leadership Training as an alternative or elective school-based, peer-led comprehensive sexuality education program among high school students.

Called *Teen PEP*, it is sponsored by the New Jersey Department of Health and Senior Services in collaboration with the Princeton Center for Leadership Training and Princeton HiTOPS, Inc. (Health Interested Teens’ Own Program on Sexuality).

Faculty advisors help students acquire extensive knowledge about sexual health issues and skills to effectively conduct for-credit prevention education outreach workshops with their peers. They also help the students learn about group leadership, facilitation, dynamics, and presentation.

The *Teen PEP* peer leaders conduct sessions on such subjects as unplanned pregnancy, HIV/AIDS, other STDs, homophobia, dating violence, date rape, sexual harassment and other sexual health concerns. They also help their peers build critical skills such as communication with other peers and parents, problem-solving and decision-making, negotiation, refusal skills, and self-management.

Program evaluations have compared new peer educators (students who were selected for *Teen PEP* peer education training but have not yet participated in any training) to veteran peer educators (those who have participated in the program for one year). Results indicate that veteran peer educators demonstrate greater knowledge of sexual health

topics, are able to identify more sexual health resources in the community, have a better understanding of how to access these resources, and are more likely to utilize these resources.

Important attitudinal and behavioral differences were also evidenced between veteran and new peer educators. Veteran peer educators showed increased awareness of susceptibility to the risks associated with various sexual behaviors, a greater understanding that the benefits of behavioral changes would outweigh the costs associated with the behavioral change, and a greater feeling that they had the skills to effect behavioral change.

As compared to new peer educators, veteran peer educators also reported more specific behaviors associated with avoiding HIV, other STDs, and unplanned pregnancy, including more effective and consistent contraceptive use, and insisting that partners be tested for STDs.

Evaluation results also indicate that *Teen PEP* provides adolescents with increased opportunities, skills, and confidence to discuss sexual health issues with adults and peers. Veteran peer educators reported that they were more likely to engage in conversations with peers and partners about topics related to sexual health. Veteran peer educators were twice as likely as new peer educators to name a teacher as someone they could approach with sexual health questions, problems, or concerns.

In addition, parents who attended a *Teen PEP* family night event indicated that they felt more comfortable talking with their teen about sexuality and were more likely to initiate a conversation about sexuality with their child because of their participation in the workshop.

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OUR WHOLE LIVES

A Curriculum of the Unitarian Universalist Church
and the United Church Board for Homeland Ministries
Boston, MA

Our Whole Lives is a series of sexuality education curricula for five age groups—grades K–1, grades 4–6, grades 7–9, grades 10–12, and adults—developed by the Unitarian Universalist Church and the United Church Board for Homeland Ministries.

Grounded in a holistic view of sexuality, *Our Whole Lives* provides not only facts about anatomy and human development but also helps participants to clarify their values, build interpersonal skills, and understand the spiritual, emotional, and

social aspects of sexuality. As a result of their study, participants are able to make informed and responsible decisions about their sexual health and behavior.

The curriculum supports abstinence from sexual activity as one of a number of healthy choices individuals can make at any point in their lives. Abstinence is consistently stressed as the best way to prevent STDS, including HIV, as well as unintended pregnancy. It also emphasizes the maturity and responsibility required for sexual activity and presents abstinence as the best choice for young adolescents.

The curriculum also contains up-to-date and age-appropriate information on symptoms for STDs, including HIV. It stresses the importance of safe behavior and testing.

Our Whole Lives teaches individuals about self worth, sexual health, and responsibility. Each level offers up-to-date information and honest, age-appropriate answers to all participants' questions, activities to help participants clarify values and improve decision-making skills, and effective group-building to create safe and supportive peer group education about sexual health issues.

The curriculum helps participants recognize that healthy relationships are based on responsibility, respect, love, and commitment. It also teaches that healthy sexual relationships are consensual, non-exploitative, mutually pleasurable, safe, developmentally appropriate, and based on respect, mutual expectations, and caring.

Overall, the curriculum gives participants the opportunity to evaluate and strengthen their values and to act on them.

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PREVENTING ADOLESCENT PREGNANCY

A Program of Girls, Incorporated
Indianapolis, IN

Preventing Adolescent Pregnancy is a four-component program developed by Girls Incorporated to increase young women's skills, motivation, and resources for avoiding pregnancy during the teen years. Many of the young women who participate in the program face some of the highest risks for HIV and other health problems: belonging to a racial/ethnic minority, living in poverty, and experiencing at-risk situations.

The program components are: "Growing Together," focusing on the communication skills of girls nine to 11 years of age as well as their parents; "Will Power/Won't Power," building the assertiveness and resistance skills of young women 12 to 14 years of age; "Taking Care of

Business,” increasing the motivation, skills, and resources of young women 15 to 18 years of age; and “Health Bridge,” connecting teens 12 to 18 years of age in Girls Incorporated settings with community healthcare providers.

The program was expanded in 1994 to include information about preventing STDs, including HIV. In the expanded program, Girls Incorporated achieved integration of STD and HIV prevention in a number of ways.

First and foremost, it emphasized the importance of sexual partners using barrier protection (female or male condoms) with other forms of birth control wherever contraception was addressed.

Second, it updated and expanded its information on STDs and HIV. In particular, it added a session to its “Growing Together” components specifically to give girls and their parents an opportunity to understand and talk about HIV.

Girls Incorporated also increased the variety and number of situations, scenarios, and role plays that could help participants think about risks for STDs and HIV, with and without other forms of birth control. This gave program facilitators several options for helping participants sharpen negotiation skills concerning abstinence and condom use.

Girls Incorporated also reinforced the importance of abstinence as the best way to avoid pregnancy and HIV/STDs. However, it recognized that young people could and may want to participate in a range of sexual activities that would have little risk of pregnancy, might be perceived as abstinence, but also entail varying degrees of risk for STDs and HIV.

Consequently, curricula give participants opportunities to consider these activities and their risks for STDs and HIV and to develop the skills, motivation, and resources for reducing those risks.

Finally, Girls Incorporated ensured that its resource lists contained sources of HIV and STD prevention information and materials relevant to girls.

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REDUCING THE RISK:

A Curriculum of ETR Associates

Scotts Valley, CA

Reducing the Risk: Building Skills to Prevent Pregnancy, STD, and HIV is a curriculum that goes beyond the facts about abstinence and protection to present an approach to prevention of teenage pregnancy and protection against HIV that motivates students to change their risk behaviors.

Throughout its 16 lessons, *Reducing the Risk* emphasizes teaching refusals, delaying tactics, and alternative actions students can use to abstain or protect themselves.

There are three program concepts that provide the foundation for this curriculum. They are: (1) abstaining from sexual activity or refusing unprotected sexual intercourse are the only responsible alternatives for teenagers; (2) correct information about pregnancy, protection, and STDs, including transmission of HIV, is essential for responsible sexual behavior; (3) effective communication skills about abstinence and refusal skills related to unprotected sexual intercourse contribute to responsible sexual behavior.

As a result of participating in classes that use this curriculum, students are able to evaluate the risks and lasting consequences of becoming an adolescent parent or becoming infected with HIV or another STD; recognize that abstaining from sexual activity or using contraception are the only ways to avoid pregnancy, HIV infection, and other STDs; conclude that factual information about conception and protection is essential for avoiding teenage pregnancy, HIV infection, and other STDs; and demonstrate effective communication skills for remaining abstinent and for avoiding unprotected sexual intercourse.

Although information alone does not keep young people from having sexual intercourse, becoming infected with HIV, or getting pregnant, *Reducing the Risk* points out that accurate information about the consequences of unprotected sexual intercourse may strengthen a young person’s resolve not to have sex or not to have it without protection. It also points out that many young people will understand they have the option to abstain when they know that many of their peers do not have sex.

In order for information to influence decisions, *Reducing the Risk* points out that students must understand that the information is about them. Students participating in the curriculum must complete several activities that bring the implications of becoming a teenage parent or becoming infected with HIV into their daily lives. They must also describe their own reasons for abstaining from sexual intercourse or using protection. Through this program, participants discuss these reasons with parents or guardians and they practice stating their opinion during role plays, class activities and discussions, and homework assignments.

The greatest emphasis of *Reducing the Risk* is teaching students the interpersonal or social skills they can use to abstain or use protection. No judgment is made about which of these responses is best. Rather, students learn that they must consult with their parent(s) and their consciences to decide what to do. The curriculum provides ideas, skills, and practice to do it effectively.

The key skills are (1) *refusals*—responses that clearly say no in a manner that doesn’t jeopardize a good relationship

but which leaves no ambiguity about the intent not to have sex or unprotected sex; and (2) *delaying tactics and alternative actions*—ways to avoid a situation or delay action until the person has time to decide what to do or say or until she or he is better prepared to implement a decision.

These skills are incompatible with impulsive and unprotected sex that can lead to unintended pregnancy, STDs, and HIV.

As part of an evaluation, 13 California high schools in 10 school districts implemented the *Reducing the Risk Curriculum* during 15 consecutive class periods. Four hundred twenty-nine ninth and tenth grade students received the curriculum; 329 students served as a comparison group and received the standard sexuality education class taught at each school.

After 18 months, students who had not had sexual intercourse before the intervention reported significantly less initiation of intercourse than students in the comparison group.

Those who were sexually active 18 months later reportedly used contraception more often than those in the comparison group. The curriculum also increased the proportion of students who reported talking with their parents about abstinence and contraception.

Students in the intervention group also had a greater increase in knowledge about the risk of pregnancy and STDs and proper use of condoms and other forms of contraception than did students in the comparison group.

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REPRODUCTIVE HEALTH CLINIC

A Consolidation within the Municipality of Anchorage
Anchorage, AK

The Municipality of Anchorage, AK, recently merged its Sexually Transmitted Disease Clinic and its Family Planning Clinic into one Reproductive Health Clinic to meet the reproductive health needs of the community while also better utilizing the city's resources in terms of staff, supplies, and office space.

This process took place during a two-year period when staff cross-trained, the clinic was remodeled, and policies and procedures were revised.

Clients participating in the integrated program receive STD assessment, testing, treatment, and partner notification services; HIV risk assessment, counseling and testing, and risk-reduction education; pregnancy prevention

counseling; pregnancy options counseling; and emergency contraception counseling.

The new program also provides a colposcopy clinic for follow-up of abnormal pap smears for low-income women. These services are now provided in one visit, rather than multiple visits to different clinic sites.

The program staff collaborate with other medical clinics, social service agencies, schools, and teen groups within the Anchorage community. The clinic staff includes nurse practitioners, public health nurses working in an expanded role, family service aides, and clerical support.

The integrated clinic also provides nursing services at off-site clinics, which reach high-risk teens and men and women who have limited access to services. It also serves as a training base for health care professionals.

During the past six months, the clinic hosted students from training programs in the Pacific Northwest. These students were physicians, nurse practitioners, physician assistants, nurses, and medical assistants. They were able not only to learn more about reproductive health issues but also about the administrative and financial efficiencies of integrating these issues.

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SAFER CHOICES

A Curriculum of ETR Associates
Scotts Valley, CA

Safer Choices is a curriculum developed by ETR Associates to test the effectiveness of a program to prevent HIV infection, other STDs, and unintended pregnancy among high school students.

The *Safer Choices* program is designed to reduce the number of students engaging in unprotected sexual intercourse by reducing the number who have sexual intercourse during their high school years, and by increasing the use of condoms and other methods of protection among students who have sexual intercourse.

The program seeks to modify several factors related to sexual risk-taking behavior, including students' knowledge about HIV and other STDs; students' attitudes about sexual behavior and condom use; students' perceived peer norms regarding sexual behavior and condom use; students' belief in their ability to refuse sexual intercourse or unprotected sexual intercourse; students' safer sexual practices; students'

perceived barriers to condom use; students' perceived risk of becoming infected with HIV and other STDs; and students' communication with parents.

The *Safer Choices* program consists of five primary components: (1) *school organization* with a School Health Promotion Council made up of teachers, students, parents, administrators, and community representatives, to plan and conduct program activities; (2) *curriculum and staff development*, where peer leaders are trained to help facilitate certain classroom activities (such as leading small-group role plays); (3) *peer resources and school environment*, where young people on a Peer Resource Team meet with an adult peer coordinator to plan and host school-wide activities designed to alter the normative culture of the school, (4) *parent education*, where parents receive newsletters with information on the *Safer Choices* program, background on HIV, other STDs, and teen pregnancy, and tips on talking with teens about these issues (including student/parent homework assignments and parent participation on the School Health Promotion Council); and (5) *school-community linkages*, where students have homework assignments requiring that they obtain information about local resources and participate in a session led by HIV-positive speakers.

The uniqueness of the multiple component intervention in *Safer Choices* is its focus on school-wide change and the influence of the total school environment on student behavior. By involving teachers, parents, community members, and students, the program is designed to have a positive influence on adolescents' decisions regarding sex and to help them feel supported in making the safest choices.

As part of an evaluation, schools implemented activities across all five of the Safer Choice components. Students received their most intensive exposure to the program from the curriculum and the school-wide, peer-sponsored events.

Thirty-one months following the baseline survey, Safer Choices reduced the frequency of intercourse without a condom (during the three months prior to the survey), reduced the number of sexual partners with whom students had intercourse without a condom (during the three months prior to the survey), and increased use of condoms and other protection against pregnancy at last intercourse.

Thirty-one months following the baseline survey, Safer Choices students scored significantly higher on the HIV and other STD knowledge scales than comparison students; expressed significantly more positive attitudes about condoms; and reported significantly greater condom use self-efficacy, fewer barriers to condom use, and higher levels of perceived risk for HIV and other STDs.

Safer Choices students also reported greater normative beliefs about condom use and communication with parents; these differences neared statistical significance ($P=0.06$ for each variable).

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SEXUALITY EDUCATION CURRICULUM SERVICES

A Program Series of Planned Parenthood League of Massachusetts
Boston, MA

The *Sexuality Education Curriculum Services* program developed by Planned Parenthood League of Massachusetts is designed to help both teachers and students understand the importance of preventing of STDs, HIV, and unintended pregnancies in tandem.

The programs include a Sexuality Education Certification for professionals; a Positive Transitions curriculum for middle school students; a Heart to Heart curriculum for high school students; a Healthy Choices curriculum for high-risk youth; and an HIV Infection (HIP) program for HIV-infected youth.

The *Sexuality Education Certification Series* (SECS) is designed to provide professionals who work with youth with information on physiology, puberty, contraception, HIV/AIDS, STDs, healthy decision-making, sexual orientation, cultural competency, negotiation skills, and inclusive teaching strategies.

Each session addresses specific subject areas and includes lectures, discussions, and "hands on" practical experience. Certification is awarded upon successful completion of all sessions.

Positive Transitions teaches middle school students to understand emotionally what makes them feel good about themselves and why understanding this is so important. It also challenges them to understand themselves and their bodies from a biological perspective, comprehending the changes taking place during puberty and how these changes will influence their adolescence and later lives.

Rooted in factual information, *Positive Transitions* focuses on five essential points: all individuals need to develop tools to better understand themselves; self-perception and self-esteem plays a crucial role in the decisions and choices we make as individuals; puberty is a "normal" process and everyone will go through it; individuals are allowed and encouraged to ask any question about sexuality; individuals should have, or learn how to find, people or places that can help answer their questions.

Heart to Heart is a comprehensive sexuality education program for high school students that was developed in collaboration with the Massachusetts Department of Education. Topics include dispelling myths about sex and sexuality; building effective communication skills; negotiating healthy

relationships; preventing STDs, including HIV/AIDS; creating safer sex protection options; and accessing health services.

Heart to Heart emphasizes medically accurate information, decision-making, and communication skills to promote self-respect, self-esteem, and protection from STDs, HIV/AIDS, and pregnancy.

Healthy Choices is designed to provide comprehensive sexuality education to “high risk” youth. It is funded by the Keep Teens Healthy (KTH) program that is managed by the Massachusetts Department of Medical Assistance. KTH defines “high risk” youth as people between the ages of 10 and 20 who are at risk for becoming pregnant, fathering children, and/or contracting STDs, including HIV/AIDS.

Healthy Choices is presented in a variety of community settings as well as at Massachusetts Department of Youth Services (DYS) and Massachusetts Department of Social Services (DSS) facilities. Educators typically meet with a group of youth on a weekly basis for 10 weeks. Topics include anatomy and physiology, self esteem, protection methods, relationship building, peer pressure, risk taking and homophobia.

HIP (HIV Infection Prevention) is a community outreach program that links underserved/high-risk adolescents and women with information and resources necessary to prevent the spread of HIV and STDs as well as reduce unintended pregnancy.

HIP educators conduct educational sessions at agency locations (such as shelters, teen parents programs, drop-in centers, and substance abuse treatment programs) serving low-income women and high-risk youth.

Participants learn about sexual health, including STDs, HIV, and protection methods. Educators also help facilitate participant referrals and connections to medical centers and other services.

HIP services are regularly provided to the same agency sites. This helps educators to develop trusting relationships with participants and empower individuals to take steps to reduce harm and increase quality of health and wellness.

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SPECIAL TOPICS: HEALTH

A Program of Morgantown High School
Morgantown, WV

Special Topics/Health is a health elective at Morgantown High School in Morgantown, WV, where educators teach eleventh and twelfth grade students about STD, HIV, and

pregnancy prevention; test their knowledge on these subjects; and prepare them to become peer educators for ninth and tenth-grade students.

The health elective has proven so popular that Morgantown High has expanded the programs conducted by these eleventh- and twelfth-grade students to include not only ninth- and tenth-grade classes but also faculty senates, parent groups, middle schools, teen conferences, West Virginia University classes, and other community groups.

The peer education program has expanded into two levels of classes with the addition of *Special Topics: Health/2*, which is solely peer education as opposed to teacher/student education. Students are trained in facilitation skills to present lessons to all grade levels and adults.

In this class, students become certified peer educators through the American Red Cross/West Virginia Bureau of Public Health AIDS Programs. They are required to learn about protection from STDs, HIV/AIDS, and pregnancy, as well as information on relationships (bullying for the younger grades), decision-making, substance abuse, cultural diversity, and teaching techniques.

Part of the *Special Topics/Health 2* training involves visits to the county health department as well as to Healthright, the local teen health clinic. At these two sites, students learn how clinics function, what birth control and STD tests are available, and how to utilize these services.

This helps students learn firsthand about available resources at the local level. They eventually incorporate clinic information (including print materials) in their own presentations.

At the conclusion of their training, the peer educators must demonstrate their knowledge by taking a test, and their ability to teach by conducting several “teachbacks” to their class. Many of these “teachbacks” become part of their interactive lessons.

The peer education program has benefited significantly from the expertise of the health educators at West Virginia University, who conducted training classes for Morgantown High School students on STDs, AIDS, pregnancy prevention, relationships, and substance abuse.

In addition, the Morgantown City Police Department has made presentations on substance abuse. Caritas House, the regional organization that assists people who are infected with or affected by HIV/AIDS, has also scheduled presentations by people who are living with HIV/AIDS.

The most important support that any school-based program can get is from its State Department of Education. This has proven one of the most rewarding aspects of the program’s success to date.

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STUDENTS TOGETHER AGAINST NEGATIVE DECISIONS (STAND)

A Program of the Mercer University School of Medicine
Macon, GA

The *Students Together Against Negative Decisions (STAND)* Program was developed by Dr. Mike Smith, director of AIDS Education and Research at the Mercer University School of Medicine in Macon, GA, to help reach individuals in this rural southern community with important sexual health messages.

Specifically, STAND is a curriculum that promotes both sexual abstinence and risk reduction strategies focusing on information, skill building, personal values, and norms. It has been adopted by two high schools in the Macon area—one public and one private.

STAND has three primary goals: (1) to promote abstinence from sexual intercourse, (2) to reduce risk behaviors among teens who choose not to abstain, and (3) to change student norms and make sexual risk behaviors less acceptable.

STAND is a 32-hour course in HIV/AIDS, STD, and pregnancy prevention that trains teen opinion leaders to become role models and peer educators to promote abstinence and risk reduction among their friends.

They learn about STDs, AIDS, and pregnancy prevention; personal values; goal setting; problem solving; personal commitment; personalization of risk; visualization; safer sex; sexual norms; and sex in the media.

Students nominate 18 tenth graders to receive the training over four months and to participate in a day-long team-building course. The peer educators then teach the curriculum in middle schools, participate in planning risk-reduction activities for high schools, and—in one-on-one encounters—inform, support, and encourage peers, friends, and relatives to reduce sexual risk behaviors.

STAND teachers are local, respected, and well-trained adults as well as teen co-facilitators who have already completed STAND training. STAND encourages parents to participate in a parent training course and to discuss STAND with their children.

A 12-month impact evaluation of the STAND program found that only 29 percent of middle school participants who had not initiated sex at the time of the course later initiated sex as compared to 42 percent of the control group.

When comparing the peer educators to a control group of tenth graders, the peer educators increased their condom use eight times more than the control group.

Comparing numbers of reported acts of unprotected sexual intercourse, the peer educators nearly halved their numbers in the preceding three months while members of the control group more than doubled theirs.

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TEEN ADVOCATES SHARING KNOWLEDGE (TASK)

A Program of the Malden YWCA
Malden, MA

Teen Advocates Sharing Knowledge (TASK) is a peer education program developed and sponsored by the Malden YWCA in Malden, MA, to encourage young people to communicate among themselves and with their parents and teachers about pressing issues ranging from self-image and trust to pregnancy and STDs.

Each month after school, during school vacations, and on some Saturdays, approximately five to 10 TASK teen advocates conduct workshops where they share information with other students, parents, and teachers. These interactive sessions create opportunities for growth and development not always available in school.

TASK workshops cover a variety of subjects such as leadership training, media literacy/advocacy, sexual assault/harassment, health decision-making, health relationships, self-image, racism, sexism, homophobia, HIV/STDs, teen pregnancy, teen dating violence, eating disorders, drugs and alcohol, and teamwork/trust building.

TASK teen advocates also conduct a “Parent University” workshop, which brings a youth perspective to issues faced by parents of teens. Subjects include unintended pregnancy, STDs, HIV/AIDS, and other sexual health issues. In addition, TASK advocates conduct workshops for youth leadership groups in the Boston area in which they encourage involvement relating to social change for comprehensive sexuality education.

In collaboration with the Malden Health Education Department, TASK advocates also host interactive health tables each month at Malden High School. Students are encouraged to answer questions related to sexual decision making and win prizes. A good mix of male and female teens participate. High school faculty and staff frequently participate in an effort to share knowledge and to identify information gaps in school curricula. Results are discussed confidentially at the YWCA’s HIV Community Task Force meetings.

TASK also sponsors “Ladies Rap,” a monthly program where female teens come together to discuss their opinions on a wide variety of subjects in a safe space. Young people lead the program, which often focuses on teen sexuality and its effect on the Malden community.

“Ladies Rap” sessions are open to all female students at Malden High School and are facilitated by a qualified health educator. Participants are free to express their opinions and are encouraged to speak openly and honestly with their peers and adult facilitators. It is empowering for them to have such a voice.

Results of the “Ladies Rap” events are reported confidentially during monthly HIV Community Task Force meetings.

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TEEN ADVISORY COUNCIL OF THE CENTER FOR ADOLESCENT PREGNANCY PREVENTION

Pittsburgh, PA

The Teen Advisory Council (TAC) was developed by the Center for Adolescent Pregnancy Prevention in Pittsburgh, PA, in 1997. Since that time, it has evolved into an incubator for community-based teen leaders in Pittsburgh, PA.

TAC, which consists of 25 young people, meets weekly to talk about current events and local activities in an open environment called “Speak Out.” They also discuss articles in the teen newsletter *Sex Etc.* This gives them the chance to set goals to prevent teen pregnancies, STDs, and HIV/AIDS among their peers in terms of day-to-day realities.

In addition to its weekly meetings, TAC is also involved in street outreach. Members target communities with high teen pregnancy, HIV/AIDS, and STD rates. They then pass out print information on protection as well as on access to family planning resources. They have recently expanded their focus to include information on breast cancer screening and pap smears.

TAC also serves as an information resource to help the Center for Adolescent Pregnancy Prevention understand how teens feel about sexuality issues and sexuality education. In return, the Center provides guidance to help TAC members stay in school, reach their goals, and remain safe and healthy.

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TEEN OUTREACH PREGNANCY PREVENTION PROGRAM (TOPPP)

*A Program of the New York City Public Schools
New York, NY*

The Teen Outreach Pregnancy Prevention Program (TOPPP) offers guidance and counseling to teenagers and their families within New York City public high schools, and provides staff development in adolescent pregnancy, STD, and HIV prevention programs.

TOPPP also forms a vital link between the schools and various community-based agencies to get essential information and services to youth at risk of unplanned pregnancy and STDs.

Specific TOPPP programs include:

- Information and referral to any individual who requests it
- Workshops and staff development focusing on adolescent sexuality—including goal setting, values clarification, decision making, psychological/sociological and physiological aspects of sexuality, STDs, and family planning, including abstinence
- Individual and group counseling in adolescent sexuality and related issues for students
- Presentations, discussions, and classroom lessons aimed at helping students acquire information, make informed decisions, resist peer pressure, and develop positive self images
- After school health resource centers that provide opportunities for adolescents to discuss sexuality and initiate activities which foster empowerment
- Guidance to prevent two common outcomes of teen pregnancy: dropping out of school and jeopardizing and/or forfeiting life options

In collaboration with private, nonprofit organizations, TOPPP brings related services and experience into New York City schools. Among those programs represented are the *Teen Reach Program* of Maternity Infant Care Women’s Health Services, Inwood House’s *Teen Choice Program*, Planned Parenthood of New York City, and St. Mary’s Episcopal Outreach Program.

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15 TEEN TALK AND PLAIN TALK FOR PARENTS

Programs of the Teen Pregnancy Coalition
of San Mateo County
San Mateo, CA

Teen Talk and *Plain Talk for Parents* are two programs of the Teen Pregnancy Coalition of San Mateo County in San Mateo, CA, committed to developing positive and honest communication between adults and youth to help young people make healthy choices to reduce teen pregnancy, STDs, and HIV.

Teen Talk is an eight- to 10-hour comprehensive sexuality education program, and *Plain Talk for Parents* is a two-part workshop designed to teach parents effective communication skills to help them comfortably discuss the subject of healthy sexuality with their children.

Teen Talk topics include anatomy, birth control and STDs, as well as other topics ranging from sexual assault to communication and decision making, based on participants' needs. The curriculum consistently addresses the prevention of unintended pregnancy, STDs, and HIV. For example, an activity in which students examine different methods of birth control always asks them to consider whether the method also prevents STDs and HIV.

More than 4,300 eighth- through twelfth-grade students from 21 area schools participated in *Teen Talk* during the 2001-02 school year. An evaluation indicates it was successful in improving knowledge, in increasing communication with parents, and in encouraging attitudes consistent with choosing not to have sex or choosing contraception if already sexually active.

Plain Talk for Parents provides parents with the information and tools they need to communicate with their children about sexuality. It includes frank discussion about the need for young people to protect themselves from unintended pregnancy, STDs, and HIV. Parents are encouraged to examine their own values about sexuality and practice communicating those values with their children.

Over 500 parents at various school and community sites have participated in *Plain Talk* during the past three years. When asked, they said they would recommend *Plain Talk* to other parents.

Contact information: Shelly Masur, M.P.H., associate director, 703 Woodside Road, Suite 7, Redwood City, CA 94061. Phone: 650/367-1937. E-mail: shelly@teenpregnancycoalition.org Web site: www.teenpregnancycoalition.org

16 YOUTHNET

A Program of Family Health International Research
Triangle Park, NC

YouthNet is a global program to improve reproductive health and prevent the spread of HIV/AIDS and other STDs among people 10 to 24 years of age.

It is primarily a collaboration with the young people whose lives it is designed to improve. Yet in concept and practice, it also involves the energy, insight, and experience of parents, schoolteachers, employers, policymakers, the media, health professionals, nongovernmental organizations, religious and community leaders, and other youth networks.

Supported by the U.S. Agency for International Development, *YouthNet* conducts research, disseminates information, improves services, and strengthens policies and programs related to the reproductive health and HIV/AIDS-prevention needs and rights of young people around the world.

The principles of *YouthNet* are that: (1) young people are capable of positive reproductive health behavior when they have good problem-solving and decision-making skills; (2) young people must be full partners in reproductive health and HIV/AIDS-prevention programs if those programs are to have real impact; (3) young people should live free of violence and discrimination, with access to information, skills, and services for healthy, productive lives; (4) gender equity promotes reproductive health through responsible sexuality and mutual respect between the sexes; (5) building on existing capacities helps achieve high-quality programs of reproductive health and HIV/AIDS prevention and improves sustainability.

YouthNet works with other cooperating agencies and local partners to develop, implement, and evaluate country-specific programs to reach the largest number of young people. It seeks to develop and implement large-scale programs to promote the following key prevention behaviors: promoting abstinence; delaying sexual debut; reducing/limiting number of sexual partners; using condoms for disease protection and pregnancy prevention; practicing effective contraception; and seeking early care in pregnancy seeking early treatment if infected with a sexually transmitted infection, including HIV/AIDS.

YouthNet also works in concert with global youth networks such as the United Nations Population Fund, the World Young Women's Christian Association, the World Organization of the Scout Movement, the World Association of Girl Guides and Girl Scouts, and affiliates of the International Planned Parenthood Federation.

Contact information: Nancy E. Williamson, YouthNet program director, Family Health International, Institute for Family Health, P.O. Box 13950, Research Triangle Park, NC 27709. Phone: 919/544-7040. Fax: 919/544-7261. E-mail: youthnet@fhi.org Web site: www.fhi.org/youthnet

HARTFORD ACTION PLAN CREATES BREAKING THE CYCLE COMMUNITY PARTNERSHIP

Jean King

Senior Director of Development
The Parisky Group
Hartford, CT

Breaking the Cycle is a partnership of the Hartford Action Plan, the City of Hartford, and the Hartford Public Schools (with assistance from state and local officials, non-profit organizations, and corporate partners) that addresses the problems of teen pregnancy, STDs, and HIV.

Not only does it provide integrated programs and messages on these three topics, it also provides a model of integrated work across diverse community organizations and government agencies.

What started as a program to help “break the cycle” of teen pregnancy among the city’s young people has grown into a model strategic plan designed to give them access to the information, skills, and services they need to make and carry out responsible decisions.

ADVOCACY

One of the strongest and most important roles of *Breaking the Cycle* is advocacy for appropriate health care services for teens—including comprehensive education and access to reproductive health services throughout the public school system, the city, and community agencies.

This partnership was originally created to reach younger children with the message to delay sexual involvement through the nationally recognized *Postponing Sexual Involvement* curriculum. We succeeded in getting the program in 10 of 26 of the city’s fifth grade classes in 1996. It now reaches all elementary schools in Hartford.

Buoyed by our success, we expanded our efforts to provide teens in all Hartford public schools with detailed reproductive health care information in their sexuality education curriculum. As a result, the school system completely revamped the curriculum and mandated it for all high school students starting in the ninth grade (rather than in later years).

The Superintendent of Schools subsequently recommended to the Board of Trustees of the Hartford School System that the system provide reproductive and preventive health services, including contraception, counseling, and testing for sexually active youth. That resolution was adopted in 2001. This action to assure direct reproductive health care services to teens is one of *Breaking the Cycle*’s most significant successes. (See the complete Resolution on page 30.)

STRATEGIC PLAN

Breaking the Cycle recognizes the need for action and programming that addresses all facets of teen pregnancy prevention and acknowledges the community-wide responsibility to act. To that end, we have implemented a five-year strategic plan that includes:

Board and community activism. Communities that are negatively impacted by teen pregnancy must make a concerted effort to educate and mobilize adults so that they influence the attitudes and behaviors of adolescents and the institutions that affect them.

We are committed to long-term action that changes the behaviors of young people and adults. We want young people to choose *not* to become parents until they are responsible adults. We want adults to reject the concept that children having children is acceptable in this city.

We are also committed to intensified activities that bring the issue of teen pregnancy to the public eye; affect necessary policy changes at the local, state, and national level; and promote actions throughout the community that target specific areas of need.

Because national evidence points to the essential role of parents and adults in sexuality education, our activities target hundreds of Hartford parents and adults.

Advocacy and awareness. We are carrying out intensive communications efforts that convey the urgency of teen pregnancy prevention. These include professionally produced television public service announcements (PSAs) to highlight specific prevention issues; progress reports that highlight initiatives and prevention issues; and communication through our web site. Our communications materials focus strongly on the essential role that parents and adults must play in decreasing teen pregnancy.

Latino strategy. The new reproductive health services of the Hartford School System grew from data collected by our Latino Strategy Committee and its liaison with the Superintendent of Schools. Working with the committee, we are designing new interventions specific to the Latino community. At the same time, we are continuing to offer programs in Spanish and to develop public awareness/media products in Spanish.

Best practices for teen pregnancy prevention. We are encouraging city youth programs to use best practices for teen pregnancy prevention. Our *Always on Saturday* program is conducted at three sites as a demonstration program for other groups to replicate.

Protecting sexually active youth. We continue to recognize a responsibility to reach youth who are sexually active with information about prevention and to make certain that appropriate reproductive health care services, including emergency contraception, are available to them.

We have written, published, and distributed 20,000 copies of the first-ever resource guide for Hartford teens on reproductive health care services—where to call, where to go, what to ask.

Working in partnership with existing teen parent programs in Hartford, the Hartford Action Plan has developed a new project to assure that research-tested repeat birth prevention services are provided to teen mothers.

Age-appropriate health services. The effort to assure access to appropriate comprehensive adolescent health care services grows from the work of our Health Care Initiatives Project, which completed its first study of need in 1997. That first report, *Health Care Components and Cost/Benefit Analysis for Teen Pregnancy Prevention*, revealed that the health care costs alone for the 581 teen births in Hartford in 1996 were \$6.4 million but that few health care dollars were spent on preventing such teen pregnancies.

We took this issue further with the *Roundtable on Health Care Interventions to Reduce Teen Pregnancy* (with area health providers) and a major project called *Confidentiality in Adolescent Health Care*. We are now working with managed care plans and health care practitioners to promote the implementation of the Action Plan's health care recommendations, which include providing reproductive health care services, counseling, and education to Hartford youth as part of annual physical exams; working with health providers to promote awareness of emergency contraception; working with school based health centers to see that teens receive reproductive health care services; and working with teens to raise awareness and develop self advocacy. Both HealthNet (PHS) and Anthem Blue Cross have joined this effort.

Adult/parent interventions. Our *Let's Talk* training program teaches adults and parents how to talk with their children about sexuality. We offer this free training in English and Spanish to parents in Hartford public schools, the faith community, and youth-serving agencies. Our Adult Advisors Academy offers one-day sessions to educate adults about communication and their role in teen pregnancy prevention. We also brought 160 adults and youth together in an overnight *I AM 4 Real* program.

TRUE PARTNERSHIP

The *Breaking the Cycle* partnership is innovative in strategy and in content. It is a true public-private effort sustained among the highest levels of leadership of the city, evidenced by financial and in-kind commitments made by all parties, and growing in intensity and content.

We believe it to be much stronger than many community collaborations, which often are simply communication agreements among agency leaders. The collaborative effort has been maintained through four school superintendents, the takeover of the school system by state government, and ongoing changes in the city political structure.

The benefits to young people involved in pregnancy prevention programs such as those in Hartford go beyond overcoming the risk of their becoming teen parents. National evidence shows that programs designed to develop decision-making and refusal skills result in rejection of unhealthy behaviors, including risky sexual behaviors, substance abuse, and school underachievement.

And, ultimately, the benefits to the city grow from a stronger, healthier citizen base, a better educated work force, lower levels of poverty, and a reduction in the cycle of dependency on public assistance.

We sincerely believe our program has proved particularly significant in terms of integrating information on pregnancy, STDs, and HIV and in terms of bringing together diverse community organizations and government agencies to work on these issues. We hope others can benefit from our efforts and our success.

Contact information: Jean King, Hartford Action Plan, 30 Arbor Street, Hartford, CT 06106. Phone: 860-232/0641. Fax: 860-232-8321. E-mail: jeank@pariskygroup.com

RESOLUTION CONNECTICUT STATE BOARD OF TRUSTEES

This is to certify that at a meeting of the State Board of Trustees, July 10, 2001, the following RESOLUTION was passed.

WHEREAS, *Breaking the Cycle*, a partnership of the City of Hartford, the Hartford Public Schools, and the Hartford Action Plan, with assistance from state and local officials, non-profit organizations, and corporate partners, has made a difference in addressing teenage pregnancy in the City of Hartford, reducing the number of births to teenagers from 598 in 1995 to 487 in 1999; and

WHEREAS, Recognizing that the number of births to teenagers and the rate of teen pregnancy in Hartford is still much too high and is significantly above the average for large cities, *Breaking the Cycle* has adopted a five year Strategic Plan to bring teenage pregnancy in Hartford down to the National average for large cities; and

WHEREAS, The occurrence of sexually-transmitted diseases (STDs) is at alarming levels among adolescents in Hartford, with youth ages 19 and below accounting for 669 cases of chlamydia out of 1,678 representing 40 percent of total cases, and 230 cases of gonorrhea out of 721 representing 32 percent of total cases in the Year 2000; and

WHEREAS, Research has shown that more than half of Hartford youth are sexually active by ninth grade; and

WHEREAS, The Hartford Public Schools, as part of their contribution to the *Breaking the Cycle Partnership*, have significantly expanded and improved the health education curriculum, are providing the *Postponing Sexual Involvement Program* to all fifth grade students; are providing health services to adolescents through the school-based health centers; and are researching ways to reduce the incidence of STD's among Hartford students; and

WHEREAS, the *Kids Count* Report and other research clearly illustrates that more resources are necessary to better address the problems it identifies; and

WHEREAS, The progress of the *Breaking the Cycle* Campaign to reduce teen pregnancy demonstrates that a concerted community effort can change behavior; now, therefore, be it

RESOLVED, That the Superintendent and the President of the Board of Trustees of the Hartford Public Schools reaffirms the commitment of the Hartford Public Schools to reduce teen pregnancy and sexually transmitted diseases; and be it further

RESOLVED, That the Strategic Plan 2001-2005 is endorsed by the Superintendent and the Board of Trustees; and be it further

RESOLVED, That the Board of Trustees of the Hartford Public Schools hereby direct the Superintendent to immediately implement the following Board Policy:

The Hartford Public Schools will provide developmentally appropriate reproductive health education to all students grades K through 12 with particular emphasis on grades 7 through 9. The Health Department of the Hartford Public Schools will make available reproductive and preventative health services including contraception, counseling and testing for sexually active youth.

Attest:

Breaking the Cycle recognizes the need to maintain effective projects as well as to develop new approaches so that we continue to have a positive impact on Hartford's young people who are at risk of becoming teen parents. Program areas supported with CDBG funds include:

Specific interventions to reach the Latino community

- Using the Always on Saturday program as a model for Best Practices in teen pregnancy prevention for citywide youth programs
- Actions to help young people who are sexually active be aware of the availability of reproductive health care services and health care providers more aware of emergency contraception.
- Working in partnership with existing teen parent programs in Hartford to promote and provide training to assure that pregnancy prevention services are provided to teen mothers
- Expansion of age-appropriate preventive health services that prevent teen pregnancy for Hartford teens.
- Actions to involve parents and adults throughout the community
- *Let's Talk*—a training program for parents
- Adult/Youth forums and program that bring adults and youth together to discuss issues of sexuality
- Training for youth workers on communication with youth about issues of sexuality and teen pregnancy prevention
- Support for health education curricula in the Hartford schools; for the Postponing Sexual Involvement Program; and for the involvement of youth in all program activities

YOUTH FIRST: AN INTEGRATED SEXUALITY EDUCATION PROGRAM FOR PRE-ADOLESCENTS

Lisa Shelby, M.P.H.

Vice President for Program Development
Planned Parenthood Southeastern Pennsylvania
Philadelphia, PA

Helping young people develop a positive framework about their sexuality and their sexual health is essential to facilitating their ability to engage in healthy relationships, thoughtfully plan their pregnancies, and consistently practice safer sex. That is why Planned Parenthood Southeastern Pennsylvania (PPSP) developed **Youth First**, a long-term, comprehensive program uniquely designed to help pre-adolescents grow into happy, healthy adults, free from unintended pregnancies, STDs, and HIV.

Teaching young people about human sexuality—not just sex—is the best strategy to help them experience the wholeness of who they are as human beings, which includes having intimate relationships, remaining free from disease, making thoughtful decisions, and enjoying sexual intimacy.

Attitudes and behaviors about sexuality are extraordinarily complex and difficult to influence once patterns are established. The influences that shape our sexuality and inform our sexual behaviors demand a comprehensive approach. Striving to influence positive sexual health attitudes and, by extension, future behavior ideally needs to occur in the context of young people's lives prior to their becoming sexually active. Positive behavior will develop and negative behavior can change as a result of long-term, integrated, intensive, multi-dimensional interventions.

PROGRAM OVERVIEW

Youth First is a multi-dimensional sexual health program delivered in partnership with four middle and elementary schools in Philadelphia, PA. Designed to address teen pregnancy as a complex problem requiring complex interventions, it was implemented in 1998 and is targeted to young people aged 10 to 13 over a three-year period of time. The program is grounded in theories of learning and adolescent development as well as research by Douglas Kirby, Michael Carrera, and other renowned researchers who demonstrated that an intensive, multi-dimensional intervention has the highest likelihood of producing positive sexual health outcomes.

In collaboration with partner schools, PPSP staff and undergraduate/graduate students deliver seven interrelated components: comprehensive, age-specific sexuality education; leadership development; social service/counseling; youth-friendly, accessible health services; parental involvement and support; teacher training and support; and community partnerships.

Sexuality education. **Youth First** participants in sixth and eighth grade are taught a progressive, two-tiered, 50-session sexuality education curriculum called **STEPS Toward Adolescence**. The first 25 sessions are taught to all incoming sixth-grade classes; the second tier is taught to those same young people when they are in eighth grade. The sessions are taught one or two times per week during regular class time and last approximately 45 minutes.

Prevention of STDs, HIV, and unintended pregnancy are addressed throughout the curriculum both directly and indirectly. Sixth graders start by learning about puberty, anatomy, and reproduction. They later talk about issues of self-esteem, healthy relationships, and respecting others. Toward the end, they concentrate on the specifics—STDs, HIV, goal setting, and waiting to become sexually active.

This integrated approach to learning continues in the eighth grade with a review of the basics—puberty, anatomy, and reproduction. It then moves to more complex issues of gender roles, identity, and sexual harassment. Students also learn about birth control options; explore teen pregnancy and dating violence; and examine personal goals related to relationships, careers, and education. They also spend time on STDs and HIV as well as sexual health exams.

Leadership development. Students taking part in **Youth First** programs elect to participate in weekly after-school groups: one for sixth and one for eighth graders. The sixth-grade group focuses on self-image, cultural pride, and life skills. The eighth graders learn how to teach sexuality education to younger students. Sessions last approximately two hours.

The leadership groups further develop the skills learned in **STEPS** and reinforce the information, self awareness, attitudes, and behaviors that support safer sex and decrease the likelihood of unintended pregnancy, STDs, and HIV.

Social service counseling. PPSP social service staff provide crisis intervention, support, and referrals to students in **Youth First** schools. Staff meet with students between classes, during lunch, and after school. They also work in structured support groups during school hours.

Social service staff work with students on a variety of issues, from bullying to pregnancy scares to sexual assault. PPSP staff work closely with school personnel to ensure continuity of care and consider students' and families' needs.

Parental involvement serves to increase comfort and knowledge so parents will openly discuss issues related to sexuality with their kids, support the **Youth First** program, and become more approachable. Parents participate in activities such as trips, special projects, and an end-of-the-school-year picnic celebration.

Parents receive a series of written updates related to the curriculum. They include the brochures “How to Talk With Your Kids About Sex” and “Puberty Facts,” sent with a letter at the start of the school year. They also receive postcards on such subjects as puberty, healthy relationships, teen pregnancy, decision making, and STDs/HIV, and communicate with PPSP staff.

Teacher training. PPSP staff train teachers to use **STEPS** companion materials; facilitate meetings with instructors to generate appropriate responses to specific behavior and/or discuss classroom management; and ensure that schools adhere to district sexual harassment policies and follow mandated reporting procedures. School staff work with PPSP staff to evaluate and plan the **Youth First** program.

Community Partnerships. **Youth First** staff actively participate in community-based groups and regularly work to identify issues, improve communication, strengthen connections with support services, and increase the number of supportive adults available for children.

Access to Healthcare. **Youth First** staff also work with PPSP staff and other providers near **Youth First** schools to strengthen their ability to provide sexual health services to pre-adolescents and inform students of the importance of sexual health care.

POSITIVE VIEW

During the past five years, confidence in the program has grown among PPSP staff, the school staff, and the community. This is true not only because the program is grounded in solid research and sound theories but also because of the intuitive appeal of developing trusting, long-term relationships with students, their families, and their schools.

Focusing efforts on an intensive, comprehensive, long-term program is not, however, without challenges. We reach fewer participants than we did when we facilitated single sessions; we have to turn down offers to conduct more programs because of limited staff; and we have found that outcomes are not immediate and are more expensive to ascertain. We have addressed these concerns by:

- Developing and articulating cogent and passionate arguments to funders, Board members, and new staff
- Increasing our capacity to offer programs in the community by hiring and training graduate and undergraduate level interns and training volunteer educators
- Responding to the many requests to implement **Youth First** programs in other schools by offering staff training, technical assistance, and consultation

- Working to enhance retention of PPSP staff by creating opportunities for professional development, increased responsibilities, and decision-making authority
- Building the costs of evaluation into grant applications
- Keeping commitment to and passion for the program strong through Board presentations and related written and oral communications

MEASURING SUCCESS

Youth First is a proven success. The formal evaluation of the first three years of the program shows significant improvements in positive sexual health outcomes, including enhanced cultural awareness, increased willingness to volunteer, and improved recognition of abusive behavior. Students who participate in the program for longer periods of time show significant increases in knowledge, and, most importantly, an improvement in attitudes about sexual health.

These findings become more meaningful in view of the social and economic climate in which **Youth First** participants live. Many families struggle with under-employment and unemployment, alcohol abuse, domestic violence, and the strain of single parenthood. Welfare changes, health care changes, and an economic downturn add to these difficulties.

This quantitative data, along with anecdotal information from participants, parents, and staff, strongly suggest that this comprehensive, long-term program increases the likelihood of a young person having healthy relationships, planned pregnancies, and freedom from disease.

CONCLUSION

Though pregnancy rates among teenage women have recently declined, HIV and STD rates continue to escalate. In addition, sexual assault, domestic violence, child abuse, and gender and sexual orientation hate crimes are also on the rise. We have much to do.

Youth First works because it looks at sexuality within the wholeness of what it means to be a happy, healthy, human and doesn't dissect human sexuality into segments.

In partnership with our communities and families, we need to implement comprehensive, intensive, and long-term programs. We need to evaluate them to determine the most effective methodology for teaching life-affirming information. We need to do this so that all of our children have the opportunity to grow into happy, healthy, productive adults.

Contact information: Lisa Shelby, vice president for program development, PPSP, 1144 Locust Street, Philadelphia, PA 19107. Phone: 215/351-5504. E-mail lisa.shelby@ppsp.org Web site: <http://www.ppsp.org>

**A SIECUS Annotated Bibliography
on Preventing STDs, HIV, and Teen Pregnancy**

Organizations nationwide are integrating information about STDs, HIV, and teen pregnancy into their prevention programs. Tackling these additional subject areas can be an overwhelming task even for the most seasoned educator. This SIECUS bibliography is designed to help by providing some of the most current resources on these topics as well as those that cover the umbrella topic of adolescent sexual health.

For each resource, we have included a brief description as well as publisher information. Individuals interested in purchasing the resources should refer to ordering information at the end of the bibliography. All listed resources are also available for review in SIECUS' Mary S. Calderone Library.

This bibliography was compiled by Darlene Torres, associate librarian, and Johanna Novales, data assistant, at the Mary S. Calderone Library.

Resources included in this bibliography are provided for information purposes. SIECUS does not endorse publications.

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

INTEGRATED DISCUSSIONS ON ADOLESCENT HEALTH

**Adolescent Health:
Reassessing the Passage to Adulthood**

Judith Senderowitz

This paper includes data on adolescent health with an emphasis on reproduction. It assesses, by region, trends in sexual knowledge, contraceptive use, marriage, fertility, and STDs, including HIV. It also looks at related issues such as sexual abuse and nutritional and health problems. The paper also provides information about programs designed to reach adolescents and recommends legal, policy, and program strategies to improve adolescent access to services and to enhance the quality of those services.

1995; \$22; Discussion Paper Number 272; ISBN 0821331574; The World Bank.

Adolescent Health Issues: State Legislation

National Conference of State Legislatures

This annual report is a compilation of laws and resolutions passed in state legislatures that affect adolescent health issues. Topics include abstinence programs, sexuality education, HIV/AIDS, STDs, pregnancy and parenting, school health and school-based health services, mental health, substance abuse, tobacco, and violence prevention.

2002; National Conference of State Legislatures.

America's Adolescents: Are They Healthy?

Elizabeth M. Ozer, Ph.D., Claire D. Brindis, D. P.H., Susan G. Millstein, Ph.D., David K. Knopf, L.C.S.W., M.P.H., and Charles E. Irwin, Jr., M.D.

This monograph presents an overview of the health of adolescents, including demographic trends, health care utilization, mortality during adolescence, and risky behavior during adolescence.

1998; Free; The National Adolescent Health Information Center.

**Can More Progress Be Made?
Teenage Sexual and Reproductive Behavior
in Developed Countries: Country Reports**

The Alan Guttmacher Institute

This multi-year study conducted between 1998 and 2001 with researchers from Canada, Great Britain, France, Sweden, and the United States explores why such large differences in the rates of teenage pregnancy and STDs exist between these countries and the United States and what can be done. Each provides an indepth study of sexual and reproductive behavior, societal attitudes about sexuality, reproductive health services, and public policy and programs for disadvantaged groups. An executive summary is available.

2001; \$15; The Alan Guttmacher Institute.

In Their Own Right: Addressing the Sexual and Reproductive Health Needs of American Men

The Alan Guttmacher Institute

This report provides an overview of some fundamental patterns in men's sexual and reproductive lives and the implications of these patterns for policy and programs. It focuses on men 15 to 49 years of age because it is during these years that men typically pass the main sexual and reproductive milestones from the initiation of sexual activity to marriage and fatherhood.

2002; \$20; ISBN 0939253577; *The Alan Guttmacher Institute*.

In Their Own Words: Adolescent Girls Discuss Health and Health Care Issues

Cathy Schoen, et al.

This report is a result of a series of focus groups conducted in preparation for a nationwide survey on the health of adolescent girls 10 to 19 years of age. The issues include "Access to Health Care Information," "Sources of Health Care Support," "Adolescent Mental Health Issues," "Drug and Alcohol Abuse," "Reproductive Health and Sexuality," "Women and Violence," "Health Conditions/Disease Affecting Women," and "Health Nutrition and Diet."

1997; Free; *The Commonwealth Fund*.

Into a New World: Young Women's Sexual and Reproductive Lives

The Alan Guttmacher Institute

This report provides information on young women worldwide related to timing of sexual intercourse and marriage; teen child-bearing; contraceptive knowledge and practice; and exposure to reproductive health risks.

1998; \$5; *The Alan Guttmacher Institute*.

Kaiser Family Foundation/YM Magazine National Survey of Teens: Teens Talk about Dating, Intimacy, and their Sexual Experiences

The Henry J. Kaiser Family Foundation and YM Magazine

This indepth national survey of teens (650 males and females 13 to 18 years of age) addresses the sexual situations teens encounter today, how they "negotiate" dating, sex, and intimacy, and what kind of information they need.

1998; Free; Publication Number 1373; *The Henry J. Kaiser Family Foundation*.

Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teen Pregnancy

*Barbara Dafoe Whitehead, Brian L. Wilcox, and
Sharon Scales Rostovsky*

This report explores some of the barriers between the faith and secular communities around issues of adolescent sexuality and examines what research says about the role religion plays in teens' sexual attitudes and behavior.

2001; \$10; ISBN 1586710400; *The National Campaign to Prevent Teen Pregnancy*.

Risks and Opportunities: Synthesis of Studies on Adolescence

Michele D. Kipke, Editor

This report from the Forum on Adolescence reviews research on adolescence conducted by the National Research Council and the Institute of Medicine. Chapters include: "Adolescence: A Time of Opportunity and Risk," "Supporting Adolescents with Social Institutions," "Addressing Challenges and Promoting the Healthy Development of Adolescents," "Adolescents Taking Their Place in the World," and "Implications for Research and Linking Research to Policy and Practice." Topics include unintended pregnancy, STDs, drugs, peer relationships, schools, and families. Each chapter concludes with a list of the reviewed reports.

1999; \$18; ISBN 030906791X; *The National Academies Press*.

SexSmarts: Communication

The Henry J. Kaiser Family Foundation and Seventeen Magazine

As part of an ongoing public information partnership called *SexSmarts*, *Seventeen Magazine* and the Kaiser Family Foundation conduct nationally representative surveys of teens 15 to 17 years of age on issues related to their sexual health. Communication is about sexual health communication between teens and their parents, health care providers, and partners.

2002; Free; Package Code 3240; *The Henry J. Kaiser Family Foundation*.

SexSmarts: Decision Making

The Henry J. Kaiser Family Foundation and Seventeen Magazine

As part of an ongoing public information partnership called *SexSmarts*, *Seventeen Magazine* and the Kaiser Family Foundation conduct nationally representative surveys of teens 15 to 17 years of age on issues related to their sexual health. Decision Making discusses the complex issues which influence teens and their decision making about sexuality and relationships.

2000; Free; Package Code 3064; *The Henry J. Kaiser Family Foundation*.

Sharing Responsibility: Women, Society, and Abortion Worldwide

The Alan Guttmacher Institute

This report provides comprehensive information on the major factors that contribute to unplanned pregnancy and abortion in both legal and illegal circumstances around the world. It discusses topics such as why women decide to have abortions; abortion laws and regulations; abortion rates in 61 countries; the quality and availability of abortion services; abortion methods used by medical and lay practitioners and women themselves; and the impact of unsafe abortion on the health and lives of women in many regions of the world. It also includes explanatory charts and six appendices with detailed supporting data.

1999; \$20; ISBN 093925347X; *The Alan Guttmacher Institute*.

Teaching about Sexuality and HIV: Principles and Methods for Effective Education

Evonne M. Hedgepeth and Joan Helmich

This comprehensive book for teachers and community health educators focuses on the “how” and “why” of effective sexuality and HIV education rather than on the “what.” It includes discussions on the creation of a productive learning environment. It also provides interactive and practical methods educators can use to review principles and address concerns about sexuality and HIV education.

1996; \$20; ISBN 0814735355; New York University Press.

Youth Risk Behavior Surveillance: United States, 2001

Centers for Disease Control and Prevention (CDC)

This report from the *Morbidity and Mortality Weekly Report* (June 21, 2002, volume 51, number SS4) includes statistics on adolescents in grades nine through 12. It addresses such sexuality-related issues as sexual intercourse, condom use, birth control pill use, alcohol and drug use at last intercourse, pregnancy, and HIV education.

2002; \$4.50; U.S. Government Printing Office.

HIV/AIDS

HIV/AIDS Education: Reaching Diverse Populations

Melinda K. Moore and Martin L. Forst, Editors

This book describes how to tailor HIV/AIDS education and prevention efforts to specific cultural and ethnic groups, including gay men, lesbians, African Americans, Asian Americans and Pacific Islanders, Latinos, sexual assault survivors, and homeless youth. Chapters include “HIV/AIDS Education and Prevention in the Asian American and Pacific Islander Communities,” “Evolution of a Model of Popular Health Education for Environmental Change in the Latino Community,” and “MAESTRO: A Cross-Cultural HIV/AIDS Training Curriculum.”

1996; \$64.95; ISBN 0275949044; Praeger Publishers.

Children, Families, and HIV/AIDS: Psychosocial and Therapeutic Issues

Nancy Boyd-Franklin, Gloria L. Steiner, and Mary G. Boland, Editors

This book focuses on psychosocial and therapeutic issues surrounding children and families affected by HIV/AIDS. It uses a family-focused approach to providing assistance and includes important information on cultural sensitivity in working with African American, Latino, and Haitian families.

1995; \$25; ISBN 0898625025; Guilford Publications.

Families and Communities Responding to AIDS

Peter Aggleton, Graham Hart, and Peter Davies, Editors

By examining nuclear, extended, and refugee family households as well as gay community networks, this book considers the factors which lead to positive responses to AIDS, and those which trigger negative ones.

1999; \$27.95; ISBN 185728965X; Routledge.

Forgotten Children of the AIDS Epidemic

Shelley Geballe, Janice Gruendel, and Warren Andiman, Editors

This book looks at the issues facing children whose parents and siblings are dying of AIDS. It examines children’s experiences, how

AIDS affects them, how their emotional needs are met, how they can find a second family, and what stigmas they face. It also explores ways to promote resilience in these children.

1995; \$14.95; ISBN 0300062710; Yale University Press.

Guidelines for HIV Education for Asian Youth

National Coalition of Advocates for Students

These *Guidelines* were written to assist teachers, parents, counselors, community leaders, and students in developing effective HIV-prevention education programs for Asian American youth. They include cultural information on Asian Americans; barriers to effective HIV-prevention education; and strategies for delivering HIV-prevention education. There is also an appendix with a glossary of terms, model programs, educational materials, and video resources.

1998; \$5.95; *The National Coalition of Advocates for Students*.

Hearing Their Voices: A Qualitative Research Study on HIV Testing and Higher-Risk Teens

The Henry J. Kaiser Family Foundation

This report covers the perceptions, attitudes, and experiences of higher-risk teenagers toward HIV testing.

1999; Free, Package Code 1492; *The Henry J. Kaiser Family Foundation*.

National Survey of African Americans on HIV/AIDS

The Henry J. Kaiser Family Foundation

This survey sheds light on the knowledge, values, and beliefs of a large sample of African American adults with respect to HIV and AIDS in this country. It describes the perceptions and attitudes of subgroups in the African American population such as young adults, parents, and opinion leaders as well as those with less education and lower incomes. The survey examines the potential optimism offered by new drug treatments contrasted with the increasing impact of HIV/AIDS on African Americans.

1998; Free, Publication Number 1372; *The Henry J. Kaiser Family Foundation*.

National Survey of Latinos on HIV/AIDS

The Henry J. Kaiser Family Foundation

This report is intended to provide those who are working to reduce the social, economic, and individual costs of the AIDS epidemic with a better understanding of Latino perspectives on HIV/AIDS. Findings address “Perceptions and Knowledge about HIV/AIDS among All Latinos,” “Language and Perceptions of HIV/AIDS,” “Regional Location and Perceptions of HIV/AIDS among Latinos,” “Income, Education, and Attitude Towards/Knowledge of HIV/AIDS among Latinos,” “Religion and Perceptions of HIV/AIDS among Latinos,” “Latinas and HIV/AIDS,” “Latino Parents and HIV/AIDS,” “Younger Latinos and HIV/AIDS,” and “HIV/AIDS and Local Opinion Leaders.” This report is also available in Spanish.

1998; Free; Publication Number 1393; The Henry J. Kaiser Family Foundation.

National Survey of Teens on HIV/AIDS: Public Knowledge and Attitudes about HIV/AIDS

The Henry J. Kaiser Family Foundation

The Kaiser Family Foundation’s *National Survey of Teens on HIV/AIDS 2000*, a nationally representative survey of teens 12 to 17 years of age, is designed to assess attitudes and knowledge about the epidemic among a generation at risk. The survey documents teen perspectives about the impact of the epidemic on young people and their own personal concerns about becoming infected. It also includes findings about where teens get their information about HIV/AIDS, their additional information needs, and attitudes toward HIV testing.

2000; Free; Package Code 3092; The Henry J. Kaiser Family Foundation.

No Time to Lose: Getting More from HIV Prevention

Monica S. Ruiz, Alicia R. Gable, Edward H. Kaplan, Michael A. Soto, Harvey V. Fineberg, and James Trussell, Editors

This book looks at the Institute of Medicine’s framework for a national prevention strategy to contain the spread of HIV. It examines the epidemic, advances in clinical prevention and treatment, evaluations of public health interventions, and emerging research in the behavioral sciences.

2001; \$39.95; ISBN 0309071372; The National Academies Press.

Protecting Youth, Preventing AIDS: A Guide for Effective High School Prevention Programs

Academy for Educational Development (AED)

This guide is based largely on the experiences of the HIV/AIDS edu-

cation and condom availability program in the New York City public high schools. It includes findings of AED’s three-year evaluation of the program. The guide is designed for school administrators, teachers, healthcare workers, parents, and students who want to help prevent HIV, STDs, and unintended pregnancy among young people.

1998; Free; Academy for Educational Development.

Putting Risk in Perspective: Black Teenage Lives in the Era of AIDS

Renee T. White

This book examines the lives of young black women dealing with economic pressures, family relationships, dating, courting, intimate relationship issues, and questions of sexual identity and how each of these factors relates to the issue of HIV and AIDS.

1999; \$19.95; ISBN 084768587X; Rowman & Littlefield Publishing Group.

Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection

National Association of State Boards of Education

This updated guide provides information on HIV-related school policies that are medically, legally, and educationally sound. It offers information and recommendations for those developing or revising educational, health, sports, and confidentiality policies related to HIV.

2001; \$15; NASBE Publications.

Survey of Men and Women on Sexually Transmitted Diseases

The Henry J. Kaiser Family Foundation and Glamour Magazine

This survey is one of the first national random sample surveys to ask men, in addition to women, about their knowledge, attitudes, and behavior related to STDs other than HIV.

1998; Free; Publication Number 1423; The Henry J. Kaiser Family Foundation.

Youths Living with HIV: Self-Evident Truths

G. Cajetan Luna

This book explores the life struggles and adaptations leading up to and after the HIV infection of young Americans. The cases in this book look at the experiences of youth living with HIV/AIDS. The book itself also discusses their private dilemmas and demonstrates the need for comprehensive intervention and preventive measures.

1997; \$21.95; ISBN 1560239042; The Haworth Press.

STDs

Health-promoting and Health-compromising Behaviors among Minority Adolescents

Dawn K. Wilson, James R. Rodriguez, and Wendell C. Taylor, Editors

This is part of the Application and Practice in Health Psychology series and is designed for clinical and counseling professionals working with minority adolescents. It addresses developmental, biological, and sociocultural issues and focuses on specific health-promoting and health-compromising behaviors such as drug abuse, violence, STDs, female health issues, and chronic health risks.

1997; \$24.95; ISBN 1557983976; *American Psychological Association.*

The Hidden Epidemic: Confronting Sexually Transmitted Diseases

Thomas Eng and William T. Butler, Editors

This book examines the scope of STDs in the United States and provides a critical assessment of the nation's response to this public health crisis. It identifies the components of an effective national STD prevention and control strategy, provides direction for an appropriate response to the epidemic, offers recommendations for improving public awareness and education, and documents the economic costs of STDs.

1997; \$39.95; ISBN 0309054958; *The National Academies Press.*

Microbicides: A New Defense Against Sexually Transmitted Diseases

Deirdre Wulf, Jennifer Frost, and Jacqueline E. Darroch

This report provides information about current research on microbicides. It also includes estimates of the extent of STD infection in the United States, the cost of treating STDs, discussions of limitations in the methods available to prevent STDs from spreading, and results from a survey of women's perceptions about their risks of contracting STDs and their interest in using microbicides. The report concludes with a discussion of prospects and policy recommendations for the future.

1999; \$15; ISBN 093925350X; *The Alan Guttmacher Institute.*

SexSmarts: Sexually Transmitted Disease

The Henry J. Kaiser Family Foundation and Seventeen Magazine

This national survey of teens 12 to 17 years of age reports on what they know about STDs and HIV/AIDS and where they go for information.

2001; Free; Package Code 3148; *The Henry J. Kaiser Family Foundation.*

Sexually Transmitted Diseases: A Policymaker's Guide and Summary of State Laws

National Conference of State Legislatures

This guide provides information about STDs and discusses roles policymakers can play in STD prevention, treatment, and control. It also includes a summary of STD state statutes through 1997.

1998; \$25.00; *National Conference of State Legislatures.*

Sexually Transmitted Diseases in America: How Many Cases and at What Cost?

American Social Health Association for The Kaiser Family Foundation

This report assesses the incidence, prevalence, and cost of STDs in the United States today. It provides estimates on the overall number of STDs occurring annually since the mid-1980s as well as estimates of annual direct medical costs of STD treatment both nationally and state-by-state.

1998; Free; Package Code 1445; *The Henry J. Kaiser Family Foundation.*

Tracking the Hidden Epidemics: Trends in STDs in the United States, 2000

Centers for Disease Control and Prevention

This report presents information on the most common STDs throughout the United States by gender, age, race, and region.

2000; Free; *Centers for Disease Control and Prevention.*

PREGNANCY PREVENTION

The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families

Sarah S. Brown and Leon Eisenberg, Editors

This book examines the causes and consequences of unintended pregnancy in the United States. The authors propose a national campaign to reduce unintended pregnancies through education, research, increased access to contraception, and emphasis on the important role that feelings and interpersonal relationships play in prevention.

1995; \$74.25; ISBN 0309052300; *The National Academies Press.*

Dubious Conceptions: The Politics of Teenage Pregnancy

Kristin Luker

This book combines historical information, statistics, and personal narratives to paint a picture of teenage mothers in America today. It examines the important roles that race/ethnicity and socioeconomic status play in teen pregnancy. It also traces how teen pregnancy rates are influenced by politics.

1996; \$18.50; ISBN 0674217039; *Harvard University Press.*

Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy

Douglas Kirby, Ph.D.

This comprehensive review of evaluation research offers practitioners and policymakers the latest information on “what works” to prevent teen pregnancy. The author reviews research on a wide range of programs, including curriculum-based sexuality and abstinence education for teens and pre-teens, sexuality education for parents, contraceptive and family planning clinics and programs, early childhood programs, youth development and service-learning programs, and community-based, multiple-component initiatives.

2001; \$15; *The National Campaign to Prevent Teen Pregnancy*.

European Approaches to Adolescent Sexual Behavior and Responsibility

Advocates for Youth

This monograph examines the roles of family, religion, media, community, public policy, sexuality education, and health care in promoting safer sexual behaviors among teens in the Netherlands, Germany, and France.

1999; 20; *Advocates for Youth*.

First Talk: A Teen Pregnancy Prevention Dialogue among Latinos

Bronwyn Mayden, Wendy Castro, and Megan Annitto

This book was published immediately after a national symposium sponsored by the Child Welfare League of America and the National Council of Latino Executives. Chapters include “Characteristics of the Latino Population,” “Factors Contributing to Latino Adolescent Pregnancy,” “Sexual Activity, Contraceptive Use, and Sexually Transmitted Diseases,” “Marriage and Childbearing,” and “Latino Adolescent Pregnancy Prevention.” Appendices include “Principles Underlying Program Development,” “Focus Groups,” “Principles in the Latino Adolescent Pregnancy Symposium,” and “Resources.” This book is also available in Spanish.

1999; \$14.95; ISBN 0878687610; *The Child Welfare League of America*.

Get Organized: A Guide to Preventing Teen Pregnancy

National Campaign to Prevent Teen Pregnancy

This publication consists of three volumes: *Focusing on Kids*, *Involving the Key Players*, and *Making It Happen*. It is intended to help people interested in taking action to prevent teen pregnancy in their communities. Chapters include “Promising Approaches to Preventing Teen Pregnancy,” “Involving Teen Boys and Young Men in Teen Pregnancy Prevention,” “Involving Parents and Other Adults in Teen Pregnancy Prevention,” “Planning and Carrying Out a Teen Pregnancy Prevention Project,” and “Building Evaluation into Your Work.”

1999; \$24.95; *The National Campaign to Prevent Teen Pregnancy*.

Involving Males in Preventing Teen Pregnancy: A Guide for Program Planners

Frey L. Sonenstein, et al.

This guide is intended for program planners in California and throughout the country who wish to implement programs involving males in teen pregnancy prevention. It has three main purposes: (1) to dispel myths about the target population by providing a description of the male partners of potential teenage mothers; (2) to identify established pregnancy prevention programs that have successfully involved males in different settings around the country; and (3) to develop practical lessons from the experiences of these programs for those involved in fledgling programs.

1997; \$10; *The Urban Institute*.

Kids Count Special Report: When Teens Have Sex: Issues and Trends

The Annie E. Casey Foundation

This report describes the impact that teen pregnancy has on the nation and outlines a series of recommendations designed to help communities and families reduce teen pregnancy. In addition, it offers recent data on teen pregnancy, childbearing, and STD rates. It also offers detailed state-by-state data on teen sexual activity.

1998; Available online at <http://www.aecf.org/kidscount/teen>; *The Annie E. Casey Foundation*.

NOAPP: State/Local Coalition Directory

The National Organization on Adolescent Pregnancy, Parenting and Prevention

This annual directory provides information on state and local coalitions concerned about adolescent pregnancy, parenting, and pregnancy prevention. It assists state and local organizations across the country in sharing program information and organizational strategies.

2003; \$10; *The National Organization on Adolescent Pregnancy, Parenting and Prevention*.

Nine Tips to Help Faith Leaders and Their Communities Address Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy

This resource includes nine tips on how to address teen pregnancy issues and summarizes the experiences and advice of faith leaders around the country. It also includes a list of faith-based resources and is available in Spanish.

1998; Single copy free; 2-100 \$1/each; 101 or more 70 cents each; *The National Campaign to Prevent Teen Pregnancy*.

No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy

Doug Kirby, Ph.D.

This review summarizes three bodies of research that have implications for the design and effectiveness of programs to reduce teen

pregnancy in the United States. First, it examines statistics on teen sexual risk-taking behaviors. Second, it reviews basic concepts relating to behavioral change. Third, it examines and synthesizes numerous evaluations of programs designed to reduce sexual risk-taking and teen pregnancy. It concludes with recommendations about program implementation and evaluation. An executive summary is available.

1997; \$10; *The National Campaign to Prevent Teen Pregnancy.*

Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Issues

The National Campaign to Prevent Teen Pregnancy

This report provides background about teen pregnancy, including why it is a major problem, key facts and trends, and why helping reduce rates of teen pregnancy is a good investment. Included are five fact sheets: "Teen Pregnancy, Welfare Dependency, and Poverty," "Teen Pregnancy and Child Well-Being," "Teen Pregnancy, Out-of-Wedlock Births and Marriage," "Teen Pregnancy and Responsible Fatherhood," and "Teen Pregnancy and Workforce Development."

2002; \$1; ISBN 1586710419; *The National Campaign to Prevent Teen Pregnancy.*

Not Just For Girls: The Roles of Boys and Men in Teen Pregnancy Prevention

Kristin A. Moore, Ph.D., Anne K. Driscoll, Ph.D., and Theodora Ooms, M.S.W.

This report includes a summary of the roundtable meeting cosponsored by the Family Impact Seminar and the National Campaign to Prevent Teen Pregnancy on involving boys and men in teen pregnancy prevention. It also includes an analysis of National Survey of Family Growth data on the roles that boys and men play in causing and preventing teen pregnancy.

1997; \$15; *The National Campaign to Prevent Teen Pregnancy.*

Power in Numbers: Peer Effects on Adolescent Girls' Sexual Debut and Pregnancy

Peter Bearman and Hannah Bruckner

This report provides extensive analysis on the data from a large national survey of adolescent females on the effect of peer influence on the timing of their first sexual intercourse and on their pregnancy risk.

1999; \$15; *The National Campaign to Prevent Teen Pregnancy.*

Preventing Adolescent Pregnancy: A Youth Development Approach

National Clearinghouse on Families & Youth (NCFY)

This report provides strategies to support young people as they move toward adulthood. Chapters include "Adolescent Pregnancy Prevention in a Time of Change," "The Abstinence *versus* Education Debate," "Pregnancy Prevention from the Youth Development Perspective," "Ideas for Getting Started," and "Building on Lessons Learned." The report also includes a list of resources.

1997; Available online at <http://www.ncfy.com/Preventing-Adol.htm>; *National Clearinghouse on Families & Youth.*

Protection As Prevention: Contraception for Sexually Active Teens

Claire Brindis, Susan Pagliaro, and Laura Davis

This paper addresses patterns and factors of contraceptive use, misuse, and nonuse among adolescents; cultural influences on contraceptive use; access to contraception; and the role of contraceptive technology, public policy, legal issues, and professional training.

2000; \$5; *The National Campaign to Prevent Teen Pregnancy.*

Ready Resources: Investing Welfare Funds in Teen Pregnancy Prevention

Isabel V. Sawhill, Ph.D., and John Hutchins

This report presents strategies to states and communities on how to use Temporary Assistance for Needy Families (TANF) money to fund initiatives to prevent teen pregnancy.

2000; \$10; ISBN 158671032X; *The National Campaign to Prevent Teen Pregnancy.*

Risky Business: A 2000 Poll

The National Campaign to Prevent Teen Pregnancy

This summary of findings from a nationally representative survey conducted for the National Campaign by International Communications Research polls teens about contraception and sexual activity.

2000; Available online at www.teenpregnancy.org/resources/data/pdf/poll2000.pdf; *The National Campaign to Prevent Teen Pregnancy.*

Sending the Message: State-Based Media Campaigns for Teen Pregnancy Prevention

National Campaign to Prevent Teen Pregnancy

This publication provides concrete suggestions for implementing a media campaign. It addresses how to engage the media, develop clear messages, spend money wisely, and search for funding. It also offers a state-by-state directory on teen pregnancy prevention media campaigns across the country.

1997; \$18; *The National Campaign to Prevent Teen Pregnancy.*

SexSmarts:

"Safer Sex, Condoms, and The Pill" Survey

The Henry J. Kaiser Family Foundation and Seventeen Magazine

As part of an ongoing public information partnership called *SexSmarts*, *Seventeen Magazine* and the Kaiser Family Foundation conduct nationally-representative surveys of teens 15 to 17 years of age on issues related to their sexual health. "Safer Sex, Condoms, and The Pill" Survey discusses their knowledge and attitudes about "safer sex" and contraception.

2000; Free; Package Code 3081; *The Henry J. Kaiser Family Foundation.*

Snapshots from the Front Lines: Lessons About Teen Pregnancy Prevention from States and Communities

The National Campaign to Prevent Teen Pregnancy

This report offers “snapshots” of what the Campaign has learned from its visits to various states to discuss the challenges communities who are committed to preventing teen pregnancy are faced with. Also available: Snapshots from the Front Lines II: Lessons from Programs that Involve Parents and Other Adults in Preventing Teen Pregnancy” and “Snapshots from the Front Line III: Lessons from Faith-Based Efforts to Prevent Teen Pregnancy.”

2001; \$5; ISBN 1586710391; *The National Campaign to Prevent Teen Pregnancy*.

Start Early, Stay Late: Linking Youth Development and Teen Pregnancy Prevention

The National Campaign to Prevent Teen Pregnancy

This report highlights major points and strategies on youth development programs discussed at the 1997 meeting of the National Campaign to Prevent Teen Pregnancy called “Creating Safe Passages for Youth.” The report also lists resources and conferences about the subject.

1998; \$5; *The National Campaign to Prevent Teen Pregnancy*.

A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing

National Campaign to Prevent Teen Pregnancy

This report presents data from two surveys—the 1995 *National Survey of Family Growth* and the 1995 *National Survey of Adolescent Males*—that address adolescent sexual behavior, contraceptive use, and childbearing.

1998; \$15; *The National Campaign to Prevent Teen Pregnancy*.

Teenage Pregnancy: The Case for Prevention—An Analysis of Recent Trends & Federal Expenditures Associated with Teenage Pregnancy

Advocates for Youth

This document discusses the nation’s investments in primary teen pregnancy prevention programs versus its concurrent expenditures to provide services to families that began with a teen birth.

1998; \$10; *Advocates for Youth*.

Teenagers’ Pregnancy Intentions and Decisions: A Study of Young Women in California Choosing to Give Birth

Jennifer J. Frost and Selene Oslak

This report examines the factors influencing teenagers’ decisions to become pregnant and to carry their pregnancies to term. Based on an in-depth survey of pregnant teenagers, the report includes the full survey instrument and detailed tables presenting all results.

1999; \$10; *Occasional Report Number Two; The Alan Guttmacher Institute*.

Voices Carry: Teens Speak Out on Sex and Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy

This report offers a snapshot of what teens are saying, in their own words, about sexual activity, love, relationships, contraception, and the adults in their lives.

2000; \$5; *The National Campaign to Prevent Teen Pregnancy*.

What about the Teens? Research on What Teens Say about Teen Pregnancy: A Focus Group Report

The National Campaign to Prevent Teen Pregnancy

This report is based on discussions by 12 teen focus groups on the choices and attitudes surrounding adolescent pregnancy. It also includes the screening questionnaire and the discussion outline and guide used in the focus groups.

1999; \$10; *The National Campaign to Prevent Teen Pregnancy*.

Where Are the Adults? The Attitudes of Parents, Teachers, Clergy, Coaches, and Youth Workers on Teen Pregnancy: A Focus Group Report

The National Campaign to Prevent Teen Pregnancy

This report consists of research findings from nine focus group interviews with parents of teenagers 12 to 17 years of age and other adults involved with teens. In the report, parents and teen-involved adults describe their attitudes about teen pregnancy and react to various motivational concepts and messages that might be used in a prevention campaign.

1998; \$10; *The National Campaign to Prevent Teen Pregnancy*.

While the Adults Are Arguing, the Teens Are Getting Pregnant: Overcoming Conflict in Teen Pregnancy Prevention

The National Campaign to Prevent Teen Pregnancy

This publication looks at moral and religious beliefs and the interaction between these beliefs and empirical evidence in the debate over teen pregnancy. The publication also describes the program of the National Campaign to Prevent Teen Pregnancy to reduce tensions relating to teen pregnancy issues in local communities and to encourage collaborative efforts.

1998; \$10; *The National Campaign to Prevent Teen Pregnancy*.

The Women’s Sports Foundation Report: Sport and Teen Pregnancy

Women’s Sports Foundation

This report examines athletic participation and its possible ties to reduced risk of teen pregnancy. It examines connections between athletic participation, sexual behavior, and teen pregnancy. The findings and conclusions come from (1) the *Youth Risk Behavior Survey* of the Centers for Disease Control and Prevention, a nationally representative sample of 11,000 students in grades nine through 12; and (2) the *Family and Adolescent Study* of the New York State Research Institute on Addiction. The latter was funded by the National Institute on Alcohol Abuse and Alcoholism.

1998; \$3; *The Women’s Sports Foundation*.

Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity and Contraceptive Use

Jacqueline E. Darroch and Susheela Singh

This report provides quantitative breakdowns of declines in teen pregnancy rates, birthrates and abortion rates by age, race, and ethnicity.

1999; \$10; Occasional Report Number One; The Alan Guttmacher Institute

ORGANIZATIONS

Advocates for Youth

Advocates for Youth works to prevent pregnancy, STDs, and HIV infection among adolescents.

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

The Alan Guttmacher Institute (AGI)

AGI's mission is to protect the reproductive choices of women and men in the United States and around the world. AGI seeks to inform individual decision-making, encourage scientific inquiry, enlighten public debate, and promote the formation of sound public- and private-sector programs and policies.

120 Wall Street, 21st Floor, New York, NY 10005; Phone: 212/248-1111; Fax: 212/248-1951; 1120 Connecticut Avenue, N.W., Suite 460, Washington, DC 20036; Phone: 202/296-4012; Fax: 202/223-5756; Web site: <http://www.guttmacher.org>

American School Health Association (ASHA)

ASHA seeks to protect and improve the well being of children and youth by supporting comprehensive school health programs.

7263 State Route 43, P.O. Box 708, Kent, OH 44240; Phone: 330/678-1601; Fax: 330/678-4526; Web site: <http://www.ashaveb.org>

American Social Health Association (ASHA)

ASHA is dedicated to stopping STDs and their harmful consequences to individuals, families, and communities.

P. O. Box 13827, Research Triangle Park, NC 27709; Phone: 919/361-8400; Fax: 919/361-8425; Web site: <http://www.ashastd.org>

Centers for Disease Control and Prevention (CDC)

As part of its overall public health mission, CDC provides national leadership in helping control the HIV epidemic by working with community, local, state, national, and international partners in surveillance, research, prevention, and evaluation activities. CDC works in collaboration with many other governmental and non-governmental organizations to strengthen effective HIV-prevention efforts nationwide. CDC also provides financial and technical support for: disease surveillance; HIV antibody counseling; testing and referral services; street and community outreach; risk reduction counseling; prevention case management; public information and

education; school-based education on AIDS; and international research studies.

Public Inquiries/MASO, Mailstop F07, 1600 Clifton Road, Atlanta, GA 30333; Phone: 800/311-3435; Fax: 404-639-3880; Web site: <http://www.cdc.gov>

Child Welfare League of America (CWLA)

CWLA is committed to engaging all Americans in promoting the well being of children, young people, and their families as well as in protecting every child from harm.

440 First Street, N.W., Third Floor, Washington, DC 20001-2085; Phone: 202/638-2952; Fax: 202/638-4004; Web site: <http://www.cwla.org>

Child Trends

Child Trends studies children, youth, and families through research, data collection, and data analysis.

4301 Connecticut Avenue, N.W., Suite 100, Washington, DC 20008; Phone: 202/362-5580; Fax: 202/362-5533; Web site: <http://www.childtrends.org>

Children's Defense Fund

The Children's Defense Fund ensures that every child has a healthy start, a head start, a fair start, a safe start, and a moral start in life as well as a successful passage into adulthood with the help of caring families and communities.

25 E Street, N.W., Washington, DC 20001; Phone: 202/628-8787; Fax: 202/662-3510; Web site: <http://www.childrensdefense.org>

Comprehensive Health Education Foundation (CHEF)

CHEF promotes health and quality of life through innovative curricula, trainings, resources, and conferences.

22419 Pacific Highway South, Seattle, WA 98198; Phone: 800/323-9084; Fax: 206/824-3072; Web site: <http://www.chef.org>

ETR Associates

ETR enhances the well being of individuals, families, and communities by providing leadership, educational resources, training, and research in health promotion with an emphasis on sexuality and health education.

P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site <http://www.etr.org>

Girls Incorporated

Girls Incorporated is dedicated to helping every girl become strong, smart, and bold through advocacy, research, and education.

120 Wall Street, New York, NY 10005; Phone: 800/374-4475; Fax: 212/509-8708; National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 800/374-4475; Fax: 317/634-3024; Web site: <http://www.girlsinc.org>

The Henry J. Kaiser Family Foundation

The Henry J. Kaiser Family Foundation is an independent source of facts and analysis for policymakers, the media, the healthcare community, and the general public.

2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-4800; Web site: <http://www.kff.org>

Hetrick-Martin Institute (HMI)

HMI serves gay, lesbian, bisexual, transgendered, and questioning youth through education, counseling, homeless outreach, training, and resources.

Two Astor Place, New York, NY 10003; Phone: 212/674-2600; Fax: 212/674-8650; Web site: <http://www.hmi.org>

National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy is dedicated to preventing teen pregnancy by supporting values and encouraging acts that are consistent with a pregnancy-free adolescence.

1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>

National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP)

NOAPP is dedicated to providing leadership, education, training, information, advocacy, resources, and support to practitioners working on issues related to adolescent pregnancy, parenting, and prevention.

2401 Pennsylvania Avenue, N.W., Suite 350, Washington, DC 20037; Phone: 202/293-8370; Fax: 202/293-8805; Web site: <http://www.noappp.org>

National Network for Youth

The National Network for Youth is dedicated to ensuring that young people can be safe and lead healthy and productive lives. The National Network informs public policy, educates the public, and strengthens the field of youth work.

1319 F Street, N.W., Fourth Floor, Washington, DC 20004-1106; Phone: 202/783-7949; Fax: 202/783-7955; Web site: <http://www.nn4youth.org>

Network for Family Life Education

The Network for Family Life Education helps children and youth become sexually healthy people and avoid pregnancy and disease during their teen years.

Rutgers University, 41 Gordon Road, Suite A, Piscataway, NJ 08854; Phone: 732/445-7929; Fax: 732/445-7970; Web site: <http://www.sxetc.org>

Planned Parenthood Federation of America (PPFA)

PPFA believes in the fundamental right of individuals to manage their own fertility regardless of income, marital status, race, age, sexual orientation, and national origin.

810 Seventh Avenue, New York, NY 10019; Phone: 212/541-7800 or 800/230-PLAN refers to local Planned Parenthoods; Fax: 212/245-1845; 1780 Massachusetts Avenue, N.W., Washington, DC 20036; Phone: 202/785-3351; Fax: 202/293-4349; Web site: <http://www.plannedparenthood.org>

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

CUS affirms that sexuality is a natural and healthy part of living. *SIECUS* develops, collects, and disseminates information; promotes comprehensive education about sexuality; and advocates the right of individuals to make responsible sexual choices.

130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; 1706 R Street, Washington, DC 20009; Phone: 202/265-2405; Fax: 202/462-2340; Web site: <http://www.siecus.org>

ORDERING INFORMATION

Academy for Educational Development

1825 Connecticut Avenue, N.W.
Washington, DC 20009-5721
Phone: 202/884-8000
Fax: 202/884/8491
Web site: <http://www.aed.org>

Advocates for Youth

Publications Department
1025 Vermont Avenue, N.W., Suite 200
Washington, DC 20005
Phone: 202/347-5700
Fax: 202/347-2263
Web site: www.advocatesforyouth.org

The Alan Guttmacher Institute

120 Wall Street, 21st Floor
New York, NY 10005
Phone: 212/248-1111
Fax: 212/248-1951
Web site: www.guttmacher.org

American Bar Association

750 North Lake Shore Drive
Chicago, IL 60611
Phone: 800/285-2221
Fax: 800/255-2457
Web site: www.abanet.org

American Psychological Association

Book Order Department
Box 92984
Washington DC 20090-2984
Phone: 800/374-2721
Fax: 202/336-5502
Web site: www.apa.org/books

The Annie E. Casey Foundation

701 St. Paul Street
Baltimore, MD 21202
Phone: 410/547-6600
Fax: 410/547-6624
Web site: www.aecf.org

Centers for Disease Control and Prevention National Prevention Information Network

1600 Clifton Road
Atlanta, GA 30333

Phone: 800/458-5231
Fax: 888/282-7681
Web site: www.cdc.gov

The Child Welfare League of America

Box 2019
Annapolis Junction, MD 20797-0118
Phone: 800/407-6273
Fax: 202/638-4004
Web site: www.cwla.org

The Commonwealth Fund

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Fax: 212/606-3500
Web site: www.cmwf.org

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Web site: www.haworthpressinc.com

The Henry J. Kaiser Family Foundation

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Menlo Park, CA 94025
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Web site: www.nap.edu

National Adolescent Health Information Center

3333 California Street
Box 0503
San Francisco, CA 94143-0503
Phone: 415/502-4856
Fax: 415/502-4858
Web site: <http://youth.ucsf.edu/nahic/>

The National Campaign to Prevent Teen Pregnancy

1776 Massachusetts Avenue, N.W.,
Suite 200
Washington, DC 20036
Phone: 202/478-8566
Fax: 202/478-8588
Web site: www.teenpregnancy.org

National Clearinghouse on Families and Youth

P.O. Box 13505
Silver Spring, MD 20911-3505
Phone: 301/608-8098
Fax: 301/608-8721
Web site: www.ncfy.com

The National Coalition of Advocates for Students

100 Boylston Street, Suite 815
Boston, MA 02116

Phone: 866/603-8507
Fax: 617/357-9549
Web site: www.ncasboston.org

**National Conference of State
Legislatures Book Order Department**

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Denver, Colorado 80230
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Fax: 303/364-7800
Web site: www.stateserv.hpts.org
www.ncsl.org

**The National Organization
on Adolescent Pregnancy,
Parenting and Prevention**

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Fax: 202/293-8805
Web site: www.noapp.org

New York University Press

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Web site: www.urban.org

The Women's Sports Foundation

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East Meadow, NY 11554
Phone: 800/227-3988
Fax: 516/542-4716
Web site:
www.womenssportfoundation.org

The World Bank

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Fax: 703/661-1501
Web site: www.worldbank.org

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dash/yrbs](http://www.cdc.gov/nccdphp/dash/yrbs)

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SIECUS FAMILY PROJECT ENCOURAGES PARENT-CHILD COMMUNICATION ABOUT SEXUALITY

SIECUS' Family Project is designed to help parents and caregivers communicate with their children about sexuality-related issues and to encourage parents, caregivers, and young people to become advocates on the local, state, and national levels for comprehensive sexuality education.

SIECUS hopes the Family Project will serve as a valuable source of information. The Family Project includes:

- <http://www.familiesaretalking.org> and <http://www.lafamiliahabla.org>
- The quarterly newsletter *Families Are Talking* in English and Spanish
- The publication *Innovative Approaches to Increase Parent-*

Child Communication About Sexuality: Their Impact and Examples from the Field (\$20 per copy from SIECUS.)

- The Family Communication Clearinghouse, part of SIECUS' Mary S. Calderone Library
- An online database of innovative approaches to parent-child communication, including the 45 programs highlighted in the *Innovative Approaches* publication

For more information, contact: Amy Levine, Family Project coordinator, SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802. Phone: 212/819-9770, extension 303. E-mail: alevine@siecus.org

I N S T R U C T I O N S F O R A U T H O R S

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

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

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

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

PREPARATION OF MANUSCRIPTS

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

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

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

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SIECUS affirms that sexuality is a natural and healthy part of living. SIECUS develops, collects, and disseminates information; promotes comprehensive education about sexuality; and advocates the right of individuals to make responsible sexual choices.

