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The Politics of Sexuality Education

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Director of Public Information

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CAMPAIGN 2004 —
WHERE WERE SEXUALITY-RELATED ISSUES?

Martha E. Kempner, M.A.

SIECUS, Director of Public Information

I doubt that I am alone in feeling like the 2004 presidential election season began years—if not decades—ago. I barely remember a time when political pundits, morning show hosts, and comedians talked about anything other than the contest between President George W. Bush and Senator John F. Kerry. Even Hollywood has been unusually focused on the election, with the big-ticket release of political movies ranging from documentaries like *Fahrenheit 9/11* and *Outfoxed* to comedies like *Team America: World Police*, a feature-length film starring terrorism-fighting marionettes that purportedly takes jabs at Republicans and Democrats equally.

It was not surprising to anyone that the war in Iraq, the threat of terrorism, and the flailing economy were the most talked-about issues throughout the long run-up to the election. Still, advocates for sexual and reproductive health and rights were painfully aware of what was at stake in this election and we hoped the campaign would provide important opportunities for our issues to be brought to the public's attention.

Although we were not shocked, we were certainly disappointed by how little focus was placed on these important issues by both the candidates and the media. While the debate over same-sex marriage heated up, reproductive rights and the HIV/AIDS pandemic received only passing mentions, and sexuality education never did take the national stage.

THE CANDIDATES AND THE ISSUES

In recent history, abortion has been one of the most divisive social and political issues. Regardless of the office, no candidate can get elected today without thoroughly sharing his/her views on the topic. Throughout the campaign, President Bush lauded the ban on so-called “partial-birth abortion” as one of his major accomplishments and criticized his opponent for voting against it. At the same time, the President dodged questions about whether he would look for an abortion opponent to fill any upcoming vacancies on the Supreme Court, claiming he had no “litmus test.” Instead, he consistently referred to the “culture of life” and suggested that we reduce abortion by supporting adoption, maternity group homes, and abstinence programs.¹

For his part, Senator Kerry pledged unwavering support for a woman's right to choose, affirming his belief that abortion is a choice between a woman, her god, and her doctor; that it is a constitutional right; and that he would not allow somebody to “come in and change *Roe v. Wade*.”² In one of the more impassioned moments in the debates, Senator Kerry defended his stand against strict parental consent requirements for minors by saying, “I'm not going to require a 16- or 17-year-old kid who's been raped by her father and who's pregnant to have to notify her father. So you have to have a judicial intervention.”³

Nonetheless, despite the likelihood that the next president will appoint more than one new justice to the Supreme Court, reproductive rights received disappointingly little attention during this election.

This topic may have been overshadowed by the media attention paid to same-sex marriage. While the issue is certainly important, many believe that, during this election, marriage rights served as a pre-packaged “wedge issue”—a purposefully divisive issue designed to split the electorate. Early in the election season, President Bush announced his support for a constitutional amendment permanently banning same-sex marriage, a move that undoubtedly helped him secure the support of conservative Christians. Even many Republicans, however, oppose such an amendment, arguing that marriage laws should be left to state governments. Senator Kerry, who also opposed the amendment, expressed a different view. While he agreed that marriage should be limited to relationships between a man and a woman, he supported civil unions or similar arrangements that afford same-sex couples the rights and benefits that come with marriage.

The spotlight on same-sex marriage may have robbed other issues of the attention they deserved. For example, the devastation caused by the HIV/AIDS pandemic, both in the United States and around the world, received almost no attention from either party. Perhaps one of the most disturbing moments for HIV advocates came during the vice-presidential debate when Vice President Dick Cheney was asked to speak to the HIV/AIDS crisis in the African-American community. He was informed by the moderator, Gwen Ifill, that black women between the ages of 25 and 44 are 13 times more

likely to die of the disease than their counterparts in other communities. In response, the Vice President admitted, “I have not heard those numbers with respect to African-American women. I was not aware that it was—that they’re in an epidemic there...”⁴ Unfortunately, his challenger, Senator John Edwards, did little to demonstrate a greater knowledge or passion for the issue of HIV and AIDS. Instead, he used his rebuttal time to talk about general healthcare needs.

THE POLITICS OF SEXUALITY

Important sexuality-related issues were pushed aside this election season as the country focused on national security and economic concerns. Nonetheless, from education to rights to healthcare, sexuality has an almost unlimited potential to become political. Therefore, as wary as we all may be from a season of politics, we decided to devote this issue to the politics of sexuality.

We start by taking a close look at the Bush Administration’s domestic HIV policy with an excerpt from Esther Kaplan’s book, *With God on Their Side: How Christian Fundamentalists Trampled Science, Policy, and Democracy in George W. Bush’s White House*. Kaplan explains how the administration favors an ideological view of HIV prevention and has waged a war on condoms and other effective prevention measures.

We then move on to the politics of sexuality education with our eleventh annual review of controversies. In this article, Myra Batchelder, SIECUS’ state and community advocacy manager, reminds us that when it comes to sexuality education, all politics are local. Batchelder looks at the roles that various individuals and groups, including parents, teachers, school boards, and outside advocacy organizations, can play in local controversies.

Included in the controversy report is a brief piece by Shelli Weisberg of American Civil Liberties Union of Michigan. Historically, the state of Michigan left decisions about sexuality education to local school districts. As Weisberg explains, however, there have been several recent attempts to change this pattern.

Unfortunately, these restrictive approaches are being exported to the rest of the world. An article by Vanessa Brocato, SIECUS’ international policy associate, examines the role the far right has played in sexuality education, family planning, and HIV-prevention efforts abroad. With a powerful ally in the White House, U.S.-based conservative organizations have managed to undermine many of the successful international programs and policies that had been put in place over the last ten years.

We have also included an article by James Ross, Emmanuelle Godeau, Sonia Dias, Céline Vignes, and Lori Gross that focuses on the World Health Organization-affiliated Health Behaviors in School-aged Children (HBSC) survey. Similar to the Centers for Disease Control and Prevention’s

Youth Risk Behavior Surveillance System, this survey asked young people in 35 participating countries about their sexual risk practices. In addition to providing fascinating comparative results, the article explores some of the politics involved in designing this kind of a survey and explains why many countries limit the questions young people may be asked about sex.

Next, Lisa Mottet of the Transgender Civil Rights Project at the National Gay and Lesbian Task Force provides us with a basic overview of the issues faced daily by transgender individuals. Mottet suggests that even minor policy shifts could make a major difference in the lives of many people.

Finally, we have included a SIECUS fact sheet on public support for sexuality education. Although it often feels otherwise, the vast majority of American adults support comprehensive sexuality education. We hope this fact sheet, which compiles the results of numerous national and state-wide surveys, will help advocates in their efforts to ensure that public policies keep pace with the desires of the American people.

ELECTION 2004 DRAWS TO A CLOSE

As I write this article, Americans have just cast their ballots and the campaign that seemed to occupy our every waking moment finally came to an end with President George W. Bush winning re-election, the Republican Party picking up additional seats in both the House and the Senate, and eleven states passing ballot initiatives that prohibit same-sex marriage.

During the last four years, the Bush Administration, with the aid of a Republican-controlled Congress, has launched an unprecedented assault on sexual and reproductive health and rights in the U.S. and abroad. Sadly, we can expect more of the same during the next four years.

Now more than ever, advocates must stand strong against the ideological agenda that allows conservative opinion to trump science.

So, while the political pundits may take a much-needed vacation and the morning shows will undoubtedly go back to airing interviews with reality-television stars, we, as advocates, have no choice but to keep focusing on politics.

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WITH GOD ON THEIR SIDE: HOW CHRISTIAN
FUNDAMENTALISTS TRAMPLED SCIENCE, POLICY,
AND DEMOCRACY IN GEORGE W. BUSH'S WHITE HOUSE

Esther Kaplan

Editor's Note: In her new book Esther Kaplan examines the Christian right's influence on a number of issues of great importance to SIECUS Report readers, including scientific research, a woman's right to choose, and the rights of gays, lesbians, and bisexuals. The following is an excerpt from Chapter 7, "AIDS, BORN AGAIN."

Ronald Reagan had been president for only a few months when, in June 1981, scientists announced that a cluster of rare cancer cases among gay men signaled a new epidemic. It would be a year before AIDS would have a name, and five years more before the president would utter one word about the disease. Today, in the age of SARS and anthrax, Reagan's silence seems unimaginable, but as the new illness grew from 400 American cases to 70,000 during the 1980s; as it leaped from Los Angeles and New York to Paris, Kampala, and Rio; as it touched nearly one hundred nations and was fast on its way to becoming the most deadly epidemic in human history, the president simply refused to take notice. The Centers for Disease Control, under Reagan's watch, was slow to protect the nation's blood supply from infection. The National Institutes of Health researched only one prospective AIDS drug. Finally, in 1987, facing bipartisan pressure from Congress, civil disobedience in the streets, and increasing criticism in the media, Reagan appointed an AIDS commission to study the issue. Then he ignored the commission's 579 recommendations.¹ By the time Reagan's vice president, George Herbert Walker Bush, succeeded him 1988, the epidemic had killed 38,000 Americans. Yet Bush Sr. consistently fought full funding of the Ryan White CARE Act, a congressional initiative to provide federal assistance to American cities hardest hit by AIDS.

AIDS afflicted society's pariahs—homosexuals and heroin addicts, constituencies with little political power and even less relevance to the Republican Party. Moreover, any serious discussion about AIDS prevention required explicit talk about things most Americans didn't mention in polite company, if at all: vaginal, oral, and anal sex; drug injection; and gay relationships. Popular conservative solutions to AIDS, such as banning infected children from the public schools (forwarded by William Dannemeyer) and tattooing the buttocks of gay men

(a William F. Buckley brainstorm), telegraphed conservatives' belief that neither the disease nor the infected had a place in their America. Indeed, several prominent congressional Republicans built their careers on AIDS bashing. Former North Carolina Senator Jesse Helms famously waved safer sex brochures on the Senate floor, branding them obscene; former Oklahoma Representative Tom Coburn, who came to Washington with Newt Gingrich's far-right class of 1994, pushed for such punitive measures as the criminalization of HIV transmission and the mandatory testing of pregnant women and sex offenders (though, a physician himself, he also helped push for Ryan White funds).²

Into this decade-long vacuum of political leadership exploded a massive private-sector response, from the street activism of ACT UP to such national advocacy groups as the National Association of People with AIDS, from research institutions like AmFAR to service providers such as Gay Men's Health Crisis. These organizations, it happens, were rooted in the gay and African American communities, constituencies that had held little interest for Republicans. And the more these organizations succeeded in collectively defining the national AIDS agenda to include publicly funded research and care, gay-friendly approaches to prevention, risk reduction for drug users, and efforts to fight stigma, the less interested fiscal and social conservatives became in AIDS.

THE BUSH FACTOR

When George W. Bush entered politics, he seemed destined to ignore AIDS in the Republican style. As governor of Texas from 1994 to 2000, a period when the state's AIDS cases surged to rank fourth in the nation, Bush never mentioned AIDS in a single public address. He appointed a Texas health commissioner who opposed condoms because "it's not what God intended," and Bush was so indifferent to AIDS care in his state he refused to sign letters of support for AIDS grant applications.³ Little changed as the governor began to entertain presidential ambitions. When Bush held his famous Austin meeting with gay Republicans in April 2000, according to one attendee, Carl Schmid, "Global AIDS wasn't on his agenda and it wasn't on ours." An early draft of the 2000 Republican Party platform, a document the Bush campaign had micromanaged, omitted AIDS entirely.⁴ And so it went

when Bush first arrived in Washington.

A month into the new administration, Bush's chief of staff, Andrew Card, announced that Bush would shutter the White House office on AIDS policy. The comment made national headlines, forcing Card to retract it. Press Secretary Ari Fleischer claimed Card had simply "made a mistake," but beltway AIDS advocates regarded Card's announcement as a trial balloon, to test how far the administration could go in shunting AIDS to the sidelines.⁵ Indeed, months passed before Bush named an AIDS czar, and a full year elapsed before Bush appointed members to his AIDS advisory council. HIV-doctor Scott Hitt, who served as chairman of the AIDS council under President Clinton, told me at the time, "I just don't get the sense that this administration is engaged."

But those AIDS council appointments in early 2002—followed by a series of public AIDS initiatives, secret AIDS strategy sessions, and aggressive audits of publicly funded AIDS service providers—actually signaled something quite extraordinary. George W. Bush was doing what no other Republican president before him had done: he was divining a way to make AIDS his own. Rather than focus on the uncomfortable challenges of the domestic epidemic, where three-fourths of all AIDS cases still occur among gay men, injection drug users, and their partners, Bush turned his sights on the global epidemic, with its millions of infected mothers and children and sympathetic AIDS orphans. At home he might have to grapple with condoms and clean needles, but abroad he could put his energies into mother-to-child transmission, a significant source of new infections in Africa and the Caribbean. Rather than seek advice from the AIDS researchers, doctors, social workers, advocates, and people living with HIV who had set the AIDS agenda in the past, he would listen to pharmaceutical executives intent on preserving drug profits and to social conservatives whose abhorrence of gay and extramarital sex was matched only by their lack of AIDS expertise. Rather than promote public health solutions, he emphasized "personal responsibility." Rather than condoms, his mantra was abstinence and marriage. In Bush's hands, AIDS was born again—as a conservative issue.

At the heart of this Republican AIDS makeover is an all-out war on condoms and safer sex, one with deep roots in the teachings of the Catholic Church and evangelical conservatives. The idea of altering sexual practices to avoid HIV infection—whether by donning a condom or by engaging only in oral sex and other low-risk activities—emerged first from within the gay community in 1983 and was only later adopted by health professionals and the American public as the key to preventing new infections. By 1995, Americans had so embraced the idea that 80 percent said they would like to see condom information aired on TV.⁶ This was a devastating development for the Christian right. Jerry Falwell spoke for many when he said

in the mid-1980s that homosexuality was a sin and AIDS was God's punishment of gay men for "violating the laws of nature," a view echoed today in pronouncements by such groups as the Traditional Values Coalition that homosexuality itself is a "public health hazard" and the only way to stop HIV is to "stop the behavior." Concerned Women for America extended the argument, insisting that all sex outside of a heterosexual marriage is "not natural" and that access to condoms would discourage young people from choosing the only spiritually healthy path: chastity until marriage. "Why abstain from sex when there can be protection from disease?" Concerned Women asked in a 1998 article, "Furthering the Safe Sex Lie." "Once again, 'free love' reigns."⁷ Social conservatives wanted sexual promiscuity and gay sex to carry such a severe cost that young people would be scared straight. So condoms became the enemy.

Throughout the late 1990s, Tom Coburn served as a mouthpiece for this perspective in Congress, insisting that "condom distribution and similar risk-reduction strategies have been heavily funded and heavily promoted for the past thirty years with little or no beneficial effect."⁸ A Christian fundamentalist himself who would go on to join the board of the Family Research Council after his retirement from Congress, Coburn teamed up with Joe McIlhaney of the Medical Institute for Sexual Health and Shepherd Smith of the Institute for Youth Development to conduct annual slideshows for his congressional colleagues about the scourge of sexually transmitted diseases, where he would rail against "permissive sexuality" and the "safe-sex establishment."⁹ He introduced legislation to get warning labels put on condoms and instigated a full-scale investigation into condom effectiveness by the National Institutes of Health (NIH)—in effect, a fishing expedition for damning data. Months before the report came out, Smith, who sat in on some of the NIH meetings, claimed in an editorial that the evidence supporting condoms was so thin that promoting their use amounted to "consumer fraud."¹⁰

When the NIH report finally came out in July 2001, Bush was in the White House, Coburn was back working as an obstetrician in Oklahoma, and the results didn't quite turn out as planned. After an extensive review of all the scientific data on condoms, the NIH found "strong evidence" for the effectiveness of condoms in preventing HIV, as well as several other sexually transmitted diseases—facts that had already become common sense to most Americans. The scientific literature includes evidence that condoms and safe sex practices cut HIV rates in half among white gay men from 1988 to 1993, [results] hailed by many at the time as a public health coup, and that 98 to 100 percent of uninfected people in a long-term relationship with an HIV-positive partner avoided infection through consistent condom use.¹¹ But Coburn, McIlhaney, and a group of doctors associated with

Focus on the Family calling themselves the Physicians Consortium held a press conference to claim the opposite. They latched onto the inconclusive data about one common sexually transmitted virus, HPV—a lack of data that NIH insisted “should not be interpreted as proof of the adequacy or inadequacy of the condom to reduce the risk of STDs”—to condemn condoms once and for all. McIlhane declared that the report “reveals that condoms are not a reliable defense against today’s epidemic of sexually transmitted diseases.”¹² Coburn announced to reporters, “For decades, the federal government has spent hundreds of millions of dollars to promote an unsubstantiated claim that promiscuity can be safe. We all now know for a fact that that is a lie.” For good measure, claiming that he was guilty of spreading lies about condom effectiveness, they called for the resignation of Jeffrey Koplan, then the director of the Centers for Disease Control (CDC).¹³ Within seven months, Koplan had resigned, and Bush had appointed Coburn, McIlhane, and Shepherd Smith’s wife and colleague Anita to his Presidential Advisory Council on HIV/AIDS.

The CDC estimates that new HIV infections peaked at about 160,000 a year in 1985, and then dropped down to 40,000 by the mid-1990s. Since then, the rate has held steady, a stubborn fact that has been used by McIlhane, Coburn, Smith, and others to suggest safe sex has run its course. “We’ve spent hundreds and hundreds and hundreds of millions of dollars [on safe sex],” Coburn said when he was named cochairman of Bush’s AIDS council, “and HIV infection is going up.”¹⁴ “Comprehensive sex education programs just weren’t performing,” McIlhane told me shortly after he joined the council. “Our feeling was it was time to try another approach, so that’s why I supported funding for abstinence.” Such arguments alarm long-time AIDS advocates, especially those concerned about rising infections among young gay men. “By going after condoms as a tool, they are destabilizing the whole structure of HIV prevention as we know it,” says Daniel Wolfe, a former spokesperson for Gay Men’s Health Crisis, the nation’s oldest AIDS organization, and author of the gay men’s health guide *Men Like Us*. “Their underlying message is that HIV prevention doesn’t work and there’s no use bothering.” David Holtgrave, the CDC’s former director of HIV prevention, also became worried about “this mantra that HIV prevention has failed,” so he set out to study it.

From his new post as a professor of public health at Emory University, Holtgrave conducted a state-of-the-art analysis of the impact of HIV prevention since the mid-1990s, when that 40,000-infections-a-year rate more or less held steady. He found prevention efforts halted somewhere between 204,000 and 1.5 million new infections during those years, or enough people to fill a city the size of Baton Rouge or Philadelphia. Far from discovering the safe-sex

message has failed, Holtgrave found that whenever the CDC’s prevention budget rose, infections fell, and when funding leveled off, so did the infection numbers. He says the data prove “you get what you pay for.” “What I don’t understand,” he told me, “is when we’re talking about needing to break out of this 40,000 number, and there are people who are either unserved or underserved by our current prevention efforts, why wouldn’t you want to provide the resources to do science-based prevention interventions in those populations?” Under previous administrations, members of the president’s AIDS council would have called a press conference to make the case for increasing funds for prevention efforts that work. But Bush’s council is another sort of animal.

THROUGH THE LOOKING GLASS

In the heyday of AIDS activism, in the late 1980s and early 1990s, AIDS advisory meetings were the targets of protest and scrutiny. Today, very few AIDS advocates and even fewer members of the press monitor the proceedings. When I journeyed to a nondescript Washington, D.C., hotel in June 2002 for an early meeting of Bush’s new council, descending into that dimly lit conference room was like falling down a rabbit hole—into a world where AIDS reality had been turned upside down. The first afternoon, devoted to surveying the status of HIV prevention, lacked a single presentation on injection drug use, which accounts for at least one in four U.S. transmissions, or any mention of the recent spike in infections among black and Latino men who have sex with men. The lineup included one lone presenter on comprehensive sex education, which includes the range of options from condoms to chastity, but she was interrupted repeatedly by council co-chair Coburn, who presided like a family patriarch over Thanksgiving dinner. She was then outflanked by two speakers promoting the benefits of the abstinence-until-marriage message, neither of whom seemed aware that sex between men, who can’t marry, causes most U.S. infections, or that many women get HIV from their husbands—marriage offering them little protection from a husband’s infidelity or heroin use. Even though he’s a member of the council, McIlhane also snagged a presenter slot, which he used to warn that even 100 percent condom use leaves some “relative risk.” He also insisted young people should be told to avoid not just penetrative sex, which carries HIV risk, but “any contact that creates arousal.”

After that, Eve Slater, then assistant secretary of Health and Human Services, trumpeted her agency’s aggressive audit of HIV-prevention spending. While earlier speakers had accused “so-called AIDS activists” of “actually furthering transmission of HIV,” Slater ended her talk with the chilling complaint that “this field [AIDS] has often been plagued by an overenergetic desire to get things done.”

The meeting devolved into utter surrealism on day

two, when Coburn tossed out the schedule and ceded the floor to the council's staff director, Pat Ware (now a special assistant at HHS), who gave an impromptu twenty-minute monologue on the importance of marriage. "My goal," said the longtime single mom, "is to bring more black men into homes as loving, caring fathers. A two-parent household stabilizes the family, the community, and the nation." When council member Brent Minor, then one of a handful of holdover Clinton appointees, responded, "What about me as a gay man? We have to be included as part of prevention," born-again Christian council member Joseph Jennings erupted: "Is this a gay HIV agenda? Is this a gay thing?" Afterward, Minor told me another council member approached him to say, "Don't take this wrong, but I just don't believe in *that way*." Months later, in a conversation with gay Republican activist Carl Schmid, who frequently lobbies the administration on AIDS policy, Schmid told me, "The community most affected by AIDS in this country is still the gay community. How can you fight AIDS in this world and not mention the word 'gay'?"....

The first presidential AIDS council was established in 1987, and began a tradition of articulating prophetic calls to conscience in the face of presidential complacency. Though Ronald Reagan's Presidential Commission on the HIV Epidemic began ignominiously, embroiled in controversy over the appointment of one member who believed HIV was transmitted by mosquitoes and another who called AIDS "the due penalty for [gay men's] perversion," it didn't end that way. When retired admiral James Watkins took over as chair, he hired a staff of thirty experienced Capitol Hill operatives and, though a devout Catholic himself, vowed to "keep morals out of this." Within ten months he had held forty-three hearings with hundreds of witnesses and issued a 279-page report that excoriated Reagan for his "sluggish" response to AIDS and called for anti-discrimination legislation, comprehensive K-12 health education, and a big jump in federal funds. Following suit, Bush Sr.'s commission charged that Bush had "seriously underestimate[d] the scale of the AIDS disaster," and when the administration resisted its no-nonsense call for universal health care, drug treatment on demand, and the legalization of hypodermic needles, commissioner Magic Johnson resigned in protest.¹⁵

Clinton's Presidential Advisory Council was no softer. It expressed "grave concerns" about the government's "overly timid" prevention plan and pushed the administration, in countless memos, reports, and editorials, to endorse needle exchange. It was stacked with people who had devoted their lives to AIDS—from pioneering women-and-AIDS researcher Alexandra Levine, MD, to Ronald Johnson, associate director of Gay Men's Health Crisis—many of whom were living with HIV themselves.¹⁶ According to Levi Strauss representative Stuart Burden, another Clinton

appointee who remained on the council for the early months of the Bush administration, "the Clinton council had big-time wonks who knew the entire history of a bill, who was lined up around it, and the complete political context."

The thirty-four current Bush council members, however, include only one scientist, addiction specialist Beny Primm, and a handful of public health officials from rural states. The dearth of HIV researchers makes Hank McKinnell, CEO of the pharmaceutical giant Pfizer, the most knowledgeable person on HIV drug development in the room, which creates at least the appearance of a conflict of interest. (AIDS advocates have pressured McKinnell's company to reduce the price of its drug Diflucan, used to treat HIV-related fungal infections, and Pfizer contributed \$1.4 million in soft money donations to the Republican Party during Bush's presidential campaign.) What's more, the council lacks a single representative from a major national AIDS organization. Instead, it features nine long-time advocates of abstinence-only HIV prevention, a few of whom, such as twenty-six-year-old Dandrick Moton, openly acknowledge that "I'm not an expert on AIDS." Cynthia Gomez, co-director of the Center for AIDS Prevention Studies (CAPS) at the University of California at San Francisco and a Clinton-era council member, says, "For any other advisory group, you'd be hard-pressed to find someone to suggest that a third to a half of the council should be composed of people who don't know the field."

Moton, who directs the Arkansas abstinence-until-marriage group Choosing to Excel, has recruited a group of kids he dubs "The A Team," each of whom has taken a public pledge of abstinence to show other kids that virginity until marriage is "a realistic approach." In effect, Bush had appointed his own A Team to the AIDS council: Moton; Rashida Jolley, a former Miss D.C. and self-proclaimed virgin who once interned at the conservative Heritage Foundation; Mildred Freeman, who directs abstinence education at an association of historically black colleges; Lisa Shoemaker, one of Bush's few HIV-positive appointees, who says she was infected by her dentist and now does the pro-abstinence speaking rounds; Jennings, a former gang member and evangelical "motivational speaker" who uses a scared-straight style to send a message of abstinence from sex and drugs to at-risk youth; Anita Smith, vice-president of the pro-abstinence Children's AIDS Fund, who serves as chair of the council's prevention committee; and McIlhaney, one of the administration's most prolific promoters of questionable condom science. Tom Coburn and Pat Ware—until mid-2003, when Ware took a post at HHS—are the unofficial team captains, united in their goal of unraveling the safer sex consensus.

Coburn has done little to modulate his rhetoric now that he holds this influential AIDS post. While he described himself to me as someone who "understands the sensitivities

of the gay community and the Christian right,” he also said, “Do I agree with the homosexual lifestyle? No. That’s a well-known fact. The attitude in the gay community is unless you have a lifestyle that’s promiscuous you’re not free. How about abstinence until you have a partner that you want to live with?” Ware, though less of a public figure than Coburn, has also made a career out of hailing abstinence until marriage—with a special emphasis on marriage. She deploys her own story as former single mother from the “inner city” (Raleigh, North Carolina) to argue that chastity and two-parent households are the magic bullets for all that ails the African-American community. She and her message were snapped up by the first Bush White House, which awarded her a teen-pregnancy post, and by the Christian right, in the form of a senior position at Americans for a Sound AIDS Policy, best known for its unsuccessful campaign to block people with HIV from protection under the Americans with Disabilities Act. (The group, founded by Shepherd and Anita Smith, was recently renamed the Children’s AIDS Fund.) She spoke warmly to me about “male friends” from her days in the theater who got sick from AIDS, saying, “I promised then that I would do something to help stop this suffering.” But she insists that her abstinence-until-marriage concept would have applied to them, too. “For young gay men,” she said, “it’s the same message.” According to Greg Smiley, who served as interim director on the council until Ware took over, she exerted a strong hand in stacking the council with like-minded people she met on her extensive travels as an abstinence advocate.

This replacement of experts by ideologues on Bush’s AIDS council, mirrored in scientific advisory bodies at the Environmental Protection Agency, the State Department, the Food and Drug Administration, and across the federal government, has opened the door for politics and morality to trump public health throughout the Bush administration. This would prove to be particularly true in the field of AIDS....

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MANY DEBATES, MANY PLAYERS: CONTROVERSIES OVER SEXUALITY EDUCATION DURING THE 2003–2004 SCHOOL YEAR

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In this election year, people have been focused on national politics, the presidential campaign in particular. Local politics, however, often play the largest role in sexuality education decisions in schools. In recent years, opponents of comprehensive sexuality education have gained ground by funding and implementing abstinence-only-until-marriage programs in communities across the country. Their success may, in part, be based on their willingness to focus on local politics. Ralph Reed once said, “Instead of focusing on winning the White House... we’re developing a farm team of future officeholders by running people for school boards, city councils, and state legislatures.”¹

Supporters of comprehensive sexuality education have at times limited their focus to the larger players such as the federal and state policymakers. As this article will demonstrate, this strategy may be a miscalculation, as it is often the local players who make the decisions regarding sexuality education across this country.

During the 2003–2004 school year, parents, teachers, school boards, students, and outside organizations played major roles in controversies over sexuality education in communities across the country. These controversies continued to point to a debate between abstinence-only-until-marriage programs and comprehensive sexuality education as communities work to decide the best methods of teaching young people about their sexual health.

SIECUS documented more than 140 controversies in 35 states. Texas had the highest number of controversies in a single state with a total of 18 debates that ranged from disagreements about a Gay-Straight Alliance to a boycott of Girl Scout cookies by an anti-abortion group.

Many different voices can play important roles in influencing a school’s sexuality education policy and program. Some players, such as parents, teachers, school boards, and students are directly affected by sexuality education and their roles in making decisions are, for the most part, expected and clear. For better and for worse, however, other players are becoming increasingly involved. Advocacy organizations and legal groups, such as the ACLU and the

Pacific Justice Institute, are heating up community battles and impacting local decisions.

PARENTS SPEAK UP

Whether they are expressing outrage over what is being taught or anger with what is not, parents have historically been the most vocal players in sexuality education controversies. Obviously parents have an important stake in their children’s education and a right to make decisions about what their children should and should not be learning in the classroom. In this context, it is definitely true that “the squeaky wheel gets the grease,” as the saying goes.

Classroom Topics Questioned

During the past year, many parents, concerned with what their children may be learning, have worked to restrict the information their children receive in the classroom. Whether they believe that their children should learn only about abstinence, disagree with topics being taught such as family diversity, or question the details of a classroom discussion, some parents are not shy about letting their opinions be known. Several parents in **Bristol, CT** went so far as to consult with an attorney about lessons taught in the local middle schools. The parents argued that lessons about abortion taught in the “life skills” courses were in violation of state law. One parent explained, “Bristol is in violation as far as what they’re teaching about abortion as an alternative to family planning.”²

The materials in question discussed the history and legal status of abortion as well as the safety of abortion. The objective of the chapter was to make the student “able to demonstrate the ability to define and discuss pregnancy options to include abortion, pro-choice, pro-life, adoption.”³

According to Connecticut law, “The curriculum guides shall include, but not be limited to, information on developing a curriculum including family planning, human sexuality, parenting, nutrition and the emotional, physical, psychological, hygienic, economic and social aspects of family life, provided the curriculum guides shall not

FROM THE FIELD:

THE DEVOLUTION OF SEXUALITY EDUCATION IN MICHIGAN

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Like many states throughout the country, Michigan continues to fight legislative battles over the content of sexuality education. Historically, decisions about sexuality education were left to local school districts. In recent years, however, opponents of comprehensive sexuality education have made numerous attempts to undermine local control in order to guarantee that schools take a strict abstinence-only-until-marriage approach.

The latest round of legislative challenges to sexuality education in Michigan sought to require an abstinence-only approach but, when the battle was over, fell just short of that goal. However, legislators were able to pass amendments to the law, which will have an effect on sexuality education.

Michigan legislators know that they do not yet have the votes to get an abstinence-only curriculum codified by law, and if they did, our progressive governor would veto the measure. However, we lose a little more ground every time this battle is waged.

With the most recent amendments, the law governing the sexuality education curriculum now mentions six times that "...the teaching under this section shall stress that abstinence from sex is a responsible and effective method...and is a positive lifestyle for unmarried young people." The new rules affect curriculum advisory boards, the definition of a class, and the role of controversial topics such as condoms and abortion. In addition, for the first time rules include penalties for schools that do not comply.

THE NEW RULES

Curriculum Advisory Boards. The new legislation changes the composition of Sexuality Education Advisory Boards, which are mandated in every school district. The changes now require each committee to have two co-chairs, at least one of whom is the parent of a child in the school district; at least one-half of the members must be parents of children in the school

district; the majority of the parents on the committee shall not be employees of the district; and, members shall include students in the district, educators, local clergy, and community health advisors.

The original bill required that the chair of the advisory board be a parent in the district. We fought hard for the "co-chair" compromise because the advisory board can greatly influence the direction of the curriculum and it must be led by someone who has a sound understanding of not only the issues, but the legal duties of the district. For this reason, most advisory boards are headed by a professional educator specializing in health curriculum development.

Defining a Class. Another amendment caused substantial concern because it expanded the definition of "class" to include an instructional period, an assembly, and a small group presentation. The apparent intent of the new definition is to prohibit school counselors from giving information about birth control options or pregnancy advice to students who request help in private. Very often, a scared teen facing the possibility of being pregnant will turn to a school counselor or favorite teacher. This change in the law may make school employees reluctant to meet with students, leaving many teenagers with no one in whom to confide.

Medical Accuracy. We were able to retain the requirement that curriculum materials and instruction be "medically accurate." Medical accuracy causes battles each time attempts are made to change this law. Those two little words, "medically accurate," are critically important because of the proliferation of inaccurate information claiming that birth control medication and devices, such as condoms, are either ineffective or actually dangerous. In some districts, advisory committees become contentious because a strong group of members with an 'agenda' insist that medically inaccurate

information be included in the curriculum. This requirement prohibits that from happening.

No Condoms. As is the case in many states, Michigan law prohibits anyone from dispensing or otherwise distributing in a public school or on public school property a family planning drug or device. So, no condoms. In addition, clinical abortion may not be mentioned as an option for a pregnant woman. These prohibitions discourage taking a comprehensive approach to sexuality education.

Penalties for Violations. A follow-up bill (SB 944), working its way through the legislature, would penalize schools for violating any of these provisions. According to the proposed law (which is expected to pass), any parent who believes an employee of the school district has deviated from the mandated state requirements may file a complaint with the school district. The complaint has to be investigated and a determination made within 30 days. The complainant may then appeal either to the Intermediate School District or to the Department of Education, whichever is the next rung on the chain of command. A district found to be in violation of the law stands to lose 1% of its state aid and the

Department of Education can assess a fee for the cost of the investigation. In Michigan, public education is largely funded through the state; a 1% reduction from the state will force any afflicted Michigan school district to cut programming.

THE FUTURE OF SEXUALITY EDUCATION IN MICHIGAN

What is most unfortunate about the devolution of sex education in Michigan is that, sooner or later, schools will simply choose not to offer sex education because of the many restrictions placed on them. This response is not merely sad; it is also potentially dangerous. For many students, school is the only place they get vital information about their reproductive health.

As states increase restrictions on curricula, districts lose their ability to determine which curriculum is best for their particular population. The sexuality education curriculum in an urban district focuses on widely different issues than that of a rural school district. As states enforce restrictions through punitive means, and sexuality education programs become a financial liability, districts will have little choice but to cut them. In this battle between abstinence-only programs and a comprehensive sexuality education curriculum, the students are the only victims.

Continued from page 9

include information pertaining to abortion as an alternative to family planning.”⁴

The parents wanted to have portions of the curriculum discussing abortion removed immediately and to be involved in future curriculum decisions.

The school argued that the course in question is not a requirement and that parents may choose to remove their child from the class. To prevent such an incident in the future, the school recently re-notified parents of the lessons being taught and reminded them of their right to remove their child from the classroom.

Parents in **Venice, FL**, voiced similar disapproval of the sexuality education curriculum used in the school’s Life Management class. The parents were upset about the distribution of condoms, the use of “abortion videos,” and demonstrations of condom use utilizing a banana.⁵

One of the parents explained, “We would like this harmful curriculum removed from our school so our children can grow spiritually as well as academically.”⁶

The parents ended by saying the curriculum goes against “Venice values.”⁷ School officials agreed to review the curriculum.

Books Pulled From Shelves

Parents also restrict classroom information by working to ban books that they deem “unacceptable” and “inappropriate.” Books were banned throughout the country this year.

A mother of a 15-year-old at Todd Beamer High School in **Federal Way, WA**, for example, became upset after reading a portion of a novel assigned in her son’s ninth-grade English class. Ironically, the book, *Balzac and the Little Chinese Seamstress*, focuses on censorship during the Cultural Revolution in China. The passage in question deals with a character’s first sexual experience. The mother felt this was inappropriate subject matter for high school students so she and five others gathered 32 signatures on a petition and took their complaints to the school board.

The book was on the school district's list of approved materials and had been taught the previous semester with no complaints. The teacher defended the book's value saying "a healthy, well-adjusted 14- or 15-year-old would not have any difficulty handling the scene" and that he is concerned that "the expertise of the districts' top professionals has been trumped by a narrow viewpoint."⁸ The district review committee rejected the parents' challenge citing the novel's "artistic merit" and "sensitive treatment of sexual content."⁹

The decision, however, was overruled by the superintendent and the book was pulled from the 9th grade reading list. The superintendent also ordered all reading lists for the 2004-05 school year to be presented to the school board for advance approval and sent to parents before the school year begins.

In addition, the school is still deciding whether to implement a "decency policy" to prohibit sexually explicit material in the classroom as well as to prohibit school personnel from being "vulgar, lewd, obscene, plainly offensive, or sexually explicit." The parent who originally complained pulled her son from the class and filed a complaint against the teacher.

In **Wilmington, NC**, the controversial book was written for young readers. The parents of a first-grader at Freeman Elementary School filed a complaint with the school after their 7-year-old daughter brought *King and King* home from the school library. The book, written by two Dutch authors for ages 6 and up, tells the story of a character named Prince Bertie who falls in love with a character named Prince Lee. The book ends with the two princes kissing, their lips obscured by a picture of a heart.

The father said his daughter is "not old enough to understand something like that, especially when it is not in our beliefs."¹⁰ "If this book is going to be allowed," he argued, "I believe it ought to be allowed on more of a high school level."¹¹ The school principal countered, saying "We have a lot of diversity in our schools... What might be inappropriate for one family, in another family is a totally acceptable thing."¹²

An additional complaint was filed by another family, and a school committee ultimately voted 8-3 to put the book under lock and key so that only adults, including parents and teachers, are allowed to check it out.

Not everyone agreed with the ruling. One committee member said, "I feel like it's my responsibility to make it clear that these things exist. It doesn't mean we have to agree with it. It's not about right or wrong... It's just different."¹³

Due to the widespread media attention about the controversy, people from around the country donated additional copies of the book to the school. In fact, the attention has prompted a second printing of the book and a sequel is expected later this spring.

Extracurricular Activities Contested

Parents' efforts to shield their children from information about homosexuality extends beyond banning books. This year, students in **Coconut Creek, FL** almost had their class trip canceled because some parents were upset that the trip to Disneyworld coincided with scheduled "Gay Day" festivities at the park. "Gay Days," are advertised as "creating a gay and lesbian atmosphere," and planners describe the days as a time for gays and lesbians and their families to be themselves on vacation. The "Gay Days" were expected to bring about 140,000 people to the area in early June.

One parent of a child at Lyons Creek Middle School said that she was in Orlando during a previous "Gay Days" event and was offended by what went on. In a televised interview on the *O'Reilly Factor*, she explained, "I just don't feel it's an atmosphere that our kids should be subject to."¹⁴ The same parent also said that, "Because our society is so lenient with the gay lifestyle, they just feel like it's not that big a deal to put our kids into that situation."¹⁵

The principal offered refunds for the trip, explaining that she had been unaware of the timing when it was scheduled. However, she felt that parents shouldn't be concerned. "We plan this trip every year, and it's pretty much at the same time, and we've never had any problems," she said.¹⁶

In **Wake County, NC**, parents complained about a family diversity photo exhibit. The exhibit displayed 20 photos of different types of families. Although the Beaverton School District had originally contemplated creating its own exhibit ultimately they decided to use one created by Family Diversity Projects of Amherst, MA, a non-profit group. A group of parents, led by a local minister, protested the exhibit largely because it included three photos of gay and lesbian families.

More than 20 parents attended a school board meeting to demand the exhibit be canceled. One parent explained, "I'm here to voice my outrage and sadness at this ridiculous idea of forcing this agenda on our children... I believe homosexuality is morally wrong. You will not teach this to my kids. I will opt out. It just boils my blood, to be honest."¹⁷

Many of the people who attended the meeting, however, supported the exhibit. One parent, who is also a school psychologist, said that he felt there was a painful silence on the issue at the school. "When we start picking on one group, every group is vulnerable. This is not a gay issue, it's a people issue," he said.¹⁸

Despite the opposition, the school district went ahead with the exhibit. The chair of the board said, "I don't think it's right to focus on any one piece of the overall project. It doesn't bother me at all. It is truly a very broad quilt of what makes a family."¹⁹

Restrictive Programs Challenged

Some parents, on the other hand, believe their children should be exposed to a more comprehensive form of sexuality education and have worked to remove restrictive programs from their schools.

In **Eau Gallie, FL**, a number of parents were upset about a five-day abstinence-only-until-marriage program conducted in the high school by First Defense, an anti-abortion organization. First Defense is part of Pregnancy Resources, Inc, a Christian organization that offers pregnancy testing and counseling and operates programs in six public high schools and a number of public middle schools in the area.

The group's director, a former youth minister, said, "It gives us the opportunity to share truths we've come to believe based on our faith, but not have it be offensive to those who might not be of Christian faith."²⁰ The program is taught at the request of the life management teachers in the schools. One teacher explained, "The kids hear it, they get it. If they hear it from me, they're not listening."²¹ The school district has also approved a program called Choices, which is affiliated with First Baptist Church of Merritt Island's Alternative Pregnancy Center.

Many parents expressed concern at the role of such religious organizations in the schools. One parent explained, "A religious-based group has no business in the public schools, period.... That information should be disseminated by medical professionals or teachers who have been trained."²² Although teachers say they monitor the presentations to make sure they are appropriate for schools, many parents remain upset because the contact information for these organizations is given out to students as a resource. In addition, many feel that the program relies on scare tactics.

In **Albuquerque, NM**, a group of parents has been very involved in working to prevent a crisis pregnancy center from teaching abstinence-only programs in the city's public schools. The program, which is run by Best Choices Education Services, has been in twenty-five Albuquerque public middle and high schools for the past three years. The parents are not only concerned with the content of the program, but they also question the organization's affiliation with Care Net, a Christian evangelical anti-abortion group. According to Care Net's literature, the group is committed to its principles, one of which is the "commitment to testify of Christ through the witness of our lives, service and words."²³

The parents feel the program's lessons reflect this philosophy. One of the lessons in the five-day lecture series on sex education, for example, presents a graphic picture of a fetus and a detailed lecture about the abortion procedure. An Executive Director for the group replied, "We only present the facts. It's up to the students to

decide what's best."²⁴ Many people disagreed. One parent said the workshops contain "distorted, inflammatory, anti-abortion language." She said, "These talks are just a cover up for the anti-abortion cause."²⁵

The parents scheduled a meeting with the Albuquerque Public Schools' Del Rio Citizens Advisory Committee to discuss their concerns. This action prompted a second meeting with various community groups and school officials to discuss how to balance the district's health curriculum better. In addition, one of the controversial speakers from Best Choices was removed after district officials expressed concern over the content of her remarks. A health summit was scheduled for the fall of 2004 to further discuss the district's health curriculum. SIECUS will continue to monitor this controversy.

Administrative Policies Debated

Regardless of the nature of the sexuality education in the classroom, one way parents have worked to influence what their children are exposed to in school is by making sure schools adopt or enforce certain enrollment policies. Often school districts must choose between an opt-out policy, under which students are automatically enrolled in sexuality education unless the parents say otherwise, and an opt-in policy, under which students can only be enrolled once parental permission has been received. Educators and administrators often argue against opt-in policies on the grounds that these require a great deal of administrative resources, parents may never see the forms that their children bring home from school, and ultimately students who need sexuality information may never receive it.

In the **Westminster, CA** school district, a debate erupted between parents and the school after a new state law (SB 71) went into effect. The debate was about whether an opt-in or an opt-out policy was mandated. The new legislation was intended to bring all laws regarding sex education and HIV/AIDS education under one title. Under the new law, districts are required to inform parents of the content of classes and allow parents to remove their children from the class if they would like. This is commonly referred to as an "opt-out policy." The Westminster School District's policy, an opt-in policy, caused disagreement between the district and some state education officials.

The author of the state law, Senator Sheila Kuehl (D-Santa Monica), felt the policy violated the law. "It was the intent of the law to have all districts adopt an 'opt-out' policy... There is no authority in the statute to permit this," she said.²⁶

In early May, the Westminster School District Board held a meeting to discuss the issue, and over 100 parents, residents, and teachers attended. Many people attending the

meeting supported the state law and voiced opposition to the school board's decisions to defy it. One school board member who preferred the district's opt-in policy said she wanted to determine if this policy complied with state law. Four additional board members said they plan to abide by state law and would vote to revise the district's policy if ordered to do so by the state. The district is currently investigating whether their policy is in compliance. SIECUS will continue to monitor this situation.

Parents are and ought to be the primary sexuality educators of their children. Therefore it is not surprising that they often are the most vocal participants in community debates about sexuality education.

TEACHERS FEEL THE IMPACT OF CONTROVERSY

Teachers all over the country are quietly implementing high-quality comprehensive programs. Unfortunately, teachers often only get attention when something they've said or done becomes controversial.

A teacher in **Sag Harbor, NY**, for instance, received a great deal of negative attention after bringing in an educator from the Suffolk County Health Department in late 2003 to talk to her 6th grade skills class about HIV/AIDS and related risk activity. The presenter noted that one could contract HIV from sexual intercourse or oral sex. Several parents became very upset about the incident and a virtual witch hunt resulted.

The descriptions of what occurred intensified and many stories were made up. According to some stories the teacher gave step by step instruction on "how to give a blow job." Another rumor suggested that the teacher had told students to "have a few drinks and lay back and enjoy it." In a school meeting, one parent said that her child's "innocence" was lost. The local newspapers had a field day with this story, running headlines such as "Sixth Grade Education"²⁷ on page one. The teacher was silenced by school officials who told her not to speak to the media or parents about what had happened.

She was removed from teaching the sixth grade skills classes, and continues to have problems with the school almost a year after the incident.

A teacher in **Wilmington, DE**, decided to fight back after she was fired from her teaching position at a Catholic school for her pro-choice beliefs. The teacher was fired after school officials saw her name on a list, compiled by the Coalition for Choice, commemorating *Roe v. Wade*. She sued the school in fall of 2003.

The former teacher filed a federal lawsuit claiming that she was illegally fired for supporting abortion rights because she is a woman. She claims that the church and the school have not taken the same action against men who do not follow church doctrine.

The suit also claims that the former teacher's rights to freely express her views on abortion, as protected by the Civil Rights Act, were violated and that by speaking publicly about the firing the school violated her privacy rights as well. The school asked the judge to reject the claim. A final decision has not been reached.

Teachers are under increasing pressure from all sides. Clearly they have an obligation to their students, who often ask questions or request information about sexuality. While teachers want to provide students with potentially life-saving information on such topics as contraception and disease prevention, they are also under pressure from parents and school administrations to keep what they say to a minimum. Fear of controversy and strict abstinence-only-until-marriage guidelines have effectively silenced many teachers.

SCHOOL ADMINISTRATORS AND BOARDS OF EDUCATION WEIGH IN

The roles that school boards and administrations play in sexuality education are often clear: they set policy, and they act as intermediaries between parents, teachers, and students. We have seen the importance of their involvement in sexuality education over the past year in a number of different areas.

Strict Abstinence Policies Implemented

After years of debate among parents, educators, community members and advocates, it was ultimately the school board who decided the fate of sexuality education in **Wake County, NC**. A community-wide effort over the past few years had resulted in an expanded sexuality education program for students. In January, 2004, however, the Wake County School Board voted 5-3 to pass a restrictive abstinence-only policy.

The adopted policy requires that all sexuality education classes in grades K-12 teach that abstinence-only-until-marriage is the expected standard and that a "mutually faithful monogamous heterosexual relationship in the context of marriage" is the best way to prevent STDs, including HIV/AIDS.²⁸ The adoption of this policy eliminates many comprehensive components that had been recently added to the school's curriculum, including lessons on using contraceptives and showing tolerance for all sexual orientations. Now, discussions of contraception must focus on failure rates and teachers will not be allowed to answer students' questions about where or how they can obtain contraception or seek abortions. In addition, all discussions of sexual orientation and tolerance will now be made part of character education classes.

Not everyone is pleased with this policy. One teacher said, "I hope at one point we can expand what we teach.

We have ninth graders who come in pregnant. We have ninth-grade fathers.”²⁹

Sexuality Education Programs Expanded

Not all school boards seek to restrict sexuality education. In fact, school boards sometimes initiate attempts to revise and expand curricula. In **Battle Creek, MI**, the school board became concerned about the city’s high teen birth rate, which is double the state average. An advisory committee suggested adding new lessons to the current abstinence-only curriculum that would teach students about avoiding risks associated with sex, including lessons on the use of contraception. The advisory committee also suggested that the school make the seventh-grade program an opt-out rather than opt-in program, so that all students will be automatically enrolled unless their parents choose to take them out of the class.

The new curriculum was passed in February 2004, and is being taught in the required freshman personal fitness class and the two elective courses that began in Fall 2004. The board president said, “It’s pretty groundbreaking. This is the first time the curriculum has been modified to the extent that pregnancy prevention is included.”³⁰ In addition, a new health course will now be taught in the fourth-grade classes. Previously, sexuality education did not begin until the fifth grade.

STUDENTS TAKE SEXUALITY EDUCATION INTO THEIR OWN HANDS

Students are in a unique position as they are clearly the most affected by decisions about sexuality education. They are also in the best position to know what their peers need. When talking to classmates, many students realize that information about sexuality is desperately needed, if only to correct the myths being passed in the hallway.

New Programs Created

In recent years many students have gotten directly involved with decisions about sexuality education in their schools. For example, a group of students at **Chicago, IL**’s Curie High School, all of whom were involved with *The Forefront Program*, a leadership and political action training course, took it upon themselves to improve their school’s sexuality education curriculum. They began challenging their school’s policies in September 2003, after conducting a survey with the help of their social studies teacher. The survey was given to 3,000 students to determine what they knew about sexuality. After reviewing the 1,500 surveys that were returned to them, the Curie student group discovered that the teens in their community were not nearly as knowledgeable as they should have been about issues of pregnancy, disease prevention, and sexual health. The survey also revealed a large number of teen

mothers among the student body, especially those living in minority and low-income communities.

The Curie student group presented their results to their school principal and pushed for a more comprehensive sexuality education curriculum. The students also proposed a project to distribute free condoms to students during lunch hours. When the principal rejected their proposal, the students took their concerns to the school board. During their presentation to the Chicago Board of Education, the student group emphasized the need for more thorough and comprehensive sexuality education. The presentation impressed the board president and the school CEO, who vowed to work with the group to make improvements.

A former student at Washington High School in **Washington, IL** took similar action when she became frustrated with the focus her alma mater places on abstinence in its sexuality education courses. She recruited fourteen like-minded recent graduates and parents, who joined her in passing out what they called “prom packets,” which included condoms and information.

In a news release, the recent graduate said: “subjects like contraceptives are not approached unless brought up by a student raising his hand and asking himself.” She went on to say that the teachers are trained to respond in a way that always leads back to abstinence.

The school superintendent responded to the criticism saying, “That’s pretty far out that we would try to influence ... a teacher to say don’t talk to anybody about anything but abstinence.... where would that come from?”³¹

Attention Attracted

Two female students in **Clarksville, MD**, began their protest in a very different way—they decided to fight homophobia by publicly kissing in the lunchroom. The two girls stood on a table in the lunchroom of River Hill High School, yelled “End homophobia now!” and kissed on the lips for about 10 seconds. Shortly thereafter, they were suspended.

The two girls, one junior and one senior, said they are heterosexual and that they staged the kiss as part of their English class assignment which required them to perform a “non-conformist” act. The girls decided on the kiss to draw attention to gay and lesbian students who are mistreated in schools. One girl’s mother said she was aware of her daughter’s plans and was fully supportive.

School officials said that the two girls were suspended because they had caused a “disruption,” not because it was a homosexual kiss. The school principal said, “What it was is there was a disruption of the operation of my school... I think that, whether it was two girls, or two guys, or a guy and a girl standing on a cafeteria table, I’m real confident that any high school principal in the country would have said the same thing.”³²

The two girls are good students: one earned a perfect 1600 on her SATs and the other has a 3.88 grade-point average. Nonetheless, their guidance counselor said they will likely be denied entrance to the National Honor Society because of the suspension.

Still, the girls do not regret their actions. One of them explained, “I lost a few friends over what I stood for, either because they’re religious or have very strong views, and for that I’m sorry. But I had to do what I felt I needed to do. I don’t regret it, even after the disciplinary action.”³³

GSAs Demanded

Though not many students kiss in lunchrooms as a means of protest, a number of students across the country are publicly pushing for an end to homophobia through the formation of Gay-Straight Alliances (GSAs). Unfortunately, many students who start Gay-Straight Alliances on campus are finding that it may not be as easy as they had hoped.

In **Colorado Springs, CO**, a group of Palmer High School students represented by the Colorado American Civil Liberties Union (ACLU) filed a lawsuit in the US District Court against their school for refusing to recognize their Gay-Straight Alliance on campus. The lawsuit charged that the school had repeatedly refused to recognize the school club since it was first formed by students in January 2003. As a result, the club was not allowed to meet on school property and could not post information on school grounds. It also could not be included in the yearbook or on the official list of student-organized activities.

The group’s purpose, according to the Legal Director for the Colorado ACLU, is to “promote a safe and supportive environment for all students.”³⁴ He said that there are more than 50 Gay-Straight Alliances in Colorado and pointed out that the federal Equal Access Act bars schools from discriminating against clubs based on the content of their speech. Any school that allows clubs must follow this statute.

The school principal said that it was the school district’s decision not to allow the club. A school district spokeswoman refused to comment on the lawsuit, but said that a district policy does not recognize groups if they are not directly linked to school curriculum.³⁵ However, the lawsuit pointed out that other groups that have been recognized by the school were not related to the curriculum, including the Sci-Fi club and the Mountain Bike Club.³⁶

In response to the lawsuit, the school decided in April 2004 to reclassify the nine student clubs that were not directly related to school curriculum as independent student organizations. These organizations will now be subject to the same limitations the Gay-Straight Alliance had been.

High schools are not the only places where these controversies are occurring. In April 2004, students at the University of Notre Dame in **Notre Dame, IN** staged two

protests as a result of the university’s decision to deny club status to Notre Dame’s recently formed Gay-Straight Alliance. The club, called Unity in Diversity, was founded by a group of students with the goal of creating a welcoming atmosphere for gay, lesbian, and bisexual students and employees on campus. However, Notre Dame’s Office of Student Activities rejected the group’s request for official recognition as a student organization, which means the group is not allowed to advertise on campus or receive any funding from the student activities fees.

The Office of Student Activities said they turned down the request because the administration and Campus Ministry are already undertaking efforts to provide educational programs and support regarding sexual orientation, including a university-sponsored Standing Committee for Gay and Lesbian Student Needs. The director of student activities said, “It’s a complex issue, and having students out on their own dealing with it is not the best way... We prefer that students talk with faculty, administrators and ministers in dealing with these issues.”³⁷

More than 2,000 Notre Dame students and staff wore orange t-shirts with the phrase “Gay? Fine by me” to show support for the school’s Gay-Straight Alliance in late April 2004. A previous protest in March had more than 1,600 student participants.³⁸ The group says they will continue to work as an unofficial club and may apply for official university recognition in the future.

OUTSIDE GROUPS PLAY AN EVER-INCREASING ROLE

Parents, teachers, school boards, and students are players that one might expect to get involved in sexuality education controversies because they are all, to some degree, personally affected by these decisions. One might be surprised, however, by the ever-increasing role that outside organizations are playing. Groups representing all sides in the ongoing debate over sexuality education have stepped in to influence communities in making decisions or settling controversies. Conservative organizations and advocacy groups often spearhead attempts to implement changes in sexuality education programs. Once controversies have erupted, legal groups on both sides of the issue often get involved in attempts to litigate a final outcome.

Events Protested

Conservative groups like the John Birch Society have been protesting sexuality education since the 1950s and 60s. However, instead of arguing against sexuality education altogether, as they did in those days, conservative groups now push for certain messages, such as abstinence-until-marriage, to be promoted in school settings. Sexuality education is often used to debate other issues,

such as the question of whether Christian morals and virtues should be extolled in the schools, and how abortion should be presented. As previously mentioned, in communities like **Albuquerque, NM** and **Eau Gallie, FL**, anti-abortion organizations are actually going into the schools to teach young people abstinence-only programs, often bringing their anti-abortion agenda with them.

Conservative organizations also are working to oppose comprehensive sexuality education programs. A controversy in **Waco, TX** gained national attention when Pro-Life Waco, a local Christian group, called for a boycott of Girl Scout cookies because the local Bluebonnet Council of Girl Scouts supports Planned Parenthood's annual sexuality education seminars. "I encourage you to join me in abstaining from Girl Scout cookies," the director of Pro-Life Waco said in public service announcements that ran on a local Christian radio station for several weeks.³⁹

According to the executive director of the Bluebonnet Council of Girl Scouts, they do not take any stance on abortion or sexuality education, and none of the money from the cookie sales goes to Planned Parenthood or any other organization. They do, however, allow the national Girl Scouts logo to be put on posters for Planned Parenthood of Central Texas' summer sexuality education seminar, which is held annually for fifth- through ninth-graders. More than twenty other groups sign on to these posters as well; however Pro-Life Waco has yet to go after any of the other groups as aggressively.

The director of Pro-Life Waco explained that he thought of the boycott when the Bluebonnet Council honored the Director of Central Texas Planned Parenthood in May, 2004. "When I saw the head of Planned Parenthood held up as a role model to little girls, that was a great irritation to me."⁴⁰

The communications director of the Circle T Council, which serves more than 1,200 Girl Scout troops in four counties, remarked, "I think it's unfortunate that the girls have gotten caught in [this] agenda..."⁴¹

Two of the 400 Girl Scout troops in the Central Texas district have disbanded as a result of the Planned Parenthood connection. However, the boycott did not seem to work as Pro-Life Waco had hoped. The executive director of the Bluebonnet Council of Girl Scouts said that there were few reports of adults turning down cookie sales because of the boycott. In fact, in Waco, the boycott seemed to have resulted in increased cookie sales.

Conservative groups also actively oppose programs and events that are working to end homophobia. One conservative group that has become practically legendary is the Westboro Baptist Church from **Topeka, KS**. The group, run by Rev. Fred Phelps, travels around the country

protesting the "homosexual agenda." They have protested productions of *The Laramie Project* in schools across the country, as well as any other event they feel promotes "dangerous" diversity.

In **Bellmore, NY**, for example, several members of the Westboro Baptist Church protested outside Mephram High School because they claimed the school's Gay-Straight Alliance was the inspiration for a recent hazing incident.

At a summer football camp in Pennsylvania, members of the Mephram High School Football team were involved in a "hazing incident" that allegedly included sodomy. Westboro Baptist Church blames the incident on the formation of a Gay-Straight Alliance at Mephram High School three years ago. The organizer of the church said, "If you tell all those kids that it's OK to be gay, that is why you end up with a group of children treating each other this way."⁴²

Many people disagreed with the church's views and more than 300 students, community members, and advocates came out to protest the group's arrival outside the school. A spokesperson for Long Island Gay and Lesbian Youth, a local group, responded, "Anybody who has a pulse in their body would realize that that is absolutely ridiculous. And there is no connection between sexual assault, which is about power, and one's sexual orientation."⁴³

Restrictive Textbooks Disputed

Groups that advocate for comprehensive sexuality education are also playing an important role in local controversies. Often state and local groups are working together to push for improved sexuality education in the schools.

A number of groups in **Texas**, for example, joined together to work against the health textbooks proposed by the state. In June 2004, a panel appointed by the Texas Education Agency recommended four health textbooks for the Texas schools, only one of which mentions condoms in the actual textbook. The other three only discuss condoms in the teacher editions and supplemental sections.

Many people criticized the lack of information on contraception in the textbooks and argued that it violated Texas education code. The state curriculum standard, *Texas Essential Knowledge and Skills*, requires that students need to "analyze the effectiveness and ineffectiveness of barrier protection and other contraceptive methods."⁴⁴

A group calling themselves the "Protect Our Kids Campaign" formed to advocate for the textbooks to contain more information on contraception. Some of the organizations involved include Texas Association of Obstetricians and Gynecologists, Texas Freedom Network, Planned Parenthood, Women's Health and Family Planning Association of Texas, and League of Women Voters. They argue that having information about contraception only in

supplemental sections does not adequately provide the necessary information. The *Lifetime Health* textbook published by Holt, Rinehart and Winston, for instance, doesn't mention condoms in a list of 10 ways to protect from STDs, but does suggest "get plenty of rest."⁴⁵

The 15-member Texas Board of Education held two public hearings to discuss the textbooks. Over 100 people signed up to testify about the textbook decision at the first hearing. The majority of the teachers, parents, religious leaders, and other activists who spoke voiced their opposition to the sex education section of the textbooks.

A doctor who works with a local teen pregnancy prevention program pointed out that the reality is that more than fifty percent of Texas high school students are sexually active. "Sometimes abstinence intended is not abstinence achieved," she said.⁴⁶ A student who testified against the books said, "As a high school student, I am aware that abstinence is the best choice, but by not stating other options as well, students are not prepared to responsibly decide what's best for their own health."⁴⁷

A few of the speakers, however, supported the textbooks. One woman representing the Texans For Life Coalition, a state-wide anti-choice group, voiced support for the textbooks. "By putting it in the hands of the teacher and in the teacher's edition, then parents and schools can work with kids in a family-friendly way," she said.⁴⁸

This controversy gained national attention, in part because of the effect it may have on the rest of the country. Texas is the second-largest purchaser of textbooks in the United States and the books they adopt are often marketed in other states.

The State Board of Education approved the textbooks which will first be used in the 2005-06 school year.

Conservative Agendas Represented

When controversies get complicated, those involved often turn to the courts for assistance and legal groups step in. Conservative legal groups across the country, for example, are involved in a number of cases related to students' rights to express their anti-abortion stance and opposition to homosexuality on-campus. They also are arguing for students to have the right to express religious beliefs at school.

In **Fort Myers, FL**, a Cypress Lake Middle School student's request to distribute anti-abortion pamphlets at school was turned down by a federal judge during a preliminary injunction hearing. The eighth-grade student wanted to hand out anti-abortion pamphlets during non-class time on the "Day of Remembrance" for aborted fetuses. Her request had been denied the previous year because of the school's blanket policy prohibiting student distribution of pamphlets. As a result, the student and her mother filed a lawsuit against the Lee County School Board in late March

2004. They asked for a court order to prevent the school from enforcing this policy.

The Liberty Counsel, a national law firm based in Florida that works on religious rights issues, represented the student in court. This group gained national attention earlier this year when they organized Purity Day, on which students handed out materials on abstinence-until-marriage to their classmates.

The US District judge turned down the student's request, explaining that although students have the right to free speech, school officials are also entitled to "prescribe and control conduct in the schools."⁴⁹ The school board attorney, who was pleased with the decision, said, "We felt our position with respect to distribution of materials was appropriate and legally defensible. We think this order establishes that."⁵⁰ The mother and student, however, were disappointed with the ruling and are continuing with the litigation.

Parents in **Novato, CA**, are also involved in a lawsuit. A group of eight parents sued the Novato School District for allowing their children to see a play discussing homosexuality. The play, *Cootie Shots: Theatrical Inoculations Against Bigotry* was presented by Fringe Benefits, an LA-based theater company, at two elementary schools. The play tackled the issue of stereotypes and discrimination based on many factors, including sexual orientation.

The Pacific Justice Institute, a conservative legal defense organization, represented the parents in the lawsuit. The parents claimed that they filed "opt-out" forms excusing their children from school activities that would conflict with their religious beliefs. The lawsuit also claimed that the parents had not been notified about the play. "It just seems like there's no room for any parents who don't agree with the school district's social agenda.... That may be fine for Hitler's Germany or Stalin's schools, but it's not fine for schools that are in a democratic country," the president of Pacific Justice Institute said.⁵¹

In response to the initial lawsuit, the school principal said, "This district is promoting a safe campus for every kid to come to school and for every family to participate.... We are promoting tolerance for all groups; that includes every segment of our community."⁵² Several legal organizations stepped in to represent the school district and the theater group in the lawsuit, including the ACLU and the National Center for Lesbian Rights (NCLR). In September 2004, the lawsuit was dropped. "This outcome is a great victory for parents and students in Novato and for anyone concerned about fostering tolerance in their community.... The plaintiffs' decision to walk away at this stage of the case shows that their claims were baseless. It shows that schools have the authority to require attendance at tolerance-building and diversity education programs that include teaching

tolerance for lesbian and gay students,” a staff attorney with the ACLU of Northern California said.⁵³

The Pacific Justice Institute, however, also expressed victory at the recent decision to drop the lawsuit. They said that parents had dismissed the case after the school district “vacated its original position, replaced its outgoing superintendent with a parent-friendly administrator, and adopted a parental opt-in policy.”⁵⁴

Progressive Legal Groups Called Upon

Progressive legal groups, such as the ACLU, often get involved in cases regarding sexuality education. Such groups are frequently called upon to protect gay and lesbian students who have faced barriers and discrimination in school. The ACLU, for example, filed a lawsuit on behalf of an eighth-grader in **Jacksonville, AR** after he suffered severe harassment in school based on his sexual orientation.

The student claimed he suffered repeated harassment from school officials during the past year. According to the student, the harassment began when a teacher overheard a conversation in which the student refused to deny that he was gay. The teacher sent him to the principal’s office where the assistant principal insisted he tell his parents that he was gay by the end of the day, or she would. According to the student, that was only the beginning of harassment by school officials that continued over the next year. Under a settlement, the student will receive \$25,000 and an apology from school officials, and his disciplinary record will be cleared.

The ACLU and LAMBDA Legal Defense have both been very active in fighting for the rights of students to start Gay-Straight Alliances in their schools. As discussed in the GSA section of this report, Gay-Straight Alliances have continued to expand this past year but unfortunately they remain controversial. In **Lubbock, TX**, after the Gay-Straight Alliance was not allowed to meet on campus, LAMBDA Legal Defense sued the school on behalf of the students. They claimed that the district violated the students’ constitutional rights as well as federal law by refusing to allow the group to meet at a high school in late 2002.

A federal judge who ruled in favor of the school system said, “the local school officials and parents are in the best position to determine what subject matter is reasonable and will be allowed on LISD campuses.”⁵⁵ He ruled that the decision not to allow the group to meet on-campus is “an assertion of a school’s right not to surrender control of the public school system to students and erode a community’s standard of what subject matter is considered obscene and inappropriate.”⁵⁶

The GSA members were disappointed with the ruling. A founding member said, “The longer it takes with the legal process, the longer we are without our rights.”⁵⁷ However,

the school board president was pleased. He said, “It confirms our policy as a district, and I think it accurately reflects the community perspective as a whole.”⁵⁸

A similar conflict in **Ashland, KY**, had a very different outcome, however. The Boyd County Gay-Straight Alliance has been trying to form at the high school for many years. In February 2004 the GSA was finally allowed to meet, following the settlement of their year-long lawsuit against the Boyd County School District. The ACLU brought the lawsuit against the school on behalf of the students in January 2003 and the school agreed to settle the lawsuit in order to avoid the trial that had been scheduled for April 2004. As part of the settlement, the school agreed to allow the GSA to meet. Administrators also agreed to hold anti-harassment training with an emphasis on sexual orientation for all district staff as well as middle school and high school students.

An attorney with the ACLU’s Lesbian and Gay Rights Project said, “The Boyd County Public Schools wasted over a year’s time and a lot of taxpayer money to try to stop these students from having their club, when a federal judge had already made it clear that the district was breaking the law by trying to silence students who wanted nothing more than a place to talk about how to stop anti-gay harassment and discrimination at school and in the community.”⁵⁹

One student member of the GSA said, “I’m just excited that it’s over... I’m glad we’re finally coming to a resolution.”⁶⁰

However, not everyone in the community supports the school’s decision to settle. As a result of the decision, the pastor of a local Baptist church who led the opposition to the GSA is forming a new group to “protect the civil rights, personal health and safety of students, staff and citizens” in Boyd County. The group will include educators, students, business leaders, pastors, and parents.⁶¹

THE FUTURE OF THE PLAYERS

The controversies we have tracked during the 2003–04 school year truly show the tremendous power of an individual to effect change. Margaret Mead was right when she said, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it is the only thing that ever has.” The vocal parents, committed students, strong teachers, and organizing groups are all great examples of the incredible impact people can have when they work together to advocate for improvements.

Advocates for comprehensive sexuality education can and must learn a very simple lesson: if more people spoke up to demand better sexuality education in their local schools, more students would receive it. It was not enough just to vote on November 2nd. We must continue to work with those around us to advocate for improvements on the local level. Together, we can make a difference.

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SOCIETY FOR SEX THERAPY AND RESEARCH (SSTAR) ANNOUNCES BOOK AWARDS

The Society for Sex Therapy and Research (SSTAR) has established two book awards to be given to the author(s) or editor(s) of the best works published in English related to the understanding and treatment of sexual disorders: one addressed to the public, and the other to health professionals. The awards will be named: *The SSTAR Book Award (Consumer)* and *The SSTAR Book Award (Health Professional)*.

Nominations for the *SSTAR Book Award (Consumer)* may come from any individual or group of individuals (e.g., an organization). Nominations for the *SSTAR Book Award (Health Professional)* must come from a health professional or

group of health professionals (e.g., an organization). In both instances, a publisher may also nominate a book.

The award winners (including multiple authors, or each of the editors of an edited book where there is more than one editor) will each be given a plaque and their names will be listed on the SSTAR website and in the Directory of Members. There will be no monetary award.

For more information about the book awards, please see www.sstarnet.org or contact the Society for Sex Therapy and Research at 409 12th Street, S.W., PO Box 96920, Washington, D.C. 20090; 202/863-1644.

U.S.-BASED OPPOSITION TO SEXUAL AND REPRODUCTIVE RIGHTS GOES INTERNATIONAL

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By now, most individuals involved in sexuality education, reproductive health, or sexual rights understand that there is a widespread and well-organized opposition movement. These opponents take many forms—from large, nonprofit organizations with broad missions of promoting conservative values to small for-profit distributors of abstinence-only-until-marriage curricula and materials. Domestically these organizations have seen some recent success in instituting abstinence-only-until-marriage programs, undermining abortion rights, impeding access to contraception (especially for teens), and preventing gay and lesbian people from receiving equal civil rights. These individuals and organizations represent a minority of Americans but often purport to be fighting for universal ideas and principles.

While we have become used to their impact on politics and policies here in the United States and continue to develop effective counter-strategies, many people do not realize how influential these very same groups have become in the international arena. They are playing an ever-increasing role in countries and regions as diverse as Africa, Asia, and both western and eastern Europe. Their primary goals remain the same—promoting the “traditional family,” instituting abstinence-only-until-marriage programs, redirecting HIV/AIDS education, and limiting access to family planning resources and abortion. And their tactics are remarkably familiar.

In the name of public health, these organizations are exporting a conservative social agenda and attempting to impose their narrow ideology on the rest of the world.

THE ISSUES

Promoting the “Traditional” Family

Opposition groups continue to claim that marriage benefits individuals, children, and society and that there is only one acceptable family structure. Arguably the most prominent international meeting of opposition forces is the World Congress of Families, held in 1997, 1999, and 2004. Although considered an international conference, U.S.-based right-wing leadership primarily orchestrates this event. The 2004 Congress, held in Mexico City, Mexico

was organized by the non-governmental organization Family Network of Mexico; the U.S.-based Howard Center for Family, Religion, and Society; and the World Family Policy Center at Brigham Young University. Over 2,800 people from more than 60 countries were reported to have attended the conference. U.S.-based groups in attendance included anti-family planning, anti-sexuality education, and anti-abortion rights groups like the Population Research Institute (PRI), Catholic Family and Human Rights Institute (C-FAM), Focus on the Family, the Family Research Council, and the Beverly LaHaye Institute.

The three-day meeting focused on “issues like homosexual ‘marriage,’ abortion, population control, anti-family media (news and entertainment), parental rights and the UN’s anti-family agenda...” The goal was “to forge an international pro-family alliance transcending national borders, cultures and faith traditions.”¹

As part of this campaign to institute “the natural family” worldwide, opponents have leveled harsh criticism against same-sex marriage, which they have described as a “devastating and potentially fatal blow to the traditional family” and the “downfall of Western civilization.” Concerned Women of America, for example, wrote, “Adultery, pre-marital sex, no-fault divorce, co-habitation, and absentee fathers and mothers have already weakened marriage. Adding homosexuality to the mix will only further destabilize marriage.”²

Likewise, many proponents of the “traditional family” oppose abortion, sexuality education, and even family planning, all of which they consider a threat to the “family.” Human Life International, for example, links contraception, abortion, and comprehensive sexuality education, and says, “We refer to these evils as the unholy trinity because they constitute a blasphemous mockery of God’s plan for the family.”³

Instituting Abstinence-Only-Until-Marriage

Buoyed by their success in securing domestic funds for abstinence-only-until-marriage programs, opponents are working to bring these restrictive programs to other parts of the world. For example, The Silver Ring Thing (SRT),

a U.S.-based, abstinence-only-until-marriage program, took its show on the road this summer, sending a team of 30 representatives to the United Kingdom. SRT is merely one of many similar organizations looking to export their programs to countries worldwide despite their lack of success at home.

The Silver Ring Thing uses comedy skits, music, and a high-tech club-like atmosphere to communicate its abstinence-only-until-marriage message to middle and high school students. At the end of the presentation, students are offered the opportunity to take a pledge of abstinence until marriage, symbolized by placing silver rings on their fingers. Rings are intended to be worn until the students' wedding nights. The Silver Ring Thing promotes complete abstinence as the *only* way to stay physically and emotionally healthy. The program does not mention contraception at all. For participants who have been sexually active in the past, the program offers a message of "Second Virginity."

The Silver Ring Thing has been working to expand their program in the international arena, and the program's debut in the U.K. this summer garnered great media attention.⁴ For 10 pounds (about \$18), individuals were able to purchase the trademark silver ring which comes with a Silver Ring Thing Bible.⁵ SRT is also pursuing funding to launch their program in Africa, where SRT's parent organization, The John Guest Team, has an established presence. In fact, it is in the fifth year of a ten-year mission to the Bunyoro-Kitara region of Uganda through the Encounter Uganda program of Christ Church at Grove Farm. Two SRT representatives traveled to Uganda in January to lobby U.S. government agency representatives and local leaders to support SRT. According to their newsletter, "The [U.S.] Ambassador was very encouraging and agreed that the Silver Ring Thing would be a welcome addition to the disease prevention programs already operated by USAID in Uganda."⁶

In upcoming years, SRT and other similar programs are likely to receive federal funding for international programs. In fact, SRT was mentioned by name in the U.S. House of Representative's 2004 Foreign Operations Appropriations Bill: "In Uganda, Kenya and elsewhere in Africa, as part of a broad range of responses to the HIV/AIDS pandemic, the Committee supports expansion of programs to promote sexual abstinence... Proposals by established programs such as Stay Alive and Silver Ring merit special consideration by the AIDS Coordinator."⁷

This focus on abstinence-until-marriage undermines existing international prevention efforts, individual country's HIV/AIDS prevention plans and customs, as well as international treaties on health and human rights.

Redirecting HIV/AIDS Prevention

Opponents have worked very hard to redirect *all* HIV-prevention efforts towards an abstinence-until-marriage approach. Opposition organizations, for example, widely publicized the success of the "ABC" approach in Uganda. ABC stands for Abstain, Be Faithful, and Use Condoms. Many experts believe that each of these strategies is equally important and that, in fact, the message only works when all three are presented simultaneously. Nonetheless, opposition groups seized on the success of ABC as an opportunity to promote abstinence-until-marriage as the only appropriate method of HIV prevention.

And they have been very successful. In February 2004, the Bush Administration released the *President's Emergency Plan for AIDS Relief: U.S. Five-Year Global HIV/AIDS Strategy* (the U.S. Strategy, also known as PEPFAR). Among other prevention, treatment, and care initiatives, PEPFAR will provide *not less than \$133 million annually* for abstinence-until-marriage programs in focus countries in Africa and the Caribbean.⁸ PEPFAR applies a hierarchical version of the 'ABC' model that elevates the role of pre-marital abstinence and marginalizes condom education and distribution. PEPFAR limits condom programs to "high-risk" groups, i.e., "prostitutes" and "sero-discordant couples," couples in which one partner is HIV-positive and the other is HIV-negative.⁹

This isolation of "high risk" groups misrepresents the level of risk in the focus countries. Given the high HIV prevalence rates among the general population in these countries, the unfortunate truth is that *everyone* is "high-risk."

Nonetheless, the U.S. Strategy emphasizes abstinence-until-marriage as the paramount prevention strategy. It states, "interventions will deliver messages that promote abstinence until marriage..." and "every effort will be made to deliver a consistent 'ABC message' so that the general population receives a clear message that the best means of preventing HIV/AIDS is to avoid risk all together."¹⁰

In addition, all prevention monies are available to faith-based organizations (FBOs). Granting funds to FBOs is not a problem *per se*, but the Bush Administration has selected conservative Christian FBOs as grantees almost exclusively. These groups are likely to be uncomfortable with a multi-faceted prevention approach tailored to the specific needs of local communities. Furthermore, the U.S. Strategy allows faith-based groups who receive funds to exclude information about contraceptive methods, including condoms, if such information is inconsistent with their religious teachings.¹¹

The ready availability of prevention monies to FBOs has been a great boon for opposition organizations, many of which have evangelical roots. For example, the government gave a PEPFAR grant to Food for the Hungry, Inc. to run

an HIV-prevention program in Johannesburg, South Africa. Food for the Hungry, Inc., is a Christian organization for which “evangelism also is a primary component of our ministry.”¹² The organization’s mission is to implement its “Vision of a Community,” which includes introducing “biblical values that help free people from the lies that hold them in bondage.”¹³ According to their website, they are continuing to develop and run “morality-based sex education/reproductive health programs and other programs that enhance positive character development and responsible behavior in secondary school students between ages 13–19” in Uganda.¹⁴

Although popular with the far-right organizations, abstinence-only-until-marriage programs have not been proven effective domestically. In fact, recent research suggests that these programs may actually negatively impact young people’s sexual decisions. The exclusive abstinence-until-marriage approach promoted by the U.S. government contradicts an overwhelming amount of scientific evidence, sound public health policy, and international agreements on reproductive and sexuality health and rights.

Undermining Family Planning Efforts

Opponents have also set their sights on rolling back family planning programs. The Population Research Institute (PRI), for example, launched a successful campaign against U.S. funding of the United Nations Family Planning Association (UNFPA). UNFPA provides family planning, maternal and child health care, and sexually transmitted disease prevention and treatment services to millions of people in more than 160 countries around the world, including those hardest hit by the HIV/AIDS epidemic.

PRI set out to prove that simply by working in China, UNFPA violates a United States law which prohibits the funding of any organization that “supports or participates in the management of a program of coercive abortion or involuntary sterilization,” as determined by the President.¹⁵

PRI, founded by Father Paul Marx, is vehemently opposed to family planning. Marx’s views are well documented: one article informs readers of his assertion that “wider access to contraception is at the root of most social evils and inevitably leads to abortion, infanticide, euthanasia, homosexuality, teen pregnancy, sexually transmitted diseases, sterilization, divorce, and family breakdown.”¹⁶

PRI sent a paralegal, two translators, and a videographer to one of the 32 counties in China where UNFPA was working. They returned with tapes of roughly two dozen Chinese people testifying about coercive practices in the region. Stephen Mosher, PRI’s director, had conducted research in China himself while a Ph.D. candidate at Stanford University, but was asked to leave China in 1981 after repeatedly violating the country’s rules.¹⁷ Two years

later, in 1983, Mosher was expelled from Stanford, without finishing his degree, for “illegal and unethical conduct” in connection with a report he completed based on his work in China.¹⁸ Mosher has described the UNFPA as “the chief international cheerleader for China’s one-child policy.”¹⁹

Immediately following the release of the PRI report, the United Nations (UN) dispatched a team to investigate the allegations. Roughly six months later, in the spring of 2002, two more evaluations took place, one led by members of the British Parliament and the other by representatives of the U.S. State Department. All three investigations found that UNFPA’s work contributed to positive change in China. The State Department report explicitly stated they found “no evidence that the UNFPA has knowingly supported or participated in the management of coercive abortion or involuntary sterilization” in China.²⁰

UNFPA’s involvement was officially evaluated for a fourth time in 2003, when a multi-faith panel sponsored by Catholics for a Free Choice traveled to China. This group of ethicists and Christian, Jewish, and Muslim religious leaders wanted to better understand UNFPA’s role in China, and once again, their report documents that UNFPA has been a key catalyst for positive change in China.²¹

Despite these overwhelmingly positive findings, the Bush Administration bowed to pressure from PRI and other conservative groups by withholding \$34 million that had originally been slated for UNFPA. This funding represents roughly 10% of UNFPA’s total budget, and the organization estimates that this amount could have helped prevent 2 million unintended pregnancies, 800,000 abortions, 4,700 maternal deaths, and more than 77,000 infant and child deaths worldwide.²² To date, the U.S. is the only country in the world to deny its share of dues to the UNFPA for non-budgetary reasons.

THE TACTICS

Undermining the International Conference on Population and Development

This year marks the 10-year anniversary of the International Conference on Population and Development (ICPD) that was held in Cairo, Egypt in September 1994. At ICPD, 179 countries adopted by consensus a 20-year Programme of Action (PoA) which presented a new strategy for managing population growth. The PoA focused on the needs and rights of individuals, rather than on achieving demographic targets and quotas.

The PoA also formally recognized that women’s empowerment is a key to achieving development goals. Accordingly, the PoA aimed to increase women’s access to education, skill development, employment opportunities, and comprehensive family planning and reproductive health services.

Often working through the Bush Administration, opponents of sexual and reproductive health have seized every opportunity to undermine the original agreement by voicing dissent at regional events organized to review the progress of the PoA and commemorate the 10-year anniversary of the conference.

For example, at the 37th Session of the Commission on Population and Development in New York the U.S. delegation initially made it clear that it would not reaffirm Cairo because of what it considers to be unclear treatment of abortion in the PoA.

The U.S. delegation tabled amendments to the fifth resolution, calling for insertion of language in three different places stating that the ICPD PoA does not promote abortion.

In the end, the consensus to re-affirm Cairo was unanimous, meaning that all countries joined, including the United States, but countries still had the option of submitting formal reservations. Three countries chose to make such statements of reservation: the United States, Nicaragua, and Egypt.

Working Through the United Nations

In order to position themselves for maximum influence within the international arena, opposition groups have become heavily involved in activities of the United Nations. Numerous conservative organizations, including Concerned Women for America and Focus on the Family, have permanent consultative status at the UN. At the World Congress of Families in Mexico City 2004, speakers encouraged other conservative organizations to seek permanent consultative status with the Economic and Social Council (ECOSOC) of the UN to enable them to attend UN conferences and other meetings automatically worldwide. Speakers also argued that conservative NGOs should not only be subsidized by governments at UN conferences but also be appointed as member(s) of their country's own national delegations.

Opposition groups also work to bring their agendas, supporting arguments, and misinformation to UN officials. For example, in 1999, opposition organizations convened a pro-family seminar for an audience of UN diplomats and bureaucrats at UN headquarters in New York City, called "Church, Synagogue, Mosque: Solutions for the Modern Family." The goal of the seminar was to refute liberal social and family policy as practiced in the industrialized west over the past few decades.²³ Seminar chair Dr. Patrick Fagan of the Washington DC-based Heritage Foundation said, "Most contemporary social policy as it relates to the family can be replaced by the very simple notion of an intact family living under one roof and worshipping regularly." "Our purpose," said Richard Wilkins, director of the World Family Policy

Center, "is to ask the diplomats of the developing world not to take the advice of policy-makers from the industrialized West. Their policies have nearly ruined the Western family."²⁴

As the documents that emerge from UN conferences play an increasingly important role in developing international law, the opposition has increased its efforts to shape this language. To fully realize their goals, the far right must either incorporate new language into existing documents or redefine the existing language in such a way that it appears to support their movement. Opposition groups are working to establish their definition of "the family" as the one which has a right to state protection and support under many UN treaties, including the Universal Declaration of Human Rights.

At the World Conference of Families, Ambassador Ellen Sauerbrey, the U.S. Representative to the UN Commission on the Status of Women, instructed conference participants, "Those who are concerned with preserving the traditional family need to pay close attention, not only to national laws, but also to international treaties and declarations coming out of conferences and how they are being implemented."²⁵

Sponsoring International Conferences

Realizing the importance of the declarations that come out of conferences, the opposition has begun to plan and host large conferences to promote their "pro-family" arguments and strategize ways to pressure governments and the UN to adopt their agenda. Large organizations and leaders encourage individuals to plan local meetings on similar topics. Major conferences often result in the attendees adopting a declaration, and these documents are intended to work with the UN system.

These conferences purposely resemble UN meetings, processes, and resulting declarations, which lend them credibility with governments and the public. For example, the International Conference for the Family in Doha, Qatar, to be held November 29-30, 2004, is planned to coincide with the United Nation's Tenth Anniversary of the International Year of the Family. The conference will bring "the world's leading academicians, policy analysts, religious leaders and government officials" together to discuss subjects including "The Benefits of Marriage," "What Children Really Need," "The Family and Human Sexuality," and "The Dignity and Worth of Human Life."²⁶ The conference will conclude its events by adopting the Doha Declaration which "will carry a message to the states of the world emphasizing the importance of restating the family and will call upon governments to be committed to promote the role of family and its protection as a fundamental unit of which society is made."²⁷

THE FUTURE

Similarly, the World Congress of Families adopted a final decree entitled the “Mexico City Declaration,” whose principles include: “the natural family is the fundamental social unit, inscribed in human nature, and centered on the union of a man and a woman in the lifelong covenant of marriage” and “sexuality exists for the expression of love between husband and wife and for the procreation of children in the covenant of marriage.”²⁸ Speakers included Cardinal Alfonso López Trujillo, president of the Pontifical Council for the Family, who discussed his view that divorce is never acceptable, even in cases of domestic violence; Marcus Witt, a U.S. Christian leader, who talked about what is needed is to reinforce the “manliness” of husbands; and high-level officials from the Bush Administration.

Wade Horn, the Assistant Secretary for Children and Families of the U.S. Department of Health and Human Services, attended as did Ambassador Ellen Sauerbrey, U.S. Representative to the UN Commission on the Status of Women. Sauerbrey read a letter from President Bush in which he commended the efforts of the World Congress in recognizing “the importance of families in our society. Around the world, families are the source of help, hope, and stability for individuals and nations. As one of the pillars of civilization, families must remain strong and we must defend them during this time of great change. Your work improves many lives and makes the world better.”²⁹

Other speakers further illustrated their position on marriage, families, and children. In the opening address, Allan Carlson, Ph.D., president of The Howard Center for Family, Religion, and Society explained, “First, we are here to acknowledge—in the words of the Geneva Declaration—‘that the natural human family is established by the Creator’ and ‘inscribed in human nature.’” He went on to say that “Second, we are here to affirm the marriage of man to woman as the first and necessary social bond, the foundation of civil society.”³⁰ He also said marriage represented “the renewal of a community through the promise of responsible new citizens to come,” since “children reared within natural marriage will be healthier, brighter, harder-working, and more honest, dutiful, and cooperative than those raised in other ways.”³¹

Representatives of some local organizations criticized the conference and organized to mitigate the damage they feared it would cause in Mexico. “These people have gone too far,” said Jose Maria Covarrubias, the leader of the Mexican organization Circulo Gay. “Their positions ignore history and the signed international treaties that support sexual diversity and the commitments to respect it.”³² Mario Arteago, the president of the Mexico Pride Committee, criticized the World Congress of Families. “That structure of dad, mom, son, daughter, dog and cat no longer reflects the reality of the bulk of the population,” he said.³³

For better or for worse, the United States is a powerful member of the international community. For the last four years, the U.S. government has been a mighty instrument through which opposition organizations have promoted their messages. The U.S. government enacts its policies not only domestically but also globally. The Bush Administration is systematically implementing the opposition’s abstinence-only-until-marriage, anti-choice, and increasingly anti-contraception policies internationally by challenging international agreements on and restricting U.S. funding for HIV/AIDS, family planning, and abortion. As the Administration attempts to coerce the international community into retreating from sexuality and reproductive rights agreements and implementing an abstinence-only-until-marriage agenda, it not only isolates the U.S., but does significant harm to the lives of people around the world.

Now that President Bush has been re-elected, the opposition will continue to have a powerful advocate with arguably the most resources and largest platform for disseminating messages in the world.

Advocates for sexual and reproductive rights will have to remain vigilant to ensure that these attacks do not have a devastating long-term impact. By monitoring their movement and tactics, we will be able to analyze and address their arguments, effectively neutralize their attacks, and successfully protect and promote sexual and reproductive health and rights. Familiarity will help us to predict their actions and rhetoric and prepare proactive campaigns and policies. Despite actions on the part of these opponents to promote the “traditional family,” institute abstinence-only-until-marriage programs, redirect HIV/AIDS education, and limit access to family planning resources and abortion, we will continue to create progress that supports the health and rights of all people worldwide.

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SETTING POLITICS ASIDE TO COLLECT CROSS-NATIONAL DATA ON SEXUAL HEALTH OF ADOLESCENTS

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The periodic collection of data to monitor changes in the sexual health behaviors of adolescents is well established in the United States through the Youth Risk Behavior Surveillance System (YRBSS).^{1,2} The YRBSS—developed by the U.S. Centers for Disease Control and Prevention (CDC)—includes periodic national, state, and local school surveys plus other non-periodic components (e.g., a survey of alternative school students).^{3,4} These surveys all use a similar questionnaire, the Youth Risk Behavior Survey (YRBS). The YRBS measures six categories of behaviors: those that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; dietary behaviors; and physical activity. Nearly all states have conducted a YRBS, and many do so every other year, typically in the spring of odd-numbered years. A small number of states have occasionally excluded the questions related to sexual health out of concern that their inclusion could jeopardize successful implementation of a state's YRBS.

Recognizing the difficulty that some states have faced in adopting and maintaining a core set of questions related to sexual health as part of their state YRBS, one might anticipate a similarly high level of difficulty in getting European and other North American countries and regions to adopt a core set of questions permitting cross-national comparisons. In fact, nearly all of the 35 nations or regions (e.g., Wales, Scotland, England) participating in the World Health Organization (WHO)-affiliated Health Behaviors in School-aged Children (HBSC) survey during the 2001–2002 school year adopted four YRBS questions related to sexual health and administered them to national samples of adolescents. This article reports on these data collected as part of the wider 2001–2002 HBSC. The article was adapted from the chapter on sexual health in the *HBSC International Report* recently published by the WHO Regional Office for Europe.⁵ Another adaptation of the sexual health chapter may be found elsewhere.⁶

BACKGROUND

Sexual health is a substantial part of adolescents' general, social, and personal well-being.⁷ One of the primary devel-

opmental aspects of adolescence is the consolidation of identity in general, and sexual identity in particular. The development of sexuality in adolescence involves physical changes associated with puberty, psychological changes, and interpersonal events. Adolescents need to learn how to be comfortable with themselves, how to deal with their sexual feelings, and how to relate in a healthy way to other people.

Adolescence is both a period of opportunity, when new options and ideas are explored, and a time of vulnerability and risk. Fortunately, most adolescents emerge from these changes with positive sexual and reproductive health outcomes. Nevertheless, many of the normative behaviors associated with adolescence—spontaneity, social immaturity, risk taking, and volatility—can raise issues with respect to sexual health.

The key public health concerns related to teenage sexual health include pregnancy and sexually transmitted infections (STIs), all of which cause significant health, social, and economic problems for young people, and are largely preventable through the coordinated efforts of families, schools, health and education agencies, and community organizations. The development of effective school- and community-based programs depends in part on obtaining information about the nature and extent of sexual behavior among adolescents. Current information on issues related to young people's sexual health is urgently needed to help support development of policies and to target and evaluate programs. We also need a better understanding of the social and cultural determinants of sexual risk taking, as well as corresponding protective factors, so that interventions can both be comprehensive and effectively targeted. Unfortunately, few cross-national data have been available about the sexual health of adolescents.

THE HBSC STUDY

The HBSC study is cross-national research conducted by an international network of research teams in collaboration with the WHO Regional Office for Europe. The HBSC began in the early 1980s as a collaboration involving only a handful of European countries. The aim of the HBSC is to gain new insight into, and to increase understanding of, young people's health, well-being,

health behavior, and social context. The HBSC is conducted every four years with national samples of students in their twelfth, fourteenth, and sixteenth years of life (ages 11, 13, and 15) using a standardized international core questionnaire with optional modules. When the United States applied and was accepted as an HBSC member in 1998, the HBSC had 29 country or regional members. By 2002, there were 35 members. The average number of completed questionnaires in each participating country or region is 4,500 (all three age groups combined).

One of the driving forces behind the HBSC is to provide member countries and regions with the opportunity to learn from each others' successes in addressing aspects of adolescent development or reducing adolescent risk behaviors. Specifically, the purpose of reporting cross-national results is to examine differences across countries and regions in key health behaviors, indicators of health status, or factors regarded as determinants of health behavior/status. Evidence that certain countries or regions are faring better than others leads to a series of questions focused on causes of these differences. For example: Do the differences result from deep-seated cultural factors? Do they reflect variations in family upbringing? Do public policy initiatives in countries that are doing better, or that have shown improvement, help to explain the differences? Are there coordinated health-promotion campaigns? Does the public education system make concerted efforts to address the issues that could explain differences in patterns of success? In recent years, for example, cross-national transfers in public policy strategies have occurred in relation to use of seatbelts and bike helmets, increasing awareness of and preventing bullying, and various measures for reduction of tobacco use (e.g., enforcement of sanctions for underage sales, taxes on tobacco products, and health promotion campaigns).

The 1989-1990 HBSC contained an optional module on sexual health that several countries and regions then participating in the HBSC adopted, at least on a one-time basis. This optional package focused on knowledge about, attitudes toward, and a set of behaviors related to the initial expressions of sexuality. In the 1997-1998 HBSC, fewer than half of the participating countries and regions included any questions about sexual health. The questions that were included varied widely in scope and content; however, a sufficient number of countries had adopted some broadly comparable questions that permitted an exploratory, cross-national analysis, which was included in the 1997-1998 International Report published by the WHO Regional Office for Europe.⁸ The lack of comparability across sexual health questions at that time helped establish the justification for coming to agreement on a set of "mandatory" questions on sexual health.

These "mandatory" questions were included, for the first time, on the 2001-2002 HBSC survey. While the questions were "mandatory," a country or region was given the opportunity to "opt out" of them *in extremis*; i.e., if inclusion of these questions might prove to be a showstopper (that is, the entire survey might fail to go forward if these questions were included). To limit such circumstances, these sexual health questions were recommended for administration only to students in a country or region's population of 15-year-olds. The rationale was two-fold: younger students are unlikely to have experienced sexual intercourse, and schools would be far more likely to refuse to participate in the HBSC if younger students were asked questions about sexual health. Analogously, the YRBS is asked only of high school students who during spring administration are ordinarily 15-18 years old. In the 2001-2002 HBSC survey, of the 35 countries and regions that participated, only four did not ask any of the sexual health questions: Denmark, Ireland, Norway, and the United States. Their collective explanation for exclusion of the "mandatory" sexual health questions was that inclusion likely would have deterred school participation, with a consequent unacceptable reduction in participation rates.

The United States excluded the sexual health questions from the HBSC because they were already on the YRBS; therefore, it was believed that the U.S. Office of Management and Budget (OMB) would likely view their inclusion on the HBSC as redundant. Redundancy with other existing data collections has often been sufficient justification for OMB to deny clearance. In addition, within the United States, a strong infrastructure at state and local levels supports the biennial YRBS. However, the HBSC largely lacks such infrastructure to support state and local clearances. For the purposes of this article, 2001 national YRBS data for 15-year-olds has been added to the cross-national comparisons previously published in the WHO International Report.⁹

Questionnaire Development. The YRBS clearly identifies its purpose as monitoring trends in risk behavior. While many HBSC member countries use HBSC data to monitor risk behavior, the HBSC distinguishes itself from the YRBS and similar surveys by seeking to measure the *determinants* of adolescent development, including the development of relationships. Focusing on relationships rather than risk behavior would seem to lend itself to a different set of questions. However, a review of commonalities across the sexual health questions found in the 1997-1998 HBSC questionnaires of participating countries helped to identify four constructs that were most critical to incorporate into the HBSC. These four constructs already were measured on

the YRBS. The YRBS questions also had undergone extensive cognitive tests, had been widely used for over a decade, and were known to produce reliable data in the United States.^{10, 11} Therefore, the four following mandatory sexual health questions were adopted from the YRBS with few changes:

1. Have you ever had sexual intercourse? (Sometimes this is called “making love,” “having sex,” or “going all the way.”) The response options were: Yes; No.
2. How old were you when you had sexual intercourse for the first time? The response options were: I have never had sexual intercourse; 11 years or younger; 12 years old; 13 years old; 14 years old; 15 years old; 16 years or older.
3. The last time you had sexual intercourse, did you or your partner use a condom? The response options were: I have never had sexual intercourse; Yes; No.
4. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? The response options were: I have never had sexual intercourse; No method was used to prevent pregnancy; birth control pills; condoms; spermicidal spray or foam; withdrawal; national choice option: questionnaires could include additional country- or region-specific options if desired; some other method; not sure.

The first question includes parenthetical cues to help the young person understand the meaning of the term “sexual intercourse.” Validity studies have shown that adolescents can accurately report whether they have engaged in sexual behavior.¹² The question does not specify that sexual intercourse is restricted to vaginal intercourse. However, most young people interpret such cues as indicating vaginal intercourse, and refrain from reporting non-vaginal sex as “sexual intercourse,” thereby understating the population at risk of STI. It also should be noted that, by asking only whether young people had *ever* had sexual intercourse, the question did not identify those who were *currently* sexually active and, therefore, immediately at risk of pregnancy and STI.

The second question was designed to measure age at first sexual intercourse. This age is generally thought to be significant since those who engage in early first intercourse are thought to be at greater risk for unplanned and/or unprotected sex and, therefore, unintended pregnancy and the contraction of STIs. Moreover, early first intercourse correlates with other modes of risk taking. Alcohol and drug use have clear associations with early first intercourse, which is likely to be unintended and unprotected.^{13, 14, 15}

The third and fourth questions were designed to measure condom and contraception use at last intercourse. Research has shown that adolescents have difficulty in summarizing their use of contraceptives, even for short time periods, because their use is not consistent. Adolescents may use condoms, contraceptive pills, or other methods sporadically, depending on the situation and the sexual partner. In addition, if asked about “typical” behavior, respondents (both adults and young people) are more likely to bias their answers by describing socially desirable behavior. Responses about the last encounter have higher reliability and validity than those on typical behavior.

In the analyses of the data reported in response to the third and fourth questions, young people who responded to either question by saying that they or their partners used a condom during the last intercourse were regarded analytically as having used a condom for dual reasons: that is, to prevent both pregnancy and transmission of STI. In addition, for these analyses, responses to the fourth question on contraceptive methods were combined to provide a summary measure of the proportion of 15-year-olds reporting use of at least one mode of contraception. The pre-coded response for withdrawal was excluded because this method offers little or no protection from pregnancy. Future analyses of the data on the use of condoms and other means of contraception will pay particular attention to national choice responses.

Exclusions of Sexual Health Data. In the 2001–2002 HBSC, 31 out of 35 participating countries and regions included one or more of the four sexual health questions in their questionnaires; as noted above, only Denmark, Ireland, Norway, and the United States did not. Of the 31 that did, data from Malta were excluded from the analyses because Malta’s translation of sexual behavior as “sexual *experience*” rendered its data non-comparable to those of other nations. Two countries asked fewer than all four questions but their data were still included in the analyses. The Czech Republic included only the question about ever having had sexual intercourse. The Russian Federation asked only the questions about ever having had sexual intercourse and the age at first intercourse. Italy asked all four questions, but asked the contraception question differently, so Italy’s data on contraception were excluded from the analyses. In two countries, less than a full national sample was asked the sexual health questions. Israel asked all of the sexual health items but, in accord with past practice, not in religious schools. Similarly, Germany used the full set of questions but only in two *Länder* (areas), Saxony and Berlin.

RESULTS

The four sexual health questions allow the investigation of four research questions.

- What proportion of the population has experienced sexual intercourse?
- What proportion of the sexually active population experienced early intercourse?
- How many in the sexually active population protect themselves and their partners by using condoms?
- How many in the sexually active population protect themselves and their partners against pregnancy by using some type of contraception?

As mentioned, for these analyses, responses to the question on contraceptive methods were combined to provide a summary measure.

Experience of Sexual Intercourse. Counting the United States, for which YRBS data have been added, 31 countries and regions included in this analysis asked 15-year-olds whether they had ever had sexual intercourse. The differences in responses are striking (Table 1). The percentages of 15-year-olds who report having had sexual intercourse range from 15% in Poland to 75% in Greenland. In nine countries and regions, mainly in eastern and central Europe, plus Spain, fewer than a fifth of young people report ever having had sexual intercourse. At the upper end of the spectrum, in England, Greenland, Scotland, Ukraine, the United States, and Wales, a third or more have had sexual intercourse.

The gender differences in having ever experienced sexual intercourse are wide. Among boys, positive responses range from 18% in Spain to 71% in Greenland. The Czech Republic, Estonia, Poland, and Spain cluster at the low end with rates of about 20%. At the opposite end of the spectrum, in nine countries and regions, about a third or more of boys have had sexual intercourse. Among girls, positive responses range from 4% in the former Yugoslav Republic of Macedonia to 79% in Greenland. Rates are below 20% in 15 countries and regions but about 33% or more in 6 others.

Interestingly, in the same six countries or regions, more girls than boys declared having had sexual intercourse. The largest differences are found in Germany (23% for boys vs. 34% for girls) and Wales (29% for boys vs. 40% for girls). In eight countries, a more traditional pattern prevails with at least twice as many boys as girls having had sexual intercourse. More than three times as many boys as girls gave positive answers in Greece and Israel, and more than ten times as many in the former Yugoslav Republic of Macedonia (38% for boys vs. 4% for girls).

TABLE 1. PROPORTION REPORTING TO HAVE HAD SEXUAL INTERCOURSE: 15-YEAR-OLDS

	BOYS	GIRLS
Greenland	70.8	78.8
England	35.7	40.4
Ukraine	47.2	24.0
Wales	28.7	40.1
Scotland	32.9	34.6
USA	36.5	30.6
Belgium-French	34.4	23.2
Finland	23.0	33.1
Sweden	25.3	30.9
Germany	22.5	33.5
Russian Federation	40.9	16.4
Slovenia	30.8	21.6
Belgium-Flemish	26.3	23.7
Portugal	30.2	20.3
Canada	24.7	24.0
Italy	27.2	20.5
Netherlands	24.2	21.6
Switzerland	25.1	20.6
France	26.1	18.3
Greece	33.6	9.6
Austria	22.1	19.1
Israel	32.4	9.7
Hungary	25.5	16.4
TFYR Macedonia	37.4	3.6
Lithuania	26.4	10.8
Czech Republic	19.4	17.2
Estonia	20.1	15.8
Latvia	21.8	14.1
Spain	18.0	14.8
Croatia	23.2	9.7
Poland	20.9	9.2

Age at First Intercourse. Across all countries and regions, the mean age of first intercourse among 15-year-olds who reported ever having sexual intercourse was 14.3 years for girls and 14.0 for boys. The mean age ranges from 13.5 years in Lithuania to 14.6 years old in Ukraine. For girls, the mean age of first intercourse ranges from 13.6 years old in Lithuania to 14.9 years old in Ukraine. For boys, it ranges from 13.5 years old to 14.5 years old in the same two countries. In most countries and regions, it is slightly lower among boys than girls. The greatest gender difference, about one year, is found in Portugal (13.7 years for boys vs. 4.8 years for girls) (Table 2).

**TABLE 2. MEAN AGE OF FIRST SEXUAL INTERCOURSE:
15-YEAR-OLDS WHO REPORT HAVING HAD INTERCOURSE**

	BOYS	GIRLS
Ukraine	14.5	14.9
Greece	14.3	14.6
Israel	14.3	14.7
Italy	14.4	14.5
Russian Federation	14.2	14.7
Spain	14.2	14.5
Czech Republic	14.2	14.4
Latvia	14.2	14.4
Poland	14.1	14.7
Wales	14.3	14.3
Croatia	14.0	14.5
Estonia	14.1	14.3
Greenland	14.3	14.2
Hungary	14.1	14.4
Portugal	13.7	14.8
Slovenia	14.1	14.4
Switzerland	14.0	14.4
Belgium-Flemish	14.0	14.2
England	14.0	14.1
Finland	14.1	14.2
Canada	13.9	14.2
Germany	13.7	14.2
TFYR Macedonia	13.9	14.6
Scotland	14.0	14.0
Netherlands	13.8	14.0
USA	13.7	14.1
Belgium-French	13.7	14.0
Sweden	13.7	13.8
France	13.5	13.9
Austria	13.5	13.6
Lithuania	13.5	13.6

**TABLE 3. CONDOM USE
LAST INTERCOURSE: 15-YEAR-OLDS**

	BOYS	GIRLS
Greece	91.2	82.5
Spain	89.1	89.1
Israel	89.3	73.6
TFYR Macedonia	85.1	84.0
France	87.0	77.0
Austria	84.8	78.9
Switzerland	78.3	83.0
Latvia	81.0	77.3
Lithuania	82.2	70.4
Hungary	84.5	71.8
Netherlands	83.3	72.4
Greenland	77.9	74.5
Ukraine	83.7	59.2
Canada	79.8	71.7
Slovenia	80.4	67.6
Croatia	75.2	73.1
Estonia	75.9	70.5
Poland	73.4	72.5
Belgium-French	78.1	64.8
Portugal	68.5	77.8
Belgium-Flemish	81.3	59.7
England	69.6	70.8
Scotland	76.2	63.4
Germany	75.6	64.4
Wales	75.2	63.6
USA	69.0	60.2
Sweden	72.9	57.6
Finland	72.6	58.6

Use of condoms. The proportion of sexually active young people who report that a condom was used the last time they had sexual intercourse ranges from 64% in Finland (closely followed by Sweden and the United States) to 89% in Greece and Spain (Table 3). In seven countries or regions, no more than 70% of sexually active young people reported using a condom. In seven others, 80% to nearly 90% report condom use in their last encounter.

In all countries and regions except three (Portugal, Switzerland and England), boys are more likely than girls to report condom use the last time they had sexual intercourse. The gender difference can sometimes be quite large, as in Flemish-speaking Belgium (81% boys vs. 60% girls) and Ukraine (84% boys vs. 60% girls). The proportions reporting condom use ranges from 69% in Portugal to 91% in Greece for boys and from 58% in Sweden to 89% in Spain for girls.

Use of contraception. The proportion of sexually active young people reporting the use of at least one method of contraception (including but not limited to condoms and birth control pills) during their most recent intercourse ranges from 73% in Poland to 95% in the Netherlands (Table 4). Proportions are below 80% in seven countries or regions and at or above 90% in eight others.

Among boys, the proportion reporting use of contraception when they last had sexual intercourse ranges from 73% in Poland to 92% in the Netherlands. Among girls, the proportion ranges from 68% in Ukraine to 97% in the Netherlands. The countries and regions are almost evenly split as to whether boys or girls have a higher rate of contraception use; in many, the rates are nearly identical. Boys are far more likely than girls to use contraceptives in Greece, Hungary, Israel, and Ukraine. Girls are more likely to use contraceptives in England, Germany, Greenland, Portugal, and Switzerland.

**TABLE 4. USE OF CONTRACEPTIVES
LAST SEXUAL INTERCOURSE: 15-YEAR-OLDS**

	1 OR MORE METHODS USED	
	BOYS	GIRLS
Netherlands	92.4	97.0
France	92.1	92.5
Germany	87.8	94.9
Austria	90.2	93.0
Sweden	92.2	90.5
Switzerland	87.3	95.2
Spain	89.8	90.6
Belgium-Flemish	90.5	89.6
Greenland	86.8	91.2
Greece	91.2	82.5
Israel	91.7	77.4
TFYR Macedonia	88.2	84.0
Finland	88.2	86.0
Slovenia	89.2	83.3
Lithuania	88.1	81.6
Canada	86.8	85.5
USA	89.3	83.0
Latvia	86.9	84.0
England	80.4	87.5
Wales	82.4	84.8
Belgium-French	82.2	81.5
Hungary	84.5	72.5
Estonia	79.3	77.3
Portugal	74.8	82.7
Ukraine	85.0	62.5
Scotland	81.2	73.8
Croatia	76.7	74.6
Poland	73.4	72.5

DISCUSSION

The responses to the four questions relating to sexual health demonstrate noteworthy differences across the HBSC countries and regions in the proportions of 15-year-olds having had sexual intercourse, the mean age at first intercourse, the use of condoms to prevent STI, and the use of contraceptives during the most recent intercourse. Cross-national differences undoubtedly reflect fundamental cultural, social, religious, and educational differences across countries, as well as differences in public policy. The most important findings demonstrate variations across countries and regions in the use of condoms. While no more than 70% of sexually active young people used a condom the last time they had sexual intercourse in seven countries (including the United States), 80% to 90% of sexually active young people did so in seven others. These findings have important policy implications. In the context of the HBSC, however, further analysis will give an opportunity to explore the determinants of condom use within and across countries in relation to other risk behaviors

(especially drug and alcohol use), onset of puberty, school and community bonding, school performance and parental relations.

Examination of the gender differences shows that, in many countries and regions, traditional expectations tied to gender are eroding. For example, while boys are twice as likely as girls to have experienced sexual intercourse in nearly a third of HBSC countries and regions, the genders are almost equal in this experience in many more, and girls are more likely than boys to have experienced intercourse in six (England, Finland, Germany, Greenland, Scotland and Wales). In almost all countries and regions, boys are more likely than girls to report that a condom was used during their last intercourse. The gender difference can sometimes be quite large, as in Flemish-speaking Belgium and Ukraine. These gender discrepancies raise complex questions related to cultural context, family upbringing, public policy, and the content of health education programs.

The HBSC study is not the ideal means of providing a complete picture of age at initiation of sexual activity because even the oldest participants are only in their sixteenth year of life, when the majority of young people have not yet started to be sexually active. Nevertheless, the population identified as sexually active in the study consists largely of early initiators who by definition are seen to be at higher risk of unplanned and/or unprotected intercourse and other risk behaviors associated with impulsiveness. On the other hand, with some noteworthy exceptions, a high percentage of these early initiators in many countries and regions report using condoms. This suggests that young people not only have received the various messages on “safer sex” but also seem largely to have accepted and acted on them.

Further analyses of contraceptive methods are planned, with the object of understanding of the differences in specific contraceptive practices across HBSC countries and regions, including “national choice” options, and to develop an efficacious, age-appropriate measure of these practices. Further analysis will also explore the differences in risk and protective factors connected with sexual behavior among individuals and across countries. Having a clearer picture of effective and ineffective contraceptive options that adolescents may be using in particular countries will contribute to a growing cross-national understanding of age-appropriate practices.

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The full report and further information about HBSC is available at www.hbsc.org.

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THE EDUCATION AND POLICY NEEDS OF TRANSGENDER INDIVIDUALS

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Keisha is a very intelligent and studious young woman who has been harassed out of school. Kids were mean and the teachers offered no protection. She has the unmistakable chiseled face and body of a 17 year-old boy, but attempts to style her hair and wear clothing as a punky girl. She looks like a boy wearing girl's clothing. Walking down the street, strangers make comments to her—harass her—and her very life is constantly in danger. When could this verbal harassment escalate into violence? Is she safe walking in her own neighborhood?

Similarly, Trevor was harassed out of school because he identifies as "genderqueer." Trevor was born female but is presenting mostly as a guy, which has made his thoughts of suicide subside. Trevor, like Keisha, faces harassment on the street. Although many might think he would be safer looking like a boy, people can see he was born female and this puts him in danger.

Keisha and Trevor are both transgender—an umbrella term used to describe a wide range of identities and experiences. It refers to many types of people, including transsexual people, crossdressers, androgynous people, and genderqueers. Other gender non-conforming people identify as transgender because their appearance or characteristics are perceived to be gender-atypical. In its broadest sense, "transgender" encompasses anyone whose identity or behavior falls outside stereotypical gender expectations.

It is important to understand, however, that some people may identify as transgender but not fall into one of the sub-categories discussed here. At the same time, many individuals, despite the fact that they may appear transgender to some, do not consider themselves to be transgender. We must not label people transgender based on our perceptions, but instead use the words they use to describe themselves.

Transgender people like Keisha and Trevor face numerous challenges. Many of these difficulties could be eliminated by increasing the number and quality of resources available and making minor shifts in policy, from ensuring that people have support in dealing with harass-

ment, to working to eradicate the discrimination and harassment they face. One does not need to be transgender or an expert on transgender people and issues to make these changes. By caring about transgender people, devoting time to policy changes, and helping to develop new resources, we can all take part in creating positive change.

TRANSGENDER ISSUES AND EXPERIENCES

Transgender people face situations that negatively affect very basic needs, and cause ongoing problems. They may face constant danger of emotional or physical harm, encounter workplace discrimination; they may be asked to show identification that doesn't match their identity; or they may be obliged to use unsafe public restrooms several times each day.

Transgender youth experience many of the same issues that transgender adults face, and then some. Transgender youth often do not have the same access to resources as adults do, and may depend on adults who do not approve of their being transgender. As a result, transgender youth can find themselves in scary situations. Some of the most pressing issues transgender people face include:

Harassment. Transgender people are often harassed. Harassment can make a workplace unwelcoming, and it can cause students to leave school. Ninety percent of transgender youth feel unsafe in school because of their gender expression, according to the GLSEN 2001 National School Climate Survey. Skipping school, dropping out, and suicidal thoughts are common.

Discrimination on the job. Transgender people experience pervasive discrimination. Those seeking employment, whether young or old, are often rejected simply because their gender identity does not match their assigned sex at birth. Whether an applicant "looks" transgender or presents a driver's license or educational/work history that reveals his/her transgender background, transgender people are consistently denied the opportunity simply to make a living.

Transgender youth often begin with restricted job opportunities because of the negative experiences they have already faced in school. Many transgender youth skip so

TRANSGENDER: THE BASICS

The following definitions are designed to provide some basic concepts and terms often used to describe transgender people:

Gender identity. All people have a **gender identity**. Gender identity refers to a person's internal sense of being male, female, or something else. For most people, one's gender identity matches the sex assigned to them at birth—for example, a person born female typically identifies as a girl, and later, as a woman. For many transgender people, there may not be a match.

Gender expression. All people also have a gender expression. **Gender expression** refers to all of the ways that people express their gender (or gender identity) to the outside world, such as dress, appearance, and behavior. For many transgender people, their gender expression doesn't match what society expects.

Transsexual. Refers to individuals who identify psychologically and emotionally as a gender different from their assigned sex at birth. Transsexuals may desire to modify their bodies through hormones and/or sex reassignment surgery in order to bring their physical appearance into line with their gender identity.

Transition. The process of identifying and living in one's new gender is called "transition." It may or may not include surgery and/or hormone treatment. Many people who would like surgery to alter their bodies cannot afford it or are not medically able to have it.

Cross-dressers. Cross-dressers are people who dress in clothing stereotypically worn by the other sex, but who have no intent of changing their gender. Cross-dressers typically cross-dress on a part-time or limited basis.

Androgynous. Androgynous people and those who identify as "**genderqueer**" typically have gender identities that

are somewhere between what is stereotypically considered to be male and female. Other terms include "femme queens," "bois," "butch bois" or "drags." They may be born as male or as female, but now identify as neither, or as a bit of both.

Gender non-conforming. Gender non-conforming refers to people whose gender expressions do not match stereotypes of how girls/women or boys/men are "supposed to" look and act. In reality, almost nobody is perfectly masculine or perfectly feminine. In fact, most people do not meet all gender expectations and stereotypes. The reason gender non-conforming people are included in the list of transgender people is that there are some people who identify as transgender but are not transitioning gender, and do not consider themselves cross-dressers, androgynous, or genderqueer.

Transgender women. Refers to transgender people who were born male but now live as women.

Transgender men. Refers to transgender people who were born female but now live as men.

It is important to realize how much people can differ from one another when it comes to gender identity or expression. Also, class, race, and religious differences may mean that some transgender people use different classifications and different terminology to refer to themselves. For example, some Native Americans use "two-spirit" as the preferred term for a transgender person. Other people identify as "bi-gendered," the meaning of which is different for different people.

What is abundantly clear is that no two people experience their gender, gender identity, or gender expression the same way. Moreover, language relating to gender identity and expression is constantly changing. For now, "transgender" is a broad term that is good for educators, policymakers, and caring professionals to use.

much school, as a result of harassment, that they lack the educational experience, high school degree, or opportunity to go to college that their peers have had. Add discrimination to this mix, and it can be nearly impossible for a transgender person to find work. Unfortunately, in major urban areas, huge numbers of transgender youth opt to make a living in the only ways available to them: by engaging in dangerous criminal behavior such as sex work or trading drugs.

Access to medical care. Transgender people are routinely denied transgender-related health care, even when they have medical insurance. Insurance policies typically exclude all sex-reassignment surgery, and some also exclude hormone therapy and counseling related to being transgender. Youth, whose parents typically make medical decisions for them, and who may be too young to qualify for the handful of programs set up to help transgender individuals

get transgender-related care, are typically unable to get the care they need. The inability to get health care through doctors and insurance leads many transgender people, including many transgender youth, to buy black-market hormones, the use of which can be dangerous without medical supervision.

Accurate identification documents. Transgender people who live as a gender different from that of their birth typically need to update their identification documents to reflect their new status. While names can often be changed for a fee, it may be too high for a transgender youth to afford. Parents may also interfere with their transgender child's efforts to change names.

Changing the gender on a driver's license can be relatively easy or it can be impossible, depending on the state. Some drivers' licenses can be changed with a letter from a counselor or doctor explaining that a person lives as, and should be considered to be, an individual of a new gender. Other states require proof that a person has had sex reassignment surgery. For transgender youth, getting their gender changed on the license even in the "easy" states can feel impossible, especially if the youth does not have access to counselors or doctors to write the letter or does not have supportive parents. In places where surgery is required, it is actually impossible for young people to get their drivers' licenses changed because surgery is only available to those over 18.

Not having identification with one's correct name and gender can make it nearly impossible to do things such as getting a job. It can also pose a danger when police ask for ID and a transgender person is outed in that process.

The bathroom. Like everyone else, transgender people need to use public restrooms, but often their appearance can make others believe they are in the "wrong bathroom." Transgender people can be arrested, or disciplined, for using the "wrong" restroom when, in reality, they are simply trying to use the safest and most appropriate restroom. Rigid rules about people having to have sex reassignment surgery before using the restroom of their new gender make life extremely difficult for transgender people. Genderqueer youth are especially in need of unisex restrooms where no one will hassle or arrest them for being in the "wrong" place.

HIV and other sexual risks. Transgender people are disproportionately affected by HIV and other STDs, primarily as a result of engaging in sex work to attempt to make a living (unsafe sex pays better than safe sex). Furthermore, trends favoring abstinence-only-until-marriage programs over comprehensive sexuality education leave young people, including transgender youth, ill-equipped to protect themselves from HIV and other STDs.

RIGHTS ARE RAPIDLY INCREASING

At the beginning of 2002, only 6.5% of the country (by population) was covered by anti-discrimination laws with language clearly covering the transgender community. Now, approximately 25% of the country is covered. Four states—California, New Mexico, Minnesota, and Rhode Island—and more than 70 cities and counties have transgender protections clearly written into law. Another five states have court or administrative rulings that provide strong transgender protections, taking the percentage of the covered population up another 10%, to 35%.

These laws are passing in conservative and small places, as well as the urban centers. Covington, KY, for example, passed such a law with a 5-0 vote. In the last few years, two developments have spurred the fast passage of these laws: (1) the transgender movement has become more organized, coordinated, and sophisticated, and (2) non-transgender allies have really begun to roll up their sleeves and get to work passing these laws and policies. In the past few years, the transgender movement has become significantly stronger, not only because more people are living openly as transgender and advocating for themselves, but also because numerous allies have joined the fight. These changes lead to increased social acceptance, which then allows more people to live openly. Additionally, the lesbian, gay, bisexual, and transgender movements have increasingly come together into the LGBT movement, whereas before the last few years, most LGB organizations did not address transgender rights at all.

A good example of how these advances have led to results is the safe schools bill that passed in New Jersey in 2002. This law now requires that all school districts have a written anti-bullying and harassment policy and defines harassment to include incidents based on "gender identity or expression," the language needed to cover transgender students. This story is particularly uplifting because the bill, as originally introduced, did not include gender identity or expression. The Gender Rights Association of New Jersey (a new transgender organization) decided to make changing that bill its first legislative project. Several dedicated individuals became key to moving this legislation along, including a retired school psychologist who spoke to legislators about the damaging effects of harassment on students, explaining that students who are harassed suffer from depression, lack of concentration, and low self-esteem. After hearing from transgender people and educators, and seeing the support of many allied groups, the sponsors of the legislation amended the bill in both the Senate and Assembly education committees by adding the phrase "gender identity or expression." The bill passed unanimously, 74-0 in the Assembly and 38-0 in the Senate and became law in September 2002.

WE CAN ALL PLAY A ROLE

Transgender people are coming out at ever younger ages. Students are openly living as transgender, even in elementary school. Young transgender people need support. They need laws to give them rights. They need teachers and administrators who make sure that the school environment is safe. They need additional safe places and spaces.

In education and politics, simple actions can make a big difference. The following is a brief list of simple ideas and suggestions:

Help a Gay-Straight Alliance. Gay-Straight Alliances can give transgender students a safe place to be. Help support the GSA at a local school and make sure that the programming of the GSA is trans-inclusive. If a GSA does not yet exist, help found one.

Implement a curriculum on transgender people. If out transgender people are being harassed at school, it may make sense to have course content on transgender people. This material could be included in sexuality education or in a “current events” class. Or perhaps it is the teachers who need an education. *No Dumb Questions*, a short video showing young nieces of “Aunt Barb” getting the answers to their questions when their uncle becomes an aunt, is a good resource for educating both students and staff.

Support an LGBT youth organization. These organizations save kids’ lives by providing safe spaces after school and on the weekends, and helping kids who have been kicked out or have run away from unsupportive homes. Volunteering for the board of one of these organizations, or starting a new organization in a community where none exists, can make a huge impact on young people.

Create knowledgeable counselors. Having someone supportive to talk to can do wonders, but school counselors need to be up to speed in order to support transgender students. An educational campaign aimed at school counselors can help ensure that when the time comes, they will be able to help by knowing what the term transgender means and by being aware of the resources that are available for their students. Simple things help, too: “LGBT” Safe Zone stickers on doors and windows, for example, let students know that supportive people are nearby to help them.

Stop harassment at school. Transgender students complain that teachers and other staff don’t come to their aid when they are harassed. Not only should staff immediately help a targeted student, but schools should consider developing stronger anti-harassment policies and procedures. In many cases, the entire staff needs anti-harassment training, and students need to be reminded of the policies against harassment.

Design gender-neutral bathrooms at school. Bathrooms are a major headache for transgender students. Males who are not gender-conforming are often beaten up in the boys’ restrooms, but aren’t allowed to use any others. Genderqueer people are not safe in either restroom. Having at least one unisex restroom is best; that way, every student can be safe.

Eliminate the gender-specific dress code. If there are dress restrictions based on sex, eliminate them. These codes cause transgender students, who are often disciplined for violating them, significant pain. Besides, should schools be in the business of enforcing sex stereotypes? If schools don’t want boys to wear skirts, then maybe girls shouldn’t be wearing them either.

Pass a law or policy. Sometimes passing laws or instituting policies is necessary to help transgender people be treated with respect. Adding “gender identity or expression” to the school’s or school district’s anti-harassment policy, or working to pass a statewide safe schools or anti-discrimination law will go a long way toward making the environment more supportive of transgender people. If transgender people have the right to go to school without harassment and to be judged fairly on their work performance, things would be much better.

Measures like these have helped Keisha and Trevor. Both get support from the lesbian, gay, bisexual, and transgender youth support organization where Keisha is working toward her GED. The local HIV/AIDS clinic in town has just begun a program where transgender people can get hormones. Keisha is desperately waiting for her 18th birthday to be eligible for the program; she knows that buying estrogen on the streets, and injecting silicone, isn’t as safe as having doctors prescribe and monitor it, and she only has 5 months before she can go that route. If she were younger, and if this program didn’t exist, she would probably do what many of her young transgender sisters have done, going the route of unsafe silicone or hormones on the black market. Trevor, on the other hand, knows he wants to take testosterone eventually, but isn’t sure how far he wants to go with it— he is still figuring that out along with whether or not he should go for a GED. Having the support of the LGBT youth program is a lifesaver for both of them.

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SIECUS FACT SHEET:

PUBLIC SUPPORT FOR COMPREHENSIVE SEXUALITY EDUCATION

When it comes to sexuality education, we often seem like a nation divided. Reading newspapers or listening to school board debates, one might think that adults cannot decide whether schools should provide comprehensive education about sexuality or take a strict abstinence-only-until-marriage approach.

In fact, when asked, the vast majority of American adults, including parents and voters, supports comprehensive sexuality education, disapproves of the government's investment in abstinence-only-until-marriage programs, and rejects popular myths that suggest teaching about sexuality encourages teens to be sexually active. Nevertheless, the government currently spends nearly \$138 million per year for abstinence-only-until-marriage programs, in direct contradiction to public opinion.

This fact sheet compiles the results of numerous national and statewide surveys, all of which show overwhelming support for a comprehensive approach to sexuality education. SIECUS hopes that this fact sheet will help advocates in their efforts to ensure that public policies keep pace with the desires of the American people.

SCHOOL-BASED SEXUALITY EDUCATION

Parents and other adults overwhelmingly support making sexuality education part of junior high and high school curricula. In addition, many parents believe that sexuality education can help young people make responsible decisions about sexual behavior and sexual health.

- 93% of parents of junior high school students and 91% of parents of high school students believe it is very or somewhat important to have sexuality education as part of the school curriculum. In contrast, only 4% of parents of junior high school students and 6% of parents of high school students believe sexuality education should not be taught in school.¹
- 92% of parents of junior high school students and 93% of parents of high school students whose child has had, or is currently in, sexuality education believe that this class will be very or somewhat helpful to their child.²
- 77% of parents of junior high school students and 72% of parents of high school students believe that sexuality educa-

tion is very or somewhat effective in helping teens avoid HIV/AIDS and other sexually transmitted diseases; 73% of parents of junior high school students and 66% of parents of high school students believe it is very or somewhat effective in helping teens to avoid pregnancy; and 71% of parents of junior high school students and 68% of parents of high school students believe it is very or somewhat effective in helping teens make responsible decisions about sex.³

- 88% of parents of junior high school students and 80% of parents of high school students believe that sexuality education in school makes it easier for them to talk to their children about sexuality issues.⁴

A WIDE RANGE OF TOPICS

In recent years many schools have restricted the topics that are covered in sexuality education either because of an ongoing community controversy or the fear that one might erupt. The truth is, however, that the majority of parents wants sexuality education to cover a wide range of topics. In fact, most parents believe that it is appropriate to teach students about many subjects that are considered controversial, including abortion, masturbation, and sexual orientation. Not surprisingly, given the reality they face, young people also want sexuality education to cover many topics.

- 100% of parents of junior high school students and 98% of parents of high school students believe sexually transmitted diseases are an appropriate topic for sexuality education programs in schools.⁵
- 100% of parents of junior high school students and 99% of parents of high school students believe HIV/AIDS is an appropriate topic for sexuality education programs in schools.⁶
- 99% of parents of junior high school students and 97% of parents of high school students believe basic information about how babies are made, pregnancy, and birth are appropriate topics for sexuality education programs in schools.⁷
- 95% of parents of junior high school students and 93% of parents of high school students believe that birth control and other methods of preventing pregnancy are appropriate topics for sexuality education programs in schools.⁸

- 91% of parents of junior high school students and 83% of parents of high school students believe abortion is an appropriate topic for sexuality education programs in schools.⁹
- 88% of parents of junior high school students and 85% of parents of high school students believe information on how to use and where to get contraceptives is an appropriate topic for sexuality education programs in schools.¹⁰
- 83% of parents of junior high school students and 79% of parents of high school students believe information on how to put on a condom is an appropriate topic for sexuality education programs in schools.¹¹
- 81% of parents of junior high school students and 76% of parents of high school students believe masturbation is an appropriate topic for sexuality education programs in schools.¹²
- 80% of parents of junior high school students and 73% of parents of high school students believe homosexuality and sexual orientation are appropriate topics for sexuality education programs in schools.¹³
- 82% of adolescents ages 15 to 17 and 75% of young adults ages 18 to 24 want more information on a variety of sexual health topics such as “how to protect yourself from HIV/AIDS and other STDs,” “the different types of birth control that are available,” “how to bring up sexual health issues such as STDs and birth control with a partner,” and “how to deal with pressure to have sex.”¹⁴

THE POLITICS OF SEXUALITY EDUCATION

Sexuality education is becoming ever more political, with the federal government supporting strict abstinence-only-until-marriage programs, states debating how to address sexuality in their schools, and communities bracing for controversy. Most people, however, do not support current policies that favor abstinence-only-until-marriage programs and funding. In addition, parents reject many of the myths about sexuality education that have been used to remove programs and restrict topics.

- Only 30% of American adults agree with the statement “the federal government should fund sex education programs that have ‘abstaining from sexual activity’ as their only purpose.” In contrast, 67% of adults agree with the statement “the money should be used to fund more comprehensive sex education programs that include information on how to obtain and use condoms and other contraceptives.”¹⁵
- 90% of the engaged, voting public believe all students should receive age-appropriate, medically accurate sexuality education that begins early and continues through high school.¹⁶

- 66% of registered voters are in favor of a proposal to increase efforts to provide age-appropriate sexuality education in public elementary schools.¹⁷
- 63% of voters would be more likely to vote for a candidate who supports comprehensive sexuality education.¹⁸
- Only 10 percent of engaged voters support abstinence-only-until-marriage programs in public schools.¹⁹
- Only 28% of American adults agree that “providing information about how to obtain and use condoms and other contraception might encourage teens to have sexual intercourse.” In contrast, 65% of adults believe that “not providing information about how to obtain and use condoms and other contraception might mean more teens will have unsafe sexual intercourse.”²⁰

STATE SURVEYS

Support for sexuality education exists across the country. Mirroring national surveys, numerous state surveys show that adults from California to New York and Connecticut to Minnesota support providing young people with comprehensive school-based sexuality education, disapprove of funding for abstinence-only-until-marriage programs, and reject myths about sexuality education.

CALIFORNIA

- 93% of adults in California believe sexually active teens should be encouraged, in school-based sexuality education, to use protection and to prevent pregnancy and sexually transmitted diseases.²¹
- 84% of adults believe young people should receive specific instruction about preventing pregnancy and sexually transmitted diseases.²²
- In 93% of California’s public schools, no more than 5% of families remove their children from these sexuality education classes even though they have a right to do so.²³

CONNECTICUT

- 94% of adults in Connecticut agree that, “in the era of AIDS, young people need the information and skills from sex education to protect their health and lives.”²⁴
- 93% of adults in Connecticut agree that “whether or not young people are sexually active, they should receive sex education so they have the information to make responsible choices.”²⁵
- 91% of adults in Connecticut support sexuality education in high school and 79% support sexuality education in junior high school.²⁶
- 83% of adults in Connecticut reject the claim that “sex education only encourages young people to have sex.”²⁷

- 73% of adults in Connecticut reject the claim that “giving young people information about abstinence and birth control in school sends a mixed message and encourages young people to have intercourse.”²⁸
- 59% of Connecticut residents oppose current policies that provide funds solely for abstinence-only-until-marriage education and prohibits teaching of condoms or other contraceptives to prevent pregnancy and disease.²⁹

MINNESOTA

- 91% of Minnesotans support teaching sexuality education in high school and 84% support teaching sexuality education in junior high school.³⁰
- 90% of Minnesotans agree with the statement “whether or not young people are sexually active, they should receive sex education so that they have the information to make responsible choices.”³¹
- 80% of Minnesotans reject the claim that “sex education only encourages young people to have sex.”³²
- 67% of Minnesotans reject the claim that “giving young people information about abstinence and birth control in school sends a mixed message and encourages young people to have intercourse.”³³
- 59% of Minnesotans oppose current policies that provide funds solely for abstinence-only-until-marriage education and prohibits teaching of condoms or other contraceptives to prevent pregnancy and disease.³⁴

SOUTH CAROLINA

- 81% of South Carolina registered voters think that sex education in public schools should contain information on both abstinence and contraception.³⁵
- 7 out of 10 South Carolina registered voters believe that “comprehensive sex education in the schools decreases rates of pregnancy and disease.”³⁶
- 93% of South Carolina registered voters support instruction on sexually transmitted diseases, 86% support instruction in physical/social growth changes, 85% support instruction in reproductive anatomy, and 82% support instruction in contraception.³⁷
- Only 1 in 10 South Carolina registered voters feels that sex education should not be taught in the state’s public school.³⁸

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M i s s i o n

SIECUS affirms that sexuality is a fundamental part of being human, one that is worthy of dignity and respect. We advocate for the right of all people to accurate information, comprehensive education about sexuality, and sexual health services. SIECUS works to create a world that ensures social justice and sexual rights.

