

School AIDS Education: Politics, Issues and Responses

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There's a new hot topic in education today. No longer is illiteracy, school finance, or drugs, for example, *the* major issue. Now, the discussion concerns what schools should do to combat acquired immunodeficiency syndrome. The topic is controversial and will become an important political item for the 1988 elections. The issues include: how, and where, AIDS information should be given in the schools, how explicit the material should be, and whether the instruction should have a strong moral base.

Almost all agree that there is a growing need for AIDS education in the schools. Surgeon General C. Everett Koop, as well as the Institute of Medicine and the National Academy of Science, conclude that, in the absence of a vaccine and medical cure, preventive educational programs are the best defense against the spread of AIDS. Dr. Koop stressed that information should be given before young people adopt high-risk sexual and drug abuse behaviors. Since many young people make behavioral choices that unknowingly place them at risk, they need to be informed about ways to protect their health.

Even though the number of AIDS cases, among persons under age 20, represents only one percent of the total cases, the risk of AIDS among the group is still high. For example, studies show that about 70 percent and 80 percent of teenage girls and boys, respectively, have had at least one coital experience, with an estimated 5 million having used a stimulant intravenously. About 28 percent of persons aged 12 to 17 are currently sexually active. Further, since the incubation period for AIDS can be up to five years, or more, a large proportion of cases that have occurred in the 20 to 29 age group may have been infected during adolescence. About 21 percent of AIDS cases are among persons aged 20 to 29. Hence, many young people, who engage in high-risk behavior now, may develop AIDS in their twenties.

The potential of schools to make important contributions to AIDS control is great. Schools are a universal experience for young people. Every school day more than 47 million students attend 90,000 elementary and secondary schools in our country. However, the impact of school AIDS education has been limited, in part, because of the controversy surrounding the topic. In this article, I will identify some of the major issues facing school AIDS education today and suggest a response or solution to the issue.

1. *ISSUE:* What is the goal and content of AIDS education?

The approach to school AIDS education has not been clearly defined by health educators and professionals and, until recently, not by the Reagan administration. Differences in views by Surgeon General Koop and Secretary of Education William J. Bennett, for example, concerning the type of instructional emphasis to be placed on various AIDS prevention methods and on specific moral messages has contributed to the confusion. The approach of existing AIDS education curricula has also varied: for example, some have had a strong medical/technical approach; others have stressed health behaviors, social/ethical issues, abstinence, and "safe sex." Further, some opponents claim that premarital sex and alternate lifestyles, among other "immoral" behaviors, are being promoted in school AIDS education.

RESPONSE:

The Reagan administration now appears to have a unified policy on school AIDS education, as reflected in a Domestic Policy Council memorandum issued in February. The memorandum states that the scope and content of school AIDS education should be locally determined, and that the federal government should not mandate a specific curriculum. Most importantly, the memorandum declares that AIDS information, developed by the Federal government [for schools], should "... encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage," and that information provided by the Federal government should "... teach that children should not engage in sex. . . ." These guidelines will provide direction and support for some community members; whereas others, including many educators, will certainly object to the moral tone of this approach.

Many health educators believe that school AIDS education should have an objective, scientific base with an emphasis on personal responsibility for one's health and the health of others, and that a specific, religious sexual morality should not be promoted. I agree with this stance, but also feel that a compromise between the moral and the supposedly "amoral approach" is possible. Later, one such strategy will be discussed. Lastly, in response to some opponents' statements, there is no evidence that school AIDS education increases nonmarital sex or alternative lifestyles.

2. ISSUE: When should AIDS education begin?

Surgeon General Koop suggested that AIDS instruction be included as part of any health and hygiene program at the lowest grade possible, especially for nine-, ten-, and eleven-year-olds. He also stated that "there is no doubt that we need sex education in schools and that it include information on sexual practices that may put our children at risk for AIDS." However, very few schools include AIDS education below grade six or seven. Some parents are concerned about "too much information too soon." A *Time* magazine sponsored poll of adults, published last November, showed that only 23 percent thought that eight-year-olds should be provided AIDS instruction, whereas 95 percent agreed that twelve-year-olds should be taught about the dangers of AIDS.

RESPONSE:

Because AIDS receives enormous media coverage, even children hear about it, resulting in their wanting to know more. AIDS education should begin in the lower elementary school grades and should aim to alleviate excessive fears about the AIDS epidemic and contraction of the virus. Students should be told that AIDS is difficult to get and cannot be contracted by being near someone who has the virus or AIDS. Further, nearly all children with AIDS contracted it from an infected mother at birth or from a blood transfusion. Teachers should begin to give information, concerning methods of virus transmission and prevention, in the fourth or fifth grade, where children have a greater interest and understanding of sexuality. I believe that there would be nearly universal acceptance of AIDS education in the elementary school grades if this approach were adopted and articulated to parents. Students need to be informed about AIDS before they are faced with making choices about sexuality and drug abuse.

3. ISSUE: Where should AIDS education be placed in the school curriculum?

AIDS information has been taught in numerous school curriculum areas, such as health science, sexuality education, biology, social studies, and home economics. Even though the AIDS problem has multi-disciplinary aspects, the lack of a "home-base" within one specific school subject has hindered efforts to increase school AIDS education. The resultant problems include varying approaches to AIDS instruction, differences in quality, and the lack of one spokesperson or advocate for AIDS education.

RESPONSE:

In my view, the fundamental instructional concept of AIDS education concerns the ways the virus is transmitted and prevented. Hence, the most logical "home" for AIDS instruction would be as part of communicable disease education within the health science course or unit. This approach is further supported when considering that AIDS education should emphasize health behaviors, in contrast to biomedical information, and should prepare students to make wise health decisions by protecting themselves and others from the virus. Ideally, AIDS education should be given at all school levels as part of a comprehensive health science curriculum that also includes instruction about other sexually transmitted diseases and human sexuality. An additional advantage to this approach is that nearly every school has health education.

Since AIDS also includes sexuality issues, AIDS instruction can be incorporated into sexuality education as well, which is being done successfully in many schools. However, the identification of AIDS education as sex education, in some communities, may lead to controversy and limit the number of schools offering such instruction. In-depth discussion of sexual behaviors, variant sexual lifestyles, and "safe sex" practices may be unwise, and threatening, to the existence of AIDS education in some schools. AIDS education *can* stand alone—without being part of sexuality education—since its primary goal is to promote low-risk health behaviors. But, AIDS education, as part of a sound sexuality education program, may be more complete since issues of sexuality can be more thoroughly discussed. If this is done, it is important that the sex educator be prepared to articulate the goal of AIDS education to the community.

Finally, AIDS education within biological science classes tends towards too much emphasis on disease details, and in the social studies curriculum towards too much stress on social, ethical aspects. Also, rarely do these instructors have the professional competence to conduct classroom strategies designed to influence health-conducive behavior.

4. ISSUE: How should the local curriculum be determined?

As stated earlier, the Federal government does not intend to develop a national curriculum or mandate a specific curriculum. Hence, the local community must develop its own

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AIDS educational plan. Many schools express a need for assistance in developing a curriculum and for locating already existing ones. Further, many sense the need to involve community members, but are unsure about how to do it.

RESPONSE:

The Federal government suggests that development of local curricula involve community members, including parents, medical personnel, and clergy. I also suggest that students be included on a community committee. This approach would be similar to that used in developing a sexuality education program. I am not sure, however, that every school district needs a community committee. Does having one imply that AIDS education, by its very nature, is most sensitive and controversial? The objective, scientific approach to discussion of health behaviors should contain very little sensitive material. If community members are involved, the educator must be prepared to deal with difficulties in reaching consensus on curriculum content and methodology, and if, and how, morality should be included. Some community members may press hard to have a specific moral stance reflected in the instruction.

For many schools, utilizing existing curricula and materials will suffice. Several states have produced AIDS education guides, and more commercial curricula are becoming available. For schools using this method of curriculum development, the typical channels for incorporating new topics into the curriculum, and for having the content recorded in the department/school office, should be used. Local school officials should contact their local or state health department, or their state education department, for assistance.

5. ISSUE: Should parent permission be required?

The U.S. Conference of Mayors studied AIDS instruction in 73 of the country's largest school districts. They found that 45 percent of the districts required students to obtain permission from their parents before they receive any AIDS instruction. Because of varied views concerning the type of instructional emphasis on morality, many of those pushing for a strong "abstinence" stance believe that all schools should require parental permission.

RESPONSE:

AIDS education, as often has occurred with sexuality education, has been targeted as having such sensitive material that parents must consent for instruction to be given. One question is if requiring parental permission is either fair or appropriate. The issue does raise several questions. Does requiring parental permission imply that AIDS material is controversial? Do schools have the authority and responsibility to provide information to students about AIDS prevention? Do students, whose parents refuse permission, have a right to have AIDS prevention information? And also, why do schools not require parental permission for instruction in other potentially "controversial" areas, such as discussion about different forms of government within social studies education? These questions are becoming more important as the AIDS problem gets more severe, and as more schools begin to add AIDS education. These questions soon may be tested in many schools.

I believe that parental permission for AIDS instruction is not necessary, although some local schools, because of the political climate, may require it. Again, the scientific, objective approach to AIDS instruction, with emphasis on health behaviors, has little, if any, controversial material. One approach might be for the teacher to send parents, at the beginning of the term, general information about the course in which AIDS instruction is to be included. The letter could describe, in general, course topics, and state that parents are welcome to discuss the course with the instructor. This approach, which is frequently used for health science classes that include sexuality education, does not single out AIDS instruction as being especially controversial.

6. ISSUE: Who should teach about AIDS?

As stated earlier, AIDS education has been taught in several subject areas, although it is most often taught in health science, sexuality education, and biological sciences. In attempts to give more credibility to AIDS instruction, some school districts have had physicians, nurses, and persons from the health department talk to students about AIDS. Apparently, some parents find it more acceptable to have medical personnel teach about AIDS. Some teachers also find this approach safer since they do not have to discuss the topic and any criticism can be directed towards outside speakers.

RESPONSE:

Ideally, AIDS instruction should be within the health science curriculum; in part, because health educators typically have the necessary competencies to create a learning environment conducive to influencing health behavior. Certainly, other teachers may have adequate skills, although most have difficulty in effectively dealing with the affective component of health instruction. The success of AIDS education is compromised when inadequately prepared educators instruct in the area. They are more likely to make errors in approach, and, to respond poorly to student concern. I feel that it is as much an error to assign or permit AIDS instruction by an inadequately prepared and/or unskilled teacher as it is to permit a health science teacher to teach physics.

Also, having outside medical speakers may not be wise, or a long-term solution. In reality, most of them are not educators and they tend to over-emphasize medical aspects. Regular classroom teachers know their students best and, certainly, cannot depend on outside speakers for every semester.

Inservice education for teachers should be provided. Most teachers do not have the professional preparation to teach about AIDS and other sexually transmitted diseases. Also, teacher workshops can provide instructors with more confidence, especially those who believe that they need to have extensive biomedical knowledge to be good AIDS educators. Teachers mainly need knowledge about the transmission and prevention of the AIDS virus, which involves quite simple concepts.

7. ISSUE: How explicit should the classroom material and discussion be?

One difficult problem of AIDS education is determining how explicit information should be, relative to vocabulary and discussion of sexual activities and AIDS prevention. Material produced for public use, such as that produced for gay men, often uses explicit terms and describes "safe sex" techniques in detail. Some have wondered if that approach is necessary, or appropriate, for educating young people in the school setting. Curriculum writers, and teachers, often struggle with this issue. What degree of explicitness is needed so that students have enough knowledge about how the AIDS virus is transmitted and prevented?

RESPONSE:

Educational material for adolescents should be honest, frank, and scientifically objective. For example, they should be told that vaginal and anal intercourse, and probably oral sex, transmit the AIDS virus, and that beyond sexual abstinence and fidelity, condom use is one preventive strategy. These terms should be used, with definitions provided. Sometimes educators underestimate the ability of students to effectively deal with sexual information. Although street terms, or vernacular, might be necessary in some locales, they should be used only in defining the terms. In general, students are comfortable with the scientific terms, and the continued use of slang perpetuates its use. Most students appreciate honest teachers who deal with material in a frank way.

Students should be informed that they should not allow blood, semen, or vaginal secretions to touch their genitals or mouth. Detailed explanations of "safe sex" techniques are not appropriate for most schools. However, teachers should provide information about how students can acquire more detailed descriptions of preventive methods, and how they can obtain additional AIDS information.

8. ISSUE: Should school AIDS education be morally- or value-based?

As stated earlier, the Reagan administration's Domestic Policy Council memorandum states that federally supported AIDS education materials should ". . . place sexuality within the context of marriage." Many religious conservatives agree with this stance, and believe that the material should be "morally strong." They want schools to teach that only sex between a husband and wife is normal. Supporters of this belief are well-organized, and are using AIDS education as an avenue to get their moral beliefs into school curricula. Some have exerted sufficient political pressure upon the schools to have forms of their cause incorporated into the curricula. Most educators and health-care personnel disagree with the "marriage-only" stance and feel that such an approach is not effective.

RESPONSE:

I believe that the school is not the place to teach a specific religious morality. That is the role of the home and religious institutions. In a pluralistic society, the endorsement of one moral stance is inappropriate, probably unconstitutional, and educationally unsound. However, schools can discuss various moral stances relative to sexuality and can stress as responsible, for example, a sexuality based on

values and maturity. Many critics claim that current AIDS education is amoral or value-neutral. In actuality, most do not endorse a specific moral stance. But, they are not value-free. Their moral message is that the person should be responsible for his/her own health and the health of others. Wouldn't every religion support this stance?

Educators should strive to find a compromise position among the various moral stances. There are ways of incorporating varied messages about sexuality without endorsing one specific stance. For example, when talking about sexual fidelity as one AIDS prevention method, one could state that "it is safer to wait for sex until one can form a long-term, mutually faithful marriage or a long-term faithful relationship with an uninfected partner." This statement is correct, objective, and applicable for nonmarital situations, such as gay relationships. Yet, the message does stress the value of marriage as a preventive strategy.

9. ISSUE: How should prevention strategies, such as abstinence, be presented?

Many critics have stated that in preventing AIDS the major emphasis should be on abstinence and fidelity in marriage. They believe that current curricula fail to mention these strategies at all, or adequately, and that the use of condoms is over-emphasized. Some have characterized AIDS instruction as following the "condom-mania" movement. Many want the "just say no to drugs" approach added to AIDS education.

RESPONSE:

The discussion of AIDS prevention measures in most current AIDS curricula has been misrepresented by many critics. Most curricula do list sexual abstinence as the most effective preventive strategy, despite what critics might claim. But, of course, most do not suggest marital sexuality as the only type of relationship for AIDS prevention, and most do mention condoms. Even though abstinence should be listed as the safest preventive method, mutually faithful relationships, condom usage, and avoidance of anonymous and high-risk partners should also be presented. Not everyone chooses abstinence and we must tell those, whose activities put them at risk, what to do to decrease exposure to the AIDS virus. A recent survey of 500 teenagers and college students revealed that sexual abstinence was not an acceptable option for preventing AIDS.

I also believe that telling adolescents to "just say no to sex," as the basic approach, is not wise nor applicable to AIDS education. Sexuality is not like drug abuse, which also includes smoking and the use of alcohol. Sexual expression has positive components and contributes to mental health, whereas any drug abuse can be harmful. Equating sex with drug abuse may teach young people to be unduly afraid of sex. They should be taught to value and respect sex, to use it wisely, and to understand that sexuality can be expressed without risk of STDs or pregnancy. The positive aspects of sexuality are rarely mentioned. For example, suggesting mutual masturbation—a topic that might be permissible to discuss in some classrooms—affirms the existence of sexuality in young adults and recognizes the need for some sexual expression.

Finally, even though condom usage should be presented, the discussion should be qualified by stating that the condoms decrease the risk of getting the AIDS virus significantly, but they are not 100 percent effective.

10. ISSUE: How does the instructor deal with sexuality-related issues in relation to AIDS?

Teachers often receive, during AIDS instruction, questions or expressions of concern from students about sexuality. For example, students may inquire about the nature of homosexuality and bisexuality, or request more detailed explanations about specific sexual activities and AIDS prevention techniques. Many instructors do not feel comfortable addressing sexuality issues and, hence, are hesitant to teach about AIDS. Some even question if it is appropriate to discuss sex along with AIDS. However, others believe that AIDS and sexuality are so closely related that it is imperative to discuss both.

RESPONSE:

Discussion about sexuality issues would be more successful if AIDS education were part of an established, quality sexuality education program. This arrangement provides a strong reason for AIDS education to be placed in sexuality curricula since such instructors are typically more qualified to address sexuality issues related to AIDS. It may be risky for other teachers to discuss issues, beyond the fundamental health behavior aspects of disease transmission and prevention, as they might provide inaccurate information and present material in an inappropriate tone. Teachers who are not qualified, or confident, in addressing sexuality issues should indicate, upon student inquiry, that such discussion is beyond the scope of their AIDS unit. However, teachers should seek answers to questions from qualified professionals and/or refer students to an answer source.

11. ISSUE: Which AIDS information and educational materials are accurate?

Anyone who reads newspapers and magazines, and listens to radio and television, realizes that AIDS is a frequently covered topic in the media. Many reports cover scientific investigations. Unfortunately, some of this coverage misrepresents the major conclusions of the investigations. Unless an educator has an entire report, it is difficult to determine if the media coverage has accurately reflected the total findings of these investigations.

Also, often teachers have students who say they have read or have heard something about AIDS which contradicts the accepted views of health officials, or they have heard something from a physician which contradicts current AIDS beliefs.

With extensive coverage of AIDS by the media, and by writers who are producing materials about AIDS as well, it is often difficult for school AIDS educators to determine authoritative sources. In addition, teachers must determine which curricular materials, such as films and student/teacher books, are best for classroom use. As one can imagine, there is an enormous amount of commercial material being produced for schools, particularly visual media.

RESPONSE:

Teachers must be sensitive to the source of AIDS information. In general, the most accurate and up-to-date material comes from local or state health departments, or AIDS programs. Also, the Center for Disease Control in Atlanta and other Federal agencies provide accurate information. Obviously, commercially produced material can be of high quality, but those which acknowledge government health agency involvement are typically better and more accurate products.

All classroom materials must be reviewed before use, with the realization that some concepts may not be current. The teacher should make corrections concerning those concepts if the material is to be used in the classroom. In general, the most recently produced materials should be most accurate.

Most AIDS reports presented by the media are accurate, and often represent the first source of new AIDS information for teachers. However, teachers and students must realize that often all of the conclusions are not given and that the media tends to sensationalize certain issues.

The AIDS area provides teachers with an excellent opportunity for educating students on how to be wise consumers of health information.

CONCLUSION

Many young people are living an illusion: they don't feel vulnerable to AIDS. Apparently, many don't worry about getting the virus. A recent study of 500 teenagers and college students found that only three percent said they curtailed their sexual activity for fear of contracting AIDS. Certainly, not all young people are at risk; but others are because of their sexual practices and IV drug abuse. All students need accurate AIDS information. It's their right, and schools have an obligation to provide information about AIDS that will enable students to protect their health.

The challenge for schools is enormous but reachable. However, before the challenge can be met, certain things must occur: there must be a unified direction and approach; quality educational material that emphasizes health-conclusive behaviors must be continuously produced and adopted; teachers must be prepared; more resources must be allocated; the barriers to implementing AIDS education in every school must be eliminated; and AIDS education should be integrated into a comprehensive health science curriculum that includes STD education and sexuality education. Further, educators must work effectively with community members to find a reasonable "middle ground" approach when dealing with critics who want their specific religious moral view of sexuality emphasized in instructional material. Our goal is to get AIDS education in every school. Time is essential and the need is great.

AIDS and the College Student: The Need for Sex Education

by Sandra L. Caron, PhD, Rosemarie M. Bertran, MSW
and Tom McMullen, Syracuse University

Kay comes home from college for the weekend, and on Saturday night runs into her old high school sweetheart, Bill. They spend the night together in his apartment. The next day, while Bill is at the library studying, Kay rummages guiltily through his things to see if he's found a new girlfriend. She finds a card from a local health agency which says he's tested positive for AIDS antibodies. Scared and confused, she panics. What should she do? Confront him and admit she's been going through his stuff? She thinks, "Why didn't he tell me? We could have used a condom." She decides not to tell him because he wouldn't forgive her for sneaking around. Instead, she returns to college to her boyfriend, Jim, without mentioning her "fling." She continues to have unprotected sex with Jim because she fears that if she now insists he wear a condom, he'll know she's been unfaithful.

College students don't need much sex education, right? These modern kids, exposed by the media to all areas of life, already know all about sex. Their own experience has prepared them to be comfortable, open, and mature in their relationships with others. Unlike prior generations, they are knowledgeable and sophisticated.

Wrong. As one can see from the true scenario above, college students struggle with ignorance, misconceptions, doubts, and fears about themselves and others, just as much and just as painfully as did their predecessors. The difference, fortunately, is that today's young people are growing up in a society that permits more open discussion of sexual topics than in previous generations.

As a society, we are now more knowledgeable about our bodies, psychological processes, the interplay of emotion and body, and social processes than ever before. In addition, we live in an "information age" that provides easy access to accurate information. Indeed, we are more likely to be faced with the problem of choosing which facts, among an overabundance, are significant. Among college-educated adults, few sexual topics are in "taboo closets" anymore; many feel more distressed by exposure to and inept handling of sensitive subjects than by prohibitions.

Clearly, in an age touted to be one of great sexual openness,

we still have many problems to solve. It would be naive to suggest that adequate or even ideal (whatever "ideal" may be) sex education at any, and all, levels will solve the social ills of our complex society. Knowledge, however, can be used to alleviate and avoid much human suffering. And putting knowledge in the hands of young people increases their options *and* their capacity to choose among them. We know of no instance in which people, young or old, are better served by ignorance. Choice permits and enhances the individual's ability to develop as a human being; ignorance prohibits choice and adversely affects the quality of life.

Knowledge About AIDS

Just what do college students know about AIDS? Do they believe they are at risk? Has their awareness of AIDS resulted in changes in sexual and dating behaviors? To find out, we conducted a survey of Syracuse University students during the spring term, 1987. The survey consisted of one-to-one interviews with students in bars on "Marshall Street," near the university. Subjects were male and female, mostly undergraduate students. Interviews were generally conducted during the most popular hours of 9 p.m. and 2 a.m.

The instrument was a one-page interview that consisted of structured, open-ended questions regarding the student's opinion and knowledge about AIDS. Interviewers were members of the Peer Sexuality Program at Syracuse University. More than 350 interviews were completed. Returns have not yet been tabulated completely, but our initial impressions are the following.

1. *Most students exhibit a great lack of knowledge and factual data about AIDS.*
2. *Most students fail to see any relevance between ongoing media stories about the growing incidence of AIDS and their personal behavior.* Students frequently indicated that they believed they were not in "high risk" groups and equated this with little or no risk at all. Often unconcerned about risk, they failed to see that high risk behaviors placed them in jeopardy. Frequent comments included: "Well, I'm not a slut, I don't sleep around that much, and I'm not gay."

3. *The level of denial among students is high.* For example, students often commented, "Everyone should be concerned about AIDS." But when the interviewer countered with, "Are you?" the answer was almost invariably, "No." Students often reported their conviction that they had the ability to "know" or intuit which sexual partners were "safe." Commonly, they conveyed the conviction that they were personally immune. Only a small minority indicated anxiety about having been exposed. Students often commented that they believed this to be a greater issue for homosexuals than for heterosexuals.
4. *There is a general unreadiness among students to deal pragmatically with the threat of AIDS in their relationships.* Students talked freely about sex and STDs with interviewers, but expressed unwillingness to discuss these topics with their sexual partners. Many reported that generally they had unprotected sex and indicated that they would not talk with a new sexual partner about AIDS, STDs, or the use of condoms. In general, students equated "safer sex" with "not-fun-sex." Some wondered how to bring up the question of AIDS with a new partner without insulting him/her. The unwillingness of students to deal pragmatically with the threat of AIDS is closely related to, and dependent upon, the level of denial discussed above.
5. *Some students reported that AIDS was changing social attitudes regarding sexual and dating behavior.* There is less approval for the "one night stand." "People think twice before picking someone up." Some women indicated increased interest in men who are virgins, wanting to avoid "the guy who's been around" or "the womanizer." It is interesting to see the shift in women's attitudes away from the traditional interest in experienced men, and towards virgins. Some men also indicated their preference for an inexperienced or less-experienced sexual partner, but this is, of course, a more traditional view.

Recommendations for Education

The recommendations, below, are based on our preliminary findings in this study. Those who are planning, and/or developing, educational programs about AIDS for college students are also advised to consider the two recent articles listed at the end of this article.

Our recommendations are directed toward influencing the behaviors of people who do not believe themselves to be at risk of exposure. Ideally, these program recommendations should be carried out in a warm, supportive environment that invites open discussions. Our experience with education suggests that the best approach is a group of peers—students of the same approximate age and educational level—working together. Such programs should be conducted by educators who are knowledgeable about sexual issues and comfortable with open discussion. The following guidelines have been developed from our study.

1. *Provide factual information about the incidence and transmission of the AIDS virus.*
Most students in our study demonstrated significant factual deficits. Many believed, for example, that AIDS was transmitted through casual contacts, such as sneez-

ing or sharing beer bottles. Presenting solid, clearly stated information will significantly alleviate many fears.

2. *Debunk myths.*

As stated previously, students widely believe that they are not at risk and/or that they can intuitively recognize which people carry the AIDS virus. Such beliefs permit students to rationalize high-risk behaviors. Education about AIDS should therefore describe high-risk behaviors, explain why engaging in such behaviors jeopardizes the health of the individual, as well as others, and give information on available tests to identify the presence of AIDS antibodies in a person.

3. *Discuss options.*

Students should be made aware of the potential choices they have to provide varying levels of protection against the AIDS virus. Certainly abstinence should be recognized and discussed as a possible choice. Another option is "safer sex" (which should be clearly distinguished from "safe sex"), which can be achieved through the proper use of condoms with spermicides. Students clearly should understand that this is not 100 percent protection against the transmission of the AIDS virus. Sexually active students, especially, should be made aware of the availability and limits of testing.

4. *Discuss ethical issues.*

Each individual has a responsibility to himself or herself, as well as to others. Responsible behaviors include taking adequate steps to protect oneself, discussing openly the risk between sexual partners, and not concealing significant information from sexual partners.

5. *Present dramatization of effective coping behaviors.*

Brief plays, skits, and role-playing all provide opportunities to model responsible sexual behaviors. Actors may be recruited from the drama department, from among peer educators, from the student body at large, or even from the audience. Dramatic presentations should include open discussion of the use of condoms and other protection, frank inquiries about personal risk, and how to deal with casual sexual encounters.

Conclusion

In closing, it is useful to review some basic knowledge: that AIDS is already present in the heterosexual population, as well as among homosexuals; that college students, as a group, tend to be more sexually active than other segments of the adult population; and that college students are a significant proportion of our population, not only in numbers, but also in terms of their future influence. These are our upcoming professionals—the privileged, who will be our future leaders. For their own sake, and for the sake of our society, this group should have the information, knowledge, and wisdom to make sound decisions for themselves and others.

Additional Resources

Hirschorn, M. W. (1987, April 29). AIDS is not seen as a major threat by many heterosexuals on campuses. *The Chronicle of Higher Education*.

The years of living dangerously. (1987, April). *Newsweek—On Campus*.

Do You Know That . . .

AIDS and Young Children: Emerging Issues

The U.S. House of Representatives Select Committee on Children, Youth, and Families recently held a hearing in Berkeley, CA, to examine the increasing incidence of babies born with, or at risk of, AIDS; the ability of health and social service systems to care for AIDS infected infants and children and their families; and prevention efforts to reduce the spread of AIDS.

Speakers included Moses Grossman, MD, chairman, San Francisco Health Department Task Force on Pediatric and Perinatal AIDS; Robert Benjamin, MD, MPH, chief, Bureau of Communicable Disease Control, Alameda County Health Care Services, Oakland, CA; John R. Williams, executive director of Children's Hospital at Stanford, Palo Alto, CA; Jean McIntosh, MSW, assistant director, Program Resources, County of Los Angeles Department of Children's Services, Los Angeles, CA; Sylvia Fernandez Villarreal, MD, board of directors, California Children's Lobby, Subcommittee on Children and AIDS; William Barrick, RN, MSN, program manager, AIDS Services, Alta Bates/Herrick Hospitals, Berkeley, CA; and Marcia Quackenbush, MS, coordinator, Youth and AIDS Prevention Program, AIDS Health Project, University of California at San Francisco. For a copy of their findings, contact the U.S. House of Representatives, Select Committee on Children, Youth, and Families, 385 House Office Building Annex 2, Washington, DC 20515; (202) 226-7692.

Sexual Abstinence News

A new publication promoting sexual abstinence has just emerged from Houston, TX, group unknown. This 8-page, bimonthly newsletter advocates the removal of sexual abstinence from the psychiatric "illness model." The newsletter, edited by Jack E. Burkett, claims to be designed to encourage awareness, among professionals, of the needs of

those who practice short- or long-term sexual abstinence. However, upon close inspection, this publication seems to be *promoting* sexual abstinence, including writing to Surgeon General Koop. Decide for yourself! Subscriptions for the next six issues may be obtained by sending \$18.00 to Sexual Abstinence News, P.O. Box 20788, Houston, TX 77225.

Lambda Challenges Involuntary HIV Antibody Testing for Insurance

Lambda Legal Defense and Education Fund, Inc., has filed suit, in federal court in New York, against Prudential Insurance company of America on behalf of a man who was tested for HIV antibodies without his consent, after being assured that the company would run only "standard" blood tests. From this non-consensual test the individual discovered that he was seropositive and was denied insurance. Lambda is the country's oldest and largest national lesbian and gay rights legal organization, and has been in the forefront of the fight against AIDS-based discrimination. For further information, contact: Paula Ettelbrick, Lambda Legal Defense and Education Fund, Inc., 666 Broadway, New York, NY 10012; (212) 995-8585.

Public Television Series for Teens

In September the Public Broadcasting System will introduce a new series for early adolescents called "Degrassi Junior High." The series, for ages 10-15, is designed not only for teens but for parents and educators as well. The thirteen half-hour episodes include themes such as sexuality, peer pressure, child abuse, family relationships, dating, and responsibility. For further information, contact: WGBH Educational Foundation, Degrassi Junior High Project, 125 Western Ave., Boston, MA 02134; (617) 492-2777 ext. 3848.

Child Abuse Seminars

Forensic Mental Health Associates is sponsoring the following seminars: *Clinical Intervention in Child Sexual Abuse*, August 19-21, Portland, ME \$150/3 days or \$60/day; *Assessment and Treatment of Juvenile and Adult Sex Offenders*, October 1-2, Newton, MA, \$100 early registration fee; *Clinical Intervention in Child Sexual Abuse with Victims and Offenders* (Advanced Professional Training), October 21-23, Meriden, CT, \$150/3 days or \$60/day. For further information and registration, contact: Dorothy Molis, 29 Linwood Street, Webster, MA; (617) 943-3581.

Newsletter for Gay and Lesbian Couples

A new monthly newsletter, *PARTNERS*, has emerged to help gay and lesbian couples establish themselves within the community. Publishers, Stevie Bryant and Demian, created *PARTNERS* "to provide practical information and ideas couples can use to develop satisfying and successful relationships." It includes such topics as buying homes, raising children, and socializing. *PARTNERS*, available by subscription only for \$36 per year, is also offering a free annotated list of "Resources for Gay & Lesbian Couples." To receive a free copy, send a self-addressed, stamped business envelope to *PARTNERS*, Box 9685, Seattle, WA 98109. For further information, write to the above address.

New Journal

Haworth Press has just announced the forthcoming publication of its new quarterly *Journal of Gay & Lesbian Psychotherapy*, which will focus on practical, interdisciplinary issues in clinical practice related to the use of psychotherapy for gay, lesbian, and bisexual patients and clients. "Instructions for Authors" is available from: David Scasta, MD, Editor, *Journal of Gay & Lesbian Psychotherapy*, 1721 Addison St., Philadelphia, PA 19146. SIECUS readers may obtain a

complimentary copy by writing on professional letterhead to: The Haworth Press, Inc., 12 West 32nd St., New York, NY 10001.

Resources to Write for . . .

Date Rape! Terri and J. R. Talk to Teens (1986, 7 pp.), by Gayle Stringer, is a pamphlet giving adolescents advice on how to protect themselves from date rape. The suggestions include: set limits; talk to each other; be assertive; trust your feelings; and be aware of your date's actions. Prices begin at \$11.00 for 50 copies. To order, contact: Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830.

The Consumer's Guide to Abortion Services/Guia sobre servicios de aborto (1985, 16 pp.) is a pamphlet written in both English and Spanish. It gives information on finding a facility, getting medical tests, counseling, abortion procedure, recovery, contraception, follow-up, fees, insurance, Medicaid, and minor status. Up to five copies available free of charge from: National Abortion Federation, 900 Pennsylvania Avenue, S.E., Washington, D.C. 20003. Larger quantities available at cost.

Survivor (1986) is a series of three booklets written for people with developmental disabilities who have been sexually assaulted. It includes one booklet for their caregivers. All are written by Nora Baladerian, Krysia Dankowski, and Tawnya Jackson, and are published by the Los Angeles Commission on Assaults Against Women. Booklet I (77 pp.) is for those with low reading skills to read with a parent or guardian. Booklet II is for those with at least a fourth grade reading level. These two booklets are aimed at helping a victim become a survivor and also at prevention of further sexual abuse. Booklet III (33 pp.) gives family members, advocates, and care providers information about how to respond to and report on assault and how to deal with police, hospitals, and court proceedings. The booklets are available in English, Chinese, Japanese, Korean, Spanish, Vietnamese, large print, and Braille. Single copies are free with a check for \$1.50 each to cover p/h. To order, or for information about bulk rates, write to: LACAAW, 543 North Fairfax Avenue, Los Angeles, CA 90036.

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Bibliography of Religious Publications on Sex Education and Sexuality. Leigh Hallingby and Deborah Richie, comps. No. 5, p. 14.
Child Sexual Abuse Education and Prevention: A Selected Bibliography of Materials for Sale. Leigh Hallingby and Brenda Kaufman-Dressler, comps. No. 1, p. 11.
Human Sexuality: A Bibliography for Everyone. Leigh Hallingby, comp. No. 3, p. 9.
Human Sexuality: A Selected Bibliography for Professionals. Leigh Hallingby, comp. No. 4, p. 14.
Sexuality Education Pamphlets: A Selected Annotated Bibliography of Resources for Sale. Brenda Kaufman-Dressler and Leigh Hallingby, comps. No. 2, p. 13.

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Meet Janet Jamar

New SIECUS Manager of Publications and Public Relations

We are very pleased to announce that Janet Jamar has joined the SIECUS staff as the Manager of Publications and Public Relations. Janet replaces Sharon Edwards who left SIECUS in May for a new career in business.

In addition to becoming the Editor of the SIECUS Report and Newsletter, Janet will also be involved in the production of new SIECUS publications and our public relations activities.

Janet comes to SIECUS with a rich and extensive background in public relations, advertising, promotion and writing. She has worked as an editor in the publishing business, publicity director and public relations account executive. She has organized national conferences, seminars and special events. From 1976-79, Janet served as the Director of Public Information and Public Relations for the New York City Department of Aging. For many years, Janet worked extensively with the Gray Panthers.

The SIECUS Board of Directors and staff are very pleased to welcome Janet to our organization.

AIDS AND SAFER SEX EDUCATION: AN ANNOTATED BIBLIOGRAPHY OF PRINT AND AUDIO-VISUAL MATERIALS FOR SALE

This bibliography was compiled by Leigh Hallingby, MSW, MS, Manager, Mary S. Calderone Library. The citations, which are listed without evaluation, include books, booklets, pamphlets, curricula, and audio-visuals for AIDS and safer sex education, available as of May 1987.

This bibliography is selective of necessity due to the vast quantity of materials—especially pamphlets—for AIDS and safer sex education which are now available from a wide variety of sources. The emphasis (although not the exclusive focus) of this bibliography is on materials for the general public on how to prevent the transmission of AIDS and on materials which have a national rather than a local orientation.

Many of the publishers and distributors listed below have other materials on AIDS not specifically related to education, prevention, and safer sex. Also, these same publishers and distributors will no doubt continue to make new educational and other resources on AIDS available. Therefore, you may wish to request complete publications lists or catalogs from them and to be placed on mailing lists for new publications.

Please note that other than its own publications, SIECUS does not sell or distribute any of these publications. Most of the print materials are available for use at SIECUS's Mary S. Calderone Library, New York University, 32 Washington Place, Room 52, New York, NY 10003; (212) 673-3850.

Single copies of this bibliography are available from SIECUS on receipt of \$2.00 and a stamped self-addressed business-size envelope. In bulk they are \$1.50 each for 5–49 copies and \$1.00 each for 50 copies or more. Please add 15% to cover postage and handling (p/h).

BIBLIOGRAPHY

AIDS... A VIRUS THAT DOESN'T DISCRIMINATE: A RESOURCE GUIDE

Randy Kraft and Elizabeth Randall-David, comps.

This annotated bibliography lists print and audio-visual materials compiled from results of a questionnaire mailed out to over 500 organizations. The resources are cross-indexed by organization, target audience, language, and format. The guide will be updated regularly. (1987, 318 pp.; \$14.95 incl. p/h)

Florida Association of Pediatric Tumor Programs, P.O. Box 13372, University Station, Gainesville, FL 32604; (904) 375-6848

BOOKS

THE AIDS EPIDEMIC: HOW YOU CAN PROTECT YOURSELF AND YOUR FAMILY—WHY YOU MUST

James I. Slaff and John K. Brubaker

This book covers what AIDS is, how it has spread to all population groups in other countries, why it is likely to follow the same pattern in the U.S., and how to protect both health and individual freedom while controlling the epidemic. (1985, 285 pp.; \$3.95)

Warner Books, 666 Fifth Avenue, New York, NY 10103; (212) 484-2900

AIDS: FACTS AND ISSUES

Victor Gong, ed.

The author and 19 other contributors to this book, written for the general public, draw from a wide range of experience in medicine, epidemiology, nursing, psychology, immunology, microbiology, social work, and activism in the gay community. The book was originally published in 1985 under the title *Understanding AIDS*. (1986 rev., 388 pp.; \$25.00 hc, \$10.95 paper)

Rutgers University Press, 30 College Avenue, New Brunswick, NJ 08903; (201) 932-7762

MOBILIZING AGAINST AIDS: THE UNFINISHED STORY OF A VIRUS

Eve K. Nichols

This book, based on presentations at an

annual meeting of the National Academy of Science's Institute of Medicine, is up to date on AIDS research through 1986. It explains what researchers have discovered about the disease, how it is transmitted and treated, prospects for a vaccine, and why some people are more resistant than others. (1986, 212 pp.; \$7.95)

Harvard University Press, 79 Garden Street, Cambridge, MA 02138; (617) 495-2600

THE TRUTH ABOUT AIDS: EVOLUTION OF AN EPIDEMIC

Ann Giudici Fettner and William A. Cheek

This book chronicles the search for the cause and cure for AIDS. It discusses the possibilities of treatment and the increasing prevalence of AIDS among heterosexuals. (1985 rev., 306 pp.; \$8.95)

Holt, Rinehart, and Winston, 383 Madison Avenue, New York, NY 10017; (212) 872-2000

CURRICULA

AIDS IN THE WORKPLACE PACKAGE

This is a comprehensive multi-media educational program suitable for any workplace. It consists of:

1. *An Epidemic Of Fear: AIDS In The Workplace*, a 23-minute video;
2. a 68-page *Educational Guide For Managers*;
3. a 53-page *Strategy Manual* and Appendix providing suggestions for developing policies and guidelines for responding to AIDS in the work environment;
4. 5 copies each of several brochures including *AIDS In The Workplace: A Guide For Employees*.

(1986; total package, \$398; video and leader's guide, \$275; strategy guide and appendix, \$125; video, \$195; leader's guide, \$125)

San Francisco AIDS Foundation, 333 Valencia Street, San Francisco, CA 94103; (415) 864-4376

AIDS: LEARN FOR YOUR LIFE

Linda Langs and Faye Howard Winters

This package consists of a curriculum which spells out five lesson plans, plus a 25-minute video. Aimed at high school students, these

materials give information on what AIDS is, how it is transmitted, and how to prevent its transmission. There is flexibility in the curriculum for stressing abstinence vs. condom usage. (1987, 52 pp.; \$350; discounts for bulk orders available)

All Media Productions, Educational Division, 1424 Lake Drive, S.E., P.O. Box K, Grand Rapids, MI 49501; (616) 459-9703.

AIDS—THE PREVENTABLE EPIDEMIC Claudia L. Webster

The teacher's guide presents three lesson plans for teaching about AIDS in grades 9–12. It is designed to be part of the communicable diseases section of a health curriculum. A video of the same title is intended to be used with the teacher's manual. (1987 rev.; teacher's guide: 25 pp., \$6.00 in Oregon, \$10.00 out of state; video: \$30.00)

AIDS Education Program, Oregon State Health Division, P.O. Box 231, Portland, OR 97207

AIDS: WHAT YOUNG ADULTS SHOULD KNOW William Yarber

Instructor's manual presents goals of AIDS education and a three-session lesson plan. It also outlines eight learning opportunities to reinforce personal health behaviors and attitudes that student book emphasizes. Also included are test opportunities to reinforce personal health behaviors and attitudes that student book emphasizes. Also included are test questions and student handouts and worksheets. (1987; student guide: 20 pp., prices vary from \$2.50 to \$1.00 per copy depending on quantity ordered; instructor's guide: 44 pp., \$8.95 + p/h)

AAHPERD, 1900 Association Drive, Reston, VA 22091; (703) 476-3400

CRITERIA FOR EVALUATING AN AIDS CURRICULUM

Some of the criteria listed relate to curriculum content and some to curriculum development and evaluation. Developmental characteristics of students from grade 5–12 are listed, along with suggestions for appropriate approaches to AIDS education for each stage. (1987, 7 pp.; \$2.00 incl. p/h)

National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02116; (617) 357-8507

FACILITATOR'S GUIDE TO EROTICIZING SAFER SEX: A PSYCHOEDUCATIONAL WORKSHOP APPROACH TO SAFER SEX EDUCATION

Luis Palacios-Jimenez and Michael Shernoff

This manual teaches how to facilitate a workshop that was developed in response to the difficulties gay and bisexual men in New York City were reporting about adopting guidelines for safer sex. (1986, 33 pp.; \$8.00)

Gay Men's Health Crisis, Education Depart-

ment, Box 274, 132 West 24th Street, New York, NY 10011; (212) 807-7517

MEDICAL, PSYCHOLOGICAL, AND SOCIAL IMPLICATIONS OF AIDS: A CURRICULUM FOR YOUNG ADULTS Ralph C. Johnston

This curriculum, designed for late high school and college courses in health or social studies, consists of eight lessons of about two hours each. They cover such topics as basic facts about AIDS, AIDS in the human context, AIDS and sexuality, and the ethics of AIDS. (in press for 1987, 150 pp.; price unavailable at press time)

SUNY AIDS Education Project, SAHP, HSC-L2-052, SUNY, Stony Brook, NY 11794; (516) 444-3242

TEACHING AIDS: A RESOURCE GUIDE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME

Marcia Quackenbush and Pamela Sargent

This resource guide assists teachers of adolescents in integrating AIDS information in a useful, practical, and relevant manner within already-existing courses. In addition to teaching plans covering medical, social, and legal aspects of AIDS, it presents worksheets, trouble-shooting tips, and a resource listing.

Conferences

NATIONAL ABORTION FEDERATION wishes to announce its Fall Risk Management Seminar: Beyond Sixteen Weeks: Practical Considerations for Quality Care, September 20–22, 1987, Four Seasons Olympic Hotel, Seattle, Washington. For more information, please contact the Federation at: 202-546-9060.

THE SECOND INTERNATIONAL CONGRESS ON SEXUAL DEVELOPMENT AND FUNCTIONING ACROSS THE LIFESPAN. Sponsored by The Fay Institute of Human Relations, Inc., the congress will be held in Montreal at the Hotel Maritime, October 22–24th, 1987. For further information, contact Catherine Blake at 514-737-1394 or write to: L'Institut De Relations Humaines Fay, Inc., C.P. 5, Succursale "Cote-des-Neiges", Montreal, Quebec, H3S 2S4, Canada.

(1986, 24 pp.; \$14.95 + 15% p/h)

Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830

PAMPHLETS AND BOOKLETS

AIDS AND CHILDREN AIDS AND YOUR JOB— ARE THERE RISKS

AIDS, SEX, AND YOU FACTS ABOUT AIDS AND DRUG ABUSE GAY AND BISEXUAL MEN AND AIDS

These five pamphlets are all part of the "Latest Facts About AIDS" series. (1986, 8 pp. each; free except for cost of postage for bulk orders)

American Red Cross of Greater New York, 150 Amsterdam Avenue, New York, NY 10023; (212) 787-1000 (or contact local Red Cross chapter)

AIDS AND PREGNANCY

This pamphlet gives current information on AIDS and its effects on pregnancy, birth, and babies. (1986, 6 pp.; prices vary from \$.50 to \$.20 each depending on quantity ordered)

Maternity Center Association, 48 East 92nd Street, New York, NY 10128; (212) 369-7300

AIDS AND THE HEALTH CARE WORKER

This pamphlet gives information on who is at risk of AIDS, precautions for health care workers dealing with people with AIDS, and protection for persons with AIDS. Also available in Spanish. (1987, 10 pp.; \$.10 each)

Service Employees International Union, 1313 L Street, NW, Washington, DC 20005; (202) 898-3200

AIDS LIFELINE: THE BEST DEFENSE AGAINST AIDS IS INFORMATION

This publication explains the basic facts about AIDS: prevention, cause, risks, transmission, symptoms, treatment, and diagnosis. It is available also in English braille, Spanish, and Chinese. (1985, 6 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

AIDS: QUESTIONS AND ANSWERS

This pamphlet answers 17 common questions about AIDS such as who gets AIDS and how AIDS is treated. (1986, 12 pp.; prices vary from \$.50 to \$.14 each depending on quantity ordered, + 15% p/h)

Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019; (212) 541-7800

AIDS: YOUR CHILD AND THE SCHOOL Derek Kaus and Robert D. Reed

This booklet contains information for parents

about AIDS, keeping children safe from AIDS, and dealing with children who have AIDS. It includes a tear-out guide about AIDS for young children. (1986, 24 pp.; prices vary from \$3.00 to \$1.50 depending on quantity ordered, + p/h)

R & E Publishers, P.O. Box 2008, Saratoga, CA 95070

ALCOHOL, DRUGS, AND AIDS

Committee on Substance Abuse and AIDS

This pamphlet discusses links between the use of alcohol and drugs, damage to the immune system, and increased susceptibility to the AIDS virus. It describes the biological effects of alcohol, amphetamines, marijuana, and poppers. It is written in English on one side and Spanish on the reverse. (1986, 10 pp.; prices vary from \$.30 to \$.15 depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

HOW TO TALK TO YOUR CHILDREN ABOUT AIDS

Ronald Moglia and Ann Welbourne-Moglia

This pamphlet provides basic factual information about the disease as well as advice on how to talk to children from pre-kindergarten age through late adolescence, about AIDS and AIDS prevention. (1986, 6 pp.; prices vary from \$.60 to \$.25 each depending on quantity ordered, + 15% p/h)

SIECUS, New York University, 32 Washington Place, Room 52, New York, NY 10003; (212) 673-3850

I CAN'T COPE WITH MY FEAR OF AIDS

This pamphlet, oriented toward the "worried well," describes symptoms of fear of AIDS and gives advice for relieving and/or living with this fear. (1986, 8 pp.; \$.25 each)

Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011; (212) 807-7517

INFORMATION FOR PEOPLE OF COLOR: ASIANS, BLACKS, LATINOS, NATIVE AMERICANS

Third World AIDS Advisory Task Force

This pamphlet provides basic information about AIDS. It points out that two of five Americans with AIDS and over four of five children with AIDS are people of color. (1985, 6 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

LESBIANS AND AIDS: WHAT'S THE CONNECTION?

Women's AIDS Network

This publication discusses the emotional and political impact of AIDS, as well as possible AIDS risk factors for lesbians. It also presents

information on donor insemination, substance abuse, and safe sex. (1986, 6 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

MEDICAL ANSWERS ABOUT AIDS

Lawrence Mass

The information in this booklet is intended to serve as a general rather than a comprehensive guide to what is generally known about AIDS—for the general public, for persons with AIDS, for those who are at risk for AIDS, and for health care providers. (1987 rev., 42 pp.; \$.75 each)

Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011; (212) 807-7517

STRAIGHT TALK ABOUT SEX AND AIDS

Aimed at heterosexual adults and teens, this easy-to-read guide promotes open communication between partners about sexual history and drug use and encourages condom use. It is available in Spanish. (1986, 6 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia

Computerized searches available through the SIECUS Information Service and Library

If you are giving a speech, writing an article, planning a program or just have some questions, SIECUS can now help you find the latest information for your topic. Computerized searches can be done at the Information Service and Library in a matter of seconds! Over 4,000 journal articles and chapters in edited books, dating from 1978 on, are available to you. Staff will also be happy to photocopy any or all of the items in the searched bibliography and mail this to you.

For further information about this new service and the costs involved, please contact the Information Service and Mary S. Calderone Library, 212-673-3850. SIECUS members receive a 10% discount for this service.

Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

WHAT DO WE KNOW ABOUT AIDS?

This pamphlet provides basic information for the general public from high school age up. (1986, 8 pp.; prices vary from \$.22 to \$.15 each depending on quantity ordered, + 15% p/h)

Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830; (408) 429-9822

WHAT EVERYONE SHOULD KNOW ABOUT AIDS

WHAT GAY AND BISEXUAL MEN SHOULD KNOW ABOUT AIDS

WHY YOU SHOULD BE INFORMED ABOUT AIDS: INFORMATION FOR HEALTH-CARE PERSONNEL AND OTHER CARE PROVIDERS

These are part of the Scriptographic Booklet series, noted for easy reading and lively graphics. The first one is also available in Spanish under the title *Sobre AIDS*. (1984-1985, 16 pp. each; prices vary from \$.22 to \$.15 each depending on quantity ordered, + 15% p/h)

Channing L. Bete Co., 200 State Road, South Deerfield, MA 01373; (800) 628-7733

WOMEN AND AIDS

Women and AIDS Network

This publication describes the specific circumstances under which women risk infection and how they can protect themselves. It also addresses concerns about pregnancy, breastfeeding, and artificial insemination. It is available in Spanish under the title *Mujeres y AIDS*. (1986, 8 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

WOMEN NEED TO KNOW ABOUT AIDS

Peg Byron

This pamphlet covers the various ways that AIDS can be transmitted to and by women, as well as how women can protect themselves from getting AIDS. It is also available in Spanish under the title *La Mujer Debe Informarse Sobre El SIDA*. (1986, 8 pp.; \$.25 each)

Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011; (212) 807-7517

YOUR CHILD AND AIDS

This brochure answers questions about the risk of contracting AIDS through bites, cuts, bruises, or contact with children who have AIDS. (1986, 6 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + 15% p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

SAFER SEX PRINT MATERIALS

AIDS SAFE SEX GUIDELINES

This poster, for sexually active men and women, provides, in explicit language, basic information on safe and unsafe sex practices. (1985; \$.10 each)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

CAN WE TALK?

This colorful, lively, sexually explicit brochure uses cartoons and direct language to explain safe and unsafe sex practices for gay and bisexual men. (1985, 12 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

THE COMPLETE GUIDE TO SAFE SEX

Institute for the Advanced Study of Human Sexuality
Ted McIlvenna, cd.

This book presents a review of current information available on AIDS and suggests many avenues for sexual expression which minimize or eliminate disease transmission risks. (1987, 217 pp.; prices vary from \$6.95 to \$3.50 each depending on quantity ordered, + p/h)

Exodus Trust AIDS Project, P.O. Box 2152, Akron, OH 44309-2152

THE CONDOM

Basic information is presented about what condoms are, how they work, how to put them on and take them off, how to store them, and types of condoms. (1985, 7 pp.; prices vary from \$.50 to \$.10 each depending on quantity ordered, + 15% p/h)

Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019; (212) 541-7800

GUIDELINES AND RECOMMENDATIONS FOR HEALTHFUL GAY SEXUAL ACTIVITY

National Coalition of Gay Sexually Transmitted Disease Services

This brochure includes information about common STD's, healthful sexual activity, hygiene, bath houses, and STD testing. There is a test for the reader to score himself as being of high, medium, or low risk for developing STD's. (1986 rev., 8 pp.; single copy free with stamped self-addressed business-size envelope; prices vary from \$1.00 to \$.13 each depending on quantity ordered)

NGGSTDS, P.O. Box 239, Milwaukee, WI 53201-0239

GUIDELINES FOR AIDS RISK REDUCTION

Bay Area Physicians for Human Rights

This sexually explicit brochure provides an in-depth discussion of AIDS symptoms, transmission, and risk reduction. Oriented toward gay and bisexual men, it also includes a detailed discussion of safe sex. It is available in Spanish under title *Normas Para Reducir El Riesgo de Contraer AIDS*. (1984, 8 pp.; prices vary from \$.30 to \$.15 each depending on quantity ordered, + p/h)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

PLAY SAFE: HOW TO AVOID GETTING SEXUALLY TRANSMITTED DISEASES

Bea Mandel and Byron Mandel

This book uses a question and answer format to convey information about what STD's are, how they are and are not transmitted, preventing STD's, communicating with a partner about STD's, and what to do if you think you have a STD. (1986 rev., 98 pp.; \$4.95)

Center for Health Information, P.O. Box 4636, Foster City, CA 94404; (415) 345-6669

SAFE SEX GUIDELINES FOR WOMEN AT RISK OF AIDS TRANSMISSION

This sexually explicit fact sheet lists safe and unsafe activities and presents information on the use of condoms, spermicides, latex or rubber gloves, and barriers. (1986, 2 pp.; \$.10 each)

San Francisco AIDS Foundation, 333 Valencia Street, 4th floor, San Francisco, CA 94103; (415) 864-4376

We can use your hands

Volunteers are needed at the SIECUS office to help with mailings and general office and library clerical tasks. If you have some time to give, it would help us enormously. Hours are very flexible and the rewards are special.

Please contact Ann Welbourne-Moglia, Executive Director, 212-673-3850, if interested.

AUDIO-VISUALS

ABOUT AIDS

1986, 16 mm or video, 15 min.

This short audio-visual focuses on the medical side of AIDS. The approach is rational, non-alarmist, and informative for the general public. Purchase, \$325 (16 mm), \$195 (video); rental, \$55.

Pyramid, P.O. Box 1048, Santa Monica, CA 90406; (800) 421-2304; (213) 828-7577 (CA only)

AIDS ALERT

1985, video, 23 min.

This video begins and ends with statements by Dr. Richard Keeling on why everyone needs to know about AIDS and on why everyone is responsible for avoiding its further transmission. In between, Dr. Goodhealth, a Gumby-like character, answers questions from an audience of cartoon characters based on the female and male symbols. Purchase, \$124.95.

Focus International, 14 Oregon Drive, Huntington Station, NY 11746; (800) 843-0305; (516) 549-5320 (NY only)

AIDS AND HEALTH EDUCATION SERIES

1986, video; each video comes with a transcript of the program and discussion questions:

1. *Approaching the Topic of AIDS* (17 min.). Health educators discuss some of the problems and successful methods in addressing AIDS with young people.
2. *Discussing Health Care And AIDS* (17 min.). Health care workers discuss ways to approach AIDS in a non-threatening manner.
3. *AIDS, Women And Sexuality* (17 min.). Seven women discuss their concerns about AIDS.
4. *AIDS, Men And Sexuality* (17 min.). Men from diverse backgrounds speak about issues around safer sex and AIDS.
5. *Living With AIDS Related Conditions* (20 min.). A man with AIDS Related Complex (ARC) and his friends discuss the impact of the disease on their lives.

Purchase, \$150 each; rental, \$50.

Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (415) 673-5100

AIDS AND THE AMERICAN FAMILY

1986, video, 60 min.

Produced specifically for home viewing, this video describes the history of AIDS, its symptoms, and methods of transmission; gives information about the debate over testing for AIDS; and in a general way describes the sexual practices that can reduce the risk of infection. Purchase, \$39.95

Medical Action Group, Box 685, Chanute, KS 66720; (800) 522-2437

AIDS: FEARS AND FACTS

date unknown, video, 24 min.

This video from the U.S. Public Health Service answers the most frequently asked questions about AIDS: what causes it, who is at risk, how it is transmitted, what is being done to control the disease and find a cure, and how individuals can reduce their risk of infection. Available for loan at no charge.

Modern Talking Picture Service, 5000 Park Street North, St. Petersburg, FL 33709; (813) 541-5763

THE AIDS MOVIE

1986, 16 mm or video, 26 min.

In this film, aimed at teenagers, the focus switches back and forth between an AIDS educator speaking to a mostly white middle class group of high school students, and three AIDS patients who talk one at a time about how they contracted the disease and what the experience of having it has been like. Purchase, \$400 (16 mm), \$385 (video); rental, \$57.

New Day Films, 22 Riverside Drive, Wayne, NJ 07470; (201) 633-0212

AIDS: OUR WORST FEARS

1986, video, 57 min.

This documentary was originally shown on KPIX television in San Francisco in the summer of 1986. Some of the statistics have changed, but the educational information remains valid. Purchase, \$29.95.

Films for the Humanities, P.O. Box 2053, Princeton, NJ 08543; (800) 257-5126; (609) 452-1128 (NJ only)

AIDS: WHAT ARE THE RISKS?

1986, 2-part filmstrip with cassettes or filmstrip on video, 30 min.

This audio-visual focuses on the disease process and second on the effects of AIDS on people who have it. Purchase, \$115 (filmstrip), \$139 (video); no rental.

Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570; (800) 431-2050; (914) 769-7496 (NY only)

AIDS: WHAT EVERYONE NEEDS TO KNOW

1986, 16 mm or video, 18 min.

This film surveys the facts and debunks the myths about AIDS. Woven through the factual material are clips of an interview with an AIDS patient, who is a former drug abuser, and his wife. Purchase, \$350 (16 mm), \$250 (video); rental, \$40.

Churchill Films, 662 North Robertson Boulevard, Los Angeles, CA 90069; (800) 334-1830

BEYOND FEAR

1986, 16 mm or video

This American Red Cross series consists of three parts:

1. *The Virus* (22 min.). Using computer-generated graphics this segment illustrates the effectiveness of the virus that causes AIDS.
2. *The Individual* (17 min.). This segment identifies who is at risk of AIDS and how AIDS is and is not transmitted.
3. *The Community* (21 min.). This program shows how some cities are meeting the needs of both patients and the public.

Available for loan at no charge other than the return postage on the 16 mm films.

Modern Talking Picture Service, 5000 Park Street North, St. Petersburg, FL 33709; (813) 541-5763

CHANCE OF A LIFETIME

1986, video, 43 min.

This explicit video, designed for gay and bisexual men, consists of three vignettes. The first involves two men on their fourth date, the second an anonymous sexual encounter in a leather bar, and the third a love-making scene between two men, one of whom has AIDS, in a long-term relationship. Purchase, \$50; no rental.

Gay Men's Health Crisis, Box 274, 132 West 24th Street, New York, NY 10011; (212) 507-7517

Remember SIECUS in your WILL.

Sex education is more important now than ever before. Please consider supporting the work of SIECUS in a very special way by remembering SIECUS in your Will. Our attorneys will be happy to answer your questions about a planned gift to SIECUS, and be sure to consult with your own financial advisors, too. For more information, call Ann Welbourne-Moglia, SIECUS Executive Director, at (212) 673-3850.

FOR OUR LIVES

1985, video, 25 min.

This documentary examines the AIDS crisis and the way in which gay men are taking personal responsibility to reduce the risk of contracting or transmitting the disease. It includes interviews with a man who has AIDS, a physician, gay men who have changed their sexual behavior patterns, and parents whose baby son died of AIDS contracted from a blood transfusion. Purchase, \$225; rental \$50.

Focus International, 14 Oregon Avenue, Huntington Station, NY 11746; (800) 843-0305; (516) 549-5320 (NY only)

NORMA AND TONY: FOLLOWING SAFER SEX GUIDELINES

1985, video, 30 min.

Two friends meet and discuss their interest in a sexual relationship, AIDS, and how they can enjoy sexual intimacy without putting their health at risk. They spend an afternoon experimenting with condoms, latex squares, and other protective products. Purchase, \$150; rental, \$25.

Multi-Focus, 1525 Franklin Street, San Francisco, CA 94109; (415) 673-5100

SEX, DRUGS, AND AIDS

1986, 16 mm or video, 17 min.

This film, narrated by Rae Dawn Chong (who plays Squeak in *The Color Purple*), begins with information on how AIDS is and is not transmitted. Other important parts of the film include: young women talking about protecting themselves against STD's and pregnancy, five people who have AIDS telling how they got it, and a man who was previously homophobic talking about how his attitudes changed when he watched his gay brother die of AIDS. Purchase, \$400 (16 mm), \$325 (video); rental, \$75.

ODN Productions, 74 Varick Street, New York, NY 10013; (212) 431-8923

THE SUBJECT IS AIDS

1987, video, 18 min.

This video, based on *Sex, Drugs and AIDS* (see above), includes some changes which make it appropriate for a younger (junior high) audience, and which emphasize abstinence as the key form of AIDS prevention. It includes an introduction by Surgeon General Everett Koop on the importance of AIDS education. The scene of the man talking about his gay brother who died of AIDS has been replaced by teens giving their views on AIDS. Purchase, \$400 (16 mm), \$325 (video); rental, \$75.

ODN Productions, 74 Varick Street, New York, NY 10013; (212) 431-8923

SIECUS Information Service and Mary S. Calderone Library

New York University, 32 Washington Place, New York, NY 10003; (212) 673-3850

Hours: Monday-Thursday, 1:30-8:00 p.m.; Friday-Saturday, 9:00 a.m.-1:00 p.m.

Services: Answers to in-person, mail, and telephone requests for information regarding human sexuality and sex education.

Curricula Reviews

AIDS: Educating for Survival

by Peggy Brick, MEd, Reviewer
Board Member, SIECUS
Director of Education, Planned Parenthood of
Bergen County, Hackensack, NJ

Ideally, AIDS education will be integrated into a curriculum that studies human sexuality with a lifespan perspective—part of the fabric of life from birth to death. Unfortunately, the AIDS crisis is reinforcing a “prevention model” of sex education, one that teaches only the dangers of sex, eschewing the joys. As sex educators join the national campaign against AIDS, we must be aware of the impact AIDS is having on young people’s attitudes about sex, examine the messages we ourselves are giving about sexuality, and become persistent advocates for sex education that goes beyond abuse, pregnancy, and disease prevention, and includes love, relationships, and intimacy.

The two curricula reviewed here provide excellent guidance on how to teach about AIDS. They help teachers, as well as students, learn how to sort through the barrage of information about the disease and focus on the basic life-saving messages: 1) AIDS is a viral disease, not a gay disease; it is not caused by a lifestyle, but by an infectious organism. 2) AIDS is not easily transmitted; people do not contract AIDS in day-to-day contact with others. 3) Anyone can contract AIDS; the virus is not influenced by a person’s age, sex, or sexual orientation. 4) AIDS can be prevented; anyone who is not now infected can act to avoid the disease.

TEACHING AIDS: A RESOURCE GUIDE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME.
Marcia Quackenbush and Pamela Sargent. Santa Cruz, CA: Network Publications, 1986. (124 pp; \$14.95).

Brava for Marcia Quackenbush and Pamela Sargent who created a superb resource guide: *Teaching Aids*. This guide provides educators with a rationale and methodology for helping adolescents and young adults understand this dreaded disease and confront its meaning for their own lives. *Teaching Aids* is an exemplary curriculum, demonstrating how teachers should approach any contemporary issue—particularly a sexual issue—that requires that students evaluate their own behavior as well as their social milieu. Throughout, the manual provides the clear direction that educators need to help students overcome unnecessary fears and make life-protecting decisions.

First, essential information about AIDS is provided for

a basic lecture that includes epidemiology, transmission, symptoms, incubation, and prevention. This is followed by succinct responses to common questions students are sure to ask: Does everyone with AIDS die? What is the risk of heterosexuals contracting AIDS? Why don’t people follow prevention guidelines?

But the genius of this guide is the presentation of seven complete teaching plans that suggest different approaches to AIDS in the classroom and demonstrate how AIDS education can be integrated into a variety of subject areas, from social studies, history and psychology to science, health, and family life. The topics include: The Basic Unit, Public Response to AIDS, Civil Rights Issues, Epidemics and AIDS, STDs and AIDS, and Pursuing a Medical Mystery—The Story of AIDS.

The lesson plans are supplemented by six worksheets that actively involve students in thinking about the epidemic and examining their own attitudes and behaviors. For example, “People’s Responses to AIDS” asks students to “Think of someone you know or someone you have heard of who has responded to the AIDS epidemic in a way you think has been positive and helpful,” and, the important opposite: “someone who has responded in a way that is not helpful.” Another exercise, perfect for a small group, asks students to “Imagine that the principal of this school has hired you to make sure that all the students know about AIDS—what it is, how it is transmitted, and how it can be prevented. Write a proposal explaining to the principal how you think this can best be done.” Another activity demonstrates that understanding AIDS is an ongoing process that requires students to find answers to their own unanswered questions about the disease.

One caveat, even with this excellent curriculum, trained teachers are essential for effective AIDS education. Many untrained teachers will find it all-to-simple to focus on some valuable but nonthreatening activities and avoid what may be the most critical issue of all: communication with a partner about “safer sex.” This topic should have high priority. For example, in one exercise “Evelyn and Harold” are considering a sexual relationship and students are asked: “How could Evelyn bring up the topic of safe sex? Imagine Harold says he is absolutely not interested in using

a condom . . . Imagine . . . Evelyn suspects she may have been exposed to the AIDS virus . . . could she tell Harold?" These are vital questions for almost every classroom; the kind of questions that should be examined thoroughly, using role play whenever possible. Unless teachers seriously are prepared to confront the communication issue, they are at default where adolescents, in fact most of us, are most vulnerable to the AIDS virus.

But, insofar as a manual can do it, *Teaching AIDS* provides exactly the support teachers need to respond in a meaningful way to the nationwide demand for AIDS education. Students are encouraged to understand the complexity of the phenomenon at the same time as they develop the ability to take action on their own behalf. Curricula using a comparable format for the study of topics, such as acquaintance rape, new reproductive technologies, and the changing family would promote the expansion of education about sexuality that aims to help students take control of their lives, as they struggle to survive in a milieu that is provocative, dangerous, and very, very confusing.

AIDS: WHAT YOUNG ADULTS SHOULD KNOW. William J. Yarber. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance, 1987 (Instructor's Manual, 44 pp., \$8.95; Student Guide, 20 pp.).

Eagerly awaited by educators who valued Bill Yarber's approach to STD education in *STD: A Guide for Today's Young Adults*, *AIDS: What Young People Need To Know* is already a best-seller. It offers a winning combination for busy teachers: a student guide with pre-tests, basic AIDS information, and several activities; and an instructor's guide with three lesson plans, eight "learning opportunities," and five worksheets.

As in Yarber's previous curriculum, *AIDS* addresses the cognitive, attitude, and skill domains but emphasizes the personal behaviors that put a person at risk for acquiring disease and that help to avoid infection. The *Student Guide* provides space for students to list local sources for AIDS/STD information and includes national hotlines. It encourages students to take responsibility for themselves and also to promote AIDS prevention efforts in their own communities.

The "Learning Opportunities" are adaptations of classic values clarification exercises. Students examine their own attitudes toward AIDS-related situations by placing themselves on a continuum between people with opposing points-of-views: "Paul believes that the names of persons who have a positive AIDS antibody test should be kept private. . . . Allen believes employers, school officials, and tenants have the right to know who has the AIDS virus." Or students explore their feelings by finishing open-ended sentences: "People who get AIDS are. . ." "Persons having a positive AIDS antibody test should. . ." "Using the condom to avoid the AIDS virus is. . ."

Another activity asks students to pretend they have a newspaper advice column and answer a variety of questions:

"Dear Uncle Bill: My husband and I want to have a baby. However, I have been tested as having the AIDS antibody. Is it safe to have a baby. . . ? Unsure Ursula." Each question requires that students apply their knowledge about AIDS to real-life situations. This important and valuable exercise, which like others included here, can be revised when the teacher or students eschew the gimmicky format.

In one especially valuable series, the decision-making process is taught through examination of four problem situations. For example: "Tyra hasn't had sex with anyone, but she shares needles when she uses intravenous drugs with her friends. . . . She wonders if she has gotten the AIDS virus." Students must analyze: What is the *problem*? What are the *important facts*? What are the *possible actions*? What is the *best solution*? This series includes a crucial scenario: "Paul dates Chris, and they often have sex. Paul believes that Chris may have had sex with someone in a high-risk group, yet he wants to continue having sex with Chris."

Yarber gives teachers genuine support in facilitating discussion about "safer sex" with a worksheet: "Talking About AIDS Prevention." In this example, a heterosexual couple is talking about AIDS prevention and the directions ask: "What could Fran say to get the conversation started? What could Fran say in asking John if he has been exposed to the AIDS virus by high-risk sexual and drug-abusing behavior? What can Fran say to John if she does not want intercourse even though he does? Another option for Fran is to insist that John wear a condom if they have intercourse. What could Fran say. . . ?" Now this is serious AIDS prevention education! And, if the teacher has skill in using role play, actual rehearsal of these conversations will greatly strengthen the lesson. For this kind of work, groups of three are especially effective. For each situation, two students interact while the third observes. Then, the three evaluate the dialogue. Finally, each group shares, with the class, how it dealt with the situation. After three situations, each student has had two opportunities to practice solving a potentially dangerous interpersonal problem. This is the best prevention education we can do in the classroom.

AIDS: What Young Adults Should Know will become a key resource in the development of AIDS education in the nation's schools. For the next edition, I recommend the word "fidelity" be dropped for a less moralistic and more descriptive term; the student book be edited to sharpen its impact on students, particularly poor readers; and a section on condom use be added. Meanwhile, we can spread the good word: AIDS education can begin here and now!

This issue of the SIECUS Report was planned and prepared by Sharon Edwards and produced by Carol Cheney, member of the Board of Directors of SIECUS. We are most grateful to Carol for sharing her professional skills and time with us.

Book Reviews • Book Reviews • Book Reviews

AIDS: Impact on Public Policy. R. F. Hummel, W. F. Leavy, M. Rampolla, and S. Chorost (eds.). New York: Plenum Press, 1986 (169 pp.; \$49.50).

Reviewed by James W. Ramey, EdD, ACS, professor, Bowman Gray School of Medicine (retired); author, Using Television to Teach Medicine, Mechanization of the Library and Information Center, Intimate Friendships, and coauthor (with Mary Calderone), Talking with Your Child About Sex.

This slim volume includes the major papers and panel discussions following the presentations at an International AIDS Symposium, held May 28-30 in New York City, under the co-sponsorship of the New York State Department of Health and the Milbank Memorial Fund. Participants represented over 30 countries. The general topics covered included Public Health and Private Rights; Health, Social and Ethical Perspectives; International Cooperation and Competition in Research; Treatment Modes and Impact on the Health Care System; Enhancing Public Understanding and Fostering Disease Prevention; and An International Perspective on AIDS and Economics.

Forty speakers are represented in this volume and many made contributions that were, at least to this reviewer, welcome insights, particularly in the areas of ethics, competition, the international situation, prevention, and economic perspectives. The following are some of these insights.

Dr. David Senser suggested that the conference title might better have been "The Impact of Public Policy on AIDS," pointing out how, for example, public policy limits treatment of drug addicts by inadequate funding. Methadone maintenance, for example, is available to only 22,000 of the 250,000 addicts in New York City, some of whom have been on waiting lists for years. Public policy bodies also object to the placement of these treatment centers in their neighborhoods.

Dr. Fineberg: "IV drug users are the most neglected high risk group, yet they pose the greatest threat of transmitting the AIDS virus to the public at large.

"If the ELISA test correctly detects disease 99% of the time and correctly rules out disease 99.5% of the time, applying a single test to the general population would still produce more than 12 false positive results for every true positive result. Imagine repercussions of screening all couples prior to marriage and informing them of such results. A confirmatory Western Blot test that is 99.9% specific, and, assuming that it is fully independent, i.e., not likely to err in the same way as the initial screening test, would sharply reverse the ratio of true positive to false positives to 70-1. Yet one or two per hundred falsely confirmed patients is a high price to pay when testing in the general population."

Dr. Clumeck pointed out that various studies now indicate that during a ten-year period among the general population, assuming nonpromiscuous women, the increase in seroprevalence is ten-fold.

Dr. Childress: "When we're talking about liberty of action we should seek the least restrictive alternative. . . . When we're talking about privacy, we should seek the least obtrusive option. . . . When we're talking about confidentiality, we should seek the course of action that would involve the least disclosure of information. . . . When we think that the conditions of effectiveness and proportionality, last resort and least infringement have all been met, we are still required by the principle of respect for persons to inform the person whose liberty, privacy or confidential relations have been infringed."

Dr. Gold: "It is possible that by making changes in sexual practices, alcohol and drug intake, reducing stress and minimizing exposures that activate T-cell function and thereby virus production, an individual may be able to alter the course of the infection. The seroconversion rate among our regular clinic clients is less than half of the 3% we have observed in a separate perspective study of 950 gay men. It indicates that early diagnosis or screening may be an important co-factor in altering sexual behavior and in reducing transmission."

In order to reach the street people, Gold continues, "Each night a well-equipped van parks on the street, in the heart of the inner city and from 9 p.m. to 8 a.m. a young nurse and counselor take blood for antibody testing and provide information, and counseling and condoms to the street kids. They also visit male and female brothels to talk. . . . about safe sex practices and assess any AIDS-related medical problems. . . . The bus has become a focal point for male prostitutes and IV drug users, who now have a caring service on their own turf. As a surveillance research unit the data collected by this outreach project has been invaluable in tracking spread of the AIDS virus among a previously inaccessible population."

Dr. Seale: "The CDC definition of AIDS not only impairs the understanding of scientists and physicians of the nature of the disease caused by the virus but also hides from the public of all nations the gravity of the threat which mankind now faces. This definition allows governments all over the world to exclude legitimately, from official statistics, the vast majority of people who are both infected with the AIDS virus and infectious to others, as well as excluding the majority of deaths caused by AIDS virus infection. People who die of tuberculosis, bacterial pneumonia, malaria, or bacterial dysentery do not die from 'CDC defined AIDS,' even though the AIDS virus may have been grown from their blood and they were profoundly immune deficient. People who die from encephalopathy or myelopathy, where the AIDS virus has been grown from their brain, spinal cord, or cerebro-spinal fluid, do not have "CDC defined AIDS" unless they also have infection with some obscure opportunistic microbe which was irrelevant as a cause of death."

Dr. Zolla-Pazner: "It is nearly impossible to develop a vaccine in an intelligent and rational way in the absence of basic knowledge about how the immune system handles the AIDS infection. Yet very little money is being spent on the basic research that will give us the information to develop such a vaccine (1% of the research money spent in 1986). The

administration is fostering research support by the private sector. As a result, information developed this way is not shared because it is proprietary to the company that paid for it, so the scientific community in general is deprived of the information."

Dr. Fein pointed out that AIDS calls on the health sector to organize itself to provide the very services it has historically undervalued: chronic care outside the hospital setting. Only public policy interventions will reverse the historical trends and priorities that mitigate against this happening. AIDS stresses the health care system precisely in those places where it is already under stress.

I recommend this book for someone who is especially interested in the international situation, the ethical questions raised by AIDS, or the infighting in the research community. If one's interest is in public policy and AIDS in general, I would recommend *AIDS: Public Policy Dimensions*, just published by the United Hospital Fund. If economic resources are limited, I would recommend two other books before this one: The NAS Study, *Confronting AIDS*, and the Feldman and Johnson book, *The Social Dimensions of AIDS*. A, PR

SEX, SCHOOLS AND THE LAW. Fernand N. Dutile. Springfield, Ill.: Charles C. Thomas, 1986 (218 pp.; \$29.50)

Reviewed by Ralph Slovenko, LLB, PhD, Professor of Law and Psychiatry, Wayne State University School of Law, Detroit, MI.

In a high school psychology class in Timpson, Texas, a few years ago, Ouida Dean used a sex survey on masculinity. At least two students saw certain sexually explicit questions in the survey. One student's grandmother complained about the survey. Dean was discharged, and she sued for reinstatement. This case opens this well-written and informative book by Professor of Law, Fernand N. Dutile, of the University of Notre Dame.

The book probes curricular considerations, such as sexually oriented dis-

cussions, materials, or assignments; and it reviews the controversies surrounding sex education. It clarifies the status of the law relating to the school library and its selection or removal of books based on sexual content. It assesses the power of the school to bar homosexual or unconventional heterosexual teachers and examines the school's position on homosexual, pregnant, or married students. It evaluates the suppression of or punishment for publication of sexually-oriented material in the student press.

Chapter 1, "Sex and the Curriculum," explores sexual issues arising in connection with the curriculum. Chapter 2, "Sex Education: A Special Situation," recognizing that sex education, although part of the curriculum issue, raises legal problems different in scope, intensity, and resolution, focuses on these problems. Chapter 3, "Sex and the School Library," delves into issues connected with the school library, many of these related to book removal, but some to book selection. Chapter 4, "The Sexual Orientation or Activity of Teachers," considers the legitimacy of adverse official treatment of teachers for their sexual conduct or orientation, or for related matters. Chapter 5, "The Student's Personal Life," does the same with regard to students. Finally, Chapter 6, "The Student Press," assesses the attempts by school officials to control sexually oriented articles or language in student publications.

Schools are a microcosm in which almost all the problems of society can be felt. It is not surprising, therefore, that the same variety of issues, feelings, and conflicts that attend sexual concerns in society at large appears in the school context as well. The author brings to this study several firm beliefs. First, exposing youngsters, consistent with their maturity, to a diversity of ideas provides a more effective and exciting education and produces more creative graduates. Second, teachers are professionals who must be given the discretion necessary to provide such an education. Third, both teachers and students should be endowed with the same constitutional rights as other citizens, unless the threat of harm

is real, significant, and direct.

The sex education cases, all of them discussed in this book, clearly indicate that courts, by and large, leave sex education courses where they find them: they will approve courses with or without excusal provisions. Nonetheless, the better part of wisdom, the author suggests, dictates that excusal be made available.

In the Dean Case, the trial court found that "a teacher has a constitutional right protected by the First Amendment to engage in a teaching method of his or her own choosing, even though the subject matter may be controversial or sensitive."¹ That assertion is called the most "specific endorsement" yet of the teacher's academic freedom in the choice of teaching methods. The Constitution recognizes that freedom, another court has said, "in order to foster open minds, creative imagination, and adventurous spirits. . . . Our faith is that [such] freedom will increase [the teacher's] intellectual vitality and . . . moral strength."²

The author, following graduation from Notre Dame Law School, joined the U.S. Department of Justice. He has served on the law faculty at the Catholic University of America and, since 1971, at the University of Notre Dame. He has published five books and numerous articles. A, PR

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1. *Dean v. Timpson Independent School District*, 486 F. Supp. 302 (E.D. Texas 1979).
2. *Maillous v. Kiley*, 323 F. Supp. 1242 at 1391 (1st Cir. 1971).

PORNOGRAPHY: A HUMAN TRAGEDY. Tom Minnery (ed.). Wheaton, IL: Tyndale House Publisher's Inc., 1986 (340 pp.; \$14.95).

Reviewed by Donald L. Mosher, PhD, Professor of Psychology, University of Connecticut; author, Threat to Sexual Freedom (Tentative title; work in progress).

The title of Minnery's edited book reveals its slant. Born-again Charles Colson, Messe Commissioner Janes Dobson, and

Surgeon General Everett Koop are featured on the dust-cover, along with promised excerpts from the Surgeon General's Report and Attorney General's Commission. Minnery's purpose is twofold: First, he views the press as biased: "... the press as a whole caricatured the issue as a fight between conservative religious zealots on one side, and the defenders of free speech, led by the American Civil Liberties Union, on the other side" (p. 8). His book, moreover, is intended to serve as a handbook for Christian activists against pornography.

Minnery argues that First Amendment rights justify the peaceful demonstration by anti-porn activists against the sale of *Playboy* to pressure stores to drop it. Although such apparent political speech—actually, economic pressure—is protected by the First Amendment, the Bill of Rights was never intended to make us less free: the rights are unalienable. Yet Stephen Monsma in his chapter entitled, "Should Christians push their views on others?" answers "yes... all pornography—including so-called soft-porn—is an evil and can appropriately be opposed by Christians" (p. 85). Of course, Richard McLawhorn of the National Coalition against Pornography recognizes, in his chapter entitled "Fight Pornography? I'm No Kook," that smut-busters have an image problem:

People have to approach this campaign with a style that clearly says: "We are not crazies." How...? Essentially by emphasizing that although this is a moral issue for some, and a religious issue for others, it is a public health and safety issue for everybody. That is the common ground that joins the religiously committed and the nonreligious (p. 254).

McLawhorn advises going after hard-core and child-porn by appealing to parents and grandparents to save their children. To recruit activists, so the advice goes, enlist the most emotionally stirring examples of porn you can find; McLawhorn uses excerpts from *Taboo*, a video with an incest theme, to show a son ejaculating in his mother's face.

What is scary about this book is that the New Right is getting its propaganda act together. Antipornography crusades are symbolic efforts to defend and restore a threatened status when adherents to traditional values seem to be losing their power, prestige, and status (Zurcher & Kirkpatrick, 1976). Thinking short circuits when it is believed that eliminating pornography can reduce or solve such social problems as sexual dysfunction, teenage suicide, copy-cat rapes, and pedophilia. That claim, ludicrous and simple-minded on its face to sexual scientists, appeals psychologically as a simple solution to complex problems: to destroy the symbol of evil is to destroy the evils. The Surgeon General Everett Koop, no less, offered these four examples of "the hazard to public health... to which pornography contributes or... seems to play a strong 'accessory' role" (p. 110).

By combining heated rhetoric, examples of pornography selected to shock and offend, and the prestige of government reports and leaders, the New Right—with the collaboration of some anti-pornography feminists—has launched a new moral crusade. Dobson (p. 49), for example states:

Thus, *anything* that interjects itself into that [family] relationship must be embraced with great caution. Until we *know* that pornography is not addictive and progressive, until we are *certain* that the passion of fantasy does not destroy the passion of reality, until we are *sure* that obsessive use of obscene material will not lead to perversions and conflict between husbands and wives, then we dare not adorn them with the crown of respectability.

As for scientific evidence, they prefer the biased summary of David A. Scott—one of their own—which fits the scant scientific evidence into the Procrustean bed of religious-right ideology (Mosher, 1986).

The real human tragedy is that too many people will find this book convincing because they share its basic assumptions—sex is evil and evil is he who evil

thinks: monkey see porn, monkey believe porn, monkey do porn, monkey addicted to porn. A, PR

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Zurcher, L. J., Jr. & Kirkpatrick, R. G. *Citizens for decency: Antipornography crusades as a status defense*. Austin, TX: University of Texas Press, 1976.

THE GAY PAST: A COLLECTION OF HISTORICAL ESSAYS. Edited by Salvatore J. Licata and Robert P. Peterson. New York: Harrington Park Press, 1985 (225 pp., \$11.95).

Reviewed by Vern L. Bullough, RN, PhD, Dean, Faculty of Natural and Social Sciences, State University of New York College at Buffalo.

This is the third reincarnation of what originally was a double issue of the *Journal of Homosexuality* (Volume 6, 1980). Shortly after being published as a journal, it was republished as a book under the title of *Historical Perspectives on Homosexuality* (Stein and Day, 1981). It is now republished under its current title. The only thing different from the original journal is the red cover, and it includes not only articles but book reviews as well. Those who have the journal or the original book edition need not consider purchasing it or rereading it. For those who have not seen it before, the book has more than a dozen research studies, ranging from Louis Crompton's essay on laws against lesbianism, to Richard Burg's study of buggery and sodomy in early Stuart England, to Hubert Kennedy's study of the theories of Karl Heinrich Ulrichs. One of the more valuable guides included in the book was William Parker's bibliographic essay on homosexuality in history, but it only goes up to 1980. One result of reading such a volume as this, is the sudden realization of how much has been published since the journal originally appeared. A, P, PR

Audience Level Indicators: C—Children (elementary grades), ET—Early teens (junior high), IT—Late teens (senior high), A—College, general adult public, P—Parents, PR—Professionals.

ABBY, MY LOVE. Hadley Irwin. A Margaret K. McElderry Book. New York: Atheneum, 1985 (146 pp.; \$11.95).

Reviewed by Elma Phillipson Cole, Social Services Department, The Salvation Army, New York.

Abby, My Love is accurately described on the book jacket as "a tender, moving love story, filled with humor, courage and compassion." We know from this same jacket that it is a story of sexual abuse. The people who fill the pages are real. They are our neighbors and friends, whom we come to know and to care about.

There is Chip, the narrator, who at age 13 falls in love with Abby, a year younger. There is Chip's mother, whose husband died in Vietnam before Chip was born. She is wise, witty, loving, and skillful as she responds to his fits of adolescent rebellion. Abby's family includes a pert sister, Pete, who wants to be a baseball player, a mother who jogs in designer suits, and a father, Dr. Morris, an established and respected dentist.

The story opens and closes with Abby's high school graduation. In her speech as Valedictorian, Abby gives the basic message of the book: "We are not alone. We are not powerless. We control our lives. Nothing that happens to us affects only us. Nothing we do affects only ourselves."

In the middle chapters of this charming book, Chip relates the events of the five years between the first meeting and the graduation. The story is one of the normal ups and downs of boy-girl relationships, and yet with a difference that he cannot quite describe. He talks about the empty look in her eyes, and that she seems to retreat into an inner world to which no one else is admitted. He is startled that she pulls away when his coat sleeve brushes her, or that she moans when he puts his hand on her bare arm in a game.

All of the kids wear Timex watches while Abby describes her Rolex as a handcuff which she must wear as it is a gift from her father. Chip later sees that Dr.

Morris's watch matches this. Throughout the lively story there is a lurking sense of foreboding. Chip visits the Morris family at home, and describes them as dummy-like, sitting around in the same room but not really together. There are role reversals, of Abby seeming to be 30 and more like Pete's mother than her older sister.

We are half-way through the book before we learn Abby's secret. Then she talks to Chip as if she is a ventriloquist's dummy telling about someone else. She describes her nightmares when she was four and five — that a man was in her room, looking at her, and touching her. Then she found that these were real; and continued, and increasingly intimate. Abby tells Chip that it is she and that the man is her father. She has tried and failed to stop him. About her mother, Abby says "She couldn't hear me. It's all mixed up. We're a family. He's my father, and he's her husband."

She is frightened about her young sister. She doesn't want to be left alone with her father. To Chip's question, why did you tell me, Abby gives the answer, because there isn't anyone else. Who would believe me?

After some false starts, and encouraged by Chip and his mother, Abby seeks help from a child protection service. The story suggests that after many months of counseling, Abby, Pete, and her mother are on top of the situation, there is some contact with the father who conveniently found a post in another community.

There is nothing sensational or statistical about *Abby, My Love*. It is a moving story that incorporates the classic symptoms of incest. On the surface the family is solid professional. But there is no real family communication. There is a withdrawn adolescent, who contemplates suicide and is at the same time an over-achiever in school activities. There is her fear for her younger sister.

Abby, My Love seems to be a success story. It is believable and useful for those who still feel that incest does not happen to nice people. It is recommended for use

as a discussion starter because it is well written and is an accurate portrayal of symptoms and feelings. **LT, P, A**

Many Thanks, Sharon

At the end of May, the SIECUS staff and Board of Directors bid adieu to Sharon Edwards, Manager of Publications. Sharon joined the SIECUS staff at a time when the organization was implementing many changes in staff function, office computerization, professional and public services and a physical move to New York University. Midst this change, Sharon was vigilant in getting the SIECUS Report planned, produced and distributed. We are most grateful to Sharon for her professional skills and energies during this stressful and energetic time.

Sharon has left SIECUS to begin a new career in business and advertising. We know her skills, creativity and sense of humor will be appreciated in her new working world as much as they were here. We wish Sharon the best of success.

Many thanks, Sharon!

Audio Visual Reviews • Audio Visual Reviews

Members of the SIECUS Audio-Visual Review Panel for this issue were: **Carmen Reyes Aviles, MEd**, Community Family Planning Council, New York, NY; **Rita Cotterly, MEd, MRE**, information specialist, Mary S. Calderone Library, and doctoral candidate, Human Sexuality Program, New York University; **Leigh Hallingby, MSW, MS**, manager, Mary S. Calderone Library; **Hillary Kunins**, Department of Education, Planned Parenthood of Bergen County; **Joan Lambert**, intern, SIECUS, and doctoral candidate, Human Sexuality Program, New York University; **Deborah Richie**, research assistant, Mary S. Calderone Library, and master's candidate, Human Sexuality Program, New York University; and **Jill Tabbutt**, consultant, National Board of the YWCA of the USA, and student, International Community Health Program, New York University. The reviews were written by Leigh Hallingby.

ABOUT AIDS. 1986, 16mm or video, 15 min. Purchase, \$325 (16mm), \$195 (video); rental, \$55. Pyramid, P.O. Box 1048, Santa Monica, CA 90406; (800) 421-2304; (213) 828-7577.

This brief audio-visual describes what AIDS is, how it spreads, and what people can do to protect themselves from it. Specific topics include the origin and description of the AIDS virus, how the virus attacks the body's immune system, signs and symptoms, how AIDS is and is not transmitted, and precautions to take to reduce the chance of infection. The focus is on the medical side of AIDS. There are, for instance, no interviews with persons with AIDS. The tone is calm, clinical, precise, and professional. Fortunately, there is an absence of alarmist music and graphics.

The Audio-Visual Review Panel recommends *About AIDS*—with its rational, informative approach—as an introductory or trigger film for use with the general public. **LT, A**

IMPOTENCE: A MATTER MOST DELICATE. 1985, video, 25 min. Purchase, \$300; rental, \$50; Focus International, 14 Oregon Avenue, Huntington Station, NY 11746; (800) 843-0305; (516) 549-5320 (NY only).

This Australian documentary on male erectile dysfunction covers both the medical and human dimensions of the problem. Medical information is presented about erectile physiology, and various physicians (including one woman) discuss erectile dysfunction. Testing for nocturnal penile tumescence is shown, as is penile implant surgery. There are clips from meetings of the self-help group Impotents Anonymous as well as interviews with two older couples struggling with erectile dysfunction.

On the positive side, the panel was pleased to find an information film on this sensitive subject for the general public. We especially liked the two couples and were pleased to see the women partners involved. On the negative side, we were very disappointed to see that the filmmakers went along with the taboo of never showing the erect penis. Also, erectile dysfunction is portrayed in the film as caused by either a physical or a psychological problem, with no recognition that both might be involved. And this video focused a great deal on erection and intercourse without acknowledging other forms of sexual satisfaction.

Because *Impotence* is one of the only audio-visual resources on this topic, it is recommended, despite these drawbacks, for general audiences as an introduction to the topic of erectile dysfunction. A good discussion leader could help to raise some of the points not brought out in the film. **A**

IT'S O.K. TO SAY NO WAY! 1986, video, 7 min. Purchase, \$75.00. Includes leader's guide. Not available for rent. YWCA of the U.S.A., National Board, Program Services Division, 726 Broadway, New York, NY 10003; (212) 614-2844.

This music video was produced for adolescents between the ages of 11 and 16. In it the Rhythm Rappers, a racially mixed group of one male and two female singers, "rap" to teens about the importance of sexual abstinence. An energetic, enthusiastic group of teens surround the singers, cheering, clapping, and dancing. There are flashes to vignettes portraying rather stereotypical situations of girls fending off sexually aggressive boys and of a boy denying paternity to a pregnant girlfriend. Technically the video is excellent, and the music and the dancing are lively and fun.

The Audio-Visual Review Panel nevertheless found some major flaws in *It's O.K. To Say NO WAY!* First, we found it to be preachy, albeit in a very "funky" way. The option of having sex and using contraception responsibly is not acknowledged. The message seems to be that saying "no way" is the *only* way. Second, the vignettes show the most negatively stereotyped sex role behavior and paint a particularly unflattering picture of teenage boys. Finally, there seems to be a real discrepancy between both the sexiness of the singers and their sex appeal to the audience (as evidenced by the girls reaching for the male singer), and the message of the video. "Be sexy, but don't have sex" is the contradictory message that comes across.

Nonetheless, we did find that the video provoked a lively discussion among the panel members about the philosophy of abstinence and the real world vs. the ideal world of adolescence. It would probably do the same among adolescents and thus is not recommended specifically for its apparently intended message, but as a trigger film. **ET**

SEXUAL ABUSE PREVENTION: FIVE SAFETY RULES FOR MENTALLY HANDICAPPED PERSONS. 1987, video, 24 min. Purchase, \$180; rental, \$35. Agency for Instructional Technology, Box A, Bloomington, IN 47402; (800) 457-4509; (812) 339-2203 (IN, AK, and HI only).

Audience Level Indicators: **C**—Children (elementary grades), **ET**—Early teens (junior high), **LT**—Late teens (senior high), **A**—College, general adult public, **P**—Parents, **PR**—Professionals.

This excellent video, made by the Planned Parenthood affiliate in Cincinnati, consists of five vignettes, each teaching a different safety rule. The young people who act in the vignettes are themselves mentally handicapped, and they do a wonderful job of conveying the five rules: your body belongs to you; keep your clothes on in public; say "no"; get away; and tell someone. The rules are reinforced by the fact that the children and adolescents keep repeating them out loud as they get away from a bad scene. They are technically emphasized by the use of a solid band of green highlighting around the screen when they are printed. By contrast, abusive behavior that the young people should not accept is highlighted by a large red "X."

The first vignette takes place at a swimming pool and introduces terminology about sexual body parts. They are referred to as "private parts," as well as the actual terms "penis," "vulva," etc. An episode in which someone tries to pull down someone else's bathing suit provides an opportunity to stop the action and introduce the rule that your body belongs to you. In the second vignette, children on a bus that has broken down start to take their clothes off when the driver steps off to see what the problem is. When he comes back he reminds them of the difference between a private and a public place and that clothes must be kept on in public places. In the final episode, a man attempts to molest a boy in a restroom at school, and the boy tells his teacher, illustrating the "tell someone" rule.

This video is made even more useful as a teaching tool by its very clear segmentation into five parts, each of which can stand on its own. Other aspects deserving praise include a good racial mix and the fact that it shows the children in control of their own situations, as well as helping other children. All in all, *Five Safety Rules* is a unique, simple, realistic, and outstanding contribution to the audio-visual resources available for working with mentally handicapped children. Planned Parenthood of Cincinnati is to be commended highly for producing this excellent video. C, ET, IT

SWEPT AWAY IS NOT O.K. 1986, video, 10 min. Purchase, \$49.95. Planned Parenthood of Bergen County, 575 Main Street, Hackensack, NJ 07601; (201) 489-1265.

This short, upbeat video places responsibility for contraception squarely on teenagers who are already engaging in sexual intercourse, or are about to, and shows them step-by-step what a visit to a family planning clinic is like. The video begins by enumerating the categories of teenagers at high risk, low risk, and no risk of pregnancy, and by citing the Alan Guttmacher Institute report showing that U.S. teens are at least twice as likely to face unwanted pregnancies as teens in other developed countries. A wonderful segment follows in which captions regarding responsible contraceptive use are added to familiar romantic pictures from magazine ads. With great humor, the point gets across that birth control is *not* currently being addressed in the media, despite the sexiness of the advertisements.

The heart of the video follows a visit to a Planned Parenthood clinic by an adolescent couple who are on the brink of engaging in sexual intercourse. The couple's difficulty in talking about their sexual relationship and going to the clinic to get contraceptives is acknowledged. But the visit is portrayed as a reassuring and positive experience. As they leave with their contraceptives, they also feel good about themselves for having taken the responsibility to prevent an unwanted pregnancy. This couple is a good role model for other teens.

The Audio-Visual Review Panel was very impressed by *Swept Away*. It is definitely a sex-positive video that accepts the realities of adolescent sexual involvement, and it is not preachy. The use of alternating female and male teen voice-overs is effective and makes it definitely feel as if teens are talking to teens. One of the few disadvantages of this video is that it specifically focuses on a Planned Parenthood clinic and might seem to some like a promotional piece for that organization. Also, it is not as good technically as it could be. But the panel

was inclined to overlook these disadvantages and focus instead on the much-needed messages and role models. Showing a visit to a family planning clinic is a unique and especially appreciated contribution to audio-visuals for adolescents. *Swept Away* is highly recommended for all of them. ET, IT

THINKING ABOUT "THE SILENT SCREAM." 1986, audio cassette, 30 min. Purchase, \$15.00. Jaworski Productions, 382 Central Park West, Suite 10F, New York, NY 10025; (212) 316-3837.

This radio documentary presents scientific evidence that directly counters the major premise of the anti-abortion film *The Silent Scream*. (See review in *The SIECUS Report*, July 1985.) In that film (quoted at some length in this documentary), Dr. Bernard Nathanson claims that the fetus is a person consciously aware during the abortion and therefore feels pain and terror. Pat Jaworski, producer and narrator of *Thinking About* . . . , interviews Isaac Asimov, the well-known science writer, and four other eminent scientists who, collectively, have over 60 years of experience researching the brain. They reach a very different conclusion from Dr. Nathanson's and are in unanimous agreement that a fetus' brain is biologically too rudimentary and primitive in development prior to seven months' gestation to be considered capable of such feelings. To document this, the scientists present a sophisticated and fascinating array of facts about the development of the brain's neurons, axons, dendrites, and synapses.

Thinking About "The Silent Scream" is a well-made documentary that has been aired on a number of radio stations, as well as distributed by Catholics for a Free Choice to every member of Congress. It is a unique and important contribution to the repertoire of pro-choice arguments. The panel recommends this resource for all pro-choice advocates, who should definitely be familiar with its content, and for some of the more sophisticated audiences with whom they work. A, PR