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SCARED CHASTE?
Fear-Based Educational Curricula

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There has been a recent proliferation of sexuality education curricula that rely upon fear and shame to discourage students from engaging in sexual behavior. Referred to as abstinence-only curricula, these programs typically omit critical information, contain medical misinformation, include sexist and anti-choice bias and often have a foundation in fundamentalist religious beliefs. These programs are in direct opposition to the goals of comprehensive sexuality education curricula, which seek to assist young people in developing a healthy understanding about their sexuality so that they can make responsible decisions throughout their lives. A number of the curricula have been developed by Far Right organizations including Respect, Inc., Teen Aid, The Committee on the Status of Women in Illinois, and Concerned Women for America. The curricula are widely promoted by well-known, Far Right organizations including Focus on the Family and Citizens for Excellence in Education, the action group for the National Association of Christian Educators. Over the past year, SIECUS has documented close to 100 communities which have faced organized opposition to family life and sexuality education programs or communities which have been thwarted in their attempts to implement programs by Far Right efforts within their areas.

The Far Right agenda extends beyond efforts to implement specific fear-based sexuality programs within the public schools. Many national Far Right groups have called for fundamentalist Christians to run for government positions, particularly school board seats. Bob Simonds, President of NACE and CEE writes:

> "Morality is based on the Christian Bible and must be proclaimed by our elected Christian representatives. The forces of evil have rejoiced too long at our complacency and lack of political reality. A new day has dawned! We pray for your understanding and use of this manual in reclaiming America to our heritage" (*How to Elect Christians to Public Office,*" p. iv).

According to People for the American Way, Christians associated with the Far Right won over 30 percent of school board elections they entered this past November.

The focus on abstinence is not the issue; rather, the abstinence-only curricula are problematic because of their reliance on instilling fear and shame in adolescents in order to discourage premarital sexual behavior. A number of abstinence-based programs exist which provide support for postponing sexual behavior without utilizing scare tactics to achieve that end. Fear-based programs exaggerate the negative consequences of premarital sexuality and portray sexual behavior as universally dangerous and harmful. SIECUS believes that abstinence is a healthy choice for adolescents and that premature involvement in sexual behaviors poses risks. The SIECUS position statement on adolescent sexuality states: "Education about abstinence, alternatives to genital intercourse, sexual limit-setting, and resisting peer pressure should support adolescents in delaying sexual intercourse until they are ready for mature sexual relationships."[1] Those adolescents who choose to postpone intercourse until after marriage also benefit from learning sexual health information during the teen years.

Recognizing the growing opposition to age-appropriate, accurate sexuality education—and the need to assist communities in their efforts to resist Far Right efforts to influence public school education—SIECUS has developed a Community Advocacy Project with funding from the Ford Foundation. The objectives of the project include documenting community battles surrounding sexuality education across the nation, offering technical assistance, analyzing fear-based curricula, creating a Community Action Kit to provide people with the tools to counter Far Right challenges, and identifying curricula which will meet the needs of communities without compromising adolescents' need for effective sexuality education.

SIECUS has reviewed eleven fear-based curricula using the *Guidelines For Comprehensive Sexuality Education, Kindergarten through Twelfth Grade* as criteria. Following are brief reviews of these fear-based sexuality educa-

tion programs. In-depth reviews of the curricula discussed here are available and can be obtained separately or as a component of the Community Kit.

Characteristics of Fear-Based Curricula

The SIECUS content analysis of fear-based curricula identified a number of commonalities among the programs, including: gaps in information, medical inaccuracies, an exclusive focus on abstinence as the only appropriate choice for adolescents and sexist, homophobic and anti-choice biases.

The following strategies are common to all eleven curricula reviewed:

* Scare tactics are used as the major strategy for encouraging premarital abstinence from sexual behavior.
* Information about contraceptive methods is omitted. If the availability of contraception is mentioned, failure rates are emphasized and often overstated.
* Students are required to look exclusively at the negative consequences of sexual behavior. Opportunities are not provided for students to explore their own values about premarital sexual behavior.
* Medical misinformation about abortion, STDs, HIV/AIDS and sexual response is prevalent.
* Sexual orientation is not discussed or homosexuality is described as an unhealthy "choice."
* Sexist bias is evident in descriptions of anatomy/physiology, sexual response, and sexual behavior. Stories, role plays and other exercises illustrate stereotypical gender roles.
* People with disabilities are entirely omitted or are illustrated as non-sexual.
* Racist and classist comments exist within the texts and stereotypes about various communities are underscored.
* Religious bias influences the curricula and only one viewpoint on sexual behavior is discussed.
* A limited number of family structures are included and non-traditional families are depicted as troubled.

The following sections discuss these common strategies of fear-based curricula in greater detail.

Fear and Shame

The curricula promote fear about sexuality through a series of scare tactics. A number provide overwhelming lists of the negative outcomes of premarital sexual behavior ranging from selfishness to loss of communication skills to death.

Students are told over and over again that even if certain consequences of sexual behavior such as pregnancy and STDs may be prevented through the use of condoms and other contraceptive methods, a host of disastrous psychological, social and spiritual outcomes inevitably result from premarital sexual behavior: "Premarital sexual activity does not become a healthy choice or a moral choice simply because contraceptive technology is employed. Young persons will suffer and may even die if they choose it" (*Facing Reality*, p. 89).

FACTS lists the consequences of premarital sexual behavior as: "pregnancy, financial aspect of fatherhood, abortion, guilt associated with abortion, AIDS, STDs,

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CURRICULA REVIEWED

1. ***Sex Respect*** by Coleen Mast, published by Respect, Inc., 1986 (no update available), junior high school, three manuals (student guide, 61 pages; parent guide, 17 pages; teacher guide, 23 pages).

Sex Respect, the most widely discussed of the fear-based programs, was originally developed for parochial junior high school use. The public school version substitutes the word "nature" for the more obviously religious term "God." The curriculum is replete with catchy slogans such as "Don't Be A Louse, Wait For Your Spouse" (p. 33) rather than skill building exercises to encourage teen abstinence. The curriculum is disorganized and poorly laid out. The factual information which is included is often outdated or patently false.*

2. ***Facing Reality*** by James Coughlin, published by Project Respect, 1990 (no update available), senior high school, two manuals (student manual, 93 pages; parent/teacher guide, 64 pages).

The Senior High counterpart to *Sex Respect* has a higher production quality than the junior high curriculum and does include more diverse illustrations. However, this curriculum provides little factual information and consists mainly of opportunities for students to develop long lists of the negative outcomes of nonmarital sexual behavior. Opportunities to develop skills to resist peer pressure, negotiate and explore personal values are largely absent from this program.

3. ***Me, My World, My Future*** edited by LeAnna Benn and Nancy Roach, published by Teen Aid, 1987 (update expected in 1993), junior high school, one manual (337 pages).

4. ***Sexuality, Commitment and Family*** edited by Steve Potter and Nancy Roach, published by Teen Aid, 1982 (update expected in 1993), senior high school, one manual (359 pages).

The Teen Aid curricula are the second most widely implemented fear-based programs next to *Sex Respect*. Unlike *Sex Respect*, Teen Aid does include a number of strong exercises on values, communication, friendship, decision-making and feelings. The curricula display biases in the sections directly related to sexuality including anatomy/physiology, reproduction, fetal development, abortion and abstinence. Teen Aid devotes more exercises than any of the other fear-based programs to the dangers of abortion and other anti-choice propaganda.**

5. ***Family Accountability Communicating Teen Sexuality (FACTS)*** by Rose Fuller, Holly Denman, and Janet McLaughlin, published by Northwest Family Services, 1991, junior and senior high school, three manuals (junior high, 115 pages; senior high, 138 pages; Parent Guide, 120 pages).

FACTS reprints many charts and exercises from the *Sex Respect* and Teen Aid curricula and thus shares many of the same weaknesses. Very few of the thirty-six key concepts central to a comprehensive program are mentioned and those that are included are not covered sufficiently. The curriculum displays a distinct anti-choice bias, describes many family structures as troubling to children, and exaggerates the negative consequences of sexual activity.

6. ***Learning About Myself and Others (LAMO)*** by Anne Nesbit, distributed by the author, 1989, elementary school, three manuals (first and second grade, 25 pages; third and fourth grade, 46 pages; fifth and sixth grade, 81 pages).

LAMO omits information which is age-appropriate for elementary school students and instructs teachers that many topics, including intercourse and subjects which are "value-laden" are "forbidden" from discussion. These curricula contain overtly religious material and exercises. This program is not an in-class program, rather, parents and students are asked to come to evening educational sessions.

7. ***An Alternative National Curriculum on Responsibility (ANCHOR)*** by Terrance Olson and Christopher Wallace, 1986, junior and senior high school, one manual (not numbered consecutively, approx. 175 pages).

AANCHOR only includes one chapter which deals directly with sexuality and this section entitled "Human Reproduction" covers only four of the thirty-six topics suggested by the *Guidelines*. Within this section, a distinct anti-choice and sexist bias is evident. The rest of the curriculum is reactionary in tone and argues against self-reflection. Some interesting scenarios and stories are provided to promote discussion about ethics and decision-making. The production quality of the manual is extremely poor and some of the material is unreadable.

8. ***Families, Decision-Making and Human Development*** by Terrance Olson and Christopher Wallace, published by Concerned Women of America, one manual (211 pages).

This second curriculum by Terrance Olson is of much higher production quality than AANCHOR and includes more chapters dealing directly with sexuality related topics. Many biases against contraception, abortion, and gay men/lesbians are evident throughout the text. Exercises to discourage sexual behavior and instill fear and shame are similar to those in *Sex Respect, Facing Reality* and Teen Aid programs.

9. ***Responsible Sexual Values Program (RSVP)*** by April Thoms, published by RSVP, 1988, sixth, seventh and eighth grade, one manual (58 pages).

RSVP provides little factual information and instead devotes classes to illustrating the dangers of sexuality in teen relationships using a series of chemistry experiments and magic tricks. This curricula does not utilize medical misinformation about abortion to promote its anti-choice bias, as many of the curricula do. Rather, abortion is omitted as an option and films on fetal development are shown. The curricula raises many issues about friendship, relationships and self-image but does not provide an opportunity for discussion of these issues. Rather, most exercises focus exclusively on abstinence from sexual activity, regardless of the topics raised by the exercises.

10. ***The Art of Loving Well: A Character Values-Based Curriculum***, compiled by Ronald Goldman and Nancy McLaren, published by Boston University, eighth grade, one book (343 pages).

This curriculum consists of literary selections followed by a list of discussion questions. While the authors and genres presented are diverse, the exercises following the stories are geared toward convincing participants of the dire consequences of premarital sexual behavior and the joys of marriage. A Christian marriage ceremony is included in the text and no other religions are mentioned. Abortion, adolescent sexuality, and divorce are portrayed negatively.

11. ***Free Teens*** by Richard Panzer, published by the author, 1992, junior and senior high school, manual plus slide show (manual, 40 pages; slide show, part I, 55 slides; part II, 45 slides).

Free Teens is an HIV/AIDS program which utilizes a fear-based approach. Slides of opportunistic infections are coupled with the argument that condoms don't work to convince teens that abstinence is the only way to prevent STDs including HIV/AIDS. The suggested in-class exercises are extremely superficial and provide no opportunities for skill building. Word games, such as developing acronyms and drawing posters proclaiming the dangers of sexual activity, are the only strategies provided for aiding teens in their sexual decision-making.

* For additional published reviews of *Sex Respect*, see Trudell and Whatley, *Sex Respect:* A problematic public school sexuality curriculum. *Journal of Sex Education and Therapy*, vol. 17, no. 2, 1991, 125-140; Wilson and Sanderson. The *Sex Respect* curriculum: Is 'just say no' effective? *SIECUS Report*, Sept/Oct 1988, 10-11.

** For additional published review of Teen Aid curricula, see: Sanderson and Wilson. Desperately seeking abstinence. *SIECUS Report*, June/July 1991, 28-29.

guilt, rejection, loss of reputation, inability to bond in the future, challenge not to compare sexual partners, alienation from friends and family, poverty, and inability to complete school" (junior high manual, p. 89). *Families, Decision-Making and Human Development* posits that: "Sexual irresponsibility always produces negative consequences for relationships" (p. 132). "Irresponsible" sexuality is defined as sexual behavior outside of marriage. Each of the curricula link sexuality to poverty, emotional trauma, and long term difficulty in achieving satisfying relationships.

Teen Aid lists the following as consequences of premarital sexual activity "beyond pregnancy or STDs":

* "loss of reputation; limitations in dating/marriage choices; negative effects on sexual adjustment-premarital sex, especially with more than one person, has been linked to the development of difficulty in sexual adjustment (Guilt has been a pervasive problem in this regard.);

* negative effects on happiness-premarital sex, especially with more than one person, has been linked to the development of emotional illness; loss of self-esteem-this can be particularly important in girls;

* preoccupation with sexual matters-may result in neglecting other important life endeavors (e.g. athletic activities/achievements, homework/grades, family relationships);

* family conflict-parental disapproval of sexual activity and possible premature separation from the family; confusion regarding personal value (e.g., 'Am I loved because I am me, because of my personality and looks, or because I am a sex object?');

* loss of goals-early marriage or pregnancy may limit career choices and educational opportunities" (*Sexuality, Commitment and Family*, pp. 236-237).

The sheer volume of supposed problems resulting from premarital sexuality is designed to scare students out of exploring sexual behavior of any kind.

According to these curricula, any sexual activity can lead to a host of problems. For example, *Sex Respect* asserts that petting will lead to a "loss of freedom": "Petting is an attempt to turn you on. When you get aroused, your mind seems to be clouded about what is right or wrong, true or untrue" (p. 19). *Sex Respect* also insists that petting will lead to difficulties with sexuality within marriage: "Even the practice of petting before marriage can develop negative habits that carry over into marriage. The pattern of petting and stopping, petting and stopping, can cause an association in our mind between petting and frustration. In marriage, when it's okay not to stop, the negative memories formed from past habits can still prevent us from fully enjoying the physical side of marriage" (p. 31).

A number of other curricula also outline the dangers of non-coital sexual behavior. In an *RSVP* exercise on sexual response, students are told that teens develop a sort of "tolerance" to sexual activity and that it takes increasing amounts of stimulation to achieve the same arousal over time. Sexual activity, in the exercise entitled "The Woo Scale" is likened to the analogy of a frog which is boiled to death without knowing it when the heat is turned up gradually. Another idea promoted by this concept is that any sexual activity will eventually progress to intercourse. Worse, students may feel pressured to follow this model of sexuality since it is promoted as normal: "If they [students] cross the underwear limit, it will be very difficult to stop anywhere before reaching sexual intercourse because of the level of stimulation" (*RSVP*, p. 32). The message that sexual activity always gets beyond the control of the people involved is used to frighten students.

Shame about sexuality is promoted by calling those students who may choose to engage in premarital sexual behavior derogatory names. *Facing Reality* terms those who engage in premarital sexuality "selfish" (p. 17). *Sex Respect* uses the terms "stupid" and "louse" (p. 45 and p. 33, respectively.) *Families, Decision-Making and Human Development* prefers the term "irresponsible" (pp. 134-135). Although the curricula tend to mention that some members of the class may have engaged in sexuality, it is assumed that all students will regret these experiences and will want to adopt an abstinent lifestyle:

> "Young people who have already been sexually active have a great deal to contribute and learn in these discussions. Their testimonies can be powerful. Their willingness to confront unhealthy patterns of behavior and change themselves can be a great sign of hope to the world as well as to their classmates" (*Facing Reality*, p. 13).

Another tactic for producing fear and shame about sexual behavior in students is convincing students that a productive, happy future will be impossible for those who engage in premarital sexuality. *Facing Reality* lists the rewards for abstaining from sexual behavior as:

> "continuing education, being able to serve others, mastering emotions and impulses, sharing family values for a lifetime, making more friends, becoming a leader, concentrating on important tasks, remaining physically healthy, raising a healthy family, making a clear-headed marriage choice, pursuing spiritual goals, making permanent commitments, excelling in athletics, giving example to others, creating positive peer pressure, enjoying a beautiful time of life, taking on greater responsibilities, having piece of mind" (Appendix B in its entirety, p. 90).

Statistically, most people in the United States do engage in premarital intercourse and many people certainly go on to lead enjoyable, accomplished lives. However, teens may not understand this reality and again, may abstain out of fear and shame rather than out of understanding their personal values and the real benefits of abstinence.

Topics Omitted

Fear-based curricula typically fail to discuss subjects dealing with sexual activity, sexual decision-making and skill building.

A number of topics are completely omitted by the fear-based curricula including discussions about sexuality throughout the life cycle, masturbation, fantasy, sexual dysfunction, contraception, reproductive health, gender roles, and sexuality and the arts. Even topics which are discussed within the curricula, like abstinence, are superficially taught without opportunities for students to develop decision-making, refusal and negotiation skills. For example, one important abstinence message which is consistently overlooked by the fear-based programs is: "People need to respect the sexual limits set by their partners" (*Guidelines for Comprehensive Sexuality Education*, SIECUS, p. 34). The fear-based programs illustrate sexual behavior as something that quickly gets beyond the control of the participants, and describe young men, in particular, as unable to stop past a certain point. Students are not taught to listen to the boundaries communicated by their dating partners. Also, alternatives to sexual intercourse are not discussed by the curricula except in descriptions related to the dangers of petting.

CONSEQUENCES OF PREMARITAL SEXUAL ACTIVITY ACCORDING TO *FACING REALITY*

Many of the curricula furnish long lists of the alleged negative outcomes of premarital sexual behavior. The *Facing Reality* list is a good illustration of this scare tactic:

"Pregnancy, AIDS, guilt, herpes, disappointing parents, chlamydia, inability to concentrate on school, syphilis, embarrassment, abortion, shotgun wedding, gonorrhea, selfishness, pelvic inflammatory disease, heartbreak, infertility, loneliness, cervical cancer, poverty, loss of self-esteem, loss of reputation, being used, suicide, substance abuse, melancholy, loss of faith, possessiveness, diminished ability to communicate, isolation, fewer friendships formed, rebellion against other familial standards, alienation, loss of self-mastery, distrust of complementary sex [their term for the other gender], viewing others as sex objects, difficulty with long-term commitments, various other sexually transmitted diseases, aggressions toward women, ectopic pregnancy, sexual violence, loss of a sense of responsibility toward others, loss of honesty, jealousy, depression, death" (Parent/Teacher Guide, p. 24).

Medical Misinformation

Fear-based curricula fail to provide students with critical, up-to-date information about STD transmission, prevalence and treatment. Rather than serving to enlighten students about their real STD risks, the STD and HIV/AIDS information is used as yet another scare tactic to frighten students about sexual behavior.

A strategy used throughout the curricula to instill fear about sexuality in students is including outdated or false medical information. The majority of factual errors deal with STDs (inaccurate data on STD rates, omission of human papilloma virus/condyloma information, inaccuracies about physiological consequences of infections) and HIV/AIDS information (failure to identify high risk behaviors, inaccurate medical descriptions, judgmental language about routes of transmission).

The references used for medical information are often other fear-based programs or articles from the popular press rather than studies from the medical literature. When scientific journals are cited, often the citations do not communicate the real findings of the studies. For example, *Facing Reality* cites a study on suicide attempts by survivors of childhood maltreatment to footnote a claim about the correlation between drug use and intercourse [2] (p. 55). Not only is the study on a non-representative sample and focused on an outcome other than sexual activity but *Facing Reality* has quoted the findings from a secondary source, called *The Family In America* rather than from the original journal. The *FACTS* curriculum cites Teen Aid and *Sex Respect* for nearly all of the medical information included. Thus, data misinterpretation or manipulation in one program is perpetuated.

STDs and HIV/AIDS

Adolescents have a need for accurate, comprehensive information about STDs and HIV/AIDS. The fear-based programs omit most of the information which is crucial to STD prevention for sexually active teens and much of the information which is included is inaccurate.

Withholding critical information includes omission of the most common viral STD in the United States, human papilloma virus/condyloma from many of the curricula including *Free Teens* and *Sex Respect*. The Teen Aid curricula do list HPV (the virus which leads to condyloma) but list HPV as a separate disorder from condyloma without explaining the connection. Cervical cancer is also listed separately from condyloma in the Teen Aid curricula although there is a clear association between condyloma and cervical dysplasia[3] (*Me, My World, My Future*, pp. 200-201).

The consequences of herpes are emphasized in many curricula, and only the *FACTS* curriculum lists medication which can help alleviate herpes-related symptoms (*FACTS*, p. 87). The *Free Teens* guide states: "In the case of pregnant women who have genital herpes, babies can be infected during birth, leading to blindness, brain damage or even death" (p. 25). The curriculum does not explain that perinatal transmission occurs mainly in the case of an active outbreak and that, in this situation, a cesarean section is routinely performed to prevent transmission from mother to child. [4] *Sex Respect* also distorts information about perinatal transmission of herpes: "Half of the babies passing through the birth canal of a Herpes-infected mother catch the disease. One-fourth die or are brain damaged" (*Sex Respect*, p. 25). Again, no distinction is made between women who have the underlying herpes virus and those who are experiencing an active outbreak.[5] *Sex Respect* does not document the source of the herpes information.

The fear-based programs blame people with HIV/AIDS for having the disease. The Teen Aid curricula both include separate chapters on HIV/AIDS which embrace the concept of high risk populations and list only "male homosexuals, IV drug abusers and female prostitutes" as

members of high risk groups. The adolescents addressed by this curriculum may distance themselves from these groups and fail to realize that their behavior is what can put them at risk for HIV infection. In another curriculum, the authors go so far as to break transmission into two categories "voluntary" and "involuntary." Voluntary transmission is defined as transmission from IV drug use and sexual intercourse while involuntary transmission is defined as transmission through blood transfusion, medical exposure and perinatal infection (*Families, Decision-Making and Human Development,* pp. 143-144). The authors define "voluntary" transmission of HIV as "behavior in which people are free to engage" (p. 144). In *Sex Respect,* the author writes: "Well, no one can deny that nature is making some kind of a comment on sexual behavior through the AIDS and herpes epidemics" (p. 4). *Facing Reality* posits: "Educators who struggle to overcome ignorance and instill self-mastery in their students will inevitably lead them to recognize that some people with AIDS are now suffering because of the choices they have made" (Parent/Teacher guide, p. 19).

The definitions of stages of HIV are inaccurate in both the Teen Aid and *Free Teens* programs. The stages in Teen Aid are listed as 1) acute illness, 2) latency phase 3) AIDS related complex and 4) full-blown AIDS including AIDS dementia (*Me, My World, My Future,* 1989, AIDS Chapter, p. 6). *Free Teens* uses three of the above listed stages, omitting the "latency" category. While using ARC (AIDS related complex) may simply be outdated, the acute illness and latency phases are not official stages of the disease.[6] The Teen Aid authors mention dementia over and over and state that: "Severe impairment of mind and nerve functioning occurs in two-thirds of those suffering from AIDS" (*Me, My World, My Future,* 1989 AIDS Chapter, p. 8). The authors list no documentation for this claim.

Questionable statements about HIV transmission include Teen Aid's claim that saliva is one of the body fluids that spreads HIV (1989 AIDS, p. 6). No cases of transmission are attributable to saliva and many large scale studies on household contacts show that even when saliva is exchanged as in sharing toothbrushes and other activities, transmission does not occur.[7] The authors also incorrectly claim that: "up to four percent of infected people do not produce this antibody [to HIV]" (1989 AIDS, p. 12). The AIDS chapters in the Teen Aid curricula are their most heavily footnoted chapters and yet no documentation supports this claim.

Condoms and Other Contraceptive Methods

Fear-based curricula focus on contraceptive failure rates and exaggerate the risks associated with using birth control methods.

When any information about contraceptive methods is given, the possible consequences of using a method are distorted. In comparison, information about becoming pregnant and the risks of carrying a pregnancy to term are understated. *Sex Respect* mentions only one contraceptive method, the IUD, and provides this information: "The A.H. Robins Company has established a $615 million reserve fund to pay women suing the company over the next 17 years. Users are claiming the IUD made them unable to have children, gave them pelvic inflammatory disease, or even more serious problems" (p. 29). The text ignores that only the Dalkon Shield, which is no longer available, posed these risks. *FACTS* mentions three contraceptive methods (condoms, oral contraceptives, and spermicides) and offers only information about method failure rates. The failure rates provided include a 9-18% failure rate for the pill (Parent Guide, p. 100). Studies place the actual failure rate for the pill for first-year users under 22 years old at 4.7%.[8]

The approach abstinence-only curricula take to contraception is that information about birth control methods sends a "mixed message" to teens and will undermine the goal of adolescent abstinence. *Families, Decision-Making and Human Development* states that educators "send mixed messages by helping students to set high standards (i.e., premarital abstinence) and then undermining that standard with sub-optimal standards (i.e., instructions on using condoms)" (p. xviii). Teen Aid justifies omitting contraceptive information with the argument: "Birth control is a personal, and in some cases a religious, issue and cannot be optimally presented in a group setting (*Sexuality, Commitment and Family,* p. 12). *Sex Respect* equates instruction about contraception with: "teens are being taught that they can act on any impulse and not have to face the consequences" (Teacher's Guide, p. 5).

These curricula assert on the one hand that condoms have been insufficiently studied and on the other that condoms have been definitively found to be ineffective in preventing STD/HIV transmission. *Facing Reality* states: "To date, there has been no definitive study done on if, or how well, the condom might prevent the spread of AIDS" (p. 54). Three sentences later, the author writes: "Many public schools and public health officials have revised their approach after data on condom failure became more available" (p. 54). Failure rates of condoms are exaggerated when stated numerically.

Anti-Choice Bias

Most of the curricula reviewed include factual errors on the medical and psychological consequences of having an abortion and judgmental comments about women who choose this option.

All of the curricula reviewed encourage adoption as the best pregnancy resolution choice for teens, although only a small minority of teens who carry to term choose this option. Abortion information , when provided, contains factual errors and judgmental comments. In *Me, My World, My Future,* the following consequences of a legal abortion are cited:

> ". . .injury to the cervix and uterine lining, perforate the uterus . . . sterility . . . infection . . . first trimester miscarriage . . . second trimester miscarriage . . . prematurity . . . ectopic pregnancies . . . and psychological effects" (pp. 205-206).

Unless a serious infection results from an abortion, none of the listed negative outcomes are more likely for a woman who has had an abortion. *FACTS* lists the complications of a first trimester abortion as:

> "Hemorrhage, infection (4-10%), subsequent difficulty with miscarriage, ectopic pregnancy, or premature de-

TOPICS COVERED BY THE CURRICULA

The *Guidelines For Comprehensive Sexuality Education* suggest six key concepts as a framework for a comprehensive sexuality education program. The concepts are: Human Development, Relationships, Personal Skills, Sexual Behavior, Sexual Health and Society and Culture. Within each of the concept areas are topics to be covered. The table indicates if each of the reviewed curricula cover the concepts and, if so, how many of the topics within the concept area are discussed.

	Topics Covered					
Curriculum	**Human Development**	**Relationships**	**Personal Skills**	**Sexual Behavior***	**Sexual Health**	**Society & Culture****
1. AANCHOR	0 of 5	4 of 6	0 of 6	0 of 7	0 of 5	0 of 7
2. Facing Reality	0 of 5	5 of 6	1 of 6	1 of 7	1 of 5	1 of 7
3. Families, Decision Making and Human Development	All 5	3 of 6	4 of 6	1 of 7	3 of 5	3 of 7
4. FACTS	3 of 5	1 of 6	4 of 6	1 of 7	3 of 5	2 of 7
5. Free Teens	0 of 5	3 of 6	1 of 6	1 of 7	1 of 5	1 of 7
6. LAMO	3 of 5	2 of 6	1 of 6	0 of 7	0 of 5	0 of 7
7. Me, My World, My Future	3 of 5	Covers all 6	5 of 6	1 of 7	3 of 5	1 of 7
8. RSVP	3 of 5	Covers all 6	0 of 6	1 of 7	0 of 5	1 of 7
9. Sex Respect	1 of 5	4 of 6	0 of 6	1 of 7	2 of 5	1 of 7
10. Sexuality, Commitment and Family	3 of 5	Covers all 6	5 of 6	1 of 7	3 of 5	1 of 7
11. The Art of Loving Well	0 of 5	Covers all 6	3 of 6	1 of 7	1 of 5	3 of 7

* In every case, the one sexual behavior mentioned in the curriculum is abstinence.
** In the curricula which cover one topic within the Society and Culture concept, the topic covered is media.

livery; uterine perforation; the death rate for abortion or delivery is less than 15 per 100,000 in the U.S.; possible future infertility (5 to 10 percent will never become pregnant again); emotional trauma (called PAS for post-abortion syndrome), sometimes taking up to 10 or more years to surface including severe depression" (*FACTS,* junior high, p. 94).

This list of outcomes is extremely confusing, particularly data about mortality from abortion or delivery. *FACTS* suggests that abortion usually results in severe physical problems when in fact, first trimester, legal abortion is not related to future infertility, rarely results in infection, and has a lower rate of mortality than carrying to term.[9]

In *Families, Decision Making and Human Development,* abortion is discussed as "choosing the life of the mother over the baby" (p. 157) and the consequences of abortion are described as: "For the unborn child, death. For the mother, there is disagreement about how serious the effects of an abortion are. A great many women report little or no problems afterward, claiming simply to be relieved that their unwanted pregnancy is over. Others tell of emotional and psychological problems ranging from somewhat minor to very deep unhappiness. The most common negative emotions women report are: depression, guilt, fear, sense of loss. Some women report life-long thought of who or what the baby would have been, deep sadness when the projected 'birth-date' would have been, and concern that they have denied a fundamental part of what it means to be a woman" (p. 159). This curriculum can be commended for mentioning that many women do not suffer serious physical and emotional consequences from abortion; other curricula suggest that every woman who undergoes an abortion faces dire physical and emotional outcomes. However, *Families, Decision Making and Human Development* still places great emphasis on the possible negative effects of abortion.

The Art of Loving Well contains three stories dealing with the subject of abortion; in all three the characters choose to carry to term. Abortion is described in a negative light: "You want me to have an abortion? That's your idea of a solution-just get rid of it?" (p. 234). In another story, a character suggests abortion, and then "rolled her eyes as if to say, how dumb can you get?" (p. 242). Another character in the same story states emphatically that she doesn't believe in abortion.

The *AANCHOR* and Teen Aid curricula strive to personify the fetus to such a great extent that their anti-choice message becomes clearly exposed:

> "Birth is a unique transition in life. The fetus, which has been developing and growing within a biological habitat (the womb of the woman) that provided protection and nourishment, is now delivered from its mother into a greater biological sphere to co-exist with, but be physically separated from the mother. The meeting of the needs of the fetus (baby) are not guaranteed in this larger sphere (the earth) any more than they were guaranteed within the smaller sphere (the womb of the woman). While the fetus is physically separated from the mother through the phenomenon of birth, it is not separated emotionally, socially or psychologically. In fact, birth provides the opportunity for parents and babies to grow and develop their relationship in many new aspects. Now physically separate, the parent and child can work toward deeper emotional and psychological bonding. Without the separation called birth, it would be difficult indeed to develop in these ways" (*AANCHOR*, Module VI, p. 4).

In *Me, My World, My Future*, the fetus is described as a human being throughout the curriculum and fetal development is emphasized from the curriculum's pre-test onward. While much of the factual information on fetal formation is accurate, many of the points made are unsubstantiated and/or exaggerated. At 10-12 weeks after conception this information about development is provided: "Psychologists tell us that the fetus begins to learn and remember things at this age. He can hear and see while the personality is developing" (p. 91). No documentation of any psychologists who hold this to be true is given. The fetus is referred to as the unborn and, in an effort to further extend the life begins at conception argument, the authors go so far as to call a newborn baby a "fetus": "Mothers can have sleepless nights before, as well as after birth because of the activities of the fetus" (p. 89). Significantly, the pregnant woman is not mentioned in the chapter on fetal development except in the above quote on sleeplessness. The uterus is discussed as a sort of impediment to the fetus's senses: "The uterus filtered, buffered, and somewhat distorted the outside world but did not completely block it out" (p. 81).

Sexual Assault

Most of these curricula include false and misleading information about sexual assault: rape is not defined adequately; much of the information is confusing and not age-appropriate; date rape is rarely addressed; and, responsibility for rape prevention is placed solely on women.

Me, My World, My Future teaches information about "abduction and molestation" during the unit on puberty and tells students that the physical changes of puberty put them at risk for sexual violence: "Introduce the topic of personal safety by pointing out that being aware of the changes our bodies are undergoing should remind us of the need for personal safety" (p. 45). The idea that adolescence marks the onset of sexual violence is false and may be extremely upsetting to teens. The curricula posits that: "Unkempt or neglected youth are more likely to be approached by a molester" (p. 57); that: "A common pattern leads up to the assault [in date rape]" (p. 58) and "Even men are victims of 'date rape' due to psychological pressure" (p. 58). This final myth discounts the fact that men may be physically threatened or forced as well as psychologically manipulated into unwanted sex.

The definition of rape provided in the text is quite confusing: "Rape is a forced, sexual aggression which results in a disruption of the individual's physical, emotional, social and sexual equilibrium. The sexual assault constitutes an externally imposed crisis" (p. 57). Although this definition may be an acceptable clinical description, students may not be aware of their own or each other's loss of "equilibrium" and may glean the false idea that the negative outcome of rape is what defines the assault. The lack of consent, not the survivor's reactions, define rape. Finally, the authors imply that future rapes can be "avoided" and thus, may have been the fault of the victim in the first place (p. 58).

RSVP may raise the issue of sexual assault for some students in lesson one for grade six. Teachers are told to prepare a written sign stating: "Mr. or Ms. Available requests the pleasure of your company in a Sexual Activity anytime, day or night, your place or mine! RSVP" (p. 4). The vast majority of eleven and twelve year olds have not had this type of experience. Students who have been propositioned by this age have often been approached by adults. In this context, such a proposition amounts to sexual abuse. The curriculum does not deal with the feelings this exercise could elicit and simply deals with this issue by teaching students to state "no" in an emphatic tone. For students who have already experienced sexual assault, this message may lead to their blaming themselves for not preventing the sexual activity.

Sex Respect, asserts that boys will force others to accommodate them without explaining that this constitutes rape. The curriculum also places the burden of rape prevention on girls/women: "You can say NO by the way you act, talk and dress, so the question may not even be asked. -wear clothes that advertise you, not your sexiness, -cool conversations that get too hot, -plan fun dates so you don't end up in tempting situations" (p. 42). Messages are sent to students that women consent by dressing in a certain fashion: "Choose to dress in a way that does not suggest to others that you are looking for sexual activity" (*Families, Decision-Making and Human Development*, p. 163). The one curriculum which explains that going on a date does not constitute willingly putting oneself at risk for sexual assault is *Facing Reality*: "The invitation and acceptance involved in dating is not an invitation or acceptance of sexual activity" (p. 29).

WINNING ONE IN NORTH CAROLINA

Responsible decision-making won over fear-based education in a sexuality education battle in New Hanover County (Wilmington), North Carolina. After months of attempts by a handful of individuals to push the fear-based curriculum *Sex Respect*, the school board voted on August 6, 1992, to approve *Stepping Stones to Better Living: Responsible Decisions*—a comprehensive sexuality education curriculum for elementary and middle schools.

With leadership provided by the school system and the New Hanover County Health Department, community advisory groups—composed of parents, professionals, religious leaders, and Wilmington citizens—spent a year researching family life education and listening to individual perspectives. "We studied the proposal carefully, we looked at the curriculum and talked quite a bit with principals, teachers, and parents," said Board member Bob Toplin. "In terms of general discussion, overwhelming support was evident."

Fear-based advocates brought in speakers from Louisiana and Virginia to attack the proposed *Stepping Stones* curriculum. Supporters of *Stepping Stones* obtained technical assistance, resources, and support from the North Carolina Coalition on Adolescent Pregnancy (NCCAP), such as current research and evaluation materials regarding fear-based curricula and comprehensive curricula, strategies to conduct meetings, and encouragement to sustain commitment to rational, reasonable and relevant curricula. NCCAP also assisted the New Hanover Schools to obtain the Search Institute Youth Risk Behavior Survey and to learn the process for conducting it.

Particularly crucial to eventual adoption of *Stepping Stones* was testimony provided by Dr. Linda Berne, Professor of Health Education at the University of North Carolina-Charlotte. A nationally-recognized sexuality education textbook author, she succintly laid out the sociological reality of the world faced by teens, the educational objectives of comprehensive sexuality education, and presented the inadequacies and fallacies of the fear-based curricula being offered. She provided the committee with compelling reasons to adopt *Stepping Stones.*

An original impetus for the school system's effort to pursue a new curriculum was the release of statistics in 1991 showing that 51% of the 9th grade and 60% of the 10th grade students in New Hanover said they were sexually active; 39% of 10th graders reported intercourse four or more times. Data were from the Youth Risk Behavior Survey, prepared by the Search Institute. Only 45% of sexually active teens said they always used contraceptives.

Reflecting on the New Hanover success, Coalition officials stress a number of strategies to follow in promoting comprehensive sexuality education:

* Make sure to have facts, data, and research in order. Use current data and know the sources.

* If there is a discussion or a group is established to select a curriculum, make sure that the rules are made clear: who votes, how long discussion will be, and who gets to speak.

* Don't try to fight the battle in the media. Although it is essential to work with the press and be able to present arguments in this forum, the opposition will be given equal time no matter how small their numbers—often leaving a misperception in the public mind about their strength. Besides, media may feed upon the battle between supporters and opponents because opposition sells newspapers and gets listeners.

* Recognize that the agenda is not just about sexuality curricula; it's bigger and broader and can involve issues like censorship, racism, sexism, homophobia, and parental control.

* If there are public meetings, get supporters to attend. Make badges or wear signs like "Just Say Yes for Prevention" or "Just Say 'Know' About Sexuality." Get respected and credible leaders to be there (e.g., Junior League, Medical Auxiliary, PTA).

Written by Barbara Huberman, Executive Director, The North Carolina Coalition on Adolescent Pregnancy.

Family Structure

All of these curricula describe marriage, family roles and responsibilities and appropriate family structures in detail. Judgmental statements are commonly made about divorced families and one parent families (e.g., adultery is identified as the major reason for divorce, single parent families are depicted as having economic, emotional and social problems).

Most of the curricula do acknowledge that students may not come from a traditional, two-parent family, but the only other possible structure which is consistently mentioned is coming from a divorced family situation which is described in extremely judgmental ways: "Divorce and desertion have become even more common as Americans put perceived self-interest and self-fulfillment above family obligations" (*Facing Reality*, Parent/Teacher Guide, p. 12). *Facing Reality* is replete with thinly-veiled references to adultery as the reason for family break-up and encourages students to come up with examples of and pass judgments on extramarital sexual behavior: "As people mature physically they not only become capable of sexual reproduction, they also become capable of sexual selfishness. (Using others for personal pleasure.) Discuss how such a selfish choice can destroy family life. Is it possible someone could become so selfish in this area that they could have difficulty maintaining a family?" (p. 22).

AANCHOR uses the analogy of an eagle who is becoming exhausted trying to feed her babies to describe

the difficulties of single parenting. Students are asked to describe the challenges faced by single-parent families. The suggested answer is: "Perhaps the concern most deeply felt by single parents is the reality that the full weight of being the only parent is theirs. There is no mate to spell them when they are exhausted, ill or angry during the long hours of parenting. It is all up to them" (p. 85). Aside from being dramatic, this answer is ironic in light of the fact that in the scenarios involving married couples in the curriculum, the father often doesn't want to help anyway (p. 107). The curriculum does not acknowledge that many children continue to be taken care of by both parents, even if the parents are divorced. *AANCHOR* has a strict definition of family, which requires two generations in order to qualify—the curriculum does not consider a married couple a family (third page of manual, not numbered).

Teen Aid, while briefly mentioning that "it would be an error to automatically judge one kind of family on face value" goes on to list a host of difficulties for non-traditional families: "Single parents . . . often cite special difficulties in child rearing (e.g., financial stress, inability to spend adequate time with children, providing positive role models to allow for balanced social development). Families involved in remarriage may have conflict . . . Sometimes children are reluctant to accept the step-parent or resent his/her presence" (*Me, My World, My Future,* pp. 110-111). While these difficulties may be experienced, the presentation of problems for certain families compared to others is extremely unbalanced.

Students from divorced families are also informed that they are at greater risk for problems: "Studies have found that children in single-parent families headed by a mother have a greater arrest rate and more disciplinary problems in school. Children from divorced families are absent from school more frequently and are more likely to have to repeat a grade in elementary school" (*Sexuality, Commitment and Family,* p. 168.). The studies mentioned are not referenced in the text. Further, since students have no control over their family structure, bringing up these risks may only shame those who come from divorced families.

Sexism/Gender Stereotyping

Gender bias is a common theme throughout the eleven programs. Curricula typically portray girls as nonsexual and boys as sexually aggressive and manipulative. Female anatomy is discussed primarily in reproductive terms and does not cover female sexuality. Likewise, women's developmental goals are limited to mothering. Finally, gender role stereotypes of mothers and fathers are common.

Boys are described as having uncontrollable sexual feelings and girls as having little, if any, sexual desire. For example, *Sex Respect* and *FACTS* include a chart which states that male genital feelings are aroused at the "necking" stage of arousal while female genital arousal doesn't occur until the petting and heavy petting stages (*Sex Respect,* p. 4, *FACTS,* junior high, p. 47). Sexual activities are listed in a straight line from "Being Together" to "End of relationship in its present form." Again, the idea that sexual progression is inevitable and unstoppable is underscored by the chart.

A strict gender differentiation in arousal is further supported by *Sex Respect* in a fictitious dialog between a TV host, Jane Bright and Dr. I.M. Wise, a psychologist and marriage counselor on the topic of "male-female sexual differences" (p. 3-4):

> Wise: . . .Young males are tempted to provide sexual release for themselves while pretending they are having sex with a woman, or to aggressively seek sexual release with whatever person they can persuade or force to accommodate them.

The goal-oriented, sex for release construction of male sexuality is contrasted with female sexuality: "Boys tend to use love to get sex. Girls tend to use sex to get love . . . Females, when they visualize a sex partner—I should say love partner—think not of the male's genitals, but rather of his whole body as an instrument for giving them warmth, closeness, and security" (Jane-Wise discussion, p. 4). Women are viewed as putting up with sex in order to get what they really desire, love. Women are thus confined to the role of "cop[ing] with the sexual aggressiveness of boys" (p. 4). These stereotypes of male and female sexuality reveal the sexist bias of the author and do a disservice to both the young men and young women who are presented with these messages. Also, while some physiological differences exist between male and female arousal, the curriculum does not attempt to describe sexual arousal in accurate or unbiased terms.

In *FACTS,* a chart lists the following gender differences in sexual arousal: "Men may: become sexually aroused more easily, become sexually aroused through sight–what he sees, focus on genital activity and intercourse as the goal, use love to get sex, e.g., tell a girl you love her, so she will do things sexually." In contrast, "Women may: not become sexually aroused as easily, become sexually aroused through hearing–words can affect her, focus more on sharing feelings, use 'sex' to get 'love,' e.g. do something sexually to 'hold on to' the boy' (*FACTS,* senior high, p. 19). *FACTS* views these supposed differences as biologically based rather than socially constructed: "your appearance and body build is expressed in every cell of your being, something by which a man in every cell of his being is different from a woman in every cell of her being. A child is identified as a boy or girl on the basis of its phenotype and named, and, within certain broad limits, breathes the atmosphere of 'masculine' or 'feminine' sex role expectations throughout life" (*FACTS,* senior high, p. 18). The description of gender roles as literally in the air suggests that these roles are natural and inevitable. In these curricula, the myth that women are less sexual than men is validated and passed on to young people.

The stereotype of women's bodies as exclusively reproductive and not sexual goes so far as to influence the description of male and female anatomy and physiology. Information on anatomy and physiology in each of the curricula excludes any mention of the female external genitalia. For example, in *Me, My World, My Future,* students are told: "The primary function of the reproductive organs in both men and women is to contribute to the creation of new human life" (p. 71). However, some discussion of ejaculation and nocturnal emission is men-

tioned in the description of male changes during puberty. The first sentence in the section entitled "A Young Man's Body" declares: "The most important male hormone, testosterone, is released by cells in the testes, and begins the journey to sexual maturity (p. 47). The parallel section on girl's begins: "Puberty in women is the time when a woman's ovaries begin producing increased amounts of estrogen" (p. 48). Estrogen is not described as important, and women's development during puberty is not linked to "sexual maturity."

The clitoris and vulva receive no mention in *RSVP* (p. 13), *Me, My World, My Future* (pp. 68-70), *Sexuality, Commitment and Family* (pp. 82-84), and *Families, Decision Making and Human Development*, curricula which cover both internal and external male anatomy. In the two Teen Aid curricula, two illustrations provide diagrams of female anatomy compared to only one picture of male anatomy. However, neither of the depictions of women's bodies include the external genitalia. In *LAMO*, vocabulary for girls lists: "ovary, fallopian tube, uterus, vagina, menstruation, pubic, ovum, pituitary gland, hormone and ovulation" and for boys, "penis, scrotum, testes, sperm duct, storage area for sperm, semen gland, semen, urethra, bladder, sperm, pituitary, hormone, pubic" (*LAMO*, fifth and sixth grade, p. 10). In addition to leaving out the female external genitalia, the author does not mention that females as well as males have a bladder and urethra.

In addition to excluding discussion of female external genitalia, portraying girls/women as focused only on love not sex, and illustrating women as naturally inclined to limit the aggressive sexual drive of men, a number of other sexist assumptions underlie the curricula. In *Me, My World, My Future*, girls are used to illustrate a section on gossip while men are pictured on the same page under the heading: "Friends Influence Our Future" (p. 126). In *RSVP*, an exercise which utilizes soap opera scenarios to explore the differences between true love and infatuation, portrays the girl in all five scenes as the one who makes a mistake: "Main character's boyfriend has given the ultimatum. She has given in because everybody's doing it. It's no big deal, I was the only virgin in the school anyway. I had to keep him. Now she is concerned she might have a disease" (p. 33).

In an *RSVP* activity about dating, boys and girls are asked different sets of questions. The girls' questions include: "Would you study with your boyfriend in your bedroom [?]" and "What would you say to your boyfriend if he asked you to prove that you loved him by having sex [?]" (p. 20). These questions imply that boys will attack girls if left alone in private and will use manipulation to get girls to have intercourse. The gender role stereotyping is further evidenced in the questions to boys: "Your friends are talking about their sexual experiences and they ask you to join in the conversation. What do you do?" and "You have a friend that talks like he's a big man because he got a girl pregnant. What do you think about him?" (p. 20).

Facing Reality depicts men as biologically more susceptible to the media: "You should know that men, in particular, are more prone to be excited by images" (p. 60). Fathers are negatively portrayed: "In a recent survey [which is not cited in the text], some young children reported that given a choice they would live without their father rather than live without their television set" (*Facing Reality*, p. 67). Teachers are instructed that: "The discussion [about TV vs. fathers] should bring out the emotional 'distance' at which some fathers often find themselves from their children" (Teacher's Guide, p. 54). While mothers are also capable of distancing themselves from their children, no comparable example about mothers is presented.

Although the curricula portray gender difference as biologically based, they also seek to reinforce stereotypes and encourage strict gender roles. In a chapter on puberty, a scenario describes the experiences that a boy who does not mature as quickly as his friends may have: "You pick up the telephone to talk to the operator, but your voice is so high that she thinks you're a girl. She says, 'Yes, Ma'am.' That may be the worst insult that's ever been thrown at you" (*Me, My World, My Future*, p. 50). Thus, the text underscores the idea that being thought of as a woman is an "insult." Women's developmental goals are seen entirely in the context of mothering. Some curricula do mention that some women will not choose to have children but explain the reasons this way: "A few women are physically incapable of bearing children because they are infertile . . . The inability of some men to impregnate a woman is often due to similar causes [infertility] . . . Many sexually transmitted diseases seriously impair or destroy a woman's ability to bear children" (*Families, Decision Making and Human Development*, p. 112). No reasons other than physical inability to have children are listed for choosing not to be a mother in the curriculum.

AANCHOR describes most of the family relationships from the father-son perspective. A few scenarios involve father-daughter relationships or spousal relationships but no relationships between women are illustrated. In the context of the family, fathers are depicted as watching football while mothers take care of the kids. There is no opportunity in the lesson plans to discuss the gender role stereotyping which is evident throughout the curriculum. The description of gender roles within marriage is also quite sexist: "It takes a man and a woman to create life—to create a family. In so doing, the man has the obligation to protect the rights of the woman and to not exploit or abuse her. Similarly, the woman has the obligation to protect the rights of the man" (p. 14). This negative view of marriage (e.g., no exploitation or abuse is the goal) and the assumption that women cannot exploit or abuse men certainly contributes to sexist stereotypes.

Sexual Orientation

Homosexuality is rarely discussed. When covered, the curricula usually justify homophobia, associate homosexuality with promiscuity, and correlate gay men and lesbians with disease by limiting references to homosexuality to sections dealing with STDs and HIV/AIDS.

Most of the curricula do not contain any information about homosexuality and assume all students are heterosexual. In those that mention homosexuality, the comments are often made in the parent/teacher sections of the curriculum and consist largely of justifications for homophobia. For example, in *Facing Reality*, a section entitled "Homophobia or Compassion" explains that

ABSTINENCE-BASED PROGRAMS THAT WORK

A number of programs promote abstinence in adolescents without a reliance on scare tactics. They share the goal of postponing sexual intercourse and provide participants with skill building exercises.

Grady Memorial Hospital's *Postponing Sexual Involvement* uses teen leaders from senior high schools to help eighth graders identify pressures which may lead people into sexual involvement and provides skill building exercises to help students to resist such pressures. At the end of the eighth grade, data indicate that students who did not participate in the program were four times more likely to have had intercourse than participants. By the end of the ninth grade, there was still a one-third reduction in the rate of sexual involvement.*

Students involved in the program also receive lessons on human sexuality, including contraceptive information. Evaluations show that young people who participated in this combined program were more likely to use contraception than those who had not.

For more information, contact:
Marion Howard
Grady Memorial Hospital
Box 26158
80 Butler Street, SE
Atlanta, GA 30035

Reducing the Risk: Building Skills to Prevent Teen Pregnancy emphasizes both abstinence and contraceptive skills. Program evaluation indicates significant decreases in unprotected intercourse among students who took the course before they were sexually active, either by delaying the onset of sexual intercourse or by increasing the use of contraception**

For more information, contact:
ETR Associates/Network Publications
P.O. Box 1830
Santa Cruz, CA 95061-1830

Will Power/Won't Power is a program designed by Girls, Inc. to assist 12-14 year old girls develop skills to resist peer pressure. Program data show that young women who participated in this program were half as likely to have intercourse as non-participants, and older teen women who participated in the program component, which discussed contraception, were more likely to use birth control effectively.***

For more information, contact:
Girls, Inc.
30 E. 33rd Street
New York, NY 10016

Values and Choices is a program for seventh and eighth graders which promotes the values of equality, self-control, promise keeping, responsibility, respect, honesty and social justice. Instructors of the program report that 51% of the participating students show greater respect for each other, 45% display more responsible attitudes toward sex, and 43% exhibit greater self-esteem after completing the course.**** Abstinence from sexual activity is stressed; however, unlike the fear-based programs, *Values and Choices* sees abstinence as a decision made by the student.

For more information, contact:
Search Institute
122 West Franklin Avenue
Minneapolis, MN 55404

* Howard, M. Delaying the start of intercourse among adolescents. *Adolescent Medicine,* 1982, 3(2), 181-193.
** Kirby, Doug, Richard P. Barth, Nancy Leland and Joyce Fetro. *Reducing the Risk:* Impact of a new curriculum on sexual risk taking. *Family Planning Perspectives,* Nov/Dec, 1991, 253-263.
*** Girls, Inc. *Truth, Trust and Technology,* New York: Girls, Inc., 1991.
**** *Values and Choices,* Teacher's Manual, 1991.

people who are labelled as homophobic are the real victims: "In the case of the term 'homophobe,' the intent is often to imply that any person who disagrees with a certain political or educational policy harbors some irrational fear" (Parent/Teacher Guide, p. 19).

The text draws a distinction between gay individuals and their sexual behavior, but plays into stereotypes in the process: "Discussions of the compassion and respect due to all persons should certainly include those who identify themselves as homosexual. To subjectively judge any individual is certainly not within the purview of any teacher. To objectively discuss the wisdom of certain choices certainly is. A promiscuous lifestyle is an unhealthy lifestyle, regardless of the sex of one's partners" (Parent/Teacher Guide, p. 19). Associating homosexuality with promiscuity plays into one of the most touted myths about gay men and lesbians using the language of compassion to obscure this hateful sentiment.

Also, using the idea that homosexuality is a "choice" implies that one can just as easily make a different choice and that it has been determined that no biological basis for homosexuality exists. The author seems to recommend that gay men and lesbians refrain from sexual behavior permanently: "Students should be directed to the choice that best serves the individual and the community. This is clearly the choice to abstain from homosexual activity, just as they should abstain from heterosexual activity" (*Facing Reality,* Parent/Teacher Guide, p. 19).

In *Families, Decision Making and Human Development* a section on homosexuality is included which states:

"In addition, the male and female sexual organs are obviously designed to accept each other. Thus, heterosexual relationships are normal and homosexual ones are not" (p. 160). The passage goes on to mention four "facts" about homosexuality including: "While many homosexuals have achieved success in a wide variety of fields, there are many serious emotional, psychological, social and moral adversities which homosexuals encounter" (p. 161). In the Teen Aid curricula, homosexuality is mentioned only in chapters on AIDS. *Sex Respect* only mentions sexual orientation in a paragraph on AIDS which states that AIDS is: "the STD most common among homosexuals and bisexuals" (p. 25). All students are assumed to be, at least originally, from a two-parent, heterosexual family and the curricula go to great length to discuss the traditional family as the best kind of family. The possibility that a student might have one or two lesbian or gay parents is not mentioned in the curricula.

Race, Ethnicity and Class

People of color are rarely depicted in illustrations within the curricula. Cultural and class biases are evident in the scenarios, which tend to depict middle class individuals and activities.

Most of the curricula reveal distinct biases against relationships with people of different races or socio-economic backgrounds. Teen Aid lists the following criteria as important in date selection: "age, religious affiliation, economic background, educational background or aspirations, ethnic background, peer group" (*Me, My World, My Future*, p. 142). In *Sexuality, Commitment and Family,* the chapter on marriage teaches that: "Sociologists have found that when similar economic backgrounds ('social class') and educational levels are disregarded by couples, marriage adjustment is very difficult. Different cultural backgrounds are also hurdles too high for some couples to negotiate" (p. 103). Although compatible values and personalities are also mentioned, the illustration for this passage is a VISA credit card.

AANCHOR uses "wealthier" as a synonym for powerful/significant. In *FACTS,* many of the suggested dating activities listed in the parent guide are extremely expensive including "water-skiing, snowskiing, horseback riding, go for an airplane ride, and group date in a convertible." Cultural activities list only: "opera, museums, craft shows, plays, musicals, arts festivals, ballet, concerts, orchestra, ethnic festivals, dinner theaters" (Parent Guide, p. 69). Again, the cultural activities are mainly accessible only to well off families and the performing arts suggested are almost entirely part of European culture.

In *Families, Decision Making and Human Development,* one of the only stories about a family who is not middle class (as communicated by the fact that they live in a mobile home), Tyrone, perceived to be a common African-American name, is the name of the father. In a story about quitting sports (specifically football), the teenager's name is Aaron, a common Jewish name. These names coupled with these particular stories does not appear to be inadvertent since the other stories use names that are not associated with particular ethnic groups (Marie, Scott, David, etc.) Although these connections may be unintentional, the scenarios do play into racial, ethnic and class stereotypes.

Me, My World, My Future includes 48 illustrations of people. Only three of these include people of color. Of the three, only one includes an inter-racial group and one is an illustration of a basketball player. *Facing Reality* includes a mix of both inter-racial and intra-racial drawings. Only three of the eight inter-racial illustrations show young men and women interacting compared to five out of seven of the intra-racial drawings. Of the three mixed gender, inter-racial pictures, one of these illustrations is the lead in to the unit on drug use.

People With Disabilities

People with disabilities are rarely mentioned and when included are described as individuals in need of care. Sexuality information for people with disabilities is nonexistent.

People with disabilities are not mentioned at all in the majority of curricula reviewed. In Teen Aid, the only reference to anyone with a disability is an illustration of a girl in a wheelchair for the section entitled "Caring for Others" (*Me, My World, My Future,* p. 142). The picture implies that people with disabilities need care and cannot care for themselves and others. Other references to disability are almost exclusively linked to correcting pre-natal disorders or technology for saving newborns. By leaving out any mention of people with disabilities, the curricula play into the invisibility of this group and imply that people with disabilities are not sexual and have no need for sexuality information.

Religious Beliefs

Most of the curricula refer to the spiritual aspects of sexuality and discuss such topics as contraception and masturbation as topics with religious significance that are best addressed only outside the classroom. Words such as "nature" and "spiritual" are used to convey religious messages.

Many of the curricula have carefully chosen language which is not overtly religious in order to avoid criticism that they infringe on separation of Church and State laws. However, *Sex Respect* was originally designed for parochial school use and has simply substituted the terminology "spiritual" and "natural" to convey specific religious teachings within the curriculum.

The most explicitly religious text, *LAMO,* includes suggestions to review and discuss: "the meaning of 'blessed is the fruit of thy womb' as in the prayer 'Hail Mary'"; opportunities to explain: "the reception of the body and blood of Christ via the Eucharist"; and the comment that: "prayer is a type of lifeline analogous in a mystical sense to the umbilical cord" (grades 1 and 2, p. 22). At the end of a lesson on breast feeding, the curriculum suggests to parents that they follow up with students: "Depending on your religious beliefs, you may wish to discuss the following, (a.) The story of Moses as a baby and why he could not be nursed by his adopted mother. (b.) A picture of Madonna nursing Jesus. (c.)The description of the superior nature of human creation as set forth in Genesis. (d.) Prayer as a method of turning our face toward God" (grades 1 and 2, p. 8). While these exercises are not mandatory, they are clearly religious and therefore not appropriate for a

public school curriculum. Also, the author fails to include references to most religions and never acknowledges that some people may not be religious at all. *The Art of Loving Well* includes text for a Christian marriage ceremony which is presented as the "finale" of the anthology.

Other curricula do mention religious beliefs but do not necessarily address particular religions in the text. However, the footnotes for the material in the texts are very often to religious materials and/or books published by religious presses. In Teen Aid, which a number of the curricula use as a reference for their statements, the following religious organizations or publishers are referenced: Womanity (Pro-Life), Life Cycle Books (Pro-Life), Our Sunday Visitor, Inc. (Catholic), Franciscan Communications (Catholic), Hayes Publishing (Pro-Life), and Tyndale House Publishers (Christian). *Sex Respect* includes references from many of the same organizations listed above as well as the Couple to Couple League (Catholic), Augsburg (Lutheran), Pearson Institute (Catholic), and the Human Life Center (Catholic). The prohibition against premarital sexuality and opposition to abortion, which are advocated by all of the curricula, are not views held by all religions and again, reveal the distinct biases of the programs.

Age Appropriateness

Fear-based curricula typically fail to provide students with opportunities to clarify their thoughts and concerns about sexuality issues. Students are not free to express values about sexuality other than the viewpoints held by the curricula. Opportunities to develop critical thinking, communication and decision-making skills are rare.

The curricula raise a number of complicated issues for students which are not addressed or are handled insensitively. In *RSVP*, students are asked to reply as "Dear Abbey" [their spelling] to a series of letters (p. 29.) The letters raise such issues as body image, relationships with parents, and divorce. The processing of the exercise reads: "Discuss responses and encourage students to understand that sexual intercourse in its proper context such as in marriage is a wonderful gift. However, in an inappropriate context, it can be destructive to self-esteem" (p. 29). Ignoring the myriad of issues raised by the assignment both misses an opportunity for education about broader topics and again, ignores the needs of students whose experiences of confusion and insecurity may be reflected in the scenarios.

Sex Respect offers students catchy slogans in the place of meaningful discussion about issues such as appropriate sexual behavior, arousal, contraception and marriage. Examples include: "Pet Your Dog, Not Your Date," "The Best Birth Control is Self-Control," and "Don't Be A Louse, Wait For Your Spouse" (p. 19, 9, and 33 respectively). *FACTS* prescribes three simple guidelines for staying out of "hot water" which the authors adopt from *Sex Respect*:

* "Keep ALL your clothes ALL the way on, ALL the time.
* Don't let ANY part of ANYone else's body get ANYwhere between you and your clothes.
* AVOID arousal, AVOID domineering relationships, and AVOID dangerous situations (including alcohol and drugs)" (junior high, p. 48).

A simple do's and don'ts list is insufficient for students to develop critical thinking or behavioral skills or to learn to make informed decisions about their lives. Students are told by these curricula that they must adhere to a particular lifestyle and are not given opportunities to voice individual differences on the topic of appropriate sexual activity. The one elementary school curriculum reviewed provides information about puberty after some young people have entered this stage of their lives and withholds critical information about relevant topics even when students inquire directly about an issue. For all of these reasons, in addition to their reliance on scare tactics and misinformation, these programs, are not appropriate sexuality education curricula.

Curricula Strong Points

The curricula do have some positive aspects, including learning opportunities that are non-didactic, lessons on building refusal skills, and instruction that calls for parental involvement and guidance.

All of the curricula strive to include exercises which engage the student and are not strictly didactic in nature. For example, students are asked to do role playing, work in groups, develop posters and creatively respond to scenarios. Many of the curricula do provide information on a variety of important topics. In particular, the Teen Aid curricula have strong chapters on values, parenting, friendship, career, communication and assertiveness skills. These curricula differ from *Sex Respect* and *RSVP*, which supply very little opportunity for students to explore topics other than the dangers of premarital sexual involvement. *FACTS* also includes opportunities for students to develop refusal skills and to learn to respond to peer pressure effectively. *Facing Reality* devotes almost one-third of the curriculum to information on alcohol and drug use. These sections, as well as lessons on addiction in the other programs, need to be reviewed by a local addiction professional to assess their accuracy and appropriateness. The curricula on the whole strive to include parents through sending home overviews of the lesson plans, providing homework assignments to be prepared in conjunction with parents, and inviting parents to introductory meetings to find out about the curricula. Some curricula fail to make provisions for those students who may not be able to carry out the homework assignments with a parent, however. *The Art of Loving Well* is a unique and promising approach, utilizing literature to explore sexuality issues and providing opportunities for students to read great authors as well as developing critical thinking skills. *Free Teens* does provide the basic, factual information about HIV/AIDS and the slide show will likely hold students' attention. Some of the scenarios and exercises on ethical thinking in the *AANCHOR* and *Families, Decision Making and Human Development* curricula are interesting and may stimulate important class discussion. *LAMO* provides some clever teaching strategies to illustrate the points made by the text.

Conclusion

All people need and deserve accurate information about their sexual health. Students who choose to wait until marriage to have a sexual relationship will then need factual information to help them make decisions about their sexuality, and young people who are involved in sexual relationships need access to information about health care services. Although some people will have the benefit of receiving sexual health information from their parents, young people need opportunities to explore these issues with their peers and trained leaders.

Fear-based curricula not only fail in providing age-appropriate, necessary factual information, but foster a host of myths and stereotypes about serious topics including sexual assault, gender differences, sexual orientation, pregnancy options and sexually transmitted diseases. The curricula strive to provide a simplistic "just say no" solution to the complicated issues of teen pregnancy, STD transmission and sexual abuse. In the process, a variety of viewpoints about appropriate sexual behavior and effective public health strategies are ignored. In a pluralistic society, a curriculum that rests on the premises that every parent abhors premarital sexuality, promotes one type of family structure over another, and fosters particular religious beliefs is inappropriate. Worse, scaring adolescents about sexuality may have far reaching implications for some students.

Research assistance from Catherine Sanderson, graduate student, Princeton University.

[1] *SIECUS Report* vol. 18, no. 4, April/May 1991.
[2] The primary source for the *Facing Reality* information is: Riggs, Alario and McHorney. Health risk behavior and attempted suicide in adolescents who report prior maltreatment. *The Journal of Pediatrics*. 1990, 116:815-821.
[3] Stewart, Guest, Stewart and Hatcher. *Understanding Your Body*. New York: Bantam Books, 1987, 505.
[4] Ibid., 503.
[5] For information on the risk differential between women with primary herpes infections compared to recurrences, see Hatcher et al. *Contraceptive Technology*. New York: Irvington Publishers, 1990, 114.
[6] Pinsky, Laura and Paul Douglas. *The Essential AIDS Fact Book*. New York: Pocket Books, 1992.
[7] Friedland, G. et al. Lack of transmission of HTLV III/LAV infection to household contacts of patients with AIDS. *New England Journal of Medicine,* 1986, 344-349.
[8] Hatcher et al. *Contraceptive Technology*. New York: Irvington Publishers, 1990, 229.
[9] Ibid., 402-408.

WHAT CAN BE DONE

In the Spring of 1993, SIECUS will make an action kit available to communities which are engaged in controversies over sexuality education. For information about the community kit or in depth reviews of any of the curricula described in this article, please contact SIECUS.

Please notify SIECUS of any community battles you are aware of. Technical assistance is available for combatting Far Right attempts to implement fear-based programs and to promote abstinence programs which do not rely on fear and shame.

• AUDIO-VISUAL REVIEW •

Who Do You Listen To? Choosing Sexual Abstinence
1989, 34 minutes, $295.00, produced by Why Wait?, Respect, Inc., and Weiss/Carpenter Productions; Distributed by Pyramid Film and Video, 2801 Colorado Ave. Santa Monica, CA. 90404, 800/421-2304

Who Do You Listen To? clearly strives to appeal to teens and is successful in presenting a diverse group of students in the film. However, the curriculum advertised is not inclusive or savvy to adolescents' concerns. As a marketing tool, this film could be very effective; the video is well made, entertaining and portrays teens fairly realistically. Unfortunately, the underlying messages of the video, that premarital sexuality inevitably leads to teen parenthood and AIDS, are manipulative.

The video carefully chooses images to convince students that premarital abstinence is the best decision for them. This fear-based approach does not trust teens to hear the factual information and make wise personal decisions. *Who Do You Listen To?* is another tool for promoting abstinence at the expense of teens' receiving accurate and comprehensive factual information about sexuality. In fact, following the closing credits, the address and phone number for Respect, Inc. are provided in order to receive further information about *Sex Respect*.

Who Do You Listen To? displays much of the bias of the fear-based program which it seeks to advertise, *Sex Respect*. The rap song is blatantly misogynist as evidenced by lines such as: "He broke out and he broke her in. Now she's howling and growling." At this point barking is heard and one of the rap group members holds up a drawing of a dog. The song goes on: "He's called perpetrator, she's impregnated, you know, I think they should've waited." During the classroom scene, following a sentence about transmitting HIV to "him or her," one of the young men interrupts: "What do you mean by him" and makes an elaborate gesture of bending his wrist.

To further the "teens regret sexual activity" theme, a series of scripted comments from six teens who have negative feelings about their sexual experiences are included. One young woman is shown with her baby discussing that she thought, in her relationship of six years, that she was experiencing real love. Two additional teenage mothers are shown in a later set of scenes, all describe being alone, abandoned by their boyfriends. Abortion is mentioned by one of the three who mentions that "he" wanted her to have an abortion; in the next cut of the same woman she declares "now there's a baby involved."

HIV/AIDS is the most often mentioned consequence of sexual activity. The video includes shots of an AIDS hospital unit and the narrator somberly notes: "They will all die." Comments from people with HIV/AIDS are included, however, all of the PWAs are white men. Medical experts in this segment make statements such as: "AIDS will mark the end of the sexual revolution, there's no doubt about that." Other "experts" on the topic of adolescent sexuality include Colleen Mast, the author of *Sex Respect* and Josh McDowell, who is billed here as a researcher and lecturer, but is, in fact, a minister. The religious affiliation is played down and only the credits make clear the strong link between the producers of the video and religious institutions. Credit is given to Whittier Christian High School, Western Christian High School, Village Christian High School, the Pasadena First Church of the Nazarene and the Southeast Church of the Nazarene.

This video promotes the fear-based approach to sexuality education. As a view of the increasing level of sophistication by Respect, Inc. and other abstinence-only curricula distributors, this video is disheartening. The high production quality may be extremely appealing to teachers and other professionals who may not immediately perceive the religious undertones and manipulation. A critical viewing of the video, however, quickly reveals sexism, gender roles stereotyping, scare tactics and manipulation of data. As sexuality educators, we need to be wary of this re-packaging of a damaging message about adolescent sexuality.

Reviewed by Leslie M. Kantor.

SIECUS Fact Sheet #4
On Comprehensive Sexuality Education

THE FAR RIGHT AND FEAR-BASED ABSTINENCE-ONLY PROGRAMS

Agendas of Far Right groups reach out in many directions—anti-choice, textbook censorship, anti-gay—but often find common ground in their opposition to comprehensive sexuality education. Fundamentalist philosophies are quick to take issue with sexuality issues like contraceptive information, safer sex, condom use, nonmarital sexual activity, and sexual orientation.

Their voices are diverse, from organizations that essentially consist of the personalities of their founders, like William Coulson's Research Council on Ethnopsychology, to those that have quietly developed extensive grassroots networks. The largest and most expansive group is Pat Robertson's Christian Coalition, founded from the efforts of the televangelist's 1988 run for the presidency. A handful have taken on mainstream attire, although not philosophy, like Gary Bauer's Family Research Council, a Washington, DC-based Far Right think tank.

Most Far Right organizations are now focused on local and state battles—over textbooks, curricula, television, and candidates, with local school board races being a common target. Mobilization efforts often start low-key, with pamphleting and persuasion focusing first within fundamentalist congregations, and marching on from that base.

Following is a SIECUS listing of nationally-known Far Right groups whose agendas include opposition to comprehensive sexuality education. Many address a broader range of Far Right issues. Information listed below is limited primarily to their sexuality education activities.

ORGANIZATION	MISSION	SEXUALITY EDUCATION ACTIVITIES	QUOTES
American Center for Law and Justice and **Christian Activists Serving Evangelism (CASE)** 1000 Centerville Turnpike P.O. Box 64429 Virginia Beach, VA 24467 804/523-7570 Jay Sekulow, General Counsel	Founded by Pat Robertson, litigation efforts often include Operation Rescue and First Amendment religious cases; stated mission is "obliterating" the ACLU, securing the right to prayer in public schools, and protecting the rights of Christians whom they view as persecuted; Sekulow is author of *From Intimidation to Victory*; produce various topical newsletters	Currently arguing in defense of the fear-based program *Teen Aid* in Duval County, FL, whose limited focus is being challenged as a violation of the state's requirement for comprehensive sexuality education	"If you really believe what the Bible says, that Jesus is the only way, that outside our comfortable church buildings is a world full of souls doomed to hell, then you have to be aggressive. And the messenger of the gospel may seem rude because the message is uncomfortable and annoying to those who need to hear it." (Jay Sekulow, "Christians in Court," *Charisma and Christian Life*, December 1990, p. 70.)
American Family Association P.O. Drawer 2440 Tupelo, MS 38803 601/844-5036 Donald Wildmon Methodist minister President	Censors TV and movies through threatened boycotts of advertisers and parent companies; leads "Culture War" against the entertainment industry; provides assistance to local right-wing groups in textbook, curricula, and music censorship battles; initiates lawsuits through its offshoot the American Family Association Law Center in various public school systems against the "Impressions" reading series	Published report *Public School Sex Education: A Report*, distributed nationwide to principals and school administrators, which contained distorted and misleading information about the intent and content of sexuality education curricula	"As far as the zealots behind sex education are concerned, they are the annointed and parents are the benighted." (*AFA Journal*, October 1992) "The New York City school system has made reshaping children's attitudes and behavior its number one goal . . . not toward self-restraint and discipline, but rather toward all forms of hedonism, hetero- as well as homosexual." (statement regarding NYC Public Schools' *Children of the Rainbow* curriculum, *AFA Journal*, July 1992)

ORGANIZATION	MISSION	SEXUALITY EDUCATION ACTIVITIES	QUOTES
American Life League P.O. Box 1350 Stafford, VA 22554 703/659-4171 FAX: 703/659-2586 Judie Brown, President	Opposes pro-choice candidates; mobilizes anti-choice Christian voters; tracks legislation related to sexuality; lobbies, direct mail, advertising campaigns; publish newsletters *Legisletter* and *Communique*	Published *Killers of Children: A Psychoanalytic Look at Sex Education*; group's newsletter often includes articles opposing sexuality education	"When a teacher departs from basic education in biological development, the child is deprived of the fundamentals for developing personal moral integrity, religious belief and individual self-esteem which only a parent could provide." (Judie Brown, *USA Today* editorial, February 19, 1992)
Campus Crusade for Christ **Josh McDowell Ministry** **Why Wait Foundation** P.O. Box 1000 Dallas, TX 75221 800/950-4457 (Here's Life Publishers) Josh McDowell, Minister	McDowell promotes the concept that teens want love and intimacy, not sex, and that sexuality education must be directive and abstinence-only	McDowell authored *The Myths of Sex Education*, a project which he began as a letter to his local school board in Julian, CA. Other publications: *Why Wait: What You Need to Know About the Teen Sexuality Crisis, The Dad Difference: Creating an Environment for Your Child's Sexual Wholeness*; various videos on the risks of premarital sexual behavior	"God intends for us to learn love in the home by seeing our parents love each other and by experiencing their love for us. When the home breaks down and parental models cease to function, children grow up not knowing how to give or receive love." (Josh McDowell, *The Myths of Sex Education*, 1990, p. 261.)
Christian Coalition 1801-L Sara Drive Chesapeake, VA 23320 804/424-2630 Televangelist Pat Robertson (founder) Ralph Reed, Executive Director	Founded 1989, conducts "political leadership schools" on political campaigning for Christian activists; massive grassroots efforts through chapters in all 50 states; publishes *Religious Right Watch* (documents alleged abuse of religious liberties) and *Christian American* (membership newspaper)	Often speaks out against sexuality education; 700 Club often includes negative coverage of sexuality issues	"*[T]heir* leaders are teaching them [school children] how to be homosexuals, teaching them how to be lesbians, teaching them how to have premarital sex in every way you can imagine without any benefit of marriage and without any concept of morality or the dignity or the beauty of sex." (Pat Robertson, Christian Coalition founder, on his 700 Club television talk show, March 7, 1990)
Citizens for Excellence in Education National Association of Christian Educators P.O. Box 3200 Costa Mesa, CA 92628 714/546-5931 Reverend Robert Simonds President	Censorship challenges to schoolbooks and curricula, lead by local affiliates; mission includes electing Christians to all of the nation's 16,000 school boards; publishes *How to Elect Christians to Public Office, How to Help Your School Be a Winner*, and *Education Newsline* newsletter, which often includes attacks on sexuality education	Local affiliates are set up in order to challenge existing sexuality education programs and implement fear-based programs. Often groups are called "Concerned Parents for . . ." or something similar	Group warns that parents should be concerned about "attacks on the family and attempts to recruit your children into gay and lesbian lifestyles" (statement in response to New York City curriculum provisions discussing gays and lesbians, *Education Newsline*, CEE newsletter, April/May 1992)
Concerned Women for America 370 L'Enfant Promenade, SW, #800 Washington, DC 20024 202/488-7000 Beverly LaHaye, President	"Preserve, protect, and promote traditional and Judeo-Christian values through education, legal defense, legislative programs"; funds efforts opposing sexuality education, textbook content, gay rights, equal rights for women; produces critiques of working women	Distributes abstinence-only curriculum *Families, Decision-Making and Human Development*	Referring to their own fear-based curriculum: "It teaches kids that saving sex until marriage is the only 'safe sex.'" (*Family Voice*, Concerned Women of America monthly magazine, March 1992)
Eagle Forum 316 Pennsylvania Ave., SE, #203 Washington, DC 20003 202/544-0353 Phyllis Schlafly, President	Attempts to remove various materials from schools (e.g., John Steinbeck's *Of Mice and Men*); opposes various education programs (e.g., drug prevention, safety); publishes *Education Reporter, The Phyllis Schlafly Report*; Schlafly hosts call-in radio show on education	Promotes the fear-based curriculum *Sex Respect*, materials often oppose sexuality education	"The facts of life can be told in 15 minutes." (Phyllis Schlafly) "Present courses in AIDS education are intellectually bankrupt and morally corrupt. They're not based on adequate research or scientific fact." (Tottie Ellis, Vice President of the Eagle Forum, *USA Today*, February 7, 1989)

ORGANIZATION	MISSION	SEXUALITY EDUCATION ACTIVITIES	QUOTES
Educational Guidance Institute 927 S. Walter Reed Drive, Suite #4 Arlington, VA 22204 703/486-8313 Onalee McGraw, Executive Director	Founded in 1983 to "promote directive, abstinence-based, family-centered prevention education programs"; McGraw is national public speaker on abstinence-only sexuality education, former Heritage Foundation policy analyst	Wrote "The Challenge Program," a parent-child abstinence-only program, funded by the federal Title XX program; "Foundations for Family Life Education" manual, by Margaret Whitehead and McGraw, provides arguments against comprehensive health education and outlines the fear-based approach	"Values are not something that can be based on the feelings or emotions of the 'autonomous,' 'decision-making' student. True values are standards of right action and moral necessity that are found outside of the individual." (Onalee McGraw, "Chapter 2, Competing Concepts of Values," *Foundations for Family Life Education*, page 18.)
Family Research Council 700 13th St., NW, #500 Washington, DC 20005 202/393-2100 FAX: 202/393-2134 Gary Bauer, President	Group formerly affiliated with James Dobson's Focus on the Family; "pro-family policy, educational and lobbying organization" with anti-choice and anti-gay agenda; publishes *Washington Watch* newsletter	*Washington Watch* newsletter includes anti-sexuality education articles; prepare special reports on the family which oppose family planning, school based clinics, and sexuality education other than abstinence-only programs	Group defines AIDS education programs with safe sex focus as "morally and medically dangerous" and states that "using a condom to protect from HIV is like playing Russian Roulette." (*Washington Watch*, Family Research Council newsletter, January 1992)
Focus on the Family P.O. Box 35500 Colorado Springs, CO 80935 800/A-FAMILY; 719/531-5181 James Dobson, President	"Pro-family policy, educational and lobbying organization" with anti-choice, anti-sexuality education, and anti-gay agenda; publishes *Citizen* magazine	Publications: *Has Sex Education Failed Our Teenagers* (Dinah Richards); *Healthy Sex Education in Your Schools: A Parents Handbook*, *Raising Them Chaste (A Practical Strategy for Helping Your Teen Wait Till Marriage)*; produce video *Sex, Lies and...the Truth* (available in 1993)	"Beware of sex experts who say 'abstinence' but mean 'anything goes.'" (*Citizen*, Focus on the Family publication, May 18, 1992, headline on article opposing sexuality education)
National Monitor of Education P.O. Box 402 Alamo, CA 94507 510/945-6745 Betty Arras, Editor	Objects to including material about sexual orientation and self-esteem in comprehensive health education; publishes *National Monitor of Education* newsletter	Oppose sexuality education; mobilization of efforts related to curriculum content; developed brochure "An Expose of Planned Parenthood Sex Education: A Victim's Account"	"I sure learned some wrong things—like how to say "YES" when I needed to say "NO!" (caption on NME brochure, "An Expose of Planned Parenthood Sex Education: A Victim's Account")
Research Council on Ethnopsychology 2054 Oriole Street San Diego, CA 92114 619/527-0146 William Coulson, Director	Speaks against "affective, values-based" sexuality and drug/alcohol education and in support of directive, abstinence-only programs around the country	Coulson is the leading critic of affective education. His arguments are used as the underpinning for most of the fear-based programs which insist that directive sexuality education is necessary and justified. Coulson claims that Carl Rogers and Abraham Maslow changed their viewpoint on affective education in their later years and proclaimed it inappropriate for classroom use. Coulson's views on Rogers and Maslow are widely disputed	"I'm suggesting that in matters of importance—even in a democratic society—we teach obedience before 'critical thinking.'" ("We Can Teach Our Children to Choose Not to Choose." *The Birmingham News*. January 27, 1992)
The Rutherford Institute P.O. Box 7482 Charlottesville, VA 22906 804/978-3888 John W. Whitehead, President	Civil liberties protection focused on religious rights in the schools; litigation on local and state efforts dealing with promotion of religious messages and activities in the schools	Brought lawsuit against comprehensive health education in White Pidgeon, MI; lawsuit against condom availability plan in Falmouth, MA	"I want school officials, educrats, Planned Parenthood and politicians everywhere to know that we are fighting their efforts to sell our children the lie of "safe sex." (John Whitehead, Rutherford Institute fundraising letter, 1992)
Traditional Values Coalition P.O. Box 940 Anaheim, CA 92815 714/520-0300 (hdqtrs) 916/444-5375 (Sacramento) Reverend Lou Sheldon	Primary focus on opposing gay rights; textbook selection, particularly on California Board of Education selection process	Speak out against sexuality education	"They just tried to placate us by putting in abstinence, but what they really mean by 'prevention strategies' is 'outercourse'" (statement on California's proposed guidelines for comprehensive sexuality education, *Los Angeles Times*, May 11, 1992)

This SIECUS Fact Sheet was compiled by Alan E. Gambrell and Leslie M. Kantor. Assistance was also provided by People for the American Way, which has produced a series of background papers on the Far Right and maintains an extensive library on extreme right wing activities.

SEXUALITY EDUCATION: IT CAN REDUCE UNPROTECTED INTERCOURSE

Douglas Kirby, Ph.D.
Director of Research, ETR Associates

For almost a century, schools have developed sexuality education and VD/STD education programs to reduce sexual behavior that places youth at risk of pregnancy and STD. Frankly, during the 1970's and 1980's evaluations of existing programs were discouraging, indicating that programs had some positive effects but did not consistently and measurably reduce unprotected sexual intercourse. Now there is good news. Several well designed evaluations have demonstrated that some programs do measurably and markedly reduce unprotected intercourse. This article reviews the major approaches implemented during the last two decades; examines their evidence for success; discusses more thoroughly the theoretical bases of three programs demonstrated to effectively change behavior; and provides several recommendations for effective programs.

Changing behavior outside the classroom—and especially changing adolescent sexual behavior with all of the physical and emotional needs that affect it—is clearly a more ambitious and different challenge than improving knowledge and skills. Furthermore, it requires different types of evaluation criteria. Notably, few other classes or programs in schools evaluate effectiveness by observing change in behavior outside the school. For example, the effectiveness of English classes is not evaluated by measuring improvement in the English spoken off campus, nor is the effectiveness of civic classes assessed by measuring the law-abiding behavior of students outside the classroom.

Thus, we should be fully aware that using the reductions in unprotected intercourse, pregnancy or STD as criteria for measuring the effectiveness of school-based programs is a far more demanding evaluation standard than used for most other school programs. When programs meet these more demanding criteria, they should be given broad recognition.

Sexuality Education Programs

Hundreds of sexuality education curricula have been developed and implemented in junior and senior high schools during the last 15 to 20 years. Although most contain activities or elements reflecting a wide variety of approaches, these curricula can loosely be divided into four groups. Historically some of these programs have evolved out of previous groups and thus can be considered generations of programs. But like generations of people, they overlap. Notably, programs parallel and follow the generations of curricula on reducing substance abuse, particularly smoking.

The first group of sexuality education curricula focused primarily upon increasing knowledge and emphasizing the risk and consequences of pregnancy. They were based upon the premise that if youth had greater knowledge about sexual intercourse, pregnancy, methods of birth control, the probability of pregnancy, and the consequences of childbearing, then they would rationally choose to avoid unprotected intercourse. This first generation of curricula paralleled the first smoking and substance abuse curricula, which described different drugs and emphasized the consequences of substance use (e.g., the long term impact of smoking upon cancer).[1]

Although there were few rigorous evaluations of these programs, the weight of the evidence indicates that they consistently increased knowledge.[2] The evidence for their impact upon behavior is more complex and is reviewed further below.

The second generation of sexuality education curricula gradually evolved out of the first. These curricula included considerable knowledge content, but placed much more emphasis upon values clarification and skills, especially decision-making and communication skills. Basic human values such as "All people should be treated with respect and dignity" and generic skills such as "I" messages were emphasized, but avoiding unprotected intercourse and specific social skills to avoid unprotected intercourse were not given as much emphasis as in later programs. Proponents of this approach believed that if students' values became more clear and their decision-making skills improved, then they would become more likely to decide to avoid risk-taking behavior, and, if their communication skills improved, then they would be more likely to communicate effectively their decisions to their partners.

Several studies examined the impact of different sexuality education programs upon values and attitudes. Those studies indicate that when specific values were not given prominent emphasis in the course, there was little evidence of impact. However, when several courses taught during the 1970's focused upon increasing the students' acceptance of the sexual practices of others, there was some change in that direction.[3,4,5] Furthermore, during the early 1980's, when several courses focused upon increasing the clarity of students' values, they succeeded in making them slightly more clear.[6] An evaluation of several comprehensive programs that employed this approach concluded that the programs did not markedly affect sexual or contraceptive behaviors.[7]

In addition, four other studies were based upon surveys of large random samples of teenagers or young adults in this country and included questions both about participation in first or second generation sexuality education programs and personal sexual experience; thus, they measured the impact of a cross section of sexuality education programs existing at that time—typically first or second generation programs. One of those studies found that for older teens, participation in sexuality education was not associated with subsequently initiating intercourse, but for those younger teens (e.g., 14 or 15 years old), participation in sexuality education was associated with subsequent initiation of intercourse.[8] Two other studies found no clear relationship between sexuality education and sexual experience.[9,10] Finally, the fourth study found that sexuality education was associated with delayed initiation of intercourse.[11]

Three of these surveys examined the impact of sexuality education upon the use of birth control. Their results were also mixed. One study found that pregnancy and contraceptive education was positively related to use of birth control during first intercourse and to use of birth control ever, but not to current use.[12] A second study found weak relationships between having received sexuality education and use of contraception both during first intercourse and during any sexual experience, but these relationships were statistically significant only for blacks.[13] The third found inconsistent results between sexuality education and current use of birth control, which depended upon how sexuality education was defined.[14]

In sum, these evaluation results demonstrate that these first generations of sexuality education did not markedly hasten or delay the onset of intercourse; these evaluation results produce generally positive but not always consistent results indicating that programs increased contraceptive use; and finally, these results demonstrate that programs did not markedly decrease pregnancy.

Notably, the evaluation methods used in these earlier studies were not as sophisticated, rigorous or refined as methods used in more recent studies, and it is certainly possible that these early programs did have some effects for specific groups of youth that were not detected. It should also be noted that these early results are similar to the early results found in evaluations of smoking, alcohol and drug abuse curricula based upon similar theoretical models.[15]

The next group of sexuality education curricula did not evolve out of the first two generations, but instead developed in reaction or opposition to existing sexuality education programs. Concerned that sexuality education programs were "value free," developers of this group of programs consistently emphasized the message that youth should not engage in intercourse until marriage. To avoid any possibility of a "double-message," these programs discussed abstinence only and did not discuss contraception.

Abstinence-only programs such as *Teen Aid* and *Sex Respect* have been evaluated, with results indicating that the programs did affect a wide variety of attitudes regarding premarital intercourse. In all cases, in the short term, attitudes became significantly less accepting of premarital intercourse. However, these effects may have been partially produced by response biases and the studies either did not measure long term effects or, alternatively, they measured long term effects and found that the effects had greatly diminished.[16,17,18] Only a few published studies have examined the impact upon behavior of abstinence programs. The methods employed in those studies have been quite limited and have been critiqued, but thus far those evaluations indicate that the abstinence-only programs evaluated did not delay intercourse or reduce frequency of intercourse.[19,20]

There is now emerging another group of sexuality education programs and evaluation studies. They differ from most previous programs in several ways: they are based upon theoretical approaches that have been demonstrated to be effective in other health areas; they build upon the successes and failures of previous programs; and they are more rigorously evaluated.

The first of these programs was based primarily upon a health belief model (HBM), but included elements of social learning theory. It was designed to "increase teenagers' awareness of the probability of personally becoming pregnant or causing a pregnancy, the serious negative personal consequences of teenage maternity and paternity, and the personal and interpersonal benefits of delayed sexual activity and consistent, effective contraceptive use."[21] It used discussions and role playing. The evaluation employed a true experimental design, but the control groups received other sexuality education programs. The study also had a large sample size and tracked students for one year. Its results were mixed and varied by gender and sexual experience at pretest. In comparison with their counterparts in a control group, male students in the treatment group were less likely to initiate intercourse, but female students were not. Among those students who initiated intercourse after the baseline data were collected, females (but not males) in the treatment groups were significantly less likely to use contraception than their control group counterparts.

A second program was implemented in seventh and eighth grade classes in Canada.[22] In ten one-hour sessions, it covered a wide variety of topics about adolescent sexuality and relationships but did not focus upon delaying intercourse nor did it cover contraception. Like some of the second generation programs, it covered decision-making, problem solving, and communication skills; unlike other curricula in the group discussed below, it did not incorporate modeling and repeated practice in these skills. Unlike most sexuality education programs, it was taught by tutors in small groups. In a rigorous evaluation design involving the random assignment of entire schools to program and control groups, the results indicated that the program did not significantly delay the onset of intercourse nor affect contraceptive use.

The remaining three curricula, the Schinke and Gilchrest curriculum,[23] *Postponing Sexual Involvement*,[24] and *Reducing the Risk*,[25] were based upon social learning theory or variations thereof—social influences theory, social inoculation theory and cognitive behavioral theory. These theories are worth reviewing in more detail because evaluations of these three curricula all provided evidence for behavioral change.

The social-influence model has two theoretical underpinnings, McGuire's social inoculation theory,[26] and Bandura's social learning theory.[27] Social inoculation theory postulates that there exists a process of social inoculation that is analogous to physiological inoculation: people develop a resistance to social pressure when they can recognize the various forms of pressure, become motivated to resist that pressure and then practice resisting weak forms of that pressure.

In all three curricula, this theory is applied to youth and sexual behavior by discussing the various social pressures to have intercourse, providing youth in the classroom with common "lines" that youth give for having intercourse and then helping them develop and practice effective strategies and skills for resisting those pressures. Students practice talking to other students about abstinence and contraceptives in situations that, over the course of the curriculum, increase in level of difficulty.

Bandura's social learning theory provided a second underpinning for the social-influence model. Social learning theory posits that the likelihood of an action such as using a contraceptive method is determined by:

(a) an understanding of what must be done to avoid pregnancy or STD;

(b) a youth's belief that he or she will be able to use the method;

(c) the belief that the method will be successful at preventing pregnancy or STD; and

(d) the anticipated benefit for accomplishing the behavior.[28]

According to Bandura, people learn or estimate these important factors partly by observing both the behavior of others and the rewards and punishments that the behavior of others elicits, and then, through practice, developing the necessary skills required for that behavior. Thus, all three curricula provided modeling of the socially desirable behavior by the teacher or peers, practice of those behaviors through role playing and illustrations of successfully avoiding unprotected intercourse without loss of a close relationship. They thereby demonstrated the benefits of their risk-avoidance behaviors.

The cognitive-behavioral prevention model contains many of the same elements as social-influence theory. It asserts that for youth to avoid risk-taking behavior, they need specific cognitive and behavioral skills to resist pressures and to successfully negotiate interpersonal encounters. Curricula based upon the cognitive-behavioral model have three components:

- activities to personalize information about sexuality, reproduction and contraception;
- training in decision-making and assertive communication skills; and
- practice in applying those skills in personally difficult settings or situations.

The Gilchrest and Schinke curriculum provided considerable practice in these skills as did the *Reducing the Risk* curriculum. The latter also included opportunities to practice obtaining birth control information from stores and clinics.

Both the *Postponing Sexual Involvement* (PSI) curriculum and the *Reducing the Risk* (RTR) curriculum gave considerable emphasis to norms. PSI focused upon delaying intercourse, while RTR explicitly emphasized that students should avoid unprotected intercourse—either by not having intercourse or by using contraception if they did have intercourse. Nearly every activity supported or reinforced this norm. For example, when students in the classroom practiced avoiding unprotected intercourse through role playing, they not only reinforced those skills but also developed and reinforced the norm against unprotected intercourse.

The Gilchrest and Schinke curriculum was implemented by trained college staff in intensive sessions. The PSI curriculum was implemented differently; high school students were trained as peer educators and then presented a five-session program at junior high schools. Finally, the RTR curriculum was implemented by teachers in high schools.

The evaluation of the Gilchrest and Schinke curriculum focused primarily upon skills. To measure skills, the research staff videotaped responses to stressful vignettes. Their analysis demonstrated that the participants did have better eye contact, were more likely to make a declarative "no" in response to social pressure, were more willing to refuse to risk getting pregnant, and were more willing to share responsibility for birth control.[29,30] Although this study appears to have reliably and validly measured both decision-making and communication skills, its very small sample size limited its generalizability to other programs.

The evaluation of *Postponing Sexual Involvement* employed a quasi-experimental design; it statistically controlled for differences between program and comparison groups and tracked youth over time. The weight of the evaluation evidence indicated that the program delayed the onset of intercourse among those program participants who had not initiated intercourse prior to the program and may have reduced the frequency of intercourse among those who initiated intercourse after the program. However, it did not significantly affect the frequency of intercourse among those who had initiated intercourse prior to the program.[31]

Finally, the evaluation of the *Reducing the Risk* curriculum[32] assigned classrooms of students to the program group which received the RTR curriculum and the comparison group which received traditional sexuality education curricula. It then tracked 758 students for 18 months. It found that the curriculum significantly reduced the percentage of youth who initiated intercourse during the following 18 months. The curriculum did not significantly affect the use of birth control among youth who had initiated intercourse prior to the curriculum and whose patterns of behavior were more firmly established. However, among youth who had not initiated intercourse prior to exposure to the curriculum, the curriculum significantly reduced unprotected intercourse at 18 months—either by delaying the onset of intercourse or by increasing the use of contraceptives.

In sum, these three studies strongly suggest that curricula based upon social influence approaches and social learning theory are more effective than curricula based upon other previous approaches and that they can reduce unprotected intercourse, especially by delaying the onset of intercourse. These data also indicate that it is important to reach youth before, not after, they have initiated intercourse.

HIV/AIDS Education Programs

Another group of programs designed to change adolescent sexual behavior are HIV/AIDS education programs. Many of these developed quite independently of the three previous groups of sexuality education programs and, at least initially, did not build upon the successes and failures of sexuality education programs.

These programs typically had a variety of goals, including:

- reducing misinformation about HIV infection and transmission;
- reducing unnecessary fears associated with the disease;
- encouraging young people to delay premature sexual intercourse;
- supporting safer sex by encouraging teenagers who were sexually active to use condoms every time they had any kind of intercourse or to practice only those sexual behaviors that did not place them at risk of HIV infection;
- encouraging youth to avoid drug use; and
- helping students develop compassion for people infected with HIV.[33]

Many of the HIV/AIDS education curricula developed during the first few years relied heavily upon didactic presentations and group discussions of information about HIV/AIDS. Partially because of the short length of most HIV/AIDS program units, rarely were there serious attempts to improve skills or to change norms. Thus, like the early sexuality education programs, they were based upon the assumption that correcting youths' myths about HIV/AIDS would change their behavior.

Recognizing that most youth knew few people who were infected with HIV, and that, consequently, most youth would deny any personal vulnerability, some curricula also focused upon personalizing the information by having a person with HIV/AIDS, especially a young person with HIV/AIDS, speak to students.

Early evaluations of these programs indicated that many of them did increase knowledge, some made youth more sensitive to the rights of people with HIV/AIDS, and some reduced unnecessary fear of getting HIV from improbable sources such as blood donations and mosquito bites.[34,35,36,37,38] However, few studies rigorously measured the impact of these programs upon sexual behaviors.

Although the impact of individual programs upon behavior was not well evaluated, national surveys provide evidence that school-based programs may have had some impact. First, numerous studies indicate that teenagers are remarkably knowledgeable about the transmission of HIV. Second, a national survey of teenage males conducted in 1988 indicated that there were large increases in the use of condoms among males; specifically use more than doubled from 21% to 58% during the preceding years.[39] That particular study did not determine whether this increase was due to school-based HIV/AIDS education programs, the innumerable other HIV/AIDS education programs in communities and the media or other extraneous factors. However, that issue was addressed in a subsequent article,[40] which revealed that the receipt of HIV/AIDS education and sexuality education was associated with modest but significant decreases in the number of partners and the frequency of intercourse during the preceding year and with more consistent condom use. Thus, these nationwide data are certainly encouraging.

Early HIV/AIDS education programs have given way to several programs that are more comprehensive, that are theoretically based, and that strive to personalize the information, develop skills, and align peer norms regarding sexual risk-taking behavior. Thus far three have found postive results upon behavior, but the results of only one study have been published.

The results of that one study were not based upon a program actually implemented in a school. However, because it was an educational program that could be replicated in or through schools, it warrants discussion. Jemmott et al.[41] reported on a well-designed study of 157 inner-city Philadelphia black male adolescents who were randomly divided into experimental and control groups. Both of these groups received five-hour small group interventions on a Saturday, the control group participating in a similarly structured career counseling session. Black male or female group leaders received special training in the intervention. Again using concepts from both Social Learning Theory and the Health Belief Model, activities were designed to increase the knowledge of AIDS and sexually transmitted disease, and to weaken problematic attitudes towards risky sexual behaviors. Videotapes, games, exercises, and other culturally and developmentally appropriate pilot-tested materials were designed to provide accurate information in interesting ways. The three month follow-up survey found that the intervention group reported fewer occasions of coitus, fewer coital partners, greater use of condoms, and lower incidence of heterosexual anal intercourse than the control group.

Educational Components Found in Larger, More Comprehensive Programs

In addition to the studies discussed above, which have evaluated the effects of sexuality or HIV/AIDS education, there are a cluster of studies which have evaluated more comprehensive programs, all of which included education as a component, and all of which found evidence for behavioral change.

In a rural isolated South Carolina community, a comprehensive school and community campaign was implemented.[42,43] Teachers, administrators and community leaders were given training in sexuality education; sexuality education was integrated into all grades in the schools; peer counselors were trained; the school nurse counseled

students, provided male students with condoms and took female students to a nearby family planning clinic; and finally local media, churches, and other community organizations highlighted special events and reinforced the messages of avoiding unintended pregnancy.

After the program was implemented, the pregnancy rate for 14 to 17 year olds declined significantly for several years.[44] After parts of the program ended (e.g., the school nurse resigned and some teachers left the school), the pregnancy rates returned to preprogram levels.[45]

In Baltimore, an adolescent reproductive health clinic provided educational, counseling and reproductive health services in that clinic and educational and counseling services in two schools, a junior high school that was four blocks away and a high school that was across the street. In both schools, the staff implemented a peer education program and after-school group discussions, while in the clinic the staff provided individual counseling, group counseling and contraceptive services.[46] According to research data, the most frequent type of staff/student contact was not in the clinic, but rather in the after-school group discussions. Although these discussions did not have a structured curriculum, they did include activities which personalized the information. According to the survey data collected from the schools, after the program was initiated and relative to the comparison schools, there was a delay in the onset of sexual intercourse among those who had not yet initiated sexual activity and an increase in the use of birth control among those who had initiated sexual activity. There was also a decrease in pregnancy rates, but this reduction may have been due to chance fluctuations over time.

In San Francisco, a high school introduced a widely recognized educational component called WEDGE, which included both information about HIV/AIDS and presentations in each class by a young person with AIDS; after-school group sessions that dealt with sexual issues; and a variety of school-wide activities that heightened student consciousness about AIDS. In addition, the school opened a school-based clinic that did not dispense condoms, but did emphasize condoms and did provide students with a prescription that enabled them to get condoms anonymously and free of charge at a nearby community health clinic. All of these activities took place in a community where AIDS became a very salient issue and where there were many media and community activities to reduce unprotected sexual activity. Over a two year period the percentage of males in the school who used condoms the last time they had sex increased substantially.[47]

Finally, in Muskegon, a high school implemented a strong sexuality education program, provided counseling on sexual issues, gave pregnancy prevention a high priority in the school- based clinic, and issued vouchers for free contraceptives at a nearby family planning clinic. Students in this school were more likely to use both condoms and oral contraceptives than were students in a comparison school.[48]

All four of these studies had significant methodological limitations, but it is encouraging that they produced some positive evidence for behavioral change. Given their apparent success, their common elements are important. All four programs:

- focused intensely upon preventing pregnancy or AIDS and STD;
- included educational components in the schools; and
- reinforced those educational components with linkages to reproductive health services nearby in the community.

Although it appears both likely and logical that multiple components will be more effective than single components, these studies cannot yet determine which components were the most critical, nor even that multiple components were more effective than a single effective educational component.

Discussion

All of these studies, in combination, are most encouraging. Evaluations of all the programs based upon social learning theory or its variations demonstrated behavioral impact; national surveys reveal that condom use among adolescents has increased and those same surveys reveal associations between sexuality and HIV/AIDS education programs and lower levels of unprotected intercourse; several more comprehensive programs which included sexuality education as a major component provided some evidence for reduced unprotected intercourse; and finally, national statistics on adolescent sexual behavior are changing in the desired direction. This is a very different picture from that painted by data a decade ago. In combination, all of this research provides reasonably strong evidence that programs can have positive effects.

As impressive as some of these results are, we should not allow ourselves to become complacent; none of these programs reduced unprotected intercourse to an acceptable level. Thus, we should continue to search for more effective educational approaches to reducing unprotected intercourse. We should also recognize what Joy Dryfoos and others have pointed out:

> "No 'magic bullet' has been developed that will help young people adopt effective fertility control. . . . Young people must have access to an array of developmentally appropriate interventions, beginning in the earliest years and continuing through middle school and high school. No one-shot or one-component approach can have as strong an effect as staged, multi-component efforts."[49]

Thus, some of the curricula described above can be effective components, but alone, they cannot solve all the problems of unprotected intercourse; other components are also needed.

The success of these programs, as wonderful as they are, also pose a dilemma for sexuality educators. Traditionally, sexuality educators have been concerned with far more than reducing unprotected intercourse; rather they have been concerned with sexuality broadly defined (e.g., sexual development, reproductive health, interpersonal relationships, affection and intimacy, body image and gender roles). The *Guidelines for Comprehensive Sexual-*

ity Education well illustrate this breadth. And yet, the fourth generation programs may have been effective, in part, because they had a more clear focus: that of delaying intercourse or increasing contraceptive use. Given limited time in the classroom, to the extent that the goals of sexuality education are broadened, sexuality education programs may become less focused and may less effectively reduce unprotected intercourse. One possible solution to this dilemma is to prioritize all the important goals of sexuality education. As programs effectively achieve the most important goals, then they can be expanded such that they may achieve other goals. Another approach is to embed effective components in larger more comprehensive programs. Research needs to be conducted to determine whether this enhances or diminishes their effectiveness.

Finally, the demonstrated effectivness of these programs means that we should now devote more effort to broadscale replication of these programs. The percentage of adolescents who receives effective programs is unknown, but small; currently, fewer than 10% of children receive comprehensive sexuality education programs.[50] Effective curricula must be adopted by schools; teachers must be trained; and sufficient fidelity must be maintained to assure effectiveness. Thus, an enormous effort is needed nationally to have effective programs implemented. The Division of Adolescent and School Health in the Centers for Disease Control and Prevention is providing some leadership and some funding, but much more needs to be done.

Conclusions and Recommendations

There are serious limitations in the research on programs to reduce unprotected intercourse, and little is known with much certainty. Nevertheless, past research does suggest several possible conclusions and recommendations:

- Changing adolescent sexual behavior is a daunting challenge and there are no "magic solutions" which dramatically reduce unprotected intercourse among all youth to acceptable levels.

- Nevertheless there does exist a growing amount of evidence that some sexuality education and HIV/AIDS education programs either delay the onset of intercourse, increase the use of protection against against pregnancy or STD, and/or reduce the number of sexual partners.

- Abstinence and condoms prevent pregnancy, STD and HIV/AIDS; most HIV/AIDS programs last too few class periods to teach skills; and finally, more youth use condoms to prevent pregnancy than to prevent AIDS. Thus, programs to reduce pregnancy, STD and HIV/AIDS should be integrated into single more comprehensive programs.

- Ignorance is not the solution, but knowledge is not enough. Given the apparent success of all the curricula based upon social influences theory or social learning theory, and also the successes of some tobacco and other substance abuse programs also based upon those theories, it appears that these theoretically-based curricula can effectively change behavior. Newly-developed curricula should facilitate the development of group norms against unprotected intercourse, discuss pressures to engage in unprotected intercourse, model skills and behaviors to resist those pressures, provide practice in those skills and behaviors, and emphasize norms against unprotected intercourse. Further, these curricula should focus upon very practical skills (e.g., what to say to your partner if you both desire sex but don't have contraception), not upon broad generic skills (e.g., basic decision-making steps).

- Because programs can effectively delay the onset of intercourse and increase the use of contraception, and also because no existing program prevents most youth from having intercourse during their high school years, programs should both encourage youth to delay or refrain from intercourse and also encourage them to use contraceptives. Programs for younger youth should focus more upon delaying intercourse, while those for older youth should focus more upon contraceptives.

- Programs should be comprehensive. Effective classroom curricula should be reinforced with school-wide programs such as peer programs, group discussion sessions, individual counseling, theatrical presentations, and media events. Comprehensive programs should also improve linkages with community reproductive health services.

(Parts of this article were adapted from Kirby, D., (1992). School-based programs to reduce sexual risk-taking behavior. *Journal of School Health*. 62(7):280-287; and Kirby, D., Barth, R., Leland, N., Fetro, J., (1991). Reducing the risk: A new curriculum to prevent sexual risk-taking. *Family Planning Perspectives*, 23(6):253-263.)

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TOWARD A NEW PARADIGM ON ADOLESCENT SEXUAL HEALTH

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SIECUS Executive Director

Powerful and contradictory messages on sexuality are routinely given to adolescents. Some professionals and parents see growing up largely as a passage fraught with confusion, anxiety, and peril—with adolescent sexual behavior being the most dangerous path to travel. Adults often give youth a mix of culturally confusing advice, from the "just say no" conservative mantra to the more progressive "just say not now" (i.e., teens should not engage in sexual intercourse, but for those who do, information and access to reproductive health services is needed). At the same time, adult-produced media for adolescents—including television, music, videos, and advertisements—saturate American adolescents with sexual imagery that implies "everybody is doing it."

This mixed bag of advice begs the question: "What is adolescent sexual health?" Several years ago, SIECUS asked a group of prominent educators and sexologists to frame a response (see *SIECUS Reprint Series 3*). With controversies in almost 100 communities last year over the promotion of "fear-based" sexuality education, it may be time to revisit the issue. Rarely do educational strategies—fear-based or otherwise—acknowledge teenagers as responsible sexual persons or promote healthy sexual development. Adolescents are rarely given opportunities to develop a perspective on sexual health that includes appreciation of self and others, or opportunities to express desires and feelings in a healthy context.

Adolescent sexual activity is not by definition dangerous, harmful, sinful, or painful. Without question, *unprotected intercourse* can lead to negative consequences, which is why education programs need to concentrate on reducing the risk of *unprotected intercourse*—either through delaying the onset of coital experiences or increasing protected intercourse.

For SIECUS, a new definition of adolescent sexual health, a new paradigm, is in order—one under which family planning and sexuality professionals more fully address healthy adolescent sexual development. This paper, in developing that framework, will review current information on adolescent sexual behavior, present definitions of adolescent sexual health, and conclude with recommendations for comprehensive sexuality education programs.

Public Policy

Policymakers will only realize success in reducing sexual activity among teenagers, or in lowering its consequences, with education that discusses adolescent sexual development, thoughts, desires, and behaviors. The focus of public policies for the past decade has been on abstinence from all sexual behavior. The U.S. Public Health Service's *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* reflect the desire to reduce adolescent sexual experience with the need to recognize that at least some young people are having intercourse. The text accompanying the objectives on adolescent sexual behavior states that "the only certain way to prevent teenage pregnancy is through abstinence from sexual intercourse. Abstinence also provides absolute protection from sexually transmitted diseases, including AIDS. Mutually-faithful monogamy with an uninfected partner will also protect people from sexually transmitted diseases." The plan includes an objective to reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and to no more than 40% by age 17 and an objective to increase to at least 40% the proportion of sexually active adolescents who have abstained from sexual activity for the previous 3 months.[1]

Recognizing that not all young people are likely to accept this abstinence advice—an additional objective seeks to increase to 90% the proportion of young people who use contraception and to increase the use of condoms among teens to 60-75%. The editors, in a note that clearly reflects the politics of the past administration, write: "strategies to achieve this objective must be undertaken sensitively to avoid indirectly encouraging or condoning sexual activity among teens who are not yet sexually active."[2] The Centers for Disease Control interprets concern this way: "education programs should provide adolescents with the knowledge, attitudes, and skills they need to refrain from sexual intercourse. For adolescents *who are unwilling to refrain* (emphasis added) from sexual intercourse, programs should help to increase the use of contraceptives and condoms."[3]

Adolescent Sexual Behaviors

The facts about adolescent sexual behavior have changed dramatically over the past two decades. Sexual intercourse is now normative behavior for adolescents. According to the Centers for Disease Control and Prevention, of all students in grades 9-12, 54.2% report having had sexual intercourse; 39.4% report having had sexual intercourse during the previous three months. By the twelfth grade, 71.9% report having had sexual intercourse. The median age of reported first intercourse is 16.1 years

for males and 16.9 years for females.[4] These figures contrast markedly with 1971 studies that reported 29% of females ages 15-19 had intercourse.[5]

Change has been dramatic among young adolescents. In 1970, only 10% of 15 year old girls were having sexual intercourse;[6] by 1990, nearly 40% of ninth graders had intercourse at least once.[7] A study of Midwestern teens found that seven percent of junior high school students reported having intercourse about once a week.[8] About one-third of males and 20 percent of females initiate sexual intercourse before the age of 15. Nearly two-thirds of males and 52.4% of females have intercourse before the age of 17.[9]

Today's teenagers move quickly from kissing to coital behaviors. During the 1950's, girls reported that petting was their most common sexual experience.[10] This pattern, remembered by many adults as "the bases," was correlated with growing relationship intimacy and continued into the 1970's.[11] Anecdotal evidence from teachers and counselors, limited research, and the increasing proportion of sexually active teenagers suggests that in the past decade many teenagers abandoned this slow progression of intimacy.

A significant number of today's teenagers report they have participated in oral sex. In one survey, 41% of all 17-18 year old women had performed fellatio and 33% of men in that age range had performed cunnilingus.[12] In other research, 69% of sexually experienced teens reported either giving or receiving oral-genital stimulation, and 25% of virgin males and 15% of virgin females reported these behaviors.[13]

Sexual activity in adolescence may also include same-gender sexual behavior. Findings from one study indicated that 5% of 13-18 year olds have participated in some type of same-gender sexual experience during adolescence.[14] Other reports have noted a higher incidence of homosexual behavior among male adolescents.[15]

Increases in sexual behavior have been accompanied by significant and encouraging increases in adolescent preventive behaviors. Sixty-five percent of young people used a contraceptive at first intercourse in 1988 compared to 48% in 1979.[16] More than three-quarters of currently sexually active boys and girls used contraception at last intercourse. Almost 60% of young men report using a condom at last intercourse, doubling the proportion from 1979 figures.[17] Among currently sexually active students, 49.4% of male students and 40% of female students reported that they or their partner used a condom during last sexual intercourse.[18] These increases have helped maintain stable rates of sexually related morbidity over the past two decades despite the large increases in the number of young people having intercourse. However, as pregnancy and STD rates indicate, too many young people are not using contraceptives and condoms consistently and effectively.

Most Teens Feel Positively About Their Sexual Behavior

Conservative organizations often raise the specter of the emotional and psychological harm of premarital intercourse, listing the emotional benefits of abstinence:

> "abstinence protects from misleading feelings . . . helps you avoid deep scars . . . frees you to focus your energy on establishing and realizing life goals . . . gives freedom from guilt . . . helps develop unselfish sensitivity . . . helps build patience and self control . . . helps develop positive principles of relational growth . . . provides freedom to enjoy being a teenager . . . staying uninvolved sexually allows you to enjoy a healthy and fun loving time as a teen. The pressure of premarital sex is not healthy. It can add undue pressure and frustration."[19]

Another author states that involvement in sexual experiences makes people enslaved: "the unwillingness or inability to say that little word [no] makes us slaves to others, and still worse, slaves to our passions and fears."[20]

Fortunately for the majority of teens who engage in premarital sexual intercourse, these devastating effects are rare at best. The majority of adolescents feel positively about their sexual experiences. In one study, 87% of young men and 64% of young women reported feeling no pressure to have intercourse the first time.[21] More than half of teenagers said that they had discussed their first sexual experience with their partner prior to having intercourse.[22] Two-thirds of young men and 43% of young women in 8th and 10th grades believe that sexual intercourse with a steady partner is acceptable for someone their age.[23] Three-quarters of these young men and 94% of the females also believe that it is acceptable to not have intercourse at their age and that they do not feel pressure from their friends to be sexually active.

Sexually experienced youth, with the exception of girls under 15, report higher levels of self esteem than inexperienced youth. Young men at all ages who have had sexual experiences report that they feel good about the experience and about themselves. Girls who are 16 or older tend to report positive feelings. It is only the youngest girls who report low self esteem, and it is unclear in which way the causation lies.[24,25]

In a qualitative research study, Thompson argues that young people, especially young women, need to be better prepared for sexual initiation with strong messages about sexual rights and sexual pleasure. In a study of 400 teenage women she found that many young women had negative views of their first experiences; they saw the penis as a "big thing that had to go into a small hole." They did not think that they had any choice, they felt rushed into coitus, feared their experiences, and were unlikely to use contraception. A second group, who had open, honest discussions with their mothers about sexuality that included information about pleasure, were more likely to approach first intercourse with desire—and with contraception. They made plans for better and more protected experiences.[26]

However, far too many young people are engaging in sexual intercourse without protection and without pleasure. *SIECUS Report* readers are well acquainted with the morbidity and mortality related to unprotected sexual activity among American adolescents. Approximately one million adolescent girls become pregnant each year and 86% of all sexually transmitted diseases occur among persons aged 15-29 years.[27] American teenagers have the

highest rate of teenage childbearing in the developed world; U.S. teenagers under age 15 are at least five times more likely to give birth than teenagers in other industrialized nations.[28]

AIDS cases among adolescents are growing at an alarming rate. From January 1987 through December 1991, the number of cases of AIDS among adolescents increased from 127 to 789, and in 1989, AIDS became the sixth leading cause of death for persons aged 15-24.[29] Because the length of incubation of the HIV virus to the onset of AIDS is nearly 10 years, it is assumed that the majority of people with AIDS in their twenties were infected as adolescents.

A New Definition of Adolescent Sexual Health

It is easier to state what is not sexually healthy for adolescents than to define adolescent sexual health. A sexually healthy adolescent cannot simply be described as one who has never been pregnant, caused a pregnancy, or contracted a sexually transmitted disease. Sexuality deals with not only the anatomy, physiology, and biochemistry of the sexual response system, but with individuals' roles, identity, personality, thoughts, feelings, behaviors, and relationships.[30] The World Health Organization defines sexual health as:

> "the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, and love . . . every person has a right to receive sexual information and to consider accepting sexual relationships for pleasure as well as for procreation."[31]

As a first step to sexual health, sexuality education must help young people accept that they are sexual and that they have sexual feelings and desires. American teenagers have been characterized as moderately erotophobic: they are unable to accept that they are sexual and therefore cannot plan their sexual relationships in advance.[32] Many authors have commented on the "swept away" nature of adolescent sexual encounters.[33]

The National Guidelines Task Force, which developed the *National Guidelines for Comprehensive Sexuality Education*, defined the life behaviors of a sexually healthy adult. Many serve to also define a sexually healthy adolescent[34] (see Box: "Sexually Healthy Adolescents"). Unfortunately, American adolescents are not being prepared to become sexually healthy adults. Few existing sexuality education programs address attitudinal and behavioral objectives. Most family planning programs have concentrated on increasing access to contraceptives without helping young people develop the skills to practice pregnancy and STD prevention behaviors.

A Positive Approach

Comprehensive sexuality education programs for adolescents can help young people develop the skills for adolescent and adult sexual health. Educators and health service providers must first accept that forming a sexual identify is a major developmental task of adolescence. Most adolescents will be involved in relationships that include sexual behaviors that may or may not include intercourse. Adolescents need adult support in obtaining information, clarifying their own values, and developing the skills to achieve sexual health. Programs can seek to assist adolescents in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them acquire skills to make responsible decisions now and in the future. Programs can concentrate on reducing unprotected intercourse by addressing abstinence, low risk sexual behaviors, and safer sex practices.

Education and service delivery programs can play an important role in assisting young people in delaying the onset of intercourse. Sexual intercourse among teenagers younger than 15 can especially be characterized as immature, with low levels of contraceptive use and resulting high levels of sexually-related morbidity. Several authors have suggested that early adolescents have neither the cognition nor skills to handle a responsible sexual relationship. Delaying the onset of intercourse until late adolescence development is likely to result in lower rates of pregnancy, STDs, and childbearing.

Howard writes that "until recently, the reproductive health service and guidance needs of non-sexually involved youth were ignored by health agencies, educational systems,and youth-serving agencies alike. Left on their own to cope with pressures that encourage sexual involvement, youth who remained abstinent were not even told by adults that they were "doing a good job." Formal positive recognition of their status now is needed. Establishment of programs aimed at educating and supporting vast numbers of abstinent youth is a first step in institutionalizing support for sexually uninvolved youth."[35]

Abstinence from sexual intercourse is the most effective method of preventing pregnancies and STDs, including HIV infection. Young people need to understand that premature involvement in sexual behaviors poses risks to their future, and that young teenagers are usually not mature enough for a sexual relationship that includes intercourse. Young people can understand that:

* there are many ways to give and receive sexual pleasure and not have intercourse;
* they need to discuss sexual limits with their dating partners and respect those limits;
* sexual intercourse is not a way to achieve adulthood;
* they can express their sexual feelings without engaging in sexual intercourse; and
* teenagers who have had sexual intercourse can choose to be abstinent.[36]

Shortcomings in Curricula

Although abstinence is well covered by almost all sexuality and HIV/AIDS education programs, few sexuality education programs in the United States have been designed to help prepare young people for their adult sexual roles and relationships. Even fewer programs ad-

SEXUALLY HEALTHY ADOLESCENTS

* Appreciate their own bodies.
* Interact with both genders in appropriate and respectful ways.
* Express love and intimacy in appropriate ways.
* Avoid exploitative relationships.
* Identify their values.
* Take responsibility for their own behavior.
* Communicate effectively with family and friends.
* Ask questions of parents and other adults about sexual issues.
* Enjoy sexual feelings without necessarily acting upon them.
* Are able to communicate and negotiate sexual limits.
* Decide what is personally "right" and act on these values.
* Understand the consequences of sexual activity.
* Talk with a partner about sexual activity before it occurs, including limits, contraceptive and condom use, and meaning in the relationship.
* Communicate desires not to have sex and accept refusals to sex.
* If sexually active, use contraception effectively to avoid pregnancy and use condoms and safer sex to avoid contracting or transmitting a sexually transmitted disease.
* Practice health-promoting behaviors, such as regular check- ups, breast or testicular self-exams.
* Demonstrate tolerance for people with different values.
* Understand the impact of media messages on thoughts, feelings, values, and behaviors related to sexuality.
* Seek further information about sexuality as needed.

Source: Adapted from *National Guidelines for Comprehensive Sexuality Education*, SIECUS, 1991

dress the pleasures of intimacy and sexual expression or affirm that sexuality is a natural and healthy part of life.

Most sexuality and HIV/AIDS education programs in the United States begin in junior and senior high schools. They typically focus on such family life issues as relationships between family members, dating, gender role socialization, and child development. Few address sexual issues comprehensively; fewer than one in ten of the state curricula include any information on sexual behaviors.[37] Almost half of the curricula have only limited information about family planning.

HIV/AIDS curricula are even less likely to deal openly and honestly with sexual topics. HIV/AIDS is generally presented as one more negative consequence of sexual behavior. Although almost all of the state curricula and guidelines address abstinence, only 11 states provide balanced information about safer sex. Only three supply a positive view on human sexuality, and only five provide practical information on how to obtain, use, and dispose of condoms.[38]

Fine has written extensively about the "missing discourse of desire" in sexuality education programs for young people. "The naming of desire, pleasure, or sexual entitlement, particularly for females, barely exists in the formal agenda of public schooling on sexuality. When spoken, it is tagged with reminders of consequences—emotional, physical, moral, reproductive, and or financial. A genuine discourse of desire would invite adolescents to explore what feels good and bad, desirable and undesirable, grounded in experiences needs, and limits."[39]

Other authors have pointed out that the "hidden sexuality education" curriculum that exists in schools is actually much stronger than classroom programs in influencing young people's sexual attitudes and behaviors.[40] In the average American high school, the hidden curriculum teaches teachers that in order to be popular, one has to be attractive, physically-fit, able-bodied, heterosexual, conform to gender-role expectations, and dress according to school norms. Most schools urge conformity, promote homophobia, and reinforce gender inequity. Teenagers learn much more powerful messages about sexuality in the halls, locker rooms, and playing fields than they do in their health classes.[41]

Conclusion

It is unlikely that efforts will ever be effective in increasing young people's use of condoms and contraceptives until a climate is created that affirms young people's sexual rights. Sexuality professionals must affirm that young people are sexual beings who have the right to make their own sexual decisions.

The dialogue around adolescent pregnancy and STD prevention must change. Instead of trying to reduce young people's coital experience, efforts would be more effective if they could concentrate on reducing the incidence of *unprotected coitus*. For some young people that will mean delaying intercourse until they have the cognitive and emotional maturity to obtain and use contraception consistently and effectively. For others, it means helping young people accept that they are sexually in-

volved and helping them develop the skills to protect themselves.

Chronological age and marital status are not benchmarks for the ability to have an ethical or moral sexual relationship. Such a relationship is nonexploitative, consensual, voluntary, mutually pleasurable, and if indicated, protected against pregnancy and sexually transmitted disease. Sexual relationships in marriage may be coercive, exploitative, and not pleasurable, and mid-life adults may not have the ability to have honest, equitable, and responsible relationships. Adolescents who are capable of forming healthy sexual relationships must be supported.

Family planning and sexuality professionals have a responsibility to articulate and advocate a position that affirms young people's right to their own sexuality, to make sexual decisions, to receive comprehensive sexual information, and to have easy access to sexual health care services without parental consent. There is no question that America's young virgins need our support. There is also no question that we have an obligation to support teenagers who are having sexual intercourse, who constitute more than half of the nation's teens.

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NATIONAL GUIDELINES PROJECT UNDERWAY

SIECUS is pleased to announce that the Carnegie Corporation of New York has recently awarded SIECUS a grant to continue to expand and promote the national *Guidelines for Comprehensive Sexuality Education.*

The national *Guidelines* were published in October 1991. They were developed by a task force of leading professionals from fourteen major youth, health, and education organizations. Over 8,500 copies have been distributed.

SIECUS is pleased to announce that Yvette Adams has been hired as Coordinator for the National Guidelines Project. This project will include conducting two national surveys. The first survey of *Guidelines* purchasers will assess the implementation and facilitation process for the *Guidelines for Comprehensive Sexuality Education.* The second will evaluate state guidelines for sexuality education and existing state curricula using the *Guidelines* as a framework. The results of these surveys will be published in the *SIECUS Report.*

Along with these tasks, Yvette will be coordinating three national training workshops on implementing the *Guidelines* in 1993. Anyone interested in further information about the Guidelines project or interested in serving as a paid regional coordinator for these trainings, please contact Yvette Adams at SIECUS.

MOBILIZING FOR SEXUAL RIGHTS
Report from the SIECUS Public Policy Office

Betsy Wacker and Alan E. Gambrell
Director of Public Policy; Washington, DC Representative

The sexual rights siege of the 1980's may be over with the election of Bill Clinton—at least at the federal level. Over the past decade, choice, practical and straightforward HIV/AIDS prevention messages, freedom from censorship, and sexuality education have been threatened, or held hostage, by federal Administrations beholden to the Far Right. In a briefly hopeful sign, the Moral Majority's fame abruptly ended when the group closed its doors in the late 1980's, but it was only replaced by what seems to be a more ominous group of Religious Right organizations with a focus on grassroots communities.

The ramifications of progressive leadership were apparent even before November 3. President-elect Clinton asserted in his campaign and reiterated in his post-election comments that he strongly approved of sexuality education, would rescind the Gag Rule ban in federally-funded family planning clinics, support the Freedom of Choice Act, lift the military's ban on gays and lesbians, and increase funding and support for HIV/AIDS prevention unfettered by moralistic restrictions. There is also hope that censorship of federally-funded art may end with repeal of "decency standard" regulations on art containing sexual themes.

The Election

Bill Clinton's "coattails" and an anti-incumbency fervor came into play in many areas. There have not been so many new faces on Capitol Hill since the Truman Administration. The House of Representatives picked up at least 10 more abortion rights supporters for a clear majority of 259-175 by one count. Twenty- four newcomers are women, all pro-choice. The Senate will remain solidly pro-choice with the addition of four women: Patty Murray (WA), Barbara Boxer and Diane Feinstein (CA), and Carol Mosely Braun (IL). All ran on strong right-to-choose platforms. Despite these gains, some reproductive rights advocates, several in key seniority positions, are leaving the House and Senate. However, recently-announced committee assignments for new Democratic House members (for Energy and Commerce, Appropriations, Labor/HHS Subcommittee, and Ways and Means) are overwhelmingly pro-choice.

Mix on State and Local Referenda

Several local and state votes on sexual rights issues became national issues. Victories outweighed defeats, but the losses were painful.

- **Gay Rights** - **Portland, Maine** and **Oregon** defeated ordinances that would have repealed gay anti-discrimination laws. Oregon's measure included a requirement for the state to "discourage homosexuality," an exceptionally troubling directive. The Oregon Citizens Alliance, which led a campaign of hate seeking to enact the state's anti-gay measure, caught the attention of Pat Robertson, who heard about

WHAT TO EXPECT:
PERSPECTIVES FROM CLINTON APPOINTMENTS

As of SIECUS Report *press time, President-elect Clinton announced appointments for the Administration positions of Secretary of HHS (Donna Shalala, Ph.D.) and Surgeon General (M. Jocelyn Elders, M.D.). Both posts—pivotal on a range of sexuality issues—are subject to Senate approval. Following are previous statements made by the nominees on issues relating to sexuality.*

"Our agenda as educators is clear. We need to make sure that we are working with parents to educate young people from the very earliest time to increase their self-esteem, to explain risky behaviors in the context in which they occur, to talk openly about reproduction, to acknowledge sexuality, and never to be censored by those with agendas that are counter to the health or education of our young people. When we as a nation are prepared to make substantial investment in the health and education of all of our children, and we are far from that goal, the abortion rate will fall dramatically."

Donna E. Shalala, Ph.D., is President-elect Bill Clinton's Secretary Designate for HHS. Shalala, currently Chancellor of the University of Wisconsin at Madison, made her comments during the 1992 National Commission on America Without Roe, convened by the National Abortion Rights Action League.

"We'll never have adequate health care until we teach people how to be responsible and take care of their own health. We need comprehensive health education in our schools relating to teenage pregnancy, AIDS, violence, accidents—all the things that are killing our bright young people."

M. Jocelyn Elders, M.D., is Clinton's Surgeon General Designate. Elders, currently Director of the Arkansas Department of Health, made these remarks to the press on December 16, 1992 (reprinted from *The Washington Post*, December 17, 1992).

Other key appointments for the Department of Health and Human Services have yet to be made. SIECUS hopes to play a major role in confirmation hearings this winter.

their work and made them a local affiliate of the Christian Coalition.

In contrast, **Colorado's** electorate voted to prohibit the state legislature and every city in the state from passing anti- discrimination protection for gays and lesbians. The state vote repeals ordinances in Aspen, Boulder, and Denver, where city officials have vowed a challenge in federal court under the 14th Amendment's equal protection guarantee. Elsewhere, **Tampa, Florida's** gay rights law, passed by City Council last year, was repealed by voters.

- **Abortion - Arizona** and **Maryland** voters soundly voted pro-choice on statewide measures. Arizona's Proposition 110, soundly defeated, would have prevented public funding for abortions, banned all procedures except those to save the life of the woman, required testimony against any physician who performed an illegal abortion (or anyone who helped obtain one), and, finally, mandated a legal guardian for the fetus. Maryland passed "Question 6," a referendum supporting state legislation guaranteeing reproductive choice as originally stated in *Roe* v. *Wade* in 1973. Maryland joins Connecticut, Washington, and Nevada with right-to-choose laws.

Congress

The 102nd Congress adjourned late as usual and rushed off to concentrate on re-elections. Most sexual rights issues were defeated or postponed, but the ground may have been set for some very positive actions next session, particularly with the new President.

- **Freedom of Choice Act** - This national right-to-choose bill, a codification of *Roe* v. *Wade*, never came to a vote. Expect action soon after the new Congress reconvenes.

- **Pornography Victims Compensation Act** (S. 1521) - This inappropriately-named bill went nowhere due to bipartisan opposition. Its basic premise is that third parties could be held liable for crimes by an individual who read or viewed material produced by the third party, using the claim that exposure to the material was responsible for the criminal behavior.

- **Gag Rule** - At the end of the session, President Bush vetoed legislation that would have codified the right of Title X Family Planning clinic staff to provide women with the full range of medical information on pregnancy options, including abortion. The Supreme Court, in the 1991 case *Rust* v. *Sullivan*, had upheld long-contested Title X regulations, originally crafted by the Reagan Administration in 1988, that prohibited the provision of abortion-related information and counseling to clients in Title X facilities.

  A newer set of Bush Administration regulations were promulgated in 1992 in which physicians were the only staff allowed to provide abortion information. These new rules, on their surface a compromise, in reality essentially cut women off from knowledge about their legal options since most providers in Title X facilities are not physicians. In *NFPRHA* v. *Sullivan*, suit was brought against the Bush regulations, which were overturned by the U.S. Circuit Court in the District of Columbia—on election day—as a violation of the federal Administrative Procedure Act's "notice and comment" period for public input. Nonetheless, the Reagan-era regulations still have standing. Clinton cannot remove the regulations by executive order but can initiate their repeal through the formulation of new rules.

- **Helms Amendments/Sexual Behavior Research** - Helms offered several last minute amendments. All eventually failed. Among them was an amendment to the Drug Free Schools and Communities Act which would have prohibited funding for "homosexual support, outreach, or educational services to elementary or secondary students." The amendment was deleted in a House-Senate conference session.

  Helms' threats also resulted in delays ultimately leading to Congressional failure to adopt legislation to carry forward on long-delayed sexual behavior research by the federal National Institutes of Health. Senate leadership plans are to reintroduce the NIH reauthorization bill when the 103rd Congress reconvenes. Look for an early Helms' battle.

Choice

Several Supreme Court rulings on abortion came down in 1992, causing some relief as well as some concern that the right to choose is being narrowed. Affirming the right to abortion, the Court voted 6-3 in refusing to hear an appeal of a federal appellate court decision that ruled Guam's prohibition on abortion was unconstitutional. Last June, in *Planned Parenthood* v. *Casey*, the Court reaffirmed but limited the constitutional right to abortion, ruling that states may regulate abortion but may not cause "undue burden" to women seeking an abortion.

Testing the "undue burden" test, the Court upheld this past November Mississippi's 24 hour waiting requirement, refusing to hear a challenge to a new state law that went into effect in August. The Mississippi law also mandates counseling designed to convince pregnant women to carry to term.

The Future

The Far Right has stated, through various spokespersons, that the recent national election results will serve to galvanize their efforts. Indeed, upon reflection, there were some victories for the Far Right in state and local races. According to People for the American Way, the Far Right won two Congressional seats in Iowa, helped defeat that state's equal rights amendment, won about 30 percent of the school board races they entered throughout the nation, and helped to repeal gay rights laws in Colorado and Tampa. Thus, the start-up of the new SIECUS public policy office in October may be particularly timely. The five key policy issues of SIECUS will receive much attention this year. To reiterate, they are:

- comprehensive sexuality education for the nation's schools that presents balanced messages on abstinence and safer sex;

- HIV/AIDS prevention which is straightforward and explicit;

- family planning/reproductive rights (including the right-to-choose and access to the full range of information on pregnancy options without restrictions);

- sexual orientation rights and elimination of discriminatory laws concerning employment, relationships, and serving in the military; and

- opposition to censorship of art and literature that contains sexual images.

This issue of SIECUS Report contains a transition paper on these SIECUS issues, prepared for President-elect Clinton.

You are part of the battle. To reach the SIECUS Public Policy office on these or other issues, call: Betsy Wacker, SIECUS Public Policy Director, 130 West 42nd Street, Suite 2500, New York, NY 10036, 212/819-9770 (FAX: 212/819-9776); and Alan E. Gambrell, SIECUS Washington, DC Representative, 2700 Connecticut Ave., NW, Suite 302A, Washington, DC 20008, 202/265-2405 (phone/FAX).

Sexuality Education and Sexual Rights

Transition Paper Prepared by SIECUS - Sex Information and Education Council of the U.S. Submitted to President-elect Bill Clinton

The purpose of this transition paper is to outline policy priorities for the incoming Clinton Administration on issues relating to sexuality. Priorities are based upon the positions stated to date by President-elect Bill Clinton, the Democratic Party platform, and policy priorities developed by SIECUS.

During the presidential campaign, President-elect Bill Clinton outlined policy positions on sexuality education in the schools, reproductive rights, a national HIV/AIDS prevention strategy, and discrimination based upon sexual orientation. In his vision, a Clinton Administration would no longer allow human sexuality to be a political target in public debates that, due to societal apprehension, often fail to address sexuality issues in a rational manner. A framework for the new Administration would be tolerance and respect for the diversity of values and beliefs about sexuality within a free society. With the election of President-elect Bill Clinton to the Presidency, for the first time in over a decade, there is an opportunity to end to the steady erosion of sexual rights in America and irrational leadership on issues related to sexuality.

During the 1980s, many sexual rights were severely curtailed. A woman's right to choose abortion was steadily limited. Family planning service providers were hindered by the Gag rule. Censorship of art with sexual themes became official government policy. Battles against the HIV/AIDS epidemic were limited by federal rules that limited the type of educational messages that could be provided to persons at risk for HIV infection, thus blunting AIDS prevention efforts. Federal leadership failed to overturn the discriminatory military policy of prohibiting gay and lesbian individuals from serving their country in the armed forces.

President-elect Clinton has already expressed his positions on a number of these fronts. In one of his first policy briefings shortly after the election, President-elect Clinton stated that he will rescind the current, and medically unsound, federal regulations that bar federally-funded family planning clinics from informing poor women about all of the their pregnancy options, including abortion. Furthermore, a new Clinton Administration will establish a commission to quickly establish the most efficient process for repealing the military ban on gay and lesbian soldiers from serving in the armed forces.

SEXUALITY POLICY PRIORITIES

SIECUS, the Sex Information and Education Council of the U.S., is a non-profit organization with over 2,500 members throughout the nation. The organization is committed to the basic principles that sexuality is a natural and healthy part of living and that each individual must have the right and the ability to make responsible sexual choices. Founded in 1964, SIECUS provides technical assistance, information clearinghouse services, and public policy advocacy on a range of sexuality issues.

SIECUS has outlined five key policy priority areas related to human sexuality and proposed action steps for the Clinton Administration. They are:

* support for comprehensive sexuality education,
* implementation of straightforward and explicit HIV/AIDS prevention education;
* support for reproductive rights, including the freedom to choose abortion and access to family planning information and services for all, regardless of gender or age or ability to pay;
* elimination of bias based upon sexual orientation; and
* opposition to censorship of art and sexually-explicit materials.

The following section of this paper outlines specific policy actions that the incoming President and new Congress should take in establishing a positive and healthy framework for addressing human sexuality issues.

SEXUALITY EDUCATION

Comprehensive Sexuality Education: It is estimated that only 10 percent of American schools provide children with comprehensive sexuality education, despite the fact that at least nine out of 10 parents support the provision of straightforward sexuality education to their children. The majority of sexuality education curricula fail to provide children with the information they need to avoid and reduce the risk of disease, pregnancy, as well as the consequences of poor decisionmaking. In response, SIECUS has developed *Guidelines for Comprehensive Sexuality Education, Kindergarten - 12th Grade*, a guide for instruction that provides sexuality education in an age-appropriate manner. Furthermore, in promoting a broad-based effort to promote comprehensive sexuality education, SIECUS coordinates the National Coalition to Support Sexuality Education, comprised of 62 national organizations supporting comprehensive sexuality education for the nation's children by the year 2000.

Federal Government Efforts on Sexuality Education: For most of this century, the federal government has played a major role in promoting sexuality education (e.g., 1919, White House Conference on Child Welfare proposing that the "problem of sex instruction...is more properly a task of the school"; 1920, Public Health Service sponsored 50 regional conferences on sexuality education in high schools and colleges). Yet, within the past decade, the federal government has withdrawn from this important area of concern. Currently, there is no federal policy supporting or funding comprehensive sexuality education.

Action Steps

* Redraft the reauthorization bill for the Adolescent Family Life Act (Title XX) to refocus Title XX as a comprehensive sexuality education demonstration grants program. Key components of the proposed grants program would include: development of model curricula for comprehensive sexuality education, particularly the design of culturally-appropriate educational materials; grants to implement and evaluate comprehensive curricula as demonstration programs; and teacher training in utilization of comprehensive sexuality education instruction.

* Restructure current federal funding of sexuality and family life activities under the Adolescent Family Life Act, Title XX, specifically to eliminate funding of fear-based, abstinence-only programs.

* Integrate comprehensive sexuality education within the Title X Family Planning Act, the Title V Maternal and Child Health Programs, the comprehensive health education efforts of the Department of Education, and the Department of Labor's Youth 2000 Initiative.

* Direct each federal Department concerned with children and youth to designate personnel with responsibility for sexuality education, specifically the Department of Education and the Department of Health and Human Services.

* Develop, enact, and appropriate funds for a federal comprehensive school health education program that specifically requires the provision of comprehensive sexuality education.

Sexual Behavior Research: Research has been severely limited on the sexual behaviors of Americans, thus hindering efforts to scientifically design programs that educate individuals about HIV, sexually transmitted diseases, pregnancy, and to gain a better understanding of human sexual behavior.

Action Steps

* Congressional and Administration authorization and funding of peer-reviewed sexual behavior research activities through the National Institutes of Health. Research on sexual behaviors would be carried out in order to determine specific aspects of sexual behavior risk factors, pregn

HIV/AIDS PREVENTION

HIV/AIDS Prevention: Twelve years into the HIV/AIDS epidemic, federal prevention efforts continue to be hindered by reluctance, or outright prohibitions, on straightforward and explicit AIDS education—despite a call to action by Surgeon General Koop over five years ago to embark upon such a strategy.

Action Steps

* Repeal of Congressional language, crafted by Senator Jesse Helms, which restricts the content of HIV/AIDS prevention materials. Judgments on the acceptability of language in educational materials should be based upon its effectiveness in motivating behavior change.

* Increase funding of grants to community based, educational, and national organizational HIV/AIDS prevention programs, with an emphasis on hard-to-reach populations.

* Conduct a national AIDS information campaign that explicity addresses and discusses safer sex and provides practical information on condom use.

REPRODUCTIVE RIGHTS

Family Planning: Among the restrictive policies hindering family planning services over the past 10 years have been Administration regulations for the Title X Family Planning program—considered medically and ethically unsound by health professionals—which prohibit providers from providing poor women with medical information about all of their pregnancy options, including abortion.

Action Steps

* Rescind the Title X Gag rule, including provisions that prohibit abortion counseling and require separation of facilities where Title X and abortion-related activities are carried out.

* Passage of authorizing legislation for the Title X Family Planning program, without restrictive amendments requiring parental notification for receipt of services. Title X reauthorizing legislation should be adopted early in the 103rd Congress. Long term, information and education components under Title X should be expanded to provide for the provision of a broader range of sexuality information and counseling to adolescent and low income women.

* Facilitate Food and Drug Administration review of RU-486 and other drugs designed to assist women in family planning.

Freedom of Choice: A woman's right to choose abortion has been threatened by a series of Supreme Court rulings and state legislation that opens the door to new restrictions, including mandatory waiting periods, and parental and spousal notification requirements.

Action Step

* Passage of the Freedom of Choice Act, without harmful provisions that would restrict sexual decision–

making of women, such as: parental consent requirements for minors, restrictions on funding of abortions, and waiting periods.

International Family Planning: Poor women in other nations have been subjected to medically-unethical family planning services since imposition of a ruling by the Reagan Administration in the late 1980s prohibiting U.S. funding to family planning providers that provide abortion counseling or services—with their own, non-federal funds.

Action Step

* Rescind the "Mexico City" policy on funding of international family planning activities, which prohibit federal funding to non-governmental agencies that provide or refer to abortion services with their own funds.

SEXUAL ORIENTATION

Discrimination Based Upon Sexual Orientation: Governmentally-sanctioned discrimination against gay men and lesbians continues, driven by fear, misunderstanding, and intolerance for human sexual diversity. SIECUS believes that an individual's sexual orientation—whether bisexual, heterosexual, or homosexual—is an essential quality of humanness and strongly supports the right of each individual to accept, acknowledge, and live in accordance with his/her orientation. SIECUS supports civil rights law protection to all people regardless of their sexual orientation and deplores all forms of prejudice and discrimination against people based on their sexual orientation.

Action Steps

* Issue an immediate executive order repealing the prohibition on gay, lesbian, and bisexual individuals from serving in the military and ending any current, pending, proposed, or future actions to discharge or otherwise discipline military personnel based upon their sexual orientation, as supported by President-elect Clinton and the Democratic party platform statement to "provide civil rights protection for gay men and lesbians and an end to Defense Department discrimination." Implementation of this policy change through the proposed Presidential Commission should be guided by a panel that includes sexuality experts. An implementation program should include education on sexual orientation and homophobia for current staff, key personnel and new recruits; development of anti-bias curricula to guide educational training sessions; and design and development of literature for personnel.

* Passage of legislation amending the 1964 Civil Rights Act ensuring the extension of federal civil rights protection to persons based upon sexual orientation, in follow-up to the Democratic Party platform statement "to ensure that no Americans suffer discrimination or deprivation of rights on the basis of race, gender, language, national origin, religion, age, disability, sexual orientation, or other characteristics irrelevant to ability."

CENSORSHIP

Censorship of Arts and Literature: The First Amendment freedom of individuals to have access to art, literature, and other materials that contain sexually explicit adult themes has been curtailed by misguided and superficial efforts that seek to address complex problems of sexual abuse and violence through censorship of erotic materials. In reality, these problems are caused by deeply-rooted economic, family, psychological and political factors.

Action Steps

* Repeal National Endowment for the Arts agency regulations that prohibit funding of artistic endeavors that have a sexual content. As stated in the Democratic Party platform, the National Endowment for the Arts should be "free from political manipulation and firmly rooted in the First Amendment's freedom of expression guarantee."

* Reject a policy recommendation currently under consideration by the Navy and Department of Defense that, in follow-up to "Tailhook 91," would ban sale of sexually explicit adult publications in military exchange stores.

* Oppose the Pornography Victims Compensation Act.

CONCLUSION

SIECUS extends its assistance to the Clinton Administration and the 103rd Congress in conducting additional analysis on these key issues, providing testimony and expert advice, and designing and carrying out various implementation activities. As an organization representing over 2,500 sexuality educators, along with current SIECUS expertise in providing technical assistance on sexuality issues, SIECUS is well-positioned to respond rapidly and effectively to requests for assistance.

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SIGN UP TO BE A SIECUS ADVOCATE!

SIECUS has a mailing list of 800 individuals who are willing to be outspoken advocates on sexual rights issues. If you are not yet a SIECUS Advocate, please send your name, address, and telephone number to Betsy Wacker, SIECUS, 130 W. 42nd St., New York, NY 10036. You will receive free updates on key issues.