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R E P O R T

SEXUALITY EDUCATION IN THE UNITED STATES

AUGUST/SEPTEMBER 1999



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The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public. The *SIECUS Report* publishes work from a variety of disciplines and perspectives about sexuality, including medicine, law, philosophy, business, and the social sciences.

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SEXUALITY EDUCATION
FROM A "PEOPLE" PERSPECTIVE

Mac Edwards

My favorite journalism professor in college was one of those crusty newspaper reporters who really loved to write. He told us in almost every class that the best stories were those written from a "people" perspective. They were the ones, he emphasized, that readers would remember.

As I reflected on this *SIECUS Report* on "Sexuality Education in the United States," I thought about him and his good advice. The mental picture that I have after reading the articles and Fact Sheet in this issue is one of people making a positive difference in the way sexuality education is taught in America.

SUCCESS STORIES

I am thinking particularly about the inspiring article that Peggy Brick, a sexuality education consultant and a past SIECUS chair, has written called "Success Stories: What Statistics Don't Tell You About Sexuality Education." It is a longtime dream of Peggy's to spread the word about the many successes that sexuality educators have had through the years in their classrooms, workshops, and clinics.

She told me that she regularly asks sexuality educators to think about a time when they have made a difference in the life of someone they taught. "I ask them 'Does *sex ed* work?' not with statistics but with stories of individuals whom they have helped to question a false assumption, to feel better about themselves, to make a new choice, or to find a new resource," she says.

The stories she has compiled are simple yet inspiring:

- the night that mothers and daughters met at school for "girl talk"
- the mother whose life was saved because her daughter shared health information she had learned at school
- the young woman who wasn't infected by her HIV-positive partner because she learned to protect herself in a peer education program
- the educator who received 97 "thank you" letters from young incarcerated women because she sat down with them and candidly answered their questions about sexuality
- the teenager who learned about the symptoms of syphilis in class and, as a result, helped his infected cousin seek treatment
- a young developmentally disabled woman who talked

about her personal abuse for the first time after a social worker conducted a session on the difference between public and private body parts

- the young college student who changed her negative opinion about lesbians when she watched the film *Holding* and saw the tenderness and love between the two women
- the young gay man who felt valued and appreciated for the first time when he completed a peer education program to help Latino and African-American gay men

I think you'll be inspired by these and other stories that Peggy has compiled.

YOUTH WILL LEAD THE WAY

I was also particularly inspired by a section titled "Youth Will Lead the Way" in Martha Kempner's article "1998–99 Sexuality Education Controversies in the United States." After documenting the controversies involving parents, teachers, and activists, she concludes by telling us about some of the inspiring work of students to create more comprehensive sexuality education programs in their schools:

- The students in Mancelona, MI, who took the results of a questionnaire to the school board with the message that the school's sexuality education program was inadequate
- The eighth-grade students in St. Louis, MO, who developed a pilot sexuality education curriculum that stressed abstinence and covered STDs, HIV, and AIDS
- The Massachusetts teens who came together from across the state to spend a day as mock legislators and overwhelmingly passed a bill requiring HIV-prevention education in public schools.

Perhaps students themselves will prove to be the best advocates for comprehensive sexuality education in the coming years.

SUPPORT FOR
SEXUALITY EDUCATION

This issue also contains two other articles that point to a more promising future for comprehensive sexuality education programs in the United States.

First, SIECUS President Debra Haffner and Advocates for Youth President James Wagoner have written an article

titled “Vast Majority of Americans Support Sexuality Education.” It reviews the results of an in-depth SIECUS/Advocates for Youth national poll conducted in February and March that reveals an unprecedented level of support for sexuality education in the United States. The poll shows that more than eight out of 10 Americans believe young people should have access to information to protect themselves from unplanned pregnancies and STDs and more than nine in 10 support sexuality education in high school.

Second, an article titled “Learning to Feel Good About Yourself: Puberty Education Reconsidered” gives educators sound advice on providing young people with accurate, age-appropriate sexuality information to help them develop personal self-worth and self-acceptance. It was written by Scott McCann, vice president of education at Planned Parenthood of Santa Barbara, Ventura, and San Luis Obispo

Counties, CA, and Barbara Petrich-Kelly, a sexuality counselor and educator.

IMPORTANT INFORMATION

Finally, this issue of the *SIECUS Report* contains important information for those of you who are working to bring comprehensive sexuality education programs to America’s young people.

Issues and Answers: Fact Sheet on Sexuality Education provides a detailed overview of sexuality education programs in the United States. It answers the most frequently asked questions about sexuality education.

We are proud to provide you with this *SIECUS Report* filled with information and insight.

A lot is happening. There is a lot we need to do. But we are making progress.

CALL FOR SUBMISSIONS

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

“The Millennium: Looking Back, Looking Ahead”

December 1999/January 2000 issue.

Deadline for final copy: October 1, 1999

“Sexuality Education Worldwide”

February/March 2000 issue.

Deadline for final copy: December 1, 1999

“Sexual Harassment”

April/May 2000 issue.

Deadline for final copy: February 1, 2000

“Sexuality and Pop Culture”

June/July 2000 issue.

Deadline for final copy: April 1, 2000

“Sexuality Education in the United States”

August/September 2000 issue.

Deadline for final copy: June 1, 2000

“Sexual Abuse”

October/November 2000 issue.

Deadline for final copy: August 1, 2000

1998–99 SEXUALITY EDUCATION CONTROVERSIES IN THE UNITED STATES

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

SIECUS launched its Community Advocacy Project in 1992 to help communities respond to escalating attacks on sexuality education. In addition to providing education and resources, the project tracks state and local controversies surrounding sexuality education through the use of a clipping service and community contacts. At the end of each school year, SIECUS uses this information to summarize and analyze trends in sexuality education. This is the seventh analysis.

During the 1998–99 school year, SIECUS documented 140 controversies in 33 states. Since 1992, SIECUS has documented over 700 in all 50 states.

OVERVIEW OF CONTROVERSIES

The majority of controversies in 1998–99 stemmed from complaints that curricula, presentations, and materials related to sexuality exposed children to inappropriate information. Such debates included arguments over books, videos, speakers, and information about, or availability of, condoms and contraception.

Teachers continued to come under attack not only for what they said and did in class but also for reasons related to their own sexuality (though unrelated to their teaching).

Previous topics of debate such as “opt-in”/“opt-out” policies and separation of sexuality education class by sex did not receive a great deal of attention this year.

SIECUS is encouraged by the outcome of many of this year’s controversies in which school districts decided to provide students with vital information.

The biggest issues in recent years have revolved around abstinence-only-until-marriage education. In the past few years, SIECUS has documented many controversies in which opponents of comprehensive sexuality education approached school boards demanding replacement of sexuality education with strict programs that only teach students to abstain from sexual activity until they are married.

In 1996, the federal government set aside \$50 million a year for each fiscal year from 1998 to 2002 for programs that have as their exclusive purpose teaching students that abstinence only until marriage is the expected standard of behavior. States were given the funds as a block grant and were responsible for providing matching funds. Each state was then responsible for distributing the funds.

In April, SIECUS released a report on the first year’s implementation of the program titled *Between the Lines*. It is a

compilation of information SIECUS received from abstinence-only-until-marriage program administrators during a 15-month study of the new program. In total, states awarded 698 new grants to fund abstinence-only-until-marriage education programs and media campaigns.¹

The 1998–99 school year represents the beginning stages of local implementation of many of these federally funded programs. For the most part, abstinence-only-until-marriage programs entered schools uncontested; however, not all communities welcomed these programs and several refused to participate.

With the recent focus on abstinence-only-until-marriage education, it is not surprising that many of the controversies SIECUS has documented this year focus on how to teach abstinence. In particular, SIECUS is closely monitoring two communities which are developing two-track sexuality education programs which allow parents to choose between an abstinence-based program that includes information about contraception and disease prevention and a strict abstinence-only-until-marriage program that does not.

Communities across the country have hosted rallies during the past year where young people have taken personal abstinence pledges. These rallies have traditionally been part of the activities of some faith communities. SIECUS has, however, seen an increase in the number of rallies targeted toward youth outside of faith communities as well as the number of rallies held for youth during school hours.

FEDERAL FUNDS

As the federal abstinence-only-until-marriage education funds made their way into communities through education programs and media campaigns in 1998–99, few programs caused controversy. This article will explore the controversies that did arise and will provide examples of typical abstinence education media campaigns.

State Controversies

The initial disbursement of federal funds caused several statewide controversies during the 1997–98 school year and at least one of the controversies continued during the 1998–99 school year. Governor Mike Foster of **Louisiana** discarded the entire first round of funding requests during 1998 because they included programs that he considered unrelated to abstinence such as after-school tutoring programs designed to keep at-risk youth in communication

with adults. In April 1999, Louisiana announced its new plan for a “faith-based” program to include a community-based education component, an evaluation component, and a Web-based clearinghouse of abstinence-only-until-marriage information.²

Media Campaigns

In the past two decades, experts have begun to acknowledge that long-term media campaigns can shape attitudes, change behavior, and impart knowledge. Even before the federal abstinence-only-until-marriage funds were available, some states had begun using such campaigns to counterbalance the negative depictions of sexuality that frequently appear in movies, music, and television and to promote abstinence among youth. **Maryland** developed *Campaign for Our Children*, **Michigan** developed *Sex Can Wait*, and **Monroe County, NY**, developed, *Not Me, Not Now*.³

SIECUS’ national study found that 27 states and the District of Columbia have used portions of their federal abstinence-only-until-marriage grants to fund media campaigns.

The media campaigns vary significantly in terms of target audience and message. Twenty-three states directed their campaigns toward youth. Five of those also focused on parents. Two states focused exclusively on parents, and one state and the District of Columbia designed their campaigns for the general public. The majority of states (16) focused on the general concept of abstinence; nine states encouraged adult-youth communication; and four states focused strictly on abstinence only until marriage.

Some of these media campaigns present positive messages encouraging young teens not to let anything get in the way of their future dreams or suggesting parent-child communication around the ideas of abstinence and sexuality. Other campaigns used messages that are often found in the strictest curricula that rely on fear and shame to deter teens from engaging in sexual intercourse.

Positive Media Messages

- **Maine** has adopted the *Not Me, Not Now* campaign originally designed in **Monroe County, NY**. A series of television spots feature young teens discussing such plans as going to college and talking about their intention to wait to engage in sexual activity. The tag line of each spot is “Not Me, Not Now. Because Nothing Is Going to Get in the Way of My Dreams.”⁴
- **Florida**. The Campaign for Our Children of Central Florida included 600 to 800 radio spots and 4,000 television spots scheduled to run on popular cable networks including Nickelodeon and The Cartoon Network. One 30-second animated ad features the debate that goes on inside a 15-year-old girl’s head as she is “making out”

with her boyfriend and deciding what she should do. Another ad shows a boy playing the trumpet while facts about the number of young people who contract HIV appear on the screen. Florida has also targeted one spot toward parents. This ad shows a montage of teens pleading for their parents’ attention and ends with: “Mom, Dad, I need you.... I need to know about sex, love, values.... Help me make the right decision.... Mom, Dad, talk to me.”⁵

Fear-Based Messages

- **Arizona**. The \$405,000 abstinence campaign in Arizona includes television ads, radio spots, print ads, and a Web site—all in both English and Spanish. In one print ad, a figurine of a pregnant bride stands alone on the top of a wedding cake with footprints in the icing leading away from the marriage altar. The copy under the picture reads: “Before Saying Yes, Say ‘I Do.’ ”⁶
- **California**. One of the radio spots aimed at reducing the state’s high teen pregnancy rate features two teenage girls who are trying to decide whether to have sexual intercourse with their boyfriends. They talk about a friend who has had a child and about how much she has missed. A print ad shows a photograph of a girl holding a crying infant. It reads: “Is this really the kind of pager you want? Every eight minutes, a teenager in California has a baby. To be sure this won’t happen to you, hold off on sex.” The tag line reads: “Hold off on sex. Hold on to your life.” It indicates that it is sexual behavior, not an unplanned pregnancy, that ruins a young person’s future.⁷
- **Kentucky**. “Get a Life First. Wait to Have Sex.” is the theme of a Kentucky media campaign which has run since 1997. An independent evaluation of the campaign has indicated that 40 percent of youth nine to 14 years of age had heard or seen the message and could recall its theme. In 1999, using federal abstinence-only-until-marriage funds, the campaign attempted a “more provocative” approach. One television ad features a teenage mother holding her baby on her hip while flipping burgers in a fast food restaurant. Radio spots revolve around the theme “Any Dumb Animal Can Have Sex.” Ads include descriptions of dogs jumping on top of each other, a female praying mantis devouring her mate after sexual intercourse, and an elephant attempting to have sexual intercourse with a Land Rover.⁸

Billboards

Some communities used the federal monies to create billboards. These billboards feature slogans to promote abstinence:

- **Darke County, OH**, is using billboards to discourage teen parenting. One billboard reads: “Baby-sitter wanted. 24 hours a day. 7 Days a week. 5 years straight. Having a baby is a hard job. And you can’t quit.”⁹

- **Newark, OH**, has 20 billboards with the word “Abstinent” written in giant letters on the top of each. Under the word are pictures of actual graduates of Lakewood High School, all of whom attend college and remain abstinent. One student who participated said: “I was kind of embarrassed. I’m not really big on being public. But kids have to see that abstinence is important.”¹⁰

Some Communities Reject Funds

During the 1997–98 school year, **Waco, TX**, refused an offer of a fully funded abstinence-only-until-marriage program because it used a fear-based curriculum that did not include information about contraception and disease prevention methods.¹¹

During 1998–99, other communities followed **Waco’s** example.

The **Colorado** Council of Black Nurses was one of nine groups in that state that received abstinence-only-until-marriage funding. After having used a portion of its funds to implement an abstinence-only-until-marriage program, the group decided to return the remaining \$16,000 because it felt abstinence-only-until-marriage education did not work in its community. The president of the Council explained: “It was just too restrictive. It did not teach students responsible behavior.”¹²

In **Charleston, SC**, members of the district’s Academic Policies and Instruction Committee rejected the abstinence-only-until-marriage education program offered by Heritage Community Services (the sole recipient of South Carolina’s initial \$1.3 million abstinence-only-until-marriage funds) because it felt students should also learn about birth control and disease prevention.¹³

ABSTINENCE WITHOUT FEDERAL FUNDS

While the popularity of abstinence-only-until-marriage programs is likely based in part on the availability of federal funds, many state- and community-level decisions regarding abstinence did not relate to these funds.

State Level Debates

Many state legislatures have begun to debate abstinence education. For example, a bill was passed in **Virginia** (S 1047) in March 1998, that adds abstinence-only education to the list of family life topics in grades K through 12 and incorporates much of the federal definition of abstinence-only-until-marriage education into that state’s law. A similar bill in **Ohio** (HB 189), signed into law in December 1998, requires that public schools teaching sexuality education stress abstinence as the only certain way to avoid sexually transmitted diseases (STDs). The law also requires that cur-

ricula cover the potential physical and emotional hazards of sexual activity, the state laws on financial responsibilities of parents, and the restrictions on people over the age of 17 from having sexual contact with people under the age of 17. In **New Jersey**, a similar bill currently under consideration would require a board of education to include instruction on reasons, skills, and strategies for remaining abstinent from sexual activity in its family life and HIV/AIDS curriculum.¹⁴

Missouri’s legislature passed a bill (SB 163) which requires sexuality education in public schools to present abstinence as the preferred choice of sexual behavior for unmarried students, to discuss the consequences of adolescent sexual activity, and to inform students of the advantages of adoption. The law also requires that instruction provide accurate information regarding STDs and the health effects of contraception. The bill was signed by the governor on July 1, 1999.

The issue of medically accurate information is particularly relevant to abstinence-only-until-marriage education programs, many of which use outdated and exaggerated statistics about STDs to tell students they must abstain from sexual activity. This issue has come up in two additional states this year.

The **California** Assembly passed a bill (AB 246) in June 1999 that requires information in sexuality education classes to be medically accurate and free of racial or gender bias.¹⁵ While California does not require schools to teach sexuality education, the Education Code mandates that those schools which do teach sexuality education emphasize abstinence. Some supporters of fear-based abstinence-only education see this new bill as a direct attack on their programs, and people on both sides of the issue worry about who will have the authority to declare information medically accurate.¹⁶

A similar bill (HB1376) became controversial when it was introduced in **Indiana**. The bill would have required public schools to use medically accurate information in sexuality and HIV/AIDS education. It passed the House but was never assigned to a committee in the Senate because the senator in charge of that process feared that the bill would require schools to teach about homosexuality.

Definition of Abstinence

Like state legislatures, community advisory boards have also grappled with the specifics of abstinence education. In **Barrington, IL**, the school board developed and adopted a seven-page philosophy statement in October 1998 that emphasized that schools should teach abstinence until marriage while also discussing contraception, STDs, and HIV. Some Barrington parents wanted abstinence-only-until-marriage education as the exclusive focus in their schools and were disappointed with this broader philosophy

statement.¹⁷ In February 1999, the **Kalamazoo, MI**, school board was asked to develop a definition of sexual abstinence for use by an advisory committee reviewing curricula. The committee made the request after members were unable to agree on a definition among themselves.¹⁸

According to a home economics teacher in the area, the Hempfield Area School District in **Westmoreland County, PA**, eliminated its teen pregnancy program because "...of a few crazed parents who didn't agree with the district's definition of abstinence." The district continues to run an abstinence-based program but no longer provides students with information about contraception and canceled an after-school program for teen parents. The teacher went on to say: "Basically the district backed off for fear of litigation from parents."¹⁹

Rejection of Programs

While abstinence programs proliferated this year, not all communities accepted them. **The Idaho Springs, CO**, school board was asked to consider using *WAIT* (Why Am I Tempted) *Training*, a fear-based, abstinence-only-until-marriage curriculum distributed by Friends First. At the meeting in which *WAIT Training* was pitched, a teacher performed a demonstration for the board in which she removed a live goldfish from its bowl and placed it gasping for air on a table. The teacher explained that when this is done in the classroom some students are skittish, but at least one brave student will pick the fish up and put it back in the bowl. This demonstration is meant to illustrate that sexual activity outside of the "bowl" of marriage is dangerous, like a fish out of water. The teacher explained that she

ABSTINENCE AS BIG BUSINESS

The abstinence-only-until-marriage message is no longer restricted to curricula, books, and videos. The recent popularity of abstinence and chastity have opened the door for merchandise from posters and bumper stickers to covenant rings and boxer shorts. These are some of the available products.

T-Shirts

- "Abstinence Makes the Heart Grow Fonder"
- "I Love You Man...But I Won't Sleep With You"
- "It Ain't Worth It"
- "Virtuous Reality"

Nightshirt

- "Sexless in Seattle"

Boxer Shorts

- Plaid boxer shorts with the saying "I'm Worth Waiting For" on the front of one leg

Food

- Lollipop with a tag that reads "Don't Be a Sucker, You're Worth Waiting For"
- Peppermint candy with a wrapper that reads "Sex Is MINT for Marriage"
- Fortune cookies with various messages including "Say Yes to Love and No to Sex"

Jewelry

- A gold rose pin that comes attached to this message: "You are like a beautiful rose. Each time you engage in

premarital sex, a precious petal is stripped away. Don't leave your future husband holding a bare stem. Abstain."

- Chastity rings with various designs including "The Gift Wrapped Heart" and the "Unblossomed Rose"
- Dog tags embossed with the slogan "Real Men Exercise Self Control: Abstain"

Posters, Pins, and Bumper Stickers

- "Bod 4 God, Bought With A Price"
- "Pet Your Dog, Not Your Date"
- "Condoms Don't Protect the Heart"
- "When I Met Him I Liked Him. When I Liked Him I Let Him. When I Let Him I Lost Him"

Novelty Items

- The ATM (Abstinence Till Marriage) Card is a mock credit card that can be printed with the name of a local organization, and that expires on the holder's wedding day.
- Fuzz balls such as one in the shape of a crab with a tag that reads "STDs can make you more than crabby" and two that are attached and dressed like a bride a groom with a tag that reads "Save it for honeymoon night!"
- Pure Love Alliance prepaid phone cards with the PLA pledge printed on the front

References

"Merchandise Urges Teens to Try Abstinence," *Macomb IL Journal*, March 7, 1999.

1998 Directory of Abstinence Resources. National Abstinence Clearinghouse, Sioux Falls, SD.

also discusses male/female anatomy, birth control methods, STDs, and shows pictures of “aborted fetuses.” The school board president was outraged by this program which she called “sexist, racist, and very judgmental.” She pointed to inaccurate statistics used in the program and explained that by promoting abstinence only until marriage the program was ignoring those students who are gay and lesbian and will likely never marry.²⁰

EMERGING TRENDS

The two new trends that SIECUS identified this year include the creation of dual-track sexuality education programs and the proliferation of youth rallies dedicated to promoting abstinence-only before marriage.

Dual-Track Programs

The push to bring abstinence-only-until-marriage education to schools in **Osseo, MN**, began over two years ago and culminated in a September 1998 board vote that, among other things, created a dual-track sexuality education program. Once in place, this program will allow parents to choose between the existing abstinence-based course that includes information about contraception and a strict abstinence-only-until-marriage course which local parents and educators are currently developing.

Since September’s vote, many local, state, and national groups have become involved in this debate, and parent groups have formed on both sides of the issue. One parent group, Osseo Parents for Straight Talk about Sex, has asked the school board to reconsider its decision which they feel contradicts the views expressed by the majority of parents in the community. These parents also stressed that the school board’s decision went beyond creating an abstinence-only-until-marriage track. The vote significantly altered the existing program by removing sexuality education from the kindergarten-through-third-grade curriculum as well as from the seventh and ninth grades.²¹

Parents on the other side of the issue prepared a brochure comparing the abstinence-based course, point by point, with the new abstinence-only-until marriage course. For example, the brochure calls the abstinence-based course morally neutral and says that the abstinence-only-until-marriage course “teaches sex in the context of traditional values; also addresses respect, responsibility, sexual self-control, fidelity, commitment, integrity, honesty....” The brochure also explains that, unlike the abstinence-based course, the abstinence-only-until-marriage course will not cover controversial topics such as masturbation, anal sex, abortion, or oral sex.²²

Much of the debate in Osseo has centered on the development of the new abstinence-only-until-marriage course. While proponents of this type of education are

pushing for the use of strict materials, some of the teachers have expressed reservations about using fear-based materials and the Minnesota Civil Liberties Union (MCLU) warned that many of the proposed texts contain gender biases and inaccurate information about STDs and homosexuality. The MCLU threatened to sue the school board if it used any text that “promotes one religion over another.”²³ Opponents of fear-based education were able to prevent the adoption of the video *No Second Chances*. However, despite their efforts, the school board did approve the use of *Teen Aid*, a fear-based curriculum.

Other groups have concentrated their efforts in Osseo on enrollment in the new abstinence-only-until-marriage course. Three area churches held Parents’ Nights designed to support the new program. The events featured presentations by abstinence-only-until-marriage speaker Pam Stenzel and Focus on the Family employee Amy Stephens. Focus on the Family, a national organization that opposes comprehensive sexuality education, also provided supporting materials.²⁴ In addition, a Minnesota state representative sent a letter to all parents in his district highly recommending the abstinence-only-until-marriage program even though it had not yet been developed.²⁵

This attention to enrollment suggests that proponents of abstinence-only-until-marriage programs are heavily vested in the success of this program. Peter Brandt, director of the National Coalition for Abstinence Education (NCAE), has called dual-track programs “something that is leading edge” and said: “This has national significance.... having two tracks is a really exciting new idea. It’s unique and we think it’s magnificent.”²⁶ The overwhelming interest paid to Osseo by national proponents of abstinence-only-until-marriage programs suggests the possibility that they see this as a new approach in which they suggest an additional course to school boards rather than the replacement of an existing curriculum. This approach can change the focus of a debate from one about the content of sexuality education to one about parental rights and may allow abstinence-only-until-marriage education into communities which would be unwilling to replace their more comprehensive programs. Dual track education programs are already in place in at least two other communities (**Lindenhurst, NY**²⁷ and **Middletown, OH**²⁸) and the school board in **Dover, NH**, recently approved a plan for a dual-track system.²⁹

Abstinence Rallies

Rallies in which youth take personal pledges to remain abstinent until marriage, sometimes referred to as “chastity rallies,” have been sponsored by faith communities for many years. Recently, however, such activities have expanded beyond faith communities into secular areas.

The **Pennsylvania** legislature passed a law (SR70) that designated May 2–9, 1999 as Chastity Awareness Week and encouraged participation in Chastity Day presentations for schools and youth.

During the 1998–99 school year, youth in some areas were invited and allowed to attend abstinence rallies during school hours. For example, the **Chicago, IL**, public school abstinence campaign began with a rally for 8,000 students who carried signs with slogans such as “Save Sex” and “Teen Sex Leads to Death.”³⁰ In **Osseo, MN**, proponents of the newly approved abstinence-only-until-marriage course invited seventh- through twelfth-grade students to an abstinence rally held during the school day at a local church. The rally, called “Where do you live? You decide,” featured Focus on the Family employee Amy Stephens and Christian Radio personality John Crudele. Students needed parental permission to attend this “release time” activity and buses were provided to transport students to and from area schools.³¹

One organization, True Love Waits, sponsored chastity rallies in over ten communities during the 1998–99 school year. True Love Waits is sponsored by LifeWay Christian Resources which is owned and operated by the Southern Baptist Convention. While many of the True Love Waits rallies are hosted by local churches, some rallies take place in secular settings. For example, Governor George W. Bush attended the True Love Waits rally on the steps of the **Texas** Capitol and commended the young people in attendance for their leadership.³² Youth at these rallies sign cards on which they pledge not to engage in sexual activity outside of marriage. A youth pastor at a church in **Pittsfield, IL**, which hosted such an event, explained that not all teens at these events realize precisely what they are pledging: “What a lot of teens don’t realize when they say no to sex is that means no physical intimacy of any kind outside the legal binds of marriage. Today’s definitions are kind of loose regarding what is considered sex and what is not.”³³

CONTINUING TRENDS

In addition to the emerging trends, SIECUS documented a number of controversies which involved issues similar to those seen in past years.

Too Much Information

Many community controversies focus on the specific curricula, materials, and information students are receiving in school. Most of these controversies involve parents who are upset when they learn that their children have received information they do not feel is appropriate.

Statewide Controversies

Controversy broke out in **Ohio** during the state school board elections in the fall over two ultimately unrelated

issues. Since the 1970s, the Ohio Department of Education has received grant money from the U.S. Centers for Disease Control and Prevention (CDC). It has used a portion of these funds to train community leaders. Once trained, these leaders provide HIV-prevention education in target communities. During the 1998–99 school year, the Ohio Department of Education was also in the process of creating a *Model for Competency-Based Health and Physical Education*. This model is intended as a guide for local school boards. Each district will, however, continue to make its own decisions about what is taught. While these two projects are not related, some media reports confused the issue and the public was led to believe that explicit information included in the CDC-funded training for community leaders would become a part of the *Model* and subsequently taught to children.

The *Model* is currently in the editing stages, but the controversy over CDC funding continues. A small group of people, including members of the local chapter of the Eagle Forum, took this issue to the Ohio state legislature. In the beginning of June 1999, the legislature passed an amendment to a budget bill that, in essence, freezes the CDC funds and requires the Ohio Department of Education to receive legislative approval before using these funds.³⁴

Another state debate erupted in **Illinois** when 25,000 students in 61 schools were given a pilot “Physical and Developmental Test” as part of Illinois’ Goals Assessment Program. The controversy stemmed from at least four questions designed to test students’ knowledge of HIV transmission which included the terms *oral sex* and *anal sex*. Parents and educators were outraged not only by what the questions included but also because abstinence was not given as an option in the multiple choice answers regarding how to avoid transmission. The state superintendent of schools apologized for the incident saying that the questions were never approved and were erroneously included on the test.³⁵

Curricula

In **Connetquot, NY**, parents who felt the district’s sexuality education program contained sexually explicit and erotic information approached the school board demanding that any sexuality education program meet four requirements including that all lessons containing any instruction, definition, or mention of oral or homosexual sex be omitted. The school board has formed an advisory committee to look into this matter.³⁶

After two years of planning, the school board in **Odessa, TX**, released a fifth-grade sexuality curriculum titled, *Abstinence—The Best Choice*. Not all parents are happy with this, however, because lesson plans include definitions of the *vulva*, *clitoris*, *testes*, and *penis* as well as definitions of *erection*, *orgasm*, and *ejaculation*. One mother of a fifth grader called it “sexually explicit” while the father of

another fifth-grade student said: “I think there’s lots of things there that will encourage a child to explore.” Despite these complaints, school officials do not seem ready to change the course or postpone it until a higher grade level.³⁷

Books

School boards and committees often spend entire school years debating textbooks and are not always satisfied with the end result. In the **Greene County/Carmichaels (PA) Area** School District, school officials ripped out pages of a newly approved textbook because they felt the subject on those pages was inappropriate.³⁸ A couple in **Beach, FL**, took the Broward School District to court claiming that students in their son’s school were learning “inappropriate, inaccurate, unfair, and biased information about human sexuality.” At issue was the novel *Forrest Gump* by Winston Grooms which students read in class. The couple felt that the novel contained explicit descriptions of sexual activity. One teacher was fired as a result of the controversy. School officials reached a settlement with the couple in which the school promised to follow Florida’s mandate to teach abstinence as the first approach to human sexuality.³⁹

In **Alabama**, a controversy over the choice of textbooks ended when the state board of education provisionally approved a series of books for developmentally disabled students in grades six through 11. One state board member had objected to the series because abstinence was not mentioned as a way to avoid pregnancy and disease.⁴⁰

The controversy over textbooks took a different turn in **Conroe, TX**. A parent complained that the newly approved textbook *FACTS (Family Accountability Communication Teen Sexuality) and Responsibilities* was too restrictive. She noted that the book only mentioned a few of the available contraceptive methods, emphasized their failure rates, and did not explain how to use them. She also pointed out that, although the textbook discussed a range of sexuality issues, it ignored homosexuality altogether. The parent was particularly offended by the use of the term “unborn child” which she saw as “a term coined by specific religious and political groups to confer personhood on a fertilized ovum.” The school board has not yet taken any action on this matter.⁴¹

Videos

Like the choice of textbooks, the choice of videos used in classrooms is also often controversial. Parents in **Beebee, AR**, complained that their sixth-grade students were too young to see the Public Broadcasting System (PBS) special *The Miracle of Life*, which shows a live birth.⁴² Similarly, parents in **Hendersonville, NC**, felt that a color drawing of frontal nudity that appeared in a video was inappropriate for their sixth- through ninth-grade students. One parent

described the drawing as “pornographic.”⁴³

At issue in **Albuquerque, NM**, was a six-minute animated video based on the children’s book *In the Night Kitchen* by Maurice Sendak. The video, which was shown to second-grade students, includes a drawing of a naked boy. One parent felt that this would lead to sexuality education discussions for which the students were not ready. According to the American Library Association, this video is frequently challenged. In fact, a group of parents in **Louisiana** went so far as to use correction fluid to paint a white diaper onto the drawings of the boy.⁴⁴

School Publications

Advertisements in publications at both public high schools and universities have also attracted controversy this year. A **New Hampshire University** newspaper came under attack by school administrators when it included an ad for LifeStyle condoms in an insert. Officials felt the ad promoted “sex for sex’s sake,” but the student editor of the newspaper defended the ad saying that the safe sex message was highly appropriate for college students.⁴⁵ A Planned Parenthood ad in an **Omaha, NE**, high school newspaper also caused a stir when one school board member protested saying the ad promoted unhealthy behavior. The school board voted to allow the ad which had run in the newspaper for 19 years.⁴⁶

The Daily Barometer, an **Oregon State University** newspaper, will no longer run the “Ask the Sexpert” advice column written by a human sexuality instructor. The student editor of the paper pulled the column after readers complained about a column which included detailed instruction about a particular sexual act. The editor made the decision after realizing that the paper’s readership extended beyond the campus and included children and senior citizens.⁴⁷

Guest Speakers/Assemblies

While it often takes many years and many committee meetings to agree on a curriculum, guest speakers are frequently brought into school with little or no notice to parents. Parents in **Moorpark, CA**, were distressed that they were not notified in advance of a safer-sex presentation given to high school students by Kaiser Permanente staff.⁴⁸ Similarly, parents in **Bryant, AR**, were upset by a presentation given by a former health teacher. During the presentation, the speaker took written questions from students, some of which dealt with genitalia and oral sex. The board apologized to parents who demanded better screening processes for speakers and even videotaped presentations.⁴⁹

The **California** state legislature took a stand on this issue in August 1998 when it passed a law (SB 1110) prohibiting pupils from receiving any STD, AIDS, or sexuality

instruction from outside organizations or guest speakers unless parents were notified at least 10 days in advance. Parents must receive the name of the speaker and the organization he or she represents, and must be made aware of their right to refuse permission for their children to participate. The law makes similar provision for assemblies on these topics given by teachers or other employees of the school.

Teachers Under Attack

Teachers are often criticized for what they say or do in the classroom, even when they are following approved curricula. In **St. Lucie County, FL**, parents complained when a teacher used what they felt were inappropriate phrases and language in the classroom. The teacher admitted that when a student asked a question about “wet dreams” she answered using the student’s language. The assistant superintendent defended the teacher’s actions by saying: “You can’t ignore a student when they raise a question or bring in verbiage that is not consistent with the verbiage in the textbook.”⁵⁰

On the other hand, a teacher in **Edgewater, FL**, was suspended with pay when he made the decision to air an animated video, *Condom Man and His K-Y Commandos*, that had been produced by a student on school television.⁵¹

Attacks on teachers are not limited to what they do and say in school. In past years, SIECUS has documented a number of attacks on teachers that are strictly personal in nature. They most frequently revolve around sexual orientation. In the **Rio Bravo-Greerly Union School District in California**, 15 students were transferred out of an eighth-grade science class when parents complained about the teacher’s perceived homosexuality. When the school board agreed with the principal’s decision to remove the children, the teacher brought a discrimination suit against the board. The board’s decision was overturned in March 1999 by the state’s industrial relations director who ordered the students be returned to the class because the district had “wrongfully fostered different treatment” based on the parents’ perception of the teacher’s sexual orientation.⁵²

In **Anoka-Hennepin, MN**, the hiring of a transgendered, part-time music teacher sparked a similar controversy. The teacher lived and dressed as a woman and was in the process of changing gender from male to female when she was hired. A group called Parents in Touch formed to oppose the teacher’s hiring and sought the help of the Minnesota Christian Coalition and the American Center for Law and Justice. Although school officials claimed they expected the teacher to finish the year, she resigned for personal reasons.⁵³

A personal attack of a different kind became an issue in **Bedford, NH**, where a local physician had been a regular guest speaker in the middle school for years. No one seemed to object to the abstinence-based talks the physician

gave to seventh-grade students each year. Many people did, however, object to his role outside of the school as an outspoken advocate for abortion. Local abortion opponents began picketing the middle school protesting the school’s relationship with the physician. When the weekly picketing at the school became too much of an inconvenience for staff, students, and parents, the school gave in to the demands and severed its relationship with the doctor. The doctor’s appeal to the school board to reverse this decision was unsuccessful.⁵⁴

Condoms and Contraception

Parents who object to giving their children information about condoms and contraception often object even more vehemently to schools providing teens with access to these birth control and disease prevention methods. Two bitter debates about the availability of contraceptives in schools ended positively during the 1998–99 school year.

In July 1998, a U.S. Third District Court of Appeals ruling that the **Philadelphia (PA)** School District can continue to make condoms available to students ended a five-year debate. The condom availability program began in 1991 and became the subject of litigation when a group of parents argued that it violated their parental rights. The Court held that since parents had the option of not allowing their children to participate in the program, the program did not violate parental rights so long as those children whose parents objected were excluded.⁵⁵

Health Start, a nonprofit organization in **St. Paul, MN**, has run comprehensive school-based health clinics in seven area high schools for years. A long-standing policy allowed the clinics to provide students with vouchers for condoms and prescription birth control methods. It was, however, up to the students to redeem the vouchers at free clinics off campus. Health Start approached the board of education asking for permission to dispense contraception on school grounds when they realized that many students were not following through with the voucher system and were, therefore, never getting contraceptives. After a highly publicized debate, the board voted to grant Health Start’s request. The Minnesota Family Council opposed this decision and lobbied the state legislature for an amendment to the K-through-12 budget that would have bypassed the Board’s decision. The amendment passed in the House but failed in the Senate. Barring any other unforeseen opposition, Health Start plans to make contraception available in the school-based clinics in the fall.⁵⁶

Other Issues

Two issues which sparked many controversies in past years received much less attention during the 1998–99 school year. The issues are sex separation and “opt-in”/“opt-out” policies.

Sex Separation

In past years, many school boards have debated whether it is better to teach sexuality education courses in single-sex classrooms using teachers of the same sex. Often this debate is part of a larger review of a sexuality education curriculum. For example, a committee formed in **Merrick, NY**, to review the Growth and Development Program. Among other things, the committee found that students felt uncomfortable while watching sexuality education videos with members of the opposite sex and recommended that the school show videos to single-sex classrooms. The superintendent of North Merrick schools said that she would prefer to see all classes in the sixth grade integrated but conceded that: “If children are more comfortable, they may be more likely to listen. What is most important is that children learn the information.” The superintendent went on to point out that boys and girls are still together during question-and-answer sessions.⁵⁷ In **Kinsley, PA**, a small number of parents objected to a pilot curriculum in part because it was used in mixed-sex settings. Although only a few parents objected, the board voted to give parents the option of deciding whether their children would see videos in single or mixed-sex settings.⁵⁸ Sex separation was also part of larger debates in **Osseo, MN**,⁵⁹ and **Connequot, NY**.⁶⁰

“Opt-In”/ “Opt-Out”

The majority of school districts operate under a policy often referred to as “opt-out.” Such a policy allows parents to remove their children from sexuality education (as well as other courses) if they do not want them to learn certain information. While this policy is standard in most communities, parents frequently become angry because they are unaware of this right until after their children have attended the lesson. When this happens, parents typically complain to the school board and request a stricter policy known as “opt-in” under which children cannot enroll in sexuality education without parental permission. In past years, parents successfully lobbied for “opt-in” policies. During the 1998–99 school year, however, these pleas were less successful.

In **Ocala, FL**, for example, parents complained that they were not properly informed of their right to have their children “opt-out” of the sexuality and HIV/AIDS portion of the curriculum. They were particularly upset by one lesson that asked students to role-play a conversation about contraception. Despite parents’ complaints, the school will continue to use the lesson. It has, however, rewritten the course description sent to parents in order to give them more detailed information about the lessons and inform them of their right to ask that their children participate in an alternate lesson.⁶¹

The decision in **Collier County, FL**, was different from most in recent years. Collier County operated under an

“opt-in” policy under which parental permission was required before a student could receive sexuality education. In November 1998, the board voted to change this policy to one in which students will automatically enroll in sexuality education unless their parents inform the school of an objection.⁶²

YOUTH WILL LEAD THE WAY

One of the more encouraging trends that SIECUS has noted in recent years is the activities of young people who are taking the initiative to promote sexuality education. In **Mancelona, MI**, when the student council became concerned about teen pregnancy and STDs, it developed a questionnaire to assess these problems in its own school. Among other things, the results suggested that 22 percent of high school students in the district had engaged in unprotected sexual activity. The students took this information to the school board claiming that the sexuality education which was in place was inadequate and asking that the board review it. While the board agreed to review the program, state law prohibited them from agreeing to the students’ second suggestion of installing condom machines in restrooms.⁶³

Three eighth-grade students in **St. Louis, MO**, also took sexuality education issues upon themselves after witnessing a cheerleader pick up her baby after a football game. The project began as a research paper on teen pregnancy, but the students decided, instead, to devise a sexuality education curriculum. The girls were allowed to conduct the program for 40 of the school’s eighth graders. The pilot class stressed abstinence and covered STDs, HIV, and AIDS, as well as birth control methods. One of the girls explained their devotion to the project by saying: “Someone needs to teach kids about it because they don’t know.”⁶⁴

In **Massachusetts**, teens from across the state came together in the capitol to spend a day as mock legislators. The students debated six bills, including one about providing HIV-prevention education in public schools, which received overwhelming support from participants. The student who assumed the role of house majority leader explained his support for the bill: “I just feel that the fear people have is because they don’t know anything about it. If we educate people, they can make better decisions.”⁶⁵

SUPPORT IS ENCOURAGING

The 1998–99 school year saw mixed results surrounding sexuality education.

On the one hand, many students were exposed to abstinence-only-until-marriage programs which restrict information and include messages of fear and shame, biases about sexual orientation and gender, and inaccuracies about contraception.

On the other hand, many communities showed their support for more comprehensive sexuality education. Some

examples of these victories are: the **Charleston, SC**, school board rejecting a fully-funded abstinence-only-until-marriage program; **Missouri** and **California** mandating that all sexuality information given to students be medically accurate; the **Omaha, NE**, high school newspaper successfully defending advertisements for reproductive health services; school administrators in **St. Lucie County, FL**, standing behind a teacher's right to answer students' questions frankly and honestly; and the U.S. Third District Court of Appeals in **Pennsylvania** ruling in favor of a condom availability program.

Even more encouraging is the overwhelming support that sexuality education has received from those young people who took the initiative to ensure that their peers receive the information about contraception and disease prevention that is vital to their health and well-being.

SIECUS, along with Advocates for Youth, recently released results of an in-depth national poll conducted in February and March that revealed an unprecedented level of support for sexuality education. The poll shows that more than eight out of 10 Americans believe young people should have access to information to protect themselves from unplanned pregnancies and STDs. In addition, while more than 90 percent of adults support abstinence as a topic in sexuality education for high school students, 70 percent oppose the provision of the federal law that allocates money for abstinence-only-until-marriage education but prohibits use of the funds for information on contraception for the prevention of unintended pregnancy and disease. (See "Vast Majority of Americans Support Sexuality Education" on page 22.)

The results of this poll, coupled with the successful outcomes of many of the debates surrounding sexuality education during the 1998-99 school year are encouraging. Majority support for comprehensive programs that teach students about abstinence along with contraception and disease prevention exists and hopefully the 1999-2000 school year will see even more victories for comprehensive sexuality education.

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SUCCESS STORIES: WHAT STATISTICS DON'T TELL ABOUT SEXUALITY EDUCATION

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Does it work?" funders, administrators and the public ask, meaning can you give them statistical evidence that a specific sexuality education program increases the chances participants will act as the questioner wants them to act?

Given the current demand for quantitative evaluation of sexuality education, it often seems the only criteria for success is whether, following a program, individuals are more likely to abstain from intercourse, use contraception, or use a condom "correctly and consistently." Sophisticated theories of behavior modification are used to design and measure educational interventions central to campaigns to prevent adolescent pregnancies, HIV, and other sexually transmitted infections.

It is absolutely critical that these efforts, important as they are, do not come to define sexuality education. Life-changing things happen during sexuality education that will never be measured. In attempts to prove that sexuality education can effect certain targeted behaviors, we educators must never lose sight of the immeasurable truths discovered when people reflect on the times sexuality education "made a difference" in someone's life. Evaluation of sexuality education must always include the insights from personal stories as well as from empirical data.¹

Four years ago, I began collecting such "success stories." During 30 years as a sexuality educator, I have always balanced scientific "hard data" research with the day-to-day feedback I receive from professionals and young people in their journals, group discussions, and personal conversations. Often I learn more from this qualitative data than from quantitative research, particularly if the statistical data has been collected using questionnaires with low-skilled students.² Given the current environment in which sexuality education is expected to prove its worth in ways not expected of other disciplines, I want to affirm sexuality educators in appreciating the value of their own observations and the importance of recording their own stories.

By memo and at conferences and workshops around the country, I have asked educators to think about "a time when you made a difference in the life of someone you taught." I tell them: "I want you to answer the question, 'Does *sex ed* work?' not with statistics but with stories of individuals whom you have helped 'to question a false assumption, feel better about themselves, make a new choice, or find a new resource.'"

They have told me their stories in writing and by audiotape. I want to share some of them with the readers of the *SIECUS Report*. I hope they will encourage sexuality educators to tell what happens when they teach about sexuality. I believe such stories will help us see the meaning of sexuality education as it helps people examine the sexual scripts they have learned and as it helps them understand, appreciate, and control their own sexuality.

YOUR BODY ISN'T "YUCKY"³

Let me begin with an educator who told me this very short but meaningful success story:

I was asked to do the typical one-shot female anatomy session with girls in the fifth and sixth grades in a Washington, DC, public school.

I was not going to be satisfied with the usual tried and true, so I went in with my charts and a wonderful "teach-a-body" lesson I had developed for my nieces. I started off finding out what the girls knew about their bodies and we did all the usual labeling.

I then said: "Now I want to get to the important stuff. Let me ask you how you really feel about these sexual parts of your body. Some of you didn't know the word *vulva* or the word *clitoris*. The reason I'm asking you is because when I was your age I had a lot of yucky feelings. I got the sense this wasn't an okay part of my body, that I shouldn't speak about it or look at it."

The students replied, "Oh! We feel fine about all this. We feel fine." I said, "Okay, good!" Then, "I have this doll I bought for my nieces. Her name is Brittany and she is a wonderful doll because she has all her body parts including the sexual parts. We'll just take her panties off so we can see her vulva."

I opened Brittany's legs and the girls started diving under the tables, covering their faces, looking embarrassed. I said, "Wait a minute! You told me you felt fine about these parts of your body. What's with this reaction?" They responded, "But it's not okay to look!" "Well, my grandmother said that's nasty."

They told me all this negative stuff. So I said: "This is why I wanted us to have this conversation because I grew up feeling the same way. But it's

not healthy for us girls and women to grow up feeling that way about a part of our bodies. It took me a long time to learn it's a good and wonderful part of my body and there's nothing bad or nasty about it. Maybe part of the reason you feel this way is because you never get to see it, so it's very healthy to have a look if you have a mirror."

They started asking me questions. At the end of the session, I said, "Now, girls, what's the most important message you're going away with?" They said, "Our *vulvas* are good."

I hope this single presentation may have had an impact on their attitudes about their bodies.

"HEY, SCROTUM"⁴

At puberty, even a simple bit of information can be a great relief. A middle school teacher wrote to me:

While teaching the male reproductive system to eighth-grade boys, I wrote the names of the body parts on the board along with their correct definition. When I defined the word *scrotum*, a boy in the front row began to laugh and his face turned brilliant red. After several minutes, I was able to coax from him the reason why he was laughing. He replied that his neighbor had been calling him "scrotum" for two years and he never knew what it meant. A gentle reminder that ignorance is not bliss!

GIRL TALK⁵

Many educators report success with puberty programs. Often this includes increased communication between parents and teens. One educator told me:

This was a series for girls and their moms—four nights over four weeks. The first night we had the moms alone and discussed the barriers to talking and how to overcome fears and embarrassments. At the end, one mom told me she was very uncomfortable and worried because her daughter didn't want to come to the program. But she did come, and for the next three nights mothers and daughters together discussed menstruation, reproduction, pregnancy, and body image, among other subjects.

On the final night, the worried mom told me she and her daughter had selected one of our videos and taken it home to view together. As they sat on the sofa watching, the daughter snuggled against her, and this mother had a "glowing, warm feeling" and wondered why it couldn't have been that way with her own mother.

WHEN A SINGLE LESSON WORKS⁶

Current wisdom in the field of sexuality education is that single lessons "don't work." I've long challenged that wisdom, believing that even a single contact with a caring person who gives people permission to be curious and ask questions can make a significant difference about how they feel about their right to learn about sexual issues.

In fact, quantitative research which we conducted at Planned Parenthood of Bergen County (NJ) years ago reinforced my belief by demonstrating significant student learning about contraception, beliefs, and attitudes as well as knowledge, in a single lesson.⁷

This story shows the positive impact of a single lesson. A male educator from Arizona reported:

Following a presentation by a Right to Life group, the teacher at a local high school asked me to talk with her students about abortion. I discussed the history of abortion over the past several hundred years, the current medical and legal aspects of abortion, the role of abortion in freeing women from the whims of reproductive fate, and the vital role of family planning—including abortion—in enabling women to play an active role as full citizens in the community.

Several years later a college student approached me at my health club. She checked my identification as the Planned Parenthood educator who had come to her class, and she then told me that as a result of my presentation she had decided to major in women's studies and was about to graduate. She thanked me.

That really made me believe in one-shot presentations. In fact, I often run into people who tell me I've touched their lives through a very brief interaction.

THE POWER OF JOURNALS⁸

On the other hand, teachers who have had the opportunity for more sustained contact with students, often report that journal-writing allowing students to reflect on their class experience has proved invaluable in assessing the impact of a course.

During my own 15 years teaching human sexual behavior in high school as well as during many years providing graduate courses for teachers, student journals were the primary way I could be sensitive to the reactions and needs of individual students.

One example of the value of such journals comes from an educator who told me about a program for sixth through ninth graders where she provided each student with a personal folder. She set the following guidelines:

I told them they could write whatever they wanted and I would always write back and would never show it to anyone.

As a result of the dialogue that ensued, she gave one student crucial support while a favorite uncle was dying of AIDS; she identified two students who were being abused and who were then placed with the local Department of Social Services; and she encouraged another young woman, at high risk for unwanted pregnancy, to become a patient at a local family planning center with the result that she began using birth control pills.

In each case, the confidential one-on-one communication between educator and student made the difference.

WOMAN TO WOMAN: AN ASSEMBLY ON BREAST CANCER⁹

The next story compelled me to abandon my prejudice against school assemblies as a viable way to provide sexuality education to students. A “Check It Out” program was scheduled at a school during Breast Cancer Awareness Month to give young women the clear message they can help themselves and each other in the fight against this most feared female disease.

High school juniors and seniors attended an assembly to learn how to conduct breast self-exams. Each young woman received a packet of information and a silicone breast model containing a “lump.” Following a demonstration using the breast model, the students wrote questions on file cards. Many were urgent: “Does birth control cause breast cancer? Falling or bruising yourself? Tight bras? Abortion?” At the end, the young women were urged to share the information “woman to woman” with mothers, aunts, and grandmothers so that “we women can save each other.”

Three months later the sexuality educator who had organized the program received a late evening phone call: “Hello, you don’t know me but I want to thank you for saving my life.” “Suddenly I was paying attention!” the educator explained. “Who are you again?” The woman explained that her daughter had brought home the breast model from the “Check It Out” program and they had a laugh playing with it and feeling the lump. Finally, she said, she couldn’t deny that “what I was feeling in that model was something I’d been feeling in my own body for over a year.” After a few days, the woman went to her doctor and immediately had a lumpectomy that saved her breast—and perhaps her life.

The educator stayed in touch with the woman during the radiation, the hair loss, and the depression that followed. “That was just real, real affirming—that, yes, our work does make a difference,” she concluded.

“I COULDN’T TELL PEOPLE TO USE CONDOMS AND NOT USE THEM MYSELF!”¹⁰

Another educator told me a story from her first professional job in the field:

I developed a university peer education program training students to go into the dorms and provide programs on all aspects of sexuality... My story is about a young woman who came to see me two years after she graduated.

She wanted to talk with me because she had found out her partner of four years was HIV-positive. It was very intense and I feared she had come to tell me that she, too was infected. Instead, she said: “Thank God I was in your program because we were out all the time talking about condoms, and I couldn’t be telling people to use them and not do it myself. As a result, I’m not infected.”

This was, for me, a moment when I thought, this really makes a difference in peoples’ lives.... It’s amazing. Almost all of those peers have gone on to get public health degrees and many are working in the field. It’s amazing how much they loved that work and how many have made careers out of it.

“HOW CAN I MAKE THIS DIFFERENT FOR MY SISTERS?”¹¹

A number of educators have told me that some of their most satisfying work is with “high risk” populations in a variety of custodial institutions. Perhaps it is because a good educator provides a welcome break from the tedium of institutional life. Perhaps it is because the educator is willing to listen to—and honestly answer in a nonjudgmental, supportive way—the serious questions these individuals have about sexuality. Perhaps these institutions, acknowledging the sexual behavior of their clients, permit greater openness and honesty regarding sexual issues than do most public schools.

One educator described with enthusiasm her day at a Residential Treatment Center for young women aged 13 to 19, who were incarcerated for a variety of crimes. She arrived following an upsetting night that involved rioting and some of the girls were under armed guard. She, therefore, had to jettison plans for interactive exercises in favor of a more sedentary program.

After a mini-lecture focusing on the importance of each woman making sexual choices and setting health goals for herself, the educator challenged her group:

“Are you interested? I don’t want to stand up here and talk about trich, gonorrhea, syphilis,

chlamydia, birth control pills, and depo shots because those aren't going to matter unless you believe in yourself." I asked for their commitment before I started and I got it. They just really went with it!

The amazing thing was how concerned many of the women were about their daughters, sisters, cousins, and nieces at home. They wanted to know how they could make a difference for them. They asked: "Could you give me some pamphlets to send them?" "I have PID and am infertile. What can I do to make this not happen for them?"

During six groups, questions continued: "What do I say to my cousin when she says she's got a new guy? What do I say to her?" Even as they filed out under guard, the women continued to ask for help: "Send me something on HPV, I've got it...."

The educator told me that she received 97 full-page thank you letters from those women, each explaining how a session with a sympathetic educator had been important.

THE MALE STUDENT AND THE PELVIC EXAM¹²

This next story comes from a teacher at Emory University who demonstrated a pelvic exam with a male student as the patient during a human sexuality course. The student later told the instructor about the effect of the lesson in his own personal relationship. He came from a conservative religious background and, consistent with their beliefs, he and his girlfriend had never had intercourse. But, following the lesson, he understood the importance of her having a pelvic exam and discussed it with her. Since they did not plan to have intercourse and she had many negative images of the exam, she resisted. He persisted, carefully explaining the step-by-step procedure as he'd learned it in the course. Finally convinced, she made a clinic appointment, and they went together. Both were pleased to have done something positive for her health.

IT WASN'T CHICKEN POX!¹³

Another educator told me of a teenager who was particularly interested in seeing more pictures of the rash caused by syphilis because she thought it looked like a rash she had seen on her cousin's hands. He thought it was chicken pox. The educator urged her to encourage her cousin to go to a doctor for a diagnosis. She did. And he did, in fact, have syphilis.

SEXUAL RIGHTS ON CARDBOARD¹⁴

Many other success stories are also brief. One such story involved a young man who asked his teacher to write his

sexual rights on a piece of cardboard following a class for people who are developmentally disabled. He wanted a strong copy so he could show the list to his agency staff and to his family. He intended to use this evidence of what he'd learned in order to assert his own sexual rights.

SKILLS IN PREVENTION¹⁵

The importance of sexuality education for people who are developmentally disabled was made clear to me by a report from a social worker. Her agency taught developmentally disabled young adults the names of body parts and how to distinguish between public and private parts. The students learned and practiced how to seek help if anyone touched them without their approval. Shortly after one of the sessions, a young woman reported that she had been abused. She explained in detail exactly what had happened. Before the end of the day, the perpetrator was taken into custody. According to the social worker, the education session "had given the young woman both permission and skills to report the abuse."

THE AMAZING FIRST SESSION¹⁶

Another example of work with a hard-to-reach population came to me from a therapist. He said:

When I think of "sex ed" success stories, the first thing that comes to mind is the fairly typical but always astounding transformation that takes place from the beginning to the end of the first session.

During my postdoctoral fellowship in child psychology, the staff at our psychiatric day treatment program learned of my experience as a sexuality educator and asked me to teach a program for the kids. Staff felt the kids needed to know this stuff, but were quick to remind me of the serious problems in this group: one boy had a psychotic disorder; another was hyperactive, continually acting out; and one girl had a history of sexual abuse.

As I began the session by telling the group we would be talking about sex, the anxiety level in the room began to rise. It increased when, using the classic strategy, I walked around the room uncovering pieces of newsprint with the words *penis*, *vagina*, *sexual intercourse*, and *masturbation* written on them.

Anxiety rose higher when I told the kids they were to take a crayon, walk around the room, and write as many slang terms for each word as they could think of. Nervous laughter broke out. Several kids yelled, "No way." Another made loud disruptive comments to his neighbor. Two kids sat silently and refused to participate. Staff looked regretful they ever asked me to do this.

But as we completed this exercise and went on to the next where the kids use magic markers

to draw huge pictures of the male and female genitals and label them, the din and feeling of anxiety began to dissipate. As we started to talk explicitly about these body parts, the kids sat quietly, riveted to what I was saying.

Their faces wore puzzled, almost shocked, expressions that seemed to say: “Who is this guy and why is he talking to us like this?” I threw out questions: “What is this part called?” pointing to the clitoris, and “What do you think it’s there for?” The kids began to respond. Suddenly someone asked: “Why do girl’s nipples get hard?” Several kids giggled, but quickly quieted to hear my answer. Soon the two kids who refused to write slang words started to ask questions. The room that had been riddled with tension was now alive with curiosity and a feeling of empowerment. Kids who had probably never talked honestly with an adult about sex suddenly had a forum. Kids for whom sexuality had been linked with secrecy and mystery seemed to drink in the freedom to talk about sex.

As we neared the end of the session, the boy who suffered from a psychotic disorder raised his hand and innocently asked: “Is...Is it okay to masturbate?” As his question hung in the air, I found myself cringing, waiting for his peers to slaughter him. No one said a word, and I answered the question.

That to me is the essence of sexuality education that works.

JUST ONE FILM¹⁷

While some teachers have documented how sexuality education helped their students, others have told me how it helped them. This is one such example:

When I was 19, I believed that women who experienced sexual pleasure with other women were rebelling against men or getting a thrill being decadent. I didn’t know any better because I had not had any formal sexuality education.

That year I took a course where I saw the film *Holding*,¹⁸ which completely reversed my beliefs about lesbian sexuality. The film showed women making love with other women, and I was captivated by the *womanness* of the actions: the tenderness, the intimacy. Conspicuously absent was the kind of sexuality I attributed to men: goal-oriented, power-based.

I asked myself: “If lesbians are simply rebelling or being naughty, why am I seeing such profound tenderness and caring dialogue between partners? Where is the anger? Where is the awkwardness that should have been there if lesbians can’t have

real sex together?” Clearly, I had been misinformed—by parents, the media, and society. I realized how much I still needed to learn.

Today I am an outreach specialist at Planned Parenthood and sometimes I speak with lesbians. Thanks to the course I took 20 years ago, I have an appreciation for lesbians. I can appreciate that sexual intimacy is intimacy, regardless of the gender of the participants. And lesbian love is, nevertheless, love.”

IN DEFENSE OF SEXUALITY EDUCATION¹⁹

At its best, sexuality education creates advocates as well as sexually informed citizens. People who appreciate the opportunity to examine their own attitudes, values, and behaviors, want others to have the same opportunity.

Two stories illustrate this commitment to help others overcome the ignorance and confusion that is so common even in a society saturated with sexual images.

The first is a four-page letter to the Council Rock, PA, School Board written by a former student. After 20 years of success, the district’s outstanding human sexuality program was being challenged by a determined right-wing group. The letter was an impassioned defense of the course. It included:

The only ones that benefit from children being in a maze of noncommunication and a vacuum of silence regarding sexuality issues are those who would prey on our most precious resource—children. How do I know? Because I was sexually abused by my baby sitter for two long years when I was seven and eight. For nine years, I kept silent: ashamed, humiliated, disgusted. And I blamed myself. I knew not who or how to tell.

Finally, I felt comfortable and secure enough to speak. I sought help in my twelfth-grade human sexuality class. How dare you think of eliminating this course! Too many people get their vast stockpile of sexuality (mis)information through hearsay, locker rumors, television, and foul jokes. We must put an end to this. Teach real facts, and how to prevent traumatizing problems.

CONCERNED WOMEN WORKING FOR CHANGE²⁰

The second story of a sexuality education course that led to action is about women in a public housing project.

Originally, the women came together to learn how to talk with their children about sexuality issues. Soon, however, they were asking for information about HIV, male anatomy, the sexual response cycle, and breast cancer, among other subjects. Gradually a core of five women became a support group determined to expand this work to other adults as well as youth.

Their proposal to the local housing authority enabled the local Planned Parenthood to develop a leadership training program to prepare them to cofacilitate groups in the housing developments.

Their 18-month training included sexuality issues, communication skills, referral sources, and group facilitation skills. Calling themselves “Concerned Women Working for Change,” they also delivered education materials door-to-door; held an open house in honor of National Family Sexuality Month; participated in the city manager’s Task Force Town Meeting on Teen Pregnancy; gave a home health party about AIDS and HIV; and cofacilitated a number of programs including a mother/daughter event.

A VERY SPECIAL GRADUATION²¹

This story is about a graduation ceremony for six men who had completed 15 weeks of training to become peer educators for Latino and African-American gay men as well as men who have sex with men.

The men had met weekly for three hours to learn about gay history, setting life goals, writing in journals, and talking about relationships as well as learning the basics of HIV/AIDS prevention.

The educator, himself a gay man, had created a safe place where the men shared and explored ideas about being gay in a hostile environment. Besides learning about HIV prevention, the men had become a strong support system for each other. After class, they “hit the streets” with information—and condoms.

Now it was time for graduation. On the wall hung a large sign: “Congratulations to Planned Parenthood’s First HIV Peer Educators.” Smaller signs contained the names of each of the six graduates. Parents, friends, and staff applauded as each received his certificate and gave a brief speech.

Keith, a gay African-American drag queen who had been key to recruiting the others, was the final speaker at the graduation ceremony. First, he thanked his mother, who was in the audience, for telling him not to give up. Then he explained how important being a peer educator was for him, how for the first time he felt valued and appreciated. “Before,” he said, “I always felt I wasn’t good enough. But this time I listened, and I got it. And now I have this certificate to prove it.”

Almost two years later, Keith is still conducting HIV-prevention outreach in his city.

THE IMPORTANCE OF SUCCESS STORIES

For me, even this small sampling of stories illustrates the need to expand the evaluation of sexuality education beyond the collection of statistical data.

Most of these stories—some of which are life-changing—would not have been captured by questionnaires. They are “soft” data. Yet, they reveal the experiences that are, in fact, common when good teachers create the conditions that enable students to see themselves as agents in control of their own sexuality. They also often result in creating students motivated to take action to help and educate others. But collecting these simple stories is only suggestive of the potential impact personal stories might have for our thinking about sexuality education. In his important book, *Telling Sexual Stories: Power, Change and Social Worlds*,²² Ken Plummer demonstrates that the telling of personal stories—about rape, harassment, discrimination, sexual abuse, and homophobia—was central to major social movements during the last half of the twentieth century.

As people dared to share their painful stories, they revealed abuse and injustice that was widespread. The new speaking-out provided evidence, previously hidden by shame and silence, that these individual experiences were not only personal tragedies but also signs of deep social malaise that must be changed. Stories brought people together and helped create movements.

So, while “success stories” are important for illustrating positive potentials of sexuality education, we also need people who will tell their stories of how sexual ignorance and misinformation has affected their relationships and their lives. Just as we are angered by other injustices, so should we be angered by lives diminished—even destroyed—by a distorted or inadequate understanding of human sexuality. Could such stories—told by people of all ages, experiences, and backgrounds—give new direction and energy to a field preoccupied with the dangers of adolescent sexuality? Would such stories reveal the urgent need for sexuality education with a lifespan perspective? I believe they would.

In fact, as sexuality education becomes ever more dependent on the findings of statisticians, educators must listen to personal stories if they are to get a deeper understanding of what they do and what they need to do in order to enhance the sexual lives of people in this sexually confused and confusing society.²³

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VAST MAJORITY OF AMERICANS SUPPORT SEXUALITY EDUCATION

Debra W. Haffner, M.P.H.
President and CEO, SIECUS

and

James Wagoner
President, Advocates for Youth
Washington, DC

SIECUS and Advocates for Youth have long shared the goal of promoting sexuality education for America's youth. For the past two years, we have collaborated on projects to educate the public and policy makers about federal support and funding for abstinence-only-until-marriage programs.

NATIONAL POLL

During the past year, we hired Hickman-Brown Research to conduct a national poll to assess Americans' support for sexuality education. The firm is a nationally known public opinion research organization with extensive experience in issues of reproductive health and rights.

From February 23 to March 3, 1999, Hickman-Brown conducted a random phone survey of 1,050 adults nationwide, including a national sample of 900 adults and additional interviews with 150 parents of school age children. In April, Hickman-Brown conducted four focus group sessions—two in Columbia, MD, and two in Charlotte, NC.

The poll provides the most in-depth analysis to date of public attitudes about sexuality education. Two major findings stand out:

- The vast majority of Americans support sexuality education and believe that young people “should be given information to protect themselves from unplanned pregnancies and sexually transmitted diseases.”
- Although most Americans believe abstinence should be a topic in sexuality education, they also reject abstinence-only-until-marriage education that denies young people information about contraception and condoms.

CONTRACEPTION AND ABSTINENCE

The poll and the focus groups demonstrate quite clearly that American parents don't see any opposition to providing information about contraception *and* information about abstinence in sexuality education. For parents, it is not either/or. They want both.

The poll found that more than nine in 10 Americans

(93 percent) support sexuality education in high school and more than eight in 10 Americans (84 percent) support sexuality education in junior high/middle school. This is the strongest support ever recorded for high school sexuality education.

Moreover, support extends to every subgroup in the population. Eighty percent of those who almost always agree with the Christian Coalition also support sexuality education in high school and 69 percent of them support it in junior high/middle school.

CONCERN ABOUT EARLY YEARS

The poll did find, however, that the American public is much more divided about sexuality education in the fourth through the sixth grades (48 percent support; 46 percent oppose), and most (78 percent) oppose teaching “sex or sexuality education” to children in kindergarten through third grade.

Hickman-Brown explored this lack of support for sexuality education in elementary school in the focus groups. It discovered that while people didn't support specific sexuality education classes in elementary school they did support teaching early elementary school students basic facts about sexual anatomy, reproduction, puberty, sexual abuse prevention, and sexually transmitted diseases (STDs), especially HIV/AIDS.

One parent said: “I think the anatomic names...is good at the early elementary [age].... Yeah, before they get the slang. Go ahead and get the right name for it.” Another parent said: “Give the basics. A little later give them more specifics.”

OVERWHELMING SUPPORT

Americans overwhelmingly reject current myths about sexuality education. Just 12 percent of Americans believe that “giving young people information about sex and sexuality only encourages them to have sexual relations.” In fact, 79 percent believe that “whether or not young people are sexually active, they should be given information about sex and sexuality so they will have an adequate understanding

of it.” Likewise, 67 percent reject the idea that giving young people information about contraception in schools sends a mixed message that encourages young people to have intercourse.

The poll found surprisingly high support for teaching about a wide range of sexuality topics at the junior high, middle school and high school levels. Significant majorities want information about abstinence, STDs, HIV, contraception, condoms, and sexual orientation taught in the seventh and eighth grades. The vast majority support teaching about all of these topics in senior high schools. Most Americans support teaching even the most sensitive topics in schools: three quarters approve teaching about sexual orientation and two thirds approve teaching about abortion by ninth grade. (See “Support for Teaching Topics at Each Grade Level” on page 32.)

PARENTS ARE REALISTIC

Parents want abstinence as a central topic in programs. But parents are also realistic. In the words of one focus group respondent: “We all want our children to wait until they’re married to have sex, but the reality of it is [that] it’s not going to happen. We didn’t. I didn’t.” Another parent said: “I think teaching abstinence is important...but we can’t bury our heads in the sand.”

Respondents overwhelmingly rejected the concept of abstinence-only-until-marriage education. Seventy percent of respondents oppose the portion of the federal abstinence-only-until-marriage mandate that prohibits teaching young people about contraception for the prevention of pregnancy and STDs. Indeed, adults are pragmatic in their support of sexuality education. Eighty-nine percent agree that “since 70 percent of 18-year-olds and nearly 90 percent of 20-year-olds have had intercourse at least once, it is important for young people to have information about

contraception and the prevention of STDs.” An equal percentage agree that “sexuality education programs should focus on how to avoid unintended pregnancies and STDs, including HIV/AIDS, since they are such pressing problems in America today.” Ninety-one percent of Americans believe that schools need to supplement what parents are teaching at home.

A large majority of Americans also understand that sexuality education is about more than preventing the twin disasters of pregnancies and STDs. More than eight in 10 (86 percent) believe that “young people need information about sexuality so they will have healthy and happy intimate relationships as adults.” More than six out of every 10 Americans (63 percent), including 44 percent of those who identify themselves as conservative, believe that sexual exploration among young people is a natural part of growing up and that the best approach is to provide information and services to help young people act responsibly.

CONCLUSIONS

The poll confirms, in dramatic fashion, the commitment of the American public to sexuality education that includes information on both abstinence *and* contraception for the prevention of pregnancy and STDs.

Our job as advocates is to ensure that public policies keep pace with the desires of the American people. Given the current status of sexuality education policy in Congress and the states, we have a lot of work to do.

The good news is that we have substantial public support for doing this critically important work!

Editor’s note. The complete poll results are on the SIECUS Web site at <http://www.siecus.org> and on the Advocates for Youth Web site at advocatesforyouth.org.

FILLING THE GAPS: HARD-TO-TEACH TOPICS IN SEXUALITY EDUCATION

SIECUS’ *Filling the Gaps: Hard-to-Teach Topics in Sexuality Education* is a manual to help sexuality educators with those subjects that are often the most difficult to teach.

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LEARNING TO FEEL GOOD ABOUT YOURSELF: PUBERTY EDUCATION RECONSIDERED

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Puberty is a profound period of a person's development: a time when multiple dynamic physical, social, and emotional changes occur at unprecedented speed. Almost overnight, adolescents are faced with new experiences and feelings that create both a powerful sense of excitement and a powerful sense of dread.

For these young people, puberty demands a lion's share of attention and sets in motion waves of free-flowing confusion, anxiety, and turmoil. Discomfort and uncertainty abound as they face highly charged and unfamiliar situations with enormous pressure to act in new and different ways.

Puberty is a unique and universally human time that calls out for specific guidance and assistance. Educators need to help these young people build a solid foundation for understanding their sexuality.

THE CURRENT STATE OF PUBERTY EDUCATION

Puberty education is currently offered in various forms in schools throughout the nation. Sadly, however, this instruction is typically limited in depth and breadth. And, while tremendous biological and sociological changes have occurred over the past 40 years, with a few exceptions, puberty education looks and feels pretty much as it did three decades ago.

Today, as yesterday, a lot of unfamiliar, medical-sounding words and abstract diagrams of internal organs are shown to young men and women in sex-segregated classrooms amid giggles and red faces.

The time allotted for puberty education is often restricted to the one or two hours it takes to show "the video" or to briefly review the biology of human maturation. Comprehensive, semester, or year-long explorations, even recognition, of the complex personal and interpersonal changes accompanying puberty are rare.

While some published curricula address physical, personal,

and social issues, the majority of those implemented in schools focus primarily on the physiology of maturation and related hygiene issues. They usually fail to deal with the broader issues of sexuality, self-acceptance, body image, peer relationships, parent-child communication, sexual orientation, and the myriad of social and emotional issues facing adolescents.

In addition to representing this dynamic process in a narrow, static manner, the information given is often incomplete. For example, the clitoris and vulva are frequently omitted from diagrams and discussions of female anatomy. And reproduction is often discussed without explanations of sexual intercourse—leaving students to wonder if the teacher even knows how sperm and ovum unite.

Further, curricula are often not sensitive to cultural and individual differences, and may contain gender, racial, orientation, or economic bias. Few puberty curricula are available in Spanish or other languages.

Many school districts have formal or informal policies that restrict the content of curricula and the instructor's ability to respond to students' questions. Subjects like homosexuality, masturbation, and abortion are common targets of such policies because they are considered too controversial by school administrators.

In addition to limitations in scope, puberty education also often starts too late. With the declining age of the onset of puberty combined with schools' reluctance to provide sexuality education, many curricula often do not address the concerns of these young people. Educators continue to hear horror stories of young women who thought they were ill or dying when they experienced their first menstrual period or boys who were alarmed by their first nocturnal emission.

And, of course, some schools are now using sexuality education to drill "just say no" and "sex is dangerous" messages into the minds of preteens, most of whom would not consider kissing a classmate, let alone having intercourse with one. There is little or no consideration of student

readiness or the developmental appropriateness of such “instruction.”

Beyond content and timing, puberty education is also hampered by issues of process. The tradition of separating boys and girls to provide sex-specific information continues despite clear limitations with such approaches. Unfortunately, this starts the process of divorcing male and female sexuality, reinforcing the mystification of the other gender, and inhibiting cross-gender communication, comfort, and understanding. In addition, passive lecture or video presentations offer students limited opportunities to share their beliefs and feelings about puberty. Interactive discussions are infrequent in school-based sexuality education. Activities extending beyond the classroom—such as homework assignments—are even less common.

Teachers assigned the task of providing sexuality education are often not adequately prepared and typically receive no pre- or in-service training in puberty instruction or in dealing sensitively and constructively with sexuality issues. Some schools use guest speakers such as physicians or nurses who may or may not have training or expertise in providing such education. Guest speakers also have the disadvantage of not knowing the students and having little time to establish rapport and build trust with them.

The lack of formal published evaluations of puberty education programs is astounding. For example, the curriculum *New Methods for Puberty Education* includes several excellent lessons that have not been formally evaluated.¹ *FL.A.S.H. (Family Life and Sexual Health)* is one of the few with available data. Pilot tested in the Seattle, WA, area, on preteen students, this curriculum focuses on the physiological aspects of—and student attitudes about—puberty. Pre- and post-testing indicated significant gains in student knowledge about puberty changes. Further, post-program surveys demonstrated very positive reactions among students, teachers, and parents.²

Girls Incorporated indicates that preteen females who completed the *Preventing Adolescent Pregnancy* series, which includes the *Growing Together* puberty curriculum, have reported pregnancy prevention benefits. Hands-on skill and comfort-building activities include games, simulations, demonstrations, values clarification exercises, and parent-child discussion. While this comprehensive program is designed for use with mother-daughter pairs in non-school settings, the goals and methods appear valuable for many diverse audiences and locations.³

GROWING UP LEARNING TO FEEL GOOD ABOUT YOURSELF

Growing Up Learning to Feel Good About Yourself is an eight-session English and Spanish puberty curriculum developed by Planned Parenthood of Santa Barbara, Ventura, and San

Luis Obispo Counties in California and published by ETR Associates in 1996.⁴

The program was designed to promote the comfort, self-confidence, knowledge, and communication and decision-making skills needed for a positive and healthy puberty. The curriculum is sensitive to cultural, familial, and individual differences.

Each *Growing Up* lesson focuses on the development of self-awareness, self-acceptance, and self-expression as part of self-esteem. It expands the definition of sex to sexuality, which includes the vast array of topics from gender roles to body image to love to sexual behavior. In doing so, it affirms human sexuality as normal, natural, and good. By combining complete and accurate information, and comfort- and confidence-building activities with practical health, communication, and problem-solving techniques in a coeducational setting, the curriculum fosters a balanced understanding of puberty and sexuality.

Eight 50-minute lessons address these topics:

- reproductive anatomy and physiology
- the physical, social, and emotional changes of puberty, and appreciation of these changes
- the concept of sexuality, including gender roles, body image, peer and parent relationships, love and affection, sexual behaviors, and reproduction
- parent-child communication about sexuality
- AIDS
- sexual abuse

The curriculum provides basic assertiveness training, active listening, and problem-solving strategies for handling common situations encountered during puberty. Lessons employ engaging and empowering classroom activities such as group discussion and rehearsal of target skills, and homework assignments such as talking to parents about their own puberty experiences.

The curriculum includes an extensive teacher guide intended to increase instructors' awareness of personal biases and understanding of sexuality education. Instructors are guided through an exploration of their personal views to increase awareness of values and prejudices. Teachers are provided information about complex issues, such as masturbation, intimate relationships, and sexual orientation. A special section on answering anonymous questions gives answers to many of the most common puberty questions, and provides guidance for responding to the three types of questions (information, validation, and opinion) in simple language appropriate for puberty-aged children. A list of puberty education resources, including recommended videos and books, is included.

RECOMMENDATIONS FOR PUBERTY EDUCATION

Several recommendations for enhancing school-based puberty education are obvious. First, the goals, and hence the scope must be broadened to address the personal and interpersonal issues so critical to successful negotiation of puberty. Increases in comfort, self-esteem, social skills, and knowledge of other subject areas must be added to the traditional goals of expanding knowledge about reproductive anatomy, puberty changes, and hygiene.

Education for students entering puberty should address the following topics in an age-appropriate manner:

- Self-esteem, body image, and media stereotypes
- Friendship and peer relations
- Gender roles including similarities, differences, stereotypes, and discrimination
- Feelings of awkwardness, isolation, depression, attraction, arousal, and embarrassment
- Assertive communication, decision making, and problem solving including the seeking of professional assistance
- Reproductive anatomy and physiology, physical maturation, puberty changes
- Love and intimate relationships
- Family structures, marriage, divorce, family values, and parenting
- Reproduction, fetal development, and the need for prenatal care
- Sexual behavior, sexual pleasure, sexual identity and orientation, masturbation, and sexual response
- Awareness of family planning, contraception, abortion, sexually transmitted diseases, AIDS, and sexual abuse

Clearly, educators need ample instruction time to address these comprehensive goals and topics. Schools should schedule a minimum of five hours—ideally from 10 to 20 hours—per semester. In addition, they need to arrange for classes to begin prior to the onset of puberty for the most physically mature student, preferably during the fourth grade. They should begin in the upper elementary and continue in the secondary school years.

Classroom teachers—with training in sexuality education—can teach young men and women about puberty within the context of the traditional coeducational classroom. Students of both genders need and benefit from the exchange of information about the other gender. Once they have helped their students feel comfortable discussing sexuality-related topics, they can invite guest speakers (such as a person who has HIV or AIDS) to supplement classroom lectures.

As with other subjects, students are more likely to learn

through active, experiential instructional methods. Such teaching activities may include:

- **Discussing personal experiences and specific issues one-on-one or in groups.** These talks should start with the need to respect differences, to honor confidentiality (with the exception of abuse reporting) and to give permission to pass, to express embarrassment, and to laugh.
- **Creating and discussing stories or simulations of common puberty scenarios.** Topics could include getting a period in class or role-playing various ways of handling these situations.
- **Conducting critical thinking exercises.** It is important that students express themselves in writing or to each other their agreement or disagreement with statements and give reasons for their positions.
- **Providing opportunities to ask questions both openly and anonymously**
- **Analyzing media advertisements and magazine articles**
- **Assigning homework with parents.** This could include talking to parents about their puberty experiences or making a list of “why my body is special.”

Educators must take care to ensure that activities and examples are sensitive to individual, familial, and cultural differences among students. Examples of puberty scenarios can include children and families of various gender combinations, ethnicities, sexual orientations, income levels, abilities, and family structures. By asking students for their opinions and feedback along the way (such as asking if a statement fits with their experience or their family), teachers can adjust discussions to match individual student differences.

Beyond the content and methods of instruction, the special tips and guidelines in the box “Teaching Tips and Background for Providing Puberty Education” are important as instructional topics and techniques since they provide the context for implementing puberty lessons. Without them, even the best activity can fall flat and stimulate little real learning.

Parental involvement in sexuality education should be expanded from passive opportunities to review instructional materials and withdraw students from class to proactive involvement such as regularly talking to their children about puberty and sexuality-related issues. Parents who support comprehensive sexuality education should share their views with school boards and administrators to counteract the minority of vocal parents who oppose sexuality education. Parent-teacher organizations are an untapped source of support and advocacy.

Teachers also need both pre-service and in-service training in sexuality education. It is important that teacher

training and credentialing programs establish sexuality education as a core component of their professional preparation programs. Similarly, school districts should mandate and provide periodic in-service training in sexuality education to all teachers and other personnel who offer puberty instruction.

Finally, research on the short- and long-term impacts of puberty education and other key puberty experiences is critically needed to determine the best practices and to model educational and support programs.

Only with a substantial commitment to the development, preparation, training, provision, and evaluation of school-based puberty education can the possibilities of transforming the challenges of puberty into a positive growth experience for large numbers of children be achieved on a national basis.

Puberty education programs can help young people positively survive—even thrive—in this challenging, sometimes overwhelming, and truly life-changing process. They must teach not only accurate, age-appropriate information but also address the social and emotional upheavals inherent

in puberty, provide skills for managing these changes, and communicate a consistent message of personal self-worth and self-acceptance.

For more information on Growing Up Learning to Feel Good About Yourself, contact: ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061; Phone: 800/321-4407; or Scott McCann, Ph.D., Planned Parenthood, 518 Garden Street, Santa Barbara, CA 93101; Phone: 805/963-2445; E-mail: scott_mccann@ppfa.org.

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TEACHING TIPS AND BACKGROUND FOR PROVIDING PUBERTY EDUCATION

- **Avoid putting adult interpretations on student questions or comments.** Students' questions usually come from their curiosity about life and nature—not from adult-like sexual interest.
- **Schedule breaks or a recess during or after a puberty education class.** Students usually have a higher level of energy after participating in a lesson. They also need time to reflect and discuss issues among themselves.
- **Tell students how you feel.** Young people are uncomfortable when teachers are nervous or uneasy answering a question or discussing a topic. They are usually relieved to know that people—and even teachers—feel uncomfortable discussing certain sexuality issues.
- **Prepare for sensitive or difficult topics or statements.** Students may unknowingly use words that have negative connotations. Teachers can provide simple definitions, brief explanations of broader implications, and suggest alternative terms that will help students become more socially sensitive.
- **Prepare to handle possible disclosures of abuse.** When students disclose abuse in a group setting, teachers should validate the young person's sharing of the experience, return to the main topic, discuss related issues to reach short-term closure, immediately follow up with the student one-on-one, and assist in reporting the incident to school or child protection authorities.
- **Keep language simple, explanations brief, and topics relevant.** Even though sexuality is often complex and involves many potential problems, educators will prove most effective when they keep their discussions simple and basic.
- **Clarify abstract drawings.** Many children have difficulty understanding drawings or diagrams of internal reproductive organs. Educators can clarify the perspective and context of these diagrams by explaining cross-sections or by drawing as many external reference points (such as the navel and hips) as possible.
- **Teach in small groups.** Students will gain valuable experience when they can process information through small-group exercises.

TEENAGE CONTRACEPTIVE USE CREDITED WITH DECLINE IN PREGNANCIES

Synopsis of an Alan Guttmacher Institute Report

Effective contraceptive use by sexually active young women—and not sexual abstinence—is the primary reason for the steep decline in teen pregnancy and birth rates throughout the 1990s, says The Alan Guttmacher Institute.

Specifically, the Institute's data indicates that 80 percent of the decline in teen pregnancies in the 1990s reflects improved contraceptive practice and 20 percent of the decline reflects a smaller proportion of teenagers having sexual intercourse.

REBUTTAL TO REPORT

The Guttmacher Institute issued the statement to rebut a report published earlier this year by the National Consortium of State Physician's Resource Councils, an opponent of comprehensive sexuality education, which attributed the steep decline in pregnancies totally to sexual abstinence.

Titled "The Declines in Adolescent Pregnancy, Birth and Abortion Rates in the 1990s: What Factors Are Responsible?," the Consortium report concluded that "the evidence points to sexual abstinence, not increased contraceptive use, as the primary reason for the decline in teen pregnancy and birth rates throughout the 1990s."¹

The Institute concluded that the Consortium report was based on such flawed methodology as:

- using data for years and populations that are not comparable
- using incomplete data on contraceptive use
- using data on contraceptive effectiveness not specific to teenagers
- using an insufficient measure of contraceptive use
- using an incomplete and inaccurate hypothetical protection index
- erroneously ascribing declines in teenage pregnancy rates to sexual behavior among teenage men

The Consortium, which is self-described as "an association of 2,000 health professionals dedicated to bringing accurate medical data to public health officials and policy makers," is believed to be tied to the Physician Resource Council of Focus on the Family. It has no published national contact information. The report itself was distributed by the New Jersey Physician Resource Council.

INSTITUTE DATA

Pointing to data from the 1988 and 1995 *National Surveys of Family Growth* as well related studies, the Guttmacher Institute said that sexually active young women at risk for unplanned pregnancies increasingly used effective contraceptive methods during that period.

Specifically, it said the data indicated:

- an increase in current contraceptive use from 78 to 80 percent
- an increase in effective use of condoms resulting in lower typical first-year failure rates
- a substantial shift toward use of highly effective, long-acting contraceptive methods, including Norplant and DepoProvera, which were not available in 1988

Data on decline in sexual activity and pregnancy. In rebutting the Consortium report, The Guttmacher Institute said the data indicated that the proportion of women aged 15 to 19 who had ever had sexual intercourse decreased only slightly between 1988 and 1995—from 52.5 percent to 51.5 percent. This drop resulted in two fewer pregnancies per 1,000 young women in 1995 than in 1988. It also said that declines in the annual pregnancy rate among sexually experienced women aged 15 to 19 resulted in an additional decrease of eight pregnancies per 1,000 women between 1988 and 1995, for a total decline of 10 pregnancies per 1,000 women.

The Institute concluded that little, if any, of the decline in pregnancy rates was the result of changes in sexual activity. Specifically, it said its data indicated:

- A somewhat lower proportion (79 versus 81 percent) of sexually experienced young women reported having had intercourse in the three months prior to the *National Survey of Family Growth* in 1995 than in 1988.
- However, sexually active young women reported having had intercourse during the same average number of months (8.6) over the entire year in both the 1988 and the 1996 surveys.

The Alan Guttmacher Institute is a not-for-profit corporation which provides research, policy analysis, and public education on reproductive health. Contact information: 120 Wall Street, New York, NY 10005; Phone: 212/248-1111; Fax: 212/248-1951; E-mail: info@agi-usa.org; Web site: www.agi-usa.org.

ISSUES AND ANSWERS

FACT SHEET ON SEXUALITY EDUCATION

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

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

ABOUT SEXUALITY EDUCATION

Parents are—and ought to be—the primary sexuality educators of their children. From the moment of birth, children learn about love, touch, and relationships. Infants and toddlers receive sexuality education through example when their parents talk to them, dress them, show affection, play with them, and teach them the names of the parts of their bodies. As children grow and develop relationships within their families and the social environment, they continue to receive messages about appropriate behaviors and values. A study released in 1999 by The Henry J. Kaiser Family Foundation found that 59 percent of adolescents 10 to 12 years old and 45 percent of adolescents 13 to 15 years old said that they personally learned the “most” about sexuality from their parents. The same study found that 44 percent of parents of adolescents 10 to 12 years old and 70 percent of parents of adolescents 13 to 15 years old said that they had talked with their children about relationship issues and becoming sexually active.²

Children also learn about sexuality from sources outside their homes such as friends, teachers, neighbors, television, music, books, advertisements, and toys. They also frequently learn through planned opportunities in churches, synagogues, and other places of worship as well as in community agencies and schools.

Another study conducted by The Henry J. Kaiser Family Foundation in 1996 asked teenagers to identify the sources from which they had learned “a lot” about pregnancy and birth control. Forty percent named teachers, school nurses, or classes at school; 36 percent named parents; and 27 percent named friends other than boy- or girl-friends.³

SCHOOL-BASED EDUCATION

School-based sexuality education programs conducted by

specially trained educators can add an important dimension to children’s ongoing sexual learning. These programs should be developmentally appropriate and should include discussions on such issues as self-esteem, family relationships, parenting, friendships, values, communication techniques, dating, and decision-making skills. Communities must carefully plan these programs to respect the diversity of values and beliefs in the classroom and community.

SCHOOL-BASED EDUCATION GOALS

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

Comprehensive sexuality education programs have four main goals:

- to provide accurate information about human sexuality
- to provide an opportunity for young people to develop and understand their values, attitudes, and beliefs about sexuality
- to help young people develop relationships and interpersonal skills
- to help young people exercise responsibility regarding sexual relationships, including addressing abstinence, pressures to become prematurely involved in sexual intercourse, and the use of contraception and other sexual health measures.⁴

FEDERAL REQUIREMENTS

There is no federal law or policy requiring sexuality or HIV education. The federal government is explicit in its view that it should not dictate sexuality education or its content in schools. Four federal statutes preclude the federal government from prescribing state and local curriculum standards: the Department of Education Organization Act, Section 103a; the Elementary and Secondary Education Act, Section 14512; Goals 2000, Section 319 (b); and the General Education Provisions Act, Section 438.

President Clinton signed into law in 1996 the Temporary Assistance to Needy Families Act (P.L. 104-193). The law includes a provision that has created a new entitlement program for “abstinence education” in Section 510, Title V of the Social Security Act.

The provision reads:

Title V of the Social Security Act (the Maternal and Child Health Program) is amended by adding at the end the following section:

Section 510 (b)

(1) The purpose of an allotment under subsection (a) is to enable the State to provide abstinence education, and at the option of the state, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity, with a focus on those groups which are most likely to bear children out-of-wedlock.

(2) For the purposes of this section, the term “abstinence education” means an educational or motivational program which:

(A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;

(B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;

(C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;

(D) teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;

(E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;

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

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

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

Congress allocated \$50 million in federal funds for the program each year for federal fiscal years 1998 through 2002. By the end of the program’s five guaranteed years, America will have spent nearly half a billion dollars on the abstinence-only-until-marriage education entitlement program. During the first year of the program, 48 states accepted the federal funds and provided support for 698 abstinence-only-until-marriage grants for education agencies, community-based organizations, and statewide programs.⁵

STATE REQUIREMENTS

States vary in their approach to sexuality education. Some mandate that schools provide sexuality education, some mandate that schools provide STD and HIV/AIDS education, some mandate both, and some make no mandates at all.

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

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

Nineteen states and the District of Columbia require schools to provide sexuality education. (They are AL, DE, DC, GA, HI, IL, IA, KS, KY, MD, MN, NV, NJ, NC, RI, SC, TN, UT, VT, WV) Of these states, 10 (DE, GA, HI, NJ, NC, RI, SC, TN, VT, WV) require that sexuality education teach abstinence and provide information about contraception, while four states (AL, IL, KY, UT) require that sexuality education only teach abstinence.

Thirty-one states do not require schools to teach sexuality education. (They are AK, AZ, AR, CA, CO, CT, FL, ID, IN, LA, ME, MA, MI, MS, MO, MT, NE, NH, NM, NY, ND, OH, OK, OR, PA, SD, TX, VA, WA, WI, WY.) However, some of these states have content requirements for those schools that choose to teach sexuality education. Three states (CA, OR, VA) require schools that teach sexuality education to include information about abstinence and contraception. Ten states (AZ, AR, CO, FL, IN, LA, MI, MS, OK, TX) require that schools that teach sexuality education include information about abstinence. Of these ten states, six (AR, FL, IN, LA, MS, TX) specify the teaching of abstinence only until marriage.

Thirty-four states and the District of Columbia require schools to provide STD and/or HIV/AIDS education. (They are AL, CA, CT, DE, DC, FL, GA, HI, IL, IN, IA, KS, KY, MD, MI, MN, MO, NV, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV, WI.) Of these states, 21 (AL, CA, DE, FL, GA, HI, IL, KY, MI, NJ, NM, NY, NC, OK, OR, PA, RI, TN, VT, WA, WV) require that such courses teach abstinence and other methods of prevention. Indiana is the one state that requires that AIDS education teach only abstinence only until marriage.

Sixteen states (AK, AZ, AR, CO, ID, LA, ME, MA, MS, MT, NE, ND, SD, TX, VA, WY) do not require schools to provide STD and/or HIV/AIDS education. Many of these states do, however, have content requirements for those schools that opt to teach such courses. Two states (AL, VA) require that STD and/or HIV/AIDS education include information about abstinence until marriage and other prevention methods while three states (AL, MI, TX) require

that STD and/or HIV/AIDS education courses teach only about abstinence but do not require schools to teach other prevention methods.⁶

Since the passage of the abstinence education provision of the 1996 federal welfare reform, eight states (FL, GA, IN, MS, MO, NE, NC, and OH) have adopted language similar to the federal definition of abstinence education into their state laws or education codes.

SIX KEY CONCEPTS

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

In October 1991, the National Guidelines Task Force published the *Guidelines for Comprehensive Sexuality Education*, which includes information on teaching 36 sexuality-related topics in an age-appropriate manner. They were updated in 1996.⁷

PROGRAM CONTENT

The content of sexuality education varies depending on the community and the age of the students in the programs. Most programs include discussion about body image, reproductive anatomy, puberty, decision-making skills, families, abstinence, STDs/HIV, sexual abuse, and gender roles.⁸

Recent information released by the U.S. Centers for Disease Control and Prevention's (CDC's) Division of Adolescent and School Health provides some insight into what is currently taught in schools across the country. The *School Health Education Profiles (SHEP)* summarized results from 35 state surveys and 13 local surveys conducted among representative samples of school principals and health education coordinators.

The *Profiles* found that 95 percent of states' required health education courses included information about HIV prevention; 94 percent, information about STD prevention; and 85 percent, information about pregnancy prevention.

Among those schools that required HIV education, 99 percent taught about HIV infection and transmission, 97 percent taught about condom efficacy, and 48 percent taught how to use condoms correctly.

In addition, 96 percent of states' required health education courses taught skills to help students resist social pressures, 97 percent taught decision-making skills, and 90 percent taught communication skills.⁹

DECISIONS ON CONTENT

Many states and communities have established advisory committees to develop, review, or recommend appropriate

sexuality education materials and concepts. These committees assure input from diverse groups and individuals and help to build community support.

PROGRAM EFFECTIVENESS

The National Campaign to Prevent Teen Pregnancy commissioned a review of both sexuality and HIV education programs in 1997. The review concluded that sexuality education curricula that discuss condoms and contraception do not hasten the onset of intercourse, do not increase the frequency of intercourse, and do not increase the number of a person's sexual partners. Rather, they can delay the onset of intercourse, reduce the frequency of intercourse, or reduce the number of sexual partners. They can also increase condom or contraceptive use.¹⁰

A review commissioned by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in 1997 indicated that sexuality education for children and young people promoted safer sexual behaviors and did not increase their sexual activity.¹¹

The World Health Organization's Global Programme on AIDS determined in 1997 that the majority of studies that evaluated interventions reported that STD/HIV and sexuality education neither increased nor decreased sexual activity or rates of pregnancy and/or STDs. In fact, many reported that STD/HIV and/or sexuality education delayed the onset of sexual activity, reduced the number of sexual partners, or reduced unplanned pregnancy and STD rates.¹²

Some of the characteristics shared by effective sexuality education programs include:

- A clear focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection
- Materials that provide behavioral goals, teaching methods, and materials appropriate to the age, sexual experience, and culture of the students
- Theoretical approaches that have a demonstrated effectiveness in influencing other health-related risky behaviors
- Teaching methods designed to involve the participants and allow them to personalize information
- Basic, accurate information about the risks of unprotected intercourse and methods of avoiding unprotected intercourse
- Activities that address social pressures on sexual behaviors
- Opportunities to model and practice communication, negotiation, and refusal skills
- Teachers or peers who are trained and who believe in the program they are implementing.¹³

STUDIES OF ABSTINENCE-ONLY PROGRAMS

To date, there are six published studies of abstinence-only programs. None have found consistent and significant program effects on delaying the onset of intercourse. At least one has provided strong evidence that the program did not delay the onset of intercourse.¹⁴

OPTING OUT OF PROGRAMS

Parents can excuse their children from sexuality education programs. States either specifically provide parents with the option of removing their children from sexuality or STD/HIV classes or defer that option to local decision makers. Nearly all local school districts have provisions for students opting out of sexuality education classes.¹⁵

In Washington State, each school district must conduct at least one presentation for parents on all sexuality education curricula that it intends to use. Parents must also be told that they can inspect all materials. Parents who attend a presentation may excuse their children from the instruction by submitting a written request.¹⁶

SUPPORT FOR SEXUALITY EDUCATION

The vast majority of Americans support sexuality education. In fact, a national poll conducted by Hickman-Brown Research, Inc. in 1999 for SIECUS and Advocates for Youth found that 93 percent of all Americans support the teaching of sexuality education in high schools and 84 percent support sexuality education in middle/junior high schools.

The poll also found that 89 percent of Americans believe that it is important for young people to have information about contraception and prevention of STDs,

and that sexuality education programs should focus on how to avoid unintended pregnancies and STDs, including HIV and AIDS, since they are such pressing problems in America today. (See below.)¹⁷

A survey conducted by Peter D. Hart Research Associates, Inc., for the Children’s Research and Education Institute in 1999 found that 66 percent of registered voters are in favor of teaching sexuality education in the public elementary schools. Only 12 percent are neutral and only 22 percent are negative about sexuality education in the public elementary schools.¹⁸

A recent Phi Delta Kappa/Gallup Poll on “The Public’s Attitudes Toward the Public Schools” found that 87 percent of Americans favor including sexuality education in school curricula. Those individuals suggested these topics for high school students: STDs (92 percent), AIDS (92 percent), biology of reproduction (90 percent), teen pregnancy (89 percent), birth control (87 percent), premarital sexual relations (77 percent), nature of sexual intercourse (72 percent), abortion (70 percent) and homosexuality (65 percent).¹⁹

Officials at the National Institutes of Health,²⁰ the Institute of Medicine,²¹ and the U.S. Centers for Disease Control and Prevention²² have all publicly supported sexuality education programs that included information about abstinence, contraception, and condom use. Many youth, community, and national organizations have also adopted policies that support sexuality education. In fact, more than 115 national organizations have joined together as the National Coalition to Support Sexuality Education committed to assuring comprehensive sexuality education for all children and youth in the United States. (A Fact Sheet on the coalition is available from SIECUS).

SUPPORT FOR TEACHING TOPICS AT EACH GRADE LEVEL

	7–8 Grades Percentage	9–10 Grades Percentage	11–12 Grades Percentage
Puberty	82	94	96
Abstinence	79	91	95
HIV and AIDS	76	92	96
STDs	74	91	96
Love and dating	63	86	92
Contraception and birth control	59	84	91
Condoms	58	82	90
Sexual orientation	56	76	85
Abortion	40	68	79

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BETWEEN THE LINES: ABSTINENCE-ONLY-UNTIL-MARRIAGE IMPLEMENTATION

SIECUS' *Between the Lines* is a 174-page analysis of states' implementation of the federal government's Section 510(b) Abstinence Education Program in fiscal year 1998.

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