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R E P O R T

SEXUALITY EDUCATION IN THE UNITED STATES

AUGUST/SEPTEMBER 2000

SIECUS

R E P O R T

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AMERICAN YOUTH OFFER HOPE
FOR COMPREHENSIVE SEXUALITY EDUCATION

Mac Edwards

This *SIECUS Report* is filled with hope for comprehensive sexuality education in the United States. That hope comes from America's young people.

It's ironic that I'm talking about hope because I was very concerned a few months ago when I met with Martha Kempner, SIECUS' education coordinator, to get an update on the status of sexuality education programs in schools throughout the United States. Her analysis was not encouraging. She had found over the past year that strict, abstinence-only-until-marriage education programs are being accepted in America's schools with very little community debate.

The hope in this *SIECUS Report* comes from an excellent article I received in early July from Susan Wilson, the executive coordinator of the Network for Family Life Education at Rutgers University in New Jersey, titled "Raising the Voices of Teens to Change Sexuality Education." She and her staff have developed an outstanding national newsletter and Web site called *SEX, ETC.* (<http://www.sxetc.org>), developed by teens for teens, that has over 100,000 "user sessions" a day ("hits" where Web site users stay an average of eight minutes). She said: "Whether adults like it or not, teens are going to take more and more control of their sexual learning." I think you'll really enjoy reading the success story of *SEX, ETC.*

BAD NEWS

Now back to Martha's article on sexuality education trends during the 1999-2000 school year. She points out that these proliferating abstinence-only-until-marriage programs are taking many forms—from one-time assemblies to semester-long classroom-based programs. And many of them are relying on fear, shame, and inaccurate information to scare young people about sexuality. In addition to abstinence-only-until-marriage, Martha noted that other issues debated in communities during the 1999-2000 school year include appropriate content for sexuality education, opt-in/opt-out policies, and the separation by gender for classroom instruction.

GOOD NEWS

In addition to the good news about *SEX, ETC.*, we have two other very positive articles in this issue on sexuality education.

First, Dr. Lyndall Ellingson, an assistant professor at California State University—Chico, tells us about a semester-long program that she has developed where future sexuality educators get the chance not only to learn about sexual health but also how to teach by leading discussion groups—all in one class.

Then Susan Bankowski, associate director of the Campaign for Our Children, Inc., responds to our *SIECUS Report* on "Adolescent Sexuality and Popular Culture" by saying that educators need to embrace the media that influences the teens they teach. "Don't let yourself get so far away from your target population that you cannot relate to them," she urges. She explains how she has stayed connected.

This issue also includes a new *SIECUS Annotated Bibliography on Adolescent Sexuality*. It presents a cross section of available books and reports as well as a list of organizations that you can contact for additional information.

UPCOMING ELECTIONS

"This November's Presidential and Congressional elections are extremely important to us for a number of reasons," says William Smith, SIECUS' director of public policy, in his Policy Update in this issue.

First, the makeup of the next Congress will impact not only abstinence-only-until-marriage funding but also future family planning and health care funding.

Second, our next President will likely make U.S. Supreme Court appointments that will determine whether the Court moves to the left or the right. Recent decisions relating to sexual orientation and abortion were split five to four.

WELCOME

Finally, we extend a warm welcome to Tamara Kreinin, who has joined SIECUS as our new president and chief executive officer. She brings to SIECUS an impressive background in the field of health and human service—with an emphasis on America's youth. She has held positions with The National Campaign to Prevent Teen Pregnancy, the Southern Regional Project on Infant Mortality, and the New Orleans Council for Young Children. The announcement on page 23 tells you more about Tamara and her work. The SIECUS staff and Board of Directors look forward to working with her. Welcome, Tamara!

SEXUALITY EDUCATION IS DEBATED AS RESTRICTIVE PROGRAMS GAIN POPULARITY

Martha E. Kempner, M.A.

SIECUS Education Coordinator

SIECUS' Community Advocacy Project has tracked controversies in sexuality education for the past eight years to gain an understanding of national trends as they emerge and reappear. This knowledge allows SIECUS to help communities advocate comprehensive sexuality education programs.

This year, SIECUS saw abstinence-only-until-marriage education dominate the national landscape yet again. Federal and state lawmakers debated legislation that would provide funding for abstinence-only-until-marriage programs and/or require schools to teach abstinence, while state and local educators debated how best to bring this subject to classrooms and students.

In many communities, however, strict abstinence-only-until-marriage programs entered schools with little or no debate. Such programs took many forms—from one-time assemblies to semester-long, classroom-based lessons. Many were funded with federal dollars, and many relied on fear, shame, and inaccurate information to scare young people into abstaining from sexual behavior.

During the 1999–2000 school year, SIECUS documented 122 debates regarding sexuality education in 31 states. Many of these focused on abstinence education while others reflected trends SIECUS has previously monitored such as appropriate content for sexuality education, opt-in/opt-out policies, and the separation of genders for classroom presentations.

The number of controversies is less than in past years. Unfortunately, the information SIECUS has gathered suggests that this number is dropping not because comprehensive sexuality education is enjoying wider acceptance but because abstinence-only-until-marriage education programs are entering schools and communities virtually unnoticed.

This article provides an overview of debates regarding abstinence-only-until-marriage education on the federal, state, and local levels as well as state and local debates regarding other topics related to sexuality education. A review of some of the abstinence-only-until-marriage programs that have entered schools without debate is also provided on page 7.

ABSTINENCE GAINS POPULARITY

In 1996, the federal government attached a provision to the popular welfare-reform law establishing a federal entitlement program for abstinence-only-until-marriage education.

This entitlement program, Section 510(b) of Title V of the Social Security Act, hereafter referred to as Section 510(b), funneled \$50 million per year for five years into the states. States who choose to accept Section 510(b) funds must match every four federal dollars with three state-raised dollars and then disperse the funds for educational activities.¹

Programs that use these funds must adhere to a strict eight-point definition, which, among other things, requires them to teach that “sexual activity outside of marriage is likely to have harmful psychological and physical effects.”² (The complete definition is reprinted in a box on page 4.) The Section 510(b) abstinence-only-until-marriage funds are up for reauthorization next year.

Since the introduction of these funds, abstinence-only-until-marriage programs have gained popularity and in many communities are the only form of sexuality education. The federal funds are at least in part responsible for this rise in popularity. Schools have limited resources to provide students with programs on all subject areas from math and science to art and music. They are, therefore, more receptive to programs that come completely funded. Also, because of the federal money devoted to it, abstinence-only-until-marriage education is now perceived as “federally approved”—even programs not federally funded benefit from this perception.

While abstinence-only education appears to have become widely accepted without much public discourse, it was nonetheless the subject of debates on the federal, state, and local levels during the 1999–2000 school year.

Federal Abstinence Legislation

In November 1999, opponents of comprehensive sexuality education, family planning, and reproductive rights began a process that successfully secured an additional \$50 million for abstinence-only-until-marriage programs over the next two years. Although these funds are not part of Section 510(b), programs that receive this money must conform to the strict eight-point definition.³

These new funds will be awarded directly to state and local organizations by the Maternal and Child Health Bureau through a competitive grant process instead of through state block grants as is the case for 510(b) funds. Many view this change as an attempt by conservative lawmakers to control the funding and prevent money from supporting media campaigns, youth development, and after-school programs that they see as diluting the abstinence message and violating the intent of the Section 510(b) entitlement program.⁴

State-Level Abstinence Laws

Since the introduction of the welfare-reform law, several states have adopted all or some of the eight-point federal definition of abstinence-only-until-marriage education into their own laws. At least three states looked at this issue this year.

This year, **Michigan** incorporated the entire federal definition into an appropriations bill that requires programs receiving Section 510(b) funds to meet all of the definition's eight points.⁵ In contrast, the federal law states that "it is not necessary to place equal emphasis on each element of the definition; however, a project may not be inconsistent with any aspect of the abstinence-education definition."⁶ In order to comply with the new state law, many Michigan programs that focused on other selected aspects of the definition have had to modify their curricula. In particular, a number of programs have had to add a component on marriage. The law also instructs the state to give funding priority to agencies that, among other things, do not provide contraceptives to minors.⁷

Lawmakers in **Kentucky** attempted to pass an even broader abstinence bill that used much of the federal language and would have required public school teachers to teach "abstinence from sexual activity outside of marriage as

the expected standard for all school-age children" and that "a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity." Although the Senate Education Committee voted six to three in favor of the bill, five senators on the committee abstained. This meant that the bill did not have enough votes to pass.⁸

A similar bill in **Utah** that would have strictly limited school-based sexuality education to abstinence-only-until-marriage programs cleared both houses of the state legislature this year. The law would have also required that schools teach the failures of contraception and inform students that sexual relationships outside of marriage are a crime. The governor vetoed the bill. He did, however, direct the Utah Department of Education to monitor sexuality education programs more carefully. He said that concerns about explicit and inappropriate materials were valid but that the state could better address them with administrative changes rather than with a new law.⁹

In response to this request, the Utah Department of Education drafted rules for sexuality education. While these rules contained few changes to existing state policies, they brought all guidelines into one place and clarified many issues. Changes to the rules require schools to receive written parental consent before teaching any topic in human sexuality. In the past, written consent was necessary only for lessons dealing with contraception. Other portions of the rules did not change, including prohibiting schools from advocating for sexual activity outside of marriage, homosexuality, or the use of contraceptive methods or devices. However, Utah's rules continue to contain positive provisions such as the requirements that instruction be free from religious, racial, ethnic, and gender stereotypes and that the Utah Board of Education approve only "medically

SECTION 510(b) OF TITLE V OF THE SOCIAL SECURITY ACT, P.L. 104-193

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 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.

accurate” sexuality education instruction.¹⁰

State-Level Abstinence Programs

While some states debated abstinence within the context of legislation, other states considered how the funds should be distributed and/or used. In **Oregon**, lawmakers cut \$151,000 from the state’s Section 510(b)-funded *Students Today Are Not Ready for Sex* (STARS) program because they felt it did not place enough emphasis on marriage. Because of the Section 510(b) requirement that states match federal funds, the reduction in state funds will also cause the STARS program to lose a portion of its federal funding.¹¹

Lawmakers said the program, which uses peer educators to teach the benefits of abstinence to younger teenagers, tells students to abstain from sexual activity until they are ready but does not “define what *ready* means and doesn’t equate it with being married.”¹² One educator involved with the STARS program explained its philosophy by saying: “We support the [marriage] message but want kids to know that there are many reasons to postpone having sex and waiting until they’re married is just one of them.”¹³ The funds taken from the STARS program will be granted to other programs that focus on marriage.

Colorado was also recently criticized for the way it was spending its Section 510(b) abstinence-only-until-marriage dollars. Abstinence-only-until-marriage supporters were upset to see funds used on such apparently unrelated efforts as swing-dancing lessons, tae kwon do (a martial art), and games of laser tag.¹⁴

Finally, **Virginia** directed grant recipients to devote 60 percent of their efforts to unmarried women in their twenties. Three years into the campaign, over half of the localities that originally expressed interest in applying for Section 510(b) funds had dropped out in part because they felt that the message was unrealistic. One nurse who worked on the program explained: “If you can imagine talking to a 27-year-old woman and telling her not to have sex, you know you’re not going to get far.”¹⁵

Communities Debate Federal Funds

Not all communities embraced abstinence-only-until-marriage education, even when it was accompanied by federal funds. Some communities that accepted the funds argued over implementation.

One Community Abstains

The **Longmont, CO**, school board was once again approached by Friends First, a popular, fear-based, abstinence-only-until-marriage education provider. The organization asked the school to use its program, *WAIT*

(*Why Am I Tempted*) *Training*. (A similar proposal was rejected last year.) Friends First receives approximately \$50,000 in Section 510(b) funds to present abstinence-only-until-marriage education.¹⁶

In arguing for a “directive approach” that focuses on abstinence from premarital sexual activity, the president of Friends First explained that “it is not the pregnancies but the lack of weddings that drives the National Welfare Reform Act.”¹⁷ Educators in Longmont expressed concern that the program would absorb a tremendous amount of the school day, that it contained religious biases, and that there was not sufficient research to show that it would work. Parents also expressed concern regarding the narrow scope of the program. One parent explained: “No one can be agnostic about abstinence, but public education has the obligation to teach the whole truth, to expand kids’ minds.”¹⁸

The school board voted to reject the abstinence-only-until-marriage program. Instead, the district will clarify and expand the existing abstinence-based curriculum to ensure that it stresses healthy relationships. The school board president wanted to make it clear to teachers that while the current curriculum focused on abstinence, there was no abstinence-only policy in place. She explained that “teachers are sometimes afraid of what they teach because they don’t understand the policies.”¹⁹ The district will use the next school year to examine whether class offerings and resources are sufficient and will also decide whether sexuality education classes for freshmen and sophomores should be mandatory.

Controversy in Two Communities

During the 1999–2000 school year, some communities debated how best to use Section 510(b) dollars. Controversy erupted in **Greenville, SC**, when the County Council awarded a grant to Heritage Community Services without using a competitive bidding process.

Community members were upset because this particular agency was previously denied access to the county school system when school administrators noted that the agency’s program did not use state-approved textbooks, lacked a complete curriculum and lesson plans, and lacked organization. Three years ago, the same agency was the subject of a statewide controversy when the governor initially granted it all of the state’s \$1.3 million Section 510(b) dollars.

In response to concerns about the grant process, the County Council suspended the award and collected bids from many local agencies, including the local school district. After reviewing all the bids, the County Council once again awarded the grant to Heritage Community Services.²⁰

This agency was also the center of a debate in nearby **Charleston, SC**, where the president of Heritage

Community Services was appointed as a volunteer sexuality education consultant to the school board and also served as liaison to the sexuality education advisory committee. As a consultant, she was scheduled to oversee all sexuality education and pregnancy-prevention programs, including one that teaches contraception, and an after-school abstinence-only program (for which her agency was awarded a \$96,000 grant).²¹

Health professionals in the community felt the consultant was biased toward an abstinence-only approach and that this prevented her from overseeing other types of programs. They were also concerned that under her supervision the agency's abstinence-only program, which was approved by the school board only as an after-school program, was, in fact, being taught during the day at three area schools. The superintendent asked the school board to clarify her job responsibilities. Instead, it relieved her of her volunteer duties. A decision was later made to replace her with a full-time employee.²²

In response to this decision, one state lawmaker introduced language into a bill forbidding the Charleston County School District from using local tax money to teach sexuality education unless it used an abstinence-only curriculum. However, because the language was attached to an unrelated and controversial bill, it had little chance of ever becoming law. Observers of state politics saw this as merely a symbolic gesture designed to show the legislator's disapproval of the school board's decision.²³

Other Abstinence-Only Debates

Even when federal funds are not available, some communities and states debated whether to teach abstinence, how to approach the topic, and if it is effective.

Two Classic Controversies

In past years, debates surrounding abstinence-only education followed a specific pattern: a group of concerned parents would approach the school board suggesting that the current curriculum, often one that taught both abstinence and contraception, be replaced with a strict abstinence-only-until-marriage program. While the number of communities engaging in such a debate has declined in recent years, some communities still participated in this classic argument during the 1999–2000 school year.

In **Taunton, MA**, the health curriculum advisory board approved a revision to the curriculum that would change the focus of health classes from pregnancy-and-disease-prevention to abstinence-only. The school board held a public forum to discuss the changes, and parents and community members on both sides of the issue engaged in heated arguments.

One school board member invited a local physician to

speak at the forum. (The physician is also a spokesperson for the National Consortium of State Physician's Resource Councils, a national opponent of comprehensive sexuality education.) Among other things, the physician told parents that ninth graders should not learn about HIV because "HIV is an adult fear not a child fear. When you teach it to ninth graders, you are impinging on their latency period." He went on to tell parents and school board members that "Condoms don't work. Period."²⁴

Some parents disagreed with his ideas and felt that the changes to the curriculum would deprive students of important information. One parent explained: "I will not allow individuals with a personal agenda to dictate what is right for us. Information is education. We have to provide education, not foster ignorance."²⁵

At the end of the three-hour meeting, the committee voted to approve the changes to the health curriculum. In what the superintendent described as a compromise motion, the committee decided the curriculum would place a priority on teaching abstinence while also clearly communicating the risks associated with sexual activity, and/or the use of contraceptives.²⁶ SIECUS will continue to monitor sexuality education in this community in order to determine the success of this compromise motion.

Parents in **Weston, CT**, were unsuccessful in their attempts to change the focus of sexuality education to abstinence-only. After becoming upset by a classroom condom demonstration that apparently made a number of ninth- and tenth-grade students uncomfortable, a group of parents joined together to propose that the school replace its current program with "directive education" in which "teens are led to conclude on their own that abstinence is the safest and healthiest choice."²⁷ The school subcommittee responsible for sexuality education decided not to review this issue until 2002. In response to this decision, the parents' group distributed a flyer that some community members felt manipulated facts and distorted the issue.²⁸

School officials noted that the current curriculum has been in place for eight years and has widespread student support. One sophomore explained the benefits of the course: "For the most part, before stepping into the classroom that first day we all knew about abstinence, but we did not know about diaphragms. How else are we going to learn this if not in health education?" School officials added that, when surveyed, the majority of recent graduates named health education as the one curricular area that prepared them most for college.²⁹

Focus of Abstinence-Only Messages

As teaching about abstinence has gained popularity, communities and states have struggled with the exact message, tone, and scope of programs for their students. For example,

after some debate, the **South Carolina** State Board of Education ruled that students in middle school and high school must learn to “analyze risks and consequences of early sexual involvement and benefits of delaying sexual activity and avoiding parenthood until marriage” and be taught that “abstinence is the most effective means of teen pregnancy prevention and protection of reproductive health.”³⁰

In **Carol Stream, IL**, parents felt an in-school program offered by the county health department did not emphasize abstinence strongly enough. They argued that the department’s materials and presentations conveyed a “safe sex message” and that the discussion of condoms as a prevention tool overshadowed messages of premarital abstinence. Parents were particularly upset that teens were told that they did not need parental permission for a pregnancy test.³¹

Parents approached the school board with their concerns and argued that the sole focus of sexuality education should be teaching abstinence from premarital sexual intercourse. They asked the board to consider programmatic options other than those offered by the health department,

including the fear-based, abstinence-only-until-marriage programs distributed by Project Reality.

In response, the school board required the health department to make certain changes to its program, including eliminating one brochure that discussed abstinence until teens feel ready for sexual intercourse rather than abstinence until marriage. Language about condoms in a second brochure was also changed; the suggestion that using a condom is 10,000 times safer than using no contraception was replaced with the suggestion that condoms are not 100 percent effective. In addition, although students will learn that the health department provides pregnancy tests, they will no longer be told that parental consent is not necessary.³²

The school board in **Wyandotte, MI**, voted to approve a new reproductive health curriculum for its middle school that includes a video, textbook, teacher reference book, and pamphlet on sexually transmitted diseases (STDs). Two members of the board dissented and said that the curriculum and the video watered down the message that sexual activity is for marriage and did not support the district’s abstinence-based policy.³³

WHAT ABSTINENCE-ONLY EDUCATION LOOKS LIKE IN COMMUNITIES TODAY

SIECUS noted this year that fewer communities debated abstinence-only-until-marriage education. Whereas in the past parents, teachers, and administrators would debate the merits and pitfalls of such programs in public forums and editorials, schools and communities today seem to embrace strict abstinence-only-until-marriage programs without a second glance.

These programs vary widely. Some take the traditional form of classroom courses that represent the only sexuality education programs offered in a community, while others are one-time assemblies, after-school programs, or rallies that are held in addition to more comprehensive programs. Some programs provide positive messages about the benefits of abstinence and parental communication. Other programs, however, teach students that premarital sexual activity inevitably has dire consequences; they rely on fear and shame to scare students into abstaining from sexual activity.

While many of these new programs are funded with federal welfare reform money, some are not.

The following is an overview of some of the abstinence-only programs found in communities during the 1999–2000 school year.

COMMUNITY PROGRAMS

Pike County, AL. The *Abstinence in Motion (AIM)* Project, cosponsored by the Charles Henderson Child Health Center and the Edge Regional Medical Center, provides mentoring, counseling, and adult supervision to promote abstinence from sexual activity. An administrator explained: “The AIM Project will continue to teach our young people that the truth is sexual activity should be reserved until marriage to prevent broken hearts.”¹

Will County, IL. The county health department received a \$43,000 grant to provide an abstinence-only-until-marriage education program targeting 8- to 14-year olds. The goals of the program are to reduce pregnancy and STD rates and to increase the percentage of adolescents who wait until marriage to have sexual intercourse. According to an administrator, all goals need to be achieved by the project’s end in 2004.²

Hamilton, NY. *Starting Teen Abstinence Today in Communities (STATIC)*, is a coalition of school administrators, counselors, and social workers who promote the benefits of abstinence and ensure that sexually active adolescents obtain family planning and reproductive health care. Among other activities, STATIC sponsors an

eight-week, after-school program for middle school students that covers abstinence, decision-making, relationships, and career opportunities. Participants are also encouraged to discover new leisure activities and work on artistically creative projects.³

TRADITIONAL CLASSROOM CURRICULA

As abstinence-only messages have become more popular, more curricula and materials have become commercially available. Many communities use these materials when planning a classroom-based unit on abstinence. Other communities develop their own courses.

Mahomet, IL. The district decided to implement *Choosing the Best*, a popular fear-based, abstinence-only-until-marriage curriculum, as the new health curriculum for seventh-grade students. According to the principal of the junior high school, the curriculum deals with “dating, sexually transmitted diseases, marriage, commitment, decision-making, emotions and preserving character and reputation.” The principal explained that prior to this decision the school lacked a sexuality education program. Reproduction was taught only in science classes and focused on issues such as cell division. Parents seemed pleased with this decision. However, one parent expressed concerns about the scope of the curriculum. She questioned how it could focus on abstinence without talking about “biological sex”: “You start talking about abstinence, and what is that going to lead to? I don’t think that is something that should be taught in school. There’s too many wrong ideas that can be put in children’s heads.”⁴

Austin, TX. Every member of the Temple Independent School District—from the superintendent to the bus drivers—was recently trained to use *Worth the Wait*, an abstinence-only-until-marriage program created by local Scott & White Hospital that is being implemented in the district. According to one administrator: “The program is based on medical facts, not on morals, and covers the medical, social, legal, and economic ramification of premarital sexual activity among teens.”⁵

PRESENTATIONS

In recent years, the circuit of professional abstinence-only speakers has grown. Pam Stenzel, Mike Long, A.C. Green, Lakita Garth, and Molly Kelly, among others, have traveled the country giving presentations to middle school and high school students. Other schools rely on local experts to discuss abstinence with their students. Many of the speakers regularly incorporate messages of fear and shame into their presentations.

Whittier, CA. Pam Stenzel presented “The Price Tag of Sex” to high school students in the community. She told students: “I did not come here today to make your decision for you, I don’t have time. . . . I came to tell you that if you have sex outside of a monogamous—and by monogamous I don’t mean one at a time—relationship, you will pay the price.” She also told students that girls are more likely to contract STDs than boys and that once a girl contracts an STD she can become sterile or die.⁶ Ms. Stenzel gave her presentation at numerous middle schools and high schools around the country during the 1999–2000 school year, including, Sarasota, FL, Cary, IL, Geneva, IL, Buttler Township, OH, Rochester, MN, and Paulsborough, WA.

Sioux City, IA. Mike Long, a national abstinence-only speaker, told high school students that “everybody is not doing it.” He explained to the local newspaper that 20 percent of kids have already chosen to engage in sexual activity, and 20 percent have their minds set on waiting until they are married. It is the 60 percent in the middle he tries to reach. Mr. Long also gave presentations in Melbourne, FL, Sheldon, IA, and Napoleon, OH, during the school year.⁷

Buffalo, NY. In a presentation to high school students, Miles McPherson, a former defensive back for the San Diego Chargers, explained: “When you are not married and have sex, you give a part of your soul away. When you give too much away, you don’t have any left.”⁸

Walters, OK. A local couple facilitated a presentation on sexual abstinence for high school students that answered the questions: “What is the most wonderful day in the life of a young woman?” “What does the white mean in a wedding dress?” and “What does the black mean in a tux?” The couple also presented a version of the program to fifth- and sixth-grade students that did not mention sexual activity but that emphasized “respect and honor from young ladies and gallantry from young men.”⁹

Portage, WI. An HIV-positive speaker presented a message of abstinence to a high school health class in Portage. One student in the class described what he learned in the local paper by saying: “The AIDS virus is an unstoppable virus. . . . The only way to prevent the virus is to wait until a person finds a partner and that partner wants to marry and finding out that there is no way both of you could get the virus.”¹⁰

PEER EDUCATION

Many abstinence-only education programs train peer educators to facilitate presentations for younger students about the benefits of abstinence.

Northridge, CA. The Northridge Hospital Medical Center sponsors *Promoting Abstinence for Healthy Teens*

(PATH) in which peer educators from local high schools teach younger students the risks of early sexual involvement.¹¹

Tennessee. *Students Teaching and Respecting Responsibility* (STAR) promotes the benefits of abstinence among teenagers. The program uses peer educators who have themselves decided to remain abstinent. It also uses pregnant and parenting teens and those who have been sexually active but made the decision to change their behavior.¹²

Olean, NY. Pioneer High School sponsored *Abstinence Is O.K. (A.O.K.)*, which featured a drama troupe of peer educators performing interactive workshops on abstinence.¹³

CHASTITY/ABSTINENCE RALLIES

Rallies in which youth make personal pledges to remain abstinent until marriage (often referred to as “chastity rallies”) have become increasingly popular in recent years. Such rallies were once the exclusive province of faith communities, and two of the organizations that currently spearhead rallies across the country are tied to religious institutions. (*True Love Waits* is sponsored by LifeWay Christian Resources, which is owned and operated by the Southern Baptist Convention, and *Pure Love Alliance* is sponsored by The Unification Church.¹⁴) While faith-based organizations continue to sponsor these events, they now frequently take place in secular settings.

Malvern, AR. The proprietor of a local hair salon advocated abstinence at back-to-back presentations for single-gender audiences at Malvern Junior High School. The speaker told students: “Sex isn’t worse than any other sin. Sin is sin, but sexual sins have different and deeper scars.” She went on to say that “fooling around” can be just as emotionally scarring as “sex itself.” At the conclusion of her presentations, more than half of the school’s 520 students signed *True Love Waits* pledge cards.¹⁵

Oroville, CA. Students at Central High School displayed their *True Love Waits* pledge cards on the school lawn during a Valentine’s Day event attended by a member of the state assembly.¹⁶

Pennsylvania. In honor of Pennsylvania’s Third Annual Chastity Week, students in Adams and York County schools distributed 13,000 lollipops that contained an abstinence message. In addition, 200 students attended a *Real Commitment* rally in Gettysburg and signed cards agreeing to abstain from sexual activity outside of marriage.¹⁷

Worcester, MA. *Pure Love Alliance* sponsored a rally on the steps of city hall during which passing motorists were encouraged to “Honk for Purity.”¹⁸

Schuyler, NE. More than 600 people attended a weekend *True Love Waits* rally at Schuyler Central High

School. Miss America 1997 spoke to the crowd and outlined four steps that young people (“especially girls”) need to follow to remain abstinent until Biblical marriage.¹⁹

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Dual-Track Education

Last year, SIECUS identified dual-track programs as an emerging trend in sexuality education and highlighted the efforts of **Osseo, MN**. In dual-track programs, a school system allows parents to choose between two separate sexuality education classes, typically an abstinence-based course that includes information on contraception and a strict abstinence-only-until-marriage course.

The dual-track system in Osseo was implemented for the first time during the 1999–2000 school year. Between 51 and 60 percent of seventh-grade students and between 66 and 70 percent of senior high school students enrolled in the abstinence-based course that had been in place before the dual-track system was implemented. Administrators

reported some logistical problems that arose from offering two courses instead of one. For the most part, however, this new system ran smoothly during its first year of implementation.³⁴

This year, the school board was asked to determine whether the abstinence-only-until-marriage course should teach students that pornography has harmful effects. Although this was originally set as one of the outcomes for the course, teachers felt that there was not enough research to support this claim. The school board voted to remove the topic from the course.³⁵

Last year, SIECUS noted that national opponents of comprehensive sexuality education had taken an interest in dual-track education and suggested that it might become a

WHEN IS PUBERTY EDUCATION NO LONGER PUBERTY EDUCATION? A REFLECTION ON COMPROMISING PROGRAM CONTENT

The groundwork was laid. All of the steps for implementation were carefully followed. There was every reason to believe that this year's fifth-grade puberty education program would meet with the same widespread approval as it had for the past two years.

As an independent puberty education consultant, I presented a detailed outline of a three-day, three-and-a-half hour, fifth-grade puberty program to this small, rural school district three years earlier. It easily met with the mandatory approval of the Health and Wellness Committee, the parents' group, and the assistant superintendent for instruction.

The first two years of this rather conservative program were a resounding success. Student evaluations demonstrated a high comfort level and overall positive results on all indicators. Only a small number of parents, one to three percent, opted to remove their children from the program. Teacher evaluations also resulted in the highest possible grade.

But late last fall at a parents' meeting, several parents raised concerns regarding teaching ten-year-old children about reproduction and birth. By the end of the meeting, there was an uneasiness in the air. The program, as designed and approved, included a very brief discussion, less than one minute in length, about intercourse and a half-hour discussion about fetal development and birth. The latter always resulted in a lively discussion in which eager learners asked about twins, umbilical cords, and Caesarian-sections, just to name a few topics.

Because of the potential for controversy, the superintendent became involved. He asked me to make major changes to the program. In a subsequent meeting, he explained that he felt that children in the fifth grade are not too young to learn about birth and babies. However,

two parents who he saw as good indicators of community opinion, believed this information was inappropriate. Therefore, he decided that I could not present any information about reproduction, fetal development, or birth. Moreover, I was told that I could not discuss these topics even in response to direct questions from students.

I understand that the superintendent was in a difficult position. As the lead educator, he had to choose between what he considered educationally sound and what he perceived as the wishes of his district. But I had a decision to make, too. Could I omit information that I considered an integral part of the lessons? What damage would I cause if I refused to answer students' appropriate questions about fetal development and birth? What would happen next year if parents objected to discussions about other topics? And, most important of all, what would happen to the trust I develop with my students—a trust that says: "You can ask me anything and I won't laugh." I believe that this is trust that allows for a safe learning environment in which troubling questions are welcomed, and that says intellectual curiosity is a good thing.

Although a part of me felt that giving some information to students was better than giving none, I decided that this restrictive learning environment crippled my ability to be a good teacher. Ultimately, I refused to teach the program.

When I last spoke to the superintendent, I offered my assistance in any way possible. At the end of the school year, I called to see how the revised program had succeeded. My calls were never returned.

—*Cynthia Silverstein*
Puberty Education Consultant
Troquoix, NY

new tactic for bringing restrictive abstinence-only-until-marriage education to communities that might otherwise refuse this type of program.

SIECUS has not noted any communities debating dual-track education during the 1999–2000 school year. However, the school board in **Durham, NC**, recently voted to approve a comprehensive sexuality education program but to allow parents the option of choosing abstinence-only education instead. SIECUS will monitor this community closely to determine how the new policy is implemented.³⁶

Doubts About Programs

Finally, other communities have debated whether current abstinence-only programs work. In a roundtable discussion with students, the principal of a **Franklin, NC**, school suggested that the rising number of teen pregnancies in the area indicates that the current abstinence-only-until-marriage curriculum is not giving students the information they need.

The curriculum was based on a 1995 state ruling that requires schools to focus sexuality education on the benefits of abstinence and the risks of premarital sexual activity. Student participants in the roundtable discussion called the curriculum unrealistic and criticized it for not providing information on “safer sex.” The principal appeared to agree: “...I think we have to look at providing correct, adequate education, promoting healthy living, and talking about the benefits of abstinence as well as safe sex.”³⁷

Franklin has battled over sexuality education many times in the past. In 1995, protesters successfully fought to bring an end to the school’s *Family Life: Healthy Living* program, a comprehensive health curriculum. Protestors also forced the school to cancel an AIDS assembly because the organization scheduled to make the presentation had previously worked with gay and lesbian groups. In addition, protestors defeated a proposal to hire a school nurse for fear that a nurse might lead to condoms on campus.³⁸

The principal suggested that all of this fighting was undermining educational efforts. He stated that “We end up spending the majority of our time putting out fires. It makes you lose focus. And the children end up being the ones left out.”³⁹

The school board president in **Edinburg, TX**, recently told a local newspaper that *Teen-Aid*, a popular fear-based, abstinence-only-until-marriage curriculum implemented in the community five years ago, has had little effect on teen pregnancy rates.

This does not mean, however, that the school will stop using the program. He explained that “It has not been real successful but the group that is in charge of it is very adamant about keeping it in the school system.”⁴⁰

Proponents of the program argued that the failure to reduce teen pregnancy is the fault of teachers who do not really believe in the program. They suggested that the community needs to begin “abstinence indoctrination earlier.”⁴¹

In response to this recommendation, the school board has added \$20,000 of funding to expand the program to the elementary school level.⁴²

OTHER TOPICS DEBATED

In addition to debates about abstinence-only-until-marriage education, many states and communities demonstrated concern during the 1999–2000 school year about such subjects as appropriate content, opt-in/opt-out policies, and separating students by gender for presentations.

Appropriate Content

After abstinence-only education, the issue most often debated in relation to sexuality education involve the content and scope of classroom presentations and materials. This year, many communities disagreed about appropriate information for students as well as about the age at which students should receive it. While some of these debates focused on entire courses and presentations, others focused on individual books and videos as well as specific topics such as sexual orientation and condoms.

State-Level Debates Over Content

Ohio has been embroiled in a bitter battle over the content of sexuality education for the past two school years. Controversy began in the fall of 1998 when state lawmakers became concerned over alleged explicit information included in a training program for HIV educators that was funded by the U.S. Centers for Disease Control and Prevention (CDC). Lawmakers were upset about some of the program’s information on condoms and about a hand-out of common expressions for sexual activity and anatomy that was designed to make teachers more comfortable discussing such topics with students. Legislators passed an amendment that “froze” the funds and prohibited the Ohio Department of Education from using or dispensing the money until they could be assured that the money would not be used to acquire more training “in how to teach the use of condoms to Ohio school students.”⁴³

In January 2000, the legislature held two days of hearings on the matter, during which time some lawmakers argued that state officials should accept the money on the condition that abstinence be taught as the only sure way to prevent STDs. At one point, the lawmakers appeared to have agreed on a compromise motion that would have required programs to “emphasize” sexual abstinence. Unfortunately, this did not satisfy some legislators who prevented a vote on the issue from being taken at that time.⁴⁴

A motion to put the issue back on the agenda failed in April 2000. As a result, the CDC funding offer expired, and Ohio became the first state to turn down a CDC grant that included money for HIV education.⁴⁵

Many people throughout the state and across the country were outraged by this decision, in part because only 10 percent of the nearly \$1 million of Ohio's CDC funds was earmarked for HIV prevention. The majority of the funds were designated for other health initiatives such as heart disease, cancer, diabetes, physical exercise, nutrition, tobacco use, and dental services. One lawmaker said: "We are damaging our kids by not letting them get the education, especially when it comes to HIV and AIDS...."⁴⁶

In a related ruling in December 1999, Ohio's Board of Education, under pressure from the legislature, unanimously voted to require health teachers to tell students that they should abstain from sexual relationships until marriage. The rule does not ban discussion of other sexuality-related topics (such as condom use) but does require teachers to tell students that other forms of birth control are not as effective as abstinence.⁴⁷

Massachusetts also recently debated the content of sexuality education when a training given by Massachusetts State Department of Education staff members sparked controversy. The training, entitled *What They Didn't Tell You About Queer Sex and Sexuality in Health Class*, took place at a conference sponsored by the Gay Lesbian Straight Education Network (GLSEN). During the presentation, facilitators answered anonymous questions from participants. A local group opposed to comprehensive sexuality education illegally taped the training and distributed the tape to radio stations and legislators. Some people who heard the tape felt the answers to participant's questions were too explicit and inappropriate. As a result of this controversy, one of the trainers was fired, another resigned, and the third, who was working as an independent consultant, lost his contract.⁴⁸

Community-Level Concerns About Content

Individuals often spend a great deal of time and energy reviewing sexuality education materials to determine if they are appropriate to the age of the students and the values of the community.

Courses and Materials

In **Pinnconning, MI**, the school board thought it had addressed these issues when it adopted *Safer Choices* as the new sexuality education curriculum. Some parents, however, objected to this choice, complaining that references to vaginal, oral, and anal intercourse as well as condom use made this curriculum too explicit for students. One parent said it read "like a 'how-to' manual on how to be perverse."

The complaints caused the school board to reexamine the issue.⁴⁹ SIECUS will continue to monitor this community to determine the final outcome of this debate.

A life-science textbook in **St. Johnsbury, VT**, was also termed explicit by some parents and community members because two chapters dealt with body changes and human reproduction. The school principal suggested that the school purchase the textbooks but remove the problematic chapters, which could then be bound separately and distributed to older students in health classes. Although the board initially agreed with this suggestion, it ultimately voted to purchase the textbook and not to remove the chapters because doing so would set a precedent for censorship.⁵⁰

Censorship was also at issue in the decision in **Fairfax, VA**, to alter the puberty video, *The New and Improved Me: Understanding Changes in My Body*. A segment that ran less than one minute and portrayed a father explaining nocturnal emission to his son became the subject of debate. The Family Life Education Curricula Advisory Committee approved the video in its entirety. The committee felt that it was important for both boys and girls to learn about puberty changes and that the segment offered a good example of parent-child communication. Despite this, the superintendent suggested that the board edit the video and remove this segment from the copy shown to girls. He made this decision in order to remain consistent with a similar 1997 decision made by the school to edit the puberty video *Kids to Kids* by removing information on nocturnal emissions from the copy shown to girls and information on tampon insertion from that shown to boys.⁵¹

A video was also at issue in **Northville, MI**, where some parents felt that a segment showing high school students buying condoms went too far. One parent explained her concerns by saying that the students in the unnamed video "weren't even embarrassed about it." The superintendent said that the school had a history of listening to parents and that it had stopped using a replica of a penis for condom demonstrations and discarded graphic models of male and female genitalia following parental complaints. He cautioned, however, that "We can't be Pollyannaish and assume that [teen sexual activity] is not going on. It's not going to self-correct."⁵² SIECUS will continue to monitor this community to determine the final decision on the use of the video.

In **Carbondale, IL**, a flyer developed by the local health department that told teens how they could obtain sexuality-related information, examinations, and birth control was at the center of a debate. The school board debated whether to display the flyer at the high school and middle school. Some members worried that the school would appear to be encouraging sexual activity. The board voted to allow the display of the flyers only after notifying parents.⁵³

A similar pamphlet in **Calvert, MD**, was controversial throughout its two-year development process. One issue involved whether to list the organization Parents, Families, and Friends of Lesbians and Gays (PFLAG) as a resource available to teens. The authors agreed to list the organization but to identify it only through its acronym.

When it was finally finished, the pamphlet was criticized by some parents who felt it contained too much information. They suggested that its distribution would contradict school instruction on abstinence. The board voted to display the booklet in schools and distribute it on demand but not to distribute it to all students as originally planned.⁵⁴

Surveys

Sometimes collecting information from students is as controversial as disseminating it. Parents in at least two communities were distressed with surveys that asked students about their sexual behavior.

In **New Milford, CT**, some parents were outraged by a health survey given to students from sixth grade through high school that asked a broad range of questions, including questions about their sexual orientation and their oral or group sexual behavior. The school apologized to parents, stating that the purpose of the survey, which also contained questions on nutrition and mental health, was to measure the success of the health curriculum. Although a letter requesting parental permission was sent home with children, many parents claimed they never saw it.⁵⁵ The American Center for Law and Justice (ACLJ) has announced that it will file suit on behalf of the parents.⁵⁶

A similar case in **Ridgewood, NJ**, has prompted a federal investigation into whether parents were properly notified prior to a survey of junior high and high school students that asked questions about sexual behavior and alcohol use.⁵⁷

Age-Appropriate

When communities debate the content of sexuality education, they often spend a great deal of time questioning whether curricula and materials are age-appropriate. In an effort to avoid such controversy, the chairwoman of the **Doylestown, PA**, school health department asked the school board to approve moving the discussion on condoms and childbirth from tenth grade to ninth grade. One school board member opposed the changes because she felt the school would teach about sexual activity before teaching about consequences.

The school board president seemed reluctant to approve the grade change and delayed the decision until the school produced information showing that the change was needed. The superintendent pointed out that board approval was not necessary for a grade-level change in the curriculum but that

they had sought permission because of the sensitive nature of the subject matter.⁵⁸ SIECUS will continue to monitor the community to determine the board's final decision.

Specific Topics

The SIECUS *Guidelines for Comprehensive Sexuality Education, K–12* outline 36 topics that should be part of a comprehensive program. Over the years, some topics have proved to be more controversial than others—such as abortion, condoms, contraceptive use, masturbation, and sexual orientation. Communities not only debate inclusion of these topics in sexuality education curricula and materials but also debate these topics as they relate to other situations from courses on government to after-school clubs.

Abortion. In **Oakland, CA**, a sexuality education program was halted over concerns that the non-profit group leading the presentation was pushing an anti-abortion agenda. The program included a 10-minute video on fetal development and a slide show on STDs. A school health administrator will now review all of the organization's materials before deciding whether to allow them back into the schools. The administrator noted that many of the materials were outdated.⁵⁹

Condoms. For the past 14 years, students in **Freemont, CA**, have seen a play that focuses on STDs and HIV. This year, some parents expressed concern with one scene that included a condom demonstration. The district's health committee, which reviews the play every other year, voted to approve the play in its entirety despite the concerns. The school board overruled the committee's decision and voted to cut the condom scene from the play.⁶⁰

At least two communities dealt with the issue of condom availability during the 1999–2000 school year at the request of their own students. In **Piedmont, CA**, two students embarked on a business class project that combined condom sales on campus with sexual-safety education. The profits from the sale would be donated to an AIDS organization. The school board felt that it could not allow students to act on their own when a topic as sensitive as condoms was involved. They voted to put a stop to the project. The board said, however, that sexual safety was important and that it was willing to start a public dialogue on the topic.⁶¹

A similar situation occurred in **Holliston, MA**, when two students conducted a survey for their government class. The survey revealed that only 13 percent of the sexually active students in the school used a condom the last time they had had sexual intercourse. The student researchers pointed out that this was far lower than state or national rates of condom use and approached the school board with

ABSTINENCE AS SEX EDUCATION FALLING SHORT

Sex, to me, was one big ulcer, one nasty, cauliflower-faced crotch mongrel screaming: “Don’t have sex!” We giggled and we were horrified, and to this day I won’t eat cauliflower. To the boys, sex meant wet dreams and catheterization to check for STDs, at least in health class anyway. Eeewww.

We were products of public school sexuality education, of a newly implemented abstinence-only program meant to discourage us from having sex. There were graphic videos with ’80s music and slides displaying infected crotches resembling the surface of some lunar body. There were awkward moments and there were crude muttered comments. We were fed statistics, told that sex should be reserved for marriage, and sent on our merry ways to gym class.

Judging from the number of pregnant sophomores roaming the hallways, I’d say this system wasn’t entirely effective. Although it was ingrained within us from Day One that no means of contraception was 100 percent effective in warding off unwanted pregnancies or STDs—the only sure-fire method being abstinence—this strategy didn’t seem to work for those who were already sexually active, or planning to be. So where did that leave them? In some quiet loophole in the system we should continue to ignore?

The statistics are frightening but not unfamiliar. Of teenagers ages 15 to 19, 52 percent of boys and 48 percent of girls report having had sexual intercourse.¹ According to the American Civil Liberties Union: “Every year, nearly one million teenage girls become pregnant, and about 80 percent of those pregnancies are unintended.” And beyond the negative consequences posed to our parents’ generation, we now have a fatal disease, HIV/AIDS, to deal with, a disease whose infection rate continues to rise among teenagers.

Logically, people are scared. Educators, parents, and lawmakers want to spare us, to “save the youth” from suffering from their premature indulgences.

Unfortunately, this fear has provoked knee-jerk reactions of abstinence-only promotion across the nation and the institution of programs riddled with fear-provoking tactics that warp the truth about our sexuality.

In 1996, Congress’s welfare reform law included \$50 million to be doled out to fund abstinence-only programs as a sort of “quick-fix, slap-a-patch-on-it” effort to reverse some of the scary statistics. “Don’t have sex—or else,” they seemed to be challenging us.

School boards all over have been haggling with conser-

vative challengers against the alternative to abstinence-only programs: comprehensive sexuality education. In many cases, it’s the conservative efforts that have won. Comprehensive education—the kind that fully explains sexuality in all its facets and complications—has suddenly become the enemy. Only five percent of U.S. schoolchildren receive such schooling.² However, studies have shown that those teenagers who do participate in informed discussions about all options are more likely to delay or refrain from sexual activity than those in abstinence-only programs.³

If eliminating the incidence of teen pregnancy/disease transmission was as simple as eliminating healthy discussion regarding alternatives for sexually active teens, programs such as the one I suffered through might have a chance at actually making a difference in teens’ lives. However, scores of abstinence-only programs, clouded by religious agendas and, again, fear, are designed to instill anxiety and shame in teenagers to keep them from having sexual intercourse. Generally, they also provide little to no mention of contraceptive and disease-prevention measures.

Entrenching such an integral part of humans’ lives with misconceptions and lies—many textbooks exclude mention of the clitoris altogether!—is a far cry from true education. “Tiptoeing around any of these issues—from pleasure to power to pregnancy prevention,” as a recent *Ms. Magazine* article asserts, “is denying youngsters their basic right to health information.”⁴

Furthermore, a recent report by the National Campaign to Prevent Teen Pregnancy found that “the weight of the current evidence indicates that these abstinence programs do not delay the onset of intercourse.”⁵

The need for sexuality education in schools cannot be questioned; certainly, any education on the topic is better than no education. In my experience, though, the education I received was comprehensive and honest only to a certain grade level.

My (private) elementary school was great! We talked about our bodies and about puberty changes. We had self-esteem training and learned about the functions of our sexual organs—all completely appropriate for our age level. Sure, there was giggling and speculation about what they were really teaching us, but, all in all, it was pretty open, and we became more comfortable with ourselves.

Junior high is where everything became skewed. Instructors were as uptight about the topic as the students, and the textbook chapter on sexuality was rushed through and treated no differently than the one on nutrition. At a time when hormones were raging and misconceptions

regarding sexuality were the most rampant, educators missed an opportunity to be honest with us and to encourage frank discussion where our parents lacked the know-how or courage. When 12- and 13-years-olds are being bombarded with sexual jokes and innuendoes from all sides, they need a forum in which to air discomfort, not just slides about the consequences of having sex.

In no way do I contest the need for information regarding STDs; however, a huge gap lies between what ninth graders learn over lunch and the “real” information they receive in health class.

Schools’ sexuality education should not take the place of parents’ discussions with their sons and daughters, nor should it be infiltrated with moral issues. Rather, it should provide a frank, open forum for students to learn to make healthy decisions regarding their sexuality, and a launching pad for discussion with their parents.

I’m not afraid of sex anymore because I have seen through the “sex equals death” schpiel the abstinence-only programs tried to feed me. But I am still afraid of cauliflower. Perhaps this says something about the messages being given students and the quality of education as a whole.

Maybe instead of further mystifying the true nature of our sexuality, schools should look at comprehensive sexuality education more seriously. Most teenagers will

explore their sexuality regardless of some infested-crotch slides they’re shown in tenth grade. And despite what many educators profess, what people don’t know about responsible sexual behavior can hurt them.

—Allison J. Petrozziello,
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a proposal to include condom vending machines on campus. A school committee agreed to hold public meetings to discuss the issue.⁶²

Finally, as part of a lesson on how government works, a **Kansas** legislator agreed to introduce a bill written by high school students. To his surprise, the student bill advocated condom availability in schools. Nevertheless, the legislator introduced the bill. He was subsequently chastised by some of his constituents and colleagues for introducing such a controversial bill.⁶³

Sexual Orientation. In **Santa Rosa, CA**, a group of parents protested on campus during the *Day of Dialogue*, a school event promoting diversity. The parents distributed a flyer that claimed speakers were “trying to legitimize the homosexual lifestyle.” The parent group also petitioned the school board to prohibit any presentations that included “the condonation [sic], legitimization, promotion, or encouragement of [homosexuality] and any other alternatives to monogamous heterosexual marriage.”⁶⁴

The school district’s attorney pointed to the state’s education code and said that among the school’s responsibilities is “promoting tolerance and sensitivity in public schools and in society as a means of responding to potential harassment and hate violence.” As a result of the protest, a similar event

was postponed at another high school in the district until the process for parental notification was improved and included at least 10 days’ advance notice.⁶⁵

Like the issue of condom availability, the issue of sexual orientation in schools is often raised by students themselves. Students in **Orange County, CA**, won a major victory this year. Officials at El Modena High School refused to allow students to form a Gay-Straight Alliance as an after-school club. Students filed suit against the school, claiming the group was like any other after-school club and the school was discriminating against them on the basis of their perceived sexual orientation. The school argued that club members would likely touch on curricular topics, including sexuality education, and might interfere with the district’s duty to provide appropriate education.

In February, a federal judge granted the club a temporary injunction allowing them to meet on campus while their discrimination suit was being heard. The judge ruled that there was not a strong enough link to call the club curricular. He went on to say that “It takes a significant leap of the imagination to believe that the same school board that voted unanimously against permitting this group on campus also included the subject matter of what the plaintiffs intend to discuss in the curriculum.” The judge also cautioned school officials not to act as “thought police”

over controversial student speech.⁶⁶

The club held its first meeting in February, and over 50 students attended. The court will hear the discrimination case this summer.⁶⁷ A similar victory was also won this year by a student club in **Salt Lake City, UT**.⁶⁸

Teachers

In recent years, SIECUS has seen teachers become the center of controversy both for things they have said in class and for issues related to their own sexuality. This year, we have seen fewer teachers become involved in such incidents. However, this may be a result of teachers' fears and self-censorship. (See the article on page 10 for one educator's struggle with censorship.)

In **Denver, CO**, a fifth-grade teacher was suspended for allegedly teaching sexuality education without parental permission and for voicing his opinion on sexual orientation. The teacher was placed on administrative leave pending an investigation. He argued that he was suspended for using the word "homosexual" in class and has filed suit against the school. SIECUS will continue to monitor this case.⁶⁹

In **Newton, MA**, a teacher caused controversy when he told his first-grade class, while conducting a lesson on personal biographies, that he was gay. Some parents felt he overstepped his bounds while others felt that it was good for children to learn that not everybody they meet is heterosexual. One parent said that "The earlier they find out that this is a natural part of life, the less prejudice there will be in this country in the future." The superintendent defended the teacher, saying the school would take no disciplinary action against the teacher for exercising his "basic human rights."⁷⁰

Parental Notification

Concerns over content of sexuality education classes often have less to do with what teachers and students say and more to do with whether parents are informed in advance. This was the case in **Poland, ME**, when a science teacher started a sexuality education unit by asking students what they already knew about sex. The goal of this exercise was to create a concept map as a starting point for future student research. Some parents and students expressed shock over the class discussion, and parents were upset that they were not informed beforehand. School administrators apologized for not notifying parents and halted further lessons until their questions were answered.⁷¹

Opt-In/Opt-Out Policies

Parental notification is the linchpin of debates over opt-in or opt-out policies. SIECUS has tracked such policies since the start of the Community Advocacy Project in 1992. Most school districts allow parents to remove their children

from portions of a sexuality education or HIV-prevention curriculum if they object to the content. Under such a policy, referred to as "opt-out," students are automatically enrolled in sexuality education. Parents are then responsible for notifying the school if they decide to remove their children from the course. In past years, many parents, often after becoming distressed by what their children learned in class, asked schools to create an "opt-in" policy that would require written parental permission before children could attend sexuality education classes.

On the State Level

This issue was debated on the state level this year. As mentioned earlier in this article, changes to **Utah's** sexuality education rules include mandatory opt-in for all instruction in human sexuality. In the past, the opt-in policy was reserved for specific classes on contraception.⁷²

Opt-in also became law for some schools in **Colorado** this year when the governor included language in a general education bill. Colorado allows schools to make their own decisions regarding sexuality education. The new law, however, requires that districts that receive funding through the Comprehensive Health Education Act obtain written parental permission prior to teaching sexuality education. (Approximately 26 of the 176 school districts in the state receive this funding.)⁷³

A Different Turn

Arguments over opt-in versus opt-out policies have taken a different turn this year. A lawsuit is currently pending in a case involving a seventh-grade student in **Fairfield, CT**. His parents asked the school to excuse him from a health course, citing religious objections to some of the topics covered, including sexuality. Both the principal and the superintendent rejected this request. On behalf of the parents, the ACLJ notified school officials that "parents have constitutional protection concerning the education of their children."⁷⁴ The attorney for the school system argued that state law requires schools to teach health and that there is a "compelling government interest in educating our children to a certain minimum."⁷⁵ The parents made a second request to opt their son out of the class, which was also rejected by school officials. The boy received a failing grade for not attending class. The ACLJ filed suit on behalf of the parents.

The state of **Florida** recently amended a law to make sure that such a case could not be brought against its schools. The amendment says that a school district may not penalize any student whose parent or guardian makes a written request to exempt students from the teaching of "reproductive health or disease, including HIV/AIDS, its symptoms, development, and treatment."⁷⁶

Even when a state does not have such a law, many

schools operate under standard opt-out policies. At least one school, however, has found that students may abuse these rights. This year in **Oregon City, OR**, hundreds of students opted out of a required health class that included sexuality education, citing religious objections. School officials said that exempting students from AIDS or sexuality portions of the course is common but that exempting students from the entire course (as parents of 263 senior high school students did this year) is rare. School officials suspect that, rather than true religious objections, the students' actual motivation for seeking an exemption may have been conflicts in course schedules or lack of interest.⁷⁷

Separating By Gender

Stereotypical television and movie images of sexuality education or puberty lessons portray boys and girls being separated and lectured by a teacher of their own gender. While many schools now offer sexuality lessons in a mixed-gender setting, others continue to separate boys from girls, and still others struggle with what is best. As there is very little research on gender separation for sexuality classes, it falls to each community to decide how to conduct courses. The number of controversies on this topic has dropped in recent years, yet it is still an issue.

In **Monetary, CA**, an unnamed puberty video that came complete with three versions—one for males, one for females, and one for both—caused controversy when school officials decided to show the complete version in mixed-gender settings. Parents complained that there was no reason for fifth-grade students to know that much about the “opposite sex” and felt that it would embarrass students. School officials postponed the viewing indefinitely until they could decide how to handle the situation.⁷⁸

The **Union-Chadds Ford, PA**, school board delayed approval of a human growth and development course for fifth graders because of parents' concerns about the coeducational setting. At a May 2000 meeting, a parent and psychologist suggested that females need to be taught in same-gender settings with a female instructor because “Girls who learn about sex through males encounter false beliefs.” Although a motion to require same-gender classrooms was made, it was not seconded because the majority of the board wanted to wait until more information was available.⁷⁹

This year, in **Oaklawn, IL**, the school board rejected a proposal to separate students according to gender for all of an abstinence-based program for sixth- through eighth-grade students. (Students are already separated for a portion of the program.) In order to address the possible discomfort students might feel in a mixed-gender setting, the school board voted to allow students to submit anonymous questions in writing.⁸⁰

Parents in **Mesa, AZ**, were upset with a proposal to

combine students of both genders for two days of training on respecting each other and avoiding violent relationships. Some parents felt that students were not mature enough to confront sexuality education with members of the “opposite sex” and expressed concerns that students would be silent about their own abuse if the “opposite sex” were present.⁸¹

Finally, parents in **Mine Hill, NJ**, presented the school board with two petitions. The first asked that it reject a proposed sexuality education curriculum that parents felt exceeded the state's requirements. The second proposal, which had even more signatures, asked that the board agree to teach the class to same-gender groups if it approved the curriculum. The board is considering the proposals.⁸²

COMMON GROUND

In recent years, SIECUS has seen communities continually narrow the scope of sexuality education. Some have adopted strict abstinence-only-until-marriage programs, some have excluded topics they felt were too controversial, some have rejected so-called “explicit” materials, and some have even limited the discussion of basic information about puberty.

Proponents of comprehensive sexuality education must put these trends into a broader perspective in order to see that progress has, in fact, been made. Community debates no longer center on the fundamental question: Does sexuality education belong in schools? Instead, current debates are limited to the best way to approach this topic. More importantly, recent surveys show that Americans overwhelmingly support such education for students in elementary school through high school.

With reauthorization of the Section 510(b) abstinence-only-until-marriage education funds scheduled for the upcoming year, the time is ripe for public discussion and debate. Advocates of comprehensive sexuality education need to take this opportunity to stress the importance of programs that present a positive view of sexuality, avoid messages of fear and shame, provide information on abstinence as well as contraception and disease prevention, and cover all important topics, even those considered controversial.

Opinions may vary, communities may struggle, and educators may become weary. Yet it is important to seek common ground and to remember that the ultimate goal of parents and educators across the country is the same—healthy youth.

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SIECUS WEB SITE: 10 MOST POPULAR PAGES

The 10 most popular pages on the SIECUS Web site (<http://www.siecus.org>) during July were (1) "The Really Good News: What the Bible Says about Sex," (2) "Issues and Answers: Sexuality Education Fact Sheet," (3) "Teen Section: Masturbation," (4) "Fact Sheet: Adolescence and Abstinence," (5) "What's New at SIECUS," (6) "Fact Sheet: Teen Pregnancy," (7) "Fact Sheet: The Truth about Latex Condoms," (8) "Sexuality Education: School Health Education Clearinghouse," (9) "Fact Sheet: Gay, Lesbian, and Bisexual Adolescents," and (10) "Bibliography: Current Books on Sexuality for Adult Readers."

RAISING THE VOICES OF TEENS TO CHANGE SEXUALITY EDUCATION

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Our society agonizes over providing sexuality education and information to teens. In the process, an extensive web of adults is involved in shaping the content of local and state curricula: school board members, superintendents, principals, teachers and consultants, textbook authors, curriculum developers, medical professionals, government bureaucrats, leaders of faith-based organizations, advocacy groups, parent advisory boards, social service providers, and, increasingly over the last years, politicians and the varied interest groups to whom they respond. In the battles that often ensue, the voices of one group often go unheard—the voices of young people whose personal sexual development, sexual health, and sexual decisions hang in the balance and become lost in adults’ struggles for control.

If adolescents were accorded a larger role in sexuality education, if their views were solicited, if adults listened to their ideas, if their suggestions were adopted, if adults trusted them with information, what might the results be? Young people might learn more; their attitudes about their own and others’ sexuality might become more respectful; their behaviors might become more responsible; and they might make better choices.

Unfortunately, few adults ever involve teens in the process of developing sexuality education, apart from asking them to absorb—and occasionally deliver—information developed by adults. Rarely are teens asked the vital questions they have the ability to answer: What do teens need from their parents and other adults? What do they need from schools? How can sexuality education classes be structured to have maximum impact on students? What can teachers do to communicate more effectively with teens? In what grade should sexuality education topics be introduced? What sorts of classroom materials would be most useful to teens? How can teens help to inform each other? In what risky behaviors are teens engaging? Why? What would persuade them to change their behaviors?

STATUS OF SEXUALITY EDUCATION

It is not as if adults have the task so well in hand that they do not need help. It is true that birth, pregnancy, and abortion rates among teens in the United States are on the decline. But these rates are still unacceptably high, much higher, for example, than those of the European countries

most like ours. The vast majority of teens (65 percent) engage in sexual intercourse before they graduate from high school, according to the latest figures from the U.S. Centers for Disease Control and Prevention (CDC). Eighteen percent of ninth-grade students initiate intercourse before age 13. Approximately four million teens in the United States get an STD every year.¹

Our country’s response to these dismal statistics is worse than unsuccessful; it defies logic. Presently, the favorite strategy of politicians is to pour money into untested abstinence-only-until-marriage programs that are forbidden to discuss contraception and disease-prevention strategies. About one third of U.S. school districts offer only abstinence education. In the other two thirds, sexuality education is often circumscribed, medically inaccurate, overly cautious, and, as young people constantly complain, “too little, too late.”² Clearly, the adults who control this system could use some help from the teens they are trying to impact.

TURNING TO TEENS

For its first 12 years, the Network for Family Life Education worked to promote comprehensive sexuality education in New Jersey schools through the usual pathways: policy development, advocacy, and teacher training. Over the years, despite our victories—New Jersey is a state with a requirement for comprehensive sexuality education—we admitted to making slow progress. We had to fight off efforts by political and religious groups to impose an abstinence-only edict on all 600 school districts, and our state government failed to deliver on promised funds for much-needed teacher training.

During a presentation to a group of students at a leadership institute, we mentioned that we were considering developing and publishing a newsletter about sexuality and health issues written by teens, for teens. The reaction was electrifying. Members of the audience said that teens would read such a publication; they spoke of the weaknesses of their programs and how they came too late in their lives to help them make decisions; they described their teachers’ discomfort when talking about sexual issues; and they complained that many teachers withheld information from them because of parental or administrative pressures. Most importantly, they told us that they trusted teens to inform

them about this difficult subject. On the strength of these reactions, we sought funds to test a teen-to-teen newsletter.

After we recruited an editorial board representing a diverse group of New Jersey high schools, we brought them together for an initial meeting. “What should we call the newsletter?” we asked. In the subsequent brainstorming session, one student suggested *SEX, ETC.* After a moment of silence, everybody agreed that this was a frank, attention getting name that would attract teen readers. We were right!

The Network launched *SEX, ETC.* in 1993. Our goal was to provide up-to-date, accurate, balanced, and attractive materials that would increase students’ knowledge about positive health behaviors; reasons for postponing sexual activity; means of reducing the risk of HIV/AIDS, other STDs, and pregnancy; dangers of drug and alcohol use; and the values of diversity and tolerance. We felt that such a newsletter would have the potential to change students’ attitudes and behaviors.

Right from the start, we knew that *SEX, ETC.* would have to be a free resource if high schools were going to be able to use it. We surmised correctly that a bold title and bold content might be enough, in some instances, to make administrators uneasy and school boards unwilling to purchase copies. We began by printing 30,000 copies, which were distributed to New Jersey schools and community-based organizations. The result was astonishing.

Distribution rose to 180,000 in 1994–95 and 300,000 in 1996–97. We took the newsletter national in 1997, conducting pilot tests in different regions of the country. Our success was repeated. In 2000–01, the Network will distribute 1.8 million copies to teens in all 50 states. Our top 10 states include New Jersey, Pennsylvania, New York, Ohio, Florida, Washington, Illinois, California, Oregon, and Colorado. In addition, several large school districts, including those in Chicago, San Francisco, New York City, and Philadelphia, distribute large quantities to each of their high schools. Throughout the process, we have found state and national foundations, as well as individuals and a few corporations, to support free distribution.

STUDENTS’ REACTIONS

SEX, ETC. is produced three times a year by a multi-ethnic editorial board composed of New Jersey high school students, with assistance from journalism and sexuality professionals. Members of the editorial board choose topics for the newsletter and write all the articles, usually consulting widely recognized sexuality or health experts in the process. (For a sample of topics covered in *SEX, ETC.*, see “*SEX, ETC.* Covers Many Topics” below.) Adult advisors error-check articles, add useful information, and write discussion guides that show teachers how to use the articles to get teens talking and thinking critically. The Network

SEX, ETC. COVERS MANY TOPICS

Articles written by teens for *SEX, ETC.* cover a wide range of topics. Here is a sample:

“Why Responsible Sex Requires Visiting a Medical Clinic.”

“Emergency Contraception Pills: How They Work and How to Get Them.”

“Why More Teens Are Postponing Sex.”

“What It’s Like Being Gay in High School.”

“The Negative Messages of Popular TV Shows and Song Lyrics.”

“What Your Choices Are If You’re Pregnant.”

“Dangers of ‘Designer Drugs’”

“Resisting His Excuses about Not Wearing Condoms.”

“How Teens Can Get Parents and Teachers Talking about Sex.”

“Why Some Male Athletes Are Abusive to Females and What We Can Do about It.”

“Herpes, Genital Warts, and Other STDs, and How to Avoid Them.”

“The Rape of a 12-Year-Old Girl: Lessons for Others.”

“Why STDs and Drinking Go Hand-in-Hand.”

“How Sexual Stereotypes Prevent Females from Feeling Pleasure.”

“Why Losing an Uncle to AIDS Is So Painful.”

“Dealing with Depression.”

“Dangers in Dating Older Guys.”

“Oral Sex: Is It Sex and Is It Safe?”

“How Parenting Changes Teens’ Lives.”

“When Is Someone ‘Old Enough’ to Have Sex.”

“The Detrimental Aspects of Parental Notification Laws and How to Overcome Them.”

“Binge Drinking and How to Avoid It.”

“What to Do If You’re Being Stalked.”

“How Guys Can Get over Worries about Size and Performance.”

“How to Deal with Abusive or Addicted Parents.”

“Why Homophobia Is Wrong and How to Fight It.”

then arranges for typesetting, printing, and shipping of *SEX, ETC.* to adults who distribute it to teens.

We provide our student editors with extensive training in both sexuality education and journalism, and the teens become deeply engaged in the project. We pay the students for each article they write, but their real rewards are the excitement of working with their peers, interacting with recognized experts in the field, and making a difference in an important cause. One member of the 1999–2000 editorial board, Ankur Dalal, summarized his experience writing for *SEX, ETC.*: “Serving on the board, I’ve learned how important it is to reach fellow teens and tell them the truth about sexuality. So much accurate information is denied us—due to our age and our puritanical society—that a source of accurate, honest information is invaluable.” Another editor, Samantha Nay, noted the personal gain from her work for her peers: “In the past three years, I have learned more about love, friendship, sex, family, religion, and people than I would’ve learned anywhere else.”

The teen editors also like the increasing media attention. Two of last year’s editors appeared on a sexuality education television program hosted by Cindy Crawford, and this year’s editors were prominently featured in two recent issues of *Teen People* magazine. We also recruit national correspondents around the country who write articles on assignment from the editorial board and assist staff writers by providing more national content for their articles. (See “Teens

Talk About *SEX, ETC.*” below.)

ADULTS’ REACTIONS

Today, over 3,300 teachers and other professionals distribute most of our newsletters in classes or other locations where they work with young people. Copies are also distributed by adults in state departments of education, state departments of health, juvenile justice facilities, family planning programs, teen parent programs, substance-abuse treatment centers, and various religious groups. Once *SEX, ETC.* gets established in a particular locale, circulation increases based on word-of-mouth referrals. A few years ago, we had a request from Guam for copies. After sending the first package of several hundred, we received this note: “Your spring issue arrived today, and I put copies in the library and student center. All copies were gone only an hour or so later. Our students love it!”

Our adult distributors continue to express their gratitude for this free resource, many acknowledging that they have no funds for such publications and would not be able to distribute it otherwise. Each year, we conduct a survey of the adult distributors, using a random sample, to determine how they use the publication (and its accompanying discussion guide). The theme that is iterated over and over again in survey comments is the enormous value of having a publication about sexuality that is written by teens, for teens. Adults also tell us that the newsletter increases student willingness to discuss sex, drugs, violence, and

TEENS TALK ABOUT *SEX, ETC.*

Teen comments about *SEX, ETC.* and its Web site show the value of teen-to-teen communication about sexuality:

“I think your site is truly amazing. Sex ed. courses in school hardly taught my friends and me half the stuff we learned on your site.” *Elizabeth, Massachusetts*

“*SEX, ETC.* is an excellent source of IMPORTANT information for teenagers. My friends and I sat here one night and learned so much.” *Meghan, via E-mail*

“*SEX, ETC.* has helped me answer many of my questions and has helped me decide to stay a virgin.” *Female, age 15*

“*SEX, ETC.* made me realize I need to respect my body and my values and that I need to practice safe sex all the time.” *Female, age 14*

“*SEX, ETC.* has answered questions I couldn’t ask anywhere else.” *Female, age 15*

“*SEX, ETC.* made me see that I don’t have to have sex if I’m not ready and if I have any doubts.” *Female, age 14*

“This Web site is absolutely great. My mom and I have a hard time talking about sex and drugs and teen issues so she sent me to this page. Thank you very much!” *Amanda, Florida*

“I am really glad you guys are out there. I think it’s awesome that this is by teens. I mean, who knows us best but our peers?” *Jon, Arizona*

“Your Web site has been a big help in my life. It’s been like a friend that I can talk to and get REAL advice from.” *Cara, Ohio*

“Thank you so much for setting *SEX, ETC.* up on the Internet. It is very helpful and has made a huge difference in my life.” *Alyssa, Montana*

“It’s very comforting to know that people like you are easy to reach when I really need someone to talk to and ask questions.” *Wonhee, via E-mail*

“You have really helped me understand some issues dealing with virginity. It has put my mind at ease now.” *Matt, via E-mail*

“Thank you so much. This really means a lot to me to know that there are people like you that teens can talk to!” *Male, age 15*

“Thank you for being honest and telling people what is going on with their bodies. You answered a lot of my questions, and I am not so scared now.” *Female, age 14*

similar topics; it adds to readers' knowledge about sexuality/health issues; it has the potential to change readers' attitudes about issues important to their health; and it has the potential to help teens avoid unintended pregnancy.

Initial research among teens confirms the impressions of the adults who distribute the newsletter. A study by Catherine M. Sanderson, Ph.D., of Amherst College's Department of Psychology ("Effectiveness of a Sexuality Education Newsletter," *Journal of Adolescent Research*, forthcoming), shows that positive attitudes toward postponing sexual activity and negative attitudes about drugs increased significantly among students who read *SEX, ETC.*, especially African-American students.

The National Campaign to Prevent Teen Pregnancy also recognized the value of the newsletter in 1997, when it honored *SEX, ETC.* "because the newsletter provides adolescents with an opportunity to voice their opinions on social issues of concern to them and...provide[s] teens with important information on issues affecting their lives."

The newsletter is not universally appreciated, of course. In some areas and in some schools, it is too bold and too comprehensive for a few adults who sometimes resort to blackening out the name, tearing out articles about abortion, discarding "offensive" issues, or requesting that we remove their names from our mailing list. In some states, it cannot be distributed in schools, so we rely on community agencies to get it into the hands of teens. Nevertheless, the overwhelming response has been very enthusiastic.

NEWSLETTER TO WEB SITE

Our *SEX, ETC.* Web site (www.sxetc.org), launched in 1999, has mirrored the success of the newsletter. The number of visitors has steadily increased to about 3,400 teens per day, or over 1.2 million per year. These are not mere "hits" (the site gets over 100,000 hits per day), but true "user sessions," which average eight minutes each. In other words, on a typical day, the teens who visit our site spend 453 hours there.

What attracts so many teens to the site? It allows them to read and download over 100 *SEX, ETC.* articles (including some written exclusively for Internet distribution), communicate with other teens, test their knowledge of sexuality by responding to quizzes, and anonymously ask adult experts their most sensitive questions. This last feature has proved especially popular. An average of about 1,000 visitors per month send us E-mail questions, many of them evincing a high degree of anxiety and naiveté about sexuality subjects. The Network hires a panel of experts—sexuality educators, physicians, and other health professionals—to answer the questions and to post answers to the most-frequently-asked queries on the site. The site also offers helpful resources for parents and teachers.

WEB SITE TO COLUMN

The power of teens to help others will be greatly expanded by our new affiliation with *Teen People* magazine. *Teen People* began its connection with *SEX, ETC.* when it ran a feature article about our editors in March 2000. It then invited the

TAMARA KREININ IS NEW SIECUS PRESIDENT

Tamara Kreinin, a nationally known and respected public health advocate, has joined SIECUS as its new president and chief executive officer. She succeeds Debra Haffner, who resigned in May after 12 years of service.

Tamara brings to SIECUS an impressive background in the field of health and human service—with an emphasis on America's youth.

She has served as a national spokesperson for The National Campaign to Prevent Teen Pregnancy, as a senior program associate for the Southern Regional Project on Infant Mortality, and as the founding executive director of the New Orleans (LA) Council for Young Children.

She has also served as a management consultant for such clients as The National Mobilization for Children of the United Way of America, the American School Health Association, and the Tulane School of Public Health. In addition, she taught community health education at Loyola University in New Orleans for five years.

As part of her work, she has addressed adolescent health care issues in articles in *The New York Times*, *The Washington Post*, *The Los Angeles Times*, and *The Wall Street Journal* as well as on National Public Radio, CNBC-TV, and CNN. She has also authored numerous publications for the National Campaign to Prevent Teen Pregnancy, including the *National Campaign Guide for States and Communities*, *Snapshots from the Frontline*, and *Snapshots from the Frontline: Two*.

Tamara is the immediate past board president of Suited for Change, an organization that helps move women from welfare to work. She is also a member of the American Public Health Association and is on the Advisory Council of the Women's Information Network (WIN), an organization that helps young women advance in their careers through mentoring and other activities.

She has a master's degree in health services administration from the School of Public Health of the University of Michigan.

editors to answer questions submitted by the magazine's readers and published the responses in the June/July 2000 issue. The magazine's editors were so impressed by the result that they have invited our teens to write more. This September, the magazine (circulation 1.6 million) will launch "The SEX Files," a regular monthly feature written by our *SEX, ETC.* editorial board, again in conjunction with adult experts.

STUDENT ACTION KIT

With the help of our *SEX, ETC.* editors, the Network is encouraging young people to get involved in advocacy and policy change. Our recently developed student action kit, *The Roadmap: A Teen Guide to Changing Your School's Sex Ed.*, covers virtually every aspect of an advocacy campaign and highlights success stories in which teens made a difference. Included are fact sheets and advice on how to create and organize a coalition, survey students, and conduct community forums. Teens (with the assistance of adults) are currently piloting the kit in several states.

TEEN-TO-TEEN PROJECT

Underlying the Network's success is its recognition that teens:

- respond when given an opportunity to get the information they need to discuss important life issues
- want to be and are responsible for their own health
- listen to other teens
- have the same questions and concerns about sexuality regardless of socio-economic status, culture, or geography
- care about the world in which they live and want to make a contribution

At the Network, we call the newsletter, the discussion guide, the Web site, and the student action kit our national Teen-to-Teen Sexuality Education Project. The project will continue to attempt to harness the energy, unique knowledge, and intelligence of teens—and the positive "peer pressure"—to educate America's young people about healthy sexuality and reproductive health choices. The project transforms the conventional idea of peer education (typically involving fewer than 100 teens in a costly, labor-intensive local setting) to a completely new level. In 2000–01, our rapidly growing project will deliver vital sex-

uality and health messages to almost 5 million teens, 1.8 million through the newsletter, 1.5 million through the Web site, and over 1.6 million through our monthly column in *Teen People* magazine.

TEEN-ADULT PARTNERSHIP

We acknowledge that as effective as these teen-to-teen concepts and resources are, they are not a substitute for thorough, comprehensive sexuality education instruction delivered by well-trained, comfortable teachers. However, they can push the envelope as to the kind of programs schools should implement if educators, administrators, and school board members will pay attention.

Whether adults like it or not, teens are going to take more and more control of their sexual learning. If adults do not respond to what the majority wants and needs in its sexuality education programs, more teens will seek other sources of information, especially on the Internet. There, they will find the sexuality information they need, regardless of the lack of school and community sexuality education programs.

However, teens don't want to call all the shots. They are eager for information and advice from adults who are knowledgeable, trustworthy, and sympathetic. There is every reason to think that the Internet can lead to better communication between teens and parents, teachers, and other adults. Coupled with the Internet—the great information provider of our age—teen-to-teen newsletters, Web sites, magazine columns, and advocacy kits hold the potential for an extraordinary new partnership between teens and caring adults that can move relevant, responsible sexuality education forward in a powerful and meaningful way.

For more information on SEX, ETC., contact Susan N. Wilson, Executive Coordinator, NFLE, Rutgers University, School of Social Work, 100 Joyce Kilmer Avenue, Piscataway, NJ 08854-8045. Phone: 732/445-7929. Fax: 732/445-4154. Web site: <http://www.sxetc.org>. —Editor

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SIECUS BIBLIOGRAPHIES ON SEXUALITY EDUCATION

SIECUS has published four annotated bibliographies on related sexuality issues. They include *Culturally Competent Sexuality Education Resources*; *HIV/AIDS Prevention Resources*; *Sexuality and Health*; and *Sexuality Education Curricula*.

All SIECUS bibliographies are available at no cost from the SIECUS Web site (<http://www.siecus.org>) or for \$3 each from SIECUS Publications, 130 West 42nd Street, Suite 350, New York, NY 10036-7802. Advance payment is required.

LECTURES, GROUP DISCUSSIONS HELP TRAIN FUTURE SEXUALITY EDUCATORS

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Many college sexuality courses combine lectures with small group discussions. This traditional two-tiered model provides a safe environment for clarification and discussion of values as well as training opportunities for future sexuality educators.

Combining lectures with small group discussions has evolved as a way to personalize the large lecture class.¹ Initially, graduate students led discussion groups for introductory sexuality classes.² Later, in response to the need for more group facilitators, undergraduates who had completed the introductory class were also chosen to lead discussions.³

While effective in any discipline that benefits from small, interactive settings, discussion groups are particularly important in sexuality education because they can provide a safe environment for students to explore personal attitudes and to learn about the beliefs of others.

This system continues to provide opportunities for many health education students to acquire training and practical experience in sexuality education. Unfortunately, not every college can offer this model due to curricular or faculty constraints.

For programs that cannot offer this opportunity, I have developed a one-semester, single-tier model in which discussion group leadership is shared by group members (not by graduates of the introductory course), with each group member leading one activity.

THE ONE-TIER APPROACH

My introductory sexuality education class meets twice a week for 75 minutes per session. Every third class is reserved for discussion groups. Content topics range from ethics to sexually transmitted diseases.

The students spend the first two weeks discussing and practicing leadership skills. Lectures cover such subjects as pedagogical concepts, communication skills, and group dynamics. I lead several large group activities, then conduct a debriefing session during which the entire class discusses facilitation and problem-solving techniques. This format accomplishes two important goals for the students: (1) they gain participant experience and leadership analysis skills, and (2) they learn through their evaluations of my work that group facilitation is a dynamic, seldom perfect process.

Course Materials. In addition to a general sexuality text and sexuality education articles, my students purchase a class-activity packet that includes information on peer leadership as well as objectives and directions for such class activities as role playing, anonymous questionnaires, debates, case studies, game-show-style events, and simulations. Each classroom subject suggests two or three activity options. Students are also encouraged with prior approval to make modifications.

Group Assignments. My students are assigned to semester-long discussion groups of 12 to 15 people after completing a brief, confidential, self-report survey asking for demographic information, personal and professional goals, and previous educational, professional, and volunteer experience with sexuality and sexuality-related issues. Groups are formed to provide diversity in gender, race, age, sexual orientation, and sexuality education experience.

Group Sessions. During the first group session, members engage in ice-breaker activities and select a name for their group. (Names have ranged from “The Virgins” to “Slippery When Wet.”) During the second session, they discuss obstacles associated with talking about sexuality issues and establish group communication guidelines covering such subjects as confidentiality, cross-talking, put-downs, and respect for differences. These rules are subsequently put on poster boards and are brought to each group session. At the end of the third session, the students select the activities they will lead. Each student chooses one. Students who feel comfortable with some of the more difficult subjects are encouraged to choose them.

Students also choose activities for which they will serve as support leaders. The support leader will lead the activity if the leader is absent. He or she will also provide assistance or feedback to the leader at the close of the activity.

Student leaders and student support leaders are required to meet with me on the day before they make their presentations. They must bring an activity preparation-and-evaluation sheet containing the following information: a title and brief description, purpose, relevant issues, a written introduction and conclusion, logistics, needed supplies, and anticipated problems.

Student Evaluations. After each activity, group members use a Likert-scaled form to evaluate how well each group leader prepared and conducted the activity, modeled

appropriate behavior, initiated interaction among group members, modified his or her approach to fit the situation, and communicated respect and concern for members. They are also required to give one statement of constructive criticism about the activity or the leadership efforts.

To maintain anonymity, each group leader (and the support leader, if appropriate) leaves the room while his or her group completes and collects the evaluations. The group leader receives the evaluation forms with the names of group members removed. Each group member receives points toward his or her total grade for completing the evaluation form. The group leader and support leader also evaluate their sessions by completing subjective questions about activity success. The questions include: "How did it go?" "What went well?" "What did not go so well?" "What would you have done differently?" "Rate today's group on a scale of 1 to 5, with 5 being the most effective/successful."

In addition to conducting an activity, each group leader is also required to develop a lesson plan for a new values-clarification activity related to the content topic. This assignment includes developing a fact sheet that presents the facts and issues associated with the topic. The group leader is graded on thoroughness in preparing and evaluating the activity, on the group-member feedback, and on the overall quality of the assignment.

DISCUSSION

I have used anonymous pre- and post-discussion-group autobiographical papers as feedback for the class over the past three years. These papers have consistently shown growth in personal awareness, increased comfort with various issues, and improved confidence in leadership abilities.

Because the course operates on several different levels, both entry-level and advanced students are challenged. The semester-long groups establish the rapport needed to discuss sexuality issues. Leaders are motivated to prepare well, not only because their peers evaluate them but also because performance norms develop. Group participation is very high. There is little disruption or lack of involvement because group members remember that others participated in their sessions, or that they will be relying on the goodwill of fellow members in the near future. Poor performance is as much a learning experience as is perfect achievement. There is nothing more instructive than watching a peer flounder due to lack of preparation.

There are obvious problems associated with the model. The most notable limitation is the inability to select discussion leaders based on character traits important for successful sexuality group leadership, including comfort in discussing sexuality and sexual diversity.⁴

There are certainly some activities that are less successfully implemented than others due to personality

conflicts, discomfort, and lack of preparation. Group members do miss opportunities to explore their own and their peers' attitudes and beliefs in these instances; however, there are important lessons in witnessing a peer who is uncomfortable with an issue or whose approach is inappropriate.

Also, compared with my experiences teaching the two-tiered system (and being a group facilitator as a graduate student), there is a much stronger sense of group ownership with this one-tiered modification. Group norms of participation and respectful challenge develop quickly. It is, in a sense, true peer leadership.

CONCLUSION

The discussion-group model for college sexuality courses is an effective approach to providing opportunities for students to explore their personal beliefs within the safety of established peer groups. It also trains them as sexuality educators.

This modification of the two-tiered model successfully meets the three course objectives of delivering introductory content, facilitating values clarification, and providing training in peer sexuality education all in a single semester.

For more information, contact Dr. Ellingson at California State University—Chico, Chico, CA 95929-0505.—Editor

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**NOTE TO SEXUALITY EDUCATORS:
POPULAR CULTURE IS YOUR FRIEND**

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This article is in response to the recent SIECUS Report on “Adolescent Sexuality and Popular Culture” (June/July 2000). The author explains why knowledge about popular culture is so important in her work with young people. —Editor

Why is pop culture so important to sexuality educators?

Most often, blame is placed on pop culture as contributing to American youth’s early initiation into sexual activity. Various studies and groups of people cite the explicit display of sex in the media as a major reason for teens behaving as they do.

Meanwhile, in Europe, where teen birth rates are much lower and contraceptive use is higher than in the United States, sex and sexuality are an accepted part of media expression. What is going on?

As sexuality educators, we need to embrace the media—specifically pop culture—that influence the teens with whom we work. I am not saying that we should abandon our efforts to advocate for more educational value in television programming and other pop-culture outlets such as the Web, but I am saying that we are missing the boat if we ignore such media.

KNOWING THE TRENDS

I am an adult who spends countless hours watching youth-targeted television shows, reading teen magazines, and frequenting teen Web sites. Why? Because I work with teens as a sexuality educator.

As an educator or a program director or a parent, watching and reading teen-targeted media can do two things. First, it can keep you up to date and “hip” to current trends. Second, it can help bring you closer to the teen mindset. These are two very important qualities that can significantly narrow the gap that may exist between you and your students, your children, or your target population.

MY OWN EXPERIENCES

I recently conducted a “rap session” with a group of 13- and 14-year-old girls. The scheduled topic was “communication.” I had prepared a loose outline. As soon as we sat

down, the girls started asking questions. One asked, “What’s the difference between incest and rape? I was watching a show and there was this girl and she had...?” Several others chimed in, “Oh, I know. I saw that too!”

I quickly abandoned my outline on communication because this group of girls was actively questioning a very important topic. Unfortunately, I had not seen this specific show, but once they provided me with the details I was able to use the show as an educational tool.

At the same rap session, I noticed the girls were talking about something I was wearing. I inquired, and one of them told me she loved my bracelet, which was a string of beads tied around my wrist. To them, we had something in common. In fact, I had worn the bracelet specifically because I knew I was meeting with the girls that day. Every girl or guy who is “cool” was wearing one of these bracelets in *Teen People* magazine so it had to be hip!

One of the most enjoyable days of the month in our office is the day that *Teen People* arrives. Everyone in the office browses through the articles to read about the lives of the most recent pop music groups and young movie stars, and to swap opinions on their appearances and lifestyles.

“She is way too young to dress like that. Do your kids like her?”

“Isn’t this interesting. This guy is the lead singer of this band, and he’s got anorexia.”

“Oh, I like her. She’s really vocal about being a virgin.”

When I go into a classroom and hear kids talking about pop life, I am usually somewhat “in the know.” Students often respond well to that. I get a lot of disbelieving looks when they realize I know what I am talking about. It is usually apparent that they do not know many adults who are in tune with popular trends. As a result, I am able to discuss stories that I have read or programs that I have seen to make a point. It is very helpful to discuss with students topics about which they would usually talk with their friends. As educators, we often create hypothetical learning situations and expect teens to relate. By using pop stars and trends as the basis for discussion, we can place the

discussion on a common level.

As educators we also need to be aware of trends when we select educational materials. We have all been in, or worked in, a classroom, clinic, school, or church that has posters on a bulletin board that are “not cool.” I have seen many that are downright outrageous and that dilute messages. Students will stop and read messages that have graphics that are appealing to them. Even if you are pretty hip to current trends, ask your students what they think, and change your posters once in a while.

YOU WERE A TEEN ONCE, TOO

A recent article in *Glamour* magazine discussed the phenomenon of adults watching youth-targeted programs. The author decided that she and many other adult women watched the shows because they were able to re-live their teen years through these programs. The author even talked about having that “crazy crush feeling” while watching a special moment between two flirting teens. She said “my legs got weak, my stomach felt nervous, and I had to cover my face in embarrassment.”¹

When I was a mentor to a teen girl as part of a program called *Project Athena*, I went through extensive training. One of the major components of my training was reliving and recapturing what it felt like to be a teen. In one exercise, a group of adult women would lie on the floor in a circle with their eyes closed, envisioning their fears and emotions as they strolled through the halls of junior high school. Another activity was aimed at exposing insecurities and evoking embarrassment. We did all of this to achieve the same feeling the author of the *Glamour* article felt after watching a teen drama for an hour!

There is truth in what the author said. At first, I used

my profession as an excuse to watch the shows, read the books, and listen to the music. I would say that it helped me to understand teens better. I also enjoy it. I feel like a teen again when I tune in to teen pop culture. It may not be the same as watching my favorite re-runs or listening to my most cherished cassette, but in many ways it is better. It allows me to remain young, at least in mind. Pop culture is energetic. The music is inexhaustible, the Web sites are dazzling, the television shows are nerve wracking, and the stars are trendsetters, whether we like it or not. As educators, we need to adapt.

Peer education is built on the premise that youth are willing to learn from people similar to them. Use this basis to justify getting in touch with what is popular. I am often brought into schools as a guest lecturer when sexuality educators feel their students are not relating to them for one reason or another. I am always happy to teach, but there is a reason why youth like me. I know “what’s up.” Do not let yourself get so far away from your target population that you cannot relate to it. You will definitely lose your effectiveness.

We do not have to abandon our own style or our own interests in order to relate, but a little bit of time invested in learning about teen trends and culture can help you communicate. Are we all so serious that we cannot tune in to a little pop culture? Thank goodness for it! I hope that I can hang on to some of “what is teen” for the rest of my life. I do not want my youthful energy to go down the drain for fear of pop!

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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:

“Sexuality and Disabilities”

December 2000/January 2001 issue

Deadline for final copy: October 1, 2000

“Lesbian, Gay, Bisexual, Transgendered, and Questioning Youth”

February/March 2001 issue

Deadline for final copy: December 1, 2000

“Sexuality Issues Worldwide”

April/May 2001 issue

Deadline for final copy: February 1, 2001

“Emerging Issues in STD Prevention”

June/July 2001 issue

Deadline for final copy: April 1, 2001

“Sexuality Education in the United States”

August/September 2001 issue

Deadline for final copy: June 1, 2001

“Sexuality and Aging Revisited”

October/November 2001 issue

Deadline for final copy: August 1, 2001

UPCOMING ELECTIONS CRITICAL TO REPRODUCTIVE AND SEXUAL HEALTH ISSUES

William A. Smith

SIECUS Director of Public Policy

This November's Presidential and Congressional elections are extremely important to *SIECUS Report* readers for a number of reasons.

First, the makeup of the next session of both houses of the U.S. Congress will impact not only the extent of future 501(b) abstinence-only-until-marriage funding but also future family planning and health care funding.

Second, the next President will determine through his appointments whether the U.S. Supreme Court moves to the left or the right. These appointments are critical since recent decisions related to sexual orientation and abortion were split five to four.

Here is a recap of recent action in both the Congress and the Supreme Court.

U.S. CONGRESS

Eager to tend to appropriations bills before their summer recess—and thereby hopefully avoiding another disastrous government shutdown in an election year—the Republican leadership in both houses of Congress have taken up many of the most important spending bills.

Bill to include abstinence-only-until-marriage funding.

Among these bills is one that will provide funds for the U.S. Department of Health and Human Services. Both the House of Representatives and the Senate have passed their own versions, creating a situation where they will conference and work out differences. Even under the best of circumstances, the final version will contain more dollars for abstinence-only-until-marriage education.

The Senate version of the appropriations bill contains over \$9.1 million for abstinence-only-until-marriage programs through the Adolescent Family Life Act (AFLA). Because this bill is central to the local constituent interests of Senator Arlen Specter (R-PA), chair of the powerful Senate subcommittee with jurisdiction over the bill, it is essentially non-negotiable.

On the other hand, the House version nearly triples the request for abstinence-only-until-marriage funds. Unsatisfied with having previously secured an additional \$20 million for these education programs by attaching an emergency supplemental appropriations bill for Health and Human Services to the fiscal year 2001 Military Construction Appropriations Act, abstinence-only-until-marriage

proponents have successfully engineered a request for an additional \$30 million to be spent in accordance with the restrictive definition of abstinence-only-until-marriage as defined under the Welfare Reform Act of 1996.

In all likelihood, the conference report of the appropriations bill will contain both amounts as each one funds abstinence-only-until-marriage sexuality education in different ways—one through the AFLA program and the other through a competitive grants process.

Little Congressional interest in evaluating programs.

With federal funding for abstinence-only-until-marriage education having risen over 3,000 percent since 1996, one would think an accompanying interest in evaluating these programs would be a major priority.

Even though conservative organizations like the Medical Institute for Sexual Health (MISH) have made the clarion call for an increased, sound evaluation, abstinence-only-until-marriage champions in the Congress continually refuse to provide sufficient funding to determine if these programs are effective.

As SIECUS has reported previously, the most prominent sexuality education researchers in the country tell us that at least 10 percent of a program's funding must be dedicated to an evaluation. Negotiations in the House over this issue have yielded only an additional 1 percent, bringing the total to 3.5 percent. Further, the proposed language to accompany the bill explaining the Congress' wishes regarding evaluation is a laundry list of unrealizable criteria given the amount of money set aside to evaluate.

A bill introduced in both chambers to provide evaluation funding, the Teen Pregnancy Reduction Act (S.1458 and H.R.1636), shows no sign at this point of moving forward.

Scant new funds for Title X. Another program funded under the appropriations bill is Title X. For nearly 30 years, this program has served as a vital source of family planning and reproductive health services to millions of low-income Americans. Though the President has requested a \$35 million increase for Title X, the Senate bill provides only a \$15 million increase while the House version level funds the program. The shortfall from the President's request is of special concern given a rising uninsured population and the

1.5 million women who have lost their Medicaid coverage as a result of welfare reform. SIECUS and other colleague organizations are continuing to urge the House and Senate conference committee to fully fund the President's request.

Helms offers amendment on emergency contraception.

As if not granting the President's budget request is not enough bad news for family planning, Senator Jesse Helms (R-NC) has offered an amendment that was added to the bill that would prohibit elementary and secondary schools that receive Title X funds under this appropriations bill from distributing and providing "postcoital emergency" contraception or providing a prescription for postcoital emergency contraception to an unemancipated minor.

Guised as an issue relating to parental consent, the argument is a red herring as virtually all of the 1,200 school-based health clinics nationwide already require parental consent before they can treat or serve students. In reality, the amendment is seen as a first attempt at removing family planning services in school-based clinics, which, particularly in urban areas, are the only link many young people have to health care services, including access to prescription contraceptives. Further, it has the effect of removing vital access to the one alternative to avoiding pregnancy—besides abortion—that a young woman has after having unprotected sexual intercourse or after having intercourse where the primary method of contraception has failed.

Sources close to the conference negotiations tell SIECUS that even the Republican leadership find this amendment objectionable and that it will most likely not become part of the final bill.

More funds for pregnant, parenting teens. But the news is not all bad. In no small part due to the efforts of Congresswoman Nita Lowey (D-NY), the embattled and overwhelmingly abstinence-only-until-marriage-focused AFLA program has gotten a much-needed booster. The House version of the appropriations bill includes an additional \$5 million for the care of pregnant and parenting teens, an oft-neglected population in the midst of ideological and partisan haggling.

Given the current composition of the Congress, its eagerness to finalize the bill, and the fact that no one wants a fight over these issues in an election year, the conference report is virtually guaranteed to throw more money into abstinence-only-until-marriage programs. Yet, in a Congress such as this one, victories such as more money for pregnant and parenting teens and the exclusion of the Helm's Amendment would be welcome and hard-fought pleasures.

U.S. SUPREME COURT

On the final day of their current session, the U.S. Supreme Court handed down two long-awaited and politically loaded decisions—the case of gays in the Boy Scouts and

the case of so-called partial birth abortion.

Boy Scout decision marks start of local action. Though their 5-4 decision to allow the Boy Scouts to ban gay scout members and leaders has the effect of legitimizing discrimination against persons based on sexual orientation, the issue itself is far from resolved. The battle is surely to shift to local communities where the Scouts and other organizations with discriminatory policies that might also enjoy the benefits of public facilities will be challenged.

For example, in those places where the Scouts meet in community centers or other publicly-funded facilities, and where anti-discriminations laws are in effect to protect gays and lesbians, litigation is sure to emerge.

As the litigant in the case, James Dale said following the Court's rendering, "[I]f I learned anything during my years as a Scout, it was to believe that justice will prevail. America realizes that discrimination is wrong, even if the Boy Scouts don't know that yet."

Abortion procedure will move to states. So, too, is the controversy around the so-called partial birth abortion procedure, at issue in the *Stenberg v. Carhart* case, long from resolved.

The Court decided in a 5-4 decision to strike down the Nebraska law banning such abortions on the grounds that it was written too broadly. Still, anti-choice forces are on the defensive in many states, defending their own state laws against the Supreme Court's ruling.

In Virginia, for example, the state has filed a brief arguing that the Virginia law should be enforced, as the Virginia law is sufficiently different in its wording so as to make the ruling in *Stenberg v. Carhart* irrelevant. A similar effort is afoot in Louisiana where a brief was just filed on the same subject. Other cases arguing on the issue of semantics are sure to follow.

Other Court decisions. The Supreme Court also decided two other cases during this term that are of interest to *SIECUS Report* readers. Though not nearly as close—both decisions were 6-3—the Court upheld a Colorado law setting limits on the proximity of abortion protests to reproductive health clinics (*Hill v. Colorado*) and, in *Mitchell v. Helms*, may have opened the door to further muddling of the separation between church and state by permitting federal funds to be used to purchase computers and other equipment for parochial (religious) schools.

CONCLUSION

Both the machinations of the U.S. Congress over the Labor, Health and Human Services appropriation bill as well as the U.S. Supreme Court's close decisions on abortion and sexual orientation serve to underscore the importance of the election in November.

The most interesting feature of the two razor-thin

majority Supreme Court's decisions was the vote—both were 5 to 4. The balance of the Court, being so precarious on such important decisions about fundamental rights, only serves to highlight the importance of the upcoming presidential election. In all likelihood, given the aging of the Court, the next President will appoint at least one new justice.

And while all eyes focus on the presidential contenders, the important reproductive health issues at stake in the U.S. Congress should also draw the attention of advocates of

comprehensive sexuality education and family planning proponents to the many elections for the House of Representatives and Senate across the country.

With reauthorization of the 510(b) abstinence-only-until-marriage program set to take place next year, the composition of the Congress will play an important role in whether or not the program survives—or more problematically, thrives.

HPV USED AS A TOOL TO PROMOTE FEAR

It appears that opponents of comprehensive sexuality education have adopted the human papilloma (HPV) virus as the new HIV, reports Salon.com columnist Arthur Allen.

Armed with the fact that HPV has been linked to cervical cancer and can survive in skin cells beyond those which can be covered by a condom, they have been busy warning young people that “safe sex” does not exist.

HPV can spread through seminal fluid or mucosal membranes during sexual activity, but also thrives in outer skin cells and, therefore, can be spread simply through genital contact. Since condoms do not cover the entire shaft of the penis and do not block contact with pubic skin, they cannot guarantee transmission prevention.

What many of these opponents fail to mention is that condoms can be effective in decreasing much of the transmission of HPV. “If you block most of the contact, you’re going to reduce infectivity tremendously. In fact, if everybody used condoms in intercourse in the United States, the cervical cancer rate would drop to nearly zero,” said Dr. Juan Carlos Felix, a cytopathologist and chair of the National Cervical Coalition Medical Advisory Panel.¹

Dr. Diane Solomon, former president of the American Society of Cytopathologists, noted that “HPV isn’t a disease, it’s a common virus, with more than 100 strains, most of which appear to be harmless.” Of the three quarters of sexually active women who will be infected with HPV at some point in their lives, less than one percent will develop cervical cancer.²

The American College of Obstetricians and Gynecologists (ACOG) opposed an amendment to the Breast and Cervical Cancer Treatment Act which recently passed in the U.S. House of Representatives that requires condoms to carry labels warning that they do not effectively protect against HPV. ACOG asserts that the legislative language is not medically accurate and that it will prompt unfounded panic and erode confidence in condoms, furthering the spread of preventable STDs such as HIV.³

The National Cancer Institute’s head of cervical cancer epidemiology argues, “To tell women that HPV is like other STDs is wrong and dangerous. You have to

present the whole balanced picture. Scaring people will damage public health.”⁴

Advocates of abstinence-only sexuality education such as Reality Check 2000 are reportedly invoking HPV and its most extreme consequences to promote their agenda. HPV is presented as incurable and unavoidable for those who are sexually active.⁵

A staff member of the Family Research Council stated, “Engaging in premarital sex is engaging in deadly behavior....It doesn’t matter if you wrap your genitals in steel, you’re still vulnerable to HPV.”⁶

Once again the failure to provide comprehensive and medically accurate sexuality information is engendering fear and endangering lives.

— **Stacy Weibley, M.P.A.**
SIECUS Public Policy Associate

For more information on HPV, contact the American Social Health Association (<http://www.ashstd.org>; 202/789-5950) or the American College of Obstetricians and Gynecologists (<http://www.acog.org>; 301-496-4000). —Editor

REFERENCES

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2. “HPV: Conservatives Point to Virus’ Spread As Evidence That ‘Safe Sex’ Does Not Exist,” *Kaiser Daily Reproductive Health Report*, <http://www.kff.org>, Jul. 25, 2000.
3. “HPV: Coburn Amendments Folded into Breast and Cervical Cancer Treatment Act; Markup Scheduled Today,” *Kaiser Daily Reproductive Health Report*, <http://www.kff.org>, Oct. 28, 1999.
4. A. Allen, “Foil-Wrapped Folly,” <http://www.salon.com>, Jul. 24, 2000.
5. E. Zorn, “HPV Hysteria Could Have Harmful Side Effects,” *Chicago Tribune*, Jul. 12, 2000, p. 1M.
6. R. Padawer, “Silent, Not-So-Deadly STD in Spotlight,” *Bergen Record*, Hackensack, NJ.

A SIECUS Annotated Bibliography

A key developmental task for adolescents is to become sexually healthy adults. This encompasses sexual development and reproductive health as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; to appreciate one's own body; to interact with both genders in respectful and appropriate ways; and to express affection, love, and intimacy in ways consistent with one's own values.

Adults can encourage adolescent sexual health by providing accurate information and education about sexuality; fostering responsible decision-making skills; offering support and guidance in exploring and affirming personal values; and modeling healthy sexual attitudes and behaviors. Society can enhance adolescent sexual health by providing access to comprehensive sexuality education; affordable, sensitive, and confidential reproductive health care services; and education and employment opportunities.

Adolescents should be encouraged to delay sexual behaviors until they are physically, cognitively, and emotionally ready for mature sexual relationships and their consequences. They should receive education about intimacy; sexual limit setting; resistance to social, media, peer, and partner pressure; the benefits of abstinence; and the prevention of pregnancy and sexually transmitted diseases (STDs).

Because many adolescents are—or will be—sexually active, they should receive support and assistance in developing the skills to evaluate their readiness for mature sexual relationships. Responsible adolescent intimate relationships, just like those of adults, should be based on shared personal values and should be consensual, nonexploitative, honest, pleasurable, and, if any type of intercourse occurs, protected against unintended pregnancy and STDs.

This annotated bibliography presents a cross section of available resources on adolescent sexuality. Readers are encouraged to seek additional resources in bookstores and libraries as well as by contacting the organizations listed at the end of this bibliography.

In addition, readers can refer to other SIECUS bibliographies, including *Resources for Professionals*, *Sexuality Education in the Home*, and an upcoming bibliography on pregnancy that will address adolescent pregnancy.

All of the books listed are available for use at SIECUS' Mary S. Calderone Library. For those interested in purchasing any of the books, each annotation contains contact and price information (not including shipping and handling). SIECUS sells and distributes only its own materials.

Copies of this bibliography are available free of charge on the SIECUS Web site and for purchase from the SIECUS Publications Department for \$3 each. SIECUS' address is 130 West 42nd Street, Suite 350, New York, NY 10036-7802. Phone: 212/819-9770. Fax: 212/819-9776. E-mail: siecus@siecus.org. Web site: <http://www.siecus.org>.

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

BOOKS

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

Sarah S. Brown and Leon Eisenberg, Editors

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

1995; \$29.95; ISBN 0309052300; National Academy Press, 2101 Constitution Avenue, N.W., Lock Box 285, Washington, DC 20055; Phone: 800/624-6242; Fax: 202/334-2451; Web site: <http://www.nap.edu>

Dubious Conceptions: The Politics of Teenage Pregnancy

Kristin Luker

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

1997; \$14.95; ISBN 0674217039; Harvard University Press, Customer Service, 79 Garden Street, Cambridge, MA 02138; Phone: 800/448-2242; Fax: 800/962-4983; Web site: <http://www.hup.harvard.edu>

Going All the Way: Teenage Girls' Tales of Sex, Romance and Pregnancy*

Sharon Thompson

This book contains the results of over 400 interviews of adolescent girls from 1978 to 1986. The narratives touch on of their sexuality, including romantic expectations, sexual decision-making, teen motherhood, relationships, and sexual orientation.

1995; \$13; ISBN 0809015994; Attention: Order Department, VHPS, 16365 James Madison Highway, Gordonsville, VA 22942; Phone: 888/330-8477; Fax: 800/672-2054; Web site: <http://www.vhpsba.com>

The HIV Challenge: Prevention Education for Young People, 2nd Edition*

Marcia Quackenbush, Kay Clark, and Mary Nelson, Editors

This book is intended to help individuals design, implement, and evaluate successful HIV-prevention education programs. Topics include "Real People, the Real World, and a Real Disease," "Real Learning: What Works?," "The Youth Connection: Where Does It Happen?," "In the Classroom: Students Need to Know," "Facing the Issues: Controversy and HIV Education," "Many Cultures, One Goal: HIV Prevention," and "Exceptional Circumstances, Additional Risks."

1995; \$29.95; ISBN 1560713631; ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: <http://www.etr.org>

Lesbian & Gay Youth: Care & Counseling

Caitlin Ryan, M.S.W., A.C.S.W., and Donna Futterman, M.D.

This book discusses the care, counseling, and support that lesbian and gay youth need. Intended for providers, advocates, and parents, it offers specific guidelines for care and provides guidance on how to approach sensitive topics, including sexual behavior, substance abuse, and suicide. It also includes a section of reviewed literature that will interest researchers, scholars, and general readers. 1998; \$22.50; ISBN 0231111916; Columbia University Press, 136 South Broadway, Irvington, NY 10533; Phone: 800/944-8648; Fax: 800/944-1844; Web site: <http://www.columbia.edu/cu/cup>

Puberty, Sexuality, and the Self: Girls and Boys at Adolescence

Karin A. Martin

The author interviews adolescents in this book to examine how they build their sense of self within the context of puberty and sexuality. Chapters include "Adolescent Bodies and Sexuality," "My Hair Is My Accomplishment," "I Couldn't Ever Picture Myself Having Sex," and "You Just Have to Be True to Yourself."

1996; \$18.99; ISBN 0415914256; Routledge, 7625 Empire Drive, Florence, KY 41402; Phone: 800/634-7064; Fax: 800/248-4724; Web site: <http://www.routledge.com>

The Scapegoat Generation: America's War on Adolescents*

Mike A. Males

This book reviews statistics and findings that debunk myths about adolescents. The author maintains that adolescents are the scapegoats for a society that is not dealing with issues that need to be addressed.

1996; \$13.46; ISBN 1567510809; Common Courage Press, P. O. Box 702, Monroe, ME, 04951; Phone: 800/497-3207; Fax: 207/525-3068; Web site: <http://www.commoncouragepress.com>

School Experiences of Gay and Lesbian Youth: The Invisible Minority

Mary B. Harris, Ph.D., Editor

With the use of both qualitative and quantitative research as well as commentaries on the personal experiences of lesbian and gay youth in the classroom, this book reflects on the lives, challenges, and spirit of young people who are lesbian or gay. It is a useful resource for professionals and laypeople who are concerned about quality education for sexual-minority youth.

1998; \$17.95; ISBN 1560231092; The Haworth Press, 10 Alice Street,

Binghamton, NY 13904-1580; Phone: 800/Haworth; Fax: 800/895-0582; Web site: www.haworthpressinc.com

Sexual Abuse of Children and Adolescents

William E. Prendergast

This book is intended as a guide to help parents, teachers, and counselors prevent sexual abuse of children and adolescents. It includes information about the abuser and those that are abused, prevention, and recognition and treatment. A parents' checklist, glossary, and index are included. 1996; \$29.95; ISBN 0826408923; Continuum, P. O. Box 605, Herndon, VA 20172; Phone: 800/561-7704; Fax: 703/661-1501; Web site: <http://www.continuum-books.com>

The Sexuality Education Challenge: Promoting Healthy Sexuality in Young People*

Judy C. Drolet and Kay Clark, Editors

This book consists of 35 chapters written by sexuality educators. Topics include the history of sexuality education, challenges to sexuality education in schools and conservative communities, teacher training for sexuality education, and the role of the media in sexuality education. It also evaluates sexuality education programs. A list of resources and an index are included.

1994; \$39.95; ISBN 1560711302; ETR Associates, P. O. Box 1830, Santa Cruz, CA 95061-1830; Phone: 800/321-4407; Fax: 800/435-8433; Web site: <http://www.etr.org>

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

Evonne Hedgepeth and Joan Helmich

This comprehensive book for teachers and community health educators focuses on the

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

1996; \$20; ISBN 0814735355; New York University Press, 838 Broadway, New York, NY 10003; Phone: 800/996-6987; Fax: 212/995-3833; Web site: <http://www.nyupress.nyu.edu>

We Don't Exactly Get the Welcome Wagon: The Experience of Gay and Lesbian Adolescents in Child Welfare Systems

Gerald P. Mallon

This book focuses on 54 individuals who grew up in out-of-home child welfare centers. They discuss the hardships they encountered when staff, foster families, or other children discovered they were gay or lesbian. The stories stress the importance of creating comfortable living arrangements for all children.

1998; \$23.50; ISBN 0231104553; Columbia University Press, 136 South Broadway, Irvington, NY 10533; Phone: 800/944-8648; Fax: 800/944-1844; Web site: <http://www.columbia.edu/cu/cup>

Working with Sexually Abusive Adolescents

Masud S. Hoghughli,

Surya R. Bhate, and Finlay Graham, Editors

This book gives an overview of the key factors involved in working with adolescent sex offenders. Chapters include “Sexual Abuse by Adolescents,” “Cognitive-Based Practice with Sexually Abused Adolescents,” “Relapse Prevention,” and “Professional Reports on Abusive Adolescents.”

1997; \$26.50; ISBN 080397759X; SAGE Publications, 2455 Teller Road, Thousand Oaks, CA 91320; Phone: 805/499-0721; Fax: 805/499-0871; Web site: <http://www.sagepub.com>

DIRECTORIES, REPORTS, AND STUDIES

Adolescent Health Issues: State Actions

National Conference of State Legislatures

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

1999; only available online; go to the Web site click on “Adolescent Health,” then “State Legislation”; National Conference of State Legislatures, 444 Capitol Street, N.W., Suite 515, Washington, DC 20001; Phone: 202/624-5400; Fax: 202/737-1069; Web site: <http://www.stateserv.hpts.org>

Are Peers Getting a Bad Rap? A 1999 Poll

The National Campaign to Prevent Teen Pregnancy

This report summarizes findings of a national survey in which teens and parents discussed peer influence as it relates to decisions about sexual activity. The survey was conducted for The National Campaign by International Communications Research. 1999; free; *The National Campaign to Prevent Teen Pregnancy*, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>

The Cautious Generation: Teens Tell Us about Sex, Virginity, and “The Talk”

The National Campaign to Prevent Teen Pregnancy

This report summarizes findings of a national survey where teens discuss sexual activity, abstinence, and communication with parents about sexuality. It was con-

ducted for the The National Campaign by International Communications Research. 2000; free; *The National Campaign to Prevent Teen Pregnancy*, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, D.C. 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>

The Commonwealth Fund Survey of the Health of Adolescent Girls

The Commonwealth Fund, Commission on Women's Health

This study of girls and boys in grades five through 12 is based on information obtained in class questionnaires in 265 public, private, and parochial schools. The survey, which compares the experiences of these boys and girls, covers a broad range of issues related to five central topics: “Abuse and Violence,” “Mental Health,” “Health and Risky Behaviors,” “Access to Health Care,” and “Communication with Physicians and Other Health Care Professionals.”

1997; free; *The Commonwealth Fund*, One East 75th Street, New York, NY 10021-2692; Phone: 888/777-2744; Fax: 212/606-3500; Web site: <http://www.cmf.org>

Dangerous Liaisons: Substance Abuse and Sex

The National Center on Addiction and Substance Abuse at Columbia University

This report examines the connections between alcohol and drug use and sexual activity.

1999; free on the Web site; *The National Center on Addiction and Substance Abuse at Columbia University*, 633 Third Avenue, 19th Floor, New York, NY 10017-6706; Phone: 212/841-5200; Fax: 212/956-8020; Web site: http://www.casacolumbia.org/publications1456/publications_show.htm?doc_id=21598

European Approaches to Adolescent Sexual Behavior and Responsibility

Advocates for Youth

This monograph examines the roles of family, religion, media, community, public

policy, sexuality education, and health care in promoting safer sexual behaviors in teens in The Netherlands, Germany, and France. 1999; \$20; *Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 200, Washington, DC 20005; Phone: 202/347-5700; Fax: 202/347-2263; Web site: <http://www.advocatesforyouth.org>*

Facing Facts: Sexual Health for America's Adolescents*

SIECUS

This report is a guide for policymakers, health professionals, and parents to develop policies on adolescent health. It was created by the National Commission on Adolescent Sexual Health and includes a consensus on adolescent sexual health, characteristics of a sexually healthy adolescent, and recommendations for developing policies. The Commission believes that individual adults and society must help adolescents develop the values, attitudes, maturity, and skills to become sexually healthy adults. 1995; \$12.95; *SIECUS, 130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; Web site: <http://www.siecus.org>*

Goodbye to Girlhood: What's Troubling Girls and What We Can Do About It

*Barbara Dafoe Whitehead
and Theodora Ooms*

This publication examines the problems girls confront; how the media, schools, and other social institutions contribute to these problems; and what can create a more "girl-friendly" culture. These reflections are based in part on a roundtable meeting held in late 1997 by The National Campaign to Prevent Teen Pregnancy and the Family Impact Seminar. 1999; \$15; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

The Health of Adolescent Boys: Commonwealth Fund, Survey Findings

*The Commonwealth Fund
Commission on Women's Health*

This study of girls and boys in grades five through 12 is based on information obtained in class questionnaires in 265 public, private, and parochial schools. The survey, which compares the experience of these boys and girls, covers a broad range of issues related to five central topics: "Abuse and Violence," "Mental Health," "Health and Risky Behaviors," "Access to Health Care," and "Communication with Physicians and Other Health Care Professionals." 1997; free; *The Commonwealth Fund, One East 75th Street, New York, NY 10021-2692; Phone: 888/777-2744; Fax: 212/606-3500; Web site: <http://www.cmwf.org>*

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

*Michaels Opinion Research
for The Henry J. Kaiser
Family Foundation*

This report covers higher-risk teenagers' perceptions, attitudes, and experiences toward HIV testing. 1999; free; *Publication Number 1492; The Henry J. Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400; Web site: <http://www.kff.org>*

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

*The Commonwealth Fund,
Commission on Women's Health*

This report is a result of a series of focus groups conducted in preparation for a nationwide survey of the health of adolescent girls 10 to 19 years of age. The issues addressed include "Access to Health Care

Information," "Sources of Health Care Support," "Adolescent Mental Health Issues," "Drug and Alcohol Abuse," "Reproductive Health and Sexuality," "Women and Violence," "Health Conditions/Diseases Affecting Women," and "Health, Nutrition, and Diet."

1997; free; *The Commonwealth Fund, One East 75th Street, New York, NY 10021-2692; Phone: 888/777-2744; Fax: 212/606-3500; Web site: <http://www.cmwf.org>*

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

The Alan Guttmacher Institute

This report provides information on young people worldwide with regard to the timing of sexual intercourse and marriage; teen childbearing; contraceptive knowledge and practice; and exposure to reproductive health risks.

1998; \$30; *The Alan Guttmacher Institute, 120 Wall Street, 21st Floor, New York, NY 10005; Phone 212/248-1111; Fax: 212/248-1951; Web site: <http://www.agi-usa.org>*

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

Freya L. Sonenstein, et al.

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

1997; \$10; *The Urban Institute, P. O. Box 7273, Dept. C, Washington, DC 20044; Phone: 877/847-7377; Fax: 202/467-5775; Web site: <http://www.urban.org>*

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

*The Henry J. Kaiser Family Foundation and
YM Magazine*

This indepth national survey of teens (650 boys and girls 13 to 18 years of age) addresses the kind of sexual situations teens encounter today; how they “negotiate” dating, sex, and intimacy; and the kind of information they need.

1998; free; Publication Number 1373; *The Henry J. Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400 ; Web site: <http://www.kff.org>*

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

The Annie E. Casey Foundation

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

1998; free; *The Annie E. Casey Foundation, 701 St. Paul Street, Baltimore, MD 21202; Phone: 410/547-6600; Fax 410/547-6624; Web site: <http://www.aecf.org>*

**Measuring Up:
Assessing State Policies
to Promote Adolescent Sexual
and Reproductive Health**

Advocates for Youth

This study analyzes how well policymakers have responded to adolescents’ need for information, support, and health services. Using a state-by-state survey, it examines 10 key policy areas that affect young people’s ability to make responsible decisions about sexuality. These areas include accurate sexuality education, access to confidential health care, and support for school-based health centers.

2000; \$25; *Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 200; Washington, DC 20005; Phone: 202/347-5700; Fax: 202/347-2263; Web site: <http://www.advocatesforyouth.org>*

**Peer Potential:
Making the Most of How
Teens Influence Each Other**

Peter Bearmen, et al.

This report analyzes peer influences on teen behaviors. The research findings will help parents and educators to understand adolescent relationships better.

1999; \$15; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

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

Peter Bearman and Hannah Bruckner

This report provides an extensive analysis of data from a large national survey of adolescent girls on the effect of peer influence on the timing of a girl’s first sexual intercourse and on a girl’s pregnancy risk.

1999; \$15; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

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

*Academy for
Educational Development (AED)*

This guide is designed for school administrators, teachers, health care workers, parents, and students who want to help prevent HIV, STDs, and unwanted pregnancy among young people. The guide is based largely on the experiences of the HIV/AIDS Education and Condom Availability Program in New York City

public high schools. It includes findings of AED’s three-year evaluation of the program. 1998; free; *Academy for Educational Development, 1825 Connecticut Avenue, N.W., Washington, DC 20009-5721; Phone: 202/884-8000; Fax: 202/884-8400; Web site: <http://www.aed.org>*

**Protection as Prevention:
Contraception for
Sexually Active Teens**

*Claire Brindis, Susan Pagliaro,
and Laura Davis*

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

2000; \$5; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

**Risky Business:
A 2000 Poll**

*The National Campaign
to Prevent Teen Pregnancy*

In this summary of findings from a nationally representative survey conducted for the National Campaign to Prevent Teen Pregnancy by International Communications Research, teens talk about contraception and sexual activity.

2000; free; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

**Sex and
America’s Teenagers***

The Alan Guttmacher Institute

This report presents a statistical portrait of the sexual behavior of America’s adolescents. It addresses adolescents and society, sexual behavior, unintended pregnancies, and STDs.

1994; \$20; ISBN 0-939253-34-8; *The Alan Guttmacher Institute, 120 Wall Street, 21st Floor, New York, NY 10005; Phone 212/248-1111; Fax: 212/248-1951; Web site: <http://www.agi-usa.org>*

Sex, Kids, and the Family Hour: A Three-Part Study of Sexual Content on Television

The Henry J. Kaiser Family Foundation and Children Now

This study looks at the sexual content of programs during television's family hour and its impact on children and their families.

1996; free; Publication Number 1209; *The Henry J. Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400; Web site: <http://www.kff.org>*

Sex on TV: A Biennial Report to The Kaiser Family Foundation

Dale Kunkel, University of California at Santa Barbara

This study examines the amount and nature of sexual messages on television. In addition to counting the number of sexual situations in programs, it looks at the context in which sexuality is presented on television.

1999; free; Publication Number 1457; *The Henry J. Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400; Web site: <http://www.kff.org>*

Sexual Health Coverage in Women's, Men's, Teen's and Other Specialty Magazines

The Henry J. Kaiser Family Foundation and the University of Florida

This is a content-analysis and focus-group report on magazine coverage of sexual health issues.

1997; free; Publication Number 1258; *The*

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

Sexual Relationships Between Adult Males and Young Teen Girls: Exploring the Legal and Social Responses

Sharon G. Elstein and Noy Davis

This report discusses sexual relationships between adult males and young teen girls. It includes a review of the literature, an analysis of relevant state laws and current policies, and findings from interviews with service providers, surveys of prosecutors, and discussions with teen mothers.

1997; \$9.95; *American Bar Association, 750 North Lake Shore Drive, Chicago, IL 60611; Phone: 800/285-2221; Fax: 312/988-5568; Web site: <http://www.abanet.org>*

A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing

The National Campaign to Prevent Teen Pregnancy

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

1998; \$15; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

Talking with Kids about Tough Issues: A National Survey of Parents and Kids

The Henry J. Kaiser Family Foundation and Children Now

This survey of children 10 to 15 years of age and parents was conducted to find out about parent-child communication. It shows that many families are waiting too

long to discuss, and not talking enough about, many issues, including sexuality.

1999; free; Publication Number 1460; *The Henry J. Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400; Web site: <http://www.kff.org>*

Teens on Sex: What They Say Teens Today Need to Know and Who They Listen To

The Henry J. Kaiser Family Foundation

The survey finds that most teens have enough information about how girls get pregnant but not enough about how to use different kinds of birth control. The survey also reveals a number of misconceptions about the consequences of pregnancy.

1996; free; Publication Number 1159; *The Henry J. Kaiser Family Foundation, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400; Web site: <http://www.kff.org>*

Trends in Sexual Activity and Contraceptive Use Among Teens

Elizabeth Terry and Jennifer Manlove

This paper summarizes key trends in teen sexual and contraception behavior by gender, age, and race/ethnicity. In addition, it analyzes previously published rates of teen sexual experiences and activity, contraceptive use at first sexual intercourse and at most recent sexual intercourse, and consistency of contraceptive use.

2000; \$5; *The National Campaign to Prevent Teen Pregnancy, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>*

Voices Carry: Teens Speak Out on Sex and Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy

This report offers a "snapshot" of what

teens are saying, in their own words, about sexual activity, love, relationships, contraception, and the adults in their lives. 2000; \$5; *The National Campaign to Prevent Teen Pregnancy*, 1776 Massachusetts Avenue, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: <http://www.teenpregnancy.org>

**Voices of a Generation:
Teenage Girls on Sex,
School, and Self**

*American Association
of University Women Educational
Foundation and Pamela Haag*

This report includes over 2,000 comments from girls on peer pressure, sexuality, media, and school. It explores differences in girls' responses by race, ethnicity, and age. 1999; \$14.95; *AAUW, Sales Office*, 1123 First Avenue East, P. O. Box 297, Newton, IA 50208; Phone: 800/225-9998; Fax: 800/500-5118; Web site: <http://www.aaauw.org>

**What Teens Know
and Don't (But Should) Know
About Sexually Transmitted
Diseases**

*The Henry J. Kaiser Family Foundation,
MTV, and Teen People*

This nationwide survey was conducted to uncover 15- to 17-year-olds' awareness of, and attitudes toward, STDs. 1999; free; *Publication Number 1465; The Henry J. Kaiser Family Foundation*, 2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 800/656-4533; Fax: 650/854-2400; Web site: <http://www.kff.org>

**Youth Risk Behavior
Surveillance—United States,
1999**

*U.S. Centers for Disease
Control and Prevention (CDC)*

This report from the *Morbidity and Mortality Weekly Report* (June 9, 2000, volume 49, number SS-5) includes statistics on adolescents in grades nine through 12. It addresses

such sexuality issues as sexual intercourse, condom use, birth-control-pill use, alcohol and drug use at last intercourse, pregnancy, and HIV education.

2000; \$3.50 or free on the Web site; *Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954; Phone: 202/512-1800; Fax: 202/512-2250; Web site: <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4905a1.htm>*

**Youth Risk Behavior
Surveillance, National Alternative
High School Survey—
United States, 1998**

*U.S. Centers for Disease Control
and Prevention (CDC)*

This report from the *Morbidity and Mortality Weekly Report* (October 29, 1999, volume 48, number SS-7) includes statistics on adolescents in alternative high schools, grades nine through 12. It addresses such sexuality issues as sexual intercourse, birth control pill use, condom use, alcohol and drug use at last intercourse, pregnancy, and HIV education. 1999; \$1.75 or free on the Web site; *Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954; Phone: 202/512-1800; Fax: 202/512-2250; Web site: <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/ss4807a1.htm>*

ORGANIZATIONS

Many of the following organizations offer publications on adolescent sexuality issues.

**Advocates
for Youth**

This organization works to prevent pregnancy, STDs, and HIV infection among adolescents.

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

**The Alan Guttmacher
Institute (AGI)**

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

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

**American School
Health Association (ASHA)**

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

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

**American Social
Health Association
(ASHA)**

This organization is dedicated to stopping STDs and their harmful consequences, which affect individuals, families, and communities.

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

**Centers for Disease
Control and Prevention (CDC)**

This organization's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability.

*1600 Clifton Road, Atlanta, GA 30333;
Phone: 800/311-3435; Fax: 770/488-3110;
Web site: <http://www.cdc.gov>*

Child Trends

This organization studies children, youth, and families through research, data collection, and data analysis.

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

Child Welfare League of America (CWLA)

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

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

Children's Defense Fund

This organization works to ensure that every child has a healthy start, a head start, a fair start, a safe start, and a moral start in life as well as a successful passage into adulthood with the help of caring families and communities.

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

Comprehensive Health Education Foundation (CHEF)

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

22419 Pacific Highway South, Seattle, WA 98198; Phone: 800/323-2433; Fax: 206/824-3072; Web site: <http://www.chef.org>

ETR Associates

This organization seeks to enhance the well-being of individuals, families, and communities by providing leadership, educational resources, training, and research in health promotion with an emphasis on sexuality and health education.

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

Girls Incorporated

This national youth organization is dedicated to helping every girl become strong, smart,

and bold through advocacy, research, and education.

120 Wall Street, Third Floor, New York, NY 10005; Phone: 212/509-2000; Fax: 212/509-8708; National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3233; Phone: 317/634-7546; Fax: 317/634-3024; Web site: <http://www.girlsinc.org>

The Henry J. Kaiser Family Foundation

This foundation is an independent source of facts and analysis for policymakers, the media, the health care community, and the general public.

2400 Sand Hill Road, Menlo Park, CA 94025; Phone: 650/854-9400; Fax: 650/854-4800; 1450 G Street, N.W., Suite 250, Washington, DC 20005; Phone: 202/347-5270; Fax: 202/347-5274; Web site: <http://www.kff.org>

Hetrick-Martin Institute (HMI)

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

2 Astor Place, New York, NY 10003-6998; Phone: 212/674-2600; Fax: 212/674-8650; Web site: <http://www.hmi.org>

National Association of People with AIDS (NAPWA)

This organization advocates on behalf of all individuals living with HIV and AIDS.

1413 K Street, N.W. 7th Floor, Washington, DC 20005; Phone: 202/898-0414; Fax: 202/898-0435; Web site: <http://www.napwa.org>

The National Campaign to Prevent Teen Pregnancy

This organization is dedicated to preventing teen pregnancy by supporting values and encouraging acts that are consistent with a pregnancy-free adolescence.

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

National Education Association-Health Information Network (NEA-HIN)

This affiliate of the NEA works to improve health, safety, and student achievement by providing school employees with vital, effective, and timely health information through parents, communities, and public/private partnerships.

1201 16th Street, N.W., Suite 521, Washington, DC 20036; Phone: 202/822-7570; Fax: 202/822-7775; Web site: <http://www.nea.org/hin>

National Middle School Association (NMSA)

This educational organization works to improve the developmental and educational needs of adolescents.

4151 Executive Parkway, Suite 300, Westerville, OH 43081; Phone: 800/528-6672; Fax: 614/895-4750; Web site: <http://www.nmsa.org>

National Network for Youth

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

1319 F Street, N.W., Suite 401, Washington, DC 20004; Phone: 202/783-7949; Fax: 202/783-7955; Web site: <http://www.nn4youth.org>

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

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

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

National Youth Advocacy Coalition (NYAC)

This coalition advocates for and with young people who are gay, lesbian, bisexual, transgendered, or questioning youth in an effort to end discrimination against them and to ensure their physical and emotional well-being.

1638 R Street, N.W., Suite 300, Washington, DC 20009; Phone: 202/319-7596; Fax: 202/319-7365; Web site: <http://www.nyacyouth.org>

Network for Family Life Education

This organization helps children and youth become sexually healthy people and avoid pregnancy and disease during their teen years.

Rutgers University, 100 Joyce Kilmer Avenue, Piscataway, NJ 08854; Phone: 732/445-7929; Fax: 732/445-4154; Web site: <http://www.sxetc.org>

Parents, Families, and Friends of Lesbians and Gays (PFLAG)

This organization promotes the health and well-being of gay, lesbian, bisexual, and transgendered persons as well as their families and friends through support and education.

1101 14th Street, N.W., Suite 1030,

Washington, DC 20005; Phone: 202/638-4200; Fax: 202/638-0243; Web site: <http://www.pflag.org>

Planned Parenthood Federation of America (PPFA)

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

810 Seventh Avenue, New York, NY 10019; Phone: 212/541-7800 or 800/230-PLAN and ask for your local Planned Parenthood; Fax: 212/245-1845; 1780 Massachusetts Avenue, N.W., Washington, DC 20036; Phone: 202/973-4800; Fax: 202/296-3242; Web site: <http://www.plannedparenthood.org>

Rape, Abuse, and Incest National Network (RAINN)

This organization operates America's only 24-hour, confidential national hotline for survivors of sexual assault.

635-B Pennsylvania Avenue, S.E., Washington, DC 20003; Phone: 800/656-HOPE; Fax: 202/544-3556; Web site: <http://www.rainn.org>

Search Institute

This organization works to contribute to the knowledge base about youth-

development and to translate high-quality research on children and youth into practical ideas, tools, services, and resources. 700 South Third Street, Suite 210, Minneapolis, MN 55415-1138; Phone: 612/376-8955 or 800/888-7828; Fax: 612/376-8956; Web site: <http://www.search-institute.org>

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

SIECUS' mission is to affirm that sexuality is a natural and healthy part of living; to develop, collect, and disseminate information; to promote comprehensive education about sexuality; and to advocate the right of individuals to make responsible sexual choices.

130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; 1638 R Street, N.W., Suite 220, Washington, DC 20009; Phone: 202/265-2405; Fax: 202/462-2340; Web site: <http://www.siecus.org>

*These books were included in SIECUS' previous *Annotated Bibliography on Adolescent Sexuality* and are still considered relevant and timely.

SIECUS FACT SHEETS FOCUS ON SEXUALITY EDUCATION ISSUES

Five SIECUS Fact Sheets are on subjects related to sexuality education. They are *Guidelines for Comprehensive Sexuality Education*; *Issues and Answers: Fact Sheet on Sexuality Education*; *The National Coalition to Support Sexuality Education*; *Opponents of Comprehensive Sexuality Education*; and *Strategies for Building Support for HIV-Prevention and Sexuality Education Programs*.

All of the Fact Sheets are available at no cost on the SIECUS Web site (<http://www.siecus.org>) or for \$2 each from SIECUS Publications, 130 West 42nd Street, Suite 350, New York, NY 10036-7802. Advance payment is required.

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

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

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PREPARATION OF MANUSCRIPTS

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

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

All disks should be clearly labeled with the title of submission, author's name, type of computer or word processor used, and type of software used.

The following guidelines summarize the information that should appear in all manuscripts. Authors should refer to the current issue of the *SIECUS Report* as a guide to our style for punctuation, capitalization, and reference format.

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

Articles may incorporate sidebars, lists of special resources, and other supplementary information of interest. Charts should be included only if necessary and should be submitted in camera-ready form. References should be numbered consecutively throughout the manuscript and listed at the end.

Book Reviews

The beginning of a book review should include the title of the book, author's or editor's name, place of publication (city and state), publisher's name, copyright date, number of pages, and price for hardcover and paperback editions.

Audiovisual Reviews

The beginning of an audiovisual review should include the title of the work, producer's name, year, running time, name and address of distributor, and price.

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

