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R E P O R T

SEXUALITY EDUCATION UPDATE

AUGUST/SEPTEMBER 2002

SIECUS

R E P O R T

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YOUNG PEOPLE ARE KEY TO CHANGE
IN SEXUAL HEALTH PROGRAMS

Mac Edwards

For the past several years, as I have compiled and edited our “Sexuality Education” issues of the *SIECUS Report*, I have always ended my work with the same conclusion: young people are the ones who are going to make comprehensive sexuality education a standard in our nation’s school systems.

To me, that is the theme of the article by Claudia Trevor, SIECUS state and community advocacy associate, titled “Number of Controversies Decline As Schools Adopt Conservative Policies.” Although the article is filled with information about the proliferation of abstinence-only-until-marriage programs in our schools, it is the information about student advocacy that jumps off the page.

Two quotes that caught my eye are from students at Modesto High School in California. One said that comprehensive sexuality education is critical because “there are just too many students out there having sex.” Another asked, “Is preaching abstinence effective? Ask the teens.”

EDUCATION ARTICLES

Of course, it is not just young people who are making the difference. There are many others doing important work.

This issue of the *SIECUS Report* includes articles by a number of them who offer ways to help promote knowledge about sexuality-related issues and the sexual health benefits that come from such knowledge.

First, Dr. Jay Yanoff, a member of the Board of the Pennsylvania Coalition to Prevent Teen Pregnancy, tells us about a statewide youth conference the Coalition sponsored where over 100 teens developed their own *Teen Code of Sexual Ethics*.

“We believe that teens are more likely to follow a code of behavior that they have developed for themselves rather than one that is imposed from the outside,” Dr. Yanoff said. “We also take heart in the fact that the final product demonstrates that teens are indeed learning and absorbing the messages of sexual health and responsibility that many

parents and other adults are attempting to communicate.”

To help sexuality educators teach their students to use the Web, Dr. Nancy Brown, a senior research associate at the Palo Alto Medical Foundation Research Institute in Palo Alto, CA, and Tara Brown, an adolescent health intern at the Institute, provide some extremely useful information in their article “Untangling the Web to Help Students Find Sexual Health Sites.” I learned a lot myself.

Then I interviewed author Janice Irvine about her new book *Talk About Sex: The Battle over Sex Education in the United States*. It’s an informative look at what has happened in the United States in the past 40 years.

OTHER INFORMATION

There is a lot happening in Washington this year in terms of both comprehensive sexuality education and abstinence-only-until-marriage programs. In fact, there has been more discussion on Capitol Hill about sexual health issues than at any time we here at SIECUS can remember.

William Smith, SIECUS director of public policy, writes in “Reason for Optimism about Comprehensive Sexuality Education” that we have come a long way during the past year toward uncovering the fallacy of abstinence-only-until-marriage programs through dialogue in the U.S. Congress.

We have also updated the “Pregnancy and State Policies” charts that appeared in the February/March *SIECUS Report*. We regret that the original charts did not list the information sources and apologize to the organizations which provided this important research. They include The Alan Guttmacher Institute, the American Society for Reproductive Medicine, the National Adoption Information Clearinghouse, the Adoption Family Center, and Lambda Legal.

I hope you find that the information in this “Sexuality Education Update” will help you in your work to make certain that sexuality education in America’s schools grows and improves this coming year and in the future.

TWO WAYS TO PROMOTE SEXUALITY EDUCATION

Tamara Kreinin, M.H.S.A.

This year we came to a milestone that many of us have been waiting for (albeit with apprehension) for over five years. The Title V abstinence-only-until-marriage funding that was quietly slipped into the 1996 Welfare Reform law was finally up for reauthorization.

At the time this law was passed, I was working with states and communities to implement teen pregnancy prevention programs, and I worried about how this new stream of money would influence the choices state and community-based organizations made. I must admit that I wondered how advocates for comprehensive sexuality education would fare in these more challenging times.

Looking back, I begin to truly admire how far we have come. In the last year alone, advocates for comprehensive sexuality education have helped to introduce new proactive legislation in the U.S. Congress; defeat attempts to increase federal funding for abstinence-only-until-marriage programs; and spark debates about the federal government's abstinence-only-until-marriage programs.

I attribute much of this recent success to two important lessons learned: (1) to loudly state what we are for, and (2) to take a multi-prong approach and advocate in many venues.

TWO LESSONS

When the funding was first announced, we rushed to tell educators and policymakers what was wrong with abstinence-only-until-marriage programs and to urge states and communities not to accept them. While these efforts were important, we learned that being against abstinence-only-until-marriage programs was not enough to build the support we needed in Congress. We needed to get past what we *didn't want* and help policymakers understand what we *did want*.

Having learned this important lesson, SIECUS and many of our colleague organizations worked to create model legislative language for the Family Life Education Act (FLEA), which was introduced into the House of Representatives last December. It provides funding over five years for states to conduct programs that include "education on both abstinence and contraception for the prevention of teenage pregnancy and sexually transmitted diseases (STDs), including HIV/AIDS." FLEA has already provided a rallying point for advocates and is at least partially responsible for our successes during the reauthorization process.

The second lesson that we as advocates for comprehen-

sive sexuality education have learned during the past five years involves a multi-prong approach. While the federal funding for abstinence-only-until-marriage education has in large part set the stage for sexuality education across the country, decisions about sexuality education continue to be made at many levels.

Advocates for comprehensive sexuality education have therefore worked to expand their state and local efforts.

EDUCATION EFFORTS

I believe that these two important lessons learned from our advocacy work can be replicated when it comes to education. We need to loudly state what we are for, and we need to take a multi-prong approach that utilizes many venues.

A number of years ago, SIECUS published *Facing Facts*, in which we acknowledged that sexuality education is often reduced to disaster prevention. After all, sexuality education is least controversial when it is billed as efforts to prevent unintended pregnancy, HIV, and STDs among teens. In the political climate of recent years, this has been the safest way to build support for our programs.

However, educators are all too aware that getting a young person out of their teen years free of pregnancy and disease is not enough. And while it may seem like this is all we can hope for today, I would argue that now is the time to speak loudly about what we do want for our young people.

When I think of what I want, several concepts always come to mind. I want to see youth who are able to communicate about sexuality-related issues, negotiate relationships, define their own values about sexuality, avoid coercive and violent relationships when possible, have positive feelings of self image, and enjoy sexuality as a positive and healthy part of life.

Once we decide on the outcomes we want, we must work on the same multi-prong approach that was so successful in our advocacy work. Schools remain one of the most important places where we can reach our young people. However, we must continue to look for other venues as well. In recent years, SIECUS has increased its focus on faith-based organizations, youth development programs, youth-serving organizations, and, of course, families.

Reauthorization of Title V is just a step away from securing funding for five more years. Yet I feel hopeful about what advocates can do to advance comprehensive sexuality education by 2007.

NUMBER OF CONTROVERSIES DECLINE AS SCHOOLS ADOPT CONSERVATIVE POLICIES

Claudia Trevor, M.A.

SIECUS State and Community Advocacy Associate

With the renewal of welfare reform looming in the background, the 2001-2002 school year saw fewer controversies relating to sexuality education than previous years. As SIECUS has noted, this trend, which emerged last year, does not indicate a widespread acceptance of comprehensive sexuality education but rather a tendency of school districts to adopt conservative policies to avoid controversy.

In the 2001-2002 school year, SIECUS documented only 62 controversies related to sexuality education in 25 states. As in past years, many of these debates represented efforts to restrict the scope and content of sexuality education programs. Attempts to institute strict abstinence-only-until-marriage programs remained one of the most popular methods of accomplishing this goal. Opponents of comprehensive sexuality education did, however, also work to limit topics, exclude materials, and prevent discussions. Other attempts to restrict sexuality education involved mandating messages and instituting administrative challenges.

Advocates for such restrictions made advances at both the state and local levels. In several cases, the lines between the two were blurred as state legislators became involved in local decisions, often speaking out in favor of abstinence-only-until-marriage programs, material restrictions, or mandated messages.

At the same time, some communities were forced to take a hard look at restrictions that they had already set in place. Faced with alarmingly high rates of sexually transmitted diseases (STDs) and teen pregnancy, or disturbing events such as sexual assault or infant abandonment, these communities had to determine whether their current programs were adequately meeting the needs of their students.

In these and other communities, advocates worked hard to implement more comprehensive sexuality education programs or defend existing programs. During the 2001-02 school year, many of these advocates were, in fact, young people themselves. Motivated by high rates of pregnancy and STDs among their peers, many spoke out against abstinence-only-until-marriage programs that withheld important health information, and demanded that their schools provide more information and services related to sexual health.

RESTRICTION OF SEXUALITY EDUCATION

Efforts to restrict sexuality education most commonly begin with an attempt to change the entire focus of a curriculum. In recent years, these attempts have most often involved the suggestion to replace a comprehensive sexuality education curriculum with a strict abstinence-only-until-marriage program. These programs characteristically prohibit discussions and materials to a narrow range of topics and often rely on fear and shame to influence young people's behaviors.

Over the years, however, opponents of comprehensive sexuality education have learned that this can be a long, drawn out process and may not always result in a more restrictive program. As a result, other strategies for limiting school-based sexuality education have evolved. They include eliminating materials, prohibiting discussions, silencing speakers, and setting up administrative roadblocks.

This year, opponents of comprehensive sexuality education on the state and local levels have engaged in yet another strategy. When efforts to implement abstinence-only-until-marriage programs have proved unsuccessful, they have worked to make existing sexuality education curricula resemble abstinence-only-until-marriage programs by mandating biased discussions on abstinence, marriage, and abortion.

Changing the focus. After three failed attempts in 14 years, New Jersey Assemblywoman Marion Crecco (R) finally succeeded in getting the AIDS Prevention Act of 1999 passed, seven days before her final term ended. This legislation requires public school sexuality education and HIV/AIDS education programs to "stress abstinence." It also requires that any instruction on contraceptives must include information on their failure rates for "preventing pregnancy, HIV infection, and other sexually transmitted diseases in actual use among adolescent populations."¹

While this new legislation does not stop schools from teaching other prevention methods, some critics have expressed concern that teachers will spend too much time on abstinence in fear of violating the law. Others criticized the bill as unnecessary, noting that **New Jersey** mandates a

CHALLENGING ABSTINENCE-ONLY-UNTIL-MARRIAGE: ACLU SUES LOUISIANA GOVERNOR'S PROGRAM

Louisiana is home to one of the most extensive statewide abstinence-only-until-marriage programs. The Governor's Program on Abstinence (GPA) produces and promotes an abstinence-only curriculum for seventh grade public school students, runs GPA clubs for high school students, and operates a clearinghouse center/Web site.

(See www.abstinenceedu.com for more information.)¹

The program, which is funded with Title V Section 510(b) abstinence-only-until-marriage money at the rate of \$1.6 million per year for five years, was created by Governor Mike Foster in 1998. The seventh grade curriculum is currently used in 20 parishes throughout Louisiana and has reached approximately 10,000 seventh grade students.

This past May, the American Civil Liberties Union, (ACLU) filed suit against Governor Foster and Dan Richey, state coordinator of the GPA, alleging that the GPA "has a history and ongoing practice of distributing public abstinence-education dollars in a manner that advances religion. The GPA itself, at official GPA events and in official GPA documents, has promoted religious precepts. It has also funded for many years, and continues to fund, organizations and individuals that convey religious messages and otherwise promote religion in the context of their GPA-funded programming."

The lawsuit provides the following examples of current GPA grantees who promote religious principles:

- The Rapides Station Community Ministries reported that it had "hosted a back-to-school 'Youth Revival,' where the Reverend Roger Layton 'proclaim[ed] God's Word with power as to why we should live pure and Holy. He made it clear that abstinence is the only way. There were many testimonies and pledges [during] the week of revival. Some promise[d] to become members of the Abstinence Club at their school."
- The Crisis Pregnancy Help Center of Slidell and Community Christian Concern uses its funding to offer the "Passion 4 Purity" program. One participant in the program wrote that "I have matured so much in my walk with Christ since [I] have been in 'Passion 4 Purity.' The ministry has had an impact so deeply upon my life.... God cares about your purity!!"

- The Just Say "Whoa" theatre troupe's promotional materials state that "The Just Say 'Whoa' Players uses [sic] a format that is hard-hitting, truth-based, entertaining, and Christ-centered.... Our belief is that sexual activity outside the commitment of marriage is offensive to the Lord we serve and should not be condoned or encouraged."

In one skit entitled "A New Heart," "Narrator #1" states: "God says if we will just ask Him, He will forgive us and remember our sins no more. He will make us white as snow. He will give you a new heart and a clean spirit. You can make the commitment today to save yourself from this point on. Even more important than having some of yourself you have saved to give to your marriage partner—is having a relationship with God unhindered by sexual sin."²

On July 25, a federal judge in Louisiana ruled that the GPA illegally used federal money to promote religious messages. In its ruling, the court ordered the GPA "to cease and desist from disbursing GPA funds to organizations or individuals that convey religious messages or otherwise advance religion in any way in the course of any event supported in whole or in part by GPA funds."

In response to the ruling, the director of the ACLU's Reproductive Freedom Project said that "we are pleased that the court has recognized that using public money to promote religious beliefs violates the basic principle of religious liberty. Unfortunately, abstinence-only programs have a long history of crossing the line between the religious and the secular. Today's decision should stand as a wake-up call that this practice is unacceptable."³

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1. www.abstinenceedu.com/f0.cfm?n=1&s=0
2. *ACLU of LA vs. Gov. Mike Foster, Dan Richey*, "Memorandum of Law in Support of Motion for Preliminary Injunction," www.aclu.org/court/foster.pdf
3. "ACLU Hails Federal Court's Decision to Halt Taxpayer Financing of Religion in Abstinence-Only Programs," *ACLU Freedom Network News*, July 25, 2002.

comprehensive sexuality education program that already covers the topic of abstinence.²

After weeks of debate, the **Rochester, MI**, Community School Board approved several significant changes to the district's elementary and middle school sexuality education curriculum. The new curriculum eliminated reproductive health and HIV/AIDS instruction from kindergarten through third grade and added "modesty" and "respect" as key concepts. The new sixth grade curriculum removed family planning and STD "benchmarks" (learning objectives) and also added a "benchmark" on abstinence.

The new seventh grade program may introduce contraceptive methods through approved materials but cannot use models or demonstrations. The seventh grade program must also discuss the risks of contraceptive methods and place increased emphasis on abstinence. Finally, gender separation for the discussion of "sensitive topics" was extended beyond the elementary level to the sixth and seventh grades.

One parent, who felt the new curriculum was not strict enough, stated that "everything has to be politically correct today, but sex education is taught too early, and that plants a seed... We need to teach morality."³

Although the changes produced a more conservative curriculum, the Board members and administration faced strong public response that it was still not conservative enough. A particular point involved two videos, *What Kids Want to Know About Sex and Growing Up* and *Teens Who Choose Abstinence*, included in the middle school program. Some parents complained that the videos did not "sufficiently emphasize sexual abstinence as the preferred choice." As a result, the Board concluded that seventh grade students will not view *What Kids Want to Know About Sex and Growing Up*. Instead, the media center will make it available for those parents who want to check it out.

Eliminating Material. As in years past, several communities found themselves debating those materials included in sexuality education courses. Whether the issue is the "explicit nature" of such materials or the grade level at which they are appropriate for inclusion, curricula, pamphlets, books, videos, and other teaching aids are often at the center of controversy. In some cases, state or district officials initiated such debate after reviewing materials they found objectionable. In other cases, parents or community members raised the issue.

In **Anchorage, AK**, parents petitioned the School Board asking that their consent be required for students to check out or read the book *It's Perfectly Normal*, an illustrated children's book about puberty, reproduction, and sexuality. One parent involved in the petition explained, "We do not believe a book with pictures of people having sex, naked bodies, people masturbating, people putting on condoms, a student having an erection in front of a school class, or gay

people hugging is necessary at the [elementary] school level."

Anchorage's Controversial Issues Review Committee recommended to the full Board that the book, which was available in 16 Anchorage middle and elementary school libraries, remain available to students without restriction. In contrast, the superintendent recommended that the Board adopt a policy of restricted access in elementary schools but provide unrestricted access in middle schools.

Before the Board met, State Representative Joe Green mailed 11 of the book's cartoon illustrations to 2,300 parents and voters and encouraged them to testify at the meeting. Rep. Green said he felt "absolute disgust" when he saw the book and noted that the pictures would "draw the attention of kids too young to understand the material." Green said, however, that he "didn't try and sway anybody; I just wanted them to see what was available."

The School Board voted 6-1 to restrict access to *It's Perfectly Normal* in elementary school libraries but imposed no such restrictions for middle school students. An amendment to limit the restrictions to the first through third grades failed.⁴

The **Berkeley County, SC**, School Board deadlocked twice when voting to approve supplemental materials for a sexuality education program that were selected by the health committee. The committee, consisting of teachers, health care workers, students, parents, and clergy, recommended materials that include information on AIDS, STDs, birth control, and decision-making. The deputy superintendent, the State Education Department, and half of the Board members stood in support of the materials while the other half favored materials with an abstinence-only-until-marriage approach.⁵ SIECUS will continue to monitor this situation.

In a roundabout attempt to ensure that abstinence-only-until-marriage materials are used exclusively in **Utah** schools, Senator Bill Wright (R) proposed a rule (R 277-474) to remove any authority of the State Instructional Materials Commission (SIMC) to approve or reject sexuality education materials. The SIMC is responsible for reviewing and recommending all instructional materials used in Utah public schools. The SIMC says that "the purpose of state adoption of instructional materials is to provide for the schools of the state the best available instructional materials and to eliminate inferior or undesirable material." A major purpose of SIMC approval is to ensure that approved materials are medically accurate, as required by state law.

Wright's move to limit the SIMC's authority is seen by many as yet another attempt to restrict sexuality education. Last year he authored Senate Bill (SB) 75, which stipulates that when teachers are asked questions about topics that "skirt the state approved curriculum, such as homosexuality," they must pull students aside to answer the question or refer students to a school counselor. Before it passed, SB 75 was

amended to clarify that it will not keep teachers from answering questions. However, supporters of the bill say that since teachers cannot answer questions outside Utah's law (which prohibits the advocacy of contraception or homosexuality), the amendment did little to change the intent of the legislation.⁶

R 277-474 took effect on March 1, 2002.

Silencing speakers. The principal of a high school in **Arcata, CA**, cancelled a performance by the Spare Change peer education theater troupe after attending a performance at another area high school. The program included skits written and performed by local high school students and covering the topics of abstinence, STDs, birth control, dating violence, and homophobia. At issue was "whether the show is too explicit and whether it sufficiently emphasizes abstinence."

A group of students and adults asked the Northern Humboldt Union High School principal and Board of Trustees to reconsider this decision. After the meeting, both sides agreed that they would allow the performance, but the principal would decide which skits were "appropriate."⁷

In **Keene, NH**, a sexuality education assembly scheduled for Fall Mountain High School was cancelled as the result of last-minute activity by the chair of the School Board. On the evening before Suzi Landolphi was scheduled to present *Hot, Sexy & Safer*, a program she had conducted at Fall Mountain in 1990, the chairman polled Board members until he found a majority who agreed that the program's content was inappropriate. He then called the superintendent to cancel the program.

At a Board meeting the following week, the principal explained that a majority of her staff had voted in favor of the presentation and that she had not sought the Board's approval because the program's content fell within the school's health curriculum.

Board members and parents also called into question the legitimacy of the chair's actions, noting that phone votes are only accepted in cases of emergency. In addition, several Board members claimed that they did not know the intentions of the chair's phone call or the results. The chair defended his actions and said he believed it was an emergency because the speaker advocates "safe sex to the extent that she's promoting sex, and promotes sexual harassment." He went on to say that if the speaker "was locked in a classroom (with students), I'm convinced that she'd be arrested for endangering a child."

The Board then voted 3-2 to ban the program in future years. *Hot, Sexy & Safer* was presented to several schools in the region the week prior to these events without incident.⁸

Prohibiting discussions. Guest speakers are not the only ones who cause controversy. Discussions with regular classroom teachers also often spark concern. While classroom

discussions on sexuality focus on a wide variety of topics, it has become clear over the years that certain topics such as abortion, sexual orientation, condoms, and oral sex have the most potential to raise controversy. It often arises "after the fact" when parents or educators criticize discussions that have already occurred for content or language that some deem inappropriate. This year, however, many of these debates involved rules designed to either restrict or expand the boundaries of these conversations before they occur.

This year, a lawmaker in **Virginia** attempted to tie sexuality education discussions to criminal laws barring certain sexual acts. Virginia Delegate John J. Welch (R) introduced House bill (HB) 88, prohibiting any family life education curriculum from discussing topics that are considered "crimes against nature" according to state law. In Virginia, oral sex and anal sex are both acts that are considered "crimes against nature."⁹ HB 88 passed the House by a vote of 83 to 16 but failed to pass the Senate.¹⁰

The **Montgomery County, MD**, Public School Board heard recommendations from the Citizens' Advisory Committee on Family Life and Human Development to include "training high school students in the proper use of condoms" and "allow[ing] more open dialogue in school health classes about 'sexual variants' such as bisexuality and homosexuality" in the district's sexuality education curriculum.

The Board opposed the policy of open dialogue about "sexual variants" based on the current district policy of "tolerance without advocacy" of alternative lifestyles." One Board member stated that the policy of more open discussion on "sexual variants" was unnecessary unless there is clear evidence of "a gag order being implemented" in the school system. The chairman of the Advisory Committee disagreed, stating that the current policy has a "chilling effect" on important discussions that impact gay, lesbian, and bisexual students.

The Advisory Committee recommended the condom demonstrations for tenth grade health classes based on the "considerable risks of sexually transmitted diseases, including AIDS, that young people face if they engage in sexual behavior without using condoms properly." Board members expressed discomfort with the proposal. One stated that "we can't be everything to everyone...I, as a parent, don't want to give kids the message, 'We can't stop you from having sex, so go ahead and do it.'" Another Board member argued that "people are so afraid of this because it gets into the values argument, we're not trying to do that, we're trying to give them factual information."

The Board ultimately rejected both recommendations made by the Citizens' Advisory Committee on Family Life and Human Development.¹¹

Don't ask, don't tell. Material restrictions need not apply only to what students can learn or discuss. They can also apply

to what students are asked. Surveys that include questions about students' sexual behaviors often incite controversy, as many who oppose comprehensive sexuality education claim that such questions will "violate" students' "natural modesty" or innocence. It is important to note, however, that such surveys are often conducted to assess student's risk behaviors so that appropriate educational programs can be implemented.

In **Palmdale, CA**, a school counselor from a non-profit organization was fired after she asked several third and fifth graders in the Palmdale School District to complete a questionnaire. The survey, which was for the counselor's doctoral thesis, included questions about sexual thoughts and suicide. As a result of the incident, The Palmdale School Board is considering stricter rules for future survey questions.¹²

Instituting roadblocks. In recent years, some opponents of comprehensive sexuality education have avoided directly challenging existing programs in favor of instituting administrative roadblocks that make it more difficult to ensure that students have access to comprehensive sexuality education. The most common method of doing this is through the institution of an "opt-in" policy.

Most states and communities have instituted policies allowing parents to remove their children from any sexuality or HIV/STD education course that includes information or

messages they find objectionable. These are typically referred to as "opt-out" policies. In contrast, an "opt-in" policy requires parental permission before any student can enroll in any sexuality education program.

Many administrators and educators object to these stricter "opt-in" policies because of the increased administrative burden of contacting all parents. In addition, many feel that lost or forgotten permission slips will prevent numerous students whose parents want them to have sexuality education from enrolling in these courses.

For similar reasons, the **Grossmont, CA**, School District Board of Trustees rejected a proposal for an "opt-in" policy that would have required written parental consent before students could participate in a sexuality education course. One of several trustees who felt that the "opt-out" policy was inadequate proposed the "opt-in" idea because of "concern [that] students would learn about homosexuality, bisexuality, or transgender issues in classrooms or other school activities."

In the past year, only 28 students were "opted-out" of the Grossmont district sexuality education classes. While some viewed this as support for the program, parents and trustees who supported the "opt-in" policy suggested that this was evidence that the "opt-out" notices are "often overlooked or left crumpled at the bottom of a backpack." In

THE RIGHT TO REMAIN SILENT

The Eagle Forum, a conservative organization that supports abstinence-only-until-marriage programs, publishes a brochure entitled *A Student's Guide to Nosy Questions That Your School Should Not Ask You*. This brochure instructs students not to answer any personal questions about their behavior or that of their family members.

For example, it says:

"Sometimes your school may ask you to answer nosy questions about your personal life, your attitudes, feelings and opinions, your family, or your friends. You do not have to answer these questions!...Do not answer these nosy questions because --

- They are none of the school's business,
- They may be embarrassing to you or your family,
- They invite nosy snooping by school personnel into your family and friends' personal lives.

You have a right to privacy about your personal attitudes, opinions, feelings, relationships, and actions outside of school. Don't answer any of these questions even if the school tells you the answers will be kept

secret or confidential because it is easy for the school to identify your answers.

Here are some examples of nosy questions that your school should not ask you - and which you should not answer.

Your sexual behavior

- How old were you the first time you had sexual intercourse?
- What kind of birth control do you most often use?
- Have you ever been pregnant?
- When you daydream about sex, do you think about (a) males, (b) females, (c) both?
- Do you consider yourself a heterosexual or a homosexual?
- Do you know of a place to go to see a doctor, nurse or counselor without your parents knowing about it?¹

REFERENCE

1. Eagle Forum, "A Students Guide To: Nosy Questions Your School Should Not Ask You," www.eagleforum.org/educate/nosy/nosy_q.html

contrast, one trustee who opposed the “opt-in” policy said that it is “far more practical for staff to keep track of that small number of students than to manage permission forms from parents of all of the district’s 24,000 students.”¹³

Mandating messages. Historically, opponents of comprehensive sexuality education have worked to replace such programs with strict abstinence-only-until-marriage programs or to drastically limit the scope and content of all sexuality education courses.

While these tactics remain popular, SIECUS has seen a number of attempts this year to make comprehensive sexuality education resemble strict abstinence-only-until-marriage programs by mandating messages rather than eliminating topics.

For example, legislators in **Kansas, Virginia, and Minnesota** have attempted to offset classroom discussions on topics such as abortion, pregnancy options, and marriage.

In **Kansas**, legislators re-introduced HB 2832, which would have required that any course covering pregnancy-related issues or sexuality to provide instruction on fetal development and abortion. The bill would have required courses to include pictures or realistic drawings of fetuses, as well as discussions on the “probable” sensations of pain to the fetus. The bill, which was opposed by representatives of Kansas Religious Leaders for Choice, the Kansas Choice

Alliance, the National Organization for Women, and the Wichita public schools, failed to pass.¹⁴

In **Virginia**, HB 1206 was approved by the governor. The bill mandates that any family life education curriculum provide instruction on the benefits of adoption as the preferred choice in the event of an unintended pregnancy.¹⁵

In another attempt to make sexuality education programs contain those messages more typically found in abstinence-only-until-marriage programs, a **Minnesota** legislator introduced a bill that would have required STD-prevention programs to “stress marriage.”

Rep. Sondra Erickson (R) defended her HB 2660 by saying it was “not an abstinence-only idea” but rather an attempt to add the topic of marriage to already-established programs.

Sex Education for Life—Minnesota, a group that advocates for comprehensive sexuality education legislation, spoke out against the bill, arguing that lessons about marriage have no place in public health programs designed to prevent disease.

Rep. Jim Davnie (D) also opposed the bill and countered it by sponsoring a piece of legislation to create a teen pregnancy and STD-prevention program.¹⁶

At the end of the Minnesota legislative session, the House voted to table the marriage promotion legislation. No action was taken on the counterproposal.

OPPONENTS OF COMPREHENSIVE PROGRAMS RUN FOR SCHOOL BOARD

Opponents of comprehensive sexuality education programs often forego advocating as community members or parents, choosing the more effective route of implementing change by running for School Board positions.

In **Toledo, OH**, one parent was so outraged that the sexuality education program in the school district included discussions about homosexuality that she decided to run for the Board. She declared that “they’re coming out of the closet and I’m coming out saying I’m opposed to it.” She supported an abstinence-only-until-marriage approach, proclaiming her faith in “what the Bible states in regard to sexual purity, which clearly states that sex outside of marriage is wrong.”

She also explained that her daughter, a fifth grader, was home schooled for a year and was sent to a parochial school because of the public school district’s sexuality education program. Her goal was to see schools return to

the basics of “reading, writing, arithmetic.”

The candidate was forced to defend herself against allegations of homophobia when the Leadership Fund of the local Chamber of Commerce, who had given her a \$500 grant for her campaign, questioned her about a letter she wrote to local clergy about a “hidden agenda” of “homosexual activists, radical feminists, abortion advocates, and haters of Christianity.”

The candidate ultimately lost her bid for election.

REFERENCE

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HAVING IT ALL

In recent years, when a community cannot agree on the focus or messages of sexuality education curricula, supporters of abstinence-only-until-marriage have recommended a dual track system.

Under this system, schools simultaneously offer an abstinence-only-until-marriage program and a comprehensive sexuality education course. It is then left up to parents to decide which program their children will attend.

Dual track systems are often implemented to avoid debate about sexuality education. For example, after debating the merits of both types of programs, the **West Allis—West Milwaukee, MN**, School District tentatively approved a dual track system for the sexuality education program in the tenth grade. The district, which offers an abstinence-based sexuality education program, agreed to create an abstinence-only-until-marriage program during the 2002-2003 school year if at least 15 students enrolled.¹⁷

The Human Growth and Development Review Committee proposed the idea of adding the abstinence-only-until-marriage program due to parents' objections about the content of the abstinence-based course. One parent who supported an abstinence-only-until-marriage program defended the proposed course from accusations of religious bias by stating that the current program "is teaching the religion of humanism, which teaches that sex outside of marriage is acceptable."¹⁸

It is important to note that communities which have adopted dual track programs have found them very taxing on their resources. For example, **Osseo, MN** was forced to eliminate sexuality education from earlier grades to provide the funding and staff to run a dual track program in eighth and twelfth grade.

RESTRICTIVE PROGRAMS QUESTIONED

For a variety of reasons, many communities examined the value and effectiveness of abstinence-only-until-marriage programs during the 2001-2002 school year. Some did so after facing high rates of teen pregnancy and STDs while others were confronted with difficult situations such as sexual assault and infant abandonment. While many of these schools have yet to make any significant changes to their sexuality education programs, many parents, educators, and students in these communities have begun an important dialogue.

High teen pregnancy rates. An official from the **Polk County, FL**, Health Department addressed the School Board regarding the high teen pregnancy rate, especially among youth between the ages of 10 and 14. According to the official, "every two weeks, a child between the ages of 10 and 14 gives birth in [Polk County]...And this only includes those [pregnancies] that actually result in a birth."

The official did not make specific recommendations about actions the Board should take to remedy the situation, and the Board chose to make no changes to the sexuality education program, "preferring to stick with the message that students should refrain from sex to prevent pregnancy and sexually transmitted diseases."

One Board member stated that "as far as the policy of the curriculum is concerned, I'm not ready to say we need to change ours. In Polk, being that it's the center of the Bible Belt, it's really hard to talk about anything but abstinence." The Board chairman claimed that although the issue is important, financial constraints have kept it on the "back-burner."

The Polk County Health Department offers contraceptives, health care, education, and counseling to area

MOTHER IN BRADENTON, FL, CONTACTS SIECUS ABOUT STENZEL SPEECH

Earlier this year, SIECUS assisted a mother in **Bradenton, FL**, who contacted us with concerns about a presentation her daughter attended at school that featured Pam Stenzel, a national abstinence-only-until-marriage and anti-choice speaker.

SIECUS provided this parent with detailed information about Ms. Stenzel's program, which consistently presents a fear-based message, uses inaccurate statistics about STDs, exaggerates condom failure rates, and is

clearly biased against abortion.

After bringing her story to the press and contacting local organizations to assist in her efforts, this parent tracked down a Florida statute that requires that all health education, including that provided by guest speakers, provide medically accurate information. Once they were informed of this statute, the Bradenton School Board assured the parent that that it would not invite Ms. Stenzel to speak again.

teens through the Responsible Adolescent Planning (RAP) program, yet few teens are aware of the services. A registered nurse who works with the RAP program said that staff is prohibited from providing services in the school unless “an individual client’s mother requests that a nurse come in and talk to her child.”¹⁹

A teacher at the North Heights Alternative School, which serves pregnant and parenting teens in **Amarillo, TX**, spoke out against abstinence-only-until-marriage programs mandated by the state after “nearly all her students said that if they knew what [she] had taught them, they could have made different choices about sex and birth control.” Because the school serves pregnant or parenting teens, it is exempt from the state mandate and may discuss contraception and prevention methods.²⁰

High STD rates. The Health Care Services Department of **Collin County, TX**, determined that an area spanning only two of the county’s ZIP Codes accounted for 70 percent of reported cases of STDs. One of the two areas was characterized as “upscale” and urban while the other was more economically diverse and rural.

Community experts attempted to explain this phenomenon and were able to rule out factors such as population growth and socioeconomic status. The county’s medical director pointed out, however, that “a lot of people I see don’t practice safe sex consistently” and others suggested that “there may be pressure among certain groups not to have safe sex.”

Collin County does not provide a specific course in sexuality education, but topics such as STDs are discussed in biology classes. Real Options for Women, a community-based organization, provides abstinence education in Collin County schools. The executive director of the organization stated that the STD concentration rates were alarming but felt that they indicated the need for more abstinence-only-until-marriage programming rather than a change of approach to comprehensive sexuality education.²¹

Sexual activity. In **Clayton and Henry Counties, GA**, district officials lamented the lack of comprehensive information about sexuality provided in the schools after three Lovejoy Middle School students were suspended for performing a sex act in class. One official pointed to the heavy emphasis on abstinence and the absence of discussion on controversial topics such as homosexuality, abortion, masturbation, and oral sex. She said she was “sad for those students who can’t get the information they need because of the restrictions placed on the school’s sex education,” and that students are “feeling ostracized in school and we’re doing nothing to help them.”²²

Sexual assault. Parents in **Tacoma, WA**, are questioning the integrity of the district’s sexuality education program after two reported cases of sexual assault in the last year in the Clover Park High School District. Upon examination,

many parents found that the school was “shying away” from controversial topics such as sexual assault in place of physiological discussions about “the birds and the bees.” Other controversial issues that were not addressed included homosexuality and abortion.

The state superintendent of public instruction points to the lack of state mandates, which allows curriculum decisions at the district level. She added that many districts choose “conservative” sexuality education programs to avoid controversy.

The health course at Clover Park High School, which includes sexuality education, is elective. District officials are now debating whether or not to make the health course a requirement.²³

Infant abandonment. In **Virginia Beach, VA**, a newborn infant was found dead in the women’s bathroom at First Colonial High School after being abandoned by a sophomore. This was the second case of abandonment by a teen mother in the county within a two month span. Since that time, the community has engaged in discussions about the most effective means of preventing such occurrences.

While many have advocated for increased sexuality education, access to birth control, and information about adoption and abortion, others have advocated stressing abstinence and “stronger rule-setting” by parents. Students have called for more information on the correct use of condoms as well as letting kids know “that they’re not alone if they get pregnant.” District officials stated, however, that schools are already “doing everything they feel comfortable with and the community feels comfortable with.”²⁴

WORKING TO SECURE COMPREHENSIVE PROGRAMS

Although the trend toward restricting sexuality education continued throughout the 2001-2002 school year, advocates for comprehensive sexuality education worked with legislators, educators, and parents in numerous states and communities across the country to secure existing comprehensive sexuality education and create new and expanded curricula. This year, young people proved once again that they are willing and able to mobilize to secure the sexual health information and services they feel they need.

Legislators rally for comprehensive sexuality education. In **Maine**, *An Act to Expand Family Life Education Services* (LD 1603) was signed into law.

The state has traditionally provided young people with high-quality school-based sexuality education. In fact, its family life educators have worked for 20 years with schools to develop programs that are comprehensive, age appropriate, and medically accurate. In those 20 years, Maine’s teen pregnancy rate has decreased over 35 percent, the sharpest decline in the country.

While this tradition has continued, such comprehensive

LUBBOCK YOUTH COMMISSION TURNS ADVOCATE

The Lubbock Youth Commission, a group created by the city to “give local youth a voice,” focused almost exclusively this year on sexuality education and its role in reducing the county’s high rates of teen pregnancy and STDs.

The group spent the 2001–2002 school year advocating for the Lubbock Independent School District (LISD) to replace its abstinence-only-until-marriage sexuality education program with a more comprehensive approach.

The LISD currently offers an abstinence-only-until-marriage program based on Texas Education Association guidelines which “heavily promote abstinence.” Texas law requires the teaching of abstinence as the “preferred choice of behavior for unmarried people of school age.” Schools are allowed, but not required, to teach about contraception. In addition, they may not distribute condoms to students.

The teen pregnancy rate in Lubbock County remains the highest in the state and is almost 10 percent higher than the state average. Lubbock County also has the highest teen rate for STDs in Texas. The Lubbock County Youth Commission asserted that a comprehensive sexuality education program would help reverse this trend.

Raising Awareness. The Lubbock Youth Council presented its views on sexuality education in many community venues, including a presentation to the City Council. They also ensured that the topic was discussed at length during a “Teen Town Hall Meeting.” The panel of local students, School Board members, government officials, and other community leaders was sponsored by a local newspaper as part of the “Make Kids Count 2001” campaign.

Lubbock Youth Council members persisted in questioning the panel about the LISD sexuality education policy even after the student moderator repeatedly attempted to end these questions. In reference to the high teen pregnancy and STD rates, a teen leader of the Lubbock Youth Commission asked the panel, “How is the LISD going to combat this? What are they going to do to save the lives of Lubbock youth who are the future of this community?” The Mayor of Lubbock responded to another teen’s inquiry by saying that sexuality education “is a very controversial issue. It will be dealt with at some time in the very near future. To what degree, I don’t know.”

The Community Reacts. The topic of sexuality education received mixed reactions within the community. LISD officials defended their abstinence-only-until-marriage approach to sexuality education while other community members challenged its effectiveness in light of the county’s high teen pregnancy and STD rates.

In response to concerns, LISD officials held a meeting to

review the district’s sexuality education curriculum and policies. Teachers and nurses answered questions from students.

A student member of the LISD Health Advisory Committee who had recently become a teen parent spoke at the meeting about her experience as a student. She claimed that she could not “recall really touching upon the subject of teen pregnancy in....health class.” She then said that “students need to be given the facts straight up. I don’t think there’s any other way....”

On a separate occasion, the Mayor of Lubbock expressed her concern over the high rates of teen pregnancy and STDs, stating that “what we’re doing in this community is not working.”

Roadblocks. While many supported the Youth Council’s efforts to secure comprehensive sexuality education, some youth and adults felt that the Council should also focus on other important issues facing the community.

Toward the end of the school year, both the Youth Council’s mayor and policy chairman resigned, citing “pressure from adults” as their reason for leaving. The Youth Council’s mayor stated that “as long as we’re with the city, our point won’t get across.” The policy chairman said that “they’re undermining what we’re trying to get accomplished.”

The chairman of the Adult Advisory Board to the Youth Commission left the meeting with the Youth Council’s mayor and policy chairman and was later removed from his position by the remaining members of the Adult Advisory Board. He had favored allowing the youth to determine the issues on which they wanted to focus and had encouraged them to assert themselves in their advocacy for comprehensive sexuality education.

The remaining members of the Lubbock Youth Commission vowed to get “back on track,” stating that “concentrating on one issue has hurt the group.” The departing members of the Commission hope to establish their own youth coalition to continue the advocacy efforts for comprehensive sexuality education.

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sexuality education was never supported by state law. This meant that advocates in Maine were often faced with legislative challenges from those who opposed such programs. For example, legislation was introduced in Maine in 2000 that would require all sexuality education programs to focus on abstinence.

An Act to Expand Family Life Education Services provides a definition of “family life education” which applies to state education statutes and specifies that such education should be medically accurate, age appropriate, inclusive of information about abstinence and contraception, and be taught from kindergarten through the twelfth grade. The law also expands the state’s Family Life Education Services. Unfortunately, due to enormous state budget deficits, no funding is currently attached to the law.

After it passed both houses of the state legislature, Rep. Robert Daigle (R), a co-sponsor of the bill, requested tabling the bill due to alleged procedural mishandling in committee. The allegations were dismissed, and Governor Angus King signed the bill into law shortly thereafter.²⁵

Legislation requiring that sexuality education be medically accurate was also introduced in **Washington**, causing supporters of abstinence-only-until-marriage programs to protest. During a hearing held by the Senate Education Committee, “pro-life advocates” expressed their fear that the bill would limit sexuality education to “scientific and medical facts only.” A representative from a local abstinence education organization complained that the sexuality education she received growing up “did not tell me that I would feel sad after having sex out of wedlock, it did not tell me that I would feel like a prostitute sometimes after having sex.”²⁶ This bill failed to pass out of committee in either the House or the Senate.²⁷

Arizona took this strategy a step further this year when legislation was proposed to strengthen the state’s current medical accuracy requirements by defining standards. This legislation proposed that Arizona schools teach only information defined as medically accurate by the U.S. Centers for Disease Control and Prevention (CDC) or the American Medical Association. Arizona has the third-highest rate of teen pregnancy in the country; the state provides only abstinence-only-until-marriage programs.

This legislation was strongly opposed by The Center for Arizona Policy, an organization that claims to “battle organizations like Planned Parenthood, the ACLU and gay rights groups that seek to destroy traditional families and traditional moral values.”²⁸ While debate took place in the legislature, one state senator who opposed the bill “launched into a debate over sex acts and sex devices” as “children and adults in the gallery watched and listened, some of them perhaps shocked by the level of discourse.” After 45 minutes, the sponsor of the bill believed that there was insufficient support

for its passage in the House and withdrew.²⁹

Communities rally to resist restrictions. When the health curriculum came up for review in the **Anoka-Hennepin, MN**, School District, controversy arose over whether to continue providing the abstinence-based curriculum or to adopt an abstinence-only-until-marriage approach. This community experienced a similar controversy during the last review in 1995-96.

The Health Curriculum Review Committee recommended that the school continue to provide an abstinence-based curriculum. In contrast, some parents felt that their children were receiving mixed messages through this curriculum and pointed out that the Board had decided to explore an abstinence-only-until-marriage approach six years previously but had never instituted such a course. Supporters of the abstinence-only-until-marriage approach, upset with the Health Curriculum Review Committee’s decision, suggested that this committee was not representative of the community because it contained more faculty than parents. Despite these complaints, the School Board, with a vote of 10 to 4, decided to continue with the abstinence-based course as recommended by the Health Curriculum Review Committee.³⁰

In **Lockport, NY**, the committee appointed by the Wilson Central School District to review the fifth grade puberty education program and make recommendations to the School Board deadlocked over whether to continue the program. At issue was how to present the topics of sexual intercourse, masturbation, homosexuality, and abortion.

The puberty education course, a three-day program facilitated by a self-employed educator, was previously taught in the district. Several parents attending the committee meeting expressed support for the program. However, other parents voiced their concerns about the issue of sexual intercourse. One parent wondered if “telling a 10 year old about sexual intercourse might make them more likely to engage in it” and wanted to know why “they don’t just teach abstinence.” The teacher told the committee and all parents present at the meeting that she encourages students to discuss controversial issues such as masturbation, homosexuality, and abortion with their families.

The Board dissolved the committee after a split vote was reported and decided to continue to provide the puberty education course.³¹

Communities work toward comprehensive sexuality education. In a reversal of a trend, one community urged its schools to keep morality and values out of sexuality education in favor of factual information. After years of research and debate, the **Spring Green, WI**, School Board unanimously accepted a resolution establishing guidelines for a human sexuality curriculum in the River Valley schools. The guidelines instruct teachers to “emphasize abstinence as the

primary message when discussing human sexuality” and to teach fact rather than opinion when discussing contraception. Although students will learn of the “various beliefs related to these sensitive topics,” teachers must discuss contraception “without debate over the values and/or beliefs of having premarital sexual involvement.”³²

In **Raleigh, NC**, the Wake School Health Advisory Council adopted recommendations for changes to its Healthful Living curriculum, including implementation of a comprehensive family life curriculum, expansion of the high school elective health education courses, and support for staff to better serve students in crisis situations.

The Wake County Public School System has provided abstinence-only-until-marriage education since 1995, when North Carolina General Statute 115C-81 was passed. This legislation, which requires factually accurate information, states that before school-based sexuality education can teach anything other than a strict abstinence-only-until-marriage program, the local Board of Education must hold a public hearing. The district must also make all instructional materials available for review by parents or legal guardians at least 30 days before the public hearing and 30 days after the hearing. Approximately 12 of the 117 school districts in the state have taken these steps and currently offer comprehensive sexuality education.

In order to explore the possibility of changing sexuality education in their community, Wake County created an Advisory Council appointed by the superintendent and the Board of Education. It consisted of representatives in the areas of education, health, medicine, law, religion, media, and business, as well as parents and community members. One member urged limiting the comprehensive sexuality education program to an elective class in both middle and high schools. Only two members voted to keep the current abstinence-only-until-marriage program.

The Advisory Council made its recommendations to the Wake County Public School Board, where approximately 200 parents and community members protested. One group from an area church arrived in white t-shirts to symbolize sexual purity. According to the School Board, a decision on the recommendations may not come until this fall. If approved, the Board will schedule a public hearing before a final vote.³³ SIECUS will continue to monitor this situation.

After reviewing the statistics on sexual activity in the **Orangeburg, SC**, Consolidated School District 5, the science and health specialist recommended that students receive age-appropriate reproductive health education prior to the sixth grade. Data from the *Youth Risk Behavior Survey* given to District 5 students indicated that many students had initiated sexual intercourse at age 11 or younger. The survey found wide variation across the district’s racial/ethnic groups. For example, 5 percent of white males, 7 percent of white

females, 7.7 percent of black females, and 21.3 percent of black males reported having had sexual intercourse by 11 or younger. The South Carolina Campaign to Prevent Teen Pregnancy also stated that a girl between the ages of 10 and 19 gets pregnant every 48 minutes in South Carolina.

State law allows family life education in grades six through eight even though local school districts may offer such instruction to younger grades. All but one of the members of the Advisory Committee for Comprehensive Health Education recommended that the district provide such a course to fourth and fifth graders.³⁴

Students rally for comprehensive sexuality education.

During the 2001-02 school year, young people proved once again that they are often their own best advocates.

In communities across the country, students were motivated by high rates of STDs and teen pregnancy, poor contraceptive use amongst their peers, and new-found knowledge that their friends were engaging in unprotected sexual behaviors.

Armed with these facts and statistics, teens spoke eloquently in their own communities for the need to increase education and services relating to sexual health.

In **Santa Ana, CA**, the teen advocacy group “Speak Out!” addressed the Santa Ana Unified School Board asking that the district revamp its “loosely structured” sexuality education program. Motivated by the city’s high teen pregnancy rates, the students spent 18 months researching the program and drafting recommendations.

Abstinence is stressed in middle school science courses and high school health classes, but the district lacks a uniform sexuality education curriculum. As a result, the quality and quantity of information that is provided to students is highly varied. The students requested the creation of a curriculum that includes information on abstinence, prevention methods, and family communication. Board members agreed that the lack of uniformity in sexuality education was indeed problematic but were unable to promise that a newly created curriculum would include all of the topics the students had requested.³⁵

Students in **San Mateo County, CA**, also responded to “alarmingly high” rates of teen pregnancy and STDs by advocating for the expansion of sexuality education courses and the institution of a condom availability program.

The proposal asked for the extension of sexuality education courses beyond the ninth and tenth grade to the eleventh and twelfth grades. The Sequoia Union High School District Board of Trustees approved the proposal, and, according to the president of the Parent-Teacher Association, most parents were supportive of the decision.³⁶

In **Modesto, CA**, the School District rejected students’ request to bring speakers on teen pregnancy, abortion, and birth control to their human relations class, which focuses

FREDERICK, MD: ONE COMMUNITY, MANY CONTROVERSIES

The school year began with a debate after the Family Life Advisory Committee and several community members proposed two changes to the sexuality education program; one involved using abstinence pledge cards as part of the existing program; the second would have instituted a new abstinence-only-until-marriage sexuality education course.

Conflict With State Law. The School Board rejected both proposals on the basis of Maryland state law, which requires that contraception be taught in schools. In response to the decision, the Family Life Advisory Committee noted that any health teacher who wants to host a speaker on abstinence-only outside of marriage is welcome to do so.

Approximately one month after this decision, the Frederick County School Board discussed changing the definition of *abstinence* in the district's curriculum to remove the reference to marriage. Abstinence was originally defined as "appropriate behavior before marriage."

One Board member explained that the reference to marriage was unrealistic given that so many people today delay marriage until their mid-to-late twenties. Several others expressed concern that linking sex and marriage is "teaching religious values that are not universally shared." They suggested replacing the reference to marriage with the term "mature, monogamous and committed relationship."

While several Board members voiced their discontent with the removal of marriage from the definition, the Board ultimately voted 6 to 1 to adopt compromise language stating that "abstinence from sexual intercourse is a healthy, safe, and responsible decision for adolescents," and that "there are consequences to becoming sexually active."

Approximately two weeks later, the Board reversed its decision and adopted a new policy. The reversal was made after "angry public response," much of which, according to Board members, came from people who do not live in Frederick County. One Board member who supported the decision to remove marriage from the definition of abstinence received an e-mail stating: "I hope your daughter catches AIDS from having sex before marriage." Another Board member received an e-mail stating that "she should be burned at the stake."

The new policy that instructs teachers to "identify abstinence as the surest way to prevent pregnancy and sexually transmitted diseases and as the appropriate behavior for students." It goes on to state that "the ideal in our society is abstinence until marriage" and advises teachers that, if questioned, they should "emphasize the importance of delaying sexual intercourse until [the student is] in a position to take responsibility for children,

which is best done in a stable, two-parent family."

Proposed language instructing teachers to "note that once they [students] are adults and no longer within the jurisdiction of the school system, they are free to make their own decisions" was not adopted in the new policy.

"Dual Track" Considered. Later in the school year, the Board revisited the idea of instituting an abstinence-only-until-marriage sexuality education course by proposing a dual-track system. At the request of several Board members, the president asked the district's curriculum specialist to find out if it was legally possible to offer an abstinence-only-until-marriage course in addition to the existing abstinence-based program. The president warned that even if a dual-track system is legal, the district might not be able to afford to offer it.

Although the legality of offering an additional abstinence-only-until-marriage program was never determined, the Board effectively rejected the proposal when it approved the Family Life Advisory Committee's recommendation that the county schools offer "only their current curriculum, which includes materials on contraceptives and safe sex." A Board member who supported the abstinence-only-until-marriage course said he "was not through with the issue."

Father-Son Opinions. As the school year drew to a close, the issue of sexuality education arose once more when the Board president's son volunteered to serve as a student member on the Family Life Advisory Committee. While his father supports a comprehensive approach, the student supports the abstinence-only-until-marriage approach, claiming that "students are not going to take you seriously if you tell them what their alternatives are." He plans to share his stance with the advisory committee, but has yet to communicate his position to his friends because "they wouldn't listen to me."

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on diversity and conflict resolution.

The district office ordered the teacher to cancel the program despite the fact that she received permission slips from 34 of 35 families. District officials claimed that the class was not “the proper venue” for such a discussion because human sexuality “belongs in health class.”

The students claim that their required health class “glosses over” sexuality and focuses on physiological issues rather than social pressures and personal beliefs. A sophomore at Modesto High School urged the school to address the issue head-on because “there are just too many students out there having sex.” Another student asked, “Is preaching abstinence effective? Ask the teens.”

Students voted unanimously to address the School Board and challenge the district’s decision. Unfortunately, district officials “were not swayed by the arguments.”³⁷

THE ROAD AHEAD

The 2001–2002 school year saw a continued trend toward restricting sexuality education. Whether by instituting a strict abstinence-only-until-marriage program, eliminating materials, or preventing discussions, communities across the country continued to limit the information and skills that their young people received.

Yet, this school year provided advocates of comprehensive sexuality education with much-needed hope as communities began once again to engage in important dialogue relating to sexuality education. Many questioned the value and efficacy of their efforts after facing troubling situations such as sexual assault, high teen pregnancy rates, and large numbers of STDs. While not all communities opted to expand their current programs, the dialogue alone represents a positive step for sexuality education.

Most encouraging, however, is the fact that young people took leading roles in the effort to implement comprehensive programs. They mobilized in response to high rates of STDs and teen pregnancy, researched effective prevention programs, and confronted resistant administrations.

Young people’s struggles and successes are a reminder that teens are those who are ultimately affected by the decisions that states and communities make regarding sexuality education and that it is critical to include young people in all advocacy efforts.

Interestingly, debates relating to sexuality education on the federal level mirrored what was seen in states and communities this year. While the federal government continued to support restrictive sexuality education by increasing funds for abstinence-only-until-marriage programs, debates over these unproven programs have finally begun as part of the overall reauthorization of welfare reform.

At the same time, advocates for comprehensive sexuality education are working to proactively support broader edu-

cation by introducing the Family Life Education Act (HR 3469). This legislation would provide funding for medically accurate, age-appropriate programs that teach about both abstinence and contraception.

Whether on the federal, state, or local levels, advocates for comprehensive sexuality education can feel confident that the dialogue has expanded over this past school year and that their continued work and perseverance will eventually ensure that all young people have access to the information they need to make healthy decisions.

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HUMAN RIGHTS WATCH REPORTS ON ABSTINENCE-ONLY-UNTIL-MARRIAGE

U.S. programs teaching teenagers to "just say no" to sex before marriage are threatening adolescent health by censoring basic information about how to prevent HIV/AIDS, says the Human Rights Watch in a new report titled *Ignorance Only: HIV/AIDS, Human Rights, and Federally Funded Abstinence-Only Programs in the United States*.

The 47-page report focuses on federally funded abstinence-only-until-marriage programs in Texas, where advertising campaigns convey the message that teenagers should not use condoms because they don't work. Some school-based programs in Texas do not mention condoms at all.

Federal health agencies share the broad scientific consensus that condoms, when used correctly, are highly effective in preventing the transmission of HIV. Yet the U.S. government currently spends more than \$100 million each year on abstinence-only-until-marriage programs, which cannot by law "promote or endorse" condoms or provide instruction regarding their use.

For more information, contact Rebecca Schleifer, Human Rights Watch researcher, at 212/216-1273 or go to the Human Rights Watch web site at hrw.org/reports/2002/usa0902/

ABSTINENCE IN COMMUNITIES ACROSS THE NATION

MANITOWOC, WI

The Manitowoc County Abstinence Coalition teamed with area florists to distribute True Love Waits abstinence pledge cards with corsages and boutonnieres sold to students attending local high school proms. Each card states “Prom...a night to remember not to regret.” According to one participating florist, “All the card is is [sic] a little, subtle reminder; there are consequences to your actions.” C. Mathews, “Lakeshore Florists Urge Abstinence,” Herald Times Reporter, *Manitowoc, WI, Mar. 26, 2002*.

MUSKOGEE, OK

The Crisis Pregnancy Support Center in Muskogee, OK, sponsored the fourth annual Spring Abstinence Tea, where 840 girls from 21 schools were told about the “three whys and a how” of abstinence. The three “whys” include pregnancy, STDs, and mental anguish. The “how” involves establishing a line and “defending it.”

A featured speaker from To Know Christ Ministries told the audience that “girls lose their virginity before marriage because of peer and media pressure, low self-esteem and sexual attraction.” After sharing that she was a virgin on her wedding night, the speaker told them that teens should refrain from premarital sexual activity “because they will lose their ability to bond with other people if they have sex with multiple partners.”

She ended by offering the following retort for the girls to use with boyfriends who are pressuring them into sexual activity: “Don’t let the screen door whack you where the good Lord cracked you.”

R. Bradshaw, “Eighth-Grade Girls Learn How to Say ‘No,’” Muskogee (OK) Daily Phoenix, *Apr. 4, 2002*.

LEHIGH VALLEY, PA

The Lehigh Valley, PA, Coalition to Prevent Teen Pregnancy provides the CHOICES abstinence-only-until-marriage program to 9- through 14-year-olds in the Lehigh Valley School District. The program, which is funded by the state, offers students the opportunity to sign abstinence pledge cards.

While approximately 40 percent of Lehigh students did choose to make the pledge, many others declined. One eighth grader ripped up his pledge card and refused to submit it, stating “I won’t sign it because I’m going to run my life the way I want to, but I’m not going to run out tomorrow and have sex either.” Several female students said that if they didn’t sign the cards their reputations

would suffer, and one stated that “we have to sign these even if we don’t believe in them.”

G. Marshall, “Teens Get No Sex Talk,” The Morning Call Online, *Lehigh Valley, PA, May 9, 2002*.

SAN ANTONIO, TX

In San Antonio, TX, two radio disc jockeys, “Danny B” and “Rude Dogg Garcia” speak at community events about sexual abstinence in an attempt to lower the city’s teen pregnancy rate, which is almost twice the national rate. In addition, their radio station, which plays hip-hop music and captures the highest ratings among listeners 12 to 34 years of age, ran public service announcements from “Not Me, Not Now” “extolling the virtues of sexual abstinence” free of charge for several months.

Some have questioned the credibility of the campaign because the station’s format includes many songs with lyrics “that tell listeners to ‘get freaky,’ encourage ‘late-night loving,’ or chant about the ‘need to get high to function,” and Rude Dogg left one speaking engagement to appear at a local bar as a celebrity judge for a “‘Naughty School Girl’ outfit” contest.

A. Nazareno, “Hip on Conduct,” San Antonio (TX) Express-News, *Jan. 15, 2002*.

PANAMA CITY, FL

In Panama City, FL, the wife of a youth minister planned “a devotional on purity” for girls in the congregation which involved a trip to a local bridal boutique. The girls were allowed to try on wedding dresses to “promote the idea of abstinence,” and each girl had her picture taken in a wedding dress “so that she would have a reminder of the commitment to not have sex before marriage.” One girl took off her wedding dress and claimed “Ok, I’m waiting for him.”

T. Quimby, “Abstinence Addressed,” The News Herald, *Panama City, FL, Nov. 3, 2001*.

LICKING COUNTY, OH

In Licking County, OH, the Department of Health provides abstinence-only-until-marriage education to area schools with the help of federal welfare reform funding. The high school course consists of five lessons presented over five days, while the middle school course consists of three lessons presented over three days.

During one lesson in the high school course, a “graphic” STD slide presentation is shown, and “boys

and girls are separated to preserve the modesty of the students.” During another lesson, male presenters discuss the “importance of a father figure in a home setting.”

For middle school students, one lesson is taught by peer educators and another by an adult abstinence educator. During the third lesson, students watch a video produced by Focus on the Family, No Apologies—The Truth About Life, Love and Sex.

C. Bradshaw, “Abstinence Is Message at SOPC Banquet,” Times-Gazette, Licking County, OH, Apr. 20, 2002.

ALLIANCE, NE

In Alliance, NE, the group Alliance for Teens, along with an advisory council composed of high school students, organized events for Chastity Week at Alliance High School. During Chastity Week, which “immediately followed Abstinence Week,” the group distributed abstinence t-shirts and posters designed by teens, locker mirrors with abstinence promotion messages printed on them, candy mints that said “Sex is ‘Mint’ for Marriage,” and Tootsie Rolls that said “Don’t take your tootsie for a roll until you’re married” on the wrapper.

According to the registered nurse who coordinates the abstinence program for Alliance Public Schools, teens who are not sexually active “not only are kept safe from STDs and teen pregnancies, but also have a healthier emotional and psychological outlook to marriage and life in general.”
R. Gonzales, “Risky Behavior?—Healthy Solutions,” Alliance Times-Herald, Alliance, NE, Feb. 12, 2002.

CELINA, OH

In Celina, OH, the Project Wait “sexual abstinence” course is taught in three area middle schools in the seventh and eighth grades. Part of the five-to-nine day course involves students trying on an “empathy belly” to mimic a nine-month pregnancy. One teacher stated that “the point is really brought home” when students wearing the belly are instructed to go to the blackboard to solve a math problem “with their back to the class.” The rest of the class is then told to “make comments about the person and how other people feel about them.” They may say “something like ‘slut’ or ‘fat.’” The instructor then explains that this “is what pregnant girls hear everyday.”

J. Painter, “Local Pupils Learn Value of Waiting,” The Daily Standard, Feb. 19, 2002.

YORK, NE

Jason Evert is an abstinence-only-until-marriage educator who speaks to 10,000 to 20,000 students a month across the country about the “importance of self respect and abstinence.” Evert, who is also a speaker for the Louisiana’s Governor’s Program on Abstinence, was inspired to speak about chastity after attending a former girlfriend’s wedding, where, “as he watched the groom lift her veil to kiss his new bride, (he) remembered their intimate moments together and was embarrassed.”

Evert presented a “frank talk about chastity” at York, NE, High School, warning students about “the danger of chlamydia, the second biggest STD killer for girls,” and telling them that “if they have just three sexual partners, they are 15 times as likely to get cervical cancer.” He then explained that “our bodies are not made for multiple sex partners” and that “people who marry as virgins have a divorce rate that is 70 percent lower than that of other people because it gives you the right foundation.”

Evert urged the young men in the audience to avoid pornography because it “destroys future marital happiness by training them to think of girls as just existing for their kicks.” He then told them to think of themselves as “Knights’ who are to love and protect girls who are the daughters of the King of Heaven.”

To inspire all the youth present to remain chaste, Evert suggested that they keep an unlit white candle in their bedrooms to symbolize their sexual purity and present it to their mate to light on their wedding night.
J. Weiss, “York Teenagers Hear Frank Message About Sex,” York (NE) News-Times, Feb. 18, 2002.

NEBRASKA CITY, NE

At an appearance at Nebraska City, NE, High School, Evert told the audience that married couples who use prophylactics have a 50 percent divorce rate, while couples who use natural family planning only have a two percent divorce rate. He then told them that “natural planning is 99 percent effective” and concluded by encouraging students to “take a step back and find the peace and joy that comes from a life of chastity.”

P.J. Peterson, “Abstinence Speaker Draws Standing Ovation from Nebraska City High School Students,” Nebraska City (NE) News-Press, Oct. 23, 2001.

TALK ABOUT SEX: THE BATTLES OVER SEX EDUCATION

Janice Irvine, who is an associate professor of sociology at the University of Massachusetts, Amherst, has just written a book titled Talk about Sex: The Battles over Sex Education in the United States.

She recently talked with Mac Edwards, SIECUS Report editor, about the book and her belief that the Christian Right has dominated the cultural discourse relating to sexuality education in the United States for the past 40 years.

The University of California Press will publish her book in September. She is also the author of Disorders of Desire: Sex and Gender in Modern American Sexology. (Look at the end of this interview for more information on her new book.)

You say the Christian Right dominates the public conversation about sexuality education. Would you elaborate?

People often assume that the bitter debates over sexuality education are spontaneous uprisings of outraged citizens. But they are not. They are public arguments that have been provoked by conservative national advocacy organizations that are actively committed to shaping sexual values and influencing education policies in communities across the country.

The national rhetoric of the Christian Right—what I call “opposition rhetoric”—is regularly exported from the national to the local level. This is why the debates of people in communities around the country sound the same. And this has been true since the 1960s—not just since the Internet, as many people assume. In local debates, this rhetoric takes on a life of its own to become accepted “fact” even though it is a political argument.

The Christian Right captured the terms of debate through the strategic use of culturally powerful language, images, and emotions at town meetings, school board hearings, and local media debates. I call these debates “discursive politics”—national and local contests about how we think, talk, and feel about sexuality.

National Christian Right groups have succeeded on the local level primarily through arguments resulting in gridlock and intimidation. They have paralyzed countless community debates and constrained programs nationwide by popularizing a public vocabulary framing sexuality education as transgressive and immoral.

If most people support comprehensive sexuality education, what accounts for the success of Christian Right opponents?

They have some very powerful advantages. Their infrastructure is large, rich, and very well-organized. Christian Right national organizations have served as strong allies to residents in communities across America who oppose comprehensive programs.

Central to their success has been the way they talk about sexuality. Right-wing national advocacy organizations have scripted the public discourse on sexuality education through rhetoric, which organizes peoples’ ambivalence, confusion, and anxieties into tidy sound bites designed for mass mobilization. This rhetoric draws on our broader sexual culture of fear and shame—especially in relation to childhood sexuality—giving their language a great deal of emotional power. They scare people.

How? Can you be specific about their strategies?

My research shows that there have been clear patterns in the rhetorical strategies of sexuality education opponents dating back to the sixties. Many of your readers have undoubtedly lived through local controversies in which these strategies were used. It’s very important to understand that these are not isolated events, but that sustained conflicts over sexuality have played a crucial role in the rise of the Christian Right since the sixties and in its ability to attract and galvanize followers. In turn, they have been very smart in crafting rhetoric.

One common tactic has been the use of provocative language in community debates. This includes, for example, calling a curriculum a “sodomy” curriculum or “pornographic.” They also use provocative language to stigmatize sexuality educators themselves. This is a strategy that reaches back to the sixties when they called SIECUS’ cofounder Mary Calderone a Communist. As you know, sexuality educators have often been called perverts or pedophiles.

Opponents have also distorted and misrepresented comprehensive programs. For example, they regularly make statements like, “If students learn about birth control, it encourages them to have sex.” Studies indicate otherwise, but that doesn’t stop them from making the claim.

Opponents of comprehensive sexuality education tell scary stories that I call “depravity narratives.” These spread from town to town like urban legends, and are designed to frighten parents. One false story that spread across the country in the sixties was about a teacher who took off her

clothes to teach her students about anatomy. Another tale alleged that a teacher had sexual intercourse in front of her class. Neither of these incidents ever happened, but I talked with people who believe, even today, that they did.

All of these strategies are incredibly effective because of America's culture of sexual fear and shame. They are difficult to refute, and they cast suspicion upon comprehensive sexuality education.

What about the role of SIECUS and other groups who support comprehensive sexuality education?

Americans who oppose comprehensive sexuality education have been extremely successful because they have had a powerful social movement on their side—the Christian Right. Supporters of comprehensive sexuality education have not been as fortunate.

For example, SIECUS' yearly budget is miniscule compared to that of just one Christian Right group, Focus on the Family. And there are more than 20 such conservative national organizations that oppose comprehensive sexuality education.

Through no fault of their own, advocates of comprehensive sexuality education have never had a strong ally in the progressive movement. Feminism and the Left, for a variety of reasons, never took on sexuality education as a central political issue. The recent entrance of First Amendment activists into the sexuality education debates, such as the National Coalition Against Censorship, is a positive development.

Still, this lack of strong allies has left comprehensive sexuality education advocates at a political disadvantage.

What do you recommend that advocates of comprehensive sexuality education do?

The question is, how can we move toward more ethical public discourse about sexuality education? My book shows how debates turn into bitter conflicts, and I advocate broader and more nuanced community dialogue so that local residents can

determine for themselves the scope of sexuality education in their schools. I know SIECUS supports this goal of genuine community choice.

The Right wins when it scares people into silence and accommodation. Supporters of comprehensive sexuality education can help interrupt this dynamic by continuing to speak out despite fear of scapegoating. I know this isn't easy, especially in isolation. There must be a broad coalition to challenge the stigmatizing tactics of the Right. Everyone must stand together and speak out, not just sexuality educators themselves, but local residents, parents, even young people. Moreover, it is crucial that progressive groups support SIECUS, since sexuality is such an important political issue.

True change can only occur through a marked shift in our sexual culture, since the Right so successfully taps sexual stigma. It is interesting to me that challenging sexual guilt and shame was one of Mary Calderone's goals when she helped establish SIECUS in 1964. By telling the story of the founding of SIECUS and the rise of controversies over sexuality education, I hope that my book will be a resource for those calling for ethical public conversation. Discussion about sexuality education is one important public arena for the negotiation of sexuality, morality, and citizenship.

Talk about Sex is both the first comprehensive history of the culture wars over sexuality education and a detailed examination of the politics of sexual speech in the United States. It looks closely at the clash between professional sexuality education advocates on the one hand and the politicized Christian Right on the other. In the process, it explores the political uses of emotion as it relates to sexuality and demonstrates how this movement draws on the power of sexual shame and fear in order to galvanize opposition to sexuality education. —Editor

Talk About Sex: The Battles over Sex Education in the United States; 2002; \$24.95; University of California Press; ISBN 0520235037; 294 pp.

SIECUS LAUNCHES 'NO NEW MONEY' CAMPAIGN

SIECUS has launched "No New Money," a national online advocacy campaign, in an effort to halt additional federal funding for abstinence-only-until-marriage programs.

SIECUS is partnering with national organizations such as Advocates for Youth and Planned Parenthood Federation of America. It will also work with local and state-based organizations and coalitions to send a loud and clear message to federal policy makers: "No New Money" should be sunk into unproven and harmful abstinence-only-until-marriage programs.

See www.nonewmoney.org to take action.

TEENS DEVELOP CODE OF SEXUAL ETHICS AT PENNSYLVANIA COALITION MEETING

The Pennsylvania Coalition to Prevent Teen Pregnancy, which has held a number of statewide youth conferences to determine what teens are thinking and feeling about sexuality, has developed a Teen Code of Sexual Ethics based on the brainstorming of over 100 teens at one of those meetings.

“We believe that teens are more likely to follow a code of behavior that they have developed for themselves rather than one that is imposed from the outside,” said Dr. Jay Yanoff, who serves on the Coalition’s Board.

“We also take heart in the fact that the final product demonstrates that teens are indeed learning and absorbing the messages of sexual health and responsibility that many parents and other adults are attempting to communicate,” he added.

This is the code the teens developed:

TEEN CODE OF SEXUAL ETHICS

1. **Talk to your partner.** Communicate about the past, present, and future by keeping lines open. Communicate limits and expectations. Talk about limits up front.
2. **Do not use sex as an escape or weapon.** Don’t use it to make or break a relationship. Sex should mean something. It should not be casual. Love is not sex and sex is not love. Know the difference between love versus lust versus infatuation in relationships.
3. **Be mature and responsible for your actions.** Know the consequences. Take responsibility for your own actions.
4. **Respect the desires and opinions of your partner.** Both partners should consent to sexual behaviors. No means no! Respect the principles, morals, feelings, limits, actions, and decisions of your partner.
5. **Develop a mutual relationship of trust, honesty, and monogamy.** Both partners should be honest in everything they do. Develop an equal and stable relationship.
6. **Sexual decisions should not be made under the influence of drugs or alcohol.**
7. **Don’t base your life on one person.** Make sure you keep your friends and family. Love and be yourself. Keep your own independence. Be real.
8. **The couple should have a strong relationship with patience, trust, respect, love, and friendship before engaging in mutually decided sexual behaviors.** Don’t limit the relationship to sexual experiences. Have fun with each other, don’t be too serious, and forgive the small stuff. Make choices you won’t regret later in life.
9. **Know and recognize when to get out of a relationship.** Do not accept or tolerate abuse of self or partner in any shape, or form.
10. **Educate yourself and others about responsible sexuality.**

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:

- **Integrating Prevention Efforts:
STDs, HIV, and Teen Pregnancy**
February/March 2003 issue
Deadline for article submission: November 4, 2002
- **Young People Talk about Sexual Health,
Education, and Rights**
April/May 2003 issue
Deadline for article submission: January 2, 2003
- **The Debate about Sexual Addiction
and Compulsion**
June/July 2003 issue
Deadline for article submission: March 3, 2003
- **Monitoring Sexuality Education in the
United States/Tenth Anniversary**
August/September 2003 issue
Deadline for article submission: May 1, 2003

UNTANGLING THE WEB TO HELP STUDENTS FIND SEXUAL HEALTH SITES

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Both mass media and interactive media are powerful shapers of young people's minds, experiences, and lives. It is estimated that 45 million have access to the Internet at home or in the classroom,¹ and that young people eight to 18 years of age spend an average of 6.75 hours a day using both electronic and print media—not including any media used in school or for homework.²

Educators who want their students to learn how to find quality sexual health information on the Internet should consider using or adapting the exercise discussed in this article. It is most appropriate as a complement to a sexual health program attended by students in grade levels six through 12.

BACKGROUND

A Kaiser Family Foundation study recently found that 90 percent of 15 to 24 year olds have gone online, that 68 percent have used the Internet to research health concerns,³ and that young people rank the Internet as their sixth or seventh most valuable source of health information.⁴ Even so, "online youth" (52 percent) reportedly find it difficult to locate relevant information.⁵

Why? First, there is no organizing system to the Internet. On average, only one in five links on the first page of Internet searches eventually provide relevant content.⁶ And most Internet users do not look at such searches beyond the first page.⁷ This means that relevant information is easily overlooked. In addition, different search engines will find different sites. Only 10 percent of the top 10 sites found by two search engines are the same.⁸

WEB SKILLS

The following 50-minute exercise is designed to help sexuality educators teach their students in the sixth through the twelfth grades (1) to use the Internet effectively to research health-related topics; (2) to distinguish between credible and non-credible Internet health resources and critique sites; and (3) to discuss Internet findings with peers and adults to confirm the validity of the information.

This exercise is designed for use as part of—or after—an

interactive program. Before conducting the exercise, educators should test the Web links they will use because information is in a constant state of flux. Students should also participate in Web-safety training that includes these surfing rules: (1) do not release personal information, (2) do not agree to meet someone with whom you communicate online without talking first to an adult, and (3) talk to an adult if something you see or read makes you feel uncomfortable.

START THE EXERCISE

Preface the Internet exercise by asking youth where they get their health information and listing answers on the board. If answers are not forthcoming, start the discussion by writing the following key sources on the board: parents, doctors, friends, television, school, and the Internet.

Ask how many of the students use the Web for health- and sexuality-related information and then discuss the pros and cons of locating information on the Web. Bring up such advantages as convenience, accessibility, and abundant information. Bring up such disadvantages as potential lack of privacy, misleading or biased information, and searching difficulties.⁹

End this preliminary discussion by suggesting that the Internet can help students locate answers to sexual health information and highlighting the need for students to become educated consumers by evaluating the information they retrieve and confirming it through other sources.

DEVELOPING SEARCH SKILLS

Start the Internet activity itself by explaining that it is a research project on finding helpful Web sites for youth, particularly those dealing with sexual health, a popular topic for young people searching the Internet.¹⁰

Divide the students into teams of two or three and log onto the Internet. Each group should select a different search engine. Examples of search engines include (1) Yahoo (www.yahoo.com), (2) Alta Vista (www.altavista.com), (3) Google (www.google.com), (4) Hotbot (www.hotbot.com) and (5) Ask Jeeves (www.askjeeves.com).

Tell students to look up the key word *chlamydia*. Do not spell *chlamydia* for the students because spelling mistakes will

assist in the class discussion of troubleshooting.

After the students' initial search, ask them to report on their findings. Point out that different search engines often provide different results. Ask them if they found non-existent or irrelevant results and discuss reasons—such as incorrect spelling.

Next, ask the students to look up *genital warts* using the key word *warts*. Ask them if they again found information on irrelevant topics such as *hand warts* and remedies. Discuss search difficulties such as using broad or narrow key words.

Finally, ask the students, or groups, to look up key words such as birth control, sexually transmitted diseases, or puberty, and select a site from which to evaluate the search results.

DATA CREDIBILITY

Distribute the *Quality Information Checklist*¹¹ to students and allow 20 minutes for the class to review the site they choose and complete the list. Ask the students to present their findings at the end of class. (See page 25.)

In helping students determine the credibility of the data they receive through the Internet, ask them if they feel the sexual health information they found was 100 percent correct.

Ask them how and why information could be incorrect and then discuss reasons for inaccuracy, such as outdated materials, biases, alternative motives (trying to sell a product or convert one to the morals and values of the site), and authorship by someone uneducated on the topic.

Also discuss the need for students to become critical consumers of sexual health information and introduce ways for them to judge a site for its integrity, such as checking publication dates, the sponsoring organization, and the tone and purpose of the information.

Discuss the following ways to evaluate a Web site:

- Know the source of the information and be aware of the author or institution's reputation and credentials.
- Judge the credibility of information by noting if and how the material is reviewed, if reviewed at all.
- Check the date the page was posted and verify the date of references used in the Web site's article. Look for more updated sources because medical information is constantly changing.
- Be skeptical of a proposed personal diagnosis or a suggested course of treatment for an individual. Qualified medical professionals who can properly examine a person on a first-hand basis and discuss medical history are best equipped for handling a patient's diagnosis and treatment.
- Look for bias based on conflicts of interest if there are advertisements or if the site is commercially underwritten.

After the students have reviewed the Internet sites, ask each team what it liked and didn't like about its site. Mark recommended sites on the board and hand out suggested Web sites and resources to students for future health reference.

CONCLUSION

Educators should emphasize that the Internet can prove a valuable source of sexual health information while explaining once again the importance of verifying site content credibility. They should also encourage their students to discuss their findings with friends, parents or other adults, and medical providers.

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QUALITY INFORMATION CHECKLIST

1. Is it clear who has written the information?

Who is the author?

Is it an organization or an individual?

Is there a way to contact them?

2. Are the aims of the site clear?

What are the aims of the site?

What is it for?

Who is it for?

3. Does the site achieve its aims?

Does the site do what it says it will?

4. Is the site relevant to me?

List five things to find at the site.

- 1)
- 2)
- 3)
- 4)
- 5)

5. Can the information be checked?

Is the author qualified to write the site?

Has anyone else said the same things anywhere else?

Is there any way of checking this out?

If the information is new, is there any proof?

6. When was the site produced?

Is it up to date?

Can you check to see if the information is up to date and not just the site?

7. Is the information biased in any way?

Does the site have a particular reason for wanting you to think in a particular way?

Is it a balanced view or does it only give one opinion?

8. Does the site tell you about choices open to you?

Does the site give you advice?

Does it tell you about other ideas?

Source: www.quick.org.uk. Used with permission.

RECOMMENDED INTERNET SITES

GOOD JUMPING-OFF POINTS FOR SEARCHING THE WEB

- **Centers for Disease Control and Prevention (www.cdc.gov)**

This government-sponsored web site provides an excellent starting point for finding health information. Start by using the “Health Topics A – Z” section.

- **Family Doctor (<http://familydoctor.org>) (www.GraciasDoctor.com)**

Sponsored by the American Academy of Family Physicians, this site provides general health information with no outside advertising. There is a corresponding site in Spanish.

LIST OF POPULAR HEALTH WEB SITES FOR TEENS

- **Girl Power (<http://www.girlpower.gov>)**

Sponsored by the U.S. Department of Health and Human Services, this site seeks to encourage and motivate 9- to 14- year-old girls to make the most of their lives.

- **gURL.com (<http://www.gurl.com>)**

A leading online community for teenage girls committed to discussing issues that affect the lives of girls age 13 and up in a nonjudgmental, personal way.

- **GYN 101 (<http://www.gyn101.com>)**

This site helps people understand what to expect during a gynecological exam.

- **Sex, etc. (<http://www.sxetc.org>)**

Launched by the Network for Family Life Education, this site provides youth with accurate, up-front information about their sexuality and answers questions.

- **SIECUS (<http://www.siecus.org>)**

Sponsored by the Sexuality Information and Education Council of the United States (SIECUS), this site includes a “For Teens” section that provides them with a starting point to learn about sexuality issues.

- **Teen Advice Online (<http://www.teenadvice.org>)**

Provides support for teenage problems through a network of peers from around the globe.

- **Teen Health (<http://www2.healthnet.com/adap/default.asp>)**

Sponsored by Health Net, a California-based HMO, this site includes general teen health information and information about the signs and symptoms of depression.

- **Teenwire (<http://www.teenwire.com>)**

Provides sexuality and relationship information from Planned Parenthood Federation of America.

- **We’re Talking (<http://www.pamf.org/teen>)**

Sponsored by the Palo Alto Medical Foundation, this site provides useful health-related information for youth in an open, frank, and honest forum.

UPDATE: PREGNANCY AND STATE POLICIES

States have a variety of policies on pregnancy-related issues. Seven subjects are examined in these charts: (1) substance abuse during pregnancy, (2) infertility insurance laws, (3) Medicaid family planning waivers, (4) minors' access to prenatal care, (5) "safe surrender" laws, (6) human cloning, and (7) gay and lesbian adoption laws.

APOLOGY FOR NOT CREDITING DATA RESOURCES

These charts on "Pregnancy and State Policies" are updated and reprinted from charts which appeared in the February/March 2002 *SIECUS Report*.

We regret that the original charts did not list the information sources upon which the charts were based. We apologize to and thank these organizations.

- The Alan Guttmacher Institute for the charts on "Substance Abuse during Pregnancy," "Medicaid Family Planning Waivers," "Minors' Access to Prenatal Care," and "Safe Surrender Laws"
- The American Society for Reproductive Medicine for the chart on "State Infertility Insurance Laws"
- The National Adoption Information Clearinghouse, the Adoption Family Center, and Lambda Legal for the chart on "Gay and Lesbian Adoption Laws"
- The National Conference of State Legislatures for the chart on "Human Cloning"

See "Source" at the end of each chart for more information on contacting these sources.

CHART 1 SUBSTANCE ABUSE DURING PREGNANCY

There are currently 34 states with policies relating to substance abuse by pregnant women. The consequences for women range from reporting and testing by health care professionals (the results can be often used in child welfare proceedings) to termination of parental rights or forced rehabilitation. If a state is not listed, there is no relevant law.

	Terminates Parental Rights	Civil Commitment Authorized	Reporting Required	Testing Required	Priority Access to Treatment	Create or Fund Treatment
AZ			X		X	
AR						X
CA						X
CO						X
CT						X
FL	X					X
GA					X	
IL	X		X			X
IN	X					
IA			X	X		
KS					X	
KY						X

	Terminates Parental Rights	Civil Commitment Authorized	Reporting Required	Testing Required	Priority Access to Treatment	Create or Fund Treatment
LA						X
MD	X					X
MA			X			
MI			X			
MN	X	X	X	X		X
MO					X	X
NV	X					
NE						X
NY						X
NC						X
OH	X					X
OK					X	
OR						X
PA						X
RI	X					
SC*	X					
SD	X	X				
TX	X				X	
UT			X			
VA	X			X		X
WI	X	X			X	
WA						X

* South Carolina's Supreme Court held that the state's criminal child endangerment statute includes "maternal acts endangering or likely to endanger the life, comfort, or health of a viable fetus." Thus, substance abuse by pregnant women is a criminal act in South Carolina.

Source: The Alan Guttmacher Institute, State Policies in Brief, updated monthly (see www.guttmacher.org/pubs/spib.html).

CHART 2 INFERTILITY INSURANCE LAWS

The interesting thing about state infertility insurance laws is who they will cover. Of the 14 states with mandates about insurance coverage for infertility, four require that the potential parents be married. If a state is not listed, there is no relevant law. There are exemptions and requirements not listed here.

	Mandate to Cover	Mandate to Offer	Must Be Married and Spouse's Sperm Used
AR	X		X
CA		X	
CT		X	
HI	X		X
IL	X		

	Mandate to Cover	Mandate to Offer	Must Be Married and Spouse's Sperm Used
MD	x		x
MA	x		
MT	x		
NJ	x		
NY			
OH	x		
RI	x		
TX		x	x
WV	x		

Source: The American Society for Reproductive Medicine (see www.asrm.org/Patients/insur.html).

CHART 3 MEDICAID FAMILY PLANNING WAIVERS

Medicaid family planning waivers are a way for states to expand eligibility for family planning services under Medicaid. Some states obtain approval from the federal government in the form of a “waiver” of federal policy, allowing them to continue coverage for women who would otherwise lose coverage postpartum. Other states grant coverage based only on income levels. The Bush Administration’s stand on these waivers is unclear at this point. Initially, the Administration said that it would deny any waiver applications that were specific to family planning. However, some applications have been approved. If a state is not listed, there is no relevant policy.

	Extend for Women Losing Medicaid Post Partum (amount of time)	Grant Coverage Based on Income (income ceiling as percentage of federal poverty level)	Extend for Women Losing Medicaid for Any Reason (amount of time)
AL*	approved (2 years)	approved (133%)	
AZ	approved (2 years)		
AR		approved (133%)	
CA		approved (200%)	
CO		pending approval (150%)	
DE			approved (2 years)
FL	approved (2 years)		
IL**	pending approval		
MD	approved (5 years)		
MN**		pending approval (275%)	
MS		pending approval (185%)	
MO	approved (2 years)		
NM		approved (185%)	
NY	approved (22 months)	pending approval (200%)	
NC		pending approval (185%)	
OK		pending approval (185%)	
OR		approved (185%)	

	Extend for Women Losing Medicaid Post Partum (amount of time)	Grant Coverage Based on Income (income ceiling as percentage of federal poverty level)	Extend for Women Losing Medicaid for Any Reason (amount of time)
RI	approved (2 years)		
SC		approved (185%)	
VA	approved (2 years)		
WA		approved (200%)	
WI		approved (185%)	

* Mobile County only.

** Coverage would also be extended for women losing it through post-welfare Transitional Medicaid Assistance.

Source: The Alan Guttmacher Institute, State Policies in Brief, updated monthly (see www.guttmacher.org/pubs/spib.html).

CHART 4 MINORS' ACCESS TO PRENATAL CARE

If a state is not listed, it has no policy on minors' access to prenatal care. States have variations on the age the minor must be in order to consent (with some states requiring only that the minor be "mature" enough to understand the treatment), whether physicians may inform the minor's parents, and whether the policy is only for prenatal care or for medical care in general.

	Age, if Any, Minor Must Be	Physician May Inform Parents	Medical Care in General
AL			
AK			
AR			
CA			
DE	12	X	
DC			
FL			
GA			
HI	14	X	
ID			X
IL*			X
KS	"mature"		
KY		X	
MD		X	
MA			
MI		X	
MN		X	
MS			
MO		X	
MT		X	
NV	"mature"		X
NH	"mature"		X
NJ		X	

	Age, If Any, Minor Must Be	Physician May Inform Parents	Medical Care in General
NM			
NY			
NC			
OK		X	
OR	15	X	X
PA			
SC	16		X
TN			
TX		X	
UT			
VA			
WA			

Idaho bases its policy on the attorney general's office interpretation of state law.

Washington bases its policy on a state supreme court decision holding that minors have the same constitutional rights as adults.

Illinois allows a minor to consent if her health requires it, she is a parent, or she has been referred by a specified professional.

Source: The Alan Guttmacher Institute, State Policies in Brief, updated monthly (see www.guttmacher.org/pubs/spib.html).

CHART 5 SAFE SURRENDER LAWS

“Safe Surrender” laws provide safe and legal places for parents to give up unwanted newborns. This is intended to dissuade parents from abandoning their newborns in unsafe places where they are likely to die. Variations in the laws include: limits on the infant's age; authorized people or place to which parents can relinquish the children; whether the surrender is anonymous; whether the medical information is requested; whether a check is done to see if the child has been reported missing; whether ID bracelets are given to facilitate any later attempt at reclamation; and whether people other than the parents can surrender the child. If a state is not listed, there is no relevant law.

	Limit on Infant's Age	Authorized Personnel or Places	Anonymous	Medical Information Requested	Check if Child Is Missing	ID Bracelet	Others May Surrender
AL	72 hrs.	EMS					
AZ	72 hrs.	adoption, church, EMS, hospital	X				X
AR	30 days	hospital, police			X		
CA	72 hrs.	hospital, "other designated place"	X	X		X	
CO	72 hrs.	EMS, hospital					
CT	30 days	hospital	X			X	X
DE	14 days	hospital	X	X	X	X	X
FL	3 days	EMS, hospital	X		X		
GA*	7 days	clinic, hospital					
ID	30 days	EMS, hospital, 911	X		X		
IL	72 hrs.	EMS, hospital	X		X		
IN	45 days	EMS	X				

	Limit on Infant's Age	Authorized Personnel or Places	Anonymous	Medical Information Requested	Check if Child Is Missing	ID Bracelet	Others May Surrender
IA**	14 days	clinic, hospital	X				X
KS	45 days	clinic, EMS					
KY	72 hrs.	EMS, hospital, police	X	X			X
LA	30 days	clinic, CPC, EMS, hospital, police			X		
ME	31 days	clinic, hospital, police					X
MI	72 hrs.	EMS, hospital, police		X	X		
MN	72 hrs.	hospital	X				X
MS	72 hrs.	adoption, hospital					
MT	30 days	EMS, hospital, police		X	X		
NV**	30 days	clinic, EMS, hospital, police	X				
NJ	30 days	hospital, police	X		X		X
NM	90 days	clinic, hospital	X				X
NY	5 days	"appropriate" person or location					
NC	7 days	clinic, EMS, hospital, police	X		X		
ND	1 year	hospital	X	X		X	X
OH	72 hrs.	EMS, hospital, police	X	X			
OK	7 days	clinic, EMS, hospital, police	X		X		
OR	30 days	clinic, EMS, hospital, police	X				
RI	30 days	clinic, EMS, hospital, police	X				X
SC	30 days	hospital	X	X	X		X
SD	60 days	adoption, clinic, EMS, police					
TN	72 hrs.	clinic, hospital	X	X			
TX	30 days	adoption, EMS, hospital	X		X		
UT	72 hrs.	hospital	X		X		X
WA	72 hrs.	EMS, hospital	X	X			
WV	30 days	clinic, hospital	X				
WI	72 hrs.	EMS, hospital, police, 911	X				

AUTHORIZED PERSONNEL OR PLACES

911 = Allows a parent to use 911 and give infant to responding personnel; Adoption = Licensed adoption agency; Clinic = Health care clinic; CPC = Crisis pregnancy center; EMS = Emergency Medical Services or fire station; Police = Police station

* In Georgia, the woman must provide "proof of identity," if available, and a name and address.

** Allows a parent to leave the child at an authorized place but not in the care of personnel, as long as the parent tells personnel where the child is.

Maryland and Missouri have laws pending that will go into effect on October 1, 2002, and August 28, 2002, respectively.

Source: The Alan Guttmacher Institute, State Policies in Brief, updated monthly (see www.guttmacher.org/pubs/spib.html).

**CHART 6
HUMAN CLONING**

Human cloning comes in two forms: reproductive cloning and therapeutic cloning. Therapeutic cloning is what is meant when people talk about stem cell research. Only six states prohibit cloning humans, and three of those states make exceptions for research. If a state is not listed, there is no relevant law.

	Cloning of Humans Prohibited	Penalty Provided by Law	Exceptions
CA	X	license revocation; civil penalties	
IA	X	license revocation; civil penalties	
LA	X	civil penalties	scientific research and cell-based therapies
MI	X	civil and criminal penalties	
RI	X	civil penalties	biomedical, microbiological, and agricultural research
VA	X	civil penalties	research purposes

Missouri limits use of state funds for human cloning research.

Source: The National Conference of State Legislatures (see www.ncsl.org/programs/health/genetics/rt-shcl.htm).

**CHART 7
GAY AND LESBIAN ADOPTION LAWS**

The most common way for same-sex-couples to jointly adopt children is by “second parent” adoption. This happens when one partner already has custody, and the other partner later petitions for second parent adoption. Joint adoption of an unrelated child is much less likely to be permitted. Also examined in this chart is whether state law is settled on adoption by gay and lesbian individuals. Adoption laws for same-sex couples are unsettled and subject to change in many states. Because of the variation among the states, it is difficult to provide a complete and accurate summary of the law. If a state’s law is not yet settled enough to make a determination, none has been made in this chart. If a state is not listed, its adoption law in this area is unclear.

	Second Parent Adoption Permitted by Lower Court Precedent	Second Parent Adoption Permitted by High Court Precedent	Statute Permitting or Case Law Prohibiting Second Parent Adoption	Joint Non-Relative Adoption by Same Sex Couples	Individual Adoption
AK	X				permitted
CA	X			permitted	permitted
CO*	X		prohibited by case law		
CT	X		permitted by statute		
DE	X				
DC	X			permitted	permitted
FL**			prohibited by statute	prohibited by statute	prohibited by statute
GA	X				
HI	X				
IL	X			permitted	permitted
IN	X				
IA	X				
KY				prohibited	

	Second Parent Adoption Permitted by Lower Court Precedent	Second Parent Adoption Permitted by High Court Precedent	Statute Permitting or Case Law Prohibiting Second Parent Adoption	Joint Non-Relative Adoption by Same Sex Couples	Individual Adoption
MD	x				permitted
MA		x		permitted	permitted
MI	x				
MN	x				
MS			prohibited by statute	prohibited	prohibited
NE			prohibited by case law		
NV	x				
NJ		x		permitted	permitted
NM	x				
NY		x		permitted	permitted
OH			prohibited by case law		permitted
OR	x				
PA*	x		prohibited by case law	permitted	permitted
RI	x			permitted	permitted
TN					permitted
TX	x				
UT			prohibited by statute	prohibited	
VT		x		permitted	permitted
WA	x			permitted	permitted
WI			prohibited by case law	prohibited	

* In Colorado and Pennsylvania, there is conflicting case law regarding second-parent adoptions.

** In Florida, a federal appeals court is currently considering whether to reverse a lower court ruling throwing out a challenge to the state's ban on all homosexual adoptions.

This information comes from several sources, including the National Adoption Information Clearinghouse (see www.calib.com/naic/pubs/l_same.htm), the Adoption Family Center (see www.adoptionfamilycenter.org/resources/states/bythenumbers.htm), and Lambda Legal (see www.lambdalegal.org/cgi-bin/iowa/documents/record?record=399).

REASON FOR OPTIMISM ABOUT COMPREHENSIVE SEXUALITY EDUCATION

William Smith

SIECUS Public Policy Director

This annual *SIECUS Report* on the status of sexuality education always provides an opportunity for reflection. On the advocacy front in Washington, DC, such reflection is a pleasure these days.

REASON FOR OPTIMISM

I am often reminded by colleagues both in Washington and around the country that I am the eternal optimist. While this may be true, I believe everyone, not only optimists like myself, will see how green the grass really is when we consider just how much we have accomplished this past year.

In recent years, many people have concluded that those who oppose comprehensive sexuality education—those who believe that all students should receive only strict messages about abstinence—have succeeded. Thankfully, this is not true.

In the last year, advocates for comprehensive sexuality education have (1) introduced new legislation in the U.S. Congress that supports such education, (2) defeated attempts to increase federal funding for abstinence-only-until-marriage programs, (3) sparked debates about the federal government's abstinence-only-until-marriage programs that were not thought possible just a short while ago, and (4) advanced comprehensive sexuality education in many states.

In addition, new important players have joined our advocacy efforts.

PROACTIVE LEGISLATION

I believe that instrumental to these successes was the introduction of a proactive piece of legislation in Congress. In December of last year, our supporters in the U.S. House of Representatives introduced the Family Life Education Act (FLEA) (HR 3469). This legislation was designed to provide federal funds to support effective comprehensive sexuality education programs in America's schools.

This bill's introduction marked a new phase for policy and advocacy relating to sexuality education. Advocates of a comprehensive approach stopped solely reacting to the actions of abstinence-only-until-marriage proponents. Instead, they joined together to develop a policy that supports what really works. Advocates and policymakers alike were given something to which they could say "yes." And that changed the ballgame.

FLEA has provided a rallying point for advocates. It has also provided us with endless opportunities to make policymakers aware of sexuality education issues. Since its introduction, elements of FLEA have been incorporated into state bills and into amendments in the House. At press time, FLEA had 84 cosponsors in the House. That is an impressive number. But we have seen even more support after visiting policymakers on Capitol Hill.

INCREASINGLY OPEN DEBATES

The successes we have witnessed in the past year also go beyond FLEA, though that legislation has certainly helped to galvanize our efforts.

In 1996, Congress slipped the creation of the Section 510(b) abstinence-only-until-marriage program into a House bill. This program, which provides \$50 million per year, was passed without debate. In contrast, legislators entered into a real discussion when the program came up for reauthorization this year. In fact, legislators in the House offered three amendments to the program to provide language that would (1) give states some flexibility in crafting their own education programs, (2) fund only medically accurate programs, and (3) fund only programs that were proven effective. Even though all three were voted down, they provided the opportunity for much discussion. Efforts by advocates had similar success in getting over a quarter of the Members of the U.S. Senate to sign on to approaches that would give states greater flexibility in using abstinence-only-until-marriage dollars.

Together, advocates of comprehensive sexuality education have made this happen. Congressional staff has consistently told us that they had heard more from constituents about abstinence-only-until-marriage than on any other part of welfare reauthorization.

REPUBLICAN SUPPORT

Last year in the House, U.S. Rep. Ernest Istook's (R-OK) attempts to increase abstinence-only-until-marriage funding were soundly rebuffed by his colleagues. In fact, 311 Members of the House, including 114 members of his own party, voted against this increase. Since that time, SIECUS has set out to determine why Representatives voted the way they did.

This inquiry gives us reason for hope. We have learned that this is not a partisan issue. There are many Republicans who support comprehensive sexuality education. One Republican Member from the Northeast, for example, told us, “I’m with you wholeheartedly.”

We have also learned that there is support for comprehensive sexuality education even among some Republicans who oppose family planning and reproductive rights. For example, SIECUS was surprised to learn that one Republican Member from the West with a well-known history of opposing reproductive rights voted against Rep. Istook because he believed in comprehensive sexuality education. Similarly, a Democrat from the Northeast who opposes abortion told us he believed in a comprehensive approach to sexuality education.

POLITICS REMAIN

I once doubted that we would see change in federal sexuality education policy even if less conservative legislators had the reigns of power in Congress. This past year has proved me wrong. An enormous advocacy community has come together, and real leadership has come forward in Congress.

This has included working closely with the Family Planning Association of Maine to pass a law extending family life education in that state and encoding in law a definition of comprehensive sexuality education. We have also assisted numerous other states with policy efforts to advance compre-

hensive sexuality education.

We must remember, however, that sexuality education remains a political issue. While we are winning the debate about sexuality education on the policy level, we are losing it on a political level. The current support for abstinence-only-until-marriage education is coming from the White House. That same mindset grips the leadership of the Republican Party. To illustrate, one moderate Republican Member’s staff told us, “It will be tough to go against the President on this one. It is an election year.”

THIS YEAR’S PROGRESS

Over the past year, we have come a long way toward uncovering the fallacy of abstinence-only-until-marriage programs. Many Americans have been misled about the real nature of abstinence-only programs and have allowed young people’s access to responsible and accurate sexuality education to be eroded.

On a recent trip to the Midwest, I encountered just such a person. I was invited to deliver a speech on federal sexuality education policy. The audience included a nurse who assisted in supervising the city’s school-based health centers. At the conclusion of my presentation, she confided to her colleague that she was unaware of the harm caused by current federal policy. She added that I had “turned her head.”

Another person has joined us.

SIECUS LAUNCHES *ONLINE PRESS KIT* CONTAINING NEWS ON SEXUAL HEALTH, EDUCATION

SIECUS has launched an *Online Press Kit* on its web site (www.siecus.org) to increase the accessibility of information and news as well as to highlight recent developments in the field of sexual health and education.

The *Online Press Kit* provides information and links to SIECUS’ most recent initiatives including:

- **The Family Project** increasing parent-child communication about sexuality
- **Public Policy Initiatives and the “No New Money” Campaign** advocating for legislation to promote comprehensive sexuality education initiatives at the state and federal levels of government
- **The National Coalition to Support Sexuality Education** supporting advocacy efforts nationwide
- **The International Program** seeking global change on sexuality education and sexual health issues
- **The Mary S. Calderone Library** providing information on sexuality-related issues
- **The SIECUS Report** publishing up-to-date information and analysis in the field of sexual health

The *Online Press Kit* also includes links to the most up-to-date sexual health statistics and research including: *The Youth Risk Behavior Survey Results* from the U.S. Centers for Disease Control and Prevention (CDC); *The Young People Report* from UNAIDS; and *The America’s Children Report* from the U.S. Department of Health and Human Services

To visit SIECUS’ *Online Press Kit*, go to the “For Media” section of the SIECUS web site and click on “New! *Online Press Kit*.”

S I E C U S R E P O R T
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I n d e x t o V o l u m e 3 0

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