REPORT

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SIECUS

REPORT

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

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Write about what you know,” my creative writing instructor said to me when I was deciding on the subject for a short story. “And write from the heart. That’s how you will reach people.”

Throughout my years as a writer and editor, I have never forgotten this advice. I was reminded of it reading the 20-plus articles we have selected for this special issue of the SIECUS Report titled “Young People Talk about Sex.” The young authors clearly have something to say about sex. They are speaking from the heart, and they have reached me. I think they will reach you, too.

WRITE FOR US
We decided last fall to dedicate an entire of the SIECUS Report to the voices of young people. We posted a “Call for Submissions” on numerous list servs, sent it to colleague organizations, and asked educators to pass it on to their students. Our request of young writers was simple:

Calling All Young People!
Write for the SIECUS Report
Are you an aspiring writer? Have something important to say? Want to get published? Put your writing skills to the test. Write an article for a special edition of the SIECUS Report: “Young People Talk about Sex.”

Use the following topics as a jumping off point. You could tell us about your own experiences, what’s going on with your friends, your family, your school, or your community. You could tell us about something you’ve heard, seen, or read lately. You could show off your journalistic skills and write a news article. Or you could just give us your opinion. The topics are:

• Sexuality Education. Adults in the United States can’t seem to agree on what, if anything, teens should learn about sex in school.

• HIV/AIDS. Yours is the first generation that has grown up in a world that always included HIV and AIDS.

• Sex Is Everywhere. You live in a world where the media tells you how you should look, what you should wear, and what is considered sexy.

A NEW EXPERIENCE
Many of our colleague organizations work directly with young people every day. Some programs that we work closely with, like SEX, ETC., a newsletter and web site sponsored by the Network for Family Life Education at Rutgers, the State University of New Jersey, regularly give young people the opportunity to voice their opinions and ask questions about sexuality-related issues.

For SIECUS, however, this was a new concept and we didn’t know exactly what to expect.

NEW WRITERS
Within days of posting the request, we started receiving everything from short paragraphs and articles to term papers and personal essays. Most of these young writers chose the subjects we had suggested as starting points. Some, however, selected their own topics.

The majority wrote articles about sexuality education—or the lack of sexuality education—in schools. Others dealt with such subjects as the fear of contracting HIV/AIDS, the concern about sex as it is portrayed in the media, and the belief that gay and lesbian youth should live openly without shame or fear of harassment.

I was thrilled to hear from so many young people and found their articles to be engaging and often inspiring. As an editor, I found that this issue of the SIECUS Report provided a new challenge. In truth, I made a special effort not to edit these submissions. I really think it is important that you read what the authors have to say in their own words.

I have said that my hope for the future in terms of sexuality education, sexual health, and sexual rights rests with young people. They will make it happen because they will demand it. These articles confirm that belief.

OTHER INFORMATION
We have also included in this issue of the SIECUS Report new information for educators and young people themselves on sexual health.

Specifically, we are enclosing a copy of the new SIECUS Fact Sheet on Adolescent Sexual Behavior and a new SIECUS Annotated Bibliography: Facts on Sexuality-Related Issues for Young People.

I hope that you enjoy this issue of the SIECUS Report as much as I have enjoyed putting it together. It’s solid information about youth and sexuality—direct from the source and from the heart.
Perhaps since the dawn of time, the phrase “Kids today…” has been followed by a string of negative descriptors—from disrespectful to lazy to out of control. No matter how old or young, each generation has failed to live up to the standards of those that came before. Yet it seems to me that no one has suffered this fate more than those who are growing up right now.

We watch news stories about school shootings, drunk driving accidents, and teens that die while reenacting stunts they see on television. The message is clear—teens are “violent” and “reckless.” We turn on MTV and see half-naked teenagers partying during a new kind of Spring Break that seems to go on all year. The message is clear—teens are “lazy” and “lack morals.” We read statistics about drug and alcohol use, STD rates, and teen pregnancy. The message is clear—teens are “careless” and “out of control.”

Media attention and the sensational nature of recent crimes by teenagers make it seem that young people are responsible for a disproportionate share of reckless and violent acts. Teens 12 to 19 make up 14 percent of the total population over age 12. They account for nine percent of the violent deaths, 14 percent of gun deaths, nine percent of drunk driving deaths, and two percent of drug deaths.¹ While we would all love to see these statistics reduced dramatically, we have to agree that teens’ involvement in violent and reckless death is proportional to their numbers in the population.

When it comes to pregnancy and disease prevention, teens behave like their adult counterparts. Half of all pregnancies in the United States are unintended and 76 percent of these pregnancies are to adult women.²

Adults, however, may be contributing to what is often viewed as the “bad behavior of our teens.” A history of childhood sexual abuse is one of the biggest predictors of teen pregnancy. Nearly all sexually-transmitted HIV infection among both male and female teens is contracted from sex with an adult male. And teens with older partners tend to be younger at first intercourse, are less likely to use a condom, and are more likely to become pregnant.

In fact, when it comes to safer sex, teens often behave better than adults. Never-married teenagers use contraception more consistently than never-married adults in their twenties.³ And the younger a male is, the more likely he is to use condoms.⁴

Today’s teenagers are by no means amoral, disrespectful, or irresponsible. They are, however, growing up in a very different world than that of their parents. It is our responsibility as adults to help young people navigate this world. And we cannot do that if we write them off as inherently bad or unable to make responsible decisions. In fact, the first step toward helping them negotiate the minefield of adolescence is simply to listen to them and work to understand what the world is like from their point of view.

**Young People’s Reality**

Every year, Beloit College puts together a list of facts about today’s freshmen in an effort to help their professors better understand them. Some of the facts on the lists in recent years include:

- A “45” is a gun, not a record with a large hole in the middle
- There have always been warnings about second-hand smoke
- Hard copy has nothing to do with a TV show; a browser is not someone relaxing in a bookstore; a cookie is not a snack; and a mouse is not a rodent
- They feel more danger from having sex and being in school than from possible nuclear war
- “Coming out” parties are not just for debutantes anymore

Understanding adolescents’ reality goes beyond new uses of language, however. Young people today are bombarded with constant images of what they “should” look like if they are to be considered thin, pretty, and sexy. They are the target of marketers who tell them not only how they need to look but what they need to wear, own, and drive in order to be cool. They are faced with increasing poverty and yet have images of extreme wealth constantly fed to them through television and movies. They see more images of sexuality but seem to be receiving less education. And they are the first generation to grow up in a world that has always known the AIDS epidemic.

We cannot know how any of this feels unless we listen. For a start, this means watching MTV long enough to be

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**FROM THE PRESIDENT**

**WE HAVE AN OPPORTUNITY TO LISTEN AND LEARN FROM YOUNG PEOPLE**

Tamara Kreinin, M.H.S.A.
able to tell Avril Lavigne from Christina Aguilera; and perhaps even sitting through a Freddy Prinze, Jr., movie. But more importantly, it means valuing our young people enough to sit down with them and really discuss issues like body image, self-esteem, and growing up with AIDS; trusting our young people enough to ask for their critical analysis on the issues of teen pregnancy, STDs, and HIV; and turning to our young people when we are designing programs that address, and hopefully solve, these problems.

**YOUNG ADULTS ARE DOING FANTASTIC THINGS**

When we listen to our young people, we quickly learn that they are doing wonderful things to advance sexuality issues. A young woman in Norwich, CT, was so inspired by her English class project on the need for improved sexuality education that she decided to take the report to the School Board. As a result, the Board is reviewing the district’s curriculum. A teen in Klein, TX, recently launched a Gay Straight Alliance in her high school despite the initial rejection of the club by school officials. And Woodside High School in California owes its new condom availability program to a group of teens who learned of their peers’ sexual risk behavior and decided to do something about it. Sometimes it seems as if teens have made significantly more progress in this field than we adults.

This is why I am so excited about this issue of the *SIECUS Report*. The goal of this issue is very simple: to give young people a chance to talk. The young people wrote about topics ranging from sexuality education to sexual orientation to an analysis of what we mean by “sexy.” They told their personal stories and took a critical look at the world around them. They asked for more information from schools, understanding from parents, and a break from media pressure.

They told us what they think and feel, and we have an amazing opportunity to listen and to learn.

**Reference**


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**NEW STUDY ON SEXUAL BEHAVIOR OF ADOLESCENTS RELEASED BY NATIONAL CAMPAIGN**

The National Campaign to Prevent Teen Pregnancy has just released *Fourteen and Younger: The Sexual Behavior of Young Adolescents*.

This comprehensive report contains seven papers based on six different sets of data on young people (three national and three local). It sheds light on sexual relationships and activity among young teens. The report found:

**Sexual Intercourse**

- Approximately one in five adolescents has had sexual intercourse before his or her fifteenth birthday
- Boys who are 14 or younger are slightly more likely to have had sex than girls the same age

- A substantial proportion of teens who are 14 and younger who have had sex are not currently sexually active

**Contraceptive Use**

- Between half and three-quarters of young people ages 12 to 14 report having used contraception the first time they had sex
- Slightly more than half of girls ages 12 to 14 and about two-thirds of boys say they used some form of contraception the most recent time they had sex

For more information, go to the National Campaign’s website at http://www.teenpregnancy.org
About a year ago, my friend called me on the phone and said, “Have you heard?” and I said, “Heard what?” She then said, “Our friend Kathy has been diagnosed with AIDS.”

News like that would not usually have alarmed me. But the knowledge that Kathy had been sexually involved with my boyfriend before we were going out was cause for alarm. At that point, I dropped the phone and hit the floor in tears. I sat there for a while until my friend’s voice screaming my name on the dropped phone got my attention.

Finally, I regained my sanity and picked up the phone. I then found out that my boyfriend had known about Kathy’s diagnosis for at least a week and hadn’t found it necessary to tell me. But he seemed to have absolutely no problem being sexually active with me during this time. All the while, he was acting as if everything was status quo.

Slammed with the idea of my boyfriend’s betrayal by not telling me of the risk, I immediately got off the phone to call and confront him. As I started to dial, tears filled my eyes. When he answered, all I could think of was, “You better tell the truth!” He answered the phone with a “Hello,” just like he had done hundreds of times before. He was totally unaware of what I had called to discuss. As I said “Hello,” I could feel myself getting madder.

He immediately asked me what was wrong because my tone of voice had dropped as it does when he knows he is in big trouble with me. I began to explain that I had talked to a friend who had told me of Kathy’s diagnosis. But, as I started to tell him, I could hear his mother’s voice getting louder and louder as she demanded that he feed the cat immediately. As he turned his attention toward feeding the cat, I realized that he was more interested in his Mom’s request than what I was saying. At this point, I think I would have been arrested for manslaughter had he been in the same room with me.

I hung up the phone without his knowledge. Then, I belted the brand new $93 telephone at the floor. It shattered beyond repair. My Mom walked into the room responding to the noise, and I dropped to my knees and continued to smash the phone on the floor, and it scattered all over the kitchen.

Sobbing beyond control, I began to choke out the details of my dismay. My Mom proceeded to help me to a chair and attempted to calm me down. Once I regained my sanity, I explained what was going on. It was extremely uncomfortable for me to have to explain my sexual involvement with my boyfriend prior to this incident. But it was also necessary to divulge this information so that when my mom called my doctor, an accurate assessment could be made.

Once again, I was balling my eyes out. There was no way I could have explained it to my doctor, which was why my Mom called for me. Once my Mom explained roughly what our urgent concern was, my doctor asked to speak with me. I frantically dried my eyes and pulled myself together as best I could. Mom handed me the phone, and my doctor told me that she thought there was no way I could have contracted AIDS. The reason she thought that was because my boyfriend and I had kissed and had had foreplay, but not oral sex or intercourse. Upon hearing this, she still felt it was necessary for me to come in and get tested, just in case.

So I made an appointment for the following Monday, which was by no means soon enough for me. What I really wanted was an appointment five minutes ago. I just wanted this whole thing over with. As if testing for AIDS wasn’t bad enough, I am deathly afraid of needles! So the thought of having my blood taken just made an already horrific circumstance even worse. Yet I knew how important it was to get this taken care of as soon as possible.

Later that day, I called my boyfriend at work. We again started to talk about Kathy’s diagnosis. Yet again, someone interrupted us. It was his boss telling him to get back to work. So once again, this very important conversation was put on hold. The delay made my heart sink to the bottom of my stomach. He told me he would call me the next morning when he got out of work.

The next day he called at about 8 a.m. This time, we started the conversation and had no interruptions. I said, “I had to talk to Cindy, and she told me that Kathy had been recently diagnosed with AIDS and that you have known this for at least a week. And you didn’t tell me even though you still made out with me!”

He then said, “Yes, I did know, but I didn’t tell you because I had made an appointment to get tested, and I didn’t want to worry you until I knew for sure there

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**FACING THE POSSIBILITY OF HIV**

Paula Auld, 19

Warwick, MA

All I can remember thinking was if I have AIDS, suicide would be an option. I couldn’t imagine having to deal with it, and I still can’t.
was something to worry about.” I could feel myself calm down slightly.

“T’m sorry I didn’t tell you what had happened. I was afraid of how you would take it,” he said

“All our friends knew about it. Why did you think I wouldn’t find out from at least one of them? It would have been nice to have heard it from you, the guy I’m going out with rather than from someone else,” I replied.

“I wanted to find out first. I didn’t think about anyone else telling you,” he repeated.

The following Monday, I went to the doctor’s office with my Mom, and I was feeling very scared. I felt like I was going to throw up. I was so nervous. Sitting in the waiting room, I was twitching and could not sit still. My mind was a mess. I had a million thoughts going through my head at once. Then the doctor appeared in the doorway and called my name. I followed her into her office where we talked for a while. She told me it would take two weeks to get the results back. At that point, I went to have my blood drawn.

The next two weeks were a blur. All I can remember thinking was if I have AIDS, suicide would be an option. I couldn’t imagine having to deal with it, and I still can’t. I was afraid that people would not want to be around me. I was afraid they would not want to hug me or touch me out of fear of catching it. The thought of being on meds and being in and out of the hospital seemed like too much. I didn’t want to die slowly inside. My appointment finally came two weeks later.

My Mom and I went to the doctor’s office. Nervous and nauseous again, I entered the doctor’s office to get my results. The doctor said that I didn’t have AIDS but that it could take anywhere from six months to a year for the virus to show up in blood tests. She then said that, based on what I had told her about my sexual activity, she thought there was no way I could have contracted the AIDS virus. At this point, I felt about 90 percent relieved. A couple of weeks later, my boyfriend was tested and was also told he was negative.

Looking back on my experience, I didn’t think I would have to face the possibility of having AIDS at this time in my life. No one thinks about what having AIDS is like. One of my friends actually thought she could just get a shot, and it would go away. Some people, including myself, thought that AIDS happens to other people. Based on my experience, I suggest that everyone who is sexually active in any way, shape, or form—even if they are virgins—talk to their doctor about the facts of contracting HIV, the cause of AIDS.

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**HIV AS MY REALITY**

**Jason Thorpe, 21**

Tucson, AZ

*I need to prepare to “live with,” not “die of,” or begin to adapt the terminology again...to fit Me.*

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I recall sitting through (enduring may be the word) high school health class lessons, pleasantly avoiding the topic of sexual identity while reminding myself that I am not a member of a high risk group but, rather, that I engage in high risk behaviors. Reminding myself that I have a genealogy littered with graves, empty pill bottles, and missed friends and lovers. Thinking that if this “one in 10” theory I’ve read so much about holds true, I can’t possibly be the only person in this 25-person class being made uncomfortable by the ignorance of the statements the teacher is making. I can’t possibly be the only person aware of the absurdity of the terminology.

I’ve attended lectures, workshops, and seminars to analyze, discuss, reminisce, and plan for the future. All in a
vain effort to stop a plague that terrorizes the community I call mine. Statistics blaze in every socially conscious queer man’s mind. We’ve heard them thousands of times. **HIV as education.**

We’re outraged when conservative blue-blood politicos in favor of teaching abstinence to school children seize control of national HIV programs. We’re reminded of the students at Gallaudet University as we fervently e-mail legislators screaming in bold text “Positive President Now.” **HIV as politics.**

We attend marches. We chant at rallies. We litter our belongings with small red ribbons. We toss condoms at drag shows, health expos, anywhere gay men congregate. We hold conferences, lobby our legislators for progressive change. We support concepts such as harm reduction, rant about conservatism controlling needle exchanges, birth control options, availability of contraceptives to youth. We rage with increasing volume and frequency. We read names at showings of The Quilt. We fight for insurance coverage, a cure. We point fingers. We try desperately to pin this epidemic on “the man.” We use terms like “epidemic” to denote the severity of the situation. **HIV as activism.**

Each lover, partner, boyfriend [trick, f*ck, john] is a potential threat; a potential exposure. We stock up on “protection.” We carry it everywhere we go. We remind our friends and partners to wear condoms, maintain a fictitious moral high ground while we download porn, keyword “bareback.”

We feign monogamy while we slip away to parks, bookstores, campus library bathrooms, bathouses, the basements of bars and clubs, online and engage in sexual liberation with a reckless abandon.

We acknowledge secretly our irresponsibility, promise ourselves it won’t happen again, and decide to volunteer for an HIV prevention organization somewhere. We may as well save someone else even if we won’t save ourselves. **Human as fool. HIV as predator.** (Not that much hunting is necessary.)

We read memoirs. We watch films. We attend plays. We reflect on the nobility and bravery of “the positive.” Tears stream down our faces as we read another obituary, attend another funeral, listen to a friend’s fear after diagnosis, after sero-conversion. We wonder how long they’ll be healthy, when they’ll go on medication, but mostly (and silently), when they’ll die. We adapt terminology to fit our needs. “Dying of” becomes “living with,” to mask its fatality. We empathize. We look for enlightenment. We cry often. We “live with,” not “die of,” fear. **HIV as martyrdom.**

I sit at my computer, re-reading an e-mail, a “Call for Young Writers” by SIECUS. I had put it aside a few weeks before with only a limited interest in submission, doubting I would find the time to brainstorm, draft, edit, revise, and submit. I’m nearly twenty-one anyway, I recall thinking, just barely within the desired age bracket.

Doubting that I had enough concern with the suggested topics to warrant a submission, I put it to the side but saved it just in case. Just in case I gained some newfound interest. (Just in case I tested positive?) Just a few weeks ago, my development in a world knowing of the HIV epidemic seemed all too trivial to me. One phone call and prerogatives change. We’re not in Kansas anymore. We’re not “we” anymore. We. **HIV as community. I. HIV as reality.**

My boyfriend says, “We’ll be ok.” My best friend says, “We’ll get by. We’ll do what we need to do.” Once I find the way to tell my mother, I’m sure, “We’ll worry. We’ll find a way to cover medical expenses. We’ll make sure everything is taken care of.” “We” becomes this notion of security and fraternity between myself and the world around me. It serves to convince me that this disease invading my body has not formed a bubble isolating my diseased body from the non-diseased environment.

Oddly enough, it isn’t we that will get sick; it isn’t we that will be rejected, feared or scorned. We won’t fear our collective deaths. All of that is left up to me…alone…. I. We is noble, familiar, friendly, endeared, relied on. We need that support, that validation, that unconditional love. I need to learn to cope with the fear, the loneliness, my insecurities, my validity. I need to prepare to “live with,” not “die of” or begin to adapt the terminology again…to fit Me.
It is a beautiful day. The sun is shining. Crystal blue would be an accurate description of today’s sky. I cordially invite the students from the community’s local high school to join me at the local park so that we may enjoy the wonderful weather in each other’s company. Hundreds of students, anywhere from 15 to 19 years of age, find seating on the park’s lush green grass, not completely sure of why they have been summoned on this day. A gentle breeze now begins to blow, softly caressing the faces of tomorrow’s leaders. In their minds, this is a perfect day.

Knowing what I must do, I stand up before the students. Diversity has decided to grace us with its presence on this day. Various sexes, races, and religions are all represented. This was meant to be. “Good Afternoon,” I exclaim in a jovial manner, welcoming the students to my presentation.

A few murmurs rumble across the crowd as a response to my salutation. This time I propose a question to the group of students. “By raising your hands, how many people here are sexually active?” This time I receive a different response. A few laughs by the guys, the girls look around and giggle at one another, and a couple of honest hands are raised, but overall a state of shock has now been cast over the group.

I propose a second question, “How many people here know what AIDS is?” A sea of hands erupt from the group of students. Now, I propose one final question. “How many people here are sure that none of their classmates are infected with HIV or AIDS?” A few hands start to rise, but overall the question receives no response. Confusion is a major ally of the AIDS virus. What the students do not realize at this time is that they are the prime targets of a worldwide epidemic that has killed millions of people.

Sex is the most common way to become infected with AIDS. Some people say, “Well, I always practice safe sex so I can’t get infected.” Obviously, that person should have paid better attention to the AIDS section of his or her sexuality education class. Safe sex is an extremely effective way of preventing the virus, but it is not 100 percent effective. Once again, I will say that it only takes one time. AIDS can be transmitted through vaginal and anal sex as well as oral sex. However, there are other methods of contracting this disease. For instance, drug users come into contact with the disease through needle sharing. A pregnant female infected with the virus can pass it to the fetus; a nursing mother can pass it to her child by breast feeding.

Sex is an uncomfortable subject in today’s educational system. Sex and the risks of sex are something that should be actively taught in our educational system. In some situations, opposing groups have caused limitations on what can and cannot be discussed in our schools. In May of 2002, I graduated as valedictorian of my high school. It wasn’t until I completed a freshman college biology class that I fully understood the AIDS virus.

As teenagers make their way through high school, the risk for sexual contact dramatically increases. It is too dangerous a risk for these students to have to wait until college to learn the facts about AIDS, such as how it works.
Knowledge is important when it comes to fearing something. Current sexuality education courses just outline the various diseases and give recommendations on safe sex practices. At no point does the course go into detail about the various diseases. Telling someone not to have sex because there is the risk of AIDS is an extremely weak statement. Educating a student about how the AIDS virus works, what it does to the body, and the various methods of preventing the disease is a much more effective way of reducing the risk of AIDS in teenagers today. They ultimately make the final decision. Supplying them with the necessary information substantially increases their chances of making the right choice.

The earlier situation was completely hypothetical. In all actuality, though, the environment would be unerringly the same. The sun will rise every day. People will go on with their lives. The AIDS virus will hide in the shadows, killing millions of people almost unnoticeably every day. Time will go by and everything will stay the same unless something is done. That is how the AIDS virus, or any disease, for that matter, works. It is our responsibility to educate others about the dangers of this disease.

We can bring light to this problem by educating our youth. Allowing them the right to make their own decisions, which will inevitably allow our scientists and doctors time to find a way to defeat the virus. On the bright side of this, good will come from the AIDS virus. As more people become educated, humanity will come together to destroy this murderer once and for all. For now, though, we will have to continue to stare at these blue skies with hypocritical eyes, but with an open heart.

**AIDS: FIND A REMEDY FOR THIS DISEASE**

Alimova Zebunisso, 15  
Dushanbe, Tajikistan

We have to draw the public’s attention to this problem: young people are in danger!

Every day through TV, radio, or newspaper news, we know more and more cases of AIDS are spreading among the population and people in the world. Unfortunately, the disease ignores borders, countries, races, colors, talent, poor and rich, man and woman.

Scientists call AIDS a fatal disease of the twentieth century. Scientists all over the world have tried to find a cure for AIDS. But they have not yet succeeded in their efforts. Meanwhile, those individuals with HIV/AIDS continue to infect others, to suffer, and to die. Their numbers increase. Hence, all of us have to think: How do we save the healthy people? How do we make people aware of the fatal disease? How do we take care of those who already have the disease? How do we prevent the spread of this disease?

We should remember that thousands of those infected from different parts of the world are waiting for a remedy, waiting for miracle, waiting for that doctor who can save them. At the same time, many healthy people show their contempt to those infected. They humiliate sick people because they are afraid of infection because they think they can be infected through normal everyday contact. Lack of knowledge about HIV/AIDS infection and ways of spreading this disease is a problem.

You cannot catch HIV/AIDS through the air, through shaking hands, even through a kiss! But you can catch HIV/AIDS through sex, you can give birth to an HIV/AIDS infected child if you have HIV/AIDS. Those HIV/AIDS infected mothers/fathers unintentionally doom their children to the fatal disease. In fact, hundreds of thousands of newborns already have this disease. These HIV/AIDS infected children are innocent; they inherited this disease from their parents. These children have to live in humiliation, in a cruel world of individuals who do not want their healthy children to come into contact with the infected, to play with them, to share toys, food, joy, parties. They are suffering not only physically, but mentally, too. Very often, they live isolated lives. And it makes their short lives even shorter!

The other dangerous way of becoming infected with HIV is drug use. Drugs affect many young people. Teenagers are often involved in drug smuggling and using. They are so vulnerable. They need support. They need somebody who will educate them about the effect of drugs. Very often, because of their ignorance, they use the same syringes and become infected with HIV/AIDS.

We have to draw the public’s attention to this problem: young people are in danger! If they do not have good fam-
ily relations, good school friends, good social life, they will likely become involved in drugs.

Very often it is difficult to see the difference between healthy and infected individuals. Those infected with HIV often look like healthy people. They are also creatures of God. They are among us. They live with us. They study and work with us. We do not have the right to talk about them; moreover, we do not have the right to condemn them. We have to do something to stop the spread of the disease, to stop HIV/AIDS infections.

We have to develop a campaign against the spread of HIV/AIDS. Special educational programs should be implemented at schools for teenagers as well as in the office, at the factories and plants for workers.

These programs should be run regularly. We have a number of newspapers; we have to use them for information purposes. We should involve the international community in this campaign, knowing that they have better experience. They could help us with some posters, booklets, and meetings with young people. They could conduct seminars about HIV/AIDS awareness as well as personal risk assessment and educate groups about how to protect themselves, how to protect those they love, how to give birth to a healthy generation. Some regular programs could be arranged on TV and radio.

The scientists call AIDS a fatal disease of the twentieth century. Now we are living in the twenty-first century. Still, we continue to hope and scientists try to find a remedy for the same disease, which continues to take away the most precious thing given by God: life. It is given only once and all of us should put all our efforts into making it beautiful!

If each and every one will learn what HIV/AIDS is and how to reduce the risk of infection, then we could rely on the improvement of the situation. I am sure all these measures will be of great help against the spread of this awful, fatal disease until our scientists will find a remedy. We will support scientists in their noble work.

So we have a goal: to find a remedy for this fatal disease to fight for a healthy society; to help the society prevent further spreading of the disease. Let us go on together. I am sure we will win!

Some of you probably will say: “It is easy. We know all this.” And I will answer: “Why, then, do we still have HIV/AIDS?!” Are you sure you did everything you could?

The other day in my health class a lady came in with graphic slides of people with STDs. We were surprisingly mature about it, for the most part, although none of us could fight the cringe reflex each time a new picture of syphilis or herpes was projected onto the screen.

She also showed us how to use a female condom, which was actually quite informative, seeing as how I hadn’t ever seen one before. I knew that they existed but not how one would actually go about using them. Same goes for dental dams. Consider me enlightened. It’s not as though I’ll be using any of them very soon, but knowledge is power in these situations so I’m happy to have learned these things.

However, thinking back, there was a subtle heterosexism throughout the presentation. Heterosexism, for those who aren’t as up on the politically correct terms as they might be, is not just another word for homophobia. Rather than being directly negative about homosexuality and bisexuality, heterosexism is when these alternate sexualities are altogether ignored and/or heterosexuality is presented as the only norm.

Now I know that at many schools homosexuality is taboo. But how are we going to change that if we don’t at least acknowledge the existence of sexualities outside of the man and woman combination? When she did acknowledge homosexuality, she said things like “Now just because a guy has genital warts near his anus doesn’t mean that he’s been having anal sex, you guys,” or, when talking about the female condom, “Ladies, if your guy claims to be too big for regular condoms, hand him one of these.” She talked about how anal sex is the most dangerous in terms
of condom breakage and only mentioned lubricant with regard to vaginal sex. And at the end, of course, she gave the “abstinence is the only 100 percent guarantee against pregnancy” spiel. Excuse me, but I’m pretty sure that if I go out and have sex with another girl, neither of us is going to get pregnant.

Maybe I was just looking for something that wasn’t there, but the overwhelming emphasis of the whole presentation was on heterosexual sex. Even anal and oral sex were only mentioned with regard to male/female relations, and every mention of male condoms other than their application was addressed to females, reinforcing the whole “male as aggressor, woman as the one who has to call for protection” approach. All I want is straightforward information without a stigma attached to it and acknowledgement of sexualities outside of heterosexuality. There’s a whole population out there—10 percent of us, in fact—who could be educated about how to avoid STDs. Is that so much to ask?

Yes, I live in Virginia, the same state that houses Pat Robertson, the head of the Christian Coalition, and Jerry Falwell, that Southern Baptist who read queer tendencies into Tinky Winky’s purple triangle and “purse.” I know that homosexuality may not be spoken of in anything other than a negative light in the homes of most high school students who live here. But just recently our House of Delegates passed a bill that would outlaw the discussion of any “high crimes against nature” at all. This would effectively disband our Gay-Straight Alliance (GSA), gag any queer teachers from even mentioning the possibility of their having partners, and, worst of all, not allow guidance counselors to deal with a distressed student who comes out to them. Luckily, our State Senate did not pass this bill so it will not be put into law. But recently, the State Senate did pass a bill stating that “high crimes against nature”—anything other than male/female intercourse in the “missionary position”—are felonies. Even knowing anyone who has committed such an act is a misdemeanor. It’s scary times we’re living in when such blatant persecution is written into my state’s laws. The only way that we can change this is if we keep fighting back. Clichéd though it may be, there’s never anything wrong with repeating that well-known mantra: “We’re here, we’re queer, get used to it.”

The majority of our society has stereotyped “sex” as a bunch of teenagers drinking at a party and having sex. My first question is why is it only teenagers? Why must we be under the influence of some substance or intoxicated in order to have sex? Reality check, people.

Our world is based on sex, drugs, and being perfect. What right does the media have to tell us how we should live our lives? Don’t they have their own lives to live? I understand that they write articles and criticize people for a living, but guess what, guys, don’t try to tell anyone how to live their lives unless you are their mother or father.

I love to write and may decide to become a journalist or writer someday. That doesn’t necessarily mean that I need or have the right to tell you how to live, what to wear, and how many pounds you should weigh. Only God can judge me, nobody else.

I feel that God has gifted me with a talent to write. When my teacher asked me if I was interested in writing this, I was honored. Sometimes we experience things that are unbelievable, unimaginable, and seem impossible. It isn’t until we hear another’s story that we realize it is possible. Some of the world’s greatest directors, scriptwriters, authors, and poets have experienced things and then gone on to write or make a movie out of it. In my opinion, the best books or movies should be based on a true story.

Our media not only controls our world, but it controls individuals. What would be your accurate definition of sexy? Is it a supermodel in a bikini strutting on the beach with her blonde hair glistening in the sun? For nine people out of 10, it is.

Every time I open a magazine, I feel fatter, uglier, and downright degraded. But at the same time, I will still go to

A TRUE STORY: THE MEDIA AND SEXUALITY

Lorraine M. Anderson, 17
La Puente, CA

For me to stand here and call myself an individual would be incorrect if I based my everyday life on another’s opinion, such as the media.
the store and purchase a magazine no matter how bad it makes me feel. Why? Why would someone let a book of beautiful people and articles talking about acne, weight loss, and the best styles get to them? It may be because they’re unhappy and insecure with themselves and they are vulnerable. Not everyone, but you know who I am talking to. I am one of those people.

As opinionated and strong as I may be, I was vulnerable because of the world I was sick and tired of living in. I had sex with a boy who was older than I and became pregnant at the age of 16. I am now in my thirty-eighth week of pregnancy and struggling every day.

Since I could remember, I always thought I was fat and ugly. I shut people out and hated myself for it. Therefore, I chose to have sex with someone who did not meet up to great expectations, drank, and was irresponsible. We, of course, did not use protection or contraceptives, and I got pregnant. Let me tell you it is not every 16-year-old girl’s dream.

Immediately, I blamed myself. Although it took time, I realized that it was no one’s fault. There was no one to blame for my having had the gift from God to conceive a child. There are women and couples out there who cannot have children. But God chose me. He chose me. I am tremendously thankful for that, and it is the best thing that has happened to me. Even though my pregnancy resulted from having sex, I have accepted my duty as a mother and am anxious for the birth of my child yet to come. I have those days when it just seems impossible. Where I throw the towel in and just call it quits. But I tell myself today is just today. It’s not yesterday. It’s not tomorrow. It’s today.

For me to stand here and call myself an individual would be incorrect if I based my everyday life on another’s opinion, such as the media. My hair is this color because I want to it to be. My weight is this much because it’s my weight. No one has the right to tell me how I’m supposed to look. My dream one day is not to be a supermodel strutting on the beach but to be an inspiration to those just like myself. To stand up in front of thousands of people and not be ashamed of who I am or what I look like.

I enjoy writing because I want to prove a point. I want to capture someone’s heart and let them know that they are not alone. Nobody was there for me, but I know God has a plan for you and me. No matter what, he’ll never give you what you can’t handle. Just when I thought I hit rock bottom, I only rose to the top. It’s not about me anymore. I have a child on the way who needs love, attention, and a suitable mother.

Overall, I hope that I have caught your attention and proven a valuable point. Don’t let our media influence you or make you have low self-esteem. Don’t be what everyone else expects you to be. Be who you are, and you will get somewhere in life. For those who may be in my situation now or later, you will survive and live on to fight another day. If I can do it, so can you!!!

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Don’t decry or avoid or make void the topic ‘cause that ain’t gonna stop it.”
— from ‘Let’s Talk About Sex’ by Salt ’N’ Pepa (1991)

When I was 10 years old, I had a very serious crush on a blue-eyed boy named Ben. He was tall and fair-skinned, with soft hair the color of creamy white chocolate. I couldn’t really explain why I flushed so brightly and had the overwhelming urge to shift in my red plastic chair every time he smiled at me—that is, until I discovered what sex was. Thereafter, my roaming imagination charted unfamiliar territory every night, delving into a new part of my psyche.
My sexual awakening occurred while I was asleep.

**Family.** But my fantasies weren’t light-hearted flights of fancy; they were weighed down with shame because of the values that had been heaped upon me. My parents are refugees from the Vietnam War and their youth was in the unsettling era between the fall of the French Empire and the start of the Vietnam War.

As it is with many immigrants, their values seem to be frozen in time. Although sexual libertarianism has now penetrated Vietnam, their notions of sexuality won’t yield to change. But despite the reported increase in open sexual activity amongst the younger generation in Vietnam, sex itself is probably not discussed in homes unless in a negative fashion. Words like “prostitute” and “ruin” are used often in relation to sex, and from a young age, girls learn that taking the wayward path is fraught with danger. My parents would obliquely talk about boys as the harbingers of unwanted babies, but there was no mention of sex. I still don’t know what the Vietnamese word for sex is, if in fact there is one.

**Church.** In addition to my cultural heritage was the forbidding religion that had been thrust upon me by my mother’s family. I was a Roman Catholic then. By the time I was 11, I had been confirmed into the Church. I can’t remember if I was ever explicitly told that fornication was sinful at that age, but I was instinctively afraid of my lustful thoughts as a Catholic is wont to be. I was intensely afraid of going to hell. As history and present-day examples will support, religion and the fear of God are very often used to control people’s sexuality.

**Media.** However, my tight-lipped parents and the conservative Church didn’t prevent me from being aware that there was something out there called “sex.”

It was music that first brought the word to my attention. I often listened to Salt ‘N’ Pepa’s *Let’s Talk About Sex* when it was in the charts, though I didn’t appreciate the point of it until I was much older.

During the eighties and early nineties, sex was conspicuously absent from the sitcoms I used to watch. Back then, shows and films were more “sanitised”—which is not necessarily a good or a bad thing. My parents were always working so I spent an inordinate amount of time watching television which led to an acquisition of sexual imagery from late-night films.

There was an excellent Canadian series called *Degrassi High*, which was challenging viewing. I remember an episode involving a visit to an abortion clinic and rabid anti-abortion protestors—though at that age I still wasn’t quite sure how “Erica” became pregnant in the first place.

**Personal development.** It was sixth grade when I finally learned what the ins and outs of sex were. Where I live, sex education is a part of “Personal Development, Health and Physical Education” and is referred to as “P.D.” It is ongoing from sixth grade, which is the last year of primary school, right through to tenth grade in high school.

Even though P.D. was rather excruciating on the whole, I felt relieved that I was normal. I also developed a rough idea as to what I could expect in the coming years. Never would I have learned about any of this from my parents, and chances are, they probably wouldn’t know much of it anyway.

But the class was never taken seriously. The truth is many of us were probably not ready to learn about it. My sixth-grade teacher was a very maternal sort of woman, which made the experience all the more embarrassing. We giggled a lot, which was our way of trying to cope with the bewildering array of information we were suddenly exposed to.

I think my P.D. education was also limited by the fact that I went to a co-ed high school. A friend of mine went to a liberal and progressive all-girls high school, and she clearly remembers her P.D. teacher telling them all to “go home and have a good look down there with a mirror.” I don’t think having boys in the class would have made such talk possible.

Many aspects of sexuality and adolescence were left unexplored, even years into high school. I don’t remember ever dealing with gay identity issues, though we all suspected our P.D. teacher had a few issues herself.

If I said that P.D. was euphemistic, that would be unkind. Although it largely centred on physical development, reproduction, and sexual health, there was some attempt to talk about “personal development” in a broader sense even if it wasn’t enough. In hindsight, a more holistic approach to identity and sexuality was needed.

Sex was taught in a purely reproductive sense, as well as the main way to get a sexually transmitted disease. There was a lot of fearful discussion about HIV/AIDS then; everyone was scared of getting it. Even my teacher never seemed entirely sure that you wouldn’t be putting yourself at risk if you shook hands with Magic Johnson.

We were taught how to use the condom with a near-ripe banana, what a pad looked like, why ejaculation occurred, and how babies were delivered. All of us figured out there was a lot more to it though. I tried to wade through these complexities using teenage and women’s magazines, and making my own observations.

**A starting place.** When I started writing this, I thought I would write about how inadequate my sex education was and how it could be improved. But the more I think about it, the more I realise that I received a suitable education. Even though it was very limited, it was certainly a start. Perhaps that is all sex education needs to be—a starting place. Young people could be encouraged to learn more from sexuality.
coming from a school (and an area) where I’m one of the very few 17-year-old virgins I know, while also one of an even smaller set of queer kids, I sometimes find myself sincerely pondering the possibility of there being something wrong with the way I’ve chosen to live my life up to this point. Moreover, I feel immature and un-worldly and, well, young.

Fortunately, my dad’s Irish blood has made me inordinately stubborn, and I can, as such, hold my ground most of the time. Recently, though, I’ve wanted to prove myself—to show the world (for all it’s worth) that I’ve learned a thing or two in the few years I’ve spent here, in spite of my relatively unremarkable sexual history. So I decided to write an erotic story. It was a personal test of this sexual fledgling’s imagination. My desire to share whatever I came up with stemmed from a sort of creative Napoleon complex. You know, when one feels he is perceived as inadequate in one capacity or another and thus is compelled to prove himself, well,…capacitated.

Outside of jokes and dirty puns, I find I often marginalize myself to sexual nonentity-ism. (I suppose because I’m afraid of those frightful “unwelcome advances.”) I can’t help it; it’s the dry intellectual in me. On the flip side, I know I’m as sexual in nature as any kid around. My intention, then, in expressing this in writing was to reassure myself of the presence of a good healthy sense of six-foot seven-inch carnal-ity within my five-foot two-inch pacifistic white-girl frame. Insecure? Maybe. Childish? Certainly. But I believe I’ve learned enough from the exercise to move on a touch in that lifelong journey that is “Growing Up,” and, thus, a bit further away from the ever-proximate doom that is stagnant adulthood.

I began by considering most of the traditional–contemporary erotic practices I could think of, discarding each as too ridiculous, too obscure, too (insert excuse here). Then role playing. My problem with playing “pretend” has historically been that I have trouble totally disconnecting...
myself from reality. I remember playing “wedding” with my not-quite-cousin at our grandparents’ house. (I got to be the groom, of course.) We got all dressed up and were proceeding down Papa’s 50-foot wheelchair ramp out front when I realized that Cat was a mean kid. And a racist. And what kind of neo-Nazi redneck was I, marrying a racist? So I stopped mid-aisle and told her I didn’t love her at all so we couldn’t get married (our kids would hate us), and she, bewildered but absolutely correct, told me I was no fun and left me outside contemplating why exactly we had decided to get hitched in the first place. I could never pull something like that off anyway; I’m a horrible actress.

My impulsive solution to an inexplicable “I’m boring” complex was gradually turning into a quest after the true nature of eroticism. My first instincts had led me down the twisted but always entertaining path of “whatever-tickles-your-pickle” kinkiness, a major component in Eros’ magical puzzle. “Erotic is when you use a feather,” my Step-Dad once mused, “and kinky is when you use the whole chicken.” Kinky, methinks, is when something that lights your fire scares everyone else away. (Hot.)

It seems that everyone has his own super-individualized ideas about what’s sexually attractive. In Latin the other day, we were discussing the resemblance a classmate’s hickey bore to the peninsula on which we live (I love that class), when our teacher indignantly interjected, “What’s at all erogenous about sucking on that particular region of someone’s neck?” I smiled, remembering the quasi-scars I left on a friend of mine this summer, and thought, “What isn’t?”

My goal slowly became the figuring out of what united Eroticism as a body—the divination of what exactly about physical attraction was universal and undeniable. So far, all I had were a bunch of corny anecdotes and a collection of bizarre sexual odds and ends. If I could just figure out where they all came together, I was convinced I could write a killer something that would cleanse me eternally of all my sexual neuroticisms. So I stepped back and started again with a simple question: “What, pray tell, is always sexy?”

Love, I concluded, is undeniably sexy. Love, though, is also vulnerable and awkward and often unsteady and imprudent, in spite of all of its good intentions. In short, Love is corny. And combine True Love with the overtly erotic and….You know those horrible yogurt commercials where two average parents of college-aged kids are inspired by cultured milk-fat to pretend they’re having an extramarital affair until someone interrupts them and they remember they’re married? That’s true love and sex. *Shudder* was my initial reaction. But you know, that’s beautiful—in its own tried’n’true, balding, menopausal sort of way. No, seriously, what’s sexier than falling so hard for someone who really loves you back that 40 years later, s/he still turns you on? (Other than Janis Joplin, of course?)

And I think I’m ready to write my story now, too. It’s going to be the uncensored account of the Yoplait couple’s early (less burdened, more vegetarian) years—the calcium-enriched legacy of the almost-idyllic twosome—the one that found a lasting, sort of that Eros-inspired thing we call Love; after all, a little explicit (soy) yogurt never hurt anybody (any more than they asked for it to).
Without the hidden lessons in high school, I can definitively say that I would be a lesser person. I gained more from math than just the Pythagorean theorem. Solving algebra problems gave me the confidence that I would eventually need to make my own decisions, like where to apply to college and who to date. Psychology convinced me that my oddities and inner fears did not make me more crazy or different than any other high school student who felt the exact same things I did. And, lastly, while I certainly can’t name half of the English books I read in those four years, I do remember each of the valuable ways of thinking they exposed me to. New experiences like a family of failed missionaries enduring the Congo in The Poisonwood Bible, and new perspectives like growing up gay in the 1950s from Paul Monette Becoming A Man painted a new world that no one in my home could have possibly shown me, even if I hadn’t been afraid to ask.

Even more important for me than the hidden lessons of high school were the messages that flashed like a neon light at 2 a.m. The dreaded classes that all ended in the abbreviation “ed” may have been a pain, but two years later I wish that college had an entire department dedicated to “ed” courses. In reality, students enrolled in “Career Ed,” “Economics Ed,” “Driver’s Ed,” and “Health Ed” with the same enthusiasm as a person making an appointment to have her wisdom teeth pulled. But we need these classes because they are more than just pains.

“Career Ed” helps us avoid a society full of garbage men by teaching students the difference between stocker and stalker on their resumes. “Economics Ed” helps us avoid a country that receives no federal taxes on April 16th. “Driver’s Ed” helps us avoid a city plagued by fender-benders and crooked attempts at parallel parking. And “Health Ed” helps a person avoid spending his life sitting in a recliner with a cigarette burned in the ashtray nearby. But better yet, “Health Ed” helps a mother avoid burying her 24-year-old son who died of AIDS or a teenager mother from dropping out of school.

No one pretends that there aren’t ignorant drivers on the roads that need some lessons. Why, then, do people pretend that there aren’t ignorant people having sex that could benefit from a couple of safety classes? Alarmingly, high teen birth rates and HIV/STD infections are just as much a problem in America as car accidents, so why is there such a disparity in how these subjects are addressed? It’s time for sex to stop being such a taboo. Otherwise, a problem will quickly evolve into a catastrophe far more threatening than any terrorist attack.

Imagine being Sally, who after waiting over a month for her period, takes a pregnancy test and a “plus” sign appears. Sally is 15 and is only one of a million teenagers a year in the United States to shake her head in disbelief at what she sees on the stick before her. Or imagine being Katy who tonight has the task of calling her boyfriend and telling him she just tested positive for HIV. Katy is three months away from graduating from high school and is only one of 27 to 54 teenagers a day in the United States who has to make a similar phone call. Or imagine being Gerry, who can’t face the prospect of being ridiculed one more day at junior high about the “girly” way he talks. Gerry is 14 and is only one of nearly 30 percent of the total teenage suicides in the United States related to sexual orientation.

The presence of you and me on this planet is proof that sex exists just as much as job interviews and taxes. Therefore, it is imperative that schools prepare students to survive the sexual aspect of life with the same fervor they teach the difference between Newton’s first and third laws of physics. It would be preposterous for a high school to only teach one of Newton’s laws and not all three because they are all equally significant. The same argument should also be applied to teaching the many methods of contraception or protection. Yes, abstinence is an extremely valuable lesson, but it is still no more vital than how to properly put on a condom or what types of birth control options are available to teens.

A common fear among adults is that teaching students about sex encourages them to start having it. It is a fairly legitimate argument until you step back and see that a classroom discussion does not trigger a teenager’s sex drive. A teen’s hormones and desires already exist well before a condom demonstration, and anyone who says differently is severely kidding himself. The real result of sex education is an increase in safe sex and not a boost in sexual activity.

A similar concern among adults involves teaching students about homosexuality or gay sex. Some mothers believe that if little Johnny reads a book about two gay men falling in love that little Johnny will also want to fall in love with a man. And perhaps Johnny will someday, but not because the book changed him. Rather, because the book sorted out the confusion that already flooded his mind. Saying that a book can make someone gay is like suggesting that reading Richard Wright’s Black Boy can make someone black.

Okay, so maybe sex education alone won’t inspire a student to set his or her sights on becoming the President of the United States, but without it his or her dreams could easily be dashed. On a smaller scale, a comprehensive sex education program will help a future mother’s dreams come true and ward off any potential STDs that threaten her reproductive system. Lastly, schools have the power to turn thousands of gay youth from being just another teen statistic into being happy people able to achieve their dreams of love.

The main responsibility of schools is to teach survival, and in doing so, secure the dreams of America’s children. Sadly, there are just some things in this world that ruin lives, but luckily, schools have a great opportunity to step in and grant some salvation.
Teens just don’t know. And the media seems to be there to explain it more than parents. Though this can be true for many things, teens being stupid about sex seems to be on everyone’s mind. But it’s hard for them to know what they haven’t been taught.

Parents don’t do it on purpose, but they often don’t explain things to their kids. It’s as if they expect them to know. Simple things like shaving, changing the oil in their car, or cooking. They are busy, and they can’t get their priorities straight.

Most of it teens can eventually figure out on their own. When they can’t, the media takes the opportunity to step up and becomes the parent. Their teachings aren’t always the truth or what’s best. They know it but convince people otherwise. They have their own little ways to stretch the truth to better suit their needs. They don’t even have to lie. If they cut out little bits and pieces, it may still be the same. But the message is very different from how it started.

This gives the media the ability to say something like “If teens use a condom or birth control, they won’t get pregnant,” or “If teens are careful, they won’t get an STD.” It’s very close to the truth. Therefore, it’s believable to many people, people who want to believe it. All they have to do is cut out the right words, and they start making money. Some of the little words can have an impact.

If they would’ve said, “If teens use a condom or birth control, they lower their chance of becoming pregnant,” the message they were sending out would have been much clearer. And if “careful” meant not having sex at all, the second statement would also be true.

Teens have little experience and tend to believe what they hear from friends and the media because they don’t know any better. And they never will if they don’t have an adult figure that they trust telling them the consequences. They can’t know what they haven’t been taught. It can be very aggravating when people expect teens to know something they couldn’t possibly know without an adult teaching them.

Even if parents do talk to their teens, it may not have any effect on sexual behaviors they’ve already acquired. That doesn’t mean parents shouldn’t be there for them. And that doesn’t mean parents should try to force them to give up their habits.

Teens are growing up in a society where people are expected to figure things out on their own. When they do and parents try to step in after it’s too late and change things, it only makes teens angry because the adult didn’t try to help before and now they’re just trying to change things. Parents should make sure their teens know how to be safe and let their teens know they’re there if they have problems or questions.

I’m not saying teens should be running around having sex. I don’t think they should be. But if parents are not there for them, they will pay the price. Parents have already lost most of teens’ respect by doing nothing. It’s what parents do that will determine whether they get some of it back or lose the rest of it. It’s not fair for teens to figure things out the hard way while parents wait until the damage has been done to try and fix it. If the brakes on a car weren’t working properly, would an adult wait until they stopped working completely before they fixed them? If they wait that long, they might not have the chance.

This generation is growing up in an independent society with a variety of problems. In these busy times, people often forget to pass on the knowledge they’ve obtained. If they fail to do so, it may go with them to the grave. The problem isn’t with this generation. It’s with adults. Teens can’t know better if their parents don’t teach them any better. Nothing parents do or say may change their teens’ minds after it’s too late. Get to them before the media does. Knowledge is power. Unfortunately, knowledge is dying.
Providing sex education for young people may very well be the most valuable education of their entire lives. I strongly believe that the earlier we learn about sex and sex-related issues and the more information we have on it, the better off we will be to face the daily challenges of the world. Looking back on my life with the knowledge about sexuality that I have now, I realize just how lucky I was to get out of adolescence the way I did. I did some

in my opinion, sexuality education should be taught by sexuality educators and parents. It is true that adolescents are curious about sexual matters and they want to be educated. I believe they should be educated by the people who study and have a wide knowledge of this subject.

I think it would be great if sexuality educators visited schools and taught about sex and its downfalls such as STDs and pregnancy. They should also teach young women about their menstrual phases and gynecology. Young men should be taught about their reproductive organs and how to spot cancer in their testicles. Just fundamental ideas like these.

Mostly, sexual intercourse should be discussed as something that is worth waiting for...as in students should be taught that sexual intercourse should be experienced after marriage, when they have that person and know for sure there is a love connection. That they know they aren't going to be hurt or put into an emotional state where they feel regret or like they weren't good enough to please somebody. Many young girls feel like they have to please boys. Girls should be taught that boys can be deceiving and no girl should get her feelings hurt just because a boy wants to get off.

I know what I know from other female and male friends of mine. I know that there are many teenagers who have sex, who do drugs, who just don't care. I think if adolescents in school were taught more on those subjects then there would be less of that, which would be great.

School teaches your basic subjects, but school really needs to teach more on the world around us. School should be fun and interesting, but many high school students imply it is not. Many high school students are tormented for not wanting to try or to do drugs. Many high school students are tormented by other students for no good reason. I just think if kids were taught more on peer pressure, drugs, and sex maybe there wouldn’t be so much of it.

Providing sex education for young people may very well be the most valuable education of their entire lives.
I’m 20 now and I don’t feel that I am ready to have children at this point or at any earlier point of my life, so I feel very lucky that I’ve never been pregnant. But I grew up in Canada, a place where sexually active teens can find confidential help and do not suffer from extreme persecution like they do in so many places around the world. In Canada, the fact that teens are sexually active is not viewed with approval, but it is realized as a reality. There are services for sexually active teenagers, and although they might not be perfect, they are at least somewhat available.

I attended Catholic school and I remember very clearly the sex education I received. The first time we started learning about sex was in the fifth grade. At that point, we discussed mostly why girls and boys are different and why they like each other. As I progressed through school, I learned about the basic biology of the reproductive system.

The majority of the sex education I received was in religion classes and was rather conservative. In my religion classes, we talked more about sex and sexuality. We learned about why it is wrong to have sex before you get married, how to tell when you are ready to get married, the evils of abortion and birth control, and why it is wrong to be homosexual.

Fortunately, I didn’t really agree with the conservative religious teachings of my school and was able to form my own opinions about sexuality and choices, even if the choices I made weren’t always the best.

I became sexually active at the very young age of 14. When we had our sex education section in the ninth grade, I remember having tons of questions about sex, sexuality, and sexual pleasure. I also remember that my questions went unanswered. I learned about sex on the playground, from television and magazines, from my friends and from my cousins, who were a little bit older than me. Nobody ever taught me how to use a condom or where I could get condoms, nobody ever told me where I could go to learn about these things. I was under the impression that you just had to find out for yourself.

As I got older, I continued to be sexually active. In high school I became concerned about getting pregnant and so we would use condoms. However, it was always his responsibility to get the condoms so we did not use them consistently. It wasn’t until I was 16 that my Mom found out I was sexually active and I got to go on the pill. That was the first time that I actually learned about contraceptives, how they work, what they do, and why they are important.

Gradually, as I continued to be a sexually active teenager, I experimented more and was able to learn a bit more about sex and my sexuality. However, since I was never taught about sexual pleasure and I didn’t have many resources open to me, I had a rather unfulfilling sex life. I did not know the various parts and functions of my own genitalia. I didn’t know how to enjoy sex. I also did not understand how I could be taken advantage of sexually. Not understanding sexual pleasure means that you don’t fully understand when what somebody is doing is inappropriate, abusive, or unethical.

It was not really until my second year of university that I learned about and understood sexuality and sexual pleasure. I found myself with a new, more experienced sexual partner and in a new environment where sex was okay to talk about, and I was allowed to have a sexual identity. At 19 years of age, five years after I had become sexually active, I finally realized that I could have a fulfilling sex life, I could want to have sex, I could learn about sex, I could practice safer sex, I could talk about sex, and I could express myself sexually. I learned that I am okay.

But so many other people my age still don’t know these things and don’t have the resources open to them to find out. I now realize just how important sex education is. I feel that I was very lucky I didn’t get pregnant and even luckier that I didn’t get an STI or HIV/AIDS. Looking back, I realize that I would have acted much differently if I had been fully aware of the very real dangers that are involved with being sexually active and if I had known how to protect myself against these dangers. Teenagers are going to have sex; nobody can stop this from happening. But we can teach teenagers to be safe and aware of the risks. We can also teach teenagers how to express themselves sexually and how to have a fulfilling sex life.

Sex education needs to teach young people more than biology and risks. We need to know about contraceptives and places to go for help, too. We need to understand our own sexuality in order to better understand ourselves and the world around us. We need concrete education about sexuality and sexual expression so that we can look at the media and understand that it does not give us a realistic picture of sex. This is very important in our society today because the images the media portrays can be very harmful and misleading to youth.

We also need to learn about how our sexuality affects others. We need to teach tolerance and understanding. In our increasingly ethnically diverse classrooms, we need to recognize the rights of others and ourselves. It is vital that sex education be provided to youth and that this education be complete. Yes, some topics are sensitive to discuss, especially with young people, but that makes them even more important to discuss! We need to be educated in order to protect ourselves from all the possible harms, whether they be physical, emotional, or sexual. Sex education helps young people to understand their bodies, their feelings, their urges, and themselves.
For me, learning about sex was a gradual experience because, as a toddler and young girl, I didn’t really care how I was made. I was completely content with my Barbie Dolls (and no, I didn’t look underneath their clothes to understand why Ken and Barbie appeared different ‘down there’). I just figured that when people got married, babies appeared.

It completely distorted my world when the daughter of the woman who baby-sat me (who was only 15 and definitely not married) became pregnant. It was then that my parents got me a book that explained that after men and women who loved each other very much did a “special hug,” the man implanted a seed in the woman. The woman watered the seed once it was inside her body, and a baby resulted.

That theory was the one I carried around with me for the remaining part of pre-school and the beginning of elementary school. I didn’t know anyone except for my baby-sitter’s daughter who had “done it.” (I didn’t often say the word “sex” because I learned at an early age that doing so would result in tittering and uncomfortable silence.) I got that idea from every book on sex my parents had ever given me, and each of them stressed love beyond anything else. Furthermore, sex was only performed when people wanted a baby, not for pleasure or any other reasons. The thought that anyone would want to be with the opposite gender for any other reasons, especially naked, other than to create life, didn’t even occur to me. Once again, I was pleased with my notion of baby making.

In second grade, I had a friend named Marta (not her real name), who was far more worldly and wise than myself, as she had older siblings. She once told me that her first word was “scrotum” and clued me in to the fact that sex was far more graphic than I had once imagined. I didn’t believe her when she first told me that it was a little more than a particular cuddle done by those who were madly in love, but she had proof. After probing in a family bookshelf for a moment, she emerged with the book, The Joy of Sex. With pride, she left no page unturned as she showed me all the drawings. Marta explained in all the detail a seven-year-old could muster about each diagram.

Although I have learned that many of the things Marta taught me were not particularly true, that whole educational experience, explicit as it was, enlightened me to the reality that there was more than one way to learn about sex. The “implant a seed” theory was not the only way to go. But, is there a third way, somewhere in between Marta’s inexperienced, explicit babbling and a book’s ambiguous and quite tedious (although socially acceptable) analogy? Is it possible that somewhere out there lies a way to teach about sex that is both engaging and accurate without parental outcry?

The answers to these questions differ depending on who one asks. “Teaching sex education is imperative for
younger generations as long as it is age appropriate. Better to hear it from a knowledgeable teacher versus their own peer groups, where many times sex is exaggerated and facts become entwined with fiction. When this happens, many sexually active teens do not have a full understanding of what they are participating in," one adult, who wishes to remain anonymous, answered. Her opinion is shared by countless others, who agree that sex education should be taught on more than the "abstinence only" level. Others, though, argue that when teens gain knowledge about sex, they will instantaneously feel the need to participate in the act of love.

I disagree with the abstinence-only approach to teaching sex education. At the elementary level in school, we are taught how to act during a fire, how to use a fire extinguisher, and participated in fire drills weekly. Surely, this knowledge in combating fire does not make most students aspire to commit arson. The same reasoning should apply to learning about sex. Learning about birth control, the reproductive anatomy, and other sex-related topics will not make most teens yearn for sex. Instead, it will give them the facts they need so that they can make their own well-informed decisions.

Ninth grade health class had two subjects: drugs and sex. The first quarter, about drugs, went by quite uneventfully, as every parent and teacher agreed on a method. "Just say no, drugs are bad," was the main message. Then, second quarter came around, and things got a little touchy. The underlying message could not be about refusal because some parents thought that pre-marital sex was just fine. But many parents did not believe that sex should be taught at all. "Just tell them in biology or something that abstinence is the only way. I’m sure they’ll get the message," many abstinence-only crusaders said.

Um...no. I don’t think that one sentence without any reasoning behind it spoken randomly in the middle of science class will convince many teens to refrain from sex until their wedding night. After our sex unit started, people in our class began to look forward to health. At the beginning, most of us looked forward to it because we thought it was hysterical to hear a serious discussion about sexual terms. By the end of the semester, though, most of us enjoyed the class because it gave us a new view on the biggest taboo of them all. During the first discussion, I confess that I, like many of my peers, had a smirk on my face. After a while, though, it became clear that sex was nothing to smirk about, and aside from the occasional joke, everyone in the class was serious about learning as much as they could. We learned through more than one dimension. There were role-plays, open-ended discussions, videos, posters, and stories. Each activity aided us in seeing a spectrum of viewpoints and helped us obtain diverse knowledge.

Although nothing is ever perfect, this health class came pretty close to it in being the most fault-free sexuality education lesson I’ve ever taken. It was so unlike the “girls in one room with the school nurse, boys in the other with the gym teacher” approach so often taken. As long as sex remains something that society thinks should be spoken about behind closed doors, sexuality education will be controversial. Until then, I am content with my ninth-grade health education.

SEX, ETC., EDITORIAL BOARD DISCUSSES WHAT WORKS (AND WHAT DOESN’T) IN SEX ED

What do teens think is the best way to teach students about sex?

The following teens, who are providing their insight, are on the 2002–2003 Editorial Board of SEX, ETC., the national newsletter and web site (www.sexetc.org) that is written by teens for teens about sex, pregnancy, condoms, birth control, sexually transmitted infections (STIs), and relationships.

SEX, ETC. is part of the National Teen-to-Teen Sexuality Education Project developed by the Network for Family Life Education at Rutgers, The State University of New Jersey.

WHAT WORKS (AND WHAT DOESN’T) IN SEXED

LALITHA CHANDRASEKHAR, 17

Don’t teach abstinence-only! Teens are more driven to do what they’re told not to do. If they are taught only to abstain from sex, they’ll be left to wonder what it’s like and will be more likely to indulge in sexual activity. Give teens the most comprehensive, honest, and accurate information on contraception, STIs, abortion, pregnancies, teen parenting, and sex regrets. Don’t overemphasize that sex is a “bad” thing. Emphasize that sex is a weighty decision to make, involving many factors (some painful) and that teens have the option to abstain. Take away the mystery and tell them exactly what sex is. So, even if they...
choose to have sex, they are well informed and, hopefully, well protected.

ELIZABETH MARCHETTA, 17
The best way to teach teens to make the right choice for themselves—whether that means abstaining from sex or practicing safer sex—is to give them honest, accurate information. Being fully knowledgeable about the physical and emotional consequences of sex helps teens to make the decision that’s right for them. Educating teens to practice safer sex is essential—even for those who decide to wait—because when they finally become sexually active, they will need to understand their bodies and how to protect themselves, and others.

KEHINDE TOGUN, 18
Safer sex and abstinence should be taught hand-in-hand. In the first two years of high school, students should be taught that the Number One way to prevent pregnancy and STDs is abstinence. However, they should also be taught that if they choose not to abstain they should be responsible, using protection. Teens need to be taught that having sex is nothing to be ashamed of, and neither is buying a condom. In fact, it is smart, safe, and responsible. It is a common misconception that all teens are having sex. The sex-ed class should stress that this is only a myth. Overall, teens need to be taught to love and respect themselves and their bodies, and not to do anything to violate that respect.

SCOTT DOYLE, 18
To teach only abstinence is to put students in a dangerous position because it tells them what to do rather than how to make informed, educated decisions on their own. At a certain age, students will need to make choices about sex. If the only thing they’ve been taught is abstinence, then they won’t have the knowledge that’s necessary should they decide to have sex. As a result, they will make poor decisions about birth control and protection against STDs. Teens need to learn how to use condoms and birth control. If they’re denied this information, it doesn’t mean they will abstain from sex. It simply means they won’t be smart about their decisions.

SARAH OTNER, 18
The best way to delay sexual activity (and teach abstinence) is to increase teens’ sense of self-worth. More importantly, students should understand the length of time they have to be sexually active. Just because they don’t have sex in high school, it doesn’t mean they won’t in college or beyond. Scare tactics and statistics may work to delay activity in some, but to truly delay teen sex, educators must work from the inside out with teens to remove the need for attention. A comprehensive sex-ed program, covering all bases, is the best option. Students must learn about the infections that threaten in unsafe sex, and the overwhelming benefits of contraception. This covers the “if abstinence is not going to happen for you, here’s what you do” area of sex ed. Educators must recognize that both parts are vital to a complete education.

JOLEEN RIVERA, 18
It is a natural teen instinct to defy authority figures. The more pressure teens are put under not to have sex, the more likely they will engage in it. Therefore, sex should be talked about openly. Teens should be taught the pros and cons of sex at their age. From this, they are free to make their own decisions. (Hopefully, they will realize that the cons outweigh the pros.) If a teen decides to have sex, he or she should use protection. Schools should make contraceptives available and stress their effectiveness in preventing pregnancy and STIs. This will insure teens’ health and safety.

LORYN COZZI, 17
The best way to teach teens to abstain from sex is to teach about the consequences and responsibilities of sexual activity. Those considering sex may realize that the STIs, chance of pregnancy, and emotional burdens that come with sex may not be worth it. They may realize that their methods of birth control/STI protection aren’t safe. If they learn not to have sex until they’re truly ready—or how to have safer sex if they decide to have sex—it will stick with them better. Parents and teachers need to be more open and less afraid to answer questions.

KIRSTEN SCHMITT, 18
Knowledge is the best protection against bad decision-making. All the missing information about sex must be filled in. This means teaching teens about abstinence plus correct information on condoms and birth control. If we fill in the missing information about sex, teens will have much better ground to stand on when making a decision.

KEDAR MANKAD, 18
The catch phrases and slogans used by teachers preaching abstinence and safer sex seem fruitless. Teens are rebellious by nature, and if they’re forced to believe something, they will reject it. The best way for teens to learn about abstinence is through each other and the solid facts, like statistics on teens affected by STIs. Teens may not listen to teachers, but they listen to statistics and peers. They should be taught through programs that involve speakers their age who’ve chosen abstinence. It enables them to see that they’re not alone if they choose this.

LAUREEN DELANCE, 17
Teens should be taught to abstain through comprehensive
sex ed, no matter if they’re in public or private school. All aspects of sex should be taught. If certain information is left out, students are left out. There are many sexually active teens these days. They have to learn about protection and STIs if they decide to have sex again. Rather than a teacher saying, “just say no” to sex, the consequences of sex and methods of protection should be discussed.

MAHESHWARI MISTRY, 17
All teens have an underlying fear of something, whether it be rejection, the future, or failure. So, an effective way of teaching them to abstain from sex is by instilling a fear of the future. Don’t scare the daylights out of them, but teach them about STIs, show them what pregnancy can do to a person mentally and physically, teach them about the numbers of teens dying from AIDS, and show them that love isn’t the same thing as lust. This proves to teens that sex is not just a playful activity.

While some teens fear consequences, some just don’t care when they’re in the heat of passion. We need to teach them to be safer. Teach them how to use contraception effectively; how to get it, and what it protects against. Teach them about condoms. Some don’t even know the difference between latex and polyurethane condoms.

EMILY CHALONER, 16
Teens do not want to be preached to about abstinence. Not only do we get tired of hearing it, but if abstinence is the only thing taught then the teens who want to be or are already sexually active won’t be educated. Safer sex must be taught. We need to know where to get and how to use contraception. Without this information, contraception is useless. We need to be told that safer sex not only prevents pregnancy but also STIs. Students should be given all the information that they deserve.

ANDREA LEE, 15
Make abstinence a choice—not a demand or the “only answer.” This lets teens see that they do have a choice in what to do with their bodies. Many teens like the feeling of independence and being able to make their own decisions, so present abstinence as a good and healthy choice and not just what parents and teachers want teens to do. Give a balance of pros for abstinence and cons for having sex early. This gives teens a look at what good can come out of delaying sex, instead of only filling their minds with STI statistics and pregnancy rates.

CHRISTINA COREA, 18
In a perfect world, abstinence-only sex ed would work; it would easily convince teens to wait until marriage. But we don’t live in a perfect world. The bottom line is that teens are going to do what they want sexually, regardless of what adults tell them.

People should only make big decisions after they’ve weighed the positives and negatives. How can anyone make a good decision without all the facts? Explain to teens all the contraceptive methods and how to use each one.

Teens are young adults, and if they feel mature enough to engage in sexual activity, then they should be given the information they need to keep themselves safe. Adults aren’t stopping teen sex by not giving teens information. Consequently, teens are not abstaining from sex—they’re having it in a more dangerous fashion, without the proper knowledge.

MEGAN ESTEVES, 17
The harsh reality is that teens will experiment with sex no matter what, so why would we render them helpless by denying them the skills they need to make mature and wise decisions? We claim that a person is not ready for sex until he or she has reached adulthood, but what is adulthood? Most would agree that it is defined by our ability to deal wisely with difficult decisions and accept the responsibilities of our actions. With this in mind, it is obvious that comprehensive sex education is a necessity. When faced with a sexual decision, teens should be armed with the tools they need to make adult decisions and act responsibly. Keeping teens in a state of perpetual childhood is not going to erase the influences of sexuality. If anything, it is going to enhance its appeal.

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:

Monitoring Sexuality Education in the United States/Tenth Anniversary
August/September 2003 issue
Deadline for article submission:
June 1, 2003
In a day and age where war is knocking at our country’s doorstep, where technological boundaries are being broken each and every day, and where fantasy is continuously becoming reality, there is still something on everyone’s mind that rises above the rest. This is the idea of sex.

Sex has become the predominant topic on everyone’s minds. From children to adults and back down to teens, the concept of sex and having sex is an important factor in everyone’s daily lives. However, with this notion of engaging in sexual actions comes an array of questions. Where? With whom? How? When? While these questions filter to people of all ages, there is a certain group of people that have these questions on their mind for a good part of the day. They are, of course, teenagers.

For more than 50 years, teenagers have grown to symbolize a rebellious age group. With another generation of teenagers come the same old adult remarks. “I remember when I was your age…” or “When I was seventeen…” and the always traditional “You think you have it tough? You don’t know what it was like!” Some adults can’t seem to keep up with the changing tides and the large gap that forms between them and their kids as they grow into teenage-hood.

Kids seem to be growing up quicker nowadays, becoming independent sooner rather than later. With this comes a need for sexuality education and, with most teens becoming sexually active before they graduate from high school, the need for such an education isn’t fading. The need is becoming greater and greater, and the conventional teachings of abstinence just aren’t realistic anymore. Teenagers are having sex, and more and more, there is a need to teach students how to have safe sex, not how to have no sex.

This issue has sparked quite a debate among not only teenagers but also adults. Parents are asking themselves, “Do I want complete strangers teaching my children the birds and the bees?” The fact of the matter is, as one educator states it, “The school has taken on the roles of the families.” While some adults don’t like this idea, others do. Many think it is a very valuable resource. One teacher states sexuality education teaches kids “to know all their options.”

Ah yes. Options, another ingredient in this sexual concoction. What options should teenagers be taught? Many school curricula tell sexuality education teachers to preach and emphasize abstinence. However, at the same time, these teachers are taught to educate students about what to do if they are sexually active. “We want students to make the healthy choice,” states one sexuality education teacher. Whether adults feel it’s more important to teach safe sex rather than no sex, there was an overwhelming similarity in responses. “Both.” All felt that letting students know their various options was the most important part of sexuality education. One adult feels that schools should preach abstinence but understand reality as well. Teenagers are having sex, and they need to know about safe sex.

Along with safe sex education comes another argument. Should condoms be handed out in schools? Even students have gotten caught up in this very same debate. One student, Mike, says that a reason many students don’t engage in sex is because “they might be scared to buy condoms.” Reasons like this may hold teens back. However, another female student says that she believes that condoms maybe shouldn’t be handed out to students but should be made available. People like this student, Rachel, believe that if students are having sex, condoms should be available to protect them.

As the years go by, all things change. The high schools change as well as the teachers. Curricula change to fit educator’s needs. But how much has sexuality education adapted to fit the changing teenagers? One high school graduate of 1990 feels that it hasn’t changed all that much. The one difference that he sees is that both students and teachers are more open now. An older sexuality education teacher agrees. “There is an acceptance that kids are going to be active.” However, there have been some changes in the sexuality education program. Teenagers of today are the first generation that has grown up in a world that has always included HIV and AIDS. Not only that, but over the past years, much more knowl-
anting, with tears flying into sweat-matted hair, the last cyclist stoically pulled himself up the first hill of the aptly-titled 2002 Hill Country Ride for AIDS. I stood among the hundreds of volunteers lining the sides of the course; our cheering took its toll on our vocal cords, but our hope never abated during the two-day event. There were volunteers representing all facets of human compassion: octogenarians and people who had lived with AIDS for over 20 years, triathletes and first-time riders, but I was the youngest person at the ride: a 19-year-old celebrating her five-year commitment to AIDS-related causes.

My mentor, Gina*, a petite woman with a spit-fire spirit, told the local news just why so many of her baby-boomer generation were present on this exhaustive ride: “Back in the 80s, we lost so many people so fast. I don’t want that to happen again.” Looking over at Gina at that moment, I realized that, unlike hers, my generation has grown up with AIDS and HIV around us; so how could I explain my reasons for taking part? And, more importantly, why is it that HIV is just as much of a destructive force as ever, but so few of my peers seem to acknowledge that fact?

Perhaps a difficult step must be taken to ensure the message that HIV and related STIs are pervasive and dangerous is not lost amid the apathy and personal biases of my peers and authority figures. Similarly, in terms of threatened extinction, international news stories report that due to infertility and vulnerability, one of America’s most popular fruits may soon vanish: the banana. Bananas are sterile and unable to sustain their genes against deadly viral predators without scientific intervention. Now, if only contemporary health education could benefit from a similar scientific race to improve its chances for prosperity.

Sexual health education, as it is (at best) sporadically endorsed, faces the same sort of crisis unless sexuality educators can look at the subject from the perspectives of the many spheres of influence in our lives.

The problem with HIV awareness is the fact that it has become peripheral to other health- and sex-related concerns. We know, deep in our hearts or in an abstract sense, that AIDS is a vicious epidemic in Africa, and most have listened to health instructors warning us of the perils of STIs, or to HIV-infected people talking to us about living with the virus.

I do if something goes wrong? Who can I go to for help? All these questions are answered in sexuality education courses all across the country.

While parents and adults can argue all they want, students, whether they realize it or not, are receiving a large amount of information that can keep them safe, healthy, and that will prepare them for the future. The school years will pass quickly, but we all know one thing. As long as there are sexuality education courses, adults will always be standing on their own soapbox, voicing their opinions about what their children should know and shouldn’t know. Adults will always be writing their letters to the school board. Who knows, maybe even school curricula will change to fit the changing youth. And the great debate rages on.

SEX EDUCATION CAN LEARN FROM BANANAS

Lynsey J. Proctor, 20
Austin, TX

We must bear in mind that, for a certain number of people, ignorance really will equal death.

Perhaps a difficult step must be taken to ensure the message that HIV and related STIs are pervasive and dangerous is not lost amid the apathy and personal biases of my peers and authority figures.

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However, unlike the generations before us, we do not see constant headlines about scientists heroically rushing to find a cure: we’ve stared at electron-microscope images of the tiny predator, and now the fearsome HIV virus has become, by most accounts, almost manageable.

My friend Liza* well illustrates this troubling phenomenon. Liza, an intelligent young woman, recently confessed that her sorority sisters were teasing her with unkind remarks concerning her previous “surturf” of sexual experience. It did not shock me that Liza has chosen to engage in something seemingly against her conservative upbringing, but that the people closest to her in life right now might be in fact subtly influencing her towards a dangerous path. Although young men are encouraged to engage in myriad sexual exploits, women are often proscribed from the same. In addition, archaic mores discourage young adults from learning more about proper condom use. As a consequence the treatment of sex as a taboo in college has often resulted in young women allowing themselves to be trapped in risky sexual tableaux, sometimes involving dangerous drugs and alcohol, in order to be able to claim afterwards that they were “swept away in the moment.”

Stemming the tide of this HIV pandemic must include increasing sexuality education and behavioral training. Young women are in the most dire need of education simply because they quite often don’t realize the impact of their choices and may not know the best way to insist on a condom or express their unreadiness for a sexual relationship. Two weeks after she told me about her sisters’ teasing, Liza admitted to me that she had initiated a sexual relationship with her current boyfriend but went on to say that the encounter “didn’t count” because they were in a “fit of passion” and he was only inside briefly, “really.”

The sorrow of her story is that Liza does not realize that every act counts and that all acts, particularly the unprotected ones, have consequences. It’s interesting that in a society so inundated with fear, in which every news story pulses with paranoia about nuclear arms, “sleeper” terrorists, or killer bees, we seem content to ignore the tangible threats that our own poor choices create for us.

Compared to many of the issues our media chooses to emphasize, the medical threat posed by HIV isn’t able to effectively evoke a visceral understanding of how dangerous this world really is, especially for young women who may simply make the wrong decision at the wrong time. How can our society reverse the tide of ignorance and provide life-saving information and resources to those most at risk of HIV infection?

Increasing the public’s theoretical awareness of HIV is not enough. Sexuality educators must also help people consider their own behaviors and choices more objectively and learn methods to alter and improve them. We must recognize and respond to the influence that immediate family, friends, mentors, and leaders have over individual lives. As Liza’s story illustrates, young adults are constantly assimilating ways of thinking about the world gleaned from our peers, authority figures, and our environment.

Effective sexuality education should start well before college; and, if we accept that saving lives is more important than perpetuating ancient taboos, must be reinforced by educational and governmental policies favoring open-mindedness about contraception. Ultimately, imminent budget cuts in HIV prevention services, and the almost criminal presidential endorsement of W. David Hager for the chairmanship of the Food and Drug Administration show that we can no longer entrust the vital issue of sexual health education to the media’s once-every-December prayers. (Dr. Hager is a physician who believes that prayer will cure PMS and that birth control is immoral for unmarried women.)

Though actively providing relevant information may seem intrusive to some, young people are naturally curious about sex. I myself have found that even people who have been raised with values and backgrounds that differ from my own appreciate any information that I can objectively provide them concerning sex and STIs. This illustrates the sharp dichotomy between the emotional arguments that people like Dr. Hager make, and the objective course that we must follow.

The reality is that members of older generations were often not aware of the dangers of sexual pressure, STIs, and the absolute importance of proper condom use until the HIV epidemic broke in the early 1980s. It’s easy to cite obtuse, often mistake-ridden education that some people received in order to explain risky sexual behavior; but who provided the information to their teachers in the first place?

University peer mentor programs should institute workshops during “Parents’ Weekends” and reach out to insular groups (including sororities, fraternities, and other college organizations) with specific information. These programs need to prepare parents and other authority figures to say to their interest groups, “I would rather that you did not engage in sexual activity of any kind when you are young because I don’t think you are emotionally and physically ready for the costs and consequences of such decisions. However, I want you to lead a long and happy life and so here is how to get out of a risky situation or use a condom if you are ever in one.”

The loss of the banana seems inconvenient since Americans might have to scramble to discover a new favorite article of produce, but it would be lethal to indigenous African populations that depend on the yellow-skinned staple. The same could be said for proper sexuality education: some people might find it inconvenient or uncomfortable...
and, consequently, avoid providing clear and healthy information about sex to those who depend on them for guidance; but we must bear in mind that, for a certain number of people, ignorance really will equal death.

This is the reality that my generation faces, especially as we are maturing in what seem to be the waning years of HIV awareness: we knew what the AIDS Quilt, “Magic” Johnson, and Red Ribbon Campaigns meant when we were growing up; yet, I often see young individuals who don’t feel in control of their own futures because of the archaic views they have imbibed from contemporary culture.

Though my mentor from the ride, Gina, had to endure the indiscriminate loss of loved ones’ lives through AIDS in the 1980s, there is still hope that, if we impart to community leaders the ability to objectively teach safe and prudent behavioral techniques, many such heartbreaking ordeals can be avoided in my generation.

*names changed

ARM YOUNG PEOPLE WITH INFORMATION

Zara Snapp, 20
Lakewood, CO

We allow guns in our country to apparently protect us and yet we are afraid to teach girls how to put on a condom. What is more important than protecting the body you are given and making sure that the people around you are safe? 

The U.S. government believes that if we don’t talk about an issue, it doesn’t exist. Since when has this policy ever worked? It certainly isn’t working when we try to educate young people about the risks of having sex, both emotional and physical.

According to many groups, teenagers don’t have sex so it isn’t a problem in our communities and schools. So why is it that there are 900,000 unplanned pregnancies and that four out of every 10 young women will become pregnant before the age of 20?1

There is no way to explain away the phenomenon that is sweeping our nation. The United States has the highest rate of teen pregnancy and births in the Western industrialized world. It costs us at least four billion dollars a year.2 As President Bush pushes for abstinence-only education in schools, we see young people’s concerns pushed aside. They are not given information. They are simply told what not to do.

I have been working for a comprehensive sexuality education program for the last four years, and I can’t imagine doing anything else. We not only show STD slides and teach people how to put on condoms but we also present on sexual decision making, healthy relationships, peer pressure, and self esteem.

There is far more to sex education than just showing people how to do it. Students are able to voice their concerns and ask any question in a safe environment where no one will tell them that they shouldn’t be talking about S-E-X. It seems so simple to me, but apparently it is harder for our government to grasp this concept. When you arm young people with information, they are more likely to delay sexual intercourse and more likely to use contraceptives.3

In an ideal world, we would not have these problems, and I understand that it is easy to push this under the rug and hope that it will go away. But it won’t, and eventually an unwanted pregnancy will occur to someone you know and love.

The reason behind those pregnancies vary from not feeling comfortable with your partner, not knowing how to use condoms or how to talk to your partner about using them, or even believing in one of the many myths, including you can’t get pregnant the first time or that pulling out is sufficient to prevent pregnancy.

When young people receive their sex education from their friends, they also receive a lot of information that could be wrong or misleading. I know that I was told many things that I have since learned were wrong. Teens are more likely to delay sex if they have parental support and communication. This does not mean that you tell a girl not to get pregnant. It needs to be more comprehensive. Explain both the pros and cons of having sex as well as issues surrounding intimacy. Once young people are armed with
Politicians, health educators, and parents are constantly debating the best way to teach sex education in public schools. Naturally, the issue is extremely controversial, with a wide range of opinions covering every aspect of the topic. However, the adults debating the issue of sex education are not the people who are going to be taught. It is the students who are either going to benefit or suffer from the decisions of the adults in their communities and in the rest of the country. Why don’t the students have a say in their own education? It seems to me that adults should spend less time debating with each other and more time listening to their children.

In ninth grade, I took the required ninth grade health class. One quarter was spent learning about drugs and one quarter learning about sexuality. Although the quarter on drugs was extremely informative, I gained the most knowledge and insight from the quarter spent learning about sex.

My health teacher was a dynamic woman who could make even the most boring or mundane topics exciting; her condom demonstration with a test tube is renowned throughout my school. Through her teaching, I became extremely interested in topics concerning sex education such as teen pregnancy, abortion, and rape. Teen pregnancy interested me the most, so for my project, I wrote a fictional diary of a girl who became pregnant at 16. After reading my project, my health teacher saw my interest in teen pregnancy and sex education and recommended that I join...
SEX, ETC., a sex education newsletter written by teens for teens, based out of Rutgers University. I took advantage of the opportunity to participate and became an editor for SEX, ETC.

Writing for SEX, ETC. has given me many opportunities, but one of the best opportunities that I have had was to realize how big of an impact informative and effective sex education has on the lives of teenagers. Recently, I interviewed Kate, a 17-year-old girl who had just had a baby, for an article I was writing. When I asked her how she got pregnant, she told me that she had not been using protection because she did not like using it, and she did not think it would make a difference if she did not use it. This made me realize how ill informed so many teenagers are because they are not receiving adequate information from the adults around them.

My friend Molly attends a Catholic school. In Catholic schools, the information the students learn about sex is extremely limited and is focused around abstinence. Molly has a boyfriend, and every so often she calls me with a question. Recently the question was, “Can you get pregnant from giving oral sex to a guy?” To me, the answer to this question seems obvious. I know, and have known, that you cannot get pregnant from giving oral sex to a guy. I learned this years ago in my ninth-grade health class, but Molly did not because she did not have the benefit of a comprehensive sex education class. This concerns me because I worry about all of the other information she and others like her may not know about contraception and STIs that could get them into trouble.

Many parents believe that if their children learn about sex they will have sex. However, what many parents do not realize is that the students who want to have sex will have sex even if they don’t learn about it. There are many teenagers who are having sex, and many teenagers will continue to have sex despite the messages they receive from their parents or their teachers. What is important to realize is that many of these teenagers who are having sex are not receiving comprehensive sex education. How do these teenagers know how to protect themselves against STIs and pregnancy? The simple fact is that many of them probably do not know how, and many of these teenagers are probably not using contraception. In my opinion, it is this information that parents should be worrying about, not the influence of a comprehensive sex education class. This problem can be solved in an extremely simple way: get rid of abstinence-only sex education classes!

Of course, my opinion is probably not enough to convince the thousands of people who support abstinence-only education. There are many people who are strong supporters of abstinence and many teenagers across the country who are taking “virginity pledges.” The adults who support abstinence-until-marriage and abstinence-only sex education are thrilled, of course, with these “virginity pledges” because they are proving that there are teenagers who are effectively saying “no” to sex, or so they think.

However, there have been studies conducted on these pledges which indicate that they may not be as effective as many adults would like to believe. While the virginity pledges do delay the onset of sexual intercourse among teenagers for an average of 18 months, many of these teenagers eventually do have sex, and when they do, they are less likely to use contraception effectively or use contraception at all. Again, this fact should be something that adults are focusing on, but instead, many adults focus only on the positive side of the virginity pledges, not wanting to be held responsible for the negative aspects. The answer to this problem seems obvious as well: get rid of abstinence-only education!

Sometimes I think about the pregnancy and STI rates among teenagers in our country, and I wonder what could possibly be the cause. It is then that I realize that so many teenagers are not receiving the education to which they are entitled, and because of this, they are not being as careful as they should be.

The adults in our country need to realize that the teenagers in our country are perfectly capable of making their own decisions about what information will be beneficial when it comes to their own sexuality. If adults step back and let comprehensive sex education seep into the minds of teenagers, then maybe when the teen pregnancy and STI rates start declining, they will realize all the good a little sex ed can do.

Reference

Emily Chaloner is on the 2002-3 Editorial Board of SEX, ETC., the national newsletter and web site (www.sxetc.org) that is written by teens, for teens, about sex, pregnancy, condoms, birth control, STIs, and relationships. SEX, ETC. is part of the National Teen-to-Teen Sexuality Education Project, developed by the Network for Family Life Education at Rutgers, The State University of New Jersey.
Young Adult Looks Back

HOW SEXUALITY EDUCATION CAN PREVENT EATING DISORDERS

Cara Thoresen, 24
Yakima, WA

1996. I am in high school. I am sitting in health class. Health is a required course, and it is held in the basement of the gym. The room looks like a large concrete box. There are no windows in health class. I am sitting next to the boy who eats orange peels and talks to himself. I am getting an “A” in health, but the only thing I’ve learned of value as far as I’m concerned is to splash cold water on my face after washing to close up the pores and prevent blackheads.

I haven’t eaten in three days. I consider this a victory although I haven’t seen any results yet besides a sticky mouth that tastes like bile. I don’t mind the taste so much. It reminds me of my strike on food. But I don’t kiss my boyfriend anymore, just in case it bothers him.

We have a guest speaker in class today. She is short with a platinum bob and a figure that brings to mind the phrase “roly-poly.” She’s going to talk to us about sex. There is a hush in the room followed by a few snickers and eyes start shooting around the room. We’ve pretty much all had sex. The boy who eats orange rinds taps me on the shoulder and flicks his tongue at me. It has pieces of peel on it. I doubt he’s had sex. The woman is talking and pointing to an overhead of male and female silhouettes. They are just outlines with the sex organs drawn in.

I think I’m thinner than that girl on the overhead. I’ve been comparing myself to all the girls lately. Especially since my boyfriend told me that he doesn’t think I’m fat, but he knows other people who do. So far, I’ve realized that there are a lot of girls who are thinner than me, but I haven’t met anyone who has the willpower I do. I’ve plastered pictures torn from magazines on the walls of my bedroom. I need the constant reminders, or I will be tempted to eat. I know I’ll have to eat eventually or this fight between my mind and my body will end in the death of my body. I’m dreading the time that I’ll have to eat! “I just want to be attractive,” I tell myself.

The sex-ed teacher has turned off the overhead. She’s not talking anymore about fallopian tubes and ovaries or even condoms and IUDs. She’s talking about responsibility, respect, and choices. This is the first sound that has reached me in three days. Safe sex, she tells us, is having a respect for ourselves and our bodies. We need to be making responsible choices about our bodies, our relationships, and our futures, she says. I sit there looking at this voluptuous woman, the aesthetic opposite of what I aspire to be and am overwhelmed with admiration.

She does not talk about sex as if it were dirty or even as if it were sterile. She talks about it as it really is: scary and important, emotional and physical. She asks us what we think are the important components of a healthy sex life. We start talking and are grateful there are no windows in this concrete box. I see my hand go up and hear myself saying, “Trust and friendship.” I realize that these are things I have not afforded even myself lately. I do not value myself for who I am and what I look like. I do not trust my body to be acceptable in a sexual situation. I go home and eat. I feel responsible, powerful, smart. And I think to myself, “What a beautiful woman I am turning out to be.”

Eating disorders are about power, over the body, over sex, over public and private space, over participation in work and play. This power becomes inscribed onto the bodies of young girls as they eat, barf, starve, gossip, desire, play, and die. The girls of the twenty-first century are no longer made of “sugar, spice, and everything nice” as the song goes, but skin and bone. Naomi Wolf argues that dieting and a “thin-is-in” culture are the latest way women are being oppressed. If women are busy learning the newest make-up trends, starving themselves to fit into the latest fashions, and worrying constantly about being desirable, they will be too tired and distracted to really achieve equality.

Beauty and sex have become commodities in our society. In order for women to access power, they have to mold their appearances and their bodies, sexuality, and desirability. Young women living within these confines reveal that eating, the very act of sustaining life, can become tangled with life-denying, negative associations. Desire, then, is not merely imposed on the body; it is materialized in the body through power.

Sexuality education, at its very root, is about a working knowledge of and a respect for the body. It is about valuing yourself and being honest with yourself. It encourages open communication and gives people like myself the tools to make informed, responsible decisions about our bodies. I believe, too, that it gives young women permission to respect, honor, and love themselves...something the media (and sometimes even our own boyfriends) does not encourage.
Sex, birth control, and condoms. These simple words are quite common in today’s teenage vocabulary, but why is it that more and more teens are not able to talk to their parents about sex and sex-related issues?

My very good friend Jackie once said that “probably the only time I ever had a sex-related conversation with my parents was when I turned 15. It was my quinceanera, a right of passage celebration in which a girl becomes a young woman. As I was getting ready, I remember my mother asking me if I was still a virgin. I actually was not a virgin, but I did not want to disappoint my mother, especially on this very special occasion. After I told her that I was, the conversation died, and it has been dead ever since.”

Jackie is not alone. This to me seems to be one of the biggest problems teens are facing today, the lack of communication between parents and their kids. Teens today find it very difficult to talk to their parents about issues that are affecting their lives on a day-to-day basis. Parents should be more respectful and keep an open mind in order to gain their child’s trust.

Many of the teens that I have worked with seem to give me the same answer. Many of them really want to talk to their parents on sex-related topics, but the minute anything that has to do with sex comes out of their mouths, their parents automatically put themselves in a defense mode and turn their teens’ questions into accusations. The first thing parents think when their child asks them a question about sex is that their kids are having sex or that they are or have gotten someone pregnant. Parents automatically jump to conclusions without even thinking about it.

These kinds of parent accusations will eventually turn off the children, especially teens. And what happens if they cannot talk to their parents? They go to the next best thing, their peers. I feel that this close-minded parent way of thinking needs to stop. Parents need to really start talking and listening to their kids. It’s better to start talking freely and openly about anything to gain the child’s trust. Once this is established, everything else will be a piece of cake.

![KAISER RELEASES SEXUAL HEALTH SURVEY](#)

The Kaiser Family Foundation has just released the National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes, and Experiences.

The survey looks at a nationally representative sample of more than 1,800 young people in three key age groups: young adolescents (ages 13 to 14), adolescents (ages 15 to 17), and young adults (ages 18 to 24).

It asked these individuals about their knowledge and attitudes toward sexuality as well as about their sexual experience, including sexual intercourse, oral sex, and intimacy. It did not ask questions about personal experience.

For more information, see the Kaiser Family Foundation web site at: http://www.kff.org
In the county of San Mateo, CA, just south of San Francisco, is a group of teens stemming from different ethnic backgrounds and socio-economies called ASsET (Advocating Sexuality Education Together). Though we have differences in our backgrounds, we come together every other week to labor for the same cause. We all want required comprehensive sexuality education in our high school district.

The reason we ASsET teens are compelled to fight for a comprehensive sexuality education is because we feel that we must counter the message and example given by the popular culture of today: sex is appealing and frivolous and portrayed without consequences. On the other hand, the government promotes abstinence and minimal sexuality education, which is not the kind of education we deserve.

We the ASsET team feel that in order to make decisions regarding our sexuality, teens need full and complete, scientifically-backed information, just as anyone would want truthful information regarding any other decision. ASsET feels that we have a right to get our sexuality education in the classroom because it is often the only place we can be assured of a safe, neutral environment to receive this type of information.

Many parents are not comfortable giving sexuality information to teens, meaning that information will come from other places. Sometimes the only places left to go for this information are peers and the popular media, both of which often give confusing, misinformed, and even dangerous information regarding sexuality. We teens at ASsET would like all of our fellow students to receive the same level of truthful information, whether or not their parents are able to give it.

Comprehensive sexuality education is offered at all of the schools in our district, but it is a program requested by the teacher. Teen Talk is provided by an outside nonprofit organization, the Teen Pregnancy Coalition of San Mateo County, and follows the SIECUS Guidelines for a comprehensive sexuality education program. The program includes activities that involve youth in the process of our education. It includes information regarding contraception, anatomy, reproduction, communication, sexual identity, dating, feelings, and forming values.

The Teen Talk program encourages questions using an anonymous system, allows for discussions and uses visual aids and role-playing. We feel this program accommodates many learning styles and does not put extreme pressure on us to make a decision as many other programs do. It also does not dictate what is wrong and what is right, encouraging participants to make our own decision based on the information we collect. Teen Talk stresses abstinence as the only 100 percent method to protect yourself from pregnancy and STDs, yet they also teach you how to protect yourself in case you do decide to have sex.

While the ASsET team wants abstinence to be stressed, we know that for many teens this is not the option they will choose. In addition to Teen Talk, we have had programs that lacked a description of alternatives like contraception and educated decision-making skills.

We feel very fortunate to have comprehensive sexuality education provided to us in high school. However, we want to ensure that it is available for us throughout the rest of our high school years and for future classes. Such education is not currently mandated by our district or the state of California. We have one common goal: to make certain that comprehensive sexuality education is mandated in our district during all four years of high school.

To support our efforts, we have collected data from parent, student, and faculty surveys. We have analyzed the data and found overwhelming support for sexuality education in the schools from all the surveyed groups. We will develop a report which we will present to the community and the School Board. We are currently in the process of planning a community meeting at which we hope to gauge the reaction of the local community to including comprehensive sexuality education in our district’s curriculum. From there, we will write the proposal for the School Board and work to
be allowed to present our proposal to them. So far, the ASSET team has been pleasantly surprised by the lack of opposition to our project. Having talked to many parents, students, school administrators, and community members, we have found that very few have been opposed outright and several have even been persuaded to view things differently.

The ASSET team is very proud of our initial findings and responses. We look forward to continuing our work to make comprehensive sexuality education a reality for the teens in our district.

As a group, we have accomplished an enormous amount of beneficial information to aid in our cause. As individuals, we have gained a significant measure of knowledge about comprehensive sexuality and advocating for policy change. In addition, we have formed great friendships with teens in our community, and we all look forward to getting together and tackling our next project.

The ASSET team expect to complete our goal sometime in the year 2003 and plans to visit the School Board to present our findings by December 2003.
THE PERSISTENCE OF PREVENTION POLITICS

William Smith
SIECUS Director of Public Policy

This issue of the SIECUS Report is rich with the voices of young people. They are boldly speaking out about the realities of their lives and the need for full and accurate information about how to maintain their reproductive and sexual health throughout their lives. Their voices also call for access to reproductive health services without significant impediments or roadblocks.

In terms of policy, however, these young people’s lives continue to be an alien existence for conservative lawmakers in the U.S. Congress and the Bush Administration. In fact, an editorial in the March 28 edition of The New York Times provides this indictment: throughout the Bush Administration, programs to protect the health of women and young people have been sacrificed to the far right’s agenda.

MORE FEDERAL MONEY

The Administration continues to promote more abstinence-only-until-marriage funding despite the continued lack of a single peer-reviewed study to support the effectiveness of such programs. In fact, some of these programs may be harmful. Some studies have shown that young people participating in such programs are less likely to use contraception when they become sexually active, leaving themselves open for STDs and unintended pregnancy.

Still, the President signed an omnibus appropriations bill for Fiscal Year 2003 which provides nearly $20 million more for abstinence-only-until-marriage programs, bringing the total to $120.75 million.

The largest increase, totaling $15 million, was appropriated under the strictest of the three federal funding streams for abstinence-only-until-marriage programs. Grantees of the Special Projects of Regional and National Significance — Community-Based Abstinence Education (SPRANS-CBAE) program are required to teach all eight-points included in the strict definition of abstinence created by the 1996 welfare reform law. Such programs do not, however, have to be medically accurate or respect the rights of sexually active young people seeking information about contraception and other reproductive health care services.

For Fiscal Year 2003, SPRANS-CBAE is funded at $55 million, an increase of 175 percent in just two years.

Congress is currently holding hearings prior to working on Fiscal Year 2004 appropriations. The President’s request for abstinence-only-until-marriage programs for 2004 is $135 million, an increase of nearly $15 million. Considering this and Republican control of the Congress, some type of increase seems likely.

ABSTINENCE FOR POLITICAL GAIN

SIECUS has long argued that abstinence-only-until-marriage funding is pure politics and pork-barrel spending: an attempt to appease the religious right of the Republican Party. U.S. Senator Arlen Specter (R-PA) seems to substantiate this in the omnibus appropriations bill when he earmarked over $3 million for abstinence-only-until-marriage programs in his home state.

Many conservative activists view Specter as a RINO (Republican In Name Only), and he is likely to face a primary challenge in 2004 from U.S. Rep. Pat Toomey (R-PA), a conservative from the booming Lehigh Valley area of the state.

Consequently, Specter’s earmarks seem to be an attempt to shore up support from the state’s conservative constituency. It is unfortunate that he is using abstinence-only-until-marriage programs as a trade-off for votes. Moreover, he has created a precedent of earmarks for abstinence-only-until-marriage education that is cause for concern.

In other political news, U.S. Rep. Dave Weldon (R-FL), a staunch promoter of abstinence-only-until-marriage programs, has joined the Labor, Health, and Human Services and Education Subcommittee on Appropriations. Sources tell us that Weldon lobbied hard for the slot. He joins Rep. Ernest Istook (R-OK), another abstinence-only-until-marriage champion, and together the duo is likely to wreak havoc as they put politics above prevention and attempt to get more funding for such programs.
PLAYING POLITICS WITH HIV/AIDS

The House’s recent handling of the global AIDS bill provides additional evidence that sound public health policies are barely on the fringes of our national dialogue when it comes to sexual health and prevention.

In his State of the Union Address, President Bush outlined his vision of U.S. leadership in combating the HIV/AIDS pandemic around the globe. To support that vision, he pledged $15 billion.

HIV/AIDS advocates were buoyed but cautious while conservatives were immediately suspicious and quickly moved to generate support for a “gag” policy that would prohibit any of the funds from going to organizations that counsel or perform abortions.

Commenting on this, The New York Times said in a March 28 editorial: “To its credit, the White House understood that this could cripple anti-AIDS programs, especially in places like rural Africa, where the only care available may be a single clinic.”

When the House of Representatives drafted legislation to fulfill the President’s pledge, it appeared that a bipartisan bill, (HR1298), crafted in the International Relations Committee and led by U.S. Reps. Tom Lantos (D-CA) and Henry Hyde (R-IL), might overcome the gag issue.

Rep. Hyde, a vocal abortion rights foe, spent a great deal of effort crafting the bill. It appeared that his support, given his status as an icon of the anti-abortion rights movement, could help move the anti-abortion constituency toward a compromise. Hyde and House Democrats were even able to carve out an additional $1 billion for Fiscal Year 2004 in the bill.

But critics pounced on the bill saying that even though it promoted abstinence, its stance on condoms for the prevention of HIV/AIDS was too positive. Focus on the Family characterized the bill as “an airlift for condoms”; Concerned Women for America said it was “a disgrace”; and the Family Research Council objected to the fact that it provided $1 billion for the United Nations’ Global AIDS Fund, which the organization called “a condom distribution outfit that lacks accountability and is marked by inefficiency.” (U.S. Secretary of Health and Human Services Tommy Thompson is head of the Global Fund.)

During markup of the bill, there were a number of skirmishes over the priorities of HIV/AIDS prevention. U.S. Rep. Joe Pitts (R-PA), an anti-reproductive health conservative, tried to amend the bill to promote abstinence over condoms and to provide faith-based groups with an exemption to even discussing condoms as a means of prevention. Chris Smith (R-NJ) also offered language that would prohibit funds going to groups who did not have an explicit policy opposing sex work. All attempts failed except the language opposing sex work and trafficking.

Even with social conservative heavyweights like Reps. Hyde and Weldon behind the bill, conservative activists are still outraged. One GOP aid told the newspaper Roll Call that “you have some of our interest groups that don’t know when to declare victory.”

Still, conservatives are now trying to convince the House Energy and Commerce Committee to claim jurisdiction over the bill and craft something that better reflects their goals. Last year, that committee upheld the then-largest domestic abstinence-only-until-marriage program without changes and refused to compromise on three Democratic amendments to mitigate the harm of the program on its participants.

Whether the tactic of finding a more favorable committee will work or not is unclear.

CONCLUSION

Prevention politics is alive and well. Our domestic gamble with abstinence-only-until-marriage programs is now being openly promoted as an item for export around the world. And debates about sexuality education are being eclipsed by much larger debates over how this country views and supports prevention efforts—whether about HIV or teen pregnancy and whether in Jackson, MS, or Johannesburg, South Africa.

The young people who bravely spoke out for this issue of the SIECUS Report—and all of their peers—clearly deserve more from policymakers than political games as ideologues push sound public health policies aside in favor of unrealistic and ineffective programs.
The question is not if—but rather how—young people will learn about sex. When they want answers to their questions, it is important that they know where to go for clear and unbiased information—whether about anatomy, sexual feelings, sexual decision making, sexual intercourse, pregnancy, STDs, or other related subjects.

This SIECUS bibliography includes a variety of resources—books, web sites, and organizations—that will provide young people with the information they are seeking. We also encourage parents, caregivers, and educators to use the books and web sites to prepare for their classes or sexuality-related discussions with young people.

Individuals interested in purchasing the resources should refer to ordering information at the end of the bibliography. They are also available for review in SIECUS’ Mary S. Calderone Library.

This bibliography was compiled by Amy Levine, M.A., SIECUS librarian, and Johanna Novales, SIECUS library assistant.

Inclusion of resources in this bibliography is provided for information purposes and is not intended as an endorsement.

**KEY**

These symbols indicate the gender and age for which each resource is intended.

- Pre-teen (9 to 12) boys
- Pre-teen (9 to 12) girls
- Teen (13 to 18) boys
- Teen (13 to 18) girls

**BOOKS**

**Body Changes**
Joely Carey

This book discusses, in a humorous manner, a wide range of topics for teen girls, including understanding breast development and menstrual periods, dealing safely with unwanted hair, applying makeup, and preventing body odor.

2002; $6.95; ISBN 0764155636; Barron’s Educational Series

**Boy V. Girl? How Gender Shapes Who We Are, What We Want, and How We Get Along**
George Abrahams, Ph.D., and Sheila Ahlbrand

This book invites young readers to overcome gender barriers. To help spur this process, the book provides activities and exercises to help young people get past other’s expectations and assumptions and find out who they really are.

2002; $14.95; ISBN 1575421046; Free Spirit Publishing

**Boys & Sex**
Joely Carey

This book contains advice for teen girls on such topics as understanding relationships, dealing with emerging sexual feelings, saying no to unwanted sex, preventing STDs, using birth control, and preventing unintended pregnancy.

2002; $6.95; ISBN 0764155652; Barron’s Educational Series

**Captain Bio: HIV Attacks!**

This comic book presents a scientific adventure story that is designed to help young people learn the facts about HIV transmission and prevention.

1996, $1.49; Tim Peters and Company

**The Care & Keeping of You: The Body Book For Girls**
Valorie Lee Schaefer, Illustrated by Norm Bendell

This book for girls is a “head-to-toe” guide that discusses, among other things, puberty, self-esteem, hygiene, nutrition, eating disorders, fitness, sleep, and emotions.

1998; $9.95; ISBN 1562476661; Pleasant Company

**Caution: Do Not Open Until Puberty! An Introduction to Sexuality for Young Adults with Disabilities**
Rick Enright, B.A., M.S.W., Illustrated by Sara L. Van Hamme

This book is intended as an icebreaker for an open discussion of sexuality between disabled adolescents and their families.
Using illustrations and text, this book addresses such subjects as decision making, anatomy, sexual response, physical disability, and sexual functioning.

1995; $9.95; ISBN 0968041507; Devinjer House

Changes in You & Me: A Book about Puberty Mostly for Boys
Paulette Bourgeois and Martin Wolfish, M.D.

This is a reference book for boys about the physical changes and feelings that go along with growing up. Topics include anatomy, puberty, birth control, pregnancy, masturbation, what happens to girls, decision making, STDs, sexual abuse, sexual orientation, and where to go for help. The book includes transparent overlays, a glossary, and an index.

1994; $14.95; ISBN 0836228146; Andrews and McMeel

Changes in You & Me: A Book about Puberty Mostly for Girls
Paulette Bourgeois and Martin Wolfish, M.D.

This is a reference book for girls about the physical changes and feelings that go along with growing up. Topics include anatomy, puberty, birth control, pregnancy, masturbation, what happens to boys, decision making, STDs, sexual abuse, sexual orientation, and where to go for help. The book includes transparent overlays, a glossary, and an index.

1994; $14.95; ISBN 0836228154; Andrews and McMeel

Changing Bodies, Changing Lives:
A Book for Teens on Sex and Relationships, Expanded 3rd Edition
Ruth Bell

This updated book for teenagers includes such chapters as “Changing Bodies,” “Changing Relationships,” “Changing Sexuality,” “Emotional Health Care,” “Eating Disorders,” “Substance Abuse,” “Living with Violence,” “Physical Health Care,” “Sexually Transmitted Diseases,” “Protecting Yourself: Safer Sex and Birth Control,” “So You Think You Might Be Pregnant,” and “Changing Things.”

1998; $24; ISBN 081292990X; Random House

Dating With Confidence:
A Teen’s Survival Guide
Jacqueline Jarosz

This book addresses many of the practical issues associated with a first date. Chapters include “Are You Ready?” “I’ve Got a Crush on You,” “How Are You Gonna Get There,” “The 411 on the Pre-Date,” “First Date Do’s and Don’ts,” “Dating on a Budget,” “Who Is This Person?” and “The Dark Side of Dating.”

2000; $9.95; ISBN 1580622933; Adams Media Corporation

Deal with It! A Whole New Approach to Your Body, and Life as a gURL
Esther Drill, Heather McDonald, and Rebecca Odes

This book is designed to help teenage girls learn and laugh as they go through adolescence. Divided into four sections—“Body,” “Sexuality,” “Brain,” and “Life”—the book includes information and excerpts from the gURL.com website. Chapters include “Boobs,” “What’s Up Down There,” “Body Image,” “Sexual Feelings,” “What Is Sex?,” “To Do It or Not to Do It,” “Protection,” “Psychology,” “Family,” “Romance,” and “Being Yourself.”

1999; $16.95; ISBN 0671041576; Pocket Book

Dr. Ruth Talks to Kids:
Where You Came From, How Your Body Changes, and What Sex Is All About
Dr. Ruth Westheimer, Illustrated by Diane deGroat

This book is for teens nine to 14 years old. It discusses the body, feelings, sex, love, contraception, reproduction, sexually transmitted diseases, and sexual abuse.

1998; $5.99; ISBN 0689820410; Aladdin Paperbacks

Easy for You to Say: Q & A’s For Teens Living with Chronic Illness or Disability
Miriam Kaufman, M.D.

Written in a question-and-answer format, this book addresses the concerns of teens about chronic illness or disability. Chapters include “Family Relationships,” “Sexuality,” and “Friends and Dating.” A glossary and index are included.

2001; $15.95; ISBN 1550136194; Firefly Books

Margaret Blackstone and Elissa Haden Guest

This reader-friendly book provides practical information about the physical and psychological changes that occur during adolescence and discusses how young people can cope with them. Topics include changing bodies, nutrition, sex, masturbation, sexual orientation, emotions, and peer pressure.

2000; $8.95; ISBN 0152026444; Gulliver Books

The “Go Ask Alice” Book of Answers:
A Guide to Good Physical, Sexual, and Emotional Health
Columbia University’s Health Education Program

This book provides young people with information and advice on a variety of frequently asked questions from the “Go Ask Alice!” website at Columbia University. Topics include relationships, sexu-
ality; sexual health; emotional health; fitness and nutrition; alcohol; nicotine; other drugs; and general health.

![The Guy Book: An Owner’s Manual](image)
Mavis Jukes

This book for boys 13 and older includes general information about anatomy, puberty, health, relationships, peer pressure, and other topics.
2002; $12.95; ISBN 0679890289; Random House

![“I’m Pregnant, Now What Do I Do?”](image)
Robert W. Buckingham, Ph.D., and Mary P. Derby, R.N., M.P.H.

This book is a valuable resource for pregnant young women, their partners, and their families. It provides first-hand accounts from young women, allows the reader to make her own informed decision, and includes a glossary and resource section.
1997; $17; ISBN 1573921173; Prometheus Books

![In Your Face: Stories from the Lives of Queer Youth](image)
Mary L. Gray

This book contains personal narratives from 15 gay, lesbian, and bisexual youth 14 to 18 years old in the United States. Chapters include “You’re What? Coming Out to the Family,” “Condemned or Redeemed? What Does Your God Think of All This?” “Kids in the Hall: What Is It Like at School?” “CyberQueer: Finding Community on the Internet,” and “Getting Involved: Extracurriculars in the Community.”
1999; $22.95; ISBN 1560238879; The Haworth Press

![It’s a Girl Thing: How to Stay Healthy, Safe, and in Charge](image)
Mavis Jukes, Illustrations by Debbie Tilley

This book for young women includes general information about puberty, crushes, kissing, intercourse, pregnancy, STDs, birth control, boys and puberty, and health. It also includes a list of resources.
1996; $12; ISBN 0679873929; Random House

![It’s Perfectly Normal: Changing Bodies, Growing Up, Sex and Sexual Health](image)
Robie H. Harris, Illustrations by Michael Emberley

This book includes accurate information about sexuality in a reader-friendly style that includes age-appropriate illustrations and humor. From conception and puberty to contraception and HIV/AIDS, it covers both the biological and psychological aspects of sexuality. It is intended for ages 10 and up.

![Like It Is: A Teen Sex Guide](image)
E. James Lieberman, M.D., and Karen Lieberman Troccoli, M.P.H.

This book for older teens includes information on relationships, abstinence, STDs, contraception, and pregnancy options. It also answers frequently-asked questions and includes a discussion and curriculum guide that offers thought-provoking questions on a variety of topics.

![Love & Sex: Ten Stories of Truth](image)
Edited by Michael Cart

This anthology, featuring popular writers for adults and teens, contains stories about love and sexuality in the lives of adolescents.
2001; $18.00; ISBN 0689832036; Simon & Schuster

![Me, My Body & Mom: Sharing a Rite of Passage](image)
Lynda Madaras and Area Madaras

This manual helps mothers and daughters plan a puberty “party” for a small group of six to eight girls and their mothers (or other significant adults).
1996; $25; Planned Parenthood of Southern New Jersey

![My Body, My Self for Boys: For Preteens and Teens](image)
Lynda Madaras and Area Madaras

This journal/activity book for boys 8 to 15 years of age is a companion to What's Happening to My Body? Book for Boys. It includes exercises, quizzes, and personal stories to help boys learn about the changes that take place in their bodies during puberty.
2000; $12.95; ISBN 1557044406; Newmarket Press

![My Body, My Self for Girls: For Preteens and Teens](image)
Lynda Madaras and Area Madaras

This journal/activity book for girls 8 to 15 years of age is a companion to What's Happening to My Body? Book for Girls. It includes exercises, quizzes, and personal stories to help girls learn about the changes that take place in their bodies during puberty.
Ophelia Speaks: Adolescent Girls Write about Their Search for Self
Sara Shandler
This book is a collection of writings from girls 12 to 18 that honestly explore the challenges that girls face in their struggle toward womanhood. Topics include body image, family, friends, and sexuality.

Our Boys Speak: Adolescent Boys Write about Their Inner Lives
John Nikkah
This collection of writings by adolescent boys addresses sex and dating, sports, religion, depression, sexual orientation, and family. The author provides commentary and perspective on the question: “What do boys think?”
2000; $12.95; ISBN 0312262809; St. Martin’s Griffin

Out & About Campus: Personal Accounts by Lesbian, Gay, Bisexual, and Transgendered College Students
Edited by Kim Howard and Annie Stevens
This collection of accounts by 28 lesbian, gay, bisexual, and transgender students from a variety of colleges and universities across the United States, describes not only how they survived college but how they fought, endured, and changed it.
1998; $14.95; ISBN 1580050050; Seal Press

Out with It: Gay and Straight Teens Write about Homosexuality
Youth Communication
This anthology of articles by gay and straight teens on homosexuality covers such subjects as homophobia, coming out, and friends and family. The book also includes teacher resources.
1996; $8; Youth Communication

The Period Book: Everything You Don’t Want to Ask (But Need to Know)
Karen Gravelle and Jennifer Gravelle
Illustrations by Debbie Palen
This is a positive, down-to-earth book illustrated with funny and sympathetic cartoons. It answers the many questions that young women may have about their “period.” It will also help guide young women through physical, emotional, and social changes.
1996; $8.95; ISBN 0802774784; Walker and Company

Real Girl Real World: Tools for Finding Your True Self
Heather M. Gray and Samantha Phillips
This book encourages young women to put society’s messages in perspective and to empower themselves with messages that make sense to them. It includes sexuality information that addresses anatomy, orgasm, masturbation, sexual orientation, decision making, safer sex, and birth control. Other topics include beauty, body image, eating disorders, and feminism. The book includes resources and comments by teens.
1998; $14.95; ISBN 1580050050; Seal Press

The Seventeen Guide to Sex and Your Body
Sabrina Solin with Paula Elbirt, M.D.
This book addresses the frequently-asked questions that readers have sent to Seventeen Magazine. Topics include menstruation, body hair, body odor, body image, eating disorders, bladder and yeast infections, douching, female and male anatomy, crushes, love, kissing, intercourse, orgasm, masturbation, virginity, sexual assault, sexual orientation, and birth control.
1996; $8.99; ISBN 0689807953; Aladdin Paperbacks

Sex, Boys & You: Be Your Own Best Girlfriend
Joni Arredia
This book addresses issues such as sex, dating, body image, self-esteem, loneliness, spirituality, exercise, and posture. The book focuses on helping young women find their own unique inner strengths and stay true to themselves.
1998; $15.95; ISBN 0965320324; Perc Publishing

Sweet Secrets: Stories of Menstruation
Kathleen O’Grady and Paula Wansbrough
This book dispels myths about menstruation by providing factual information and stories to empower young women in celebrating this rite of passage.
1997; $9.95; ISBN 0929005333; Orca Book Publishers
Teen Love Series: A Journal on Relationships
Kimberly Kirberger with Colin Mortensen

This journal provides questions for teens to answer as they express themselves and discover how to deal with love and relationships during adolescence. Chapters include “Love Yourself First,” “Falling in Love,” “All These New Feelings,” “Do You Like Me,” “When Friends Become More,” “Now That We’re Together,” “Breaking Up Is Hard to Do,” and “Starting Over.”

1999; $12.95; ISBN 1558747664; Health Communications

The Teen Trip: The Complete Resource Guide
Gayle Kimball, Ph.D.

This guide includes short quotes from over 1,500 young people who were asked to describe issues that they face and how they cope with them. Sections include the body, feelings, sexuality, drugs, and peers. Each is divided into three parts: information, quotes from youth, and resources.


The Teenage Body Book Revised and Updated
Kathy McCoy, Ph.D., and Charles Wibbelsman, M.D.

This book offers honest answers and information on dealing with love, health, depression, sex, friends or family, home, or school. This updated version includes information on current medical, lifestyle, and special-needs resources for coping with everything from teen pregnancy and eating disorders to PMS and sexual orientation.

1999; $18.95; ISBN 0399525351; Perigee Books

The Teenage Guy’s Survival Guide: The Real Deal on Girls, Growing Up, and Other Guy Stuff
Jeremy Daldry

This book for young men discusses basic information about sexuality. Topics include love, dating, sexual orientation, relationships, intimacy, puberty, emotions, confidence, and peer pressure.


The Underground Guide to Teenage Sexuality
Michael Basso

This book for teens on human sexuality covers such subjects as anatomy, sexual intercourse, STDs, contraception, and homosexuality. The author wrote the book to give teens the information they need to protect themselves and accept responsibility for their actions. An updated version is scheduled for mid-2003.

1997; $14.95; ISBN1577490347; Fairview Press

What’s Going on Down There? Answers to Questions Boys Find Hard to Ask
Karen Gravelle with Nick and Chava Castro, Illustrations by Robert Leighton

This book helps boys understand the changes that occur during puberty, what causes them, and what to expect. It also addresses sexual orientation, masturbation, intercourse, contraception, STDs, and pregnancy.

1998; $8.95; ISBN 0802775403; Walker and Company

What If Someone I Know Is Gay? Answers to Questions about Gay and Lesbian People
Eric Marcus

This book for teens provides questions and answers about homosexuality and bisexuality. Topics include coming out, friends and family, religion, sexual behavior, school, activism, and discrimination. The book includes a resource section.


What’s Happening to Me?
Peter Mayle

This book humorously addresses everyday concerns about puberty in a question-and-answer format with cartoon illustrations. The book also includes an explanation of how bodies work.

1975; ISBN 0818403128; Kensington Publishing

Lynda Madaras with Area Madaras


Lynda Madaras with Area Madaras

This book provides basic information to girls about their bodies as


What’s with My Body?
The Girls’ Book of Answers to Growing Up, Looking Good, and Feeling Great
Selene Yeager
This book contains reassuring, accurate advice for preteen and young teen girls and their parents. Presented in a question-and-answer format, topics include body changes, skin and hair care, menstruation, eating disorders, moods, and sexuality.

2002; $12.95; ISBN 0761537236; Prima Publishing

Your Body: The Girl’s Guide
Janis Brody, Ph.D.
This book for teens discusses puberty, menstruation, female and male anatomy, sexual intercourse, STDs, birth control, sexual orientation, dating, and crushes as well as eating well, sports, and growing up healthy.


SERIES

Coping
This series consists of many books that address sexuality, health, safety, and other issues. Topics include unplanned pregnancy, date and acquaintance rape, peer pressure, teen parenting, sexual harassment and gender bias, PMS, HIV/AIDS, birth control, teenage motherhood, decision making, menstruation, sexual orientation, and sexual abuse.

$26.50 each, also sold as sets; ISBN 0823939065; The Rosen Publishing Group

Girls’ Guides

1999, 2000; $23.95 each, also sold as two sets for $143.70/each; ISBN 0823939197; The Rosen Publishing Group

Guys’ Guides

2000; $23.95 each, also sold as a set for $95.80; ISBN 823990885; The Rosen Publishing Group

The Need to Know Library
This series consists of books that address sexuality, health, safety, and other issues. Topics include HIV/AIDS, STDs, rape, breast health, sexual harassment, sexual identity, virginity, dating and relationships, teen pregnancy, and sexual assault.

$25.25/each, also sold as sets; ISBN 0823939030; The Rosen Publishing Group

Perspectives on Healthy Sexuality
This series of six books for adolescents can be used in the home as well as the classroom. Titles are Abstinence: Postponing Sexual Involvement; Birth Control and Protection: Options for Teens; Dating and Sex: Defining and Setting Boundaries; Sexually Transmitted Diseases: How Are They Prevented?; Teen Fathers: Getting Involved; Teen Mothers: Raising a Baby; and Teen Pregnancy: Tough Choices. Chapter overviews, fast facts, points to consider, quizzes and a glossary are included.

2000; $17.95 each, also sold as a set for $107.70; ISBN for series 0736816917; Capstone Press

Perspectives on Relationships
Kate Havelin
This series of seven books for adolescents is designed for use in the home as well as the classroom. Titles are Dating: What Is a Healthy Relationship?; Incest: Why Am I Afraid To Tell; Peer Pressure: How Can I Say No?; Sexual Harassment: This Doesn’t Feel Right; Assertiveness: How Can I Say What I Mean?; Child Abuse: Why Do My Parents Hit Me?; Family Violence: My Parents Hurt Each Other; and Parents: They’re Driving Me Crazy!

2000; $17.95 each, also sold as a set for $107.70; ISBN for series 0736818162; Capstone Press
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3 Center Plaza
Boston, MA 02108
Phone: 800/759-0190

McFarland & Company, Inc. Publishers
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Jefferson, North Carolina 28640
Phone: 800/253-2187
Web site: www.mcfarlandpub.com

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New York, NY 10017
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Web site: www.newmarketpress.com

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Web site: www.orcabook.com

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Phone: 888/330-8477
Web site: www.henryholt.com/owlbooks.htm

Penguin Putnam Incorporated
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East Rutherford, NJ 07073
Phone: 800/788-6262
Web site: www.penguinputnam.com

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Toledo, Ohio 43635
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Web site: www.joniarredia.com

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East Rutherford, NJ 07073
Phone: 800/788-6262
Web site: www.penguinputnam.com

Planned Parenthood of Southern New Jersey
317 Broadway
Camden, NJ 08103
Phone: 856/365-3519
Web site: www.ppsnj.org/me_my_body&_mom.htm

Pleasant Company
8400 Fairway Place
Middleton, WI 53562
Phone: 800/845-0005
Web site: www.americangirl.com

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100 Front Street
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Web site: www.santamonicapress.com

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Berkeley, CA 94710
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Web site: www.sealpress.com

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100 Front Street
Riverside, NJ 08075
Phone: 800/323-7445
Web site: www.simonsays.com
WEB SITES

The following web sites offer information for parents, caregivers, children, and youth.

The Coalition for Positive Sexuality includes sexuality information in both English and Spanish for teens who are sexually active or who are thinking about becoming sexually active. It provides a forum for teens to chat, to find information on sexuality issues, or to ask questions of sexuality experts, as well as a resource section.

www.positive.org

Families Are Talking, part of SIECUS’ Family Project, helps families talk about sexuality-related issues. It provides information and resources for young people, parents, and caregivers.

www.familiesaretalking.org

Go Ask Alice!, developed and maintained by Columbia University’s Health Education Program, uses a question-and-answer format to provide information on relationships, sexuality, sexual health, emotional health and fitness, nutrition, alcohol; nicotine and other drugs, and general health. Visitors can search the database or ask anonymous questions.

www.goaskalice.columbia.edu

gURL is committed to discussing issues that affect the lives of girls 13 years and older. The site helps girls with a wide range of experiences and interests. It also offers chats, posting boards, and individual homepages.

www.gurl.com

It’s Your (Sex) Life, a project of The Henry J. Kaiser Family Foundation, provides information about pregnancy, contraception, sexually transmitted diseases, and related issues.

www.itsyoursexlife.com

Iwannaknow, sponsored by the American Social Health Association, provides a safe place for teenagers to learn about sexual health. The site includes chat sessions with an expert and information and resources on sexual health. It also provides guidance for parents.

www.iwannaknow.org

OutProud, The National Coalition for Gay, Lesbian, Bisexual & Transgender Youth, serves the needs of these young men and women by providing advocacy, information, resources, and support.

www.outproud.org

Scarleteen offers “Pinkslip” for girls, “Boyfriend!” for guys, and “Gaydar” for gay, lesbian, bisexual, transgender, and questioning youth. It provides advice, articles, information, and message boards addressing sexuality and sexual health issues. There is also a section for parents.

www.scarleteen.com

Sex, Etc., sponsored by The Network For Family Life Education, includes information on a variety of sexuality topics as well as an online newsletter, advice, message boards, resources, links, and information for parents.

www.sexetc.org

Sextalk, sponsored by Planned Parenthood of Tompkins County (PPTC), NY, includes information on safer sex, self exams, and sexual orientation. It also provides links to other sexual health sites.

www.sextalk.org

Teen Scene, part of the Advocates for Youth web site, includes “Educate Yourself,” “Get Involved,” “Stay Healthy,” and web sites including “My Sistahs” for young women of color and “Youth Resource” for gay, lesbian, bisexual, transgender, and questioning youth. There is also a section for parents.

www.advocatesforyouth.org/teens/index.htm

Teenwire, sponsored by Planned Parenthood Federation of America, provides sexuality and sexual health information. It also encourages teens to contribute their opinions and ideas in certain
areas. It includes advice, articles, polls, clinic information, and a zine for teens by teens, and a section for parents.

www.teenwire.com

*Message boards and chat rooms are generally unsupervised and may contain inaccurate information.

ORGANIZATIONS

The following organizations offer sexuality resources for parents, caregivers, children, and youth.

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

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

Girls Incorporated
This national youth organization is dedicated to helping every girl become strong, smart, and bold through advocacy, research, and education.

120 Wall Street, Third Floor, New York, NY 10005; Phone: 212/509-2000; Fax: 212/509-8708; National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202-3287; Phone: 800/374-4475; Fax: 317/634-3024; Web site: www.girlsinc.org

Hetrick-Martin Institute
This organization serves gay, lesbian, bisexual, transgender, and questioning youth through education, counseling, homeless outreach, training, and resources.

2 Astor Place, New York, NY 10003; Phone: 212/674-2400; Fax: 212/674-8650; Web site: www.hmi.org

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

1776 Massachusetts Ave, N.W., Suite 200, Washington, DC 20036; Phone: 202/478-8500; Fax: 202/478-8588; Web site: www.teenspregnancy.org

National Information Center for Children and Youth with Disabilities
This national information and referral center provides information on disabilities and disability-related issues for families, educators, and other professionals.

P.O. Box 1492, Washington, DC 20013; Phone/TTY: 800/695-0285 or 202/884-8200; Fax: 202/884-8441; Web site: www.nichcy.org

National Network for Youth
This organization is dedicated to ensuring that young people can lead safe, healthy, and productive lives.

1319 F Street, N.W., 4th Floor, Washington, DC 20004; Phone: 202/783-7949; Fax: 202/783-7955; Web site: www.nn4youth.org

National Organization on Adolescent Pregnancy, Parenting, and Prevention
This organization provides leadership, education, training, information, and advocacy resources to practitioners in the field of adolescent pregnancy, parenting, and prevention.

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

National Youth Advocacy Coalition
This coalition advocates for and with young people who are gay, lesbian, or transgender in an effort to end discrimination against them and to ensure their physical and emotional well being.

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

Parents, Families, and Friends of Lesbians and Gays
This organization promotes the health and well being of gay, lesbian, bisexual, and transgender persons as well as their families and friends through support and education.

1726 M Street, N.W., Suite 400; Washington, DC 20036; Phone: 202/467-8180; Fax: 202/467-8194; Web site: www.pflag.org

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

434 West 33rd Street, New York, NY 10001; Phone: 212/541-7800 or 800/230-PLAN refers to your local Planned Parenthood; Fax: 212/245-1845; Web site: www.plannedparenthood.org

Rape, Abuse, and Incest National Network
This organization operates a 24-hour confidential national hotline for survivors of sexual assault.

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

The Sexuality Information and Education Council of the United States
SIECUS’ mission is to affirm that sexuality is a natural and healthy part of living. The organization develops, collects, and disseminates information; promotes comprehensive education about sexuality; and advocates the right of individuals to make responsible sexual choices. SIECUS’s Family Project helps families talk about sexuality-related issues.

130 West 42nd Street, Suite 350, New York, NY 10036-7802; Phone: 212/819-9770; Fax: 212/819-9776; 1706 R Street, N.W., Washington, DC 20009; Phone: 202/265-2405; Fax: 202/462-2340; Web site: www.siecus.org; www.familiesaretalking.org
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Each issue of the SIECUS Report features groundbreaking articles and commentary by leaders and front-line professionals in the field of sexuality and education, along with news, special bibliographies on varied topics, book and audiovisual reviews, recommended resources, and advocacy updates. All of this comes to members and other subscribers six times each year.

Manuscripts are read with the understanding that they are not under consideration elsewhere and have not been published previously. Manuscripts not accepted for publication will not be returned. Upon acceptance, all manuscripts will be edited for grammar, conciseness, organization, and clarity.

To expedite production, submissions should adhere to the following guidelines:

**PREPARATION OF MANUSCRIPTS**

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

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

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

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

**Articles**

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

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

**Book Reviews**

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

**Audiovisual Reviews**

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