

What the United States Can Learn About Prevention of Teenage Pregnancy From Other Developed Countries

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The fact that one in 10 American teenagers becomes pregnant every year is no longer a newsworthy item. However, the fact that this rate has extended over a decade since it was first brought to the attention of the American public certainly makes teenage pregnancy a subject deserving of further study. The general picture in the United States is that the proportion of teenagers who are sexually active has plateaued, or even decreased a little; marital births to teens have dropped significantly so that an increasing proportion of births to teenagers takes place out of wedlock; and the number of and rate of abortions have stayed the same for several years.

The most recent statistics are presented in Table 1 (p. 3), showing birth and abortion rates by age and rate for the United States. About 6% (62 per 1,000) of U.S. girls aged 15 to 17 had either a birth or an abortion in 1981 as did 14% (144 per 1,000) of 18- and 19-year-olds. The younger teens had about the same number of births as abortions, while among older teens pregnancies were more likely to be continued to births. White and black rates for both outcomes differ significantly, so that black youngsters were more than twice as likely to experience pregnancy as white youngsters. It should be noted at the outset that although births and abortions to very young girls (under age 15) receive a lot of media attention, they are a relatively rare occurrence. In 1981-82, about 28,000 pregnancies were reported among girls 14 and under; less than 10,000 resulted in births (Dryfoos, 1985). These births, however, may have more negative consequences for the mother, child, and family than births to older teenagers.

These statistics are important and take on even greater significance when compared to those of other countries. Such a comparison was first published in 1983 by Westoff, Calot, and Foster. Charles Westoff, Director of the Office of Population Research at Princeton University, has spent many years exploring the determinants of differential fertility in the United States. Using a unique data set from the Institut National d'Etudes Demographiques in Paris, Westoff et al. analyzed teenage fertility rates at the beginning and end of the 1970s for 32 developed-country populations. The rate in 1979-80 was higher in the United States than in every country but Iceland,

Greece, Hungary, and Roumania. Because of the differences among racial groups in the United States, the white rate was compared to other countries as well, and it too surpassed the rates in every country but East Germany, Iceland, Yugoslavia, Greece, Czechoslovakia, Hungary, Poland, and Roumania. Rates for western European countries were one-fifth to one-half the U.S. rate and for Japan the rate was one-twentieth. What social, economic, and/or population policy differences could account for the extremely high rate of teenage fertility in the United States as compared to countries thought to be similar in culture and trends?

This important question led to a much more ambitious project, carried out by the Alan Guttmacher Institute (AGI) with the collaboration of members of the staff of the Office of Population Research at Princeton University. With support from the Ford Foundation, a two-stage study was conducted: First, factors thought to be associated with adolescent fertility were analyzed for 37 developed countries (referred to as the macro-study) and second, in-depth examination of the issue was directed toward five countries believed to be comparable to the United States (Sweden, France, The Netherlands, England and Wales, and Canada). The findings from these studies have been summarized in a recent article in AGI's publication, *Family Planning Perspectives* (Jones et al., 1985) and widely publicized through press conferences in New York and London and a press release that resulted in both news articles and editorials in hundreds of the nation's leading newspapers. The study findings have been rapidly diffused and heavily debated, and are providing a framework for more stimulating discussions about the issues surrounding teenage sexuality than we have observed in recent years. The U.S. researchers and their European counterparts have participated in dozens of "media events" such as appearances on the Today Show and the Phil Donahue Show. The researchers were invited to present their findings to the Panel on Adolescent Pregnancy and Childbearing of the National Academy of Sciences. A book giving a detailed account of each country study and presenting the statistical tables in support of the macro-study will be pub-

lished by the Yale University Press in the near future (AGI, 1986).

My review of the comparative study of teenage pregnancy in developed countries will summarize the principal findings from the article and from a pre-publication copy of the manuscript of the book, provided by AGI. The macro-study will be discussed briefly and a short overview of each country will be presented. These findings will be summarized, with particular attention to issues that relate to sex information and sex education. Finally, implications will be drawn from the study in regard to the situation in the United States and what can be done about it. Unless otherwise cited, quotations are derived from the 1986 AGI study.

The Macro-Study

A logical start to answer the complex question of why U.S. teenage fertility rates appear to be so anomalous is to compile masses of data and put them through a "shake-down" process to see what comes out. This is the procedure that was followed. First, 37 countries were selected as "developed," based on these criteria: a total fertility rate of less than 3.5 children, a per capita income of over \$2,000 a year, more than one million population, and availability of recent data on teenage fertility. Two dependent fertility variables were selected: cumulative birthrates for girls under 18 and for women 18-19 (formed by summing single-year age-specific birthrates across each of the two age spans). Starting with a field of 100 potential independent variables that might explain the differences in fertility, this list was eventually narrowed down to 42 items—32 items com-

piled from existing data sources and 10 items collected through a questionnaire that went to "informed experts" in American embassies abroad, the pertinent country embassies in Washington, and family planning organizations in each country. These independent variables included measures related to marriage and childbearing; sexuality, contraception, and abortion; health and education; and social and economic indicators.

In a bi-variate analysis, in which each item was correlated separately with the dependent variable, certain variables were found to be associated with teenage fertility. (Items discussed here achieved a zero-order correlation of + or - .40.) Variables related to high rates for girls under age 18 included: a high proportion of teens married, a liberal policy on maternity leaves and benefits, high abortion rates, high maternal mortality rates, and a high proportion of the labor force in agriculture. Variables associated with lower fertility rates included: a policy to provide contraceptives for young unmarried women, openness about sex, a high gross national product per capita, and a high proportion of household income distributed to the bottom 20% of the population. For 18- and 19-year-olds, the correlations between cumulative fertility rates and these variables were even stronger and in the same direction. Several other variables produced high correlation coefficients ("religiosity," condom use, expenditure on education), but the number of countries for which the items were available was too low to allow inclusion in the multi-variate analysis that followed. As the authors point out (AGI, 1986), "the results of the bivariate analysis are not easy to evaluate" because of the shortcoming of the data—the "softness" of the questionnaire items and particularly the problem of missing data for certain countries.

What may be of particular interest to those involved in sex education are the findings related to three items that did not appear to be highly related to cumulative fertility rates: whether a country had a policy on teaching contraception in schools; the proportion of female students who were taught contraception in schools; and the age at which contraception is first taught. All of these variables were compiled from the country questionnaires, which may account for some problems in reliability and lack of significance.

On the question of whether or not a country had a governmental policy on teaching contraceptive methods in secondary schools, the bi-variate analysis found that fertility rates for girls under 18 were somewhat lower in countries with favorable policies (-.21). Using material presented in the as yet unpublished volume, it is interesting to examine the actual raw data on this item (Table 2). Only five countries reported a governmental policy which required that contraceptive methods be taught in secondary schools. Three of these countries—Sweden, Denmark, and Finland—have very low teenage fertility rates; the other two countries—Czechoslovakia and East Germany—have rates comparable to those of the United States. At the other extreme, two countries—Chile and the U.S.S.R.—apparently do not permit this subject to be discussed; they too have high teen pregnancy rates. The United States falls right in the middle on this variable, having no uniform policies, as would be expected in a country where curriculum policies are largely a matter of local control.

The higher the proportion of female students taught about contraception, the lower the cumulative fertility rate among younger girls (-.27); and the older the age when this instruction takes place, the higher the fertility rate (+.12). In many developed countries less than one-third of the students are taught

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about contraceptive methods, but in six countries almost all of the girls receive this information (Sweden, Denmark, Finland, East Germany, and Czechoslovakia, in each of which it is compulsory, and Switzerland, where there are no uniform policies). The median age when students receive this information is around 15, the same age as in the United States where about half of all teenage girls reported that they received instruction about methods in school sex education or other classes.

The picture that emerges from these simple correlations is not very clear in regard to the sex education variables. Countries with policies to provide contraceptives to young unmarried women apparently have "significantly" lower fertility rates, while countries in which the schools have a favorable policy on teaching contraception have "insignificantly" lower rates. This suggests that access to contraception may be a more important variable than access to information about contraception through schools. We cannot determine from the study how the two variables are related. We do know that mass media play an important role in sex education in those countries with high utilization of contraception.

While the shortcomings in these data limit the possibilities for multivariate analysis, the authors point out that the results "have to be taken as suggestive rather than conclusive." The 15 variables that were ultimately submitted to the regression process produced a verification of the earlier bi-variate analysis. For girls less than 18 years old, the most important determinants of the cumulative birth rate were the proportion of the labor force employed in agriculture, liberal policies on maternity leaves and benefits, and the extent of poverty in the country. After controlling for these three factors, open attitudes concerning sex appears to lower the birth rate, while a high proportion of foreign-born appears to raise it. These results point toward higher teenage fertility in countries that are less developed socio-economically, a finding very familiar to those who follow world population statistics.

The United States is not typically pictured as a country that is less developed than its European counterparts. Yet for the 19 countries with data, the United States, Canada, and New Zealand have the least equitable distribution of income among the poorest 20% of the population. In regard to openness about sexual matters, measured by such variables as nudity on beaches and media advertising of condoms, the United States scores way below those countries with low birth rates. It is through this variable that one can begin to explore the policy issues that are suggested by this analysis. "There are probably a host of ways in which greater openness has been indirectly

Table 2
Distribution of Developed Countries in Responses to AGI Survey

Government policy on teaching contraceptive methods in secondary schools	
Compulsory	5 (Sw.)
Officially encouraged but not always done	11 (Eng. & Fr.)
No uniform policy, up to the individual school or school district	14 (U.S., Neth., & Can.)
Officially discouraged but not prohibited	5
Not permitted	2
Proportion of girls receiving information on contraceptive methods by age 18	
Less than 1/3	10
At least 1/3 but less than 2/3	7 (Neth., Can., & U.S.)
At least 2/3 but less than 9/10	6 (Eng. & Fr.)
9/10 or more	6 (Sw.)
Unknown	8
Age students receive contraceptive instruction in schools	
Age 10	1 (Sw.)
13	4 (Eng.)
14	8
15	8 (U.S., Neth., & Fr.)
16	5 (Can.)
17	1
18	1
Varies	2
No instruction provided	7

Source: AGI, 1986, Appendix IV.

fostered by governments in various countries, e.g., through regulation of the media, commissions, and reports on related topics . . . not surprisingly, sex education is directly associated with openness about sex."

The Country Studies

In order to explore the policy determinants in greater depth, the study moves from the macro-level to the micro-level and is directed toward five countries believed to be comparable to the United States in general cultural background and stage of economic development, as well as the degree to which young people initiate premarital sexual activity. Yet each of these five countries has pregnancy rates that are less than half the U.S. rate, or even the U.S. rate for white adolescents (Table 1). The methodology for the country studies included: the collection and analysis of detailed data on births and abortions; the compilation of information from previously conducted surveys on what the authors call the "proximate determinants of pregnancy" (living in a sexual union, sexual activity among those not living in a union, and contraceptive practice); interviews and report analyses yielding policies regarding access to contraceptive and abortion services; a study of sex education content and practices; and a review of social and economic conditions that might be related to the incidence of teenage pregnancy. Visits were made to each country by a U.S. team where its members were matched with individuals who could act as informants, local guides, and, ultimately, report-reviewers.

While every effort was made to collect comparable data, the researchers encountered a number of obstacles. The United States has a long and apparently unique tradition of fertility surveys that since the early 1970s have included teenagers in the sample. Some of the other countries have only rough estimates of sexual activity and contraceptive use. These data limitations are mentioned briefly in this review and dealt with

Table 1
Birth, Abortion, and Pregnancy Rates per 1,000,* 1981

	15-17			18-19		
	Birth	Abortion	Pregnancy	Birth	Abortion	Pregnancy
U.S. Total	22	30	62	82	62	144
White	26	26	51	72	57	129
Black	71	87	158	136	95	231
Canada	14	14	28	44	23	68
England/Wales	13	14	27	54	21	75
France**	8	11	19	46	29	75
Netherlands	3	4	7	17	8	25
Sweden	5	15	20	31	28	59

*Pregnancy rates do not include estimates for fetal deaths.

**Abortion rates are for 1980.

Source: All data except U.S. Black—AGI, 1986, country tables.

U.S. Black—Birth rates, NCHS, 1983.

—Abortion rates, Dryfoos, 1985.

in more detail in the book and in other publications (Zelnik and Authors, 1985). However, they should be taken into account when drawing conclusions from the study.

Canada: Canada, like the United States, is a country made up of quite diverse populations and provincial differences in both practices and policies. However, the birth rates and the abortion rates for teenagers are less than half the rates in the United States. It is interesting to note that the western Canadian provinces have rates more than twice as high as those for Quebec.

The data about sexual activity among teenagers is outdated and fragmentary; what there is seems to suggest somewhat lower rates of premarital intercourse in Canada than in the United States, particularly among younger women. The young people who are sexually active are much more likely to use contraceptives than those in the United States, and the method of choice is the pill. Family planning services are accessible through private physicians in certain parts of the country, while other provinces have a spotty clinic system, but the availability of clinic services seems to be less developed than in the United States.

Because of the decentralization of educational governance, the availability and content of sex education differ widely by region. For the country as a whole, about half of the schools appear to offer some kind of family life education (87% in urban areas). There is a great need for teacher training even in communities with a sex education curriculum. The province of Quebec seems to have evidenced the greatest change, moving from more restrictive policies related to teenage sexuality to policies more supportive of sex education and the provision of contraceptives. This change came in response to rising rates of teen pregnancy. In an effort to promote a greater sense of responsibility among teenagers, public and media attention was directed toward the issue—e.g., through the portrayal of use of contraception shown on soap operas—and condoms are now more openly displayed. According to an observer, as a result of the campaign promoting sexual responsibility “teenagers . . . became hypersensitive to the need for contraceptives.”

England: The birth and abortion rates in England, as in Canada, are half the level of those in the United States, and have been decreasing gradually throughout the last decade. The data about sexual activity are from the mid-1970s; they strongly suggest that the patterns of premarital sex were comparable to those in the United States at the same period of time. A major difference that is well documented is in contraceptive use. It appears that almost all sexually active young people in England use contraceptives early and consistently, with the pill being the primary method. Family planning services are highly accessible through free clinics, many set up for teenagers, and through family physicians. Abortions can be obtained without cost through the National Health Service, and condoms are widely available.

As in the United States and Canada, education is not centrally controlled; however, there is evidence of government acceptance of the importance of responsible sexuality. A recently issued government statement called for health education which includes sex education, terming both as “essential constituents of school curricula.” Since many children leave school at 16, there appears to be more urgency about providing them with the necessary information while they are still enrolled. As long as a decade ago, a study showed that 90% of 16-year-olds received some form of sex education and about half learned about contraception in school. School nurses may refer students to clinics and there is strong public opinion in

support of sex education despite the claims of critics that promiscuity might follow.

The society in general appears to be more open about sexuality. Nudity is shown on television and some television programs include sex education materials. Although there is no condom advertising on television, such ads do appear in print, and condoms are widely promoted.

France: England, Canada, and the United States share the attribute of decentralization of authority; France has a centralized government and health and educational policies that emanate from Paris. Birth and abortion rates are strikingly low for girls under 18 and similar to those in England and Canada for older girls, but the study authors point out that abortions may be greatly under-reported. Knowledge of the proximate determinants of fertility in France (sexual activity and contraceptive use) is also limited. From somewhat fragmentary survey data, it appears that fewer women in France initiate sex at early ages, but the proportion who have had intercourse by age 19 may be higher than in the United States. The sample survey data also suggest better contraceptive use, with heavy reliance on pills. Although there is no cost for birth control services, access is reported to be uneven.

Beginning in 1981, responding to feminist pressures, the government supported contraception and contraceptive information as “the right of all citizens,” requiring that birth control services for women under age 18 be free and confidential. This position was supported with an aggressive public education campaign that encompassed spot announcements on television and radio, leaflets and posters giving names and addresses of clinics, and government-subsidized brochures directed toward teenagers, informing them of their entitlement to contraception. On Wednesday afternoons, when schools are not in session in France, clinics are open without appointments for discussion groups and private counseling. Despite these efforts, clinic users are apparently from the more privileged classes, and concern was expressed about reaching less educated and rural youngsters. Access to abortions is somewhat limited and involves what U.S. young people call a lot of hassle.

Despite a national policy since 1974 that sex education should be provided to all adolescents, implementation is not universal, reflecting the fact that local authorities have latitude in curriculum choice and teacher training. A recent policy statement encourages the discussion of sexuality in every health education course in addition to the curriculum on reproduction given to students at the 12-year-old level and on contraception at the 14-year-old level. There is still a strong feeling in France that parents should be the primary sex educators of their children, an attitude that may be shared by some of the teachers who, in any case, are not trained to deal with sexual matters.

The Netherlands: With the exception of Japan, the Netherlands must have the lowest teenage pregnancy rate in the world, almost one-tenth the rate in the United States. The teen birth rate in the Netherlands dropped by two-thirds in a decade of dramatic social and cultural change (Ketting, 1983). Based on less than ideal surveys on sexual activity, the study authors conclude that there is a general similarity in sexual behavior between young people in the Netherlands and young people in the United States. The difference appears to lie in the social attitudes toward teenage sexuality: Early sex is acceptable and even “good” as long as it is not engaged in recklessly. Responsibility is the key, and society has a stake in making sure that teenagers behave responsibly.

Given this attitude, family doctors, the primary purveyors

of health care, are trained to prescribe contraception. This transaction is covered by national health insurance and provision is made for complete confidentiality. Private family planning clinics also exist in urban centers, with reduced fees for teenagers who want an alternative to the family physician. The medical profession in the Netherlands is convinced that the pill is the optimal method for teenagers and therefore it is not surprising that this is the method of choice. Teenagers are believed to use contraception almost universally, condoms are readily available as a back-up to pills, and "morning-after" pills are used extensively. (If these pills were accounted for in pregnancy rates, the rates would rise slightly.) If all else fails, abortions are relatively easy to obtain.

Sex education is another matter entirely. In the Netherlands, there is apparently more opposition to sex education in the public schools than to the provision of birth control with public funds, because contraception is viewed as a medical matter. As a result, education about reproduction has been left, until recently, with private organizations and the media. The voluntary family planning organization with government funding has six educational teams, trained to work with young people in group sessions at family planning centers. They are also invited to make presentations in the schools. A new policy has recently been issued by the government to incorporate sex education in health education, but it has not yet been implemented and there are some doubts about the quality of teacher preparation necessary to take on this task. "Even among the most thoughtful proponents of sex education there is doubt as to whether sex education should be compulsory and some feeling that the school may not be the best environment for the discussion of this topic at ages around puberty."

In the meantime, information on specific sexual matters is openly disseminated through radio, television, magazines, and the proliferation of sex shops that sell books and other sexual materials. As a result of the combination of tolerance and responsibility, "the entire society has concurrently experienced a course in sex education . . . the use of contraception has become 'as ingrained as not going through a red light.'"

Sweden: As in the Netherlands, there has been a dramatic decline in Sweden in teen fertility over the past decade. Birth rates are extremely low, while abortion rates are 50% lower than in the United States and are continuing to decline (unlike those in the United States). Fertility surveys conducted in Sweden have yielded reliable data on sexual activity that show Swedish youngsters engaging in sexual intercourse at even earlier ages than their American counterparts. It can be said that sexuality is accepted as a perfectly natural part of life and that premarital sex is not an issue.

Information on contraceptive practices among Swedish teenagers is unfortunately non-existent, but based on studies of unwed women aged 20-24, pills are the overwhelming method of choice in that country. Scattered reports about teenagers suggest that they also use pills, and condoms are widely available.

Abortions are generally available, without charge, in hospitals. A new abortion law that was passed in 1975 encouraged the provision of birth control. Contraception became highly accessible through primary health-care centers and the creation of 30 specialized contraceptive clinics for youth. Midwives provide all the services under confidential conditions. Schools are systematically involved in this network through referrals from teachers and school nurses; condoms may be distributed in schools, and school classes are brought to visit clinics as part

of health education. A public commission recently theorized that this expanded contraceptive delivery system prevented an increase in the abortion rate.

Since 1933 Sweden has been considered a world leader in the promotion and implementation of sex education. In 1956, sex education was made a compulsory subject in Swedish schools. Over the years, the comprehensive curriculum, which has content beginning in the earliest grades for seven-year-olds, has evolved from an emphasis on biology to inclusion of issues that deal with human relationships, adding topics and complexity for every grade level. This basic curriculum is part of a natural science program of the National Board of Education; it allows for considerable latitude in teacher differences. Still, with all of this attention to sex education, teacher training remains a problem that is being addressed with new manuals and in-service sessions. National educational television has produced a series of sex education programs for classroom use.

In contrast to their effects in some of the other countries with low teen pregnancy rates, mass media play a relatively minor role in Sweden and many of the effects of media are thought to be negative. "Concern that the mass media might help to promote antisexual attitudes and the sexual exploitation of women . . . [led to] the banning of sex clubs and live sex shows" (Brown, 1983).

Why the Difference in Teen Fertility?

The country studies, admittedly exploratory analyses, produce some important observations about the reasons why the United States may have such a high incidence of early pregnancy. The demographics make it clear that the birth rates are not lower in the other countries because women there are more likely to resort to abortions. Is the difference in birth rates therefore attributable to higher fertility among subsets of the U.S. population? This can only be answered crudely, comparing white U.S. rates with totals in other countries. Several of the other countries do have racial and ethnic subsets in their populations, but they represent a very small proportion (and those subsets also have higher fertility than the indigenous white population). Are there social class differences? Vital statistics do not include social class measurement in any of the countries, but there is good evidence in the United States and England, and impressions from other countries, that teen fertility is higher among more deprived groups. The study also concludes that pregnancies in the United States are much more likely to be unintended.

Are U.S. youngsters more exposed to the risk of pregnancy than other young people? Teenagers in the United States are much more likely to be married than in any of the other five countries, but cohabitation among unmarried couples is more prevalent elsewhere so that the proportion of teens living in a sexual union is fairly consistent across countries. There are, however, important differences in premarital intercourse, as far as can be determined. Sexual intercourse begins earlier in Sweden, later in Canada, and in England and France it is started later but catches up. Little is known about the Netherlands in this regard. According to the authors of the AGI report, there may be more exposure at ages 17 and below in the United States than in most other countries. The fragmentary data from Canada suggest that differences in sexual activity may be the explanation for the lower pregnancy rates there among the younger age group (but not the older).

For those countries where sexual activity is roughly equivalent to that taking place in the United States, are their lower rates of teen pregnancy attributable to contraceptive use?

Again, the study could not provide ideal data. "Tenuous though it must be, the principal conclusion to emerge from this review is that less adequate practice of contraception contributes to the higher incidence." This conclusion derives more from reports about services than from population surveys, and from those sources the evidence is very strong. Teenagers in England, Sweden, and the Netherlands, compared with those in the other countries studied, are much more likely to use pills which they obtain with relative ease from private physicians and clinics with little or no cost, full confidentiality, and no "hassle." Particularly in the Netherlands media play an important role in supporting use of effective contraception. In France, the national policy supports the same kind of access, but implementation is much less developed. Canada shares some of the same problems as the United States related to cost and "hassle" and probably has a less well-developed clinic system than the United States. The authors claim that a major and unique barrier in the United States is that teenagers perceive the clinics as a locus for serving the poor. The Netherlands and Sweden also lead the way in making abortions accessible to teenagers, but the differences in accessibility to abortion are not great enough to explain the higher birth rate in the United States.

How does the availability of sex education impact on pregnancy rates? The two exemplary programs that emerge from this study, those in Sweden and the Netherlands, suggest two quite different models. In Sweden, sex education is compulsory from "cradle to grave" and while schools take the lead in developing curriculum, the link to clinic services is very strong. In the Netherlands, family planning organizations are given the lead role. Educational teams are responsible by government mandate for sex education and they may bring their programs into schools, presenting contraceptive education to supplement the facts of reproduction covered in natural science classes. In the other countries, schools and clinics are not so closely linked. England and France have national policies that support sex education, but implementation is subject to local control, while in Canada and the United States the decision is left entirely to the local school system.

In most countries there is evidence of parental opposition but little evidence that the fate of sex education has been determined by that factor alone. As in the United States, public opinion polls support sex education. A universal and very important finding is the *lack of teacher training*, even in Sweden. Reports from all of the countries substantiated the need for more in-service training, as well as the importance of including subjects related to sexuality in the education of teachers so that they will feel comfortable with the subject. Specific curricula appear to exist, but the ability to use the materials appears to be lacking. Several instances were cited of starting curriculum development with basic reproductive facts, then later shifting to topics such as human relationships, and, more recently, reverting to basic facts in light of the importance of giving priority to the most necessary knowledge—e.g., contraceptive methods.

The study contains a great deal of information on social, economic, and political variables that may further explain the fertility differences. The authors highlight a number of factors that relate to the provision of contraception which they regard as the key to success: a centralized government with a strong commitment to the welfare of all people, backed up with policies and funds that give adolescents access to health services; a society in which there is an acceptance of the fact of premarital sex; and a view that accessibility of contraception is

the means for reducing the need for abortion. In addition, adolescents in low fertility countries know that the state will support them whether or not they are parents, and this rules out the inclination to gain support through parenthood. While educational opportunities are probably greater in the United States than anywhere else, and youth unemployment no larger a problem than in western Europe, unemployed young people in the other countries receive more support for training and other benefits than do the unemployed youth of America.

Finally, the study arrives at the difficult issue of poverty. Does the prevalence of poverty in the United States explain the high fertility rate? The authors point out that "poverty as it exists in the United States is essentially unknown in Europe." The economic leveling off that has occurred during the past several decades in Europe has resulted in a strong ethos that everyone is entitled to a reasonable standard of living. Only in the United States is there evidence of the "existence of a large, economically deprived underclass," although in England there is increasing turmoil among chronically unemployed youth, many of whom are members of minority groups.

Implications

What does this provocative, informative, and intellectually challenging study really mean? Should those of us who are concerned about the issue of teenage pregnancy be plumping for a welfare state? Or should we just go about our business, admitting that this country is too heterogeneous, too conservative, too full of religious fundamentalists, too large, and too decentralized to even begin to put it all together?

The weight of the evidence, with all its limitations, rests heavily on Sweden and the Netherlands, which by their own definitions do fall into the category of "welfare states." Young people grow up in an atmosphere of trust and acceptance by their families and their society and, in return, most of them achieve adulthood by acting responsibly. The reward for this behavior is the assurance of social supports throughout one's lifetime, even when employment opportunities are limited. England and France follow this pattern of national commitment, social benefits, and openness about sex to a lesser degree, with more loopholes for local options, less consensus about the degree to which society should support individuals, and greater heterogeneity in the population. But compared to our country, in all of these places the message is more consistent: children do not grow up with such a dissonance between public and private morality.

Where does this leave the United States and, in certain respects, Canada? Can we learn anything from those relatively small, highly-organized homogeneous societies? After all, the teenage population in Sweden is just 2% of the size of the teenage population in the United States, which numbers slightly less than 10 million females aged 15-19. No matter the scale, these comparisons provide an excellent framework for national introspection.

First of all, this study makes it clear that unintended childbearing is a problem somewhat unique to the United States in comparison to western European countries. There are still people in the United States who think the problem has been overstated, taking issue with AGI's previous publications that broke the news about the "epidemic of teenage pregnancy." The study helps Americans see that not only do we have a problem, but we can learn something from other countries regarding what to do about it.

The major findings challenge this country to respond to two levels of directives. A climate has to be created that not

only accepts the fact of premarital sex, but gives young people the equipment to experience it responsibly. For our country, however, this directive is complicated by the social conditions in which many of our young people live today. The compounding effects of poverty and minority status are grinding under a whole generation of young people whose options are severely limited by segregation, school failure, and lack of employment opportunities. For many of them, parenthood is about the only alternative they perceive, so that when pregnancy occurs, even unintentionally, parenthood is accepted as the hand of fate. So in addition to changing the sexual climate, we have to do something to alleviate the social and economic problems of the children in the inner cities and the Appalachias of America.

Does this mean that without major societal change the pregnancy rates are not likely to decrease? We will never become a "Sweden," nor is that necessarily the solution. We can, however, recognize that changing the climate to be more accepting of teenage sexuality and improving the access to greater economic opportunity are not unrelated issues. What are unrelated are the advocacy groups that seek the goals of sexual responsibility and open opportunity. In the United States there are thousands of groups working for the betterment of children's lives. In the sex education field alone there must be hundreds of people who do consulting, lecturing, curriculum development, teacher training, counseling, and research, and run group workshops. But few of these people are connected to the thousands who worry about school achievement, employment training, welfare, family counseling, civil rights, etc., and those people in turn are also not connected with each other. What the AGI study suggests is a broad "package" of requirements: a policy favoring sex education, openness about sex, consistent messages, access to contraception, and more equitable distribution of income. This means that schools, health agencies, media, and welfare agencies have to be marching in the same direction, all at the same time. Just following one of these tracks will not have the same impact as putting together the whole package.

The "package" that emerged in Sweden and the Netherlands, and to a lesser extent in England and France, could only emanate from centralized governments who laid out policies and, as in Sweden and the Netherlands, made sure they were implemented. Nothing could seem more distant in the United States in 1985 than a centralized government that would promulgate the policies we support and then provide the funds and the personnel to implement these policies. Perhaps some time in the future we will see a government and a public that recognize the necessity for a strong federal role. In the meantime, we can try to make changes at whatever political levels are available to us. Currently in the United States there are a number of state and local governments that are ready to move on the issue of teenage pregnancy and willing to make the connection between access to contraception and access to opportunities.

For people in the field of sex education, this implies a broader scope of activity—entering into local coalitions with clinic operators, school personnel, civil rights leaders, and youth employment providers (and parent groups, churches, youth organizations, etc.). This combination of concerned people can bring strength both to the design and implementation of services for youth at the local level and to the articulated demand that the federal level show a commitment to the future of American youth through funding, legislation, policies, and leadership.

For those who are impatient with the more global issues,

this study has some specifics to offer to the field of sex education, verifying what has been said over and over again. Teacher training appears to be an almost universal need. Even in Sweden concern was expressed about the capacities of individual teachers to deal with the subject of human sexuality in a comfortable way. From the point of view of an "outsider," the study seems to suggest that in none of the countries do the people who run the universities which educate teachers consider sex education as a serious subject. Teacher training in sexuality seems to be left to short-term workshops, in-service training, and summer courses that concentrate either on the basic facts or on communication skills but rarely combine content and craft.

The study feeds the controversy over whether sex education even belongs in the schools. If we were to follow the Netherlands model, we would be urging our family planning organizations to develop educational teams to perform this function in clinics and youth organizations, and in schools when invited. For many communities in the United States, that quite accurately describes the current role of Planned Parenthood and other family planning agencies. Whether sex education is provided in school by school teachers or near school by clinic sex educators, the study strongly supports the connection between the school and the clinic. This is a very important principle and appears to be implementable even in the United States. Involving the media would move the campaign along a lot faster.

When one reads this study, it is easy to get depressed and embarrassed about our current situation in the United States. As Evert Ketting, a Dutch sociologist, commented at a press conference: "How can the richest country in the world allow a situation to continue that would not be tolerated in other countries?" That is a perplexing question, and neither the study nor this reviewer can find a simple answer to it. One slightly more optimistic view is that we look worse in the aggregate than in the disaggregate. In many communities, there is a high degree of consciousness about the problems of today's youngsters and a great outpouring of resources to try to find solutions. As has been suggested above, given the present state of our politics, these solutions will have to be generated from the bottom up rather than from the top down, at least for a while.

[Author's Note: I wish to thank Richard Lincoln, Vice-President, The Alan Guttmacher Institute, for making available to me the manuscript of the forthcoming book, *Teenage Pregnancy in Developed Countries*, and for his helpful comments.]

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SPEAKING OUT

Statement to the U.S. Commission on Pornography Houston, Texas, September 12, 1985

Ann Welbourne-Moglia, PhD
Executive Director, SIECUS

I want to thank the members of the Commission on Pornography for inviting me to testify at these most important hearings on the effects of pornography. I advocate the assembly of the Commission in order to address the growing concern in our country about the increased use of pornographic materials and the effect of such materials on children, individuals, and the family. I support the members of the Commission and the Department of Justice in their efforts to clarify the issues involved by asking for expert testimony before any further action or legislation is developed.

I speak to you as the Executive Director of the Sex Information and Education Council of the United States (SIECUS). Founded in 1964, SIECUS is a non-profit organization whose primary concerns are to promote the concept of human sexuality as a health entity and to be a resource for anyone who seeks information related to this concern. Our organization is an advocate for comprehensive, quality, age-appropriate sexual health knowledge. SIECUS supports each individual's right to acquire sex education congruent with cultural and religious backgrounds—education which will lead to the development of responsible standards of behavior and non-exploitive sexual choices. Thus, the purposes of SIECUS are very much related to the questions and issues being addressed by this Commission.

The purpose of my testimony will be (1) to offer a set of definitions for the terms *sexuality*, *sexual health*, *explicit sexual materials*, and *pornography*; (2) to discuss the factors, based on research, underlying the use of pornography by young people; (3) to discuss why our society is failing to provide our children and families with appropriate sexual health knowledge, congruent with parental, cultural, and religious values; (4) to discuss the appropriate use of explicit sexual materials and the effects of giving our children and families non-pornographic sexual health knowledge; and (5) to present recommendations about interventions appropriate to the needs and problems described.

Definition of Terms

Sexuality: It must first be stated that in our society the word *sexuality* evokes many responses. The most frequent conception revolves around gender—i.e., she is a woman, he is a man—and genital sexual behavior. This understanding of sexuality is incomplete and *extremely harmful to the development of positive health attitudes about sexuality and responsible sexual behaviors*. Sexuality is a concept which involves not only the physical aspects, but also the psychological, social, and moral/cultural aspects of who each of us is as a human being. A person's sense of identity, ways of thinking and behaving,

social and occupational activities, choice of friends, way of dress, and role as a family member are enhanced or diminished by a person's success in understanding and managing her/his sexuality. Sexuality encompasses what each person comes to believe is meant in being a woman or a man in our culture, based on all of these components. Sexuality is a part of our health from birth until death and, therefore, it is normal to have questions about it at each stage of development.

So today among professionals who specialize in the area of sexual health sexuality is understood in the comprehensive way I have just described. Reflecting this view, the World Health Organization in 1975 adopted the following definition: "Sexual health is the integration of the physical, emotional, intellectual and social aspects of sexual being in ways that enhance personality, communication and love."

Explicit Sexual Materials: These are pictures, films, books, etc. which depict sexuality in a direct, clearly stated manner with the purpose of enhancing the knowledge of the viewer about a sexual health area. Materials which show fetal development, childbirth, physical changes of puberty, breast and testicular self-examination for cancer detection, sexual behaviors, and therapeutic techniques for treating sexual difficulties would all be examples.

Pornography: As the Commission has acknowledged in the questions posed for these hearings, there is enormous confusion and difficulty in defining this term. I believe this is in large part due to the fact that just as each individual's sexual health is an integration of factors unique to him/her, so too is the meaning of pornography a very personal one, depending on the background and life experience of the individual rendering the judgment. Because pornography is based on a subjective, emotional, and physical response, one person's pornography could also be another person's art form. Thus, we have a problem in defining pornography in a way which is acceptable to all.

To be clear in my presentation, I will be referring to pornography as commercially available writings, pictures, films, etc. intended to arouse sexual feelings and fantasies for the purpose of monetary profit. Such materials are not intended to directly promote sexual health education concerns.

Why Young People Resort to Pornography

The concern of this Commission is to obtain information about the effects of the use of pornographic materials by adults and children. It is estimated that the revenue from the sale of pornographic materials amounts to four billion dollars a year.

More and more adults are using sexual videotapes at home. Over 14 years ago, the U.S. Commission on Obscenity and Pornography reported that 85% of adult men and 70% of adult women are exposed at some time in their lives to explicit sexual material. This exposure is by choice. It was also reported in 1970 that more than half of our youth have been exposed to pornography by age 15, and three-quarters of them by age 18. This was considered a conservative estimate. Thus, using and experiencing pornographic materials is not uncommon for young people and adults in our country.

We are all familiar with the stories and jokes about adolescents secretly looking at adult sexual magazines. In fact, studies of this behavior have indicated that such exchange of information almost always happens between same-sex friends and is part of a social experience (Report on the Commission of Obscenity and Pornography, 1970; Welbourne, 1977). Why is this type of experience so frequent and so popular among young people and among adults? It has been demonstrated that young people who obtain sexual health information and education from their parents are less likely to use pornography. Survey research has indicated that a significant function of pornography for women and men is to provide sexual information (Abelson, 1970; Berger, Gagnon, & Simon, 1970; Winick, 1970). Therefore, it can be concluded that the use of pornography is directly related to the lack of sexual health education in the home, in religious institutions, and in the school and community.

Why Are We Failing to Provide Appropriate Sexual Health Education?

The ways in which we understand, feel, and behave sexually come from our learning experiences. Our sexuality is not inherited or instinctual; it is a product of our experiences with our families, friends, community, and society. Research dating from the beginning of this century consistently indicates that the majority of young people obtain most of their information about sexuality from same-sex friends (Welbourne, 1977). Books and magazines are also significant sources of information. The knowledge obtained from these informal learning sources is generally incomplete, inaccurate, and limited to the physical aspects of sexuality. Equally important, these experiences perpetuate attitudes that sexuality is taboo, exciting, bad, good, or something adults do not want their children to learn about or discuss.

A significant fact here is that over 85% of adults in the United States, along with young people and professionals, see parents as the most preferred sex educators of their own children (*New York Times*, 1985). However, despite this almost unanimous agreement, most parents do not communicate directly about sexuality with their children. When they do, it is usually mothers who talk with their daughters, primarily about the reproductive aspects of sexuality. Fathers are minimally involved, if at all (Welbourne, 1977). There are many reasons for this, but the most significant one is that most parents have not had the opportunities or role models which could help them to feel informed and comfortable talking about sexuality with their children.

Although there is, again, strong support for teaching sex education in the schools—with parents involved in the development and implementation of programs—estimates indicate that less than 15% of young people in our country receive comprehensive, age-appropriate sex education (Sonenstein, 1985). As I have demonstrated, this could be a major motivating factor in the use of pornography.

What other ways are there to get sexual information and to discuss concerns? Most people say that if they had a sexual problem they would talk to a health professional or a religious leader. But most professionals have not had any more opportunities to learn about sexuality than the clients or patients who are seeking their help (Welbourne, 1983). The result is that, if they want answers to their questions, many young people or adults in our country who have normal developmental questions about sexuality really have little choice but to turn to books, magazines, and pornography for information. And because sexuality tends to be depicted primarily in physical/genital terms, the understandings gained are extremely distorted.

But what do the young people who live in more rural or socially conservative communities—areas where books, magazines, and films are not as easily available—do to learn about sexuality? They look to television, news reports, advertisements, newspapers, romantic Gothic novels, and rock videos. And what these young people see is also a sexuality with a focus solely on its physical or problematic aspects.

In sum, our young people are learning from many sources that women are mere sexual objects and vessels, and that men are physically driven, violent, uncaring creatures. They are given unrealistic, fantasy-filled, and exaggerated ideas of sexual response and behaviors, ideas that can be terribly misleading. Sexuality is wrenched from its interpersonal and social context and is exploited for commercial profit. What should be one of life's richest and deepest experiences is instead degraded, demeaned, and distorted. Of particular concern is the portrayal of sexuality in the context of violence, possibly leading to a perception of physical sex as itself an act of violence. All of this is a situation which calls for corrective action on the part of our social institutions.

We have no choice as to whether children and youth will be exposed to erotic or pornographic material. It is virtually impossible to shield them from sexual stimuli today. What we need to do is give children, young people, adults, and parents the information and skills they need and are asking for, so that their sexuality will be *healthy*. We need to listen to them and to work together to develop the types of home, school, religious, and community programs that are effective. I contend that because sexuality is viewed as a subject with strong personal meaning, involving intimate and therefore private emotions and relationships, we have not engendered nearly enough research, program development, evaluation, and legislative support to help us understand what is needed to prove the value of sexual health.

Effects of Appropriate Use of Explicit Sexual Materials

Research about the effect of sex education is minimal. Funding for such research is close to non-existent. And yet, despite this, thousands of parents, professionals, and community and religious leaders across our country have been working very hard to provide the help our families and communities need. These efforts have produced some important data. One of the most prevalent concerns parents and adults have is whether or not giving young people information about sexuality will motivate them to experiment with what they have learned. This is an issue I am sure the Commissioners are also concerned about. It is true that sex education programs do increase students' knowledge about sexuality. Some programs do facilitate attitudinal change, particularly if that is a goal of the program. For example, in high school, students' attitudes toward the varying practices of others become more tolerant.

However, it is important to stress that these same data show that the students' personal value systems are *not changed*. These programs have little effect on the frequency of various types of sexual behavior such as petting or sexual intercourse. Most important, research shows that programs which involve both parents and children result in more communication between them about sexual concerns (Kirby, 1980). To summarize, when young people can feel support and positive concern in regard to their sexual health questions, they are more likely to seek help from parents and other caring adults, rather than from commercial sources.

There is very little research information available about the effect of explicit sexual visuals on young people in sex education programs. Some programs use them and some do not, depending on parental and community acceptance. One study (Goldstein & Kant, 1974) found that the environment was the most important factor when viewing explicit materials—i.e., informal or “underground” settings have a much greater effect on arousal than a more open and formal atmosphere. This study is confirmed by the experience of one religious group which developed its own sexual health curriculum for parents and early adolescents, a curriculum that has now been used for over 14 years. The explicit visuals used here have had only positive effects on the children (Calderwood, 1985). What needs to be strongly noted is that this program requires total parental support. Also, the young people see these explicit visuals in a setting which gives them an opportunity to interpret them and put what is seen into a context of sexuality that is congruent with their own parental, religious, and cultural standards.

Explicit sexual visuals are also used in training health professionals so that they are more prepared and skilled in teaching and counseling their clients about sexual health concerns. In studies evaluating the effectiveness of this visual approach the findings consistently indicate that there is an increase of knowledge, along with an improved ability in discussing sexual health issues (Vandervoort & McIlvenna, 1979). The same positive pattern has been reported when explicit sexual visuals have been used therapeutically to treat individuals and couples with sexual dysfunctions and those who have experienced physical disabilities or special health conditions which require learning new sexual health behaviors or techniques (LoPiccolo & LoPiccolo, 1978).

In all of the situations I am describing, explicit sexual materials have only been used as an adjunct to providing education and health care and in situations where there is strong agreement that the materials should only be used when appropriate and acceptable to the learner. It is most important to stress that they should only be used by highly trained and skilled professionals. I wish we could say that the same conditions are required among commercial distributors of pornography.

Recommendations

We have in our country a national sexual health ignorance epidemic. Most of our young people, parents, adults, and health professionals are not fully prepared to take care of their own and others' sexual health. Information, education, training, and appropriate materials and resources are needed. Children and families need to know that the leaders of our country care about this problem and will respond vigorously with the help and funding needed to bring about change. Therefore, I would like to offer for the Commission's consideration the following recommendations for implementing this response:

1. The creation of a massive sexual health education campaign for young people and their parents.
2. The formation of a National Sexual Health Task Force—composed of representatives from parents' groups, professionals with a sexual health specialization, legislators, religious groups, and media producers—charged with developing a national plan for sexual health advocacy.
3. The development of educational seminars for legislators and media producers about sexual health issues.
4. The appropriation of sufficient funds to develop educational programs for young people and their parents, along with training programs for all education and health professionals who are or will be working with young people and adults.
5. The development of further evaluation and research about the needs of consumers and the effectiveness of sexual health education programs.

Everyone recognizes the importance of good health and the time, attention, knowledge, and hard work that are necessary to prevent problems and maintain a physical well-being. Sexual ignorance is not healthy. It is time to realize that the best sexual health protection we can give young people and their families is honest, accurate, and comprehensive education and services. It is a wonderful way of showing we care.

[Author's Note: The hearings scheduled by the Commission on Pornography will continue through January 1986. I urge SIECUS Report readers to take an active interest in the work of this Commission since the resultant legislation/action may involve serious implications for the sexuality information and education field.]

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DO YOU KNOW THAT . . .

World Congress on STDs

The second World Congress on Sexually Transmitted Diseases will be held in Paris June 25-29, 1986. The general theme is "STDs and Their Social and Economic Consequences." For registration details, write to: Commissariat Général du 2^e Congrès Mondial sur les M.S.T., I.C.A., 4, Villa d'Orléans, 75014 Paris, France.

Resources to Write for . . .

Annual Editions: Human Sexuality 85/86 is a collection of articles on various aspects of sexuality reprinted from magazines, newspapers, and journals. The six units deal with Sexuality and Society, Sexual Biology and Health, Reproduction, Interpersonal Relationships, Sexuality Through the Life Cycle, and Old/New Sexual Concerns. A glossary, an index, and an article evaluation form are included. This collection of current materials would be useful as supplementary reading for discussions in college-level sexuality classes. Priced at \$8.95, this 8½ x 11, 240-page paperback is published by: The Dushkin Publishing Group, Sluice Dock, Guilford, CT 06437

Treating Sexually Abused Children and Their Families (1983) by Beverly James and Maria Nasjleti is a 152-page publication of Consulting Psychologists Press, which also distributes other excellent resources in the area of child sexual abuse education and treatment. Part 1, "Family Dynamics," has chapters on the sexually abused child, the abusers, the mothers of the children, and the generational cycle of sexual abuse. In the second part, "Family Treatment," the authors discuss phases of treatment, seven critical sessions in therapy, a detailed case study, and treatment exercises. To order, send \$12.95 (plus \$2.00 p/h) to: CPP, P.O. Box 11636, Palo Alto, CA 94306.

Autumn's Children: A Real-Life Drama of High-Risk Pregnancy (1985) by Alan Doelp is a fictional recreation of a woman's first pregnancy experience at the age of 38. Although the prospective mother is a composite, the physicians and support panel are real and the book uses their actual names. Within this framework, the author provides a sensitive and informative description of today's medical advances designed to make later-life pregnancies safer. This 234-page book is priced at \$15.95 and is published by: Macmillan Publishing Company, 866 Third Avenue, New York, NY 10022.

Social Theory, Homosexual Realities (1984), a monograph written by Stephen O. Murray, discusses what the author terms "misconceptions of the gay laity," with the ultimate aim of correcting "prejudices harbored by social scientists." He states that "there have not been 'gay' people always and everywhere, even if there has been homosexual behavior always and everywhere," and that what needs to be recognized is the emergence of groups of people who identify themselves as gay or lesbian. This extensively referenced, 83-page paperback is printed at \$5.95 and may be ordered from: Gay Academic Union, P.O. Box 480, Lenox Hill Station, New York, NY 10021.

A Legal Guide for Lesbian and Gay Couples is the third edition (1985) of this self-help law book by Hayden Curry and Denis Clifford originally published in 1980. This latest edition contains a new chapter on handling medical emergencies such as AIDS, as well as information previously included on such topics as buying property, relating to spouses and children from former marriages, having or adopting children, estate planning, wills, contracts for living together, insurance, and immigration. To order, send \$17.95 (plus \$1.00 p/h) to: Nolo Press, 950 Parker Street, Berkeley, CA 94710.

The PMS Solution, a 172-page 1985 publication by Ann L. Nazaro and Donald R. Lombard, presents a nutrition program to assist women who suffer from premenstrual syndrome. It also provides a great deal of factual information on the syndrome itself, plus a listing of pertinent resource materials and organizations. Priced at \$7.95 (pb), it may be ordered from: Winston Press, 430 Oak Grove, Minneapolis, MN 55403.

Socrates, Plato, and guys like Me: Confessions of a Gay Schoolteacher (1985) is a candid, well-written first-person account of Eric E. Rofes's 1976-78 experiences both before and after his disclosure of his homosexual orientation while teaching sixth grade in suburban Massachusetts. (It was this same author who subsequently devised creative study projects which resulted in the publication of *The Kids' Book of Divorce*, *The Kids' Book About Parents*, and *The Kids' Book About Death and Dying*.) *Socrates, Plato, and guys like Me* may be ordered for \$6.95 (pb) from: Alyson Publications, P.O. Box 2783, Boston, MA 02208.

Lesbian Mother Litigation Manual by Donna J. Hitchens is a 116-page looseleaf manual (plus six appendices) which discusses the application of legal standards, case assessment, early strategic decisions, pre-trial preparation, expert testimony, and constitutional arguments, and includes sample pleadings, and sample appellate briefs. Priced at \$25.00 for individuals and \$50.00 for institutions, it is available from: Lesbian Rights Project, 1370 Mission Street, 4th Floor, San Francisco, CA 94103.

Hablemos Acerca Del S-e-x-o: Un Libro Para Toda La Familia Acerca de la Pubertad (1985) is the Spanish-language adaptation of *Let's Talk About S-e-x: A Read-and-Discuss Guide for People 9 to 12 and Their Parents* by Lorri Foster and Sam Gitchel. Jenny Rizo-Patron translated this 89-page book which was originally published in 1982. This bilingual version, prepared especially for Hispanic parents in the United States with the help of various bicultural experts, presents the parent introduction in Spanish and the children's text in both Spanish and English. It is available for \$4.95 (\$5.80 postpaid) from: Planned Parenthood of Central California, 633 North Van Ness Avenue, Fresno, CA 93728.

This is the last issue of the *SIECUS Report* for which I shall serve as editor.

Anne Backman

Intimate Intrusions: Women's Experience of Male Violence (1985) by Elizabeth A. Stanko, using data gathered in both Britain and the U.S., explores "how male violence against women remains a problem of women's 'respectability,' not men's behavior." Part I examines experiences of incest, battering, rape, and sexual harassment. Part II analyzes the decision-making processes of the criminal justice system in handling women's complaints. This 211-page paperback is priced at \$10.95 and is published by: Routledge & Kegan Paul, 9 Park Street, Boston, MA 02108.

A Hot-Eyed Moderate (1985) is a stimulating collection of brief essays (some new, some reprinted) by author Jane Rule who in 1983 received the Fund for Human Dignity Award of Merit "for her contribution to the education of the American Public about the lives of Lesbians and Gay Men." She discusses the many realities and fallacies of homosexual life, expressing her frank opinion and sharing her personal experiences. In the essay entitled "Hindsight," she states: "We don't yet have the political freedom to be able to be homosexuals only when we are making love with members of our own sex, but it is that freedom I know I'm working for." This 242-page book is available for \$13.95 in hardcover, \$7.95 in paperback. Orders should be sent to: The Naiad Press, P.O. Box 10543, Tallahassee, FL 32302.

You Can Have a Baby: Everything You Need to Know About Fertility (1985; 427 pp.) by Joseph H. Bellina and Josleen Wilson is, as its title suggests, a compendium of information about conception. It covers the anatomy of reproduction, female and male fertility barriers, treatment, and alternatives. Also included are a glossary and a listing of resource groups and organizations. It is available for \$18.95 in bookstores or from: Crown Publishers, One Park Avenue, New York, NY 10016. Bulk rates are available.

Talking to Children/Talking to Parents About Sexual Assault is a 68-page guide by Lois Loontjens of King County Rape Relief in Renton, Washington. This 1984 revised edition gives suggested outlines, discussion questions, illustrative stories, and print and audio-visual resource listings for educators working with grades K-1, 2-3, 4-5, and 6, and for parents. Other sections discuss procedures to follow in working with a child who discloses an assault or with parents of children who have been sexually abused. This fine resource, developed by an agency known for its innovative work in this area, is available for \$14.95 (plus 15% p/h) from: King County Rape Relief, 305 South 43rd, Renton, WA 98055; or Network Publications, P.O. Box 8506, Santa Cruz, CA 95061-8506.

The Story of a Life by Claude Hartland, originally published in 1901, is described as "the earliest autobiography of an avowed American homosexual." It is dedicated to "physicians, who have at heart the welfare of their fellow men . . . with the one hope that it may furnish the key to a vast realm of human suffering, of which I find that they, as a body, are for the most part ignorant." In his 1985 Foreword, C. A. Tripp, author of *The Homosexual Matrix*, provides background information on the social structure of the Victorian period, a structure within which Hartland struggled to come to terms with his "sexual disposition." This sensitively written, 99-page account has been published by Grey Fox Press and is priced at \$7.95. Orders should be sent to: Subco, Box 10233, Eugene, OR 97440.

Issues in Brief is a series of six 1985 public policy papers (each 2-4 pages in length) available from the Alan Guttmacher Institute. The topics covered are: U.S. support for family planning at home and abroad; a national framework for family planning services; challenges to international and domestic family planning; public concerns about family planning programs and teens; federal funding of research into new methods of contraception; and The Reproductive Health Equity Act to restore federal funding for abortions. Single copies of these papers, always excellent summaries of current issues, are available at no cost from: The Alan Guttmacher Institute, 111 Fifth Avenue, New York, NY 10003. Bulk prices: 20¢ each for 25-100 copies and 18¢ each for 100-500 copies.

The Firefly Jar I Live In (1984) is a collection of writings and drawings conceived, written, edited, and collated by members of the Boys' and Girls' Groups of Personal/Social Awareness, a program sponsored by the Lutheran Social Service of Minnesota for adolescents in sexual crisis and their families. In the introduction to this unique 23-page booklet three of the contributors state: "We hope that as you journey through our book you will see that sex offenders aren't just 'perverts,' but we're real and we're especially real with expression . . . because we write to express, not impress." The suggested donation for each copy is \$1.00 and requests should be sent to: Personal/Social Awareness, Lutheran Social Service of Minnesota, 2414 Park Avenue South, Minneapolis, MN 55404.

A Better Safe Than Sorry Book: A Family Guide for Sexual Assault Prevention (1984) by Sol Gordon and Judith Gordon is designed for parents to read to their children ages 3-9. This excellent book has many strong points: It reinforces the "say no, get away, and tell someone" rules; it uses the correct names for the sexual parts of the body; and it emphasizes two important concepts—that it is always the grownup's fault for touching a child in a way s/he does not want to be touched, and that it is never wrong for a child to break a promise made in order to keep from getting hurt. Attractive illustrations by Vivien Cohen and a six-page parent guide enhance this 38-page resource which can be ordered for \$5.95 (plus 15% p/h) from: Ed-U Press, P.O. Box 583, Fayetteville, NY 13066.

Bridging the Gap: What's Happening Now, a 52-page 1983 magazine-style resource, is a revised edition of *What's Happening Now*, a well-known publication of the Grady Memorial Hospital Family Planning Program in Atlanta. Ideal for health care professionals' waiting rooms, it covers such sexual topics as menstruation, toxic shock syndrome, saying "yes" or "no," contraception, unplanned pregnancy, STDs, and questions and answers regarding sexual health care concerns. Other topics covered relate to parents, stress, alcohol, drugs, and teen suicide. To order, send \$3.00, plus 15% p/h, to: Printed Matter, Department F, 427 Candler Street, NE, Atlanta, Ga. 30307. Bulk rates are available.

The Mother's Book: How to Survive the Incest of Your Child by Carolyn M. Byerly is a 64-page 1985 booklet focusing on father-daughter incest. In it mothers tell how they survived reporting; found support; made personal choices; handled issues of ethnicity, culture, religion, and sexual orientation; parented their sexually abused children; and gained new perspectives on their lives. This publication is available for \$4.80, plus \$1.00 p/h, from: WSCAP, 1063 South Capitol Way, Olympia, WA 98501.

AUDIO-VISUAL REVIEWS

Members of the Audio-Visual Review Panel for this issue were: Patti O. Britton, Department of Education, Planned Parenthood Federation of America; Leigh Hallingby, MSW, MS, Manager, SIECUS Information Service and Mary S. Calderone Library; Pat Criscitiello Murphy, MSW, psychotherapist in private practice and President, Princeton Seminars, Inc.; Valerie Pinhas, PhD, Associate Professor of Health Education, Nassau Community College; Herb Samuels, MSSW, sexuality educator and counselor; Alex Sareyan, President, Mental Health Materials Center; Linda Schwarz, Department of Education, Planned Parenthood Federation of America; and Jan Sola, PhD, Program Consultant, National Board of YWCA of the USA. The reviews were written by Leigh Hallingby.

What Sex Am I? 1984, 16 mm or video, 57 min. For purchase and rental information, contact: Joseph Feury Productions, 610 West End Avenue, New York, NY 10024; (212) 877-7700.

This fine movie about transsexuals and transvestites, directed by Lee Grant, was originally shown on HBO. *What Sex Am I?* handles these potentially sensational topics with great humanity and sensitivity, delving into the poignancy, the pain, and sometimes even the anger of the real people behind the stereotypical images. Comments of professionals who work with transsexuals and transvestites are interspersed with interviews with a fascinating variety of people whose lives involve crossing genders.

The film focuses on such people as a nightclub performer going through a male-to-female sex change operation; a computer programmer who has already gone through a male-to-female sex change operation and who continues to

be the lover of the woman who was formerly her wife; a pathetic man (from a military and fundamentalist religious family background) who had a sex change operation in a fruitless attempt to flee from his homosexuality; two male transvestites who transform themselves on camera from men to women; a female school teacher who, through hormones and surgery, became a man and who, now barred from his former occupation, is employed as a construction worker; and a group of "she-males" who work as performers and prostitutes.

Although the film runs for almost an hour, the length in this case enriches rather than detracts since it allows the filmmakers to cover each person in depth and also allows presentations of a range of transsexuals and transvestites. One important group not covered are transsexuals who for one reason or another do not ever undergo sex change surgery. But this is a small drawback in an otherwise beautifully executed film which deserves the widest distribution.

LT, A, PR

More Than Friends. 1983, video, 21 min. Purchase, \$299. **A Night Out.** 1980, video, 10 min. Purchase, \$299. **Setting Limits.** 1982, video, 24 min. Purchase, \$390. Purchase of *More Than Friends* and *A Night Out* together, \$575; purchase of all three, \$750; rental of all three, \$125 (not rented separately). ODN Productions, 74 Varick Street, New York, NY 10013; (212) 431-8923.

Oriented toward the hearing impaired, all three of these videos are acted out in sign language and are captioned as well.

More Than Friends, in two ways, provides positive role-models for communicating about sexuality. First, Molly expresses to her mother (who is played

by Phyllis Frelich, Tony award-winning star of *Children of a Lesser God*) the strong feelings of attraction she has for Ted, a boy she will be seeing at a party that night, and asks for advice on how to present herself to him. At the party Molly accepts Ted's invitation to join him in his friend's van. She enjoys his kissing but asks him to stop "touching her all over." This provokes a second excellent discussion in which both admit to having been frightened about approaching each other. The two also realize that it was not until they had both sat down and talked together that either of them had really understood what the other one wanted.

As portrayed in *More Than Friends*, the situation is a very believable one. The messages apply to all adolescents, not just to the hearing impaired. Showing this film to non-hearing-impaired adolescents would provide them with positive role-models for communicating about sexuality with both parents and peers and also raise their consciousness about the feelings and abilities of the hearing impaired.

In *A Night Out* a dating situation between an adolescent boy and girl, both hearing impaired, gets out of hand. After they have seen a movie, the boy takes the girl back to his brother's empty apartment and expects sex from her in exchange for having taken her out. The situation turns violent when she refuses and he begins to slap her. In the final scene of this trigger film he has forced his way on top of her and she is screaming.

A Night Out is flawed by the lack of adequate build-up to this last scene. As portrayed here, the young man's shift from sexually hopeful date to date rapist seems too abrupt. Nevertheless, this film would probably be an excellent discussion provoker and its brevity allows plenty of time for such participation. Obviously, *More Than Friends* is an

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excellent and vital companion piece since it provides a positive balance to a film that could be frightening to some audiences.

Setting Limits is a training film to show parents and educators how to help teenagers learn to communicate about sexuality in order to avoid sexual exploitation and abuse. Here Phyllis Frelich uses scenes from *More Than Friends* to try to highlight important themes and pose discussion questions. The review panel was generally disappointed in this video, however, in that it makes overly extensive use of *More Than Friends* and does not put forth a clear and helpful set of questions and discussion topics. Its purpose would be better served simply by showing *More Than Friends* to parents and teachers and then discussing the film, utilizing its accompanying discussion guide.

The panel, therefore, highly recommends *More Than Friends* for hearing-impaired and non-hearing-impaired adolescents, as well as for parents and professionals working with adolescents. *A Night Out* is recommended as a companion film when the facilitator also wishes to explore the topic of date rape. *Setting Limits* is not recommended.

Choosing Children. 1984, 16 mm or video, 45 min. Purchase, \$800 or \$650 intra-institutional; rental, \$65. Cambridge Documentary Films, P.O. Box 385, Cambridge, MA 02139; (617) 354-3677.

Choosing Children is a fine film about women who become parents after "coming out" as lesbians. The producers are to be especially commended for their excellent selection of the six appealing and fascinating families who tell their stories here. They come from a variety of racial and ethnic backgrounds and reflect the wide variety of decisions lesbians (and others in our society) are making in regard to having and raising children.

We meet, for instance, a lesbian couple in which each woman brought a child into the relationship, and they have since adopted a third child. Another woman found a gay man who was willing to father her child. Artificial insemination was used by two of the women, and another became pregnant through sexual intercourse with a long-time friend.

In three of the families presented the children involved are being raised by two women together. The woman impregnated by the gay man is co-parenting with him in two separate residences. Another woman is raising her daughter in an extended family situation with two housemates and two other friends. In the sixth family, the woman is bringing up her two sons alone after unexpectedly ending the relationship with her lover.

Choosing Children is excellent—not just as a film about lesbian parenting, but also as a stimulus to thinking about parenting and families in general. Among the issues raised are alternative parenting arrangements, the meaning of extended families, the use of artificial insemination, the importance of children in the life of any person, the place of male role-models in the lives of children growing up in households headed by females, and the effect of discrimination on families' social welfare.

This film is also enhanced by comments from a lawyer knowledgeable about the issues involved in lesbian parenting and by interviews with some of

the children themselves. It should be seen by all professionals working with families, as well as by consumer groups. Bravo to the filmmakers for doing such a fine job of closing the gap in the subject matter covered by family life education films! **LT, A, P, PR**

Talking Helps. 1984, 16 mm or video, 27 min. Purchase, \$385 (16 mm), \$360 (video); rental, \$60. ODN Productions, 74 Varick Street, New York, NY 10013; (212) 431-8923.

Talking Helps is designed to show educators, parents, and others working with children how sexual abuse prevention skills can be taught to children. Portions of the film feature media sexologist Judith Kuriensky leading a group discussion with parents, teachers, and administrators (all women) who are planning to implement a prevention program in their school. They share common concerns about presenting this sensitive topic, such as how to avoid generating excessive fear in the children and what to do if a child discloses actual occurrences of sexual abuse.

The film also features New York City school teacher Linda Lantieri demonstrating strategies for introducing child sexual abuse prevention to children, along with techniques for building personal safety skills. This part of the film is, for the most part, very successful in that Lantieri is a skilled health educator and the children shown are a bright, articulate, ethnically well-balanced group who respond well to her and to the material presented.

There are two drawbacks to this film. First, as in so many other child sexual abuse prevention films, there is no mention of sexuality or of the genitals in the classroom scenes. The term "private parts" is used once again, but these private parts are never named. Second, since *Talking Helps* is specifically designed to accompany the ODN film for children, *No More Secrets* (reviewed in the September 1984 *SIECUS Report*), there are many references made to the other film. Actually, *Talking Helps* could very well stand on its own as a training film for child sexual abuse education and anyone using it can merely point this out. But viewers should also be told that such education must include mention of sexuality and the sexual parts of the body. **C, P, PR**

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BOOK REVIEWS

The Male Predicament. James E. Dittes. New York: Harper & Row, 1985 (223 pp.; \$14.95).

Reviewed by James B. Nelson, PhD, Professor of Christian Ethics, United Theological Seminary of the Twin Cities, New Brighton, Minn.; member, SIECUS Board of Directors.

This is a much-needed book. While the literature on men's issues is gradually growing in quantity and quality (though still miniscule compared to that on women's issues), there has been a void in good material on male spirituality. That void is now filled. Dittes, a psychologist and theologian from Yale University Divinity School, has produced a memorable volume. His theological perspective is that of a liberal Christian who takes biblical imagery and narrative seriously.

Dittes's initial assumptions are these: that women are not the oppressors of men; that women are neither men's present problem nor the solution for men; that the problems of distorted masculinity are essentially caused by males and must be resolved by them.

Creatively utilizing biblical stories and imagery together with his own experience and that of men he knows, Dittes draws a series of striking portraits of the male predicament. One is the picture of "frozen power"; the man manipulated by others becomes a controlling male, freezing/controlling those around him. Another picture portrays the idol-maker; men's honest yearning for fulfillment puts too much weight on human means for salvation (often work and career) and the idol eventually crumbles. Another is the picture of the yes-man; victim of the empty yesses of others, he cautiously guards his own commitments and masks his feelings. Still another portrays the crippled crippler, whose self-esteem has been crippled by others and who then in turn cripples others (particularly women) by being the powerful, knowing helper.

The author is as pointed and insightful in delineating lines of hope and change as he is in analyzing the predicament. The directions of hope which he sees rest subtly and profoundly upon major themes of Judeo-Christian spirituality. Thus he speaks candidly about renunciation and surrender—but now in terms of the culture's masculine role: how to play it vigorously and at the same time loosely, knowing it is not finally real. He describes the ways in which men can move forward into their dreams, not shrinking from surprising consequences. He speaks of the ways men can meet people at their deeper levels without engaging in caretaking, and about the ways men can make space for others to grow. Ultimately all of this rests upon a strong belief in the wholeness-making acceptance and power of God.

To describe only the major themes of this book does not do it justice, for it is far more than an analysis and a series of answers. It is an experience. It is deeply personal and revealing. It is richly conceptual, yet fleshed out with the daily stuff of men's lives. It is filled with psychological and theological insight, yet never formally academic. It is written by a man who has an artistic power with words and a vivid way of capturing feelings and situations.

In many ways this is an audacious book for an Ivy League professor to write. There are no footnotes, no bibliography, no index. Mainly, the book tells stories. In that sense, the author admits, it is "not a manly book" (which would be filled with logical treatises and buttressed with scholarly evidence). But Dittes' story-telling makes enormous and probing sense "for those men for whom the shell of manliness is cracking . . . for those men who are discovering that manhood is far richer than the charade of manliness."

I enthusiastically commend the book to any man who is open to an experience in psychological/spiritual self-examination and for any woman who wants a

greater understanding of men's predicaments and possibilities. **A, PR**

Parents Talk Love: The Catholic Family Handbook About Sexuality. Susan K. Sullivan and Matthew A. Kawiak. New York: Paulist Press, 1985, (164 pp.; \$7.95 paperback).

Reviewed by Rita Cotterly, MEd, MRE, doctoral candidate, Human Sexuality Program, New York University.

For Catholic parents who are concerned about the influence exerted on their children's sexual values and behaviors by the media and by peers; who feel confused, uncomfortable, and unprepared to fulfill the task of sex education; and who believe that it is their responsibility to pass along to their children their own Catholic values, *Parents Talk Love* is an excellent book. The authors—Susan Sullivan, a teacher, and Matthew Kawiak, a parish priest—"talk love" by pursuing the truth wherever it is found. They believe in the Church and care how it is received, and understand parents' fears and reticence in dealing with sexuality concerns. By following this book's program, parents, too, can talk love by communicating to their children the fact that sexuality is God's great gift to be "understood, affirmed, and celebrated."

Parent Talk Love consists of nine relatively brief chapters. The first, "Sexuality Education—A Parental Responsibility," gives encouragement to the parents by explaining the reasons behind their reluctance to discuss sexuality, providing guidelines from Church documents (particularly "Educational Guidance in Human Love" issued in 1983 by the Vatican), defining sexuality, listing suggestions for the use of the book, and illustrating that the task of sex education is a response to Jesus' command to "love one another."

Was it by design or happenstance that Chapter 2, "Church Tradition in Sexual-

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ity," begins with questions? These questions led the authors to search through Scripture, historical tradition, the social sciences, and literature dealing with the Christian concept of sexuality. Sullivan and Kawiak affirm here that new knowledge may lead people to question the teachings of tradition and possibly to re-evaluate them, but not to abandon them.

The highlights of Chapter 3 are its discussion of 48 myths concerning sexuality and its ensuing conclusion that discussing accurate information helps adults "perpetuate attitudes of respect for all life, tolerance of differences, acceptance of the pleasures our bodies hold, and willingness to share the truth. We want our children to be able to say to their friends with pride, 'My dad and mom told me about the goodness of my body, and I can ask them anything.'"

Chapter 4 on "Child Development" is crucial to the understanding of the book. Although each individual boy or girl is unique in many ways, the development of children's minds and emotions follows certain predictable patterns. The authors walk us step by step through six developmental stages of approximately three-year increments, discussing the aspects of sexuality associated with each one. These begin with the period from birth to one-and-a-half years and continue through age 18. An emphasis on the developmental stages accentuates the fact that one talk, one course, or even one program is grossly insufficient to meet the child's sexual needs for a lifetime.

The chapter on "Sexual Knowledge" assures parents that they need not be "walking encyclopedias" in order to talk love/sexuality with their children. A 75-item sexual knowledge activity provides the accurate information necessary to dispel the aforementioned myths. Chapter 6, "What to Teach Your Children About Sex on Television," distinguishes between trivial and significant questions about sex, gives suggestions for ways in which television can enrich the family, and lists organizations which promote better television programming.

Possibly the least developed chapter in the book deals with "The Importance of Intimacy in Sexual Learning." Perhaps the problem here is that intimacy gets to the very heart of our personal needs, vulnerabilities, and accomplishments and is therefore difficult to discuss.

A powerful insight gleaned from Chapter 8, "Talking About Sex," is the realization that the early years are the

easiest ones to deal with, thus encouraging parents to practice with their young children so that they develop skills that will make communication easier as the children grow up. The chapter also includes a list of "typical sex questions children ask" in their various developmental stages. The authors' vignettes of conversations between parents and children, while practical in concept, are presented far too idealistically to be considered "real life," particularly regarding teens.

Each of these chapters concludes with a list of questions for discussion. The concluding chapter recommends books for children and their parents.

Certain themes permeate and enhance the book. They concern female/male equality, love for the Church, respect for new knowledge, a spirit of healing, an emphasis on Scripture and Church documents, and the developmental needs of the different age groups. The book's brevity makes it manageable and, of course, relatively inexpensive. But it also means that some vital issues and new information are given only a cursory explanation. The authors' spirit of healing is evidenced by their cautious handling of certain controversial issues, namely homosexuality, masturbation, and contraception. The book does have an imprimatur.

Parents Talk Love can be used profitably by individual parents, by small discussion groups in the home, or by large groups in a parish setting. It is highly recommended for Catholic parents who believe that sex education should begin at home. **A, P**

The Eternal Garden: Seasons of Our Sexuality. Sally Wendkos Olds. New York: Times Books, 1985 (325 pp.; \$17.95).

Reviewed by Lorna J. Sarrel, MSW, Assistant Clinical Professor of Social Work in Psychiatry, Yale University Health Services, New Haven, Conn.; member, SIECUS Board of Directors.

This book first came to my attention about 18 months ago when I learned that someone was planning to write a book about sexual turning points, possibly using that title. Since my husband and I had just sent a manuscript called *Sexual Turning Points* to our publisher, we were aghast. When Sally Wendkos Olds telephoned, we learned that, indeed, she was also writing a book about major turning points in the life cycle which

affect sex. Luckily, however, she had decided on a different title.

I admit to approaching this book with perhaps a more critical eye than usual. I think it is a testimony to the book that I ended up feeling unreservedly positive about it. Wendkos Olds, a careful researcher, a receptive interviewer, and a fine writer, covers a wide variety of sexual subjects with skill and humanity. I can honestly say that I found not one factual error or misstatement in the entire content.

Following the model set up by Erik Erikson, Gail Sheehy, and Daniel Levinson, Wendkos Olds writes about stages of adult development. She has a brief chapter on infancy and childhood and then proceeds through adolescence/late adolescence and, more or less decade by decade, completes the life cycle. She focuses on major life events such as marriage, divorce, extra-marital sex, menopause, and aging, as well as on the impact of life-stage issues on sexuality. Since this book covers such a vast array of material, it is impossible to summarize its specific content. Instead, I would like to point out what I consider to be its particular strengths.

The most impressive thing about the book is the breadth of the research it covers. I discovered many new facts and learned about a number of studies previously unknown to me. For example, in the chapter covering the turning points between ages 20 and 30, I learned about a study of battered wives which revealed that for one out of four the first instance of abuse occurred during a pregnancy. I also learned some amazing demographics. In her discussion of later life periods, Wendkos Olds tells us that on the average there are five unattached heterosexual women over 50 for every unattached heterosexual man over 50.

The author has a marvellous sense of humor which leavens the book throughout. She quotes Alexandre Dumas on marriage: "The chains of marriage are so heavy that it takes two to bear them, and sometimes three." She asks, "How does a woman learn to perform fellatio well... or a man learn... cunnilingus?... Mostly, the same way you get to Carnegie Hall: Practice, practice, practice."

I admired the author's willingness to tread boldly where angels would blush and turn away. In writing about childhood masturbation she has the courage to suggest that "parents could give their children guidelines for healthy self-pleasuring." She also has the courage to share the story of her research foray into

the world of swinging. (She and her husband politely declined to remove their togas and participate.) On this subject and others, the author tells us her personal reactions and her opinions. Because she seems to be an eminently sensible woman, these asides add a richness to the book.

There is an accepting, down-to-earth tone which I liked. She quotes from an interview with the journalist Joan Liebmann-Smith: "None of the professional couples I know in their thirties or forties are having sex more than once a week, usually on the weekends. . . . Everybody's defensive about it, but they all seem to be saying the same thing."

Finally, I particularly liked the way in which the references were handled. They are done by chapter with the pagination clearly listed along the left-hand margin so that one can very easily check the references as one reads. **A, PR**

Child Sexual Abuse: New Theory and Research. David Finkelhor. New York: The Free Press (Macmillan), 1984 (260 pp.; \$22.50).

Reviewed by Marlys Olson, EdD, Executive Director, Council on Child Sexual Abuse, Tacoma, Wash.

At a time when communities throughout the United States are hurriedly trying to establish treatment and prevention programs to accommodate the increased numbers of identified sexual abuse victims and offenders, David Finkelhor has carefully gathered a great deal of data from practitioners and researchers and has translated it into a most important and useful resource.

Child Sexual Abuse provides both a theoretical and an empirical approach. The initial chapters speak to subjects which have been unclear to many of us: the evolution of abuse from its status as an individual problem of psychological orientation into that of a full-scale social problem; the precise moral issues involved in sex between adults and children; the characteristics of high-risk children and of perpetrators; and critical preconditions to sexual abuse occurrence.

The chapters devoted to recent research provide us with new data, particularly on abuse of boys and women. Finkelhor also provides much-needed basic information on the prevalence of child sexual abuse today; the extent of public awareness; what parents tell their

children about sexual abuse; the degree to which boys are victims and women are abusers; the long-term effects of childhood sexual abuse; and the serious problems that continue to hamper delivery of services.

Finkelhor concludes by synthesizing his findings and discussing their implications in regard to future theory, research, and practice. He suggests that we need to expand the research horizons, using not only the theories developed from work with offenders and with victims and their families, but also theories borrowed from other fields such as psychology, sociology, and anthropology. He also suggests that new research be focused on prevalence and incidence studies, identification of risk factors, more information on sexual abuse of boys, and longitudinal studies of long-term effects upon victims at different stages of the life cycle; and that new programmatic efforts focus on prevention, on the development of specialized child sex offender treatment, and on the training of clinicians with expertise in this area.

This is such an important book that it deserves review by other disciplines. The following are comments by repre-

sentatives of the therapeutic community, the medical field, and the clergy, and by a victim herself. **A, PR**

Bridget C. Fitzgerald, Chrestos Counseling Center, Tacoma, Wash.: Finkelhor stresses the importance of collaboration. Without cooperation among all agencies—state, law enforcement, treatment, and schools—children and families are not served and offenders are not held responsible for their behaviors. Living in Washington State, the only state where prevention is included in school curriculums, reminds me of the national work needing to be done.

Margaret G. Bailey, BSN, and Shirley Carstens, BSN, School Nurses, Tacoma, Wash.: An elementary student blurts out "the secret." A teacher seeks help regarding a child masturbating during story time. These are two of many such incidents a school nurse faces yearly. Finkelhor's Sexual Abuse Risk Factor Checklist assists in identifying the child who is at high risk for sexual abuse/intra-familial abuse, and he describes the four preconditions necessary for sexual victimization to occur. This is a timely, informative book and it should be on the school nurse's reference shelf.

Earl Radford, First Assembly of God Life Center, Tacoma, Wash.: For anyone who works with children this is the best, most complete and up-to-date book on the subject of child sexual abuse. Much thought is given to approaching the problem on both the social and moral levels, dispelling myths about the victim as well as the perpetrator. Graphs, diagrams, and tables bring to life the horror of sexual abuse to children.

Anonymous: I was an extremely shy, preadolescent having moved around during my early schooling, and had no close friends, only family ties. When I was 10, my father told me that Mother had asked him to inform me about strangers in the park and later, during our sessions, about the male body parts. In order to entice me to rub his penis or lie on top of him with my underpants on, he told me I was preventing my mother from having another pregnancy and from being so sick for nine months as she had been with my younger brother and sister. My father's behaviors continued.

Many years later during a high school retreat, I talked with a Jesuit priest about what was occurring with my father. He advised me to leave home immediately. I felt reluctant to do this as I had plans to attend college and had no job skills or

Choices: In Sexuality with Physical Disability

(16 mm & Video/Color/60 Mins.)

Produced for:
Institute of Rehabilitation Medicine
New York University Medical Center
Joan L. Bardach Ph.D., Project Director
Frank Padrone Ph.D., Co-Director

... Choices is a film which can be used time and time again in rehabilitation facilities human sexuality programs and in any group where issues of sexual interaction and adjustment to a disability are being discussed. If both parts cannot be purchased, Part 1 is a tremendously good discussion starter and should not be missed. . . .

Pam Boyle, Coordinator: Reproductive Health and Disabilities Program of the Margaret Sanger Center of Planned Parenthood, NYC.

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means of support. The time was in the early 50s.

My family fits the family systems model that Finkelhor describes. As a victim, I feel that he has given me a long-sought answer to my question: Where was my mother when my sexual victimization occurred? To better understand as an adult why one's own sexual abuse took place, I feel this book is extremely useful, especially for all of us who, at this point, choose not to seek professional counseling advice.

The McGill Report on Male Intimacy.

Michael E. McGill. New York: Holt, Rinehart and Winston, 1985 (300 pp.; \$16.95).

Reviewed by Jim Covington, MDiv, MA, Director, New York Center for Men; author, Confessions of a Single Father.

This book is about male relational behavior and is based on more than a decade's research in which over 500 men and women were questioned in depth about their emotional lives. The participants ranged in age from 18-73, came from all socioeconomic backgrounds, and were spread across the country in both urban and suburban environments. Drawing from the enthusiastic participation and responses of those surveyed, the author assembles a revealing portrait that pinpoints the differences in male-female intimacy and, in particular, highlights men's inability to feel and express emotions.

The portrait of men that emerges as a result of Dr. McGill's study is not a very encouraging one, yet it contains nothing startlingly new. Many of us already know that men relate differently than women—specifically that most men relate more superficially and less openly. The author presents data that only confirm the fact that most men do not know how to be intimate.

A number of assertions are made. First, most married men withhold their feelings about the personal aspects of their lives from their wives, most of whom therefore "do not feel loved because they do not know their husbands." However, as McGill points out, men do tend to reveal more of themselves to "the other woman." While this person may in some cases be a mistress, she may also be only a friend at work or the wife of a buddy, with no sexual relationship involved. Men apparently feel that there is less at stake with such a

person; they can be more who they are, not what they *should be*. Yet even in these relationships men are not completely self-disclosing. Secondly, McGill found that, in relation to their families, men are mostly absent, both physically and emotionally. As a father, a man depends on his spouse to relate to his children for him. He is likely to maintain more of an illusory relationship with his daughter and a competitive one with his son. In short, men seldom establish any real, intimate, open bond with family members. Finally, the survey reveals that, in general, men do not value friendships. "There is no intimacy in most male friendships and none of what intimacy offers: solace and support."

McGill does acknowledge that there are men who are self-revealing to their wives, are tender and loving with their children, and have close ties with their male friends. But, according to his survey, they are in the minority.

Although this report contains no surprising revelations, it is nevertheless a sobering exposé. It is disheartening to realize that so many men have limited experiences of love, live emotionally isolated lives, and die without their true inner selves ever having been known by any other person. McGill does suggest ways in which men can attempt to become more intimate and cites a few stories of men who have changed. This is, however, the weakest part of the book. Most of his suggestions fall short of projecting any deep, comprehensive, or analytical insights into men's inability to relate emotionally. Thus the question of "why" still remains unanswered here. A

The Psychology of Sexual Diversity.

Kevin Howells, ed. New York: Basil Blackwell, 1984 (270 pp.; \$29.95).

Reviewed by Eileen Higham, PhD, Licensed Psychologist; Assistant Professor of Medical Psychology, Psychohormonal Research Unit, The Johns Hopkins Medical Institutions, Baltimore, Md.

Kevin Howells and his collaborators have produced a useful survey of sexual variability in man and animals. Advanced students of sexual behavior, as well as beginning clinicians, will welcome this uniformly readable and scholarly book. Perhaps because all of the contributors and the editor are engaged in teaching and research, the book has a coherent viewpoint, which leaves the

reader with a clear understanding of the complexities of sexual functioning, what is known about this field of study, and what remains to be elucidated.

While not an exhaustive review of sexual diversity, the book covers the major topics of current interest: gender identity, homosexuality, harmless and harmful sexual disorders, and sexual inadequacy. Each chapter is based upon an up-to-date review of the roles played by genetic, endocrinologic, neurologic, and postnatal factors in regard to sexual development.

Laws's chapter reviewing the techniques and methods of investigating sexual behavior is especially useful (even though the author favors physiological as opposed to behavioral methods of inquiry). Too often we pay attention only to findings and neglect considering how the findings were obtained. Laws's concluding paragraph rightly points the finger at us, the investigators, for our lack of knowledge, not at the methods of investigation: "Quite contrary to the conventional wisdom, males and females have proven almost astonishingly cooperative in assisting us to understand human sexual behavior. It is equally clear that detailed and comprehensive assessment is possible. If we have a problem that is retarding our research efforts, it is very likely our apparent embarrassed reluctance to look at what we must see and to ask the very questions to which we must have the answers."

Brierley's chapter on gender identity is both the most ambitious and the least rewarding. The author attempts to integrate the entire range of sexual variability within a personal construct/cognitive consistency conceptual framework. The human personality and sexual behavior structure is far too complex to be adequately described by an essentially simplistic theory. We do not have, as yet, a satisfactory map of all the variables contributing to sexual diversity. Only through prospective and long-term follow-up studies will we be likely to fill in the gaps. It is unfortunate that Brierley, as well as Gosselin and Wilson in their chapter on fetishism and sadomasochism, fails to use the concept of gender identity and gender role as an organizing principle for understanding both normal and abnormal sexual behavior, and for linking sexual behavior to psychodynamic personality theory. For example, the concepts of dissociation or splitting, as seen in transvestism and transsexualism, help us to

understand these disorders in the broader context of personality development and psychopathology; the same applies to repetition compulsion and masochism in relation to the fetishistic/impulsive disorders.

Plummer's chapter on the ways in which sociocultural influences shape sexual diversity is an appropriate conclusion to the book. His emphasis shakes us loose from the constraints of time and place, forcing us to look at ourselves from the outside. Few of us would automatically realize that as we condemn and stigmatize sexual diversity, we are also creating it. The author's analysis both of the effects of diversity on individuals and of strategies for coping with diversity is especially thoughtful and thought-provoking. **PR**

Lesbian Sex. JoAnn Loulan. San Francisco: Spinsters Ink, 1984 (309 pp.; \$8.95).

Reviewed by Blossom Silberman, CSW, University Counseling Center, State University of New York at Stony Brook; Assistant Clinical Professor, School of Allied Health Professions, SUNY, Stony Brook; AASECT-Certified Sex Educator and Therapist.

Until very recently, lesbian women were an invisible minority. Little, if anything, was written about their lifestyle and all its ramifications, much less about lesbian sexual behavior. What was available was often found in heterosexual male pornography designed to titillate, not educate. More authentic materials on lesbian lifestyles are now beginning to appear. One example is JoAnn Loulan's *Lesbian Sex*, a knowledgeable and comprehensive book with a refreshingly apolitical focus. Although written primarily for lesbians, it can definitely contribute to any woman's understanding of herself and her sexuality. It is also an excellent resource for mental health professionals, medical and allied health professionals, and sex educators.

In the Introduction, Loulan describes the book as pragmatic, focusing on problems lesbians may experience and how to solve them. Working from the premise that sex is learned behavior, she describes how it can also be unlearned and relearned. To this end, a "homework assignment or workbook" approach is utilized, wherein specific exercises and questions are offered for confronting problematic areas. These assignments are clear, cover specific dif-

ficulties, and lend themselves to non-professional therapeutic interventions.

With a sensitive and humorous style, Loulan takes the secrecy or mystery out of lesbian sexuality. She addresses with new insights traditional subjects such as societal and self homophobia, and also confronts topics not often addressed, such as sex and disability, aging, youth, mastectomies, ostomies, artificial insemination for pregnancy, and single motherhood.

In the chapter on physiology, she offers new information about the clitoris, based on research by the Feminist Women's Health Centers. The finding that the clitoris is now known to be a larger, more extensive structure than was previously thought has significant implications for female sexual response. For example, excitation can be achieved by stroking a larger area than just the clitoral tip. Throughout the book, Loulan encourages women to be comfortable both in exploring and accepting their own bodies and their unique qualities and in not adhering to the societal image of attractiveness.

It is in regard to the issue of "desire" that I feel the author makes a major innovative contribution. Most traditional sex therapists, including Masters and Johnson and Helen Singer Kaplan, view incompatible desires or a lack of desire as sexual dysfunction. Loulan, using what she calls the "Willingness Model," believes that a consideration of the female sexual response cycle should start with the premise that women can begin to have sex because they are willing to and not because they are experiencing great desire or physical excitement. In other words, women can initiate sex because they want it or refuse sex because they do not want it. She feels it is possible for a woman to "shut down" at any point in the cycle and not only at orgasm. "Willingness may be the most important part of your sexual response, not orgasm."

In the chapter on "What We Do in Bed," the author defines lesbian sex as anything two lesbians do together. There are no specific rules, and she encourages self-definition, exploration, and communication (if sex includes a partner). To her, being politically correct is not as important as becoming aware of personal needs and comfort levels. The chapter entitled "Am I Really a Lesbian?" provides a refreshing look at exclusivity and celibacy. Loulan erases the notion that a woman's lesbianism is in question if she is not sexually active or

is sexually active with both men and women. Greater permission is given to be less dependent on others' approval and to define one's own needs. Two chapters authored by other women are similarly clear, informative, and politically freeing. They are: "Sex and Disability" by Jill Lessing, and "Lesbians, Limerence, and Long-Term Relationships" by Marny Hall.

To augment the text, Loulan uses tasteful graphics and diagrams which lend clarity. Her anecdotal comments add sensitivity and identification and give more perspective to differing experiences and attitudes. All in all, *Lesbian Sex* provides a wonderful look at women's sexuality and human relationships, incorporating both physiological and cultural aspects. **A, PR**

No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880. Allan M. Brandt. New York: Oxford University Press, 1985 (245 pp.; \$19.95).

Reviewed by Vern L. Bullough, RN, PhD, Dean of Natural and Social Sciences, State University College at Buffalo, N.Y.

This is much more than a history of venereal disease. It is a study of American attitudes toward sex, prostitution, sex education, and venereal disease. Sexually transmitted diseases are the key, however, since in general, Americans have been much more reluctant to deal with them than they have with other diseases.

Venereal disease has always been associated with sinfulness, an attitude which permeated government and social reform circles until Thomas Parran became Surgeon General during the Roosevelt years. Parran advocated a five-point program: (1) finding the infected individuals; (2) prompt therapy for the diseased individuals; (3) identification of contacts of infected patients; (4) mandatory blood tests before marriage and early in all pregnancies in order to prevent congenital syphilis; and (5) public education concerning syphilis. Parran, however, never advocated preventive measures such as the use of the condom, perhaps because he was a Catholic and felt unable to do so, or perhaps because he was fearful that his ground-breaking efforts would be handicapped by opposition to the use of potential contraceptive devices. This hesitation by Parran, who was only

doing in America what people in most of the European countries had done much earlier, reflected an ambivalence which had been cultivated and fostered by the American Social Hygiene Association and which explains many of the difficulties we still have in the field of sex education.

The American Social Hygiene Association (ASHA) came about in 1913 from the merger of the American Vigilance Association and the American Federation for Sex Hygiene. The result was a new organization combining anti-vice crusaders and medical reformers in a battle to end vice, including organized and tolerated prostitution. The solution recommended for individuals by ASHA was simply abstinence until sex was sanctified by marriage. Inevitably, both as a group and individually, ASHA itself steered clear of supporting any use of contraceptives. In fact, in its very squeamishness about sex the organization took to using all sorts of euphemisms, ranging from "white slavery" to "damaged goods," and campaigned not only against sexual activity between consenting adults but even against masturbation. It was ASHA which produced the movies and offered the information which passed for sex education when my parents and people of my generation were growing up. This education was marked by emphasis on venereal disease, on keeping pure, and on being moral—some of the same things that people who are now opposed to current concepts of sex education want to emphasize. Unfortunately, it was also often marked by misleading data and statistics and by what can only be called scare tactics.

On the other hand, ASHA, in its efforts to emphasize moral restraint, had great influence on the U.S. Army in World War I in the establishment of service clubs, recreational activities, and support services for GIs. It was through its efforts that, as part of the war effort, federal legislation was enacted that eliminated most of the tolerated prostitution districts in the United States. So influential was ASHA that it was not until the American soldiers went overseas that the army itself was able to establish prophylactic stations and attempt to establish preventive measures. The combination of army reality and the moral fervor of ASHA did result in lower venereal disease rates for American soldiers than for their European counterparts. It was also during the war that the army introduced monthly health

inspections. Probably the army methods in Europe might have been more effective if they had not been so surreptitious and marked by a shortage of condoms and prophylactic stations.

ASHA was not as active in World War II, perhaps reflecting changing American attitudes. In fact, its recommendations were largely ignored and its ultimate formal dissolution in the 1950s allowed new groups with more positive attitudes toward sex, such as SIECUS, to take its place. It was the discovery of penicillin's ability to control venereal diseases which marked the beginning of a change in attitudes toward disease, but the change toward sexually transmitted diseases has still not been markedly significant. The best illustration of this is the fact that the United States health establishment has never spent the time and effort to find a vaccine for syphilis or for gonorrhea, both of which seem susceptible to such control, and which are now almost in epidemic incidence.

Brandt has accomplished a significant task of scholarship in pointing out our contradictory attitudes toward sexually transmitted diseases, and he has done so in a readable and interesting style. The book is based upon manuscript and archival sources and should serve as a major corrective account of American sexual activity from the late 19th century up to the end of World War II. There is a brief chapter which carries the story to the present day, but the heart of the book is devoted to the pre-World War II era. **A, PR**

Sex Roles and Psychopathology. Cathy Spatz Widom, ed. New York: Plenum Press, 1984 (387 pp.; \$45.00).

Reviewed by Mary Jen Meerdink, graduate student, Clinical Psychology, Bowling Green State University, Bowling Green, Ohio.

This important collection, which summarizes research linking gender role socialization to a broad variety of pathologies, has implications for educators as well as for clinicians and mental health researchers. Widom's introduction succinctly describes her goal: "to examine the impact of sex role stereotypes on the occurrence and distribution of specific forms of psychopathology." In addition to a brief but engaging overview of the book's content, she includes her perception of its potential ramifications, i.e., that an increased sensitivity to the

influences of gender role stereotypes may affect how we define and implement psychotherapy in the future.

Chapter 2, Ellen Dwyer's thought-provoking discussion of the historical roots of gender differences and pathology, lays the foundation for the rest of the book. Through her review of cases and of pertinent essays, she reveals the conceptions of "appropriate" gender roles that have served as the bases for traditional views. The remainder of the book is organized into four parts based on the type of disorder discussed: neurotic, affective, and schizophrenic disorders; social deviation and sexual dysfunction; age-related disorders; and a final section on societal management and control.

In his chapter on gender ideology and phobias, Barry E. Wolfe explores the hypothesis that the "limitations of a woman's traditional role and certain personal limitations, both mandated by traditional ideology of gender differentiation, combine to corrode a woman's capacity for achieving autonomy and mastery over her life situation." Within a framework of respect for the complexity of the issues, phobias are defined, traditional explanatory theories are reviewed, and a theory based on social context and gender imperatives is offered. Another important chapter is Barbara Ann Winstead's on hysteria, in which she takes a critical look at the diagnostic criteria which make it primarily a woman's disorder.

The chapter on gender roles and coronary heart disease (CHD) by Jane E. Platt stands out because of the smoothness with which she integrates biological and psychological perspectives. Her discussion of how specific behaviors learned by one gender and discouraged for the other may have an impact on the likelihood of CHD in later life has particularly important implications for developing community/educational programming.

Cox and Radloff's chapter on depression and gender roles, after reviewing the learned helplessness theory, the psychoanalytic theory of object loss and depression, and cognitive-behavioral theories, presents a model that ties together aspects of all these approaches. Consistent with much of the data on depressed individuals, this "learned susceptibility and precipitating factors" model hypothesizes that cognitive, behavioral, affective, and somatic symptoms of depression can all be linked in a causal sequence.

The general assumptions made by

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Ronald A. LaTorre in his chapter on schizophrenia vary considerably from those which appear to guide other authors in the book. Although he identifies problems with gender identity as a common characteristic among many schizophrenics, his tone seems to suggest that the real problem is a "disturbance of gender role adoption" rather than one of overly rigid gender role expectations against which people are judged. Since his chapter follows several chapters examining pathology as a product of social context, LaTorre sounds somewhat like a member of the "blame the victim" camp (or worse, the "blame the victim's mother" camp). The "therapy" he both discusses and cites involves encouraging heterosexual relations between clients, seeming to imply that having sex with a member of the "appropriate" gender is the best way to clarify one's gender. The emphasis on recognizing gender role stereotypes as contextually bound rather than as ideal goals for individuals is sorely lacking in this piece.

In contrast to LaTorre's chapter, Wendy Stock's discussion of sexual dysfunction and gender roles is right on target. Her straightforward style makes it one of the most useful chapters in the book. Her concise summary of the sexual scripts dictated by traditional gender role imperatives culminates in some definite directives for healthier sexual relationships.

Two chapters examine the fields of psychology and medicine and the degree to which gender bias exists within them. The first, by Peter B. Zeldow, begins with an in-depth analysis of the much-cited Broverman group research study and generally concludes that if gender bias does in fact exist, research designs have been too "methodologically flawed and conceptionally uninspired" to support this hypothesis conclusively. He does not contend that systematic differences in therapy based on gender do not exist, but he believes that relevant studies thus far have not generated unambiguous answers. Linda S. Fidell's chapter on the medical field is somewhat less optimistic and points to a dire need for change in the way medical doctors are trained. The research findings she cites suggest that differential treatment of male and female patients is not a debatable point but is rather a well-documented phenomenon.

Widom's own chapter on criminology and gender roles includes some inter-

esting points on how pathology is separated from mental disorders and discusses the part that gender role expectations play in this process. She identifies ways in which societal definitions make it more likely for women who deviate from social norms to be labeled "mentally ill," while males who deviate are more likely to end up as being the concern of the criminal justice system. Given the relatively recent rise in the prevalence of both anorexia nervosa and bulimia, the chapter on eating disorders by Gloria L. Leon and Stephen Finn is a very important inclusion. Although the references provided in David Lester's chapter are somewhat less current than those used in the rest of the book, he makes some good observations about the extent to which gender role stereotypes affect the decision to commit suicide. Additional chapters cover such topics as differences in drug and alcohol abuse, gender differences in child psychopathology, and stress and aging.

On the whole, *Sex Roles and Psychopathology* is an exciting and powerful new resource. The fact that many of its suggestions for future research are both exciting and explicitly described makes

this text a wealth of ideas for individuals in search of new projects. Readers ranging from undergraduates to experienced professionals stand to gain by reading this well-written collection. Perhaps the most important immediate use of this book is as a consciousness raiser. As Wendy Stock concludes: "Therapeutically, it may be more effective to educate clients to the systematic inequalities that affect them rather than allow the internalization of conflict by overlooking these realities. Awareness of oppressive external contingencies and how these relate to individual behavior provide the basis for strategies directed toward change." Widom's book offers an important step toward such change.
A, PR

Abortion: Moral and Legal Perspectives.

Jay L. Garfield and Patricia Hennessey, eds. Amherst, Mass.: University of Massachusetts Press, 1984 (331 pp.; \$30.00 hardcover, \$13.95 paperback).

Reviewed by Laurie R. Rockett, Esq., Counsel to the New York law firm of Raggio, Jaffe and Kayser; General Counsel to SIECUS.

Had the United States Supreme Court not recently agreed to review two decisions of the Courts of Appeals which invalidated restrictive state abortion legislation on the authority of the Supreme Court's decision in *Roe v. Wade*, this thoughtful collection of essays might have been dismissed as an interesting but academic comment upon that seminal decision. *Roe v. Wade*, decided in 1973, established the constitutional right of a woman to decide whether or not to terminate her pregnancy. Characterized by its critics as an unwarranted judicial expansion into the legislative area, the *Roe* decision was nevertheless reaffirmed and clarified a decade later by the Court in *City of Akron v. Akron Center for Reproductive Health* and two related cases. The Court's recent decision to review two cases involving issues very similar to those it considered in *Acron* raises the uncomfortable possibility that the basic analysis supporting *Roe v. Wade*, which was severely criticized in Justice O'Connor's dissent in *Acron*, will be subject to renewed scrutiny by the Court as a whole. The essays in this volume could serve as a valuable resource to any such re-evaluation of the constitutional issues relating to abortion. Taken as a whole, they provide strong philosophical underpinning for

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the result reached in *Roe v. Wade*, if not for all of its analytical details.

The initial essays by Janet Benshoof and Catharine MacKinnon present sharply contrasting views of *Roe v. Wade* itself. The Benshoof essay, written from the perspective of a civil liberties lawyer and against the background of the profound practical benefits derived by women from the decriminalization of abortion, reviews the foundation for the right to privacy articulated in *Roe v. Wade* as based on prior decisions of the Court. In contrast, Catharine MacKinnon's "feminist" analysis criticizes the result as a roadblock to state (a feminist-dominated state?) intervention against the male domination of the social order.

The second section of the volume deals with the concept of personhood which the authors believe "is widely perceived to be the single central question in the abortion controversy." Indeed, Justice Blackmun's opinion in *Roe* rested not only on his identification of a woman's fundamental right to privacy but on his legal conclusion that, for purposes of the Fourteenth Amendment, a fetus is not a person. After reviewing alternative definitions of personhood, both essays in this section (by Patricia A. King and Ruth Macklin) conclude that the concept itself—i.e., the moral or philosophical rather than the legal meaning of the term—is both "useless" and "irrelevant" in resolving the abortion issue. They agree, however, that protection can be afforded the fetus independent of the concept of personhood.

The extent to which the state can afford the fetus such protection within our constitutional structure is addressed in the volume's third section in essays by Roger Wertheimer, Stephen H. Galebach, and David A. J. Richards. Wertheimer, while critical of the analysis employed by Justice Blackmun in the *Roe* decision, and, in particular, the perceived inconsistency in his refusal to reach the question of when life begins, discerns an epistemological thesis implicit in the opinion. This thesis, he suggests, not only justifies the result in *Roe* but constitutes a decisive argument against any constitutional amendment which would permit a different result. Wertheimer reconstructs the argument implicit in *Roe v. Wade* as follows: Because government derives its legitimacy from the consent of the governed, government must assume the burden of justifying its coercive acts. Any prohibition on the decision to abort so severely limits a woman's liberties that this

burden can be met only if government can establish that fetuses are human beings. But the latter principle is unmonstrable; accordingly, no authority can demand respect for government-imposed limitations on abortion. Galebach, conversely, proceeds from the assumption that personhood can be scientifically determined, and, relying on one of the inconsistencies in the Blackmun opinion identified by Wertheimer—the suggestion that legislatures are better equipped than the courts to determine when life begins—he proposes that Congress can enact a statute providing that fetuses are persons within the meaning of the Fourteenth Amendment.

David Richards's essay proposes a political theory in support of the result in *Roe v. Wade*—theory which he finds lacking in the Court's opinion. Although an argument similar to his was rejected by the Court in *Harris v. McRae* (which upheld the Hyde Amendment's ban on the use of federal funds to pay for abortion), Richards suggests that *Roe v. Wade*'s prohibition on government interference with the abortion decision is firmly grounded in the Establishment and Free Exercise Clauses of the First Amendment. The rejection of the Establishment argument in *McRae*, he argues, resulted from the Court's misplaced focus on the nature of the groups advocating regulations rather than on the character of interests supporting regulation. Criminal laws restricting abortion rest on normative, rather than neutral, principles and, he contends, thereby degrade the moral independence which the First Amendment protects.

The volume's fourth section attempts to characterize the act of abortion in moral or ethical terms without addressing the appropriate role of the state in its regulation. Phillippa Foot deals with the question of the distinction between killing and passively "letting die," and concludes that the decision to abort is more than a passive refusal to give life-support to the fetus. Nancy Davis critically examines the argument that abortion is justifiable as an act of self-defense on the part of the pregnant woman in terms of the "morally relevant asymmetry" between the interests of the pregnant woman and those of the fetus.

The final section examines and rejects some common arguments in support of and in opposition to legal abortion, and reexamines the nature of the privacy interest protected in *Roe v. Wade*. The claim that obliging a woman to carry a

pregnancy to term requires of her a degree of "good samaritanism" not asked of other individuals in society is considered and rejected in the essay by Meredith Michaels, while Lawrence Thomas disputes the validity of using the term "slavery" to represent the opposite of "legalized abortion." In both cases the authors conclude that acceptance or rejection of the argument concerning privacy is dependent upon one's point of view as to the personhood of the fetus. In the final essay, Daniel Wikler suggests a number of possible interests supporting the right of privacy as recognized in *Roe v. Wade* and, like Michaels and Thomas, concludes that the abortion controversy rests in large part on a disagreement as to the nature and status of the fetus. If the resolution of the question is based on a matter of moral judgment rather than on ascertainable scientific fact, he concludes, the answer may not be dictated by the state. Wikler points out, however, that many of the assumptions accepted by elements of the pro-choice community—e.g., recognition of a developmental milestone, such as viability, as a benchmark for the recognition of legally cognizable interests—are inconsistent with this thesis.

If a common theme can be discerned from the essays in this volume, it is that there is no objective basis upon which the moral issues raised by abortion may be resolved. In the absence of any such objectively based resolution, any attempt by the state to dictate a particular resolution is clearly inconsistent with the individual liberty guaranteed by the Constitution. **A, PR**

Human Sexuality Across the Life Span: Implications for Nursing Practice.

Loretta P. Higgins and Joellen W. Hawkins. Monterey, Calif.: Wadsworth Health Sciences Division, 1984 (314 pp.; \$17.75).

Reviewed by Fern H. Mims, EdD, FAAN, Professor of Nursing, Center for Health Science, School of Nursing, University of Wisconsin-Madison.

This book lacks a clearly identified progression of content. While the authors claim in the introduction that they have organized the text around the crisis model, using sexual development across the life span as an organizing theme, the actual content of many of the chapters was not developed to support either of these aims. That is not to say, however,

that the book does not make a valuable contribution to nursing practice.

The illustrations, charts, tables, and references are excellent, and the book has many practical features which include: a guide for conducting a sexual health history, a self-assessment tool to be used by clients, recommendations for prevention of assault, and guidelines for breast and testicular self-examination. The appendices provide useful information about sexually transmitted diseases, contraceptive methods, methods of abortion, and useful audio-visual resources. A few chapters present material in a very comprehensive manner for both the male and female client. Overall, however, the book places greater emphasis on the sexuality of the woman.

The chapter on "Sexuality: Ethics and Morality" is outstanding. It provides nurses with the opportunity to analyze their own values and biases in comparison with those of society in general regarding certain controversial aspects of sexuality, e.g., artificial insemination, DES exposure, *in vitro* fertilization, amniocentesis, discrimination against women, and sexual abuse by health care providers. This chapter, which is based on current research information, concludes by emphasizing that "the degree we choose to express our sexuality, as long as we do not harm others, is an individual choice." **PR**

Menopause: What It Is, Why It Happens, How You Can Deal With It. Margot Joan Fromer. New York: Pinnacle Books, 1985 (192 pp.; \$3.95 paperback).

Reviewed by Vidal S. Clay, EdD, Lecturer in Human Development and Family Studies, University of Connecticut, Stamford, Conn.; author, Women: Menopause and Middle Age.

Menopause is one of a series on health problems published by Pinnacle Books. Written in a chatty style and enlivened by a number of case histories, it is a popularization of recent medical information about menopause, with a resultant focus on the medical model of health care. The book's general tone reflects the belief that, with the help of their families, their friends, and a "concerned and educated doctor," women will have no problems moving through the menopausal years. Thus the reader is directed to get medical help in dealing with this natural physiological event, with the corollary suggestion that exogenous

female hormones be considered in dealing with severe menopausal distress and—the new push—in controlling and preventing osteoporosis. In the first case history cited, the subject remarks that after menopause she will be glad to save the money formerly spent on tampons, but she then realizes that she will be spending even more money on estrogen replacement therapy. Her assumption about having to resort to ERT is not questioned here at all.

Topics covered in the book are: The Menstrual Cycle and Menopause, Estrogen Replacement Therapy (ERT), Diet and Exercise, Sexuality, Emotional Aspects, Problems, Osteoporosis, and Cancer. In the ERT chapter, Fromer includes a thorough discussion of the ERT controversy about the advantages and risks of the treatment, along with a review of current research up to 1984. Although she does report on one study which indicates that the long-term safety of the ERT treatment cannot be guaranteed and that ERT should be used only for women with severe estrogen deficiency or who are at especially high risk for osteoporosis, the chapter generally seems to recommend a low dose of estrogen given cyclically with progesterone. Women on this regime will need to be carefully monitored by a physician who is up to date on this issue. The possibility of women's developing uterine cancer as a side effect is termed a "small risk" by Fromer when compared with the "large risk" of osteoporosis which can result in "permanent bone disease and fractures," and she cites an authority who says that 90% of such cancers are curable.

In the chapter on sexuality, Fromer emphasizes that, although the sexual response changes with age, older women can be sexually active. For those without partners and for whom the unavailability of older men may be a major problem, she discusses sexual loneliness and suggests various solutions, including same-sex relationships.

The chapter on osteoporosis is thin. Fromer tends to overstate the adverse effects of this condition, e.g., in saying that the "survivor" of a fractured hip will likely never walk again. She fails to point out that only 25% of older women suffer from severe osteoporosis and that vulnerability is affected by race, body type, previous lifestyles, etc. Ways of preventing osteoporosis are mentioned in the chapter on diet and exercise, and the hormonal treatment in the chapter on ERT. The author is apparently unfa-

miliar with the new technology for testing bone density.

I am ambivalent about this book. Overall, Fromer does project a positive attitude toward menopause, urging women to face and accept the natural process of aging and the physical changes that result and not to look upon it as a disease or deficiency state. Also, she does provide a lot of good information to educate women to be responsible and cautious about their health care. (An index would have been helpful, as well as a more comprehensive glossary.) I would, however, have preferred an approach which put more emphasis on the preventive rather than the medical treatment aspects of menopause, especially since the major treatment discussed—ERT—is one for which we have no long-term studies. **A**

Lesbian and Gay Issues: A Resource Manual for Social Workers. Hilda Hidalgo, Travis L. Peterson, and Natalie Jane Woodman, eds. Silver Spring, Md.: National Association of Social Workers, 1985 (220 pp.; \$16.45).

Reviewed by Eileen M. Corrigan, DSW, Distinguished Professor, Rutgers University School of Social Work, New Brunswick, N.J.

This manual is the work of the National Association of Social Workers' National Task Force on Lesbian and Gay Issues. The various authors are primarily professional social workers who are joined by other professionals such as psychologists, lawyers, and a physician. They present in a concise, informative style the knowledge needed to practice with gays and lesbians as individuals.

The first section is devoted to specific sub-groups such as adolescents, couples, lesbian mothers, the disabled, and rural groups. The less extensive second section deals with institutional intervention. It includes an interesting analysis of the changes brought about in NASW over a decade—changes which made room for new areas of concern and led, for example, to the publication of this manual. The final section, which focuses on assisting professionals to examine homophobia, scrutinizes agency policies which negatively affect lesbians and gays as employees and outlines suggestions for change.

A majority of the authors address at some point the feelings of isolation and fear as they are experienced by the esti-

mated 10% of the population who are lesbian and gay. There is no other oppressed group to which these women and men can be compared. In our current society, most members of ethnic and racial minorities, women, and the elderly are often victims of racism, sexism, and ageism, but they are not a hidden population, whereas the component which identifies itself as gay and lesbian is usually not apparent to others. Thus, each author identifies peer support and professional intervention as critical for the homosexual individual's well-being. The manual offers an extensive listing of bibliographies for special populations, outlines for training sessions, and specific guides to directories and clearinghouses which encompass health, legal, and social resources for lesbians and gays. AIDS (Acquired Immune Deficiency Syndrome), currently of serious concern, is discussed in several chapters.

The manual should have wide appeal and usefulness not only for all social workers, agency administrators, and faculty at schools of social work, but also for many other groups. It assumes that gays and lesbians are distributed across all professional groups as well as in the total population and that they are for the most part not overt in their sexual orientation. It also states repeatedly that sexual orientation is only one aspect of being lesbian or gay, and that an individ-

ual's identity and lifestyle could be known to all or only to some friends. The implications of a secret lifestyle are confronted head on by several authors, as is the need for role models. Actually, many of these authors could well serve as role models since they have obviously and courageously confronted their own identities and have publicly been able to transmit their professional knowledge. We are in their debt. **PR**

Western Sexuality: Practice and Precept in Past and Present Times. Philippe Ariès and André Béjin, eds., translated by Anthony Forster. New York: Basil Blackwell, 1985 (220 pp.; \$24.95).

Reviewed by Vern L. Bullough, RN, PhD, Dean, Faculty of Natural and Social Sciences, State University College at Buffalo, N.Y.

In the academic year 1979-80, Philippe Ariès, best known for his *Centuries of Childhood*, organized a seminar at L'Ecole des Hautes Etudes en Sciences Sociales on the subject of human sexuality. The results were the studies appearing in this book and originally published in French in the periodical *Communications*. This bit of information is useful because it helps explain the strengths and weaknesses of the book.

Western Sexuality is not a history of

sexuality but a series of disjointed papers on specialized topics of interest to the presenters. Most of the papers are not particularly original and seem designed to provoke discussion rather than present new information or even assess existing information. Very few can be termed research papers, and several of the contributions, including those of Béjin, would be more appropriate in a popular sex magazine than in a scholarly book. Béjin's discussion of the "orgasmic imperative," while great fun to read, is not particularly original, and neither is his put-down of the sexologists. It must have made for a great dialogue in a seminar, but here it is overstated nonsense. Ariès appears in the book with a few short introductory papers (he died shortly after the seminar), but his contributions are in the nature of summaries.

The book does include, however, some thought-provoking articles, including one by Robin Fox on sociobiology and sex and one by Jacques Rossiaud on prostitution in fifteenth-century France. At times it seems as if the presenters believed that no one but recent French writers has written on sex. Certainly, their knowledge of the sexuality literature in languages other than French is not very extensive. Thus this book is for a reader willing to persist in finding its provocative insights and its occasional pockets of new information.

A, PR

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