

FAMILY, WORK, AND GENDER EQUALITY A Policy Comparison of Scandinavia, the United States, and the Former Soviet Union

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The workplace is not separate from other human institutions. Workers bring into the workplace their values and expectations from home, from the community and from the larger society that bear on their relationships and aspirations at work. They also take home from the workplace feelings of frustration or worth that affect their roles as parents, community members, and citizens. To view work in isolation from other role relationships is to remove it from the normative context that sustains it and gives it meaning.¹

The sociology of family and gender roles has long tended to link work, the family, and even the community and state. As early as 1956 social scientists presented strategies by which women could combine their traditional family obligations with paid work. Today we recognize that women have many more than two roles, and the contemporary interface of family and work produces many a dilemma. Most women now see the challenge they face not in terms of becoming exactly like men in their work lives or returning to the domestic hearth but in terms of restructuring the family and work roles both for themselves and for men as well.²

This article will first compare public work policy among Scandinavia, the U.S., and the former Soviet Union. Traditional work policies focus on norms and standards for safety, occupational health, and working conditions. Labor-market policy also includes workers' participation in management and ownership, as well as rules for collective bargaining. Family policies are a part of all developed nations, designed to give economic support to families. Some countries emphasize cash child allowances, others emphasize tax reductions. Family support -- with the exception of maternity insurance -- does not affect the labor market or the bargaining power of workers.

Background: Comparison of Work Policies

In the United States, large firms provide services that mirror those of government services. For instance, businesses have a social service component to deal with is-

suues of alcoholism, drug abuse, and family needs; a justice component to address issues of equal opportunity; and an educational component to provide training.³ Nevertheless, only a minuscule proportion of even the large firms have made determined efforts to reform their internal structure to better accommodate workers' needs. Rosabeth Moss Kanter suggests that the "new workplace" is less hierarchical, more egalitarian, and more conducive to the freedom that the new work force seeks.⁴ This means bureaucratic control: a system of labor control that weakens bonds of solidarity among workers. In the U.S. auto industry, for instance, men and women who run the factories and staff the offices are said to do surprisingly well in the global competitiveness race -- but only when managers give them a chance.⁵ At General Motors and Ford, the companies for which we conducted research in 1988, the organization is said to be more authoritarian and patriarchal than in some newer branches of U.S. industry, like computer manufacturing, for example.

Scandinavia has been a forerunner in industrial democracy, management-worker cooperation, and work-safety research and policy. Discussions of the democratization of work life entered the political arena in Scandinavian countries around 1960, and since then many changes have been made.⁶ Many Scandinavian organizations assumed new experimental forms with researchers, trade unions, and cooperative employers' organizations working together to bring about change. The Scandinavian countries revised work-safety laws in the 1970s, allowing the state to establish norms, supervise and sanction employer compliance through, for example, occupational inspections. Those inspections rely heavily on medical, chemical, and technical expertise. Since the 1980s, laws dealing with worker/management cooperation and workers' influence on decision making have guaranteed a degree of industrial democracy in all Nordic countries. Dialogue among partners in the labor market is encouraged, even to the point that the state intervenes as a third party in wage and fringe-benefit negotiations. It is considered important for work policy to encourage innovative organi-

zational arrangements and to avoid polarization of work conditions and tasks.

Occupational health -- the prevention and treatment of occupational diseases and accidents -- is a major work-policy issue in Nordic countries. Recently, quality of work, the environment at work, and human relations in the work community have also become concerns of workers' health policy.⁷ Work is an important part of the quality of life. A healthy, safe, and comfortable work environment which promotes motivating, meaningful work is believed to promote the health of workers, better productivity, and a higher quality product.

In the Nordic countries, there is at present a trend toward less governmental control of work life. This means that both public and private employers have an increasing "freedom of responsibility" in the development of working conditions. An additional goal of recent Finnish work policy is to increase self-initiation in work organizations.⁸

In the former Soviet Union, state control of individuals was strict. During the politically shaky, economically difficult, and inflationary last years of Communist rule, social policy could not guarantee reasonable welfare to pensioners, the ill, the handicapped, and many other groups in need of social services.

Family Policy in the United States

The United States is unique in its reluctance to address the issues of family roles and women's and men's work in the policy arena. European countries provide support to families, parents, and women in the form of children's allowances, paid parental leaves of absence, and maternity benefits. The United States, while paying lip service to the importance of families and children, has no comprehensive family policy and has been notably disinclined to pay the costs of government benefits and services for families, for working parents, and for women.⁹

Child allowances and tax reductions, which exist in the United States, are only a small part of family policy. Otherwise, the official infrastructure of the country does not encourage people to have and rear children.¹⁰ Working hours are long,¹¹ paid parental leave is short, if paid at all. Only a portion of employers offer job guarantees for parents staying home without pay to care for a baby, the quality of municipal day-care centers varies (when such facilities are available), and high-quality private child care is expensive.

Some employers have privately developed measures to make the workplace more responsible to the needs of employees. Major companies are providing modest paid disability benefits at the time of pregnancy and childbirth, and some allow female employees brief additional unpaid but job-protected leaves. The 1970s saw a rapid expansion in the establishment of flex-time policies, but the trend has since slowed. Part-time work, in contrast, is growing, as is temporary work. The number of counseling services in the workplace has increased, and that expansion seems likely to continue. Childcare remains the family-related service most discussed in the workplace in the United States.

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For years, a dramatic difference in vacation time between many European countries and the United States has existed. In Scandinavia, for instance, most employees have an annual paid vacation of five to six weeks. Further, daily work hours are considerably shorter than in the United States.

It is puzzling that, in the United States, women have high labor-force participation rates despite no benefit legislation, highly uneven coverage through collective bargaining, and modest benefits for sickness or maternity and parental leave. At the end of the 1980s, the proportion of women in the labor force was similar in the United States (45%) and Scandinavia (45%-48%). In the former Soviet Union, the proportion of women in the labor force at that time was over 50%. It is generally agreed that changes in the relationship between men and women and transformations in family life have had profound social repercussions. As the rate of divorces climbed and the ranks of women in the labor force has grown, a whole new set of issues relating to child support and the problems involved in mixing work and family have been raised in all income ranges in all countries.

Family Policy in Scandinavia

Gender equality is one of the main goals of Scandinavia's social democracies. Actual policy, however, has been developed according to conflicting views about the extent to which public policy should support family functions or substitute for the family through public-service arrangements.¹² According to detailed studies by Kamerman and Kahn, Sweden has the most comprehensive family policy of all capitalist countries. Finland and Denmark also have explicit policies, but they are focused more narrowly.

Policy in the Scandinavian countries supports employed parents in their attempts to cope with both work and family demands. Women, who have carried the main responsibility for care in the family circle and in the multi-generational chain, now receive help from public services in fulfilling the tasks of everyday life. Day care for children, elder care, home health services, and so on, have begun to liberate women from both family and intergenerational dependency.¹³ The municipal day-care system covers a large proportion of children under school age (which is seven years).

Parental leave with 80% - 90% compensation for lost salary extends for 15 months in Sweden, 12 months in Finland, and about half a year in Denmark. Fathers as well as mothers are eligible for this leave. In the early 1990s, practically every eligible Swedish father used "daddy days" immediately after the birth of a child, and 34% of Finnish fathers took advantage of "daddy days" in 1989.¹⁴ In addition, parents have their jobs guaranteed by law for several years if they choose to stay at home to care for their children. It is still predominantly mothers who take this longer period of parental leave.

The Nordic countries represent a special tradition of women's economic activity: early integration into the labor market, high labor-force participation rates, high rates of union organization, low unemployment, high segregation, frequent but "safe" atypical employment (part-time and temporary work), and relatively small wage differen-

tials. Most of the stability of women's employment in Scandinavia was achieved by means of general economic policy, not so much by policies targeting gender equality in pay or employment opportunities.¹⁵

The Nordic countries have laws guaranteeing equality between men and women in society generally and at work. There are also state gender-equality councils and ombudsmen for coordinating public equality policy. Shortcomings and backlashes concerning gender equality still exist in the Nordic countries, however. The Nordic model has supported, perhaps even strengthened, segregation and gender division in the workplace. It has made women increasingly dependent on the state instead of on husbands: the private patriarchy has merely become public.¹⁶

From the point of view of gender equality in the labor market, Scandinavia and the United States show different developmental tendencies. The Swedish employment structure was, in the 1970s and 1980s, evolving toward two economies: one, a heavily male private sector; the other, a female-dominated public sector. Although there was a small increase in "female" job concentration, women were also moving into traditional male jobs. The share of women in privileged "male" occupations in the United States was twice that in Sweden.¹⁷

The present cuts in social services in Scandinavia due to economic recession will mean a reduction in employment opportunities for women.¹⁸ Since 1970, women have composed almost two-thirds of the public employees in the Nordic Countries.¹⁹ In 1985, the public sector employed almost every second working woman. In Denmark 45%, in Finland 39%, and in Sweden 55% of employed women were public employees.

Family Policy in the Former Soviet Union

A socialist vision of the future emphasized the importance of public life. Women's drudgery in the home would be replaced by public, collective arrangements in which men and women would participate freely and symmetrically. But the introduction of women into the labor force is not enough to produce change in the gender system. The traditional attitudes of male superiority in the former Soviet Union outweighed the pronouncements of official egalitarian ideology. No real change occurred in the roles of men; they merely looked on while women took more jobs. The main goal of recent Soviet social policy, according to Narusk,²⁰ was to reconcile the woman's duties in society and at home, to facilitate her ability to perform her dual role, and to lessen the differences in material welfare existing among families based on number of children.

As of the latter half of the 1980s, it was obligatory for both men (aged 16 - 59) and women (aged 18 - 54) to work or study outside the home. Free education (with grants to students in secondary and vocational schools and universities), free medical care (with payments for being on the sick list and also for time spent in the hospital), almost-free day-care centers, cash child allowances, and other social services helped families. There were practically no housewives who stayed at home, and women were supposed to take an active role in social life and politics.

A new stage in Estonian family policy began in the early 1980s, when the rights of state enterprises and collective farms were broadened to include the use of company social funds for the help of workers' families. Working mothers became entitled to paid maternity leave until their child was one year old and to additional unpaid leave until the child was 18 months old. A state grant was established for the birth of a first child, and a double sum for the birth of a second or third.²¹ Mothers of small children were entitled to shorter working days or were given the opportunity to work at home, if their managers deemed this possible. The use of these measures depended on the good will of the managers and on the real amount of social funds at their disposal. There were great differences in benefits from enterprise to enterprise.

Lapidus identifies three features of the Soviet system that impede women's work freedom and choices.²² First, sexual stereotyping of occupations was not eliminated. Second, female occupational choices were profoundly influenced by the continuing identification of both creativity and authority with men. Third, culturally and in legislation, household and family responsibilities were explicitly treated as the primary and proper domain of women. At the same time, shortages of consumer goods and everyday services made household responsibilities especially onerous.

The social policy system was supposed to satisfy the basic needs for food and housing, as well as for health, education, cultural and social services for all citizens without separate charge. However, the continuing lack of consumer goods and housing have made daily life difficult, and the quality of state services has been poor. For example, day-care facilities were often understaffed; children disliked them and got sick, adding to parental stress. In addition, the hours were too long for children, often nine hours a day, since most women worked, and full-time and flex-time did not exist.²³

Nevertheless, the official Soviet ideology of gender equality was successful in some respects. For example, female-male gaps in the number of third-level science students, in the labor force, and in parliament, were smaller in the Soviet Union than in the capitalist countries studied. After the fall of the Soviet Union, however, women criticized the official gender-equality ideology for its lip-service. They questioned the value of gender equality in science, the labor force, and politics. For example, surveys of Estonian high school students in 1979 and 1990 showed that the value girls assigned to education, particularly technical studies, had diminished in the 1980s. The few girls who were interested in technology had low self-esteem.²⁴ According to a survey of 921 adult women in 1990, women valued family and children more than economic welfare. They also valued love, hobbies, friends, and relationships with their parents more than their jobs or studies.²⁵

In 1990, Estonian women were relatively unconscious of inequality between men and women. More than half of the 921 respondents in the survey could not point out gender inequalities, a situation related to the fact that "feminist" in Estonia is a word of abuse.²⁶ Opposition to forced equality during the Communist period resulted in a strengthening of traditional attitudes with regard to the position of women. In 1988-90, the Estonian women's movement proposed that women should concentrate on giving birth to many (Estonian) children and care for them at home.

The high number of women in the Supreme Soviets (parliaments) in the former Soviet Union was achieved by apply-

ing a 30% quota for women members in elected bodies at the national, regional, and local levels.²⁷ After the breakdown of the Soviet Union, the proportion of women sank in the representative political bodies of the Soviet republics. The legislature elected in independent Estonia in 1991, for example, included only seven women among 105 members. Women were simply not interested in running as candidates. Their attitude toward politics was negative and based on frustration and alienation. In the prior Communist period, women legislators were like toys in the hands of their male counterparts, even though some of the women were quite competent.²⁸ The Soviet Women's Committees were the only officially accepted women's organizations functioning on both the national and local levels during the period from 1940 to 1991, and they were not allowed to discuss women's social, economic, and political inequality, the existence of which was denied.

Summary

In the mid-1980s, the five countries we studied were ranked according to gender equality as measured by a combined index.²⁹ The comparison included 99 countries, representing 92% of the world's female population, and the index was based on 20 indicators, including health, marriage and children, education, employment, and social equality. The status of the women in the five countries in this study declined in the following order:

Sweden	(with a score of 87)
Finland	(85)
U.S.	(82.5)
Denmark	(80)
USSR	(70)

This comparison indicates that, in practice, there was more gender equality in Scandinavia and the U.S. than in the former Soviet Union.

Gender equality seems to be especially high in Scandinavia, according to another international comparison. The Human Development Index combined indices of longevity (life expectancy at birth); knowledge (adult literacy rate and years of schooling); and decent living standards (adjusted real gross domestic product). In 1990, the overall Human Development Index was on the same level for the U.S. (.976) and Scandinavia (Denmark .967, Finland .963, and Sweden .982), but lower in the USSR (.908). When the male-female disparities were taken into account, Scandinavian countries turned out to have higher scores (.878 for Denmark, .902 for Finland, and .886 for Sweden) than the United States (.809). Finland ranked highest among the countries of the world on this gender-sensitive index.³⁰

The high level of social development in Scandinavia is reflected in people's satisfaction with life. At the beginning of 1980s, life satisfaction was higher in Scandinavia than in the U.S.³¹ (Life satisfaction is part of a syndrome of positive attitudes toward the world in which one lives.)

Nowhere, however, has equality of economic opportunity for women followed automatically from their higher levels of educational attainment and labor force participation. The basic problem is still lower pay for women's work than for men's work. Men derive greater benefits from educational and occupational attainments, even when women's work ex-

perience and levels of current labor-force participation are comparable. The gender gap in wages is larger in the United States, where female wages are 69% of male wages, as compared to Scandinavia, where female wages vary between 76% and 84% of male wages.³² In 1989, the average full-time earnings of women in the Soviet Union ranged from 65% to 75% of those of men.³³ Scandinavian countries have relatively high economic equality between men and women, but a gender gap in earnings remains.

We found by conducting social research and other comparative work among the three regions that type of society and type of workplace (with its specific gender composition) have strong connections with the organization of work, with the social relations at work and in the family, and with the well-being of women.³⁴

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COMPLICATIONS IN ACADEMIA

Sexual Harassment and the Law

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Sexual harassment has only recently come into focus in higher education law. Prior to the passage in 1978 of Title IX, which applied sexual harassment laws to educational settings, the majority of sexual harassment cases reportedly occurred at the worksite. As awareness of sexual harassment increased, the number of reported cases rose significantly.

National surveys indicate a greater incidence of sexual harassment in industry than in academia. One survey published in a popular women's magazine, for instance, found that of 900,000 women, 90% reported having experienced sexual harassment on the job. An American Psychological Association study reported that one quarter of female students had had sexual contact with an educator within six years prior to the survey.¹ More recent studies of women in the workplace and academia have shown the incidence of sexual harassment to range from 10% to 90% (depending on the definition used), with a rough average of about 60%.² The results of a University of California, Berkeley survey revealed that 26% of 235 male faculty members reported sexual involvement with female students.³ Statistics indicate a higher incidence of sexual harassment in the workplace than in academia. However, one should not assume that sexual harassment is less of a problem in academia. The discrepancy in incidence of sexual harassment in the workplace and in academia may be best attributed to definitional and legislative differences.

Sexual Harassment in Academia

A number of complicated reasons exist for the under-reporting of sexual harassment in academia. Some of the reasons are thought to be associated with the sexual socialization of our society.⁴ The traditional stereotype of women as subordinate to men plays a role:

Presumably, individuals who have strong needs to appear in a socially desirable light, those who show avoidant responses to threat, and those who show avoidant responses to sex, are motivated to ignore...experiences of sexual harassment. Women who are younger...were less likely to subjectively perceive that they had been sexually harassed.⁵

Some women do not report an incident of sexual harassment out of concern for the male ego. Other women blame themselves for the incident. In addition, the career plans of women are often thwarted or not taken as seriously as men's. Consequently, when sexual harassment occurs on campus, the career of the faculty member may be considered by those in power to be more important in the proceedings than the student's career aspirations.⁶

At the time when many individuals experience sexual harassment they are often unprepared to handle the situation. Additionally, most institutions do not offer guidance to higher education students who experience sexual harassment. Typical college students are without immediate connections to family or the local community, an experience which may be compounded by limited financial resources to pursue a solution. The length of time a student is associated with an institution is short, often making a sexual harassment case moot before litigation can be completed. In the interim, the student makes selective choices to decrease the likelihood of additional harassment. Victims of sexual harassment may be unwilling or unable to deal with the consequences of reporting the incident. Following through on a report requires enormous emotional energy and consumes much time. Individuals who report sexual harassment often lose financial support, such as assistantships. Finally, those reporting sexual harassment are often not supported by peers or faculty.

The Nature of Consent

Sexual harassment in academia can occur to anyone regardless of gender or position. An important definitional criterion is that the initiator is in a position of power over the person he or she harasses. In academia, patterns of sexual harassment may sometimes be repetitive and committed by individuals with a degree of influence over the academic career of the harassed student. Adding to the difficult nature of eliminating sexual harassment are consensual sexual relationships that sometimes occur between students and teachers. Additionally, some individuals may be available for sexual advances with the hope that the relationship will be meaningful or provide some other kind of reward. In a survey of 150 women, one fourth of them indicated they would not turn down

Harassment in Schools

In June 1993, the American Association of University Women (AAUW) Educational Foundation and Louis Harris published the results of a survey which aimed to quantify sexual harassment in American schools. The survey found that most girls and many boys can routinely expect to be grabbed, poked, pinched or put down in explicitly sexual ways. The study surveyed 1,632 students in grades eight through eleven in 79 schools across the country this past February and March. The study was a follow-up to a 1991 report that showed how girls' self-esteem declines as they progress through school. Findings are as follows:

- More than 75% of girls and 56% of boys report having been the target of unwanted sexual comments, jokes, gestures or looks.
- Two-thirds of girls and 42% of boys have been touched, grabbed, or pinched.
- About 80% of unwelcome sexual behavior is by students and directed at other students; the remainder comes from teachers, custodians, coaches, and other adults.
- Nearly half the students surveyed said they were "very upset" or "somewhat upset" when harassment was directed toward them. (Notably, 70% of girls reported that they were upset as a result of harassment, whereas only 24% of boys said they were upset.)
- Nearly one-third of girls who reported having been the targets of harassing comments said it made them want to avoid school and reduced their willingness to talk in class.
- Nearly one-fourth of girls have been forced to kiss someone, and one in ten students — both boys and girls — reported being forced against their will to do something sexual other than kissing.
- Two-thirds of the boys surveyed and 52% of the girls said they had been harassed by other students. Of those, 41% of the boys and 31% of the girls said they believe this was "just a part of school life" and that it was "no big deal."

For a copy of this survey send \$11.95 plus \$4.00 shipping and handling to: Hostile Hallways; AAUW Sales Office, P.O. 251, Annapolis Junction, Maryland 20701.

sexual advances if it would help in their academic advancement.⁷ By definition, consensual relationships are not sexual harassment; however, there is often a disagreement among parties to sexual harassment cases whether or not advances were "welcome," and whether the relationship qualifies as consensual. On the whole, a careful evaluation of the nature of consent is important.

Confronting sexual harassment in institutions of higher education produces a wide spectrum of reactions. These reactions range from denial of its existence to disputes over interpretation to litigation. One campus official stated, "If you make someone feel sexually uncomfortable, you are guilty of sexual harassment." However, using such a definition places the curriculum content of a number of university classes under suspicion. Courses in human sexuality, counseling, personal health, feminist theory, philosophy, and religion are but a few examples. These courses may all contain information designed to encourage students to question their preconceived no-

tions and values concerning sexuality. In challenging student perceptions, faculty in these courses may indeed make the student uncomfortable. Perhaps a more precise definition of sexual harassment for higher education faculty and sexuality educators will be helpful. First, one must become familiar with the legislation and litigation as it pertains to sexual harassment in the academic setting.

Defining Sexual Harassment

Sexual harassment legally falls into two precise categories. The first, *quid pro quo*, means something is gained from something else. The category includes cases where an individual's advancement is dependent upon sexual favors. Such a claim is permitted only when there is a definite link between job detriment or grade and the refusal to submit to sexual advances of a superior.⁸ *Quid pro quo* harassment can only be perpetrated by an individual who has supervisory control over another. The second form of harassment is environmental and occurs when

multiple incidents create an environment that violates an individual's civil rights.⁹ The development of the hostile environment doctrine is the result of the 1982 court ruling *Henson v. the City of Dundee*. The court in this case identified the following five elements that must be established to confirm a hostile environment claim:

- The employee (student) belongs to a group protected by law from discrimination;
- The employee (student) is subject to unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature;
- The harassment is based on gender;
- The harassment affected the condition of employment or learning;
- *Respondeat superior* can be proven. This means that a superior knew or should have known of the harassment and failed to take proper action.

The application of the two categories of sexual harassment requires examination of the context in which the sexual harassment occurs. A number of factors affect whether a specific behavior is considered sexual harassment. One of the most important elements is the gender of the individual who is rating the behavior. Men consider fewer behaviors to qualify as sexual harassment than do women. Additionally, the more intrusive and frequent the behavior, the more likely it is to be defined as harassment.¹⁰ Finally, the nature of the relationship in which harassing behavior occurs may have an impact on whether or not the harassment is identified. It is easy to understand why a clear definition of sexual harassment is difficult to create.

Civil Rights Act of 1964

The development of legislation defining sexual harassment spans a thirty-year period. The Civil Rights Act of 1964 focused on addressing the problems of racial discrimination. Title VII of the Civil Rights Act prevents federal funds from going to institutions that discriminated on the basis of race, color, or national origins.¹¹ Title VII wording included the terms religions and sex as categories for discrimination and ultimately led to the development of the United States Equal Employment Opportunity Commission (EEOC) guidelines. These guidelines, in part, define sexual harassment as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting

such individuals, or 3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.¹²

However, these guidelines dealt specifically with the work environment and not with relationships in educational or institutional settings.

Court Cases

Eight years passed before legislation directed toward discrimination based on gender in education became law. Title IX of the Educational Amendment of 1972 is similar to the wording in Title VII of the Civil Rights Act of 1964, but it does not make clear a student's right to sue an institution. Additionally, it required a grievance procedure be filed and did not allow for damages. Under Title IX, the University is considered the employer, and the professor is the employee. The student is, in fact, treated as a third party.¹³ Court opinions have added to the confusion over educational incidences of harassment and generally have employed a *laissez faire* attitude. For instance, one decision stated:

When judges are asked to review the substance of a genuinely academic decision....they should show great respect for the faculty's professional judgment. Plainly, they may not override it unless it is such a substantial departure from accepted academic norms.¹⁴

The courts have offered limited methods of redress to assist parties in sexual harassment cases from higher education institutions. The following court cases and findings have significantly affected our understanding of sexual harassment in higher education institutions:

- *Alexander v. Yale University* (1977) This case established that a "hostile environment" is maintained when an institution does not publish a grievance procedure for gender discrimination. Additionally, this case found that sexual harassment in academics (including extra-curricular time) is a violation of Title IX; that *quid pro quo* could be argued even if the harassed student suffered no tangible loss of benefits; and that the existence of environmental harassment could not be established by rumors or hearsay.
- *Cannon v. the University of Chicago* (1979) This case ruled that an individual has the right to sue a state institution for violation of Title IX, allowing private action enforcement.
- *Grove City College v. Bell* (1984) This case ruled that enforcement of Title IX cannot apply to colleges that do not receive federal monies. However, any student receiving financial aid from the federal government does have the right to apply the law, making virtually every educational institution subject to Title IX.

• *Brown City College v. California State Personnel Board* (1985) This case made the application of Title VII more difficult in educational settings. Students are not considered employees, and a single sexual invitation to a student unaccompanied by threat of retaliation or promise of gain no longer constituted sexual harassment. Since Title IX does not contain language including a faculty member as the institution, knowledge of harassment on the part of the institution (the employer) is more difficult to establish.

The number of sexual harassment suits under Title IX has been small because of the nature of redress. Institutions may lose federal funding and are required to have grievance procedures published. These measures have been proven effective in achieving gender equity in admissions and athletics, but victims of sexual harassment were not impacted.¹⁵ Title IX allows individuals direct access to the courts without being required to exhaust administrative remedies first. Liability for sexual harassment can be direct or indirect depending upon the merits of the case. An individual may sue an institution on the theory of *respondeat superior*. Using this theory, the plaintiff must show that the institution is negligent due to the hiring or retaining faculty who are known to be harassers.¹⁶ Institutions can be held liable under Title IX in three general categories:

- 1) The institution has directly created a hostile environment, providing opportunity for the harassment to continue.
- 2) The institution has failed to act when given actual or constructive notice of harassing behavior.
- 3) The application of *quid pro quo* is appropriate in educational institutions because the faculty member is empowered with authority over the student.

With the passage of the Civil Rights Act of 1991, complainants are now allowed to receive compensatory and punitive damages in addition to relief previously allowed. These damages can range from \$50,000 to \$300,000, depending on the size of the employer and extent of the ha-

arrassment.¹⁷ Institutions have reacted by reviewing their policies and guidelines for the prevention of sexual harassment on campus. Some have proposed policies that will limit consensual relationships between faculty and students. Such policies are not new. New York University Law School, for instance, drafted a policy which prohibited such faculty/student consensual relationships over five years ago.¹⁸

Sexual Harassment and Sexuality Education

A 1992 Supreme Court case *Franklin v. Gwinnet County Public School*, will undoubtedly bring more suits for damages against educational institutions, since it established monetary damages awarded in sexual harassment cases against educational institutions. Additional avenues for redress have been created for complainants. Prevention strategies and risk reduction on the part of institutions have increased. Institutions indeed are held accountable, responsible for damages and threatened with a loss of federal funds.

Quid pro quo cases within the academy are viewed with a similar eye as those in the workplace. Environmental harassment remains somewhat hazy. Because of the controversial nature of sexuality education materials, such courses are already under close scrutiny. Activities designed to explore student attitudes often make students feel uncomfortable. Therefore, sexuality educators must become actively involved in risk reduction for sexual harassment.

A hostile environment is established by unwelcomed sexual advances, severe and pervasive enough to alter the educational process. A single incident or learning activity within a classroom, therefore, is unlikely to establish the grounds for such a claim. Within the context of a specific course, several different learning activities may be used to develop an idea, thus increasing the chance for establishing grounds that a hostile environment exists. Risk reduction is often employed by instructors concerned about how a specific activity or set of activities will be interpreted. However, forewarning students and allowing them to skip the activities does not necessarily eliminate the risk of litigation.

A broad interpretation of sexual harassment policies may pressure faculty members who lecture on sexual ori-

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entation, sexual development, and cultural perspectives regarding sexuality to name just a few. The use of erotic films and printed materials in classroom instruction may be seen as creating a hostile environment. Such was the finding in an investigation of an art professor at Vanderbilt University. The investigators found that a hostile environment had been unintentionally created by the professor in his studio photography class. The incident reportedly involved a student presentation of Robert Mapplethorpe's erotic and explicit photographs. A complaint was filed despite the fact that the professor had forewarned the class that sexually explicit materials would be presented. Students were also given the option of not attending if the material would be offensive to them.

Interpretations of sexual harassment policies, however, may not allow for free and open discussion of important subject matter, such as pornography or sexual dysfunction. The matter presents a conflict between academic freedom and Title IX protection against sexual harassment and discrimination. Identifying expression as harassment is seldom an all-or-nothing proposition, but is usually more complicated. The conspicuousness and directness of behaviors or statements are important factors when speech in the classroom is involved. The more conspicuous the statement, the fewer needed to create a hostile environment.

Learning activities which may create a hostile environment may not be easily addressed. Each case will need to be evaluated according to its own merit. Educators may feel frustrated in trying to balance the need to rid the institution of sexual harassment with the goal of educating candidly and honestly. Specific areas of the curriculum may require more creative solutions. Clearly stating objectives and offering specific warnings about the nature of the materials used can minimize confusion and misunderstanding.

Recommendations and Conclusions

As is often the case with the controversy surrounding sexuality education, strong administrative support can be a key element of sexual harassment risk reduction. Good communication with Department Chairs and Deans concerning teaching material and ultimate educational goals can minimize misunderstandings. Providing a copy of the course syllabus to an administrator before the class begins may open a dialogue about sexuality education and sexual harassment in the classroom. Allowing others to review the syllabus before class distribution may help in the elimination of unclear wording or unintended messages.

University communities need to have open dialogues if effective guidelines about sexual harassment are to be established. It is important for sexuality educators to become actively involved in the development of policies related to sexual harassment. This involvement will help to ensure that the specific nature of sexuality education is considered in policy development. Open dialogue and accurate information will result in better policy making. This must happen before harassment occurs. Once a case has been filed,

discussions are often guarded and fearful.

Institutions should avoid policies which are vague or simply prohibit sexually explicit speech. The American Association of University Professors has stated that no separate code or mechanisms to handle sexual harassment on campus should be instituted. However, sexual harassment statements added to policies on ethics and responsibility can be effective in deterring inappropriate behavior without jeopardizing academic freedom. Sexual harassment statements should address three specific topics: 1) the differentiation of sexual and physical contact; 2) the sexual content of certain curricula for educational purposes; and 3) the importance of context when determining sexual harassment. Sexual harassment statements incorporating these three factors will be effective in perpetuating the free exchange of ideas in the academic community while protecting students and faculty alike.

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CREATING A SEXUALLY HEALTHY WORKPLACE

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A sexually healthy work environment is not one that simply lacks negative sexual attitudes, interactions, and behaviors, but one that promotes and respects all people who integrate sexuality into their lives in non-exploitive, appropriate ways. Exploring the possibilities for a workplace that is as respectful of sexuality issues as it is of people as sexual beings, usually leads quickly to a discussion of problems: sexual harassment, sexual discrimination, the impact of an office affair between unequal co-workers, the discomfort of gay men and lesbians who disclose their orientation while on the job, an inappropriate comment made about someone's appearance. However, sexuality in the workplace — when accepted as a natural part of human life (much of which is spent at work) along with a balance of boundaries and freedoms — can add to the overall vibrancy and productivity of labor. It is a valuable exercise for every organization, agency, and group to envision policies, interactions, and productivity that diminish the potentially negative outcomes of unexplored sexual attitudes and behaviors during working hours. At SIECUS, we struggled, argued, and disagreed over some of the finer points of what constitutes a sexually healthy environment, but were eventually able to find some points of agreement.

Before discussing sexual health in the workplace, it is important to remind ourselves that sexuality is not defined by the anatomy, physiology, and biochemistry of the sexual response system, but also includes gender roles, identity, personality, thoughts, feelings, behaviors, and relationships. As such, every employee enters and performs in the work environment as a sexual person in the way that he or she thinks, feels, behaves, and relates to others. An employer's goal is to create an environment where the individual employee is able to be authentic about his or her sexual self, while respecting the rights of all other employees.

Defining Sexuality in the Workplace

Public attention has focused particularly on the negative consequences of sexuality in the workplace. One need only to think of Anita Hill's testimony, the Tailhook incident, the ban on gays and lesbians in the military work-

force and the reports of sexual discrimination and violence to recognize the dramatic outcomes of sexually unhealthy adults who work together. But more subtle issues also define sexuality in the workplace. Does one gender dominate management positions? Is there a glass ceiling for female employees? Are gay and lesbian employees comfortable and able to bring partners to social events for families? Do they keep photos of loved ones on their desks? Are employees' family responsibilities and obligations supported by workplace policies? What type of professional dress, pictures, and office jokes are considered appropriate? Do employees and employers understand and practice respectful behaviors between people of the other gender? Are there explicit or implicit rules about employees dating each other?

Sexually Healthy Employees

The Guidelines for Comprehensive Sexuality Education, Kindergarten - Twelfth Grade define the life behaviors of sexually healthy adults. Many of these behaviors can help define the interaction of employees in a sexually healthy workplace. For instance, in such a workplace, employees:

- Interact with both genders in respectful and appropriate ways.
- Are comfortable expressing their own sexual orientation, if they choose, and respect the sexual orientation of others.
- Develop and maintain meaningful relationships.
- Exhibit skills that enhance personal relationships.
- Take responsibility for their own behavior.
- Communicate effectively with other workers.

- Recognize and enjoy sexual feelings without necessarily acting on them.
- Express their sexuality appropriately while respecting the rights of others.
- Demonstrate tolerance, understanding, and support for co-workers with different sexual values.
- Avoid behaviors that exhibit prejudice and bigotry and reject stereotypes based on gender, age, race, sexual orientation, mental or physical abilities, and appearance.

Sexually Healthy Employers

Employers have an obligation, as well. Employers have a responsibility to ensure that their agency's written policies support workers' sexual rights. These policies might include:

- Parenting leave for men and women.
- An inclusive definition of the family that recognizes the diverse way many people live and create their families (not just a husband and a wife, but extended families, close friends, gay and lesbian relationships, children and step- or half-children, etc.).
- Enforcement of non-discrimination clauses including gender, age, race, HIV serostatus, ability, wellness, sexual orientation, and appearance.
- Clear policies on sexual harassment as well as a published grievance procedure and educational sessions for all staff.
- Health policies that include reproductive health care, abortion, reproductive technologies, contraception, sterilization, reproductive counseling, and sexual counseling. Family coverage which recognizes diverse family structures.
- Trained staff and EAP officers who can help manage sexuality issues in the workplace.

Clearly, policies alone are not enough. Such policies can and must be supported by educational programs in the workplace. The workplace is, in fact, where most adults continue their education. In general, people trust their employers, as demonstrated by successful health education campaigns in the workplace. Because many adults also seek information through not-so-reliable vehicles, such as tabloids and talk shows, education at work about sexuality would not only make the workplace less sexually hostile, but it would also allow individuals to understand sexuality as an integral part of life.

Education and Support

Educational programs for employees might include HIV/AIDS education, sexual harassment prevention, anti-homophobia, gender dynamics in the workforce, programs for parents about educating their children concerning sexuality, and other topics. Such programs can support agency policies and clarify employer expectations to keep the workplace running smoothly. For example, a manager who makes it a practice to address alternately flirtatious and demeaning comments to a data processor who works on his staff may be admonished by a third party supervisor. In this case, he may further demean the data processor, make comments about her being uptight and not a good sport, and resent his boss for pointing out possible punitive consequences. However, were the same manager to attend, along with the rest of the staff, workshops that explain appropriate sexual expression and expose how acting out powerful gender dynamics without thought can truly damage working relationships, an unpleasant environment may be averted. Perhaps as important, such a program would allow for discussions of appropriate ways for employees to treat each other, the boundaries for acceptable behaviors, and the justification for the policies.

Sexuality Work and the Workplace

Workplaces that deal with sexuality — such as counseling centers, family planning clinics, and AIDS service organizations — have a special obligation to examine their office cultures and environments. At a family planning clinic in which I worked, there was a clear but unspoken bias against male workers. A SIECUS staff member reports that at an AIDS service organization where she was employed for several years the female workers felt that a sexist environment existed and was damaging. At SIECUS we have struggled to define the sexual harassment policy in an office where sexually explicit materials are often handled by staff, some of whom are not employed as sexuality professionals. In addition, the fact that some of us, because of our professional training, easily discuss sexual situations and concerns does not mean we can forget that such discussions may make some co-workers uncomfortable. SIECUS' explicit written policies encourage discretion, honesty, and confidentiality when dealing with such situations.

Conclusion

The ideal workplace will be composed of sexually healthy people in a supportive, creative environment. All employees, regardless of gender or position, would be able to develop and maintain meaningful positive relationships, while being professionally productive. In the sexually healthy workplace, employees would integrate sexuality into their lives in appropriate ways, at work and at home.

On a Personal Note

Debra Haffner, SIECUS Executive Director, gave birth to a healthy nine-pound baby boy on July 6, 1993. Congratulations!!

HIV/AIDS EDUCATION AND THE WORKPLACE

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I recently received a call from a human resources manager who was considering an HIV/AIDS education program for her workplace. She told me she had just read an article in *Reader's Digest* asserting that AIDS was not all that important to "mainstream America." She explained that the article blamed the media for "hyping" AIDS, while cancer and heart disease are much more important. With that as an introduction, she asked me point-blank why HIV/AIDS should be considered important to people in the workplace. I've answered this question many times, but I've decided to do so in writing this time, with the hope that I can more widely dispel some of the misunderstandings about HIV/AIDS.

Cancer, Heart Disease, and HIV/AIDS

Once upon a time, not too long ago, cancer was stigmatized in American society in many of the ways that HIV is now. It is easy to forget this fact, but I was reminded of it recently when, while riding on a local bus, I overheard two elderly women talking about times gone by. Their wistful, nostalgic voices grew somber, however, when one asked the other about a long-lost mutual friend. The other woman's face darkened and, lowering her voice to a level usually reserved for gossip and pity, she whispered into her friend's ear, "cancer." Her ominous tone suggested both fear of mortality and shame of sickness; yet, the way she whispered the word — a dark secret, a stigma — made me realize this is a stigma now practically obsolete.

If their exchange seemed quaint, even archaic, it was at least in part due to the place HIV disease has taken in our society. With the advent of the AIDS epidemic in the early 1980s, the social stigma and mortal fear associated with cancer diminished in the popular mind just as knowledge about the mysterious and fatal then-named "gay cancer" increased. As AIDS initially came to be associated with homosexuality, the social and moral opprobrium heaped on homosexuality came to be heaped on the disease as well.

From the outset, HIV/AIDS education and prevention efforts have been a thorny issue for schools, churches, and workplaces — in short, the traditional venues for in-

formation and discussion of issues of importance to Americans. Yet these institutions found themselves particularly ill-equipped to confront the host of complicated moral questions associated with sexual behavior precisely because they required close examination, analysis, and discussion of issues once considered private and inappropriate for public discourse.

As public health officials grappled with the complex epidemiological questions about modes of transmissions and effective prevention of the spread of the virus, others worked to make the information available in the form of health education. Meanwhile, people began dying. At first by the dozens, then the hundreds, the thousands, and today by the hundred thousands.

AIDS, cancer, and heart disease all take a devastating toll on the U.S. population, and all three deserve consideration and discussion. But a look at the diseases reveals that each demands a very different consideration. Public health campaigns in recent history have come to focus on prevention as the most effective way to reduce health risks associated with certain behaviors. Change your behavior, the public health officials began to say, and you will live longer. Simple as that. Consider the effectiveness of campaigns for smoking cessation, for exercising, and planning a proper diet.

Heart disease generally affects people over 55, and likewise cancer most often afflicts an older population. But HIV disease disproportionately affects the young. This clarification does not suggest that cancer or heart disease are less important, but that a flat comparison with HIV disease is more misleading than enlightening. These days it is widely known that quitting smoking reduces the risk of developing lung cancer, and that cutting fat and cholesterol intake also reduces the risk of developing heart disease. As common as this knowledge is today, it did not spring up overnight. It took effort — a massive public health campaign, in fact — to get the word out that smoking causes cancer, that fat clogs the arteries, that behavior affects health. In principle, this sounds simple enough. But at this point the similarities among AIDS, cancer, and heart disease become less significant than their differences.

First, HIV is spread from one person to another with the exchange of certain bodily fluids. Cancer and heart disease are not. Second, HIV is sexually transmitted. Thus, its social and moral stigma makes it more complicated and controversial than heart disease or cancer. Whether in the home, the workplace, the church, or even in the doctor's office, talking about the transmission of HIV is not the same as talking about smoking or eating fatty foods. Finally, as a sexually transmitted disease, HIV/AIDS affects a sexually active population. Teaching young people, who are first exploring their sexuality, about health risks associated with sexual behavior is often perceived as tantamount to encouraging moral laxity.

Thus, health risk prevention — in itself a straightforward idea — becomes significantly complicated, morally and emotionally, when an educational program must confront the delicate issue of sexual practices rather than the comparatively innocuous topic of smoking cigarettes. And, although HIV prevention education works in principally the same way, the question of an appropriate venue for such education is often problematic.

The false perception that HIV/AIDS education in schools encourages young people to have sexual relations also does not apply to the workplace which, for all intents and purposes, is the adult institutional equivalent for schools in youth. In fact, wellness programs are an established part of the world of work for more and more Americans, particularly among larger businesses. Campaigns to reduce medical costs and days missed due to preventable illnesses have focused on the importance of smoking cessation, exercising, and eating healthier foods. Building on efforts to increase the safety of workplaces, wellness programs are already established as an appropriate venue for health information for employees. Further, studies have shown that employees trust their employers to provide accurate information about a broad range of topics, including health education information about HIV/AIDS.

Why Work-Based HIV/AIDS Education

Working Americans are concerned about AIDS, and studies suggest that many lack understanding of the medical and legal facts about the epidemic. They want to learn more about it. According to a study by the New York Business Group on Health, employees generally have a positive opinion of employers that provide information about HIV/AIDS. Depending upon the type of program offered, employees found the employer to be a more credible source of information than either the media or the government.

These are critical data for two reasons. First, they suggest that the traditional venues and sources for current information — the media and government — are not in themselves ideal for communicating and disseminating up-to-date information about HIV/AIDS, since people do not find either venue entirely credible for health information. Second, these data suggest that employers are in a uniquely qualified and trusted position to keep their workers more informed about vital health issues. Furthermore, because the majority of people living with HIV are between 25 and 44 years old, — the same age that comprises over half of the work force in the U.S., the workplace may be the most effective means to reaching a vast portion of the population in need of practical, life-saving information.

What Working Americans Think About AIDS

Further support for education at work comes from a survey of employee attitudes about the epidemic, which revealed that working Americans are strongly concerned about AIDS and want information from their employers on the subject. Before the respondents knew the poll was about HIV/AIDS attitudes, the survey posed the following question:

Thinking of the various health problems and diseases that people worry about these days, which three would you say that you personally are most concerned about?

In response, 50% of all employees cited AIDS as their primary health concern, and 64% gave it as either first or second choice. Cancer and heart disease, which affect greater numbers of people than AIDS, were distant second and third choices. What this finding means is that working Americans want more information about HIV/AIDS.

Besides having HIV/AIDS on their minds, many working people either expect their employers to engage in discriminatory (and illegal) practices, or feel that such practices are warranted. While a majority of survey respondents thought an HIV-positive employee would and should be treated like other workers with a life-threatening illness, between a quarter and a third of respondents felt that these same co-workers would or should be fired or put on disability status as soon as the illness became apparent. This discrepancy demonstrates a lack of understanding about the nature of HIV disease. Workers also lack an understanding of the most basic legal issues and rights of HIV-positive people. The survey shows that attitudes of a sizeable portion of working people run contrary to the requirement of the Americans with Disabilities Act (ADA), which requires employers to provide "reasonable accommodation" and changes in duties or work environment for people with disabling conditions to continue working. The combination of concern and ignorance is a call for education about both the medical facts and legal aspects of HIV/AIDS.

The survey also revealed that employees who received education at work favored their employer financially supporting local HIV/AIDS service organizations. These respondents were more likely to volunteer their time at such organizations.

Other Benefits to Worksite Education

Improving co-worker attitudes is another reason to focus on the workplace as a site for HIV education. Ignorance and fear can lead to unfounded work disruptions, problems with morale, and — in the extreme — costly litigation in the form of suits brought by disgruntled co-workers. A suit against an employer charging that an employee was endangered by sharing workplace space with an HIV-positive co-worker has in fact been waged in one organization. However, no scientific basis for such a charge exists, and such a situation may be prevented by providing simple facts about AIDS. Litigation is costly for everyone in time, money, and resources.

Education at work can go a long way in solving and preventing employee morale problems. An alarming find-

ing from the employee attitude survey is the prediction from 67% of respondents that their co-workers would feel uncomfortable working near an HIV-positive employee. This statistic, measuring a co-worker's expected response to an HIV-positive employee, may be interpreted as a measure of the respondent's own discomfort projected on to others. Naturally, respondents might want to disassociate themselves from characteristics viewed as undesirable, by ascribing them to others. If this is indeed the case, a tacit admission by two thirds of the respondents that they are uncomfortable around people with a disease (known *not* to be spread by casual workplace contact) is a clear call for information to dispel myths and phobias. The potential is revealed for losses in productivity, job dissatisfaction, and erosion of morale — all of which are indirect and costly consequences for employers who fail to address these concerns by providing HIV/AIDS education and prevention information.

Employees want workplace education about HIV/AIDS. The survey of employee attitudes revealed that 75% of working people believed their employer should offer education about HIV/AIDS, and 94% of those who had received education approved offering it in the workplace. These findings lend strong support to workplace-based prevention education programs and should allay employers' fears about negative employee reactions. Despite employees' desire for education, only 28% had received it, according to the survey. Lee Smith, Chair of the National Leadership Coalition on AIDS and former President of Levi Strauss International, spoke about HIV education in the workplace recently, stating that:

In business terms, this is an unmet need, and an enormous opportunity for employers to keep their workplace healthy and productive. Millions of working Americans want and need vital information about HIV disease, but they aren't getting it. This discrepancy only adds to public misunderstanding about HIV.¹

What to Do and How

"You can prevent a crisis situation by having your strategy in place before a case of HIV/AIDS is diagnosed among your employees," advises Alan Emery, Ph.D., in his guide for employers entitled *How to Implement a Workplace HIV/AIDS Education Program*. Much is known about the best ways to conduct HIV education in the workplace. For example, it is effective to provide a thorough session featuring an expert on the epidemic and possibly a person living with HIV who can provide personal information along with the facts. Be sure to allow questions to be answered in an open, non-judgmental fashion. Experience has shown that there should be follow-up sessions periodically, and that mandatory attendance at a program held during work hours is the most effective way to reach employees. This format takes the spotlight off those employees who might feel uncomfortable attending and expressing a personal interest in the topic. Many times, questions are asked out of concern for family members, especially adolescents, so it is valuable to include tips for parents who will want to discuss HIV/AIDS with their children.

An educational program should include the following:

- The Medical Facts: How HIV is and is not transmitted, emphasizing that it cannot be spread through casual contact and is virtually impossible to contract in the general workplace.
- The Legal Facts: Especially the importance of confidentiality and privacy, a review of the American with Disabilities Act (ADA), and an explanation of the provision of reasonable accommodations.
- The Psychosocial Issues: How to respond to a co-worker with HIV/AIDS and what it is like to live and work with HIV/AIDS.
- Business Information: What company benefits and information sources are available.
- Support Information: What community resources are available and how to access anonymous HIV-antibody testing.

Information properly presented and used is the best defense against the burgeoning epidemic. At the same time, studies caution that attitudes about HIV can worsen if the educational experience is too brief and not sufficiently thorough or interactive. In brief, cursory sessions, attendees have been found to absorb some of the facts but to leave with unresolved anxieties about transmission of HIV. These anxieties have, in fact, been aroused by the introduction and incomplete follow-through on the subject.

One of the most effective methods for discussion of HIV/AIDS with employees is inviting a person living with the disease to address the session. Hearing first-hand stories of someone dealing with HIV every day is the most eloquent way shown to have a positive impact on the effectiveness of the session. Christina Lewis, a person living with AIDS and a health educator from the National Association of People with AIDS, asserts that:

Statistics are cold, and numbers don't translate into personal relationships. People may understand facts and do's and don't's, but it's not until you come face to face with a real person, bringing all their emotions and concerns, that you can understand the impact of the HIV epidemic. It's important for employees to have trainings about AIDS in the workplace because people with HIV are living longer, more productive lives than they were five years ago. It won't be long before people living with HIV are an integral part of every workplace.²

Workplace Examples

A small midwest manufacturing company has an excellent program for educating employees before problems arise in the workplace. Tusco Display Company designs and makes point-of-purchase displays for a variety of prod-

ucts, ranging from food items to wallets to hardware. The company's president, Mike Lauber, recognized in 1989 that small-business owners had no idea and little guidance about how to deal with a fellow employee living with AIDS in the workplace. Lauber quickly understood the important role education plays in fighting HIV/AIDS ignorance and also saw the potential for workplace disruption due to misinformation. He learned about HIV/AIDS and consulted other small-business owners and information sources for guidance in conducting an educational program and establishing a personnel policy to prevent discrimination, as well as to guide behavior within the organization.

"Ours is a work-related society," says Lauber. "Our workplaces are where most of us get our health coverage." He continues:

Our work also defines us. Isn't one of the first things you ask a new acquaintance, "So, what do you do for a living?" The workplace remains a logical place to reach people. And because health-care coverage originates at work and is paid for, in large part, by employers, it's in the economic self-interest of every business to prevent the spread of HIV.³

Using an already effective communication forum — a regularly scheduled monthly meeting with employees — Lauber presents information about how HIV is and is not spread and includes a discussion on first-aid techniques to prevent transmission of blood-borne infectious agents.

Another kind of company particularly sensitive to its public perception is DAKA International. DAKA is the parent company of Fuddruggers, a popular restaurant chain, as well as a provider of a variety of other food services. DAKA shares with others in the food industry concerns about persistent mistaken public beliefs that HIV can be transmitted by handling food, and the company has responded by equipping its managers and employees with up-to-date information to allow them to set a tone of security in handling the issue. Because the company serves approximately 100,000,000 meals per year and has over 10,000 employees, DAKA has a broad reach. "Since we have contact with so many, we can play an important role," says William Baumhauer, President and CEO of DAKA. "We must do everything in our power to dispel myths, combat ignorance, misconception, fear and uncertainty about AIDS." To accomplish this task efficiently, the company has integrated HIV/AIDS education into its human resources training program, in which trainers routinely visit restaurants throughout the country to provide instruction on a variety of topics. The HIV/AIDS session covers the basics of HIV transmission, gives first-aid instruction, discusses the company's non-discrimination policy, and allows for questions and answers. Part of the presentation is a video, and trainers bring in relevant epidemiological statistics for each city. DAKA has also established a toll-free hotline for employees to get confidential information about HIV/AIDS, referrals to service organizations, as well as information about other topics.

Conclusion

To be successful, any attempt to improve the social climate of America's workplaces must include discussions of issues concerning sexuality as well as HIV/AIDS. Some attention to HIV as a workplace issue was generated by the Americans with Disabilities Act, legislation passed in 1990 that calls for fairer treatment of employees with disabling illness, including AIDS. But clearly the ADA is not the only reason to address HIV/AIDS in the workplace. There are a host of other compelling reasons to establish HIV/AIDS education as part of programs designed to enhance the livability of today's work environments. Employees think about HIV, harbor troublesome ideas about it, and welcome worksite-based educational efforts.

AIDS is a preventable disease, and employers can and do play a very powerful role in helping employees, their families, and their communities act more responsibly and effectively in dealing with health habits, wellness programs, and disease prevention. Additionally, all across the country, people who go to work everyday are living with HIV. Others have family members at home who are living with HIV/AIDS. Education in the workplace can have a huge impact on their quality of life, and can ease a difficult situation by offering support, education, and acceptance. Additionally, such programs in the workplace can positively affect the understanding, open-mindedness, and rich experience of all employees. Behavior changes do occur, and society is experiencing the benefits of improved diets, better exercise, and less smoking. Attitudes can also change for the better to create spaces that are sensitive to people living with the disease. Workplace education and employer leadership can make a difference.

Jeff Monford assists in the development of resources for managing HIV/AIDS as it affects the workplace. Before coming to the Leadership Coalition on AIDS, a non-profit membership organization of businesses, labor, and trade groups, policies and practices, he was the coordinator of the Benevolence Fund and an AIDS case manager at the Whitman-Walker Clinic in Washington, D.C.

Author's References

¹ Opinion research corporation for the National Leadership Coalition on AIDS, Employee attitudes about AIDS: A national survey, 1993.

² National Leader Coalition on AIDS. Press release, Lee Smith, March 1993.

³ Herold D. AIDS in the workplace: What Georgia workers are thinking. Paper presented at conference on managing AIDS in the workplace, Georgia Institute of Technology, Atlanta, 1989.

⁴ Personal Communication, Christina Lewis, May, 1993.

⁵ Personal Communication, Mike Lauber, June, 1993.

FOR MORE INFORMATION

- Business Responds to AIDS Resource Service (800) 458-5231
- Your Local American Red Cross, Workplace HIV/AIDS Program
- National Association of People with AIDS (202) 898-0414
- National Leadership Coalition on AIDS (202) 429-0930

Current Books on Sexuality

A SIECUS ANNOTATED BIBLIOGRAPHY FOR GENERAL READERS

A wide variety of books on the many aspects of human sexuality are available to the reading public. SIECUS encourages all readers to seek resources that suit their needs and interests. This annotated bibliography is by no means a complete guide to new books on sexuality, but represents a cross-section of available materials.

If you cannot find the listed resources in your local bookstore or library, the publisher can be reached directly according to the information listed below.

Please note that SIECUS does not sell or distribute any of the listed publications except those published by SIECUS. However, most of the materials listed are available for use at SIECUS' Mary S. Calderone Library.

Copies of this bibliography can be purchased at the following costs: 1-4 copies/\$2.75 each; 5-49 copies/\$2.25 each; 50+ copies/\$1.75 each; 100+ copies/\$1.25 each. SIECUS is located at 130 West 42nd Street, Suite 2500, New York, NY 10036; 212/819-9770.

General Books

AN END TO SHAME: SHAPING OUR NEXT SEXUAL REVOLUTION

Ira L. Reiss, Ph.D.
with Harriet M. Reiss

An in-depth, well-researched exploration of our sexual time, written as a form of "societal therapy." Topics include, teenage sexuality, HIV/AIDS and condoms, sex therapy, the role of religion, and future possibilities for a sexual revolution. 1990, 330 pp., \$21.95.

Prometheus Books, 700 E.
Albion Street, Buffalo, New York,
14215; 716/837-2475, 800/421-
0351.

ASK ME ANYTHING: A SEX THERAPIST ANSWERS THE MOST IMPORTANT QUESTIONS FOR THE 90'S

Marty Klein

A comprehensive, enjoyable, easy-to-read guide for adults. This book is well-organized in a question-and-answer format, presenting humorous yet still sensitive subjects about sexuality. 1992, 339 pp., \$11.00 pb.

Simon and Schuster, 1230 Avenue
of the Americas, New York, NY 10020;
212/698-7000.

CROSS DRESSING, SEX AND GENDER

Vern L. Bullough and Bonnie
Bullough

This book explores cross-dressing and gender impersonation throughout history and in a variety of cultures. It examines the medical,

biological, psychological, and sociological findings discussed in modern scientific literature. Contemporary gender issues are discussed. 1993, 328 pp., \$17.95.

University of Pennsylvania Press,
418 Service Drive, Philadelphia, PA
19104-6097; 800/445-9880.

GROWING OLDER TOGETHER: A COUPLE'S GUIDE TO UNDERSTANDING AND COPING WITH THE CHALLENGES OF LATER LIFE

Barbara Silverstone and
Helen Kandel Hyman

This book outlines the issues and challenges that come with growing older, including important issues concerning sexuality and aging. Chapters include "retirement myths" and sexuality. 1992, 344 pp., \$15.00.

Pantheon Books, 201 E. 50th
Street, New York, NY 10022; 800/
638-6460.

HOT AND BOTHERED: SEX AND LOVE IN THE NINETIES

Wendy Davis

A current look at sex and sexuality through the eyes of a journalist. The book is based on the author's examination of current popular literature on sexuality and interviews. 1992, 276 pp., \$20.00.

Penguin Books, 375 Hudson
Street, New York, NY 10014.

PARENTS WHO STAY LOVERS

Elayne Kahn and David Rudnitsky

This book focuses on couples making the transition to parenthood. It identifies pregnancy and parenting as challenges to a couple's relation-

ship and addresses the role of sexuality in new parents' lives. 1992, 226 pp., \$7.95.

Bob Adams, Inc., 260 Center
Street, Holbrook, MA 02343; 800/
631-3577.

THE PRACTICAL ENCYCLOPEDIA OF SEX AND HEALTH

Stefan Bechtel

Meant to increase readers' knowledge of sexuality, this resource is easy to approach and read. The book has an encyclopedia format and covers a wide range of topics. 1993, 365 pp., \$26.95.

Rodale Press, 33 East Minor Street,
Emmaus, PA 18098; 800/441-7761.

DR. MICHAEL CARRERA'S SEXUAL HEALTH FOR MEN: YOUR A TO Z GUIDE

Michael Carrera

See below for write-up.
1990, 63 pp., \$5.95

DR. MICHAEL CARRERA'S SEXUAL HEALTH FOR WOMEN: YOUR A TO Z GUIDE

Michael Carrera

These two books are designed to provide accurate, understandable information about issues relating to sexual and reproductive health, to offer clear and concise definitions of commonly used terms in sexuality, and to discuss basic health and sexuality issues, including sexuality and alcohol and safer sex. 1990, 95 pp., \$5.95.

Michael Friedman Publishing
Group, 15 West 26th Street, New
York, NY 10010; 212/685-6610.

THE ADAM PRINCIPLE: GENES, GENITALS, HORMONES, AND GENDER: SELECTED READINGS IN SEXOLOGY

John Money

Using clinical studies, the author examines the connections among, gender-identity, genetics, hormones, body morphology, brain chemistry and social assimilation and learning. Subjects include hormonal anomalies, hermaphroditism, feminization and female gender identity, bisexuality, sex reassignment phenomena, chromosome damage, paraphilic rituals, castration, and genital self-mutilation. 1993, 364 pp., \$39.95.

Prometheus Books, 59 John Glen Drive, Amherst, NY 14228-2197; 800/421-0351.

THE FAMILY BOOK ABOUT SEXUALITY

*Mary S. Calderone
and Eric Johnson*

First published in 1981, this straightforward, comprehensive guide to human sexuality has been expanded and thoroughly updated to incorporate new information about AIDS, adolescent sexuality and pregnancy, homosexuality, and the sexuality of older adults. Contains a reading list arranged by age groups. 1989 (revised edition), 188 pp., \$18.95.

Harper and Row, 10 E. 53rd Street, New York, NY 10022; 800/242-7737.

SACRED SEXUALITY: LIVING THE VISION OF THE EROTIC SPIRIT

Georg Feuerstein

This book looks at a diversity of religions and spiritual traditions in regard to the hidden messages about sexuality which are at the core of these teachings. Society continues to feel a dissatisfaction with sexuality, despite new liberal views on the matter. This book expands the understanding of sexuality to assist readers in uncovering their sexual selves. 1992, \$12.95 pb.

Putnam Publishing, 390 Murray Hill Parkway, East Rutherford, NJ 07073; 800/631-8571.

SEXUAL DYSFUNCTION CLINICS
SIECUS

This booklet lists more than 60 programs throughout the United States that treat not only sexual dysfunction, but that also deal with other

sexual phenomena like paraphilia, sexual addiction, gender dysphoria, and survival of sexual abuse. 1992, 11 pp., \$4.00 plus 15% p/h.

Publications Department, SIECUS, 130 West 42nd Street, #2500, New York, NY 10036; 212/819-9770.

YOUR COMPLETE GUIDE TO SEXUAL HEALTH

Elizabeth Thompson Ortiz

A basic family reference book on reproductive health for people of all ages, this book addresses the common concerns about reproductive health, including birth control and sexual health problems. Lists additional resources at the end of each section. 1989, 344 pp., \$17.95.

Prentice Hall/Simon & Schuster, Route 9W, Englewood Cliffs, NJ 07632; 800/223-2336.

Female Sexuality

AWAKENING YOUR SEXUALITY: A GUIDE FOR RECOVERING WOMEN

Stephanie Covington

This book is designed to help women accept and become aware of themselves as sexual beings. The effects of family history, alcohol, and drugs on women's lives are discussed. 1991, 269 pp., \$18.95.

Harper Collins, 10 East 53rd Street, New York, NY 10022; 800/328-3443.

MENOPAUSE, NATURALLY: PREPARING FOR THE SECOND HALF OF LIFE

Sadja Greenwood

This book, grounded in the belief that good nutrition and regular exercise can positively affect the physical and psychological changes that occur during menopause, combines prevention and medical treatment models of health care 1992 (revised edition), 201 pp., \$13.95.

Volcano Press, 330 Ellis Street, San Francisco, CA 94102; 209/296-3445.

THE NEW OUR BODIES, OURSELVES: A BOOK BY AND FOR WOMEN

Boston Women's Health Book Collective

Written to help women better understand themselves and their bodies, this book covers sexuality, contraception, relationships, health care, sexual physiology, and repro-

duction, 1992 (revised edition), 647 pp., \$20.00.

Simon & Schuster, 200 Old Tappan Road, Old Tappan, NY 17675; 800/947-7700.

THE PAUSE: POSITIVE APPROACHES TO MENOPAUSE

Lionie Barbach, Ph.D.

From the same author who revolutionized female sexuality with *For Yourself* and *For Each Other*, this book offers practical, cutting-edge information to women who are managing difficult symptoms during this major life transition. 1993, 256 pp., \$21.00.

Dutton, 375 Hudson Street, New York, NY 10014; 800/253-6476.

SAFE ENCOUNTERS: HOW WOMEN CAN SAY YES TO PLEASURE AND NO TO UNSAFE SEX

Beverly Whipple and Gina Ogden

A book describing the how-to's of safer sex for women of all ages. Enhanced by anecdotes and easy-to-read narration, this book offers the necessary information in a creative, persuasive manner. 1989, 222 pp., \$16.95.

McGraw-Hill, 11 West 19th Street, New York, NY 10011.

SAPPHISTRY: THE BOOK OF LESBIAN SEXUALITY

Pai Calafia

For anyone interested in learning about women's sexuality, this primer on lesbian sexuality discusses communication skills, self-loving, and sexual techniques, demystifies myths, and includes information about lesbians and HIV/AIDS. 1988 (third edition), 186 pp., \$10.95.

Naiad Press, P.O. Box 10543, Tallahassee, FL 32302; 904/539-9322.

WOMEN'S CONFLICTS ABOUT EATING AND SEXUALITY: THE RELATIONSHIP BETWEEN FOOD AND SEX

*Rosalyn M. Meadow
and Lillie Weiss*

This book is an investigation of the issues surrounding women, food, and sexuality. Special attention is given to the career woman and the pervasive pressures to be and stay slim. 1993, 199 pp., \$11.95.

Harrington Park Press, 10 Alice Street, Binghamton, NY 13904-1580; 800/342-9678.

WOMEN'S SEXUALITY AFTER CHILDHOOD INCEST

Elaine Westorlund

Based on a research study, this book discusses the sexual attitudes and practices of women with incest histories. The aspects of sexuality explored include body perception, reproduction, sexual functioning, and "sexual 'lifestyle.'" 1992, 241 pp., \$27.95.

W.W. Norton & Co., Inc., 500 5th Avenue, New York, NY 10110; 800/233-4830.

Male Sexuality

HOW TO OVERCOME PREMATURE EJACULATION

Helen Singer Kaplan

This book describes typical male sexual responses, the causes of premature ejaculation, and the problems which premature ejaculators and their partners may encounter. The "Stop/Start" method of treatment can be used by men with or without partners. 1989, 118 pp., \$12.95.

Brunner/Mazel Publishers, 19 Union Square, New York, NY 10003; 212/924-3344.

THE NEW INJECTION TREATMENT FOR IMPOTENCE: MEDICAL AND PSYCHOLOGICAL ASPECTS

*Gorm Wagner
and Helen Singer Kaplan*

This book provides an in-depth discussion of intracavernosal treatment and historical perspectives on erectile dysfunction. 1993, 224 pp., \$29.95.

Brunner/Mazel Publishers, 19 Union Square West, New York, NY 10003; 800/825-3089.

THE NEW MALE SEXUALITY

Bernie Zilbergeld

Newly updated, this book discusses masculinity and male sexuality. Sections on relationships and sexual problems are included. 1992, 580 pp., \$25.00/hc and \$6.99/pb.

Bantam Books, 666 Fifth Avenue, New York, NY 10103; 212/354-6500.

SEXUAL SOLUTIONS: AN INFORMATIVE GUIDE

Michael Castleman

A recently updated, practical guide to lovemaking that covers a range of concerns: erection and ejaculation difficulties, communication, birth control, sexual health care, and sex therapy. 1989, 301 pp., \$10.95.

Touchstone/Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020; 800/223-2348

Sexuality Manuals

ROMANTIC INTERLUDES: A SENSUOUS LOVERS GUIDE

*Kenneth Ray Stubbs
with Louise-Andree Saulnier*

A practical guide for bringing back the passionate spark in relationships including detailed instruction for facial, breast, oral, female and male genital massages. Spiritual, sexual meditations are also offered. 1988, 110 pp., \$12.95

Secret Garden, P.O. Box 67-CA, Larkspur, CA 94939-0067.

THE ART OF SENSUAL LOVING: A NEW APPROACH TO SEXUAL RELATIONSHIPS

Andrew Stanway

This illustrated book, designed to show younger and older couples and those seeking to practice safer sex the pleasures of the "nonintercourse" aspects of sexuality, explains how to enhance lovemaking and encourages leisurely and sensual ways of attaining intimacy. 1989, 159 pp., \$15.95.

Carroll & Graf Publishers, 260 Fifth Avenue, New York, NY 10001; 212/924-3344.

THE ILLUSTRATED GUIDE TO BETTER SEX FOR PEOPLE WITH CHRONIC BACK PAIN

*Robert Rothrock
and Gabriella D'Amore*

Written clearly with helpful illustrations, this booklet is designed to help enhance sexual activity for those with acute and chronic back pain. 1991, 37 pp., \$8.95.

Rothrock and G. D'Amore, 201 Wollston Drive, P.O. Box 1355, Morrisville, PA 19067-0325.

THE JOY OF SEXUAL FANTASY

Andrew Stanway

Devoted entirely to sexual fantasy, this book is finely illustrated and well indexed. Part one is a general discussion and part two an encyclopedia-like presentation of various types and themes of sexual fantasy. 1991, 160 pp., \$15.95.

Carroll & Graf Publishers, Inc., 260 Fifth Avenue, New York, NY 10001; 800/365-3454.

THE NEW JOY OF SEX

Alex Comfort

The newest addition to the *Joy of Sex* series, this guide to lovemaking employs both photos and drawings. The book has been updated to include safer sex and other health issues. 1991, 251 pp., \$18.00.

Pocket Books, 1230 Avenue of the Americas, New York, NY 10020; 212/698-7000.

SEXUAL ENERGY ECSTASY: A PRACTICAL GUIDE TO LOVEMAKING SECRETS OF THE EAST AND WEST

David and Ellen Ramsdale

This comprehensive guide uses a holistic approach to enhancing the sexual experiences of a culture that often places more importance on instant gratification than long-term satisfaction and pleasure. Topics include the use of breathing, sound, erotic visualization and sensual touching.

Bantam Books, 1540 Broadway, New York, NY 10036; 800/223-6834.

THE ULTIMATE SEX BOOK: A THERAPIST'S GUIDE TO SEXUAL FULFILLMENT

Anne Hooper

Written clearly and sensitively, this oversized book is a comprehensive guide to lovemaking and sexual relationships. Includes more than photographs. 1992, 192 pp., \$26.96.

Dorling Kindersley, Inc., 232 Madison Avenue, New York, NY 10016; 212/684-0404.

This bibliography was compiled by SIECUS Library Assistant Evan Harris and edited by Director of Information Services Jim Shortridge

Comprehensive Sexuality Education

A SIECUS Resource Guide of Recommended Curricula and Textbooks

Sexuality education is a life-long process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. Such a process encompasses sexual development, reproductive health, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from the cognitive, affective, and behavioral domain, including the skills to communicate effectively and make responsible decisions.

In October, 1991, SIECUS published the *Guidelines for Comprehensive Sexuality Education: Kindergarten Through 12th Grade*. These guidelines, developed by the National Guidelines Task Force, are a comprehensive model designed to promote and facilitate the development and evaluation of comprehensive sexuality education nationwide. They are designed to provide a framework for developing or evaluating comprehensive sexuality education curricula, textbooks, and programs. The *Guidelines* consist of six key concepts:

Human Development
Personal Skills
Sexual Health

Relationships
Sexual Behavior
Society and Culture

The *Guidelines* are divided into 36 topics at age-appropriate levels, which make up a comprehensive sexuality education program. Community attitudes, developmental differ-

ences in children, local socio-economic influences, parent expectations, student needs, and religious and other cultural perspectives are important to the design of a local sexuality education program.

Since 1991, SIECUS has distributed over 12,000 copies of the *Guidelines*. This resource guide of recommended curricula and textbooks was developed by SIECUS staff using the *Guidelines* as a model. We collected and evaluated 70 curricula and 20 textbooks using the *Guidelines* as the framework for comprehensive sexuality education. The evaluation instrument utilized the key concepts from the *Guidelines* as well as the 36 sub-topics for these concepts.

This Resource Guide includes those curricula and textbooks which cover a majority of the recommended topics from the *Guidelines*. All of these are available for review at the Mary S. Calderone Library located at the SIECUS office. The library is open by appointment to SIECUS members and available to the public by mail and telephone. Purchasing information is provided at the end of this guide. (Please note that SIECUS does not sell or distribute any of the listed publications.) Copies of the evaluation instrument and a list of curricula and textbooks that were evaluated are available upon request. Copies of this publication can be purchased from SIECUS, Publication Department, 130 West 42nd Street, Suite 2500, New York, NY 10036.

KINDERGARTEN THROUGH 12TH GRADE CURRICULA

FAMILY LIFE

Planned Parenthood of Northern New England, 1985

This curriculum is designed in a "scope and sequence" format, building concepts from one year to the next. Topics such as body image, sexual identity and orientation, and sexually transmitted diseases are covered. This curriculum covers five out of six key concepts and 25 out of 36 topic areas.

Planned Parenthood of Northern New England, 23 Mansfield Avenue, Burlington, VT 05401; 802/878-7232.

FAMILY LIFE EDUCATION: K-2ND; 4TH-6TH; SPECIAL EDUCATION

Irvington Public Schools, 1990

Such topics as sexual identity and orientation, contraception, HIV/AIDS, sexual abuse and dating are covered in this curriculum. It covers four out of six key concepts and 22 out of the 36 topics.

*Irvington Public Schools, 1150
Springfield, Irvington, NJ 07111; 201/
399-6969.*

FAMILY LIFE EDUCATION: 7TH THROUGH 12TH GRADE

Irvington Public Schools, 1990

This curriculum is designed to follow *Family Life Education: K-2nd, 4th-6th*, and special education (see previous listing). It covers such topics as reproductive anatomy and physiology, sexual identity and orientation, sexual abuse, and contraception. This curriculum covers three out of six key concepts and 16 out of 36 topic areas.

Irvington Public Schools, 1150 Springfield, Irvington, NJ 07111; 201/399-6969.

FAMILY LIVING INCLUDING SEX EDUCATION: GRADES K THROUGH 12

*New York City Board of Education,
1985*

This curriculum incorporates a series of concepts to be learned at each level relating to four basic areas: 1) family

living; 2) personal growth; and 3) communications. It also includes strategies for teaching. Recently an updated HIV/AIDS supplement that includes lesson plans on HIV/AIDS education for the various grades has been added. This curriculum covers five out of six key concepts and 25 out of 36 topic areas. An HIV/AIDS supplement was published in 1986.

*New York City Board of Education,
131 Livingston Street, Room 613,
Brooklyn, NY 11201; 718/935-4224.*

ELEMENTARY SCHOOL CURRICULA

LEARNING ABOUT FAMILY LIFE: RESOURCES FOR LEARNING AND TEACHING K-3RD GRADE

Barbara Sprung, 1992

This curriculum is designed to help children begin to form attitudes about sexuality that will allow value-enhanced behavior. The curriculum consists of three texts: *Learning about Family Life:*

The Big Book: Learning about Family Life Resources for Learning and Teaching, and Families, Friends, and Feelings: A Journal for Children. The format of this curriculum includes: 1) interpersonal relationships; 2) human growth, development, sexuality, and reproduction; 3) responsible personal behavior; and 4) building strong families. This curriculum covers three out of six key concepts and 15 out of 36 topic areas.

Rutgers University Press, 109 Church Street, New Brunswick, NJ 08901-1242; 800/446-9323.

WHEN I'M GROWN: LIFE PLANNING EDUCATION FOR GRADES 3,4,5, AND 6

The Center for Population Options, 1992

This curriculum includes three major units of instruction: 1) opportunities for young people to learn about their interests, strengths, personal values, and family relationships; 2) strategies for helping children to understand peer relationships and the emergence of their sexuality; and 3) assistance for children in developing healthy behaviors. These cover four out of six key concepts and 17 out of 36 topic areas. Grades 5 and 6 covers five out of six key concepts and 22 out of the 36 topic areas.

The Center For Population Options, 1025 Vermont Avenue, NW, Suite 210, Washington, DC 20005; 202/347-5700.

JUNIOR AND SENIOR HIGH SCHOOL CURRICULA

CONTEMPORARY HEALTH SERIES: INTO ADOLESCENCE

Kathleen Middleton, Series Editor, 1990

This curriculum is a series of six modules, each of which can be used by itself. Appropriate for grades 5-8, this curriculum addresses puberty, HIV/AIDS, the family, self-esteem, reproduction and birth, and sexual abstinence. It covers three out of six key concepts and 15 out of 36 topics.

Network Publications, P.O. Box 1830, Santa Cruz, CA 95061; 408/438-4060.

CONTEMPORARY HEALTH SERIES: ENTERING ADULTHOOD

Kathleen Middleton, Series Editor, 1990

This curriculum follows *Contemporary Health Series: Into Adolescence* and covers such topics as reproduction, sexual identity and orientation, HIV/AIDS, and abstinence. Four out of six key concepts are covered and 15 out of 36 topic areas.

Network Publications, P.O. Box 1830, Santa Cruz, CA 95061; 408/438-4060.

FAMILY LIFE AND SEXUAL HEALTH (FLASH): Grades 5/6, 7/8, 9/10, AND 11/12

Elizabeth Reis, 1986-1992

FLASH consists of four curricula and lesson plans for grades five through twelve. Each curriculum is designed to promote knowledge about human development and reproduction and to promote respect and appreciation for oneself, one's family, and others. The author emphasizes the development of people who will neither exploit nor allow themselves to be exploited. All curricula have been updated with HIV/AIDS supplements. The curriculum for grades 5-6 covers two out of six key concepts and 12 out of 36 topic areas; grades 7-8 covers three of six concepts and 18 out of 36 topic areas; grades 9-10 covers three out of six concepts and 17 out of 36 topic areas; grades 11-12 covers four out of six key concepts and 15 out of 36 topic areas.

Seattle-King County Department of Public Health, Family Planning Publications Department, 110 Prefontaine Avenue South, Suite 500, Seattle, WA 98104; 206/264-4672.

GROWING UP CARING: EXPLORING VALUES AND DECISION-MAKING

Francis Bolin, et al., 1990

This curriculum is based on the concept of addressing the physical, social and intellectual needs of students. Decision-making, eating smart, staying drug-free, and sexual choices are some of the subjects included in this curriculum. It covers three out of six key concepts and 17 out of 36 topic areas.

Community of Caring, Inc. 1350 New York Avenue, N.W., Suite 500, Washington, DC 20005-4709; 202/347-5700.

GROWING TOGETHER: A SEXUALITY EDUCATION PROGRAM FOR GIRLS AGES 9-11

Girls Incorporated, 1988

This curriculum is designed to increase positive communication between parent and daughter concerning sexual information and values. Such topics as reproductive anatomy and physiology, puberty, and reproductive health are covered. This curriculum covers three out of six key concepts and nine out of the 36 topic areas.

Girls Inc., National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202; 317/634-7546.

WILL POWER AND WON'T POWER: A SEXUALITY EDUCATION PROGRAM FOR GIRLS AGES 12-14

Girls Incorporated, 1988

This curriculum emphasizes assertiveness training. The specific goal is to encourage early adolescent girls to delay engaging in sexual intercourse. Abstinence, dating, and communication skills are covered. This curriculum covers two out of six key concepts and 10 out of 36 topic areas.

Girls Inc., National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202; 317/634-7546.

TAKING CARE OF BUSINESS: A SEXUALITY AND CAREER EXPLORATION PROGRAM FOR YOUNG WOMEN AGES 15-18

Girls Incorporated, 1988

This curriculum is designed to increase adolescent girls' educational and career-planning skills as well as their motivation to avoid pregnancy. Contraception, sexually transmitted diseases, and gender roles are covered. This curriculum covers two out of six key concepts and 15 out of 36 topic areas.

Girls Inc., National Resource Center, 441 West Michigan Street, Indianapolis, IN 46202; 317/634-7546.

LA SEXUALIDAD

Elizabeth Raptis Picco, 1990

This curriculum was developed in order to strengthen Latino students' self-esteem. Sexuality is presented as a life-long process that goes beyond sexual activity. This curriculum conveys values and cultural messages in Latino cultures. Puberty, gender roles, decision-making, and communication are covered. The curriculum covers four out of six key concepts and 21 out of 36 topic areas.

ETR Associates, Network Publications, P.O. Box 1830, Santa Cruz, CA 95061-1830; 408/438-4060.

LIFE PLANNING EDUCATION; A YOUTH DEVELOPMENT PROGRAM

The Center for Population Options, 1989

This curriculum focuses on preparing for the workforce, sexual and reproductive development, feelings, and behaviors. The emphasis of this curriculum is that educational and vocational goals will affect plans for a family, and sexual decisions will affect educational and vocational options. Goal setting, decision-making and parenthood are topics that are covered in this curriculum. This curriculum covers four out of six key concepts and 21 topics out of 36. It is best used as a supplement to a comprehensive sexuality education curriculum.

*The Center for Population Options,
1025 Vermont Avenue, NW, Suite 210,
Washington, DC 20005, 202/347-5700.*

LIFE SKILLS AND OPPORTUNITY: VOLUME I AND II

Public/Private Ventures, 1991

These curricula provide sexuality education along with career information and goal setting. They are part of the Summer Training Employment Program (STEP) that takes place in a two-summer sequence. Decision-making, assertiveness and communication are covered in both volumes. Volume II reinforces the themes and concepts of Volume I but places more emphasis on work attitudes, behaviors, career exploration, effective communication, substance abuse, and health maintenance. Volume I covers five out of six key concepts and 23 out of 36 topic areas. Volume II covers five out of six key concepts and 19 out of 36 topic areas.

Public/Private Ventures, 399 Market Street, Philadelphia, PA 19106; 215/592-9099.

REDUCING THE RISK: BUILDING SKILLS TO PREVENT PREGNANCY, STD & HIV

Richard Barth, 1993

This curriculum emphasizes reducing the risk of sexually transmitted diseases and unwanted pregnancies. It covers 15 lessons that consist of role plays, class discussion, and homework assignments that focus on helping students improve interpersonal skills and giving confidence in their ability to manage difficult situations. This curriculum covers two out of six key concepts and 14 out of 36 topic areas. It should be used as a supplement to a comprehensive sexuality education curriculum.

ETR Associates, Network Publications, P.O. Box 1830, Santa Cruz, CA 95061; 408/438-4060.

SEX EDUCATION FOR THE 90's (TEACHER'S GUIDE)

Kathy Lipscomb Bridge, 1991

This teacher's guide provides strategies and activities for teaching sexuality education. Subjects covered include becoming a "knowledgeable, askable, unshockable teacher," program evaluation, and issues concerning appropriate language and vocabulary. The text provides strategies and activities for teachers concerning five out of six key concepts and 17 out of 36 topic areas. It is most helpful as a supplement to a comprehensive sexuality education curriculum.

J. Weston Walch Publisher, P.O. Box 658, Portland, ME 04104-0658; 800/341-6094.

VALUES AND CHOICES: 7TH AND 8TH GRADE

John Forliti et al., 1991

This curriculum covers physical and emotional changes in puberty and adolescence. It also explores the role of values in decision-making. This curriculum covers five out of six key concepts and 20 out of 36 topic areas.

Search Institute, 122 West Franklin Avenue, Minneapolis, MN 55404; 612/376-8955.

CURRICULA FOR SPECIAL POPULATIONS

FAMILY LIFE AND SEXUAL HEALTH (FLASH): SPECIAL EDUCATION, 7TH-12TH GRADE

June Stangel, 1991

This curriculum is designed for use in special education and mainstream classrooms. The goals are to educate students about human development and reproduction as well as to encourage self-respect and appreciation of all people. The curriculum teaches students not to exploit others or to allow themselves to be exploited. It covers four out of six key concepts and 19 out of 36 topic areas.

Seattle-King County Department of Public Health, Family Planning Publications Department, 110 Prefontaine Avenue South, Suite 500, Seattle, WA 98104; 206/264-4672.

STREETWISE TO SEX-WISE

Steve Brown, 1993

This guide provides a comprehensive model on sexuality education for teens. It applies sexuality education to teens in non-traditional settings who often have limited academic skills and are resistant to classroom learning. This guide also provides background information about teaching sexuality education. Puberty, sexual identity and orientation, sexual abuse, and reproductive health are some topics covered in this curriculum. This curriculum covers all of the six key concepts and 28 out of 36 topic areas.

The Center for Family Life Education, Planned Parenthood of Greater Northern, NJ, 575 Main Street, Hackensack, NJ 07601; 201/489-1265.

THE FAMILY EDUCATION PROGRAM (ABUSE PREVENTION PROGRAM FOR THE DEVELOPMENTALLY DISABLED)

The Family Stress Center of Planned Parenthood of Shasta Diablo, 1990

This curriculum provides accurate information about sexuality and responsible decision-making. It emphasizes

that all people are sexual and that positive self-esteem, assertiveness, and accurate sexuality information help children grow and develop. A goal of this curriculum is to keep children safe from sexual abuse and exploitation and help children gain skills for responsible adult relationships. This curriculum covers five out of six key concepts and 17 out of 36 topic areas.

The Family Stress Center of Planned Parenthood of Shasta Diablo, 1291 Oakland Boulevard, Walnut Creek, CA 94596; 415/935-4066.

JUNIOR AND SENIOR HIGH SCHOOL TEXTBOOKS

DEVELOPING RESPONSIBLE RELATIONSHIPS (STUDENT AND TEACHER TEXT)

Mary Bronson Merki, 1993

This text provides basic sexuality education information that enables students to examine their feelings and goals, choices and decisions that may affect their future. The three chapters are: 1) Adolescence: A Time for Change; 2) Your Reproductive System; and 3) Relationships and Growth. This text covers four out of six key concepts and 22 out of 36 topic areas.

Glencoe Division of McGraw-Hill, 15318 Chatsworth Street, P.O. Box 9509, Mission Hills, CA 91395-9509; 800/722-4726.

EDUCATION IN SEXUALITY (STUDENT AND TEACHER TEXT)

Mary Bronson Merki, 1993

This text emphasizes abstinence for young people and underscores the importance of avoiding all drugs. It is divided into nine chapters covering such topics as reproductive anatomy and physiology, decision-making, and sexually transmitted disease. This text covers three out of six key concepts and 17 out of 36 topic areas.

Glencoe Division of McGraw-Hill, 15318 Chatsworth Street, P.O. Box 9509, Mission Hills, CA 91395-9509; 800/722-4726.

HUMAN SEXUALITY: RELATIONSHIPS AND RESPONSIBILITIES (STUDENT AND TEACHER TEXT)

William Kane and Mary Bronson Merki, 1989

This textbook provides a strong basis for courses that focus on sexual identity and orientation, contraception, and relationships. It provides students with a solid framework for decision-making. It

is divided into 13 chapters, each dealing with a different aspect of sexuality. Each chapter begins with a two-page question and answer section. This textbook covers five out of the six key concepts and 25 out of the 36 topic areas.

Glencoe Division of McGraw-Hill, 3008 West Willow Knolls Drive, Peoria, IL 61614-1083; 800/722-4726.

COLLEGE TEXTBOOKS

BECOMING A SEXUAL PERSON, 2ND EDITION

Robert T. Francoeur, 1991

This textbook can best be described as a biological, psychological, sociological, and cultural approach to sexuality. The new edition has added chapters on body image, masturbation, sexual fantasies, sexuality and aging, and sexual health. The author has also expanded coverage of gender development and sexual orientation, plus a revised chapter on American sexual customs. This text covers five of the six key concepts and 31 of the 36 topic areas.

MacMillan Publishing Company, 866 Third Avenue, New York, NY 10022; 212/935-2000.

CHOICES IN SEXUALITY

Susan McCammon, et al., 1993

This text is divided into six parts: 1) making sexual choices; 2) background for sexual choices; 3) context of sexual choices; 4) enhancement choices; 5) health choices; and 6) reproductive choices. Every chapter includes an inventory or scale for self-assessment. A perspective section emphasizes the research, theoretical, historical, and public policy concerns for each topic. This textbook covers all six of the key concepts and 27 of the 36 topic areas.

West Publishing Company, 610 Opperman Drive, P.O. Box 64526, St. Paul, MN 55164-0526; 800/328-2209.

HUMAN SEXUALITY, 4TH EDITION

William H. Masters, Virginia E. Johnson, Robert C. Kolodney, 1992

This textbook makes substantial efforts to provide practical information. There is an emphasis on the personal side of sexual feelings and experiences. It does not fully cover relationships and

personal skills, nor are such topics as body image, families, parenting, or decision-making discussed.

Harper-Collins Publishers Inc., 10 East 53rd Street, New York, NY 10022; 800/331-3761.

HUMAN SEXUALITY TODAY

Bruce M. King, Cameron J. Camp, Ann M. Doueney, 1991

This college textbook is divided into five chapters: 1) Introduction; 2) Anatomy and Physiology; 3) Sexual Responsibility; 4) Human Behavior and Relationships; and 5) Social and Legal Perspectives. The chapters on sexually transmitted diseases and birth control are placed early in the book, before the chapter on sexual behavior and relationships, in order to emphasize the importance of sexual responsibility. A special appendix is included to help students talk with their children or future children about sexuality. It does not fully cover relationships and personal skills. This textbook covers four of six key concepts and 26 of 36 topic areas.

Prentice Hall, Route 9 West, Englewood Cliffs, NJ 07632; 800/922-0579.

OUR SEXUALITY, 5TH EDITION

Robert Crooks and Karla Baur, 1993

This textbook offers a comprehensive introduction to the biological, psychosocial, behavioral, and cultural aspects of sexuality. It includes an exploration of gender roles, sexuality throughout the life cycle, cross-cultural variations on sexual expression, plus chronic illness, disability and sexuality. It does not have detailed information about personal skills such as values and decision-making. This text covers five out of the six key concepts and 26 of 36 topic areas.

The Benjamin/Cummings Publishing Company, 390 Bridge Parkway, Redwood City, CA 94065; 800/950-2665.

SEXUAL INTERACTION

Elizabeth and Libert Allgier, 1991

This text provides readers with a broad historical and cross-cultural perspective for re-examining assumptions, contemporary attitudes, and beliefs about sexuality. The text covers five out of six key concepts and 29 out of the 36 topic areas.

D.C. Heath Company, 125 Spring Street, Lexington, MA 02173; 617/862-6550.

SEXUALITY TODAY: THE HUMAN PERSPECTIVE, 3RD EDITION

Gary F. Kelly, 1992

For this third edition, the author integrated suggestions from instructors and students who have used the textbook over the past four years. There is at least one case study in every chapter. The text includes boxed material intended to give students a broad view of the topic areas. Questionnaires, self-awareness exercises, and value clarification devices for students are included in selected chapters. This textbook covers four out of six key concepts and 26 out of 36 topic areas.

The Dushkin Publishing Group Inc., Shure Dock, Guilford, CT 06437; 800/243-6532.

UNDERSTANDING HUMAN SEXUALITY, 4TH EDITION

Janet Shibley Hyde, 1990

This textbook assumes no prior college courses in biology, psychology, or sociology. It is designed to provide practical information, to help students feel more comfortable talking and thinking about sex, and to help familiarize students with methods used in researching sexual behavior. This text covers four out of six key concepts and 24 out of 36 topic areas.

McGraw-Hill, Inc., 1121 Avenue of the Americas, New York, NY 10020; 800/722-4726.

UNDERSTANDING SEXUALITY, 3RD EDITION

Kurt Haas and Adelaide Haas, 1993

This textbook is organized into seven subjects: 1) understanding sexuality; 2) female and male; 3) reproduction; 4) the seasons of life; 5) relating to others; 6) sexual health; and 7) sex and society. Each subject includes related topics, and each chapter discusses cross-cultural and global perspectives. Up-to-date professional resources provide students and instructors with confidence in the accuracy and relevance of the material. This textbook includes five out of six key concepts and 26 out of 36 topic areas.

Mosby-Year Book Inc., 11830 Westline Industrial Drive, St. Louis, MO 63146; 800/352-4177.

This Resource Guide was compiled by SIECUS Guidelines Coordinator Yvette Adams and edited by Acting Program Director Carolyn Patierno
Cost per item is as follows: 1-4 copies/\$2.75; 5-49 copies/\$2.25; 50+ copies/\$1.75; and 100+ copies/\$1.25.
Cost includes shipping and handling.

BOOKS • BOOKS • BOOKS • BOOKS • BOOKS

The Real Anita Hill: The Untold Story

David Brock

The Free Press, 438 pp., \$24.95

Unfortunately, *The Real Anita Hill* offers little more than guesses and well-written conjecture springing from the rather brilliant conservative mind of an author who only half-heartedly attempts to veil his anti-Hill attitudes in the guise of impartiality. David Brock, a journalist, claims to be on a mission to ferret out "the truth" about what actually occurred behind the scenes of the televised hearings that put sexual harassment on trial and threatened the "Borking" of Clarence Thomas. The author turns a neat phrase. For instance, "Borking," Brock's term for shifty, underhanded progressive senatorial conspiracies against innocent conservative judicial nominees, is just one of many clever phrases by this purportedly unbiased author. In fact, Mr. Brock insists that, "like most Americans, I tuned into the Thomas-Hill hearings with an open mind." I for one don't believe most Americans watched this trial without strong opinions. Sexual harassment breeds hot tempers, debates, and misunderstandings. It does not draw a crowd of unopinioned bystanders. Nonetheless, it is appealing, and reminiscent of a time when one could believe in such a thing as untainted objectivity, to think that perhaps Mr. Brock did set out as he claims to discover who (that is, which sneaky Democrat) leaked the Anita Hill/Clarence Thomas story on Capitol Hill. "It was never my intention to weigh in on one side or the other on the question of who was telling the truth," writes Brock. Had things turned the other way around in his investigation of the testimony and interviews with people who knew (and had a beef with) Hill, he swears he would have written a different tome — *The Real Clarence Thomas*.

However, quickly enough, the unlikely portrait of Anita Hill as a left-wing feminist seeps through. He claims that the Baptist Bork-supporter and undeniable conservative professor of law is a woman of "radical views and inflamed sensitivities." He accuses her of being obsessed with bringing up claims of racial and gender discrimination, and recounts from unnamed

sources several disturbing stories about her professional life that read more like tales from the dark side. For instance, one story emerges from unidentified law-school students who claim Dr. Hill returned their papers with pubic hair between the pages. Brock points out (only in the footnotes) the likelihood of this being a racist ploy against the only female African-American professor at Oklahoma State University. Most of Brock's emerging case against Dr. Hill is based on an inconsistency in the testimony of Susan Hoerchner, a law-school friend. Ms. Hoerchner told the FBI that, in the spring of 1981, Hill had spoken about being harassed by her supervisor. Brock shows that Thomas hadn't begun work at the Department of Education until September 1981, and so Hill couldn't have complained about Thomas in the spring or was complaining about some other boss.

Brock vehemently rails against the ideology that there can be such a thing as a typical case of sexual harassment in a chapter in which statements are clearly pulled from the air. He flatly denounces the professional opinion of experts and the experience of many women and instead concocts his own paradigm of sexual harassment. According

To be sure, there are questions and gaps enough to indicate that we do not know the real story and probably never will.

to Brock, then, 1) sexual harassment cases never rest only on the accuser's word that the harassment occurred; 2) someone being harassed shows clear and culturally legible signs of it, such as facial expression or clothing; 3) harassment is only waged by lascivious, lecherous men who walk around vociferously harassing many female employees at once; and, therefore, 4) corroboration of sexual harassment in the workplace by witnesses is easy to attain if the harassment really occurred. Brock annoyingly restates his case against Hill, revealing indeed that he never believed she was sexually harassed by Thomas.

"Hill's case met not one evidentiary test," writes Brock. "She had little or no contemporaneous corroboration; she

had no witnesses who said that she had exhibited the demeanor of a harassment victim at the time the conduct was supposed to have been happening (in fact no co-worker of Hill has ever come forth on her behalf); and she could not show that Thomas had ever been accused of sexual harassment by anyone else."

Any woman who has been sexually harassed — and most experts — will claim that the picture Brock paints of sexual harassment is a fantasy, not a well-documented, respectable account of the case.

To be sure, there are questions and gaps enough to indicate that we do not know the real story, and probably never will. Brock points out the Congressional blocks against much of what was allowed to be brought forth in the hearing and intriguingly depicts how close we all came to discovering some closer version of the truth. He manages to cast some doubt on the story of Anita Hill at least to the point where it seems clear that much of her story was omitted for reasons of her personal privacy or the tenuous political position from which she spoke. But is it Brock's truth that we would have discovered? That is, was Anita Hill on a radical mission, set up by special-interest groups or her friends, to undo Clarence Thomas? Is the Supreme Court Justice as innocent and unbesmirched as Brock would lead his readers to believe? It seems unlikely. In fact, when you get down to it, David Brock's depiction seems far from relevant or reality-based, but more an exercise in partisan journalism and, unfortunately, though not surprisingly (it's on the best-seller's list after all) something of a smear job.

Reviewed by Mary Beth Caschetta, SIECUS Report editor-in-chief.

Reminder

Thanks to all SIECUS members for your continued support. In September you will receive notice of the new membership cycle for 1993-1994. We hope you will respond promptly in order to receive your uninterrupted subscription to the *SIECUS Report* and other information services.

•VIDEOS•VIDEOS•VIDEOS•VIDEOS•VIDEOS•

So That's How

Liller Möller
Filmforsyningen (Copenhagen Denmark), 1992, 18 min., VHS video, English version available from Le Groupe MultiMedia Du Canada, 5225 Rue Berri, Montreal Canada H2J 2S4 (514) 273-4251; FAX (514) 276-5130.

Sex: A Guide for the Young

Filmforsyningen
1992, 18 min., VHS Video. Purchase Price \$210.00 English Version available from Media Guild, 11722 Sorrento Valley Road, Suite #E, San Diego, CA 92121. (619) 755-9191; FAX (619) 755-4931.

Safe For Life

Filmforsyningen. 1992, 10 min. VHS video, Purchase Price \$180.00. English available from Media Guild, see above.

Since encountering these three award-winning videos while teaching in a "Sexuality in Two Cultures" program in Copenhagen last summer, I've had the opportunity to test them out on high school students, students in college sexuality classes, and college faculty. The response has been overwhelmingly enthusiastic, with viewers anxious to borrow them to show to younger siblings, teenage children, or — in some cases — older grandchildren. Teen viewers quickly identified with the scripts and line cartoon visuals. Particularly noted and appreciated was the positive and natural way these videos deal with homosexuality. I suspect the government-sponsored Danish producer had help from savvy, down-to-earth Danish youth with a very real sense of wonderment and humor.

The filmmakers do not simply adopt the American -style, hypocrisy of "Just say no! Abstain!"

The English versions of all three videos are particularly good. The colorfully animated, engaging, humorous, but direct and serious cartoon line reminds one of Peter Mayle's classics *Where Did I Come From?* and *What's*

Happening to Me? The filmmakers do not simply adopt an American-style not-so-subtle hypocrisy of "Just say no! Abstain!" which we know does not work with many teenagers. Instead, these videos accept the reality of sexually active teens. The message is, "The choice is yours. If you decide to be sexually active, be realistic and be responsible." These are excellent programs, well worth their cost. Using these educational videos with younger audiences will require tact and planning. No teacher's guide accompanies them. But a well-prepared audience — adult or teen — will benefit greatly from such frank, educational messages.

So That's How eavesdrops on a typical discussion among friends. Two girls and two boys, preadolescents or just-entering puberty, share ideas about making babies, menstruation, making love, fertilization, parents having sex, fetal development, the father's role in pregnancy and birth, and adoption, to name just a few. The video ends with the four young people exchanging a series of musings and questions with very brief comments and answers that make a perfect lead into class discussion. This video is probably best used with fifth through seventh graders. Unfortunately, the continuity and impact of *So That's How* are broken by discussion (about four-and-a-half minutes long each) about good and bad touch.

While this is important information for young people this age, it might have worked better if they had been separated out and given full attention.

Sex: A Guide for the Young is a great discussion-starter for a difficult topic: teens and their first sexual experience. It sketches the story of John, who has never had sex, and Cathy, whose previous boyfriend broke up with her because she wouldn't engage with him sexually. A disappointing first time leaves teens wondering, "Are we the exception or do others feel the way we did the first time we had sex?" The answer is reassuring, as the video deals with a range of issues, including masturbation, orgasm, personal hygiene, homosexuality, contraception, condoms, STDs and HIV infection. Self-respect is a major theme throughout: "We can say no or we can say yes. It's up to us to decide." This video will be enjoyed by high school, college, and general audiences.

Safe for Life uses straight-from-the-

hip realistic dialogue between two teenagers and an animated talking condom to present a persuasive message about reducing the risk of STDs and HIV infection. No scare tactics are used, but the message is honest and realistic. At the same time, the humor is catchy. The video opens with an animated condom trying to convince a reluctant teenaged boy to always use one during sexual intercourse. The lively dialogue presents and refutes the most common excuses for not using condoms. Homosexuality and homophobia are dealt with deftly as a natural part of the dialogue. A chain of cartoon figures dramatizes the silent network of past partners. "When you meet someone you really go wild about, you've got to realize that this person may have slept with someone else and so on and so on." By the end of the video, the teen is enthusiastic about using a condom. To emphasize the message, the narrator asks, "What's the point of this presentation?" The teen answers, "The point is to be responsible!" This video is appropriate for high school, college, and general audiences.

Reviewed by Robert T. Francoeur, Ph.D., Professor of Human Sexuality & Embryology, Fairleigh Dickinson University, Madison, NJ.

REVIEWERS NEEDED

Interested in reviewing books and videos for the SIECUS Report?

Send your name, affiliation, phone number, address, and specific area of interest or expertise to:

Book and Video Review
SIECUS

130 West 42nd Street
New York, NY 10036
or fax to: 212/819-9776

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PUBLIC POLICY UPDATE

Betsy Wacker and Alan E. Gambrell

Director of Public Policy and Washington, DC Representative, SIECUS

COALITION ENDORSES ELDERS

Members of the National Coalition to Support Sexuality Education mobilized in Mid-July to officially endorse the confirmation of Dr. Jocelyn Elders for Surgeon General. Elders, a board-certified pediatrician and public health professional, has been criticized for her support of early sexuality education. With nine out of ten parents supporting sexuality education in the schools for their children, Dr. Elders' views are well within the mainstream of the health education effort.

SIECUS MEETS WITH ELDERS

On June 7, 1993, SIECUS Board President Robert Selverstone and D.C. Representative Alan Gambrell met with the Surgeon General designate Jocelyn Elders at her office at the Department of Health and Human Services. The meeting focused on comprehensive sexuality education, battles over fear-based education, and opportunities for new federal leadership in the area. "I think it's too late [in a young person's education] to give sex education courses in the tenth grade," said Elders. She strongly affirmed her commitment to comprehensive sexuality education in the nation's schools. Dr. Elders also raised the possibility of committing 1% of healthcare reform dollars to a new adolescent health initiative. This figure represents \$600 million for what is now being called "Adolescent Head Start," covering youth up to age 20. Sexuality education will be a part of such an adolescent health initiative including a range of services from nutrition, to teenage pregnancy, to suicide. A thorough compilation of adolescent health needs will serve as a framework for the program. Dr. Elders pointed out that the Far Right has mobilized well over the past years on three main fronts: homosexuality, abortion rights, and sexuality education. She urged readiness so that advocates can "drop what they're doing" at a moment's notice when the important battles emerge. She reaffirmed her progressive position on many issues dealing with sexuality.

ADOLESCENT AND REPRODUCTIVE HEALTH BILLS

In addition to the Title X Family Planning Bill, several other adolescent health bills have been introduced or are being drafted. SIECUS will work toward the inclusion of prevention and sexuality education in these bills. The following paragraphs describe legislation that if passed will greatly impact upon sexuality education and health for American adolescents:

ADOLESCENT PREGNANCY PREVENTION AND PARENTHOOD ACT

The Mickey Leland Adolescent pregnancy prevention and parenthood act of 1991 aims to amend the Adolescent Family Life Act — sometimes known as the Chastity Act — and to fund teen pregnancy prevention, research and parenting programs. This bill was introduced in the last session of Congress by Nancy Johnson (R-CT) and will be reintroduced in the coming months.

COMPREHENSIVE YOUTH SERVICES ACT

This legislation will establish a community partnership grants program for comprehensive education, health and social services targeting youth at high risk. Teen pregnancy, parenthood, STDs and HIV infection are included as risks to be addressed. Maxine Waters (D-CA) introduced the bill to the House (H.R. 1022), which is nearly identical to the original version of the bill, first introduced in the Senate by Ted Kennedy in 1992. The Kennedy bill has yet to be reintroduced this year.

ADOLESCENT HEALTH DEMONSTRATION ACTS

This bill will fund demonstration grants for school-based health clinics. Cardiss Collins (D-IL) is looking for comments on the new version of this bill, which has been introduced in several previous sessions.

FINAL PUSH FOR GAY MILITARY DECISION

Barry Goldwater weighed in with his support for lifting the ban on gays and lesbians in the military, calling the ban "un-American discrimination." In fact, the former senator from Arizona and 1964 Republican nominee for president wrote in an editorial in *The Washington Post*, "You don't need to be 'straight' to fight and die for your country. You just need to shoot straight." Sexual rights advocates no doubt enjoyed this rare opportunity to have such a notable conservative join ranks in the final push to garner congressional support for Clinton's initiative. Armed Services Committee members in the House and Senate, as well as all congressional members, have been deluged with phone calls by both advocates and opponents of repealing the ban. The ultimate decision is slated for mid-July. SIECUS will report in full detail in the next report.

BITTER VICTORY FOR HIV-POSITIVE REFUGEES

New York District Court Judge Sterling Johnson, Jr. ruled in June that all HIV-infected Haitian refugees be released from the U.S. Naval Base at Guantanamo Bay. Due to U.S. immigration policies, which mandate screening Haitians for HIV infection, families have been confined inhumanely for more than twenty months without adequate medical care, causing illness and death among many of the prisoners. SIECUS joined with many organizations to encourage prompt compliance with this judgment. On June 14th, the Clinton Administration finally responded to the ruling by dismantling the detainee camp. The U.S. government is planning to help the Haitian exiles to reach the U.S. and receive proper medical attention.

NIH REAUTHORIZATION BILL SIGNED

On June 10, President Clinton signed into law a \$6 billion reauthorization measure for the National Institutes of Health (S 1 and H.R. 4). The President's signature overturns the ban on the use of federal funds for fetal tissue research and includes new funding for women's health research such as ovarian cancer, contraception, and fertility. Unfortunately, however, the reauthorization bill has some negative aspects. For instance, it still supports the ban on immigrants who test positive for the HIV virus, although no medical evidence supporting such a ban exists. The bill also includes a prohibition against federal funding of a proposed Adult Sex Survey and an American Teenage Study. Advocates of research on sexual behavior believe this sets a troubling precedent.

SIGN UP TO BECOME A SIECUS ADVOCATE

SIECUS maintains a mailing list of more than 1600 individuals who are willing to write letters and make phone calls concerning critical sexuality rights issues. For instance, advocates were mobilized to send letters in support of Surgeon General designate Jocelyn Elders, whose voice in the new administration will powerfully urge comprehensive sexuality education in the schools. If you are not yet a SIECUS Advocate, but would like to be one, please send your name, address, and telephone number to Betsy Wacker, SIECUS, 130 W. 42nd Street, New York, NY 10036. You will receive free updates on key issues and an advocate's newsletter.

In Memorium

SIECUS staff and friends are saddened to report that Dr. Barbara Whitney, former director of the Sex Information and Education Council of the U.S., died of breast cancer on Friday, June 16, 1993. Bobbie Whitney served as Executive Director from 1978 to 1985. Under her leadership, SIECUS developed the Parent Education Project, the first edition of *Winning the Battle*, and the English and Spanish brochure *Oh No, What Do I Do Now?*

"Bobbie was one of the most dedicated professionals I know," said Debra Haffner, SIECUS Executive Director, "She was dedicated to the lives and well-being of children and teenagers. She was an extraordinary professional, colleague, and friend. When I first came to SIECUS, she was unfailingly generous with her time in helping to orient me to SIECUS history. I will miss her greatly."

Dr. Whitney spent the last 20 years as a trainer, educator and administrator in the field of human sexuality. Along with her work at SIECUS, she was director of health services for the Children's Aid Society and director of the AIDS Training Institute in the New York City Department of Health.

Michael Carrera, Director of the Children's Aid Society National Adolescent Sexuality Training Program and author of books on sexual health, was the Board President of SIECUS when Bobbie Whitney was director. "Bobbie was a rare and wonderful person," said Dr. Carrera. "Her honesty and openness was genuine, and she always brought out the best in people. I know I speak for many in the field when I say she will be missed as a friend and a leader in the movement by all of us."

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