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THE FUTURE OF SEXUALITY EDUCATION: SCIENCE OR POLITICS?

By Marcela Howell, Director, Public Affairs, Advocates for Youth

This year, proponents of comprehensive sexuality education – education that includes information about abstinence *and* contraception – face a major battle. The 107th Congress will debate the reauthorization of welfare reform, which includes an entitlement of $250 million for abstinence-only-until-marriage education.

At the end of session last year, Congress added an additional $50 million ($20 million in fiscal year 2001 and $30 million in fiscal year 2002) to abstinence-only-until-marriage programs under the Special Projects of Regional and National Significance Community-Based Abstinence Education (SPRANS-CBAE) program under the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services. Like the welfare reform programs, SPRANS-CBAE also includes the eight-point restrictive definition of abstinence education that requires funded programs to teach that "sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects."[1] The SPRANS funded programs must comply with all eight points of the definition.

Advocates for Youth is working with a coalition of organizations in the fields of HIV/AIDS, civil rights, public health, and reproductive rights to craft model policy language for education that includes *both* messages about abstinence *and* information about contraception for the prevention of unintended pregnancy and sexually transmitted diseases, including HIV. Advocates is also working with activists at the state level to protect comprehensive sexuality education and to defeat attempts to expand abstinence-only-until-marriage education through states' education statutes.

HISTORY OF ABSTINENCE-ONLY EDUCATION

The federal government has funded abstinence-only programs for more than two decades. In 1981, the Office of Population Affairs began administering the Adolescent Family Life Act (AFLA) Demonstration Grants Program. In its first year, AFLA received $11 million. AFLA's primary goal is to prevent teen pregnancy by establishing *family-centered programs* to *promote chastity and self-discipline*.[2]

AFLA stirred controversy from its inception. Some early AFLA-funded programs developed curricula that promoted particular religious values and taught abstinence as the *only* option for teens. In 1983, the American Civil Liberties Union filed suit against AFLA, asserting that funding such programs violated the Constitutional separation of church and state. In 1985, a U.S. district judge found AFLA unconstitutional. On appeal in 1988, the U. S. Supreme Court reversed that decision and remanded the case to a lower court. Finally, an out-of-court settlement in 1993 stipulated that AFLA-funded sexuality education programs must:

- Not include religious references
- Be medically accurate
- Respect the "principle of self-determination" regarding contraceptive referral for teenagers
- Not allow grantees to use church sanctuaries for their programs or to give presentations in parochial schools during school hours.

Despite 20 years of federal funding, no peer-reviewed research has yet proven the effectiveness of any abstinence-only or abstinence-only-until-marriage program. A meta-evaluation that assessed evaluations of AFLA grantees' programs found these evaluations to *vary from barely adequate to completely inadequate*.[3] Another meta-evaluation of over 15 years' worth of abstinence-only approaches to sexuality education found that there were **no** *methodologically sound studies that demonstrate the effectiveness of curricula that teach abstinence as the only effective means of preventing teen pregnancy*.[4]

Despite the almost total lack of proven effectiveness of abstinence-only-until-marriage education, proponents worked hard to favor such programs and to restrict comprehensive sexuality education programs. In 1994, during the debate over reauthorization of the Elementary and Secondary Education Act, Representative John Doolittle attempted to add a federal abstinence-only component to education curricula. However, four federal statutes prohibited the federal government from prescribing state and local curriculum standards: the Department of Education Organization Act (Section 103a), the Elementary

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This issue looks at the controversy over abstinence-only-until-marriage education. Articles included here provide specifics about the legislative mandate for this education, contrast comprehensive and abstinence-only sexuality education, and discuss the conclusions of medical and scientific groups.

Advocates For Youth
Rights. Respect. Responsibility.

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CALENDAR OF COMING EVENTS

5th National Conference on Family and Community Violence Prevention, April 5-7, 2001 in Los Angeles, CA. For more information, call Ed Chamness at 1.888.496.2667 or e-mail echamness@csu.ces.edu.

3rd International Fatherhood Conference, May 28-30, 2001, in Atlanta, GA. For more information, contact the National Center for Strategic Nonprofit Planning & Community Leadership at 888.528.6725 or 202.822.6725.

World Congress of Sexology, June 24-28, 2001, Paris, France. For more information, contact the scientific secretariat, Parisexo, at Regimedia. Phone 33(0) 1 49 10 09 10 or e-mail: parisexo@regimedia.fr.

National HIV Prevention Conference, August 12-15, 2001, in Atlanta, GA. For more information, call 404.233.6446 or visit www.2001HIVPrevConf.org.

Save the Date Save the Date Save the Date

Advocates for Youth Announces Its 20th Anniversary Conference

Rights, Respect, Responsibility:
A New Paradigm for Healthy Adolescent Sexuality

When: **December 2 through 4, 2001**

Where: **Wyndham Washington Hotel in Washington, DC**

For more information about the conference, visit www.advocatesforyouth.org or e-mail conf@advocatesforyouth.org.

Interested in presenting a workshop at the conference? Visit www.advocatesforyouth.org for more information on guidelines and deadlines for abstract submission.

WHAT'S WRONG WITH FEDERAL ABSTINENCE-ONLY-UNTIL-MARRIAGE REQUIREMENTS?

By Sue Alford, Editor & Director of Public Information Services, Advocates for Youth

1. Federally mandated abstinence-only-until-marriage education jeopardizes the health and lives of young people by denying them information that can prevent unintended pregnancy and infection with sexually transmitted diseases (STDs), including HIV.

Youth need to know how to avoid the potential negative consequences of sexual intercourse. Every young person urgently needs accurate information about contraception and condoms. STDs and unintended pregnancy are extremely common. Consider the following:

- One-half of all new HIV infections occur among people ages 25 or less.[1]
- One-quarter of all new HIV infections occur among people under age 21.[1]
- The human papilloma virus – genital warts – is so common that experts believe three-quarters of *all* the sexually active people in the world have been infected with it.[2]
- In the 1995 National Survey of Family Growth, 28 percent of *all* women reported having had an unintended birth, and one-fifth of those women reported the birth as unwanted.[3]

Research shows that teenagers who receive contraceptive education in the same year that they choose to become sexually active are about 70 percent more likely to use contraceptive methods (including condoms) and more than twice as likely to use oral contraceptives as those not exposed to contraceptive education. That is why the National Institutes of Health recommends that, *although sexual abstinence is a desirable objective, programs must include instruction in safer sex behavior, including condom use.*[4]

2. Proponents of abstinence-only-until-marriage education assume that, if young people do not learn about contraception, they will not have sexual intercourse.

Throughout human history, people have had sexual intercourse. Often, people had to rely on contraceptive methods that were not very effective in preventing unwanted pregnancy because highly effective methods were not available. Today, highly effective methods are available to help people avoid unintended pregnancy, if they know about these methods and have access to them.

The fact that some U.S. teens report oral and/or anal intercourse while considering themselves 'virgins' underscores the fact that lacking information does not prevent young people from having sexual intercourse. It may, however, prevent them from making healthy choices about sexuality.

However, abstinence-only-until-marriage education goes further. It discourages young people from using contraception. It encourages young people to believe that condoms and modern methods of contraception – such as birth control pills, injectable contraception, implants, and the intra-uterine device (IUD) – are far less effective than they, in fact, are. Many abstinence-only-until-marriage programs discuss modern methods of contraception only in terms of failure rates (often exaggerated) and censor information about their correct use and effectiveness. Thus, many of these programs keep young people in ignorance of the very facts that would encourage them to protect themselves when they eventually become sexually active.

- By age 18, about 71 percent of U.S. youth have had sexual intercourse.[6]
- One recent study found that, by the age of 18, more than 75 percent of young people have engaged in various heavy petting behaviors.[7]
- Another study found that 25 to 50 percent of teens report having had oral sex.[8]

Percent of Women Experiencing Unintended Pregnancy within One Year

Method	Percentage w/ Typical Use	Percentage w/ Perfect Use
No Protection	85 %	85 %
Spermicide	26 %	6 %
Cervical cap	20 %	9 %
(in women who have never given birth)		
Diaphragm	20 %	6 %
Withdrawal	19 %	4 %
Condom (male)	14 %	3 %
Condom (female)	21 %	5 %
Oral contraceptives		
Progestin only	5 %	0.5 %
Combined	5 %	0.1 %
IUD		
Progesterone T	2.0 %	1.5 %
Copper T 380A	0.8 %	0.6%
LNg 20	0.1%	0.1%
Depo-Provera	0.3%	0.3%
Norplant	0.05%	0.05%

Source: *Contraceptive Technology Update*, 17th edition, revised. New York: Ardent Media, 1998.

- A third study focusing exclusively on adolescent 'virgins' (defined in the study as teens who had not

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Sexuality Education Programs: Definitions & Point-by-Point Comparison

Abstinence-Only Education teaches abstinence as the only morally correct option of sexual expression for teenagers. It usually censors information about contraception and condoms for the prevention of sexually transmitted diseases (STDs) and unintended pregnancy.

Abstinence-Only-Until-Marriage Education teaches abstinence as the only morally correct option of sexual expression for unmarried young people. Programs funded under the 1996 Welfare Reform Act must censor information about contraception and condoms for the prevention of STDs and unintended pregnancy.

Abstinence-Centered Education – Another term normally used to mean abstinence-only education.

Comprehensive Sexuality Education teaches about abstinence as the best method for avoiding STDs and unintended pregnancy, but also teaches about condoms and contraception to reduce the risk of unintended pregnancy and of infection with STDs, including HIV. It also teaches interpersonal and communication skills and helps young people explore their own values, goals, and options.

Abstinence-Based Education – Another term normally used to mean comprehensive sexuality education.

Abstinence-Plus Education – Another term normally used to mean comprehensive sexuality education.

Comprehensive Sexuality Education	***Abstinence-Only-Until-Marriage Education***
Teaches that sexuality is a natural, normal, healthy part of life	Teaches that sexual expression outside of marriage will have harmful social, psychological, and physical consequences
Teaches that abstinence from sexual intercourse is the most effective method of preventing unintended pregnancy and sexually transmitted diseases, including HIV	Teaches that abstinence from sexual intercourse before marriage is the only acceptable behavior
Provides values-based education and offers students the opportunity to explore and define their individual values as well as the values of their families and communities	Teaches only one set of values as morally correct for all students
Includes a wide variety of sexuality related topics, such as human development, relationships, interpersonal skills, sexual expression, sexual health, and society and culture	Limits topics to abstinence-only-until-marriage and to the negative consequences of pre-marital sexual activity
Includes accurate, factual information on abortion, masturbation, and sexual orientation Provides positive messages about sexuality and sexual expression, including the benefits of abstinence	Usually omits controversial topics such as abortion, masturbation, and sexual orientation Often uses fear tactics to promote abstinence and to limit sexual expression
Teaches that proper use of latex condoms, along with water-based lubricants, can greatly reduce, but not eliminate, the risk of unintended pregnancy and of infection with sexually transmitted diseases (STDs) including HIV	Discusses condoms only in terms of failure rates; often exaggerates condom failure rates
Teaches that consistent use of modern methods of contraception can greatly reduce a couple's risk for unintended pregnancy	Provides no information on forms of contraception other than failure rates of condoms
Includes accurate medical information about STDs, including HIV; teaches that individuals can avoid STDs	Often includes inaccurate medical information and exaggerated statistics regarding STDs, including HIV; suggests that STDs are an inevitable result of pre-marital sexual behavior
Teaches that religious values can play an important role in an individual's decisions about sexual expression; offers students the opportunity to explore their own and their family's religious values	Often promotes specific religious values
Teaches that a woman faced with an unintended pregnancy has options: carrying the pregnancy to term and raising the baby, or carrying the pregnancy to term and placing the baby for adoption, or ending the pregnancy with an abortion	Teaches that carrying the pregnancy to term and placing the baby for adoption is the only morally correct option for pregnant teens

Scientific & Medical Institutions Support Comprehensive Sexuality Education

Out of concern for the growing abstinence-only-until-marriage movement, major scientific and medical institutions have reviewed the evidence and made statements in support of comprehensive sexuality education, *including* access to contraception and condoms.

"Current research findings do not support the position that the abstinence-only approach to sexuality education is effective in delaying the onset of intercourse."[1]

The American Medical Association, 1999

"…It is a matter of grave concern that there is such a large incentive to adopt unproven abstinence-only approaches." "...the effective programs identified to date provide information about safer sex, condoms, and contraceptives, in addition to encouraging abstinence."[2]

Office of National AIDS Policy, September 2000

"...Investing hundreds of millions of dollars of federal and state funds over five years in abstinence-only programs with no evidence of effectiveness constitutes poor fiscal and public health policy. ... Congress, as well as other federal, state and local policy makers, [should] eliminate requirements that public funds be used for abstinence-only education."[3] **The Institute of Medicine**, October 2000

"Proponents of abstinence-only policies argue that providing information about contraception or providing condoms to adolescents sends a mixed message to youth and may promote sexual activity." However, "expert panels that have studied this issue, have concluded that comprehensive sex and HIV/AIDS education programs and condom availability programs can be effective in reducing high-risk sexual behaviors among adolescents. In addition, these reviews and expert panels conclude that school-based sex education and condom availability programs do not increase sexual activity among adolescents."[3]

The Institute of Medicine, October 2000

"...Two trends have contributed to the declines in teenage birth and pregnancy rates. First, the long-term increase in the proportion of teenaged women who were sexually experienced leveled [off]... In addition, among sexually experienced teenagers who used any method of contraception, condom use increased substantially."[4] **Centers for Disease Control and Prevention**, 1997

"Although sexual abstinence is a desirable objective, programs *must* include instruction in safer sex behavior, including condom use. The effectiveness of these programs is supported by strong scientific evidence."[5] **The National Institutes of Health**, 1997

"All adolescents should be counseled about the correct and consistent use of latex condoms to reduce risk of infection."[6] **American Academy of Pediatrics**, January 2001

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ADVOCACY – THE ART OF PERSUASION

By Susan K. Flinn, former Director of Legislative Affairs, Advocates for Youth, and Marcela Howell, Director of Public Affairs, Advocates for Youth

People use the voting booth to let their elected officials know how well they're doing. But other opportunities and many different methods exist for communicating with policy makers, such as presenting testimony or visiting, calling, sending e-mail, or writing legislators, school board members, or city council members. When you support or recommend a cause or course of action, you are engaging in advocacy – which is both a right and a responsibility of a representative form of government.

Advocacy can occur at any time. Particularly in local policy bodies (such as a school board or city council), many opportunities occur for sharing opinions with elected officials. You can advocate when you encounter a legislator in the hallway or at the post office. You can sign up to speak at a public hearing; you can write to legislators about your viewpoint. At specific points in the legislative process, advocacy may have more impact on pending bills than it would have at other times. The state legislative research office, League of Women Voters, or office of the Secretary of State can provide information on the legislative process in your state. Use this information when deciding upon the most effective strategy for making your views known to policy makers.

You will also find it useful to understand parliamentary procedure – the complicated but important system under which legislatures operate. Legislators may use little known rules and procedures to defeat or weaken proposals, avoid public notice, and deny other legislators opportunity for negotiation. Skilled legislators sometimes use rules and procedures to advance legislation without debate. For example, proponents added a $250 million allocation for "abstinence-only-until-marriage" education to the 1996 Welfare Reform Act in Conference Committee as a "technical revision," thus eliminating all debate on the issue.

Familiarity with the parliamentary procedures used by the targeted political body in your community or state will increase your ability to successfully strategize and advocate for important legislation. Although the following tips are written in regard to legislators, they apply equally to other elected policy makers at the community, county, state, and federal levels of government.

General Tips for Advocacy

Always be specific in what you ask. Whether your request is by letter, telephone, e-mail, or in person, know what you want the legislator to do – vote a particular way, provide information, answer a question, sign a petition. Whatever you want, make sure you ask directly and specifically, and get an answer.

Target your efforts. Survey the policy makers who will be involved in approving, funding, and/or implementing your issue or program, and decide whom you will approach and in what order. Start with firm supporters and move on to those who are progressive, moderate, or undecided in their views. You may want to begin with legislators on the committee that will first hear the bill and members of a friendly caucus, such as the Women's Caucus. Be certain your own legislator knows your position on the bill.

Do your homework. As part of your preparation, research the legislator's position on your issue. You can find this through voting records, speeches, newspaper articles, debates, and other organizations that work on this issue area. Advocacy organizations, particularly those with Political Action Committees, often track legislators' votes and can provide voting guides. Explore the legislator's personal connections with the issue. For example, does she/he have teenagers or children who will be affected by the issue? Frame your presentation for maximum effectiveness based on your knowledge about the legislator's constituency, views, background, and interests. Different arguments are compelling for different individuals; use the most persuasive argument for this person. It might help to role-play what you want to say at the meeting and practice your responses to possible comments.

Make a personal connection. No matter how insignificant you may feel the connection to be, if you have friends, relatives, and/or colleagues in common, let the legislator know! In particular, let the legislator know if you are a constituent. The legislative process can be highly informal. Although a personal connection will make no difference in your presentation, it may make all the difference in your effectiveness.

Be gracious. Always begin by thanking the legislator for providing the opportunity to hear your ideas, opinions, etc. Legislators who support adolescent reproductive and sexual health, in particular, receive a lot of negative attention from the opposition. They will greatly appreciate a sincere "thank you."

Be professional. Be professional in both dress and manner. Don't say negative things about other legislators or public figures.

Be focused. Stick with one issue per call or letter. Information about more than one topic will only confuse the message and dilute your point.

Consider yourself an information source. Legislators have limited time, staff, and interest in any one issue. They can't be as informed as they'd like on *all* the issues – or even on the ones that concern you. You can fill the information gap. Encourage the policymaker to ask questions about your program or issue, then *or* later.

Tell the truth. There is no faster way to lose your credibility with a legislator and his/her staff than to give false or misleading information.

Know who else is on your side. It is helpful for a legislator to know what other groups, individuals, state agencies, and/or legislators are working with you on an issue. Providing this information also illustrates that your group represents many voters. Bring coalition members and young people with you, and keep in touch with your allies to coordinate advocacy efforts and share relevant information.

Know the opposition. Anticipate who will be the opposition, both organizations and individuals. Tell the legislator about likely opposition arguments and provide clarification and rebuttal. The ability to anticipate criticism and defend your position will make a difference!

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SCIENCE OR POLITICS?

GEORGE W. BUSH AND THE FUTURE OF SEXUALITY EDUCATION IN THE UNITED STATES

By Marcela Howell, Director of Public Affairs, and
Ammie N. Feijoo, Project Coordinator for Research & Analysis, Advocates for Youth

Background

The American Medical Association, the American Academy of Pediatrics, the National Institutes of Health, the Institute of Medicine, the Office of National AIDS Policy – all recently issued reports highlighting the scientific research in support of comprehensive sexuality education, education which includes information about **both** abstinence **and** contraception.

Congress, ignoring this science, allocated over $300 million since the fall of 1996 to fund unproven abstinence-only-until-marriage programs that **exclude** information about condoms and contraceptives for the prevention of teen pregnancy, HIV/AIDS, and other sexually transmitted diseases **(STDs).**

As Governor, George W. Bush championed abstinence-only-until-marriage programs in Texas. As a presidential candidate, Bush promised to increase federal funding for abstinence-only-until-marriage programs.

As President, is Bush poised to reject the scientific evidence on what really works with teens and sex?

Politics or Science?

It's very important to understand the power and promise of abstinence education.[1]
— Presidential candidate George W. Bush, September 2000

"Current research findings do not support the position that the abstinence-only approach to sexuality education is effective in delaying the onset of intercourse."[2]
—The American Medical Association, 1999

"We are aware of no methodologically sound studies that demonstrate the effectiveness of curricula that teach abstinence as the only effective means of preventing teen pregnancy…Credible evidence is lacking to show the effectiveness of abstinence-only programs. Additionally, there is mounting evidence suggesting that these programs are generally ineffective."[3]
—Brian Wilcox, Ph.D., Center on Children, Families, and the Law, University of Nebraska

[As President] My administration will elevate abstinence education from an afterthought to an urgent goal.[4]
— Presidential candidate George W. Bush, November 1999

"…It is a matter of grave concern that there is such a large incentive to adopt unproven abstinence-only approaches." Particularly since "the effective programs identified to date provide information about safer sex, condoms, and contraceptives, in addition to encouraging abstinence."[5]
—Office of National AIDS Policy, September 2000

More than eight out of 10 Americans believe young people should be given information about protecting themselves from unplanned pregnancies and sexually transmitted diseases.[6]
—Hickman-Brown public opinion poll, 1999

Bush pledged to increase federal funding [for abstinence-only-until-marriage programs] to at least $135 million a year.[7]
—*The Washington Post*, June 1999

"The Committee believes that investing hundreds of millions of dollars of federal and state funds over five years in abstinence-only programs with no evidence of effectiveness constitutes poor fiscal and public health policy. ...Congress, as well as other federal, state and local policy makers, [should] eliminate requirements that public funds be used for abstinence-only education."[8]
—The Institute of Medicine, October 2000

Seven out of 10 Americans oppose federal funding to promote abstinence-only-until-marriage programs that prohibit teaching about condoms and contraception for the prevention of unintended pregnancy, HIV/AIDS, and sexually transmitted diseases.[6]
—Hickman-Brown public opinion poll, 1999

It [abstinence-only-until-marriage education] hadn't been given a very good chance, but it's worked when it's tried. That's for certain.[9]
—Presidential candidate George W. Bush, November 1999

"None of these studies [on abstinence-only programs] found consistent and significant program effects on delaying the onset of intercourse, and at least one study provided strong evidence that the program did not delay the onset of intercourse."[10]
—National Campaign to Prevent Teen Pregnancy, 1997

Eighty-four percent of Americans agree that preventing HIV/AIDS and other sexually transmitted diseases are public health issues and should be left to scientists and experts, not to politicians.[6]
—Hickman-Brown public opinion poll, 1999

It seems like to me the contraceptive message sends a contradictory message. It tends to undermine the message of abstinence.[11]
—Presidential candidate George W. Bush, July 1999

"Proponents of abstinence-only policies argue that providing information about contraception or providing condoms to adolescents sends a mixed message to youth and may promote sexual activity." However, "expert panels that have studied this issue, have concluded that comprehensive sex and HIV/AIDS education programs and condom availability programs can be effective in reducing high-risk sexual behaviors among adolescents. In addition, these reviews and expert panels conclude that school-based sex education and condom availability programs do not increase sexual activity among adolescents.[8]
—The Institute of Medicine, October 2000

Among adolescents who reported sexual experience prior to the study, those in the safer-sex intervention [the intervention that **included** information on contraception and abstinence] reported less frequent sexual intercourse, thus providing evidence contrary to the belief that sex education increases sexual activity.[12]
—John B. Jemmott, Ph.D., Dept. of Psychology, Princeton University, 1998

More than eight out of every 10 Americans **reject** the idea that providing sexuality education that includes information on both abstinence and contraception will encourage sexual activity.[6]
Hickman-Brown public opinion poll, 1999

The folks that are saying condom distribution is the best way to reduce teenage pregnancies obviously haven't looked at the statistics.[13]
—Presidential candidate George W. Bush, November 1999

"...Two trends have contributed to the declines in teenage birth and pregnancy rates. First, the long-term increase in the proportion of teenaged women who were sexually experienced leveled [off]... In addition, among sexually experienced teenagers who used any method of contraception, condom use increased substantially."[14]
—Centers for Disease Control and Prevention, 1997

"Although sexual abstinence is a desirable objective, programs *must* include instruction in safer sex behavior, including condom use. The effectiveness of these programs is supported by strong scientific evidence."[15]
—The National Institutes of Health, 1997

"All adolescents should be counseled about the correct and consistent use of latex condoms to reduce risk of infection."[16]
—American Academy of Pediatrics, January 2001

Recent analyses by the prestigious Alan Guttmacher Institute found that 75 percent of the decline in teen pregnancy rates is due to improved use of contraception.[17] A policy brief concluded that, "to sustain the downward trends in teenage pregnancy rates, it will be necessary ... to integrate the conclusion [that improved contraceptive use can make, and is making, a big difference] into policies and programs."[18]
—The Alan Guttmacher Institute, 2000

"Given the weight of scientific evidence demonstrating the efficacy of safer-sex interventions and the absence of clear and compelling data demonstrating a significant and consistent treatment advantage for abstinence programs, it is difficult to understand the logic behind the decision to earmark funds specifically for abstinence programs. Unfortunately, much of the public health policy debate appears to have been ideologically motivated rather than empirically driven. However, no matter how widespread, politically viable, or popular a program may be, efficacy in preventing and modifying behaviors associated with ST[D]/HIV must remain the primary criterion by which programs are changed."[19]
—Editorial: Preventing Sexually Transmitted Infections among Adolescents: A Clash of Ideology and Science.
Journal of the American Medical Association, May 1998

Texas' Recent Record

I have seen what works in my state: raise expectations, measure progress, insist on results [and] blow the whistle on failure.[20]

—Presidential candidate George W. Bush, 2000

- Under Governor Bush, Texas spent over $10 million on abstinence-only-until-marriage education. Bush allocated nearly $6 million in state funds, well over the $3.7 million state match required by the federal allocation of $4.9 million.[21,22]
- In Texas, 220 teen females aged 15 to 19 become pregnant *every single day*.[23]
- Texas' **teen pregnancy** rate is 113 per 1,000 teen females aged 15 to 19. Only Nevada, California, Arizona, and Florida have higher teen pregnancy rates.[23]
- Texas has the *second worst* **teen birth** rate among 15- to 19-year-old females, ranking 49th out of 50 states. Only Mississippi has a higher teen birth rate.[24]
- Texas ranks *dead last* in the decline in teen birth rates among **15- to 17-year-olds**, ranking 50th out of 50. Between 1991 and 1998, the teen birth rate in this age group dropped by more than 21 percent in the United States as a whole; Texas' rate declined by only 10 percent.[24]
- Texas ranks *second to last* for the decline in the teen birth rate among **15- to 19-year-olds** during the same time period, ranking 49th out of 50.[24]
- While Texas ranks 15th out of 39 states in the decline in the birth rate among **15- to 19-year-old African American teens** (30.4 percent), Texas' decline in the birth rate for **Caucasian teens aged 15 to 19** is the sixth smallest recorded in any state (12.5 percent). Texas' birth rate declined by only 3.5 percent among **Hispanic teens aged 15 to 19** compared to 12.3 percent nationwide.[24]
- Texas has an extremely high number of reported STD cases – accounting for about 10 percent of all reported cases of chlamydia and gonorrhea in the country.[25]
- Texas' chlamydia rate is 319 per 100,000 population, ranking 44th out of 50. Texas' gonorrhea rate is 167 per 100,000 population, ranking the state 40th out of 50.[25]
- Texas is one of the hardest hit states for the number of people living with HIV/AIDS, ranking 46th out of 50.[26]

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The Future of Sexuality Education
Continued from Page 1

and Secondary Education Act (Section 14512), the Goals 2000 (Section 319 (b)), and the General Education Provisions Act (Section 438).

From this experience, opponents of comprehensive sexuality education learned they could restrict sexuality education through state health policy rather than education. As a part of comprehensive welfare reform legislation, the 104th Congress established a five-year entitlement to states to support educational efforts that have the *exclusive purpose* of promoting abstinence outside of marriage. Under Section 510(b) of Title V of the Social Security Act, states that chose to accept federal funding had to match every four federal dollars with three state dollars. With the state matching dollars, annual governmental funding for abstinence-only-until-marriage education rose to $88 million each year. This amounts to about half a billion dollars over five years for programs that have never been proven effective.

Signed into law by President Clinton, this provision of the welfare reform legislation represents a broad attack on Americans' ability to provide their young people with comprehensive sexuality education. Moreover, that is exactly what its authors intended.

Regardless of how one feels about the standard of no sex outside marriage, we believe that the statutory language and ... intent of Congress [is] clear. This standard was intended to put Congress on the side of social tradition – never mind that some observers now think the tradition outdated – that sex should be confined to married couples. That both the practices and the standards in many communities across the country clash with the standard required by the law is precisely the point.[5]

Not content with this level of funding, abstinence-only-until-marriage advocates in Congress have repeatedly sought opportunities to throw more money at these ineffective programs. Ignoring the science that says the programs are ineffective, Congress allocated another $50 million in advance funding ($20 million for FY2000 and $30 million for FY2001) for abstinence-only-until-marriage education. This means that when re-authorization of welfare reform-funded abstinence-only-until-marriage education comes before Congress in 2001, the federal government may already have invested $300 million or more in ineffective and unproven programs.

SEXUALITY EDUCATION IN THE SCHOOLS

While the federal government has mandated abstinence-only-until-marriage education under Section 510(b), states have varying policies that dictate whether or not sexuality education is taught in schools. Based on information provided by NARAL and the National Conference of State Legislatures, as of July, 2000:

Eighteen states and the District of Columbia require schools to provide sex education to students (DE, DC, GA, IL, IA, KS, MD, MN, NV, NJ, NM, NC, RI, SC, TN, UT, VT, WV,).

- Three of the 18 states require the teaching of abstinence with no requirement about contraception (IL, KY, UT).
- Two require abstinence-only-until-marriage education (IL, UT).
- Nine require that both the teaching of abstinence and the provision of information about contraception (DE, GA, NJ, NC, RI, SC, TN, VT, WV).

The remaining 32 states do not require schools to teach sex education (AL, AK, AZ, AR, CA, CO, CT, FL, HI, ID, IN, LA, ME, MA, MI, MS, MO, MT, NE, NH, ND, OH, OK, OR, PA, SD, TX, VA, WA, WI, WY).

- Of the 32 states, 10 require that, if sex education is taught, it must include abstinence; they do not require information about contraception (AL, AZ, CO, FL, IN, LA, MI, MS, OK, TX). Six specify abstinence-until-marriage (AL, FL, IN, LA, MS, TX).
- Five of the 32 states require that if sex education is taught, it must include abstinence and provide information about contraception (CA, HI, MO, OR, VA). Three specify abstinence-until-marriage education (CA, MO, VA). [6]

Based on nationally representative surveys:

- One-third of U.S. schools provides information described as "abstinence-only."[7]
- **Twenty-three percent of secondary sexuality education teachers present abstinence as the** only **way to prevent pregnancy and STDs.[8]**

Among parents:

- Eighty-five percent want schools to teach how to use condoms and 84 percent want schools to teach about other forms of birth control.[7]
- Eighty-eight percent want schools to teach young people how to communicate with partners.[7]

Among 7th to 12th grade students:

- Fifty-five percent want to know what to do in case of rape or sexual assault.[7]
- Forty-six percent want to know how to deal with the emotional consequences of sexual activity and how to talk with a partner about birth control and STDs.[7]
- Forty percent want to know how and where to get birth control.[7]

In October 2000, the Institute of Medicine issued a report citing its concern that Congress was "investing hundreds of millions of dollars in federal and state funds …with no evidence of effectiveness."[9] This prestigious scientific body joined other professional organizations – such as the American Medical Association, the American Academy of Pediatrics, the Office of National AIDS Policy, and the American Nurses Association – and the overwhelming majority of American parents in supporting a comprehensive approach to sexuality education.

The Institute of Medicine, however, went one step further in calling on Congress, "as well as other federal, state and local policy makers to eliminate requirements that public funds be used for abstinence-only education."[9]

Advocates for Youth remains committed to putting science before political ideology when it comes to the health and well-being of young people around the world. We ask that you join with us in educating policy makers and the

media about the dangers of censoring vital information about contraception.

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What's Wrong With Federal
Continued from Page 3

experienced vaginal intercourse) found that nearly one-third of respondents reported having participated in masturbation with a partner. In the same study, 10 percent of teens who defined themselves as virgins had participated in oral intercourse and one percent had participated in anal intercourse.[9]

- Data from a nationally representative survey indicate that, in 1999, 49.9 percent of all high school students have had sexual intercourse. The percentage rises by grade level – 38.6 percent of ninth graders have had sexual intercourse compared with 64.9 percent of seniors.[10]
- By the time young people reach age 20, about 80 percent of males and 76 percent of females have had sexual intercourse.[6]

Federal legislation does not define sexual activity when it requires sexuality education classes to teach that *abstinence from sexual activity outside of marriage is the expected standard for all school-age children*.[5] Holding hands, kissing, deep kissing, petting – each of these may be included in the disapproved category of 'sexual activity' in individual abstinence-only-until-marriage curricula. At the same time, these curricula provide no guidance about very real behaviors that put youth at risk – oral and/or anal intercourse. Yet, the reality is that almost every American teenager today has had at least one romantic relationship by the time he/she is 18, and most young people have engaged in 'sexual activity.' In fact, most American parents would be likely to worry about the well-being of a teenager who went through his/her entire teenage years without even one romantic relationship.

If these young people have had abstinence-only-until-marriage sexuality education, they will not know how to protect themselves and their partners from STDs and unintended pregnancy. In the end, research demonstrates that, instead of keeping young people from having sexual intercourse, abstinence-only-until-marriage programs merely keep them from having safer sexual intercourse.

3. Federal requirements assume that young people will not learn about sexuality from any source other than sexuality education classes.

Legislators and congressional staff do not acknowledge the world in which young people live. If they did, they would hesitate to push, as an ultimate value, something that is actually a norm. Moreover, it is a norm that is contradicted by nearly every television show, movie, popular magazine, song, or music video that young people see, hear, or read. This legislatively mandated norm is contrary to the behaviors of many adults (including members of Congress and their staff) that young people hear or read about. Young people learn about sexual expression nearly everywhere they turn in society. They do not learn about responsible, mutually respectful, sexual expression in many places – and certainly not in abstinence-only-until-marriage programs. In such programs, they learn instead about a single congressionally mandated standard that is at odds with nearly every other sexuality message they receive from the society in which they live.

Federally funded abstinence-only-until-marriage programs must teach that *a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity*.[5] By contrast, a recent nationally representative poll found that 56 percent of U.S. adults agreed that sexual intercourse should be reserved for a committed, monogamous relationship, *whether or not* people are married. Only 33 percent believed that sexual intercourse should occur only within marriage.[11] Moreover, 93 percent of men and 79 percent of women report having had sexual intercourse prior to marriage.[12]

The refusal of abstinence-only-until-marriage proponents to accept the reality of young people's lives also creates a vacuum for youth as to what constitutes 'sexual activity.' Indications are emerging that many youth engage in unprotected sexual activities, such as oral and anal intercourse, while avoiding coitus (vaginal-penile intercourse). Abstinence-only-until-marriage programs cannot even address these issues because they shrink from discussing specific sexual behaviors.

Comprehensive sexuality education rests upon certain core values, including

- Every individual has dignity and self-worth.
- Sexual relationships should never be coercive or exploitative.
- All sexual decisions have effects or consequences.
- Every person has the right and the obligation to make responsible sexual choices.[13]

Comprehensive sexuality education encourages young people to complement these values with the values of their parents, society, and culture and to define and clarify the values by which they can live fulfilling, satisfying lives. Comprehensive sexuality education does not supplant family values; rather it provides young people with the tools to integrate these values into their lives and daily decision-making.

When a teen identifies his/her own values and the norms that are consonant with those values, that teen is unlikely to fall back on doing something because 'everyone is doing it' or to engage in activities just to circumvent an arbitrarily imposed standard. A vital developmental component in comprehensive sexuality education is encouraging teens to think and teaching them *how* to think rather than *what* to think. It is a component that is missing in abstinence-only-until-marriage education, which prefers to tell teens *what* to think and distrusts their ability to think for themselves.

4. Federally funded abstinence-only-until-marriage education too often provides young people with medically inaccurate information.

Abstinence-only-until-marriage education provides no information about contraception and condoms other than failure rates. Moreover, it often provides inaccurate information, even about failure rates. In asserting that condoms are ineffective, abstinence-only-until-marriage education usually relies on studies that either pre-date today's highly effective latex condoms or that are not scientific in their research and analysis and, thus, are not published in peer-reviewed journals. Another tactic of proponents of abstinence-only-until-marriage education is to link condom failure with sexually transmitted infections that may occur in areas of the body that condoms do not cover and, thus, *could not* protect. For example, recent abstinence-only arguments against using the condom to prevent HIV infection have focused on the inability of condoms to protect one totally against human papillomavirus (genital warts).[14] What opponents fail to mention, however, is that genital warts may be transmitted across portions of the anatomy (such as the upper thighs, lower abdomen, the groin, testicles, labia majora, or anus) that condoms do not cover.[2]

Second, federal guidelines require abstinence-only-until-marriage programs to teach that *sexual activity outside of marriage is likely to have harmful psychological and physical effects*.[5] First, consider the assertion about harmful physical effects of sexual activity outside of marriage. Certainly, sexual intercourse can result in unplanned pregnancy, STDs, and/or HIV infection. But these results are not necessarily "likely." Moreover, these negative physical consequences are not linked to marital status and may occur inside or outside of marriage. It is precisely to protect against negative physical consequences that comprehensive sexuality education provides young people with information on contraception and condoms.

Next, consider the claim about negative psychological effects of sexual activity outside of marriage. There is simply no sound public health or medical data to support this assertion. Most people have had sexual relations prior to marriage with absolutely no negative psychological consequences. For example, one study reported that, when premarital sexual intercourse is satisfying, it positively affects the relationship for both males and females.[15] The largest study ever undertaken of adult sexual behavior found that more than 90 percent of men and more than 70 percent of women recall wanting their first sexual intercourse to happen when it did.[12]

Sexuality is a natural, normal, and positive component of life. Comprehensive sexuality education can address issues in a positive, helpful manner that encourages young people to make responsible and safe decisions that protect their sexual health.

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Advocacy — The Art of Persuasion
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Don't be afraid to admit you don't know something. If a legislator wants information you don't have, or asks something you don't know, say so. Then, offer to get the information, and DO IT!

Follow up. Follow-up is very important to find out if the legislator did what she/he promised. Send a thank you letter after your conversation, restating your position. Send another letter or call to thank the legislator for a supportive vote or to ask for an explanation of an unsupportive vote.

Stay informed. Legislation changes status quickly and often. Amendments or other committee actions that receive little publicity can radically affect a bill. The sponsor or legislature's research office can help identify where the bill is in the process and its current language.

Don't burn bridges. It is easy to get emotional over issues about which you feel strongly. That's fine, but be sure that you keep your relationship with the legislator on good terms so that you can return on that or another issue. Don't get into a heated argument with a legislator, and never threaten her/him. Your strongest opponent on one issue may be a great proponent on another!

Remember that you're the boss. Your tax dollars pay legislators' salaries and for the paper and the phones they use. **YOU** are the employer and they are the employees. Be courteous, but don't be intimidated. They are responsible to you and, nine times out of 10, legislators are grateful for your input.

Communicating with Legislators By E-mail or Letter

Identify your target legislators. You can send a letter, electronically or by post, to your own representatives, to all members of a committee dealing with your issue, or to the entire legislative body.

Mention a specific issue and/or bill. Your letter will be more effective if it concentrates on a specific issue or a particular bill. When referring to a bill, cite the sponsor, bill title, and number. If possible, include the bill's status: to what Committee it has been referred and/or when the public hearing was held.

Dear Representative Jones: I am writing to urge your support of L.D. 2214, An Act to Ensure Safety for Workers, which was presented for public hearing before the Legislature's Labor Committee last Tuesday, February 10th.

Be brief and to the point. A one-page letter has more impact than a ten-page letter. Outline your main point in the first paragraph and try to cover only one issue per letter. Make clear how you want the legislator to vote. For background, you could include a newspaper clipping or fact sheet that discusses the issue in greater depth.

Make it personal. Policy makers and their staff are more likely to pay attention and remember letters that include real life experiences. Explain why the issue is important to you and how the legislation will affect you and others in your area. Describe a personal experience that illustrates your point. Organized campaigns do not impress legislators as powerfully as heart-felt constituent communication. Avoid the appearance of being part of an organized advocacy effort.

Identify your relationship with the legislator. If you are a constituent or have another connection with the legislator, say so at the beginning. Include your name and address. This enables the legislator to respond to your letter. Your address also indicates your voting district and gives the legislator an extra incentive to pay attention to you.

Ensure that legislators received the letter. When the legislature is in session, send your letter to the state house. When the legislature is not in session, use the legislator's district (or home) address.

Follow up. Make a quick call to confirm receipt of the letter. You can simply say to the receptionist: "I'm calling Representative X to make sure she received my letter about L.D. 2214, the Act to Ensure Safety for Workers." Leave your name and phone number. Call or write until you get an acknowledgement of your letter.

Send a final reminder about the bill. Find out when the bill will be voted on and, just before the vote, send a postcard or e-mail or leave a phone message about your position. Include the bill number and title. This lets the legislator know that you are following this issue and that the vote is still important to you.

Thank the legislator if he or she voted with your position.

Face to Face Visits

Schedule a meeting. Call the legislator's office and schedule a meeting far enough in advance that you will have time to prepare. Confirm the meeting and invite other people working on this issue. Keep a record of those that attended the meeting, what information was shared, and any actions promised by anyone at the meeting. Follow up on these promises**.**

Be flexible. Expect interruptions and changes in schedule or staff availability. If you can't meet with a legislator, try to meet with an appropriate staff member or reschedule for another time. Remember that staff people are extremely important and may have great influence on a legislator's views.

Be prompt. Don't be late – it sets a bad tone before the meeting has even started. If you are running late, call ahead and let the legislator's office know. Accept that the legislator may need to reschedule the meeting.

Be prepared. Make the most of your visit: plan your presentation in advance and divide up roles for group members to take, including a note taker. Plan a five-minute presentation (10 minutes at the most) and expect to spend no more than 15 minutes with the legislator. Make your important points in a clear, succinct manner. Note personal relationships and constituents.

Take advantage of opportunities. A meeting with a legislator can occur anywhere – in the state house hallways, the district office, or the local grocery store. Take advantage of unexpected opportunities to speak with legislators.

Leave something behind. Develop a slender handout packet to leave with the legislator, including a short (one- to two-page) summary of the issue, your group, and your request for action. Also include background information about the issue, such as press clippings and editorials supporting your position.

By Telephone

Identify yourself. Use your name and address. If you are a constituent, say so.

Identify the issue. When referring to a bill, use its number and its title.

State both your position and how you would like the legislator to vote.

Ask for the legislator's position on the bill or issue. If she/he is supportive of your position, ask for a commitment to vote your way. If she/he is opposing or undecided, thank the legislator for the information. Don't argue. Ask what information might help the legislator become a proponent.

If the legislator is unavailable, leave a detailed message with a staff member. The staff member may be able to describe the legislator's position.

Follow up by sending a note thanking the legislator for his/her time. Include any information that the legislator can use to solidify a position or which may move the legislator to support your position.

What Should You Do If the Legislator

Strongly agrees with your position?

1. Thank the legislator.
2. Ask the legislator to take a leadership role in the legislature, the media, and/or the community. You can appropriately ask her/him to do any/all of the following:
   - Write an article for a newsletter
   - Sign onto a petition or letter of support;
   - Permit public use of legislator's name
   - Sponsor a bill
   - Offer amendments to legislation
   - Make speeches at public forums
   - Agree to vote for or against a resolution.
3. Ask the legislator's advice regarding those with whom to talk, what arguments best make the case for the bill, or what media strategy will be most effective in gathering support.
4. Ask what information or constituencies would be helpful in swaying additional legislators to your position. Then work to produce these materials or constituencies.
5. Ask the legislator to "lobby" undecided legislators. Provide a list of these legislators.
6. Thank the legislator again.

Agrees with your position?

1. Thank the legislator.
2. Assure the legislator of your continued interest in the issue and your continued support for his/her position.
3. Ask if she/he would be willing to help in any way beyond the vote. If yes, refer to the tips above.
4. Thank her/him again.

Is undecided or noncommittal?

1. Inform the legislator of your interest in the issue or legislation.
2. Present the case as clearly and concisely as possible and ask constituents and/or teens to make the presentation.
3. Ask about the legislator's viewpoint to learn whether the position results from personal or political factors, lack of information, misinformation, or a combination. Adjust your strategy accordingly.
4. Ask about specific groups or individuals from whom the legislator would like to hear.
5. Offer to provide information that will help inform the legislator about the issue.
6. Follow up by providing the information the legislator requested or that addresses his/her reservations.
7. Once he/she has indicated a position, express thanks for his/her support or send a letter stating your disappointment in the position taken.
8. Keep in touch to nurture the relationship.

Is opposed to your position?

1. Thank the legislator for the opportunity to discuss your views.
2. Determine the strength of the legislator's opposition and upon what it is based. If the opposition is not vehement, it may be worth trying to change the legislator's position.
3. If the legislator appears movable, present information that addresses his/her concerns. Make sure that the legislator hears from constituents who support your position. Strategize and present the case most likely to resonate with this particular legislator.
4. Stay in touch to nurture the relationship with the legislator.
5. If the legislator appears immovable, ask him/her not to lobby colleagues on the issue. With a close vote, where you cannot win unless the legislator cooperates, ask him/her to "walk" (be absent) when the vote occurs.
6. If the legislator's opposition is strong, write and express your disappointment in the position and/or vote. Don't waste your time and energy trying to move this legislator. ■

CURRENT RESEARCH

NO TIME TO LOSE

A new report by the Institute of Medicine's Committee on HIV Prevention Strategies in the United States reminds Americans that half of all new HIV infections occurs in youth under age 25. One-fourth of all new HIV infections occurs in youth under age 21. Asserting that the United States has no time to lose if it is to reverse the distressing trend toward infection in ever-younger people, the Committee flatly asserts that the nation needs leaders who will work to overcome social barriers and to capitalize on unrealized opportunities to prevent HIV. The Committee believes that the nation should have an explicit HIV prevention goal: **to avert as many new HIV infections as possible with the resources available for HIV prevention.**

Moreover, the Committee recognized that many factors can undermine public health goals:

- Using inappropriate considerations to frame policy choices
- Applying less than desirable rules to public health problems
- Allowing prejudice and individual/sectarian values to undermine policy goals
- Allocating insufficient resources
- Allowing organizational factors to impede policy implementation
- Permitting inadequate training or other failures in implementation to undermine successful outcomes.

Therefore, the Committee recommended six important elements to allow the nation to meet the HIV prevention goal of averting as many new HIV infections as possible.

1. Develop an accurate surveillance system focused on new HIV infections.
2. Allocate resources to prevent as many new HIV infections as possible.
3. Use the clinical setting for prevention activities, including testing, counseling, and treatment for HIV infected individuals.
4. Translate research into action.
5. Invest in the development of new tools and technologies for HIV prevention.
6. Strive to overcome social barriers.

Under social barriers needing dismantling, the Committee particularly noted barriers to effective sexuality education. The Committee specifically recommended **eliminating congressional, federal, state, and local requirements that public funds be used for abstinence-only education and that states and local school districts implement and continue to support age-appropriate comprehensive sex education and condom availability programs.**

Committee on HIV Prevention Strategies in the United States, Institute of Medicine. *No Time to Lose: Getting More from HIV Prevention*. Washington, DC: National Academy Press, in press.

OFFICE OF NATIONAL AIDS POLICY RECOMMENDS *EFFECTIVE* PROGRAMS FOR HIV PREVENTION

In 2000, the Office of National AIDS Policy noted that most students are learning at least something about HIV in school. Between 1995 and 1997, the percentage who said they were taught about HIV/AIDS in school rose from 86 to 92 percent. However, not all students receive evidence-based HIV education.

Although 1996 welfare legislation made available $250 million over five years for abstinence-only-until-marriage education, "*none of the curricula on the current list of programs that work uses an 'abstinence only' approach.'*" Effective programs, the report notes, provide information about safer sex, condoms, and contraception in addition to encouraging sexual abstinence. The report concludes that "*it is a matter of grave concern that there is such a large incentive to adopt unproven abstinence-only approaches.*"

The Office of National AIDS Policy recommends that the federal government should:

- Ensure that adequate resources are targeted to youth-focused HIV prevention, particularly prevention that targets youth at highest risk for HIV infection.
- Ensure that high-quality HIV prevention programs reach more youth in schools.
- Develop and implement an initiative to promote routine, voluntary HIV counseling and testing for at-risk youth.
- Encourage public/private partnerships that address the full range of needs of high-risk youth.
- Increase support for the development and dissemination of promising models of HIV prevention programs for youth.

In considering research, the Office recommends that the federal government should:

- Ensure that its research agenda for HIV/AIDS includes a component targeted to youth.
- Ensure that appropriate resources are targeted to adolescent-specific AIDS research.
- Take action consistent with federal rules and regulations on research with minors to increase youth participation in [vaccine and other] trials.
- Disseminate research findings to local communities.

The report concludes that *Timid hopes for the best are not enough... Young people have a right to depend on us as adults. We must mobilize our nation's resources – resources that are unparalleled in American history – to protect and care for them.*

Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: The White House, 2000.

ORAL SEX AMONG ADOLESCENTS

A special report in *Family Planning Perspectives* looks at the extent to which adolescent sexual activity consists or does not

consist of oral intercourse and how adolescents view oral sex. Much of the 'research' to date has been reported by the popular press. Stories, such as one in *The Washington Post*, describe new suburban fads to regularly engage in oral sex at one another's homes, in parks, and at school. Reporters echo similar assertions – that although penile-vaginal (coital) activity among high school students appears to have leveled off or slightly declined, middle-school students (ages 12 to 14) appear to be experimenting with a much wider range of sexual behaviors at progressively younger ages.

The little research performed on this topic occurred in 1982 when a marketing research firm collected data from a national panel of households in 49 states. Roughly one-fifth of 1,067 13- to 18-year-old respondents had ever had oral sex, and 16 percent of young women who had performed fellatio had never had vaginal intercourse.

Many sexually transmitted diseases (STDs) can be transmitted orally, although some are more easily passed than others. According to Penelope Hitchcock, chief of the Sexually Transmitted Diseases Branch of the National Institutes of Health, saliva tends to inactivate HIV, so while HIV transmission through oral intercourse is not impossible, it is relatively rare. Other viral STDs that *can* be transmitted orally include human papillomavirus (HPV), herpes simplex virus, and hepatits B. Bacterial STDs that *can* be transmitted orally include gonorrhea, syphilis, chlamydia, and chancroid.

Some clinicians say that they are seeing new types of STD infections and new types of patients – young teens who have not initiated coitus but who come in with fears and anxiety over having acquired an STD orally. Many researchers believe that young teens who have not initiated coitus may be especially reluctant to seek treatment for orally acquired infections. Moreover, adolescents virtually never use condoms or dental dams to protect against orally acquired STD infections.

Experts believe that the oral sex practiced by younger teens is mostly fellatio, not cunnilingus. This also raises questions of exploitation of young teens if the young women are performing oral sex to make boys happy or when alcohol is involved. Deborah Roffman, sexuality educator at The Park School in Baltimore, related the experience of a guidance counselor who, after bringing up the topic of rape in the context of coerced oral sex, was told by female students that the term did not apply since fellatio 'is not really sex.'

Among roughly 600 Midwestern university students surveyed in 1991, 59 percent did not believe that oral sex would qualify as sexual intercourse and 19 percent thought the same about anal sex. Females (62 percent) were more likely than males (56 percent) to assert that cunnilingus and fellatio were not 'sex.' If adolescents perceive oral sex as something different than sexual intercourse, do they view it as abstinence? In one study with 282 12- to 17-year-oldrespondents in the Midwest, definitions ranged from 'kissing is probably okay' to going only as far sexually as one wanted or felt comfortable with. Most ended a long list of acceptable behaviors with, "To me, the only thing that would take away my virginity is having sex. Everything else is permitted."

The article points out that the few evaluations of abstinence-only programs that exist have never assessed whether adolescents engaged in activities other than sexual intercourse under an assumption that they were being abstinent. Adolescent health professionals believe that the startling information about early initiation into oral intercourse will have a positive effect – forcing educators, health care providers, and parents to have a dialogue with teens about the full meaning of sexual expression, not as a single act, but as a whole range of behaviors. This report concludes with a reminder that comprehensive sexuality education supports giving adolescents the criteria they need to decide when to abstain or to participate across a full continuum of sexual behaviors. By contrast, proponents of abstinence-only education fear that discussing a possible range of behaviors will encourage those behaviors.

Remez L. Oral sex among adolescents: is it sex or is it abstinence? *Family Planning Perspectives* 2000; 32:298-304.

Adolescents and HIV: the Role of the Pediatrician

A new policy statement from the American Academy of Pediatrics notes that half of all new HIV infections in the United States occur among youth ages 13 to 24, and sexual transmission accounts for most cases of HIV during adolescence. Noting that pediatricians and other health care providers have a significant role to play in preventing HIV transmission among youth, the Committee on Pediatric AIDS and the Committee on Adolescence recommend that pediatricians should:

- Provide information about HIV infection and AIDS and the availability of HIV testing as essential components of anticipatory guidance to all adolescent patients. The guidance should include information about HIV prevention and transmission as well as the implications of infection.
- Help adolescents understand the responsibilities of becoming sexually active. Provide information on abstinence from sexual activity *and* use of safer sexual practices to reduce the risk of unplanned pregnancy and sexually transmitted diseases, including HIV. Counsel adolescents about the correct and consistent use of latex condoms.
- Discuss HIV testing with all adolescents and encourage HIV testing with their consent for those who are sexually active or substance users.
- Consider the consent of the adolescent as sufficient to provide evaluation and treatment for suspected or confirmed HIV infection.
- Use a negative HIV test result as an opportunity to counsel the adolescent on reducing risk behaviors.
- Help HIV-infected adolescents understand the importance of informing their sexual partners of their potential exposure to HIV infection. Provide this help directly or refer the adolescent to a state or local health department's partner referral program.
- Advocate for the special needs of adolescents for information about HIV, access to HIV testing and counseling, and access to HIV treatment services.American Academy of Pediatrics. Adolescents and human immunodeficiency virus infection: the role of the pediatrician in prevention and intervention. [Policy Statement] *Pediatrics* 2001; 107:188-190. ■

Advocates Is Seeking Nominations for Outstanding Efforts to Promote Adolescent Sexual Health

At its 20th Anniversary Conference, Advocates for Youth will recognize exemplary achievements in promoting adolescent sexual health. Nominees must demonstrate significant contributions that

★ Promote youth's ***right*** to accurate information and to confidential health services

★ Demonstrate ***respect*** for all youth and/or

★ Acknowledge youth's ***responsibility*** to make safe, healthy decisions about sexuality as well as society's ***responsibility*** to provide accurate information, confidential health services.

Nominees may be an individual, a program, or an organization. Awards will include:

★ *Supernova*–Recognizing long-term positive impact as an agent for change, leadership, dedication, and vision

★ *Shining Star*–Recognizing effective, creative, replicable, and cutting-edge approaches

★ *Rising Sun* – Recognizing someone under age 30 who demonstrates passion and commitment to promoting adolescent sexual health.

Deadline for nominations is September 14, 2001.

For more information about the awards program or for award nomination forms, please contact Advocates by fax at 202.419.1448 or e-mail at conf@advocatesforyouth.org, or visit www.advocatesforyouth.org.

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STOP CENSORING INFORMATION

Scientific research demonstrates that sexuality education that includes information about ***both*** abstinence ***and*** contraception is effective in helping young people delay sexual activity and protect themselves when they become sexually active.

Young people deserve complete, accurate information in sexuality education classes.

I urge you to support sexuality education that includes messages of *both* **abstinence** *and* **medically accurate information about contraception for the prevention of unintended pregnancy and sexually transmitted diseases, including HIV/AIDS.**

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