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School-Based Sexuality Education: The Issues and Challenges

By Patricia Donovan

In fall 1997, the Franklin County, North Carolina, school board ordered chapters on sexual behavior, contraception and AIDS and other sexually transmitted diseases (STDs) cut out of its health textbook for ninth graders. The deleted material, the board said, did not comply with a new state law requiring public schools to teach abstinence until marriage in their comprehensive health education program for students in kindergarten through ninth grade.

The school board also instructed teachers to discuss only failure rates in response to students' questions about contraceptives. If asked about AIDS, teachers were to say only that the disease is caused by a virus that is transmitted primarily by contaminated needles and illegal homosexual acts. These actions came after months of debate in the county about how to handle sex education in accordance with the new law, which allows school districts to offer more comprehensive sexuality education only after a public hearing and a public review of instructional materials.[1]

The board's new policy is a compelling example of the controversy raging in many communities over what public schools should teach in sex education classes. Although national and state polls consistently show that 80-90% of adults support sex education in schools—including instruction on contraception and disease prevention in addition to abstinence[2]—many school districts are under intense pressure to eliminate discussion of birth control methods and disease-prevention strategies from their sex education programs. Instead, they are urged to focus exclusively on abstinence as a means of preventing pregnancy and STDs. "The abstinence-only movement has [triggered] a debate around the country about whether contraception should be discussed at all," observes Douglas Kirby, director of research at ETR Associates, who studies the impact of sex education programs.

The intensity of the debate is noted even by long-time sex education advocates such as Leslie Kantor, formerly director of planning and special projects with the Sexuality Information and Education Council of the United States (SIECUS) and currently vice president for education with Planned Parenthood of New York City. "There have always been disgruntled parents here and there, but local school boards have never seen anything like the very organized, orchestrated campaign for abstinence-only education," she says.

State legislatures are also feeling the pressure. Of the 51 sex education bills that were considered by state legislatures through March 1998, 20 pertain to making abstinence the focus of sex education in public schools.[3] One of these bills has been enacted: The Mississippi legislature established abstinence education as the "standard for any sex-related education taught in the public schools."[4] The law calls for teaching that "a mutually faithful, monogamous relationship in the context of marriage is the only appropriate setting for sexual intercourse." In Virginia, where mandatory sex education was repealed by the state school board in 1997, the legislature voted to reinstate sex education with the stipulation that the programs "present sexual abstinence before marriage and fidelity within monogamous marriage as moral obligations and not matters of personal opinion or personal choice."[5] The measure was vetoed by Governor James S. Gilmore on the grounds that the decision of whether to offer sex education should be left to local school boards.

According to dozens of sexuality education proponents interviewed for this report during the latter half of 1997 and in early 1998, the push for abstinence-only education is only the most visible element of a larger conservative strategy to eliminate more comprehensive programs. Other proposals include eliminating coeducational classes and changing the parental consent process in ways that sex education proponents warn could make participation in sex education more complicated for students and costly for schools. Groups opposed to sex education have captured the momentum, many of these observers say, because the opponents' new tactics seem less extreme than past efforts—and are therefore more difficult to refute.

But proponents say that they also bear some responsibility for the current turmoil themselves, both because they have allowed opponents of sex education to foster the misperception that the comprehensive programs generally do not teach abstinence and because they have failed to effectively articulate the goals of sex education.

Although sex education is often discussed and evaluated in terms of its role in reducing adolescent pregnancy and STD rates, supporters say its primary goal is broader: to give young people the opportunity to receive information, examine their values and learn relationship skills that will enable them to resist becoming sexually active before they are ready, to prevent unprotected intercourse and to help young people become responsible, sexually healthy adults. Unfortunately, notes Michael McGee, vice president for education at the Planned Parenthood Federation of America, programs today are judged almost exclusively according to "whether they feature abstinence, rather than whether they promote health."

Supporters of abstinence-only education won a major victory in 1996, when Congress committed $250 million in federal funds over five years to promote abstinence until marriage as part of welfare reform.[6] Nevertheless, in recent years it has been primarily at the state and local levels where opponents of sexuality education have concentrated their efforts and where they have had their greatest impact. According to many sex education supporters, their opponents are putting enormous pressure on school boards to curtail sexuality education programs and are intimidating school administrators and teachers, who in turn are becoming increasingly cautious about what they teach, even when they are under no formal constraints.

"These are dark times for balanced, responsible sexuality education," concludes Barbara Huberman, director of training at Advocates for Youth.

SEXUALITY EDUCATION TODAY

Efforts to undermine sexuality education are not new, of course. Sex education has been a target of right-wing groups since the 1960s, when the John Birch Society and other ultraconservative organizations charged that such programs were "smut," "immoral" and "a filthy communist plot."[7]

The goal of these groups was to eliminate all sex education in schools, and they clearly had an impact: By the early 1970s, legislatures in 20 states had voted to restrict or abolish sexuality education.[8] By the end of the decade, only three states (Kentucky, Maryland and New Jersey) and the District of Columbia required schools to provide sex education.[9]

But, as SIECUS president Debra Haffner notes, "the landscape changed dramatically with the advent of AIDS." By the mid-1980s, widespread recognition that the deadly disease can be transmitted through sexual intercourse made it politically untenable to argue that sexuality education should not be taught in the schools, especially after Surgeon General C. Everett Koop called for sex education in schools beginning as early as the third grade. "There is now no doubt," Koop wrote in his 1986 report, "that we need sex education in schools and that it [should] include information on heterosexual and homosexual relationships. The lives of our young people depend on our fulfilling our responsibility."[10]

The states responded quickly: By the late 1980s, many states required schools to provide instruction about AIDS and other STDs. Some of these states also required instruction in sexuality education. In addition, since 1988, the Centers for Disease Control and Prevention (CDC) have provided financial and technical assistance to state and local education agencies, national organizations and other institutions to improve HIV education in schools. As of December 1997, 19 states and the District of Columbia had laws or policies that required schools to provide sexuality education, and 34 states and the District mandated instruction about HIV, AIDS and other STDs (Table 1).

Table 1. Distribution of U.S. states and District of Columbia, by state policy requirements for sexuality, STD and HIV/AIDS education, 1998

Schools required to provide both sexuality education and STD and/or HIV/AIDS education (N=20)	
Alabama	Minnesota
Arkansas	Nevada
Delaware	New Jersey
District of Columbia	North Carolina*
Georgia	Rhode Island
Hawaii	South Carolina
Illinois	Tennessee
Iowa	Utah
Kansas	Vermont
Maryland	West Virginia

Schools required only to provide STD and/or HIV/AIDS education (N=15)	
California	New York
Connecticut	Ohio
Florida	Oklahoma
Indiana	Oregon
Michigan	Pennsylvania
Missouri	Washington
New Hampshire	Wisconsin
New Mexico	
Schools not required to provide either sexuality education or STD and/or HIV/AIDS education (N=16)	
Alaska	Mississippi
Arizona	Montana
Colorado	Nebraska
Idaho	North Dakota
Kentucky	South Dakota
Louisiana	Texas
Maine	Virginia
Massachusetts	Wyoming
*Although the 1995 law mandates instruction on abstinence until marriage, the state board of education's Healthful Living Education curriculum, which is mandatory for grades K-9, requires lessons on sexuality education, including birth control, STD and HIV prevention and abstinence, beginning in seventh grade. *Source:* See reference 11.	

Some states appeared to encourage only limited instruction, however. For example, while laws and policies in 23 states specified that all sexuality education must include instruction about abstinence, only 13 states required such courses to cover contraceptive methods.[11] Furthermore, only 22 states required that courses on HIV and STD prevention provide information on condom use and other prevention strategies in addition to information about abstinence.[12] A large majority of states have developed curricula or guidelines to provide program guidance to local school districts in implementing sexuality education programs. Many of these guides exclude such topics as abortion, homosexuality and masturbation because they are considered too controversial.[13]

School districts appear to be more likely than states to require instruction about contraception and STD prevention. In a 1994 survey, for example, the CDC found that more than 80% of school districts required instruction about the prevention of HIV and other STDs as part of health education, and that 72% required instruction about pregnancy prevention in their health programs.[14]

As a result of these laws and policies, virtually all teenagers now receive some sexuality education while they are in high school: In a 1995 national survey, more than nine in 10 women aged 18-19 said they received instruction, as did about seven in 10 women aged 18-44.[15] Most students, however, do not receive any instruction until ninth or 10th grade,[16] by which time many have already become sexually active. Even then, the information they receive may be insufficient. "It is widely believed by professionals in the field that most programs are short, are not comprehensive, fail to

cover important topics and are less effective than they could be," Douglas Kirby observed.[17]

Regardless of whether a state mandates sex education or AIDS education, there is no guarantee that the subject will be taught in all school districts, because many states do not have a mechanism for monitoring program implementation. In fact, there is often wide variation in what is taught, both within school districts and even within the same school. Konstance McKaffree, who taught sexuality education in Pennsylvania public schools for 25 years before retiring in 1996, explains that what is offered often "depends on the teacher's ability, training and comfort with the subject matter," as well as on the principal's willingness to tolerate controversy.

A NEW STRATEGY

Since the early 1990s, sex education advocates report, opponents have brought increasing pressure to bear on school officials and teachers as they have refocused their efforts on local school boards and state legislatures. Prior to that time, opponents had concentrated primarily on national politics. "They realized that who is in the principal's office matters more than who is in the Oval Office," observes Leslie Kantor. "They decided to pay attention to elections no one pays attention to, like those for school board and county commissioner."

As a result of this shift, recent years have seen a sharp rise in the number of challenges to individual school district policies. According to SIECUS, more than 500 local disputes over sexuality education occurred in all 50 states between 1992 and 1997.[18] Typically, these confrontations were initiated by a few parents or by members of a local conservative group or church, often with backing and support from national organizations with similar political or social agendas, such as Focus on the Family, the Eagle Forum, Concerned Women for America and Citizens for Excellence in Education.[19] In contrast, SIECUS documented a total of six local controversies in 1990.[20]

The substance of the debate over sexuality education has also changed, largely in response to the need to combat AIDS. "The controversy has shifted from whether to offer sex education in schools to what should be taught in these classes," observes Susan Wilson, executive coordinator of the Network for Family Life Education in New Jersey.

Promoting Abstinence

Abstinence-only proponents assert that the more comprehensive programs focus principally on teaching students about contraception and safer sex techniques and that the programs provide little or no instruction on abstinence. They also contend that sex education programs condone homosexuality, teach students how to have sex and undermine parental authority.[21] Continued high rates of adolescent pregnancy, STDs and out-of-wedlock births, they say, are proof of "the widespread failure of conventional sex education."[22]

Research suggests that many of these charges are unfounded. In a 1988 survey, for example, nine in 10 teachers of sexuality education in grades 7-12 reported that they taught their students about abstinence.[23] In addition, the CDC's 1994 survey found that 78% of public and private school teachers in health education classes include

instruction in the rationale for choosing abstinence, compared with 56% who discuss the efficacy of condoms in preventing HIV and 37% who teach the correct use of condoms.[24]

Furthermore, several studies show that sexual intercourse among students did not increase after the presentation of pregnancy prevention programs that included discussions of abstinence, contraception and disease prevention and that taught teenagers decision-making and communication skills to help them resist risky or unwanted sexual activity.[25] In fact, such programs can help teenagers delay the onset of intercourse and can increase the likelihood that they will use condoms and other contraceptives when they do become sexually active. Moreover, researchers have found no methodologically sound studies that show abstinence-only programs delay the initiation of sexual intercourse.*[26]

Despite this evidence, abstinence-only programs continue to proliferate. This may stem in part from the skillful promotion of these programs. Their supporters "promise school boards and parents that if schools let them come in and teach an abstinence-only curriculum, children will not have sex," reports Debra Haffner. "It's a very appealing message to adults, who are very concerned that adolescents become sexually involved too early."

At the same time, concerns about teenage sexual activity and its consequences may engender greater receptivity to the notion of focusing exclusively on abstinence, at least among younger adolescents. "There is a growing recognition that at some grade level - [grade] six, seven, eight - it is appropriate to talk only about delaying sex," observes Kirby. The question then becomes how long a delay is expected. Many abstinence-only curricula teach young people to forgo sex until marriage - an ambitious goal in a country where people typically do not marry until their mid-20s.[27] These curricula either provide no information about contraception or briefly discuss contraception only in terms of failure rates[28] to emphasize that condoms and other methods do not provide 100% protection against pregnancy and STDs.[29]

Furthermore, many of these curricula and other instructional materials appear to have been designed to frighten adolescents into remaining abstinent. For example, the abstinence-only curriculum *Me, My World, My Future* likens use of condoms to playing Russian roulette: "Condoms do not prevent STDs or AIDS," the curriculum states. "They only delay them. The more often that the [sex] act is repeated, the more opportunity there is for condom failure."[30]

Choosing the Best, another widely used abstinence-only curriculum, also uses the Russian roulette theme, contending that "there is a greater risk of a condom failure than the bullet being in the chamber."[31] This curriculum also includes a video, entitled *No Second Chance*, in which a student asks, "What if I want to have sex before I get married?" The student's teacher then responds, "Well, I guess you'll just have to be prepared to die. And you'll probably take with you your spouse and one or more of your children." A second video packaged with the curriculum, *Sex, Lies and the Truth*, was produced by Focus on the Family. In it a student declares, "Safe sex isn't working anymore. Condoms are breaking, birth control is failing, and many kids and young people are just dying."

There are no official statistics on how many schools use abstinence-only materials, but according to some press reports, 4,000 of the nation's 16,000 school districts use an abstinence-only curriculum.[32] *Sex, Lies and the Truth* is estimated by some conservative groups to be used in more than 10,000 school systems.[33]

OTHER TACTICS

In addition to pushing for abstinence-only instruction, sex education opponents are pressing for an end to coeducational sex education classes, for explicit parental consent for participation in sexuality education (as opposed to passive consent) and—in districts that retain comprehensive programs—for the option of taking an abstinence-only course instead. While these may not appear on the surface to be an attack on sexuality education, those who favor comprehensive instruction believe the ultimate goal behind such proposals remains the elimination of sexuality education from the public schools. They fear that the adoption of these measures would present obstacles that would undermine comprehensive sex education programs.

For example, while comprehensive sex education advocates acknowledge that it may at times be beneficial to separate the sexes (when discussing puberty with elementary school children, for example), they believe that the elimination of coeducational classes would deprive students of the opportunity to learn how to communicate effectively with members of the opposite sex and how to resist pressure to have sex. The paperwork that would be required to administer the proposed changes to existing parental consent policies also concerns these advocates. The so-called "opt-out" policy currently used in the vast majority of school districts requires that parents take the initiative to inform the school if they do not want their child to participate in sexuality education. In districts that keep records, according to SIECUS data, fewer than 5% of parents exercise their option to remove their children from sex education courses.[34]

In contrast, the alternative consent policy proposed by supporters of abstinence-only education would create an "opt-in" policy requiring the school to obtain written permission from each student's parents before that student could take sex education. A projection of the impact of such a change on schools in Fairfax County, Virginia, concluded that processing the nearly 134,000 forms generated by the 98% of parents in the school system who allow their children to receive sexuality education would require two weeks of work by 50 school employees.[35]

In addition to the increased burden on school staff and finances posed by the "opt-in" consent policy, there is the additional risk that some children would be excluded from sexuality education not because their parents did not want them to participate, but because the necessary consent form either never reached the parent or was never returned to the school.

TEACHERS' FEARS INCREASE

The debates over program content and the proliferation of local controversies have heightened teachers' long-standing concern that parents and school officials do not support their efforts to provide sexuality education. As a result, they fear that discussion of controversial topics—masturbation, sexual orientation, abortion and, increasingly, contraception—could jeopardize their careers, according to many sex education proponents. "Teachers are scared; even the best are very discouraged,"

reports Peggy Brick, director of education at Planned Parenthood of Greater Northern New Jersey and a long-time sexuality educator and trainer.

Ultimately, proponents say, teachers believe their careers are at stake. There is always the potential for saying something that some parent will find objectionable, notes McGee, Planned Parenthood's vice president for education. "If the parent complains to the principal, the teacher may be called on the carpet, publicly humiliated and threatened with the loss of his or her job. It's a risky business."

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Whether the pressure to avoid controversial subjects is real or imagined is a matter of debate. Nevertheless, the perception among teachers is that this pressure not only exists but has also intensified in recent years. "Teachers perceive themselves as more constrained," reports Patti Caldwell, senior vice president of Planned Parenthood of Southern Arizona, which provides sex education in public schools in the Tucson area. "There is limited evidence that they are as constrained as they think they are, but the perception has a significant impact on their confidence."

Fueling this perception, Caldwell and others say, is teachers' sense that they do not have the support of their principal and superintendent. "Administrators' commitment and comfort with the field is more important than board policy or official doctrine," observes Scott McCann, vice president for education at Planned Parenthood of Santa Barbara, Ventura and San Luis Obispo Counties in California.

Fear of controversy deters many school officials from taking a high-profile position on sex education, proponents say. Another reason, according to Brenda Greene, manager of the HIV/AIDS Education and School Health Program at the National School Boards Association, is that sexuality education is generally not a high priority for school officials: "Administrators want to focus on academic standards, student safety and other issues that communities and the state hold them accountable for."

A LACK OF TRAINING

Teachers and others believe that educators' wariness of sex education is often exacerbated by a lack of training, which leaves many feeling unprepared to teach the subject. The problems stem from both inadequate instruction during the teachers' undergraduate preparation and from a dearth of staff development and training opportunities once they are in the classroom.

Although undergraduate programs for aspiring teachers generally have at least one course on sexuality education or health education, many of these schools do not require prospective teachers to take such a course. In a 1995 survey of college-based teacher certification programs, for example, fewer than two-thirds required candidates seeking certification in health education to take a course on sexuality,[36] even though sexuality education is most commonly provided by health education teachers.[37] According to the same survey, none of the programs required prospective teachers to take a course on HIV and AIDS prevention. Furthermore, very few programs require a course in how to teach these subjects: For example, only 9% of health education

certification programs require students to take a course in sexuality education methodology, and none requires a course on HIV and AIDS education methods.[38]

Thus, many new teachers assume the responsibility of sexuality education with neither in-depth knowledge of the subject matter nor adequate instruction in how to teach it. The states share the blame for this problem, because few require that teachers of sexuality education or HIV and AIDS education teachers be certified in a relevant subject, such as health education.† Moreover, only six states require training for sexuality educators before they begin teaching, and only nine states and the District of Columbia require such training for teachers of HIV and AIDS education.[39]

Once in the classroom, teachers often have little opportunity or incentive to enhance their skills and knowledge. "Years ago, schools encouraged you to go to workshops," recalls McCaffree. "Not anymore. You lose personal and professional days and [often] have to pay for a substitute."

In addition, say sexuality education proponents, most teachers tend to use what training opportunities are available for other subjects. "Teachers need ongoing staff development," observes Greene of the National School Boards Association. "But local school district funds for staff development are very scarce. They can't even prepare teachers to use computers, and teachers are more motivated to use technology than to be skilled sexuality educators."

According to Wayne Pawlowski, director of training at Planned Parenthood Federation of America, even when teachers do have an opportunity to attend a workshop on sexuality education, the training they receive "is usually generic training about family life education, rather than instruction on how to teach sensitive subjects such as abortion, homosexuality and contraception—the topics teachers are most afraid of saying the wrong thing about."

There appears to be more opportunity for in-service training on HIV prevention than on other sex education topics, thanks to the CDC program. In the 1994 survey of health education teachers, nearly a third of middle school and senior high school teachers reported receiving in-service training on HIV prevention during the two years preceding the survey.[40] In contrast, about 16% reported receiving training on STD prevention, and just 6% said they received training on pregnancy prevention—the lowest proportion of any of the health topics examined.

CLASSROOM CONSEQUENCES

The perception among teachers that they lack support for their work—as well as their lack of training—affects what happens in the classroom, sex education proponents report. Even when the school system itself places no restrictions on the subjects covered, teachers limit their discussion of controversial topics, according to several people interviewed for this article, including the retired teachers. This occurs despite the fact that the vast majority of teachers believe that it is important for students to get information about birth control, AIDS and other STDs, sexual decision-making and homosexuality, as well as abstinence.[41] "Unless they have seniority and some moxie, teachers are very reluctant to discuss controversial issues," observes Judith McCoy, vice president for education, training and counseling at Planned Parenthood in Seattle.

Supporters of comprehensive sexuality education report that increasingly, teachers limit their lessons to "safe" topics such as anatomy and abstinence. In addition, some say, sex is often linked with illegal drugs, disease and death. The message many students are getting, says former sexuality education teacher Diane Burger of Pennsylvania, "is that sex is bad for your body and dangerous."

Restrictions on sex education funded under the new federal abstinence-only program may exacerbate these trends, even if states do not use the funding to support classroom programs. (States plan to use their funds to support media campaigns, public education efforts, mentoring and counseling activities and curriculum development in addition to school-based programs.) Even money given to schools exclusively for after-school programs may have a chilling effect, says Daniel Daley, director of public policy at SIECUS, because it may give teachers the impression that this is all they may teach.

Teachers' tendency to avoid trouble by limiting their coverage of sexuality topics may be heightened by the fact that in most cases, sexuality education accounts for only a small part of their teaching responsibilities—overall, less than 10% of their time.[42] "It's a tiny part of what they do," notes Brick. "They don't identify themselves as sex education teachers." Most sex education teachers are physical education instructors, school nurses or health, biology or home economics teachers[43] who, according to several of the people interviewed for this report, may wish to avoid jeopardizing their careers for something they may consider a secondary responsibility.

Lack of ease with the subject matter is another obstacle. The paucity of training and in-service opportunities means that some teachers have not had an opportunity to resolve their own tensions and anxieties about the issues they are expected to discuss with students. "Teachers have personal discomfort with some topics," notes Leslie Kantor. "They need both the nuts and bolts as well as a chance to work through their own feelings. It sounds touchy-feely, but it is different getting up in front of a class and talking about oral sex than it is talking about algebra."

Furthermore, many teachers have not learned techniques that have proven to be most effective in helping teenagers postpone the initiation of sexual activity and use contraception when they do have sex. As Kantor points out, research shows that "interactive, experiential techniques, such as small-group discussions, role-play exercises and brainstorming rather than didactic approaches make a difference. This is a very important shift in the field, but - there is no training for public school teachers in how to use these more sophisticated teaching techniques, and no opportunity for them to become comfortable with more student-centered learning."

Instead, Kantor and others say, teachers continue to rely primarily on lectures. "Reducing a program to lectures, worksheets and purchasable programs is safer than discussion," notes Burger, "because the teacher doesn't risk having the students ask the wrong questions."

ADDRESSING THE PROBLEMS

Sex education proponents point to several steps that would address concerns about teacher preparedness and perceptions of lack of community support.

•*Improve professional training*. Undergraduate institutions should require prospective teachers in certain disciplines, such as health education, to take both subject-matter and methodology courses on sexuality and STD and HIV education, say sex education advocates. In addition, they say, all states should have or adopt certification requirements for teachers of sex education and HIV and STD education. States should also require that school districts do more to facilitate staff development.

In 1997, the Hawaii legislature adopted a resolution along these lines, urging the state department of education to study the feasibility of requiring all health teachers to be certified to teach health, to take five continuing education classes in specified health-related areas (including teenage pregnancy and STD and HIV prevention), and to be evaluated, along with their curriculum, by students.[44]

•*Establish local advisory committees*. Proponents of comprehensive sex education suggest that communities create local advisory committees composed of parents, religious leaders, medical professionals and other community leaders to review and approve curricula, books and other materials being proposed for use in a sexuality education course. Some states already require that such a committee be established.

"An advisory committee builds support for the program," explains Patricia Nichols, supervisor of the school health program in the Michigan Department of Health. Nichols and others point out that while committee members may not agree on every issue, once they reach a decision the committees generally stand behind it, even when challenged. This solid backing, Nichols notes, provides protection for teachers.

•*Encourage parental involvement*. Advisory committees have the additional advantage of encouraging parents to become more involved in the development and implementation of sexuality education courses. In contrast, merely giving parents the option of taking their children out of sexuality education classes provides no such opportunities for parents' active engagement. Jerald Newberry, executive director of the National Health Information Network at the National Education Association and former head of family life education in Fairfax County, Virginia, observes, "[An opt-out program] doesn't make parents more comfortable and knowledgeable." Newberry and others suggest that teachers hold information sessions early in the school year to give parents an opportunity to learn about the curriculum and to review materials that will be used in the course.

In a novel approach to this issue, Washington State permits parents to remove their child from mandated AIDS education classes, but only after the parents have attended a program offered by the school district on weekends and evenings to review the curriculum and to meet the teacher.

•*Promote the benefits of comprehensive programs*. On a broader level, sex education advocates believe that continuing to make the case for comprehensive programs is critical. "Our message," declares Planned Parenthood's McGee, "has to be that it is immoral to deprive people of information that can save lives and promote health. Just say no' campaigns clearly do not provide such information." Despite the current momentum of the abstinence-only movement, there is reason for optimism that more comprehensive programs will prevail. In several California communities, for example, parents and teachers have successfully opposed efforts by conservative, anti-sex-

education school board members to implement an abstinence-only curricula or otherwise undermine sex education. In Hemet, for example, the school board was forced to back down from its abstinence-only approach to AIDS education after parents and teachers sued the school system.

Similarly, parent protests stopped the school board in Ventura County from proceeding with its plan to bar HIV-instruction training for teachers. "There was a huge backlash," reports Superintendent Charles Weis. "It was like awakening a sleeping giant." The defeat of conservative incumbents "sent a clear message to the extreme right that they could not fulfill their agenda and stay on the school board."

References

1. North Carolina General Assembly, House Bill No. 834, enacted July 29, 1995.

2. *Public Attitudes Toward Teenage Pregnancy, Sex Education and Birth Control*, New York: Louis Harris and Associates, 1988, p. 24; North Carolina Coalition on Adolescent Pregnancy (NCCAP), *We the People: North Carolinians Support Comprehensive Sexuality Education, Adolescent Health Care Centers, Adolescent Pregnancy Prevention*, Charlotte: NCCAP, Mar. 1993; South Carolina Council on Adolescent Pregnancy Prevention (SCCAP), *South Carolina Speaks*, Columbia: SCCAPP, 1997; and Lake Sosin Snell Perry and Associates/American Viewpoint, nationwide survey for Planned Parenthood Federation of America, Oct. 2-7, 1997.

3. National Abortion and Reproductive Rights Action League (NARAL) Foundation, 1998 state-by-state guide to legislative bills, Washington, DC: NARAL Foundation, Mar. 26, 1998.

4. Mississippi Legislature, House Bill No. 1304, enacted Mar. 31, 1998.

5. Virginia General Assembly, House Bill No. 478/Senate Bill No. 206, vetoed Apr. 16, 1998.

6. Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L. 104-193, sec. 912.

7. Haffner DW and deMauro D, *Winning the Battle: Developing Support for Sexuality and HIV/AIDS Education*, New York: Sexuality Information and Education Council of the United States (SIECUS), 1991; and People for the American Way (PFAW), *Teaching Fear: The Religious Right's Campaign Against Sexuality Education*, Washington, DC: PFAW, June 1994.

8. Haffner DW and deMauro D, 1991, op. cit. (see reference 7).

9. Kenny AM and Alexander SJ, Sex/family life education in the schools: an analysis of state policies, *Family Planning/Population Reporter*, 1980, 9(3):44.

10. Koop CE, *Surgeon General's Report on Acquired Immune Deficiency Syndrome*, Washington, DC: U.S. Department of Health and Human Services, 1986.

11. NARAL, *A State by State Review of Abortion and Reproductive Rights*, Washington, DC: NARAL, 1998.

12. Ibid.

13. Gambrell AE and Haffner D, *Unfinished Business: A SIECUS Assessment of State Sexuality Education Programs*, New York: SIECUS, 1993.

14. Centers for Disease Control and Prevention (CDC), School-based HIV-prevention education—United States, 1994, *Morbidity and Mortality Weekly Report*, 1996, 45(35):760-765.

15. Abma JC et al., Fertility, family planning, and women's health: new data from the 1995 National Survey of Family Growth, *Vital and Health Statistics*, 1997, Series 23, No. 19, Table 91, p. 101.

16. Forrest JD and Silverman J, What public school teachers teach about preventing pregnancy, AIDS and sexually transmitted diseases, *Family Planning Perspectives*, 1989, 21(2):65-72.

17. Kirby D, School-based programs to reduce sexual risk-taking behaviors: sexuality, HIV/AIDS education, health clinics and condom availability programs, unpublished manuscript, 1994, p. 7.

18. Mayer R, 1996-97 trends in opposition to comprehensive sexuality education in public schools in the United States, *SIECUS Report*, 1997, 25(6):20-26.

19. PFAW, *Attacks on the Freedom to Learn*, Washington, DC: PFAW, 1996; and Burlingame P, *Sex, Lies & Politics: Abstinence-Only Curricula in California Public Schools*, Oakland, CA: Applied Research Center, 1997.

20. Haffner DW, SIECUS, New York, personal communication, July 31, 1997.

21. Concerned Women for America (CWA), Sex education in American schools: an evaluation of the Sex Information and Education Council of the United States, a public school administrator's guide, Washington, DC: CWA, undated; and Safe sex made them what they are today, paid advertisement in *The Sacramento Bee*, by Focus on the Family and Capitol Resource Institute, Nov. 30, 1997.

22. Napier K, Chastity programs shatter sex-ed myths, *Policy Review*, May-June, 1997, p. 12.

23. Forrest JD and Silverman J, 1989, op cit. (see reference 16).

24. CDC, 1996, op. cit. (see reference 14).

25. Kirby D, *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*, Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997; and Frost JJ and Forrest JD, Understanding the impact of effective teenage pregnancy prevention programs, *Family Planning Perspectives*, 1995, 27(5):188-195.

26. Kirby D, 1997, op. cit. (see reference 25); and Wilcox BL et al., Federally funded adolescent abstinence promotion programs: an evaluation of evaluations, paper presented at the biennial meeting of the Society for Research on Adolescents, Boston, Mar. 10, 1996.

27. The Alan Guttmacher Institute (AGI), *Sex and America's Teenagers*, New York: AGI, 1994, p. 7.

28. Kirby D, 1994, op. cit. (see reference 17), p. 10.

29. *Me, My World, My Future*, teacher's manual, Spokane, WA: Teen-Aid, Inc., 1993; and Choosing the Best, student manual, Atlanta: Choosing the Best, Inc., 1993.

30. *Me, My World, My Future*, 1993, op. cit. (see reference 29), pp. 215-259.

31. *Choosing the Bes*t, 1993, op. cit. (see reference 29), p. 25.

32. Cooper M, The Christian right's sex machine: public schools praise the Lord and pass the propaganda, *Village Voice*, June 7, 1994, p. 31; and Lewin T, States slow to take U.S. aid to teach sexual abstinence, *New York Times*, May 8, 1997, p. 1.

33. Tryfiates PG, The Family Foundation, Fairfax, VA, open letter to supporters, Dec. 1995.

34. Mayer R and Kantor L, 1995-96 trends in opposition to comprehensive sexuality education in public schools in the United States, *SIECUS Report*, 1996, 24(6):3-11.

35. Twomey S, Vote's in, and sex-ed clearly wins, *Washington Post*, Dec. 12, 1994, p. D1.

36. Rodriguez M et al., Teaching our teachers to teach: a SIECUS study on training and preparation for HIV/AIDS prevention and sexuality education, *SIECUS Report*, 1995-1996, 24(2):15-23.

37. Forrest JD and Silverman J, 1989, op. cit. (see reference 16).

38. Rodriguez M et al., 1995-1996, op. cit. (see reference 36).

39. Ibid.

40. CDC, 1996, op. cit. (see reference 14).

41. Forrest JD and Silverman J, 1989, op. cit. (see reference 16).

42. Ibid.

43. Ibid.

44. Hawaii Legislature, House Resolution No. 32, adopted April 1, 1997.

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*Only 12 states and the District of Columbia require teachers of sexuality education to be certified in a relevant subject, usually health or physical education; similarly, 12 states and the District require certification of teachers of HIV/STD education. (See: reference 36.)

†Some researchers, including Kirby, believe that there is insufficient data available to make a conclusive judgment about the impact of abstinence-only curricula. One recent study did find that teenagers who participated in an abstinence program were less likely than a control group to report having intercourse in the three months following the intervention; however, the effect had disappeared at the six- and 12-month follow-up. (Source: Jemmott JB 3rd, Jemmott LS and Fong GT, Abstinence and safer sex HIV risk-reduction interventions for African American adolescents, *Journal of the American Medical Association*, 1998, 279 (19):1529-1536.)