SIECUS Report

Vol. 18 No. 2
December 1989-
January 1990
Sex Information and Education Council of the U.S.

SEXUALITY EDUCATION 1990

A Review of State Sexuality and AIDS Education Curricula

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Over the last two years, SIECUS has welcomed the dramatic increase in the number of states mandating and/or encouraging sexuality education and AIDS (acquired immunodeficiency syndrome) education. Less than three years ago, only three states, Maryland, New Jersey, and Kansas, plus the District of Columbia, had mandated sexuality education. As of November 1, 1989, 23 states now require sexuality education and 33 states require AIDS education; 23 have recommendations for sexuality education and 17 have recommendations for AIDS education.[1] It is even more encouraging that many states have expanded their legislative policies to include curricula and/or curricular guidelines;[2] 31 states have curricula for sexuality education and 42 states have curricula for AIDS education. The accompanying chart (see page 7) provides a breakdown of mandates and recommendations for each state, and indicates whether sexuality education and AIDS education curricula are produced by each state.[3]

While the number of mandates and recommendations are encouraging, there are great inconsistencies in program objectives, provisions for teacher training, program design, and course implementation and evaluation. Also, the mandates and recommendations often have caveats and restrictions that seriously call into question the usefulness of the program: there is an absence of provisions for mandate enforcement; lax restrictions regarding compliance that allow single school assemblies to constitute conformity; restrictive stipulations regarding curricula content that dilute areas of family planning and practices for HIV (human immunodeficiency virus) prevention; and a limitation of grade level implementation to the upper grades only.

The Alan Guttmacher Institute and the National Association of State Boards of Education have addressed these issues in their excellent studies of state policies of sexuality education and AIDS education.[4] Their studies point to the need to look at whether mandates/recommendations can be equated with the implementation of comprehensive and effective educational programs on a local level. Only minimal attention has been paid to the "quality" and "extent" of the sexuality information that has been provided as part of the sexuality education and AIDS education programs that have been mandated or recommended by the states.

The SIECUS Curricula Review Project

In 1988, SIECUS initiated a project to look beyond the mandate/recommendation numbers at sexuality education and AIDS education curricula and to review their *sexuality content.* The intent of the project was to assess, according to select criteria, the human sexuality topics that have been included in these curricula as part of the content areas and as part of the program objectives that outline student knowledge and skills.

The overriding question that prompted the curricula review was whether or not the increase in state mandates and recommendations had been paralleled by an increase in *comprehensive programs* — programs that provide thorough and relevant, quality sexuality information on a wide range of topics. More specifically, a decision was made to assess the sexuality topics that had been included in the curricula and in the curricular guidelines in compliance with state mandates; whether the information about human sexuality was thorough, up-to-date, and accurate; and whether the expressed view of sexuality was accepting and natural or prohibitive and judgmental. In the guidelines for AIDS education, the accuracy of the information on the sexual transmission of HIV was assessed and to what extent the pre-

ventive information included a thorough presentation of safer sex practices and condom use.

Methodology

In 1988, and again in May 1989, SIECUS wrote to the chief state school officers of all 50 states, and the District of Columbia, requesting information on any and all of their laws, rules, regulations, mandates or proposals concerning sexuality education and AIDS education. SIECUS also requested copies of the curricula and/or curricular guidelines in distribution at the time for each of the above. A review was then conducted of all the curricula and curricular guidelines received.[5]

Curricula and/or curricular guidelines on sexuality education from the following 23 states were received and reviewed: Alabama, Alaska, Arkansas, Connecticut, Delaware, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Minnesota, Montana, Nevada, New Jersey, New York, North Carolina, North Dakota, Oregon, Tennessee, Texas, Virginia, and West Virginia.

Curricula and/or curricular guidelines on AIDS education from the following 34 states were received and reviewed: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Virginia, and Wisconsin.

Sexuality Topics and Evaluation Criteria

Historically, sexuality topics have been subsumed under various aspects of health education. Typically, such a framework has a biological and psychological focus that covers the general topics of: family relations; gender identity/roles/socialization; dating and marriage; reproduction, pregnancy, and childbirth; parenthood; growth and development; family planning; sexual values; attitudes and behaviors; and rape and sexual abuse. Comprehensive sexuality education and family life education programs often extend the range of subject matter to include the historical, ethical, and cultural aspects of human sexuality, human sexual behaviors, and sexual functioning.

SIECUS believes that the general objectives of sexuality education should be to provide students with accurate, relevant information; to provide them with educational opportunities to explore their sexual values, behaviors, and attitudes; to increase their self-understanding and self-esteem; and to provide them with a foundation for acquiring decision-making and communication skills in preparation for responsible, adult sexual lives. In most educational programs, these objectives, unfortunately, are subsumed within a preventive focus that centers on reducing teenage pregnancy by encouraging self-restraint or by what some curricula call "self-management" of sexual needs.

SIECUS believes that the objectives of AIDS education should include the elimination of misinformation about HIV/AIDS; the postponement of premature sexual involvement; the reduction of experimentation with drugs; the encouragement of increased condom use; and the encouragement of compassion for people with HIV/AIDS through effective education methodologies.[6] In actuality, the goals of most school-based AIDS education programs center primarily on the prevention of drug use and on emphasizing abstinence from all sexual behaviors, and exclude other preventive practices.

Sexuality Education Curricula and Curricular Guideline Review

The Criteria for Evaluation

Six select criteria were used in reviewing the sexuality education curricula and curricular guidelines received and as the qualifying features of what a comprehensive

SIECUS Report
Vol. 18 No. 2
December 1989/January 1990
Sex Information and Education Council of the U.S.

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The *SIECUS Report* is published bimonthly and distributed to SIECUS members, professionals, organizations, government officials, libraries, the media, and the general public.

Annual membership fees: individual, $60; student (with validation), $30; senior citizen, $40; organization, $100 (includes two bimonthly copies of the *SIECUS Report*); and library, $60. *SIECUS Report* subscription alone, $55 a year. Outside the U.S., add $10 per year to these fees (except Canada and Mexico, $5). The *SIECUS Report* is available on microfilm from University Microfilms, 300 North Zeeb Road, Ann Arbor, MI 48106.

All article and review submissions, advertising, and publication inquiries should be addressed to the editor:

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(212) 673-3850

Library of Congress catalog card number 72-627361.
ISSN: 0091-3995

and thorough sexuality education curricula should include:

1. The overall accuracy of the information.
2. A discussion of changing family structures.
3. A presentation of new reproductive technologies.
4. An affirmation of sexuality as a natural part of human life.
5. A presentation of the variety and range of human sexual behaviors.
6. The inclusion of comprehensive family planning information.

Comprehensive and thorough curricula must contain current and up-to-date information. In the review of curricula this was determined by the date of publication and the overall inclusion in the material of current facts, statistics, and research findings. The most recent demographics on the average American family indicate that there has been a substantial decrease in the number of traditional "nuclear" families. An acknowledgement of this decrease necessitates changes in curricula. Also, divorce, unemployment, separation, and death have become familiar issues and topics of discussion for today's students. Acceptance and discussion of family changes and of different family structures now constitute an important part of an up-to-date sexuality education curriculum.

In addition, there has been a proliferation of new reproductive technologies that are now being used for the diagnostic purposes of determining fertility and infertility, prenatal conditions, and deformities; for surgical procedures during childbirth; and in the natural preparation of childbirth. The inclusion of these new technologies in the curricula also indicates whether the curricula are relevant and up-to-date.

A primary tenet of all sexuality education is the philosophical view that human sexuality is an important and natural part of a healthy life over the entire lifespan. A secondary philosophical tenet is an acknowledgement of diverse sexual behaviors, lifestyles, and experiences, with an emphasis on pleasure and satisfaction. If the curricula is in concordance with these views, it indicates that a positive, accepting approach to human sexuality is evident, and it denotes an acceptance of sexual pleasure as a legitimate topic of information and discussion for youth.

A comprehensive sexuality curriculum should include a family planning component that provides in-depth information regarding each contraceptive method, and should explain how it is used, the risks involved, its effectiveness, and its availability.

The Results

The publication dates of the sexuality education curricula material received indicated that five of the curricula were published between 1988 and 1989; six between 1986 and 1987; four between 1983 and 1985; three between 1980 and 1981; and five had no date at all. In other words, seven, or 30%, of the states were using curricula published prior to 1985 (Alabama, Connecticut, Georgia, Minnesota, New Jersey, North Carolina, and Tennessee); 11, or 47%, were using curricula published after 1985.

The overall findings are presented below.

Sexuality Education Curricula: An Overview of the Findings

(N = 23)

Overall Accuracy

Adequate	5	22%
Inadequate	2	9%
NA* (guides)	16	70%

Changing Family Structures

Positive	13	57%
Negative	1	4%
NA	9	39%

Sexuality as Natural Part of Human Life

Yes	15	65%
No	1	4%
NA	7	30%

Variety of Sexual Activities/Behaviors

Yes	2	8%
No	15	65%
NA	6	26%

Reproductive Technologies

Yes	4	17%
No	14	61%
NA	5	22%

Family Planning

Adequate	11	48%
Inadequate	11	48%
NA	1	4%

**NA, "not assessed" for this criteria, indicates that not enough information was provided to determine the appropriate category for this criteria. Most of the curricular guides that provide brief outlines of topic material fall into this category.*

Overall, two general findings emerged from this review: most of the sexuality education curricula did not focus specifically on human sexuality as an area of study and exploration and a large percentage of the guidelines were out-of-date, particularly those on AIDS education.

The majority of the sexuality education curricula reviewed included the objective of "adequately preparing the student for adult relationships and parenthood," yet almost none highlighted human sexuality in and of itself as a primary and integral part of such preparation. While the areas of family relations, dating, growth and development were adequately covered, the human sexuality dimension was typically restricted to discussions of genital functioning and human reproduction followed by the traditional sequence of dating, marriage, and pregnancy. What was particularly and glaringly absent were the psychosexual dimensions of human sexuality that are essential for sufficient preparation for adult sexual life. Little, if any, attention was paid to such topics as gender identification, gender roles, and what it means to be a man or a woman in our society, to sexual values and ethical considerations of sexual behaviors, or to sexual functioning and gratification.

In reviewing the curricula, a clear distinction could be made between a sexuality education curriculum intended to be integrated within an existing health education program and a curriculum that could stand alone as an autonomous comprehensive course, such as family life education. When the sexuality curriculum was made part of health education, minimal information was generally provided, little specifics were included, and content areas were addressed using general, neutral terms, almost as if the concern was to not offend the teachers' and students' sensibilities. This was particularly true with the subject of family planning. When the sexuality curriculum was autonomous, it consistently was more thorough in its approach, included extensive discussions and explicit descriptions, and used exact terminology.

On the subject of the currency of the curricula, it is discouraging to note that almost one-third of the states are using curricula published prior to 1984 — even when one takes into consideration the lag time between publication and distribution. When the criterion of whether the curriculum included up-to-date information on reproductive technologies was addressed, it was found that, whereas practically all the curricula included information on pregnancy and the birthing process, few addressed the new, advanced technologies in these areas, i.e, fetal tests, childbirth procedures, etc. Most of the information was limited to an emphasis on healthy diets for pregnant women, newborn care, and the basics of child development.

In terms of the changing family structure, the majority of the comprehensive health curricula positively addressed this subject and emphasized the legitimacy of single-parent families and/or empathized with the traumas and difficulties experienced by many modern American families. Only the Alabama curriculum expressed a negative view of the changing family by making a distinction between "acceptable and generally unacceptable marriages." However, the large number of curricular guidelines that provided no information on this subject (39%) is cause for concern. No information on the changing family structure, for example, was provided by the Alaska, Arkansas, Iowa, Kansas, New York, North Carolina, Oregon, Texas, and West Virginia curricula.

On the positive side, the majority of the curricula did note, in a single statement, the natural and positive function of human sexuality, but unfortunately such a single statement was as far as most were able to go. Few provided any information on the historical and cultural aspects of human sexuality, on the range and diversity of sexual behaviors, or on sexual arousal and functioning. In fact, a number of curricula coupled their positive definition of sexuality, as a natural human drive, with the mandate that natural it is, but held in check it should be.

Examples of this orientation were found in the Connecticut curriculum, which encouraged students to understand the "value of self-control and postponing the gratification of sexual impulses"; in Georgia's curriculum, which emphasized "self-management"; in Kansas' and New Jersey's curricula, which stressed the appropriate expression and control of the sex drive; and in New York's and Nevada's curricula, which emphasized the negative outcomes of sexual behavior to the exclusion of any other discussion about sexuality.

A disappointing aspect of the review was the almost equal ratio of inadequate to adequate curricula in regard to the criteria used for family planning information. To qualify for an "adequate" mark, the curricula needed to describe each contraceptive method and to provide information about its use, the risks involved, its effectiveness, and its availability. Only one-half of the curricula provided thorough information on family planning. In fact, many of the curricula either addressed family planning strictly as a problem that faces the entire universe — as in population control — or jumped directly from human reproduction to prenatal care, with little information on the "intermediate" step of conception and birth control. As mentioned earlier, many of the curricula took the minimalist approach. They discussed the subject of family planning very briefly and made use of global, neutral terms. Examples of this orientation were found in the Nevada curriculum, which referred to contraception as important for "use in adult life"; in the North Carolina curriculum, which described human reproduction and puberty, but failed to identify the genitals; and in the Texas curriculum, which referred to the objectives of teaching family planning as allowing the student "[to learn the] myths and misconceptions about conception."

Lastly, two of the curricula were rated inadequate based on the criteria of overall accuracy (five were rated as adequate, and 16 were guidelines that did not provide enough information to be rated as either adequate or inadequate). Information was deemed inaccurate if it was out-of-date, sketchy, omitted essential facts and/or figures, or was misleading or illusive. While Alabama's curriculum stated that "students seek information about sexuality," it failed to provide such information; for example, it asserted that sexually transmitted diseases were transmitted by "direct personal contact" without mention-

ing any types of intimate behavior. Tennessee's curriculum provided no information on human reproduction until the secondary school level, and then it provided no information on family planning at all.

AIDS Education Curricula Review

The Criteria for Evaluation

In the review of AIDS education curricula, eight criteria were used.

1. Overall accuracy of information.
2. Coverage of abstinence as a preventive practice.
3. Coverage of safer sex as a preventive practice.
4. Description of condom use.
5. Definition and discussion of homosexuality.
6. Emphasis on risk behaviors vs. risk groups.
7. Presentation of sexuality as natural part of human life.
8. Presentation of the variety and range of human sexual behaviors.

The information included in the curricula also was evaluated on the basis of whether it was current and up-to-date in regard to the transmission and prevention of HIV infection. The last two select criteria, sexuality as a natural part of human life and the variety/range of human sexual behaviors, were utilized as a basis of comparison between the AIDS education curricula and the sexuality education curricula reviewed and for the purpose of determining the philosophical approach of the AIDS education curricula with respect to human sexuality. The other five features clearly distinguished the thorough and relevant AIDS education curricula from those deemed inadequate and out-of-date.

An AIDS education curriculum improves its likelihood of educational effectiveness if it is up-to-date and accurate; provides information about various sexual behaviors and their relative risks as well as information on abstinence; contains material about safer sex practices for sexually active youth, including thorough information about condom use; and focuses on risk behaviors instead of risk groups. It is essential that factual information on HIV infection, transmission, and prevention be accurate and objective. Material that contained incomplete, misleading, or inaccurate information was rated "inadequate"; that which contained objective, thorough, and accurate information was rated "adequate."

The Results

The publication dates of the AIDS material indicate that 14, or 41%, were published between 1988 and 1989; 16, or 47%, between 1986 and 1987; and 4, or 12%, had no publication date.

The overall findings are presented below.

AIDS Education Curricula: An Overview of the Findings

(N = 34)

Overall Accuracy

Adequate	11	32%
Inadequate	15	44%
NA*	8	24%

Emphasis of Abstinence

Yes	29	85%
No	4	12%
NA	1	3%

Safer Sex

Yes	3	9%
No	20	59%
Basic	8	24%
NA	3	9%

Sexuality as Natural Part of Human Life

Yes	4	12%
No	19	56%
NA	11	32%

Information on Variety of Sexual Behaviors

Yes	9	26%
No	22	65%
NA	3	9%

Mentions Condom Use

Yes	25	74%
No	7	21%
NA	2	6%

Condom Information is Thorough

Of the 25 who mention condom use:

Yes	3	9%
No	22	65%

Homosexual Behaviors

No mention	12	35%
Refers to sexual orientation	7	21%
Refers to as risk group or "cause" of AIDS	13	38%

Risk Behavior Emphasis vs. Risk Groups

Yes	19	56%
No	13	38%
NA	2	6%

**NA, "not assessed" for this criteria, indicates that not enough information was provided to determine the appropriate category for this criteria. Most of the curricular guides that provide brief outlines of topic material fall into this category.*

Commentary

A clear distinction between the AIDS education curricula and the sexuality education curricula is the underlying urgency and alarm that is communicated in the former and is lacking in the latter. Faced with this deadly virus, the states are understandably concerned with protecting their students. The large number of states with mandates (33) and recommendations (17) for AIDS education, as compared to sexuality education (23 mandates and 23 recommendations), attests to this.

What is needed, however, is a comprehensive sexuality education or family life education curriculum with an extensive AIDS education component that contextualizes preventive information within a positive, life-affirming approach to human sexuality. Unfortunately, very few curricula place information about HIV infection and transmission within a positive context of human sexuality; most, in fact, gloss over the sexual transmission of HIV and focus on the development of "just say no" skills, with an emphasis on abstinence.

The Utah curriculum is uniquely explicit in its prohibitions to teachers about the context of AIDS education information and about its prohibitions against certain topics. For example, Utah's teachers are not free to discuss the "intracacies of intercourse, sexual stimulation, erotic behavior"; the acceptance of or advocacy of homosexuality as a desirable or acceptable sexual adjustment or lifestyle; the advocacy or encouragement of contraceptive methods or devices by unmarried minors; and the acceptance or advocacy of "free sex," promiscuity, or the so-called "new morality." This section of their curriculum is replete with warnings of legal violations for instructors crossing prohibition lines; their guidelines indicate that with parental consent, it is possible to discuss condom use at any grade level, but without it, such discussions are Class B misdemeanors. An interesting discussion is included, as to the teaching strategies that can be utilized to avoid penalties. Moreover, this curriculum warns students about the complicated, risky nature of sexuality, claiming that this fact is hidden by the simple view consistently offered by the media depicting "sex as a positive experience."

Even more alarming was the serious lack of accuracy, objectivity, and up-to-date information that was evident in the AIDS education curricula. More than one-half (59%) of the states are implementing AIDS education curricula that are almost three years old — a fact that is of great concern when one considers the amount of knowledge about HIV transmission and prevention that has been derived from research in the last two years. It is absolutely essential that factual information on HIV infection, transmission, and prevention be accurate and objective, yet almost one-half of the curricula were inadequate in this respect. Some specific examples will help to demonstrate this inadequacy. Hawaii's curriculum claims that there are no lesbians with HIV/AIDS; the Idaho curriculum warns against having sex with anyone who has swollen glands; and the Louisiana curriculum states that the high incidence of HIV/AIDS among Blacks is due to the fact that preventive information is not reaching them. Another example of inadequate information in the AIDS education curricula can be found in the Delaware curriculum that gender-stereotypes its students: boys are not shy about nudity, they have heard of intercourse, and they are involved in sexual play (there is no mention of girls at all); the genitals are defined as reproductive organs; the clitoris is omitted from the female diagram and the vagina is listed as a "birth canal," whereas the male penis is defined as the organ for urination and sexual expression. This curriculum also warns that "girls tire more easily than boys."

The subject of prevention was also carefully analyzed. The review focused on two primary methods: 1) abstaining from all sexual behaviors, either prior to the initiation of sexual relations or no longer being sexually active;[8] and 2) the incorporation of safer sex practices during sexual behavior, including the suggested use of a condom with nonoxynol-9, identification of and abstention from high-risk behaviors, and an emphasis on low-risk sexual behaviors and "outercourse," etc. A clear majority emphasized abstinence (85%), although some of these mentioned safer sex methods as well. The safer sex category, as depicted in the accompanying chart (see page 5), was further broken down between those that presented safer sex practices accurately and thoroughly (yes), those that clearly did not (no), and those that included minimal, incomplete information on safer sex (basic). This last category included curricula that used the word, "condom," or the phrase, "safer sex," but provided no explanations. The material was then evaluated as to whether or not condoms were specifically mentioned as a preventive measure. While 25 of the 34 (74%) did mention condoms as a preventive measure, only 3 (9%) did so thoroughly by discussing how to use a condom and by emphasizing its use with nonoxynol-9.

These findings are of particular concern. Educational programs cannot adequately protect their students from the spread of HIV if preventive information is limited to emphasizing abstinence at the expense of information about other preventive options. AIDS education programs must provide both sexually involved students, and those who *will be* sexually involved, with adequate skills for effective communication and sexual negotiation, as well as with accurate and thorough information about the range of risk behaviors and preventive practices from abstinence to outercourse to protected intercourse using dental dams and condoms with nonoxynol-9. The curricula of the following six states did a good job in this respect and provided AIDS education information accurately and nonjudgmentally: Michigan, Nevada, New Jersey, North Dakota, Minnesota, and Vermont.

The subject of thorough condom information is another matter, however. Information about condom use cannot be limited to the "word," but must explain how to communicate and negotiate with a partner and how to buy, use, and dispose of condoms. Not only did very few of the curricula provide this level of information, but many could be characterized as "preachy" and judgmental in their zealous stress on abstinence. AIDS education efforts might be more effective and more realistic if less attention was paid to rehearsing only the "just say

STATE UPDATE ON SEXUALITY EDUCATION AND AIDS EDUCATION

	MANDATES		*RECOMMENDATIONS*		*CURRICULA*	
	Sex. Educ.	*AIDS Educ.*	*Sex. Educ.*	*AIDS Educ.*	*Sex. Educ.*	*AIDS Educ.*
Alabama		●	○		●	●
Alaska			●	●	●	
Arizona				●		●
Arkansas	●	○			●	●
California			●	●	●	●
Colorado			○	●		●
Connecticut		●	●		●	●
Delaware	○	●			●	●
Dist. of Col.	●	●			●	●
Florida		●	●			●
Georgia	●	●			●	●
Hawaii	●	○			●	●
Idaho			●	●		●
Illinois	●	○			●	●
Indiana	●	●			●	●
Iowa	●	●			●	●
Kansas	●	○			●	●
Kentucky	●	●			●	●
Louisiana			○	○		●
Maine	●			●		
Maryland	●	○			●	●
Massachusetts				●		●
Michigan		●	●		●	●
Minnesota		●	●		●	●
Mississippi				●		●
Missouri			○	●	●	●
Montana			●	●	●	
Nebraska			●	●		●
Nevada	●	●			●	●
New Hampshire		○	○			
New Jersey	●			●	●	●
New Mexico	●	○				●
New York		●	●		●	●
North Carolina	●	●			○	●
North Dakota			○	●	●	●
Ohio		●	●			●
Oklahoma		●	●			●
Oregon	●	●			●	●
Pennsylvania		●	●			
Rhode Island	●	●			●	●
South Carolina	○			●		
South Dakota		●				●
Tennessee		●	●		●	
Texas			●	●	●	●
Utah	●	○				●
Vermont	●	●				●
Virginia	●	○			●	●
Washington		○	●			
West Virginia	●	●			●	●
Wisconsin			●	●	●	●
Wyoming						
TOTAL	23	33	23	17	31	42

State mandate is a requirement that all school districts provide sexuality education and/or AIDS education to their students, usually in the form of family life education programs or comprehensive health education. Mandates are usually accompanied by suggested curricula to be implemented at the local level.

Recommendations refer to any provisions by state legislatures or state departments of education that support sexuality education and/or AIDS education but do not require it. While curricula may be suggested, it is left up to the local districts to design and implement such programs.

no" approach and more to rehearsing discussions about sexual involvement, relationships, and skill building to negotiate the use of condoms.

In fact, a number of curricula provided sketchy, if any, information on safer sex, and at the same time counseled their sexually active students to *STOP ENGAGING NOW.* The curricula of Alabama, Connecticut, Kentucky, and Utah fell into this category. The New York curriculum includes a statement that its Board of Regents "view the use of condoms as extremely high risk behavior. The view that condoms should or can be used as a way to reduce the risk of transmission of AIDS should not be supported. The known failure rates for condoms present an unacceptable risk. Individuals who know the risk and persist in the use of condoms, should be strongly cautioned about the risks of condom failure." The North Carolina curriculum also focused on the risks of condom failure, and emphasized that condoms can and do fail, and that the infection rate among a sample of women using them is significant. Moreover, it stated that promoting condom use suggests to youth that adults expect them to be sexually active: "This danger must be borne in mind."

With regard to the philosophical framework of human sexuality, it is of utmost importance that material on HIV infection, transmission, and prevention be presented within the context of an accepting and positive view of human sexuality. As a life-threatening and sexually-transmitted disease, AIDS invokes great fear and anxiety, feelings that are often generalized to sexuality. A positive approach is particularly important for adolescents, who typically experience their share of stress during the profound changes of puberty.

In order to try to discern the sexual context in which AIDS education occurs, the curricula were evaluated as to whether or not they included an acknowledgement of sexuality as a natural part of human life and made mention of a range of sexual activities and behaviors. A dramatic difference between the sexuality education curricula and AIDS education curricula was evident in regard to the context of human sexuality — very few AIDS education curricula provided this positive framework, 12% vs. 65%. This unfortunate orientation could be characterized as a clear example of a problematic approach to human sexuality, with HIV/AIDS representing yet another of its negative consequences. On the subject of the range of sexual activities and behaviors, many more AIDS education curricula included this information, 26% vs. 8% of the sexuality education curricula. It appears that providing information regarding sexual behaviors and their relative risks was necessary in the discussion of HIV preventive practices, whereas, with the sexuality education curricula such information was more "expendable."

The last two criteria — the subject of homosexuality and high risk groups vs. behaviors — offer another important means of determining whether or not a curriculum provides objective, up-to-date, and accurate information. While homosexuals continue to represent the largest number of persons who are infected with HIV, education on HIV/AIDS information must distinguish this fact from an identification of homosexuals as a "risk group" or homosexual behavior as the "cause of AIDS." The AIDS education curricula were reviewed for their definition and discussion of homosexuality. Of those curricula reviewed, more than one-third presented a risk group analysis when discussing the transmission of HIV; more than one-third referred to homosexuals as a risk group or homosexuality as the "cause of AIDS"; and more than one-third did not mention homosexuality at all.

Within the last few years, a basic foundation of preventive AIDS education information is an emphasis on a range of *behaviors,* sexual and nonsexual, which vary from low to high risk of infection for those individuals engaging in them, regardless of their sexual orientation. This distinction is particularly essential to make in programs that target adolescents who characteristically disavow their potential HIV/AIDS risk with denial, projection (it's *those* other people of *those groups* that get AIDS, not me) and fantasies of invulnerability (it could not happen to me). AIDS education programs have an obligation to demonstrate to youth how it *could* happen to them and how young people can adequately protect themselves.

Some additional observations were gleaned from this review. Many of the curricula focused on providing advice to schools in regard to the legal, social, and medical implications of students with HIV/AIDS attending school. While it is important to include this information, many times it appeared that the need of school administrators and teachers to know how to deal with such situations overrode the need of students to have access to adequate information on preventing HIV transmission.

Many of the curricula provided very technical knowledge about HIV infection and transmission, and emphasized biomedical facts about the immune system, disease contraction, and prevention, at the expense of a frank, thorough discussion of preventive practices. The Louisiana curriculum is an example of this, as it included an extensive, complicated game for primary school students about the intricacies of the various cells of the immune system, (a game this reviewer would have difficulty playing), yet offered little information on prevention, other than that which promoted abstinence.

Lastly, few of the curricula provided any guidelines for the design and implementation of an AIDS education curriculum, or for the training of the teachers who would be responsible for presenting the material to the students. A large number of the curricula offered little beyond the suggested use of the *MMWR* supplement, *Guidelines for Effective School Health Education to Prevent the Spread of AIDS,* published by the Centers for Disease Control.[9] This supplement provides an adequate and basic overview of HIV transmission, yet it lacks specific information about helping sexually active young people practice safer sex.

Conclusion

For many states across the nation, the first step has been taken — the passing of mandates and recommendations for the design and implementation of sexuality

education and AIDS education curricula. However, in most cases, the increase in mandate numbers has not been matched by a corresponding increase in the comprehensiveness of curricula (in the breadth and scope of sexual subjects); indeed, a circumscribing of sexual topics is evident, which may be an attempt by the states to minimize controversy. As has been outlined here, much work lies ahead before students will have access to comprehensive programs that will adequately prepare them for healthy, sexual adult lives, and that will help them to adequately protect themselves from HIV infection. Serious issues have been raised in this article regarding the content of curricula — many of which will need to be addressed for the above goals to be realized — issues such as the training and certification of teachers, the design and evaluation of programs to fit students' needs, and the building of community support for sexuality education and AIDS education.

References

1. A state mandate is a requirement that students receive sexuality education and/or AIDS education; some states, such as Nevada, Minnesota, and Michigan, require their local school districts to develop such education programs.
2. Hereafter the word "curricula" will refer to both curricula and curricular guidelines.
3. SIECUS was unable to obtain copies of each of the curricula listed on the chart; for this reason the total number of curricula listed exceeds the number reviewed here.
4. Kenney, A. Sex education and AIDS education in the schools: A survey of state policies, curricula and program activities. Washington, DC: The Alan Guttmacher Institute, 1989. Schumacher, M. The NASBE HIV/AIDS education survey: Profiles of state policy actions. Alexandria, Virginia: National Association of State Boards of Education, 1989.
5. In addition to the material received, a research review was conducted at the library of the Alan Guttmacher Institute in Washington, DC of their collection of state curricula and curricular guidelines.
6. Haffner, D. The AIDS epidemic: Implications for the sexuality education of our youth. *SIECUS Report*, 1988, 16(6), 1-5.
7. New Jersey places its emphasis on appropriate expression within a very positive approach to sexuality, yet it also encourages students to develop "wholesome interests in the *opposite sex*" instead of referring to *adult sexual relationships*.
8. None of the states made a distinction between abstinence from intercourse vs. abstaining from being sexually active altogether; all assumed abstinence meant not engaging in any sexual behavior at all — another instance of their failure to address the range of sexual behaviors and their relative risks.
9. Centers for Disease Control. Guidelines for effective school health education to prevent the spread of AIDS, *MMWR*, 1988, 37(S-2).

SIECUS is grateful to the Alan Guttmacher Institute for use of their research library and to the National Association of State Boards of Education for its assistance in the preparation of this article.

SEX EDUCATION 2000:

A CALL TO ACTION

In June 1989, SIECUS convened "Sex Education 2000: A National Colloquium on the Future of Sexuality Education." This colloquium was cosponsored by the Alan Guttmacher Institute, the American Medical Association, New York University, the American School Health Association, the Association for the Advancement of Health Education, the Association of Junior Leagues, the March of Dimes Birth Defects Foundation, and the National Education Association. Sixty-five national organizations sent representatives to this colloquium.

The articles by Patricia Dietz, Ronald Moglia, and William Stackhouse were prepared as background papers for the colloquium, and are presented here in their entirety.

SIECUS has just published *Sex Education 2000: A Call to Action.* This report of the colloquium outlines 13 goals for the next decade and calls for comprehensive sexuality education for all children and youth by the end of the decade. Copies of the report are $12, ($10.80 to SIECUS members) and are available from Publications, SIECUS, 32 Washington Place, fifth floor, New York, NY 10003. Please add 15% postage and handling.

SIECUS
Position Statements 1990

Since its inception, SIECUS has taken stands on major sexuality issues confronting society. As SIECUS celebrated its 25th Anniversary, the Board of Directors revised and clarified its position statements. These position statements were approved by the SIECUS Board of Directors in September 1989. SIECUS members are encouraged to use the statements in whatever way may be appropriate to support advocacy efforts. They may be printed for broad distribution, as long as credit is given to SIECUS. These position statements will be available in the future in brochure format.

SIECUS Mission

SIECUS affirms that sexuality is a natural and healthy part of living and advocates the right of individuals to make responsible sexual choices. SIECUS develops, collects, and disseminates information and promotes education about sexuality.

Definition of Sexuality

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. It deals with the anatomy, physiology, and biochemistry of the sexual response system; with roles, identity and personality; with individual thoughts, feelings, behaviors, and relationships. It addresses ethical, spiritual, and moral concerns, and group and cultural variations.

Sexuality Education

Learning about sexuality goes on from birth until death. Parents, peers, schools, religion, the media, friends, and partners all influence learning about sexuality for people at all stages of life. All too often, conflicting, incomplete, or inaccurate messages are received, and this frequently causes confusion.

SIECUS endorses the right of all people to comprehensive sexuality education. Comprehensive sexuality education addresses the biological, sociocultural, psychological, and spiritual dimensions of sexuality from 1) the cognitive domain (facts, data, and information); 2) the affective domain (feelings, values, and attitudes); and 3) the behavioral domain, (the skills to communicate effectively and to make responsible decisions).

SIECUS affirms that parents are — and ought to be — the primary sexuality educators of their children. SIECUS supports efforts to help parents fulfill this important role. In addition, SIECUS encourages religious leaders, youth and community group leaders, and health and education professionals to play an important role in complementing and augmenting the sexuality education received at home.

The Role of Schools

SIECUS endorses comprehensive sexuality education as an important part of the educational program in every grade of every school. SIECUS believes that classes conducted by specially trained educators complement the sexuality education given children by their families and by religious and community groups.

SIECUS recommends that school-based education programs be carefully developed to respect the diversity of values and beliefs represented in the community. Curricula and resources should be appropriate to the age and developmental level of the students. Professionals responsible for sexuality education must receive specialized training in human sexuality, including the philosophy and methodology of sexuality education. In addition, because sexuality issues touch on so many developmental issues of children and youth, SIECUS urges