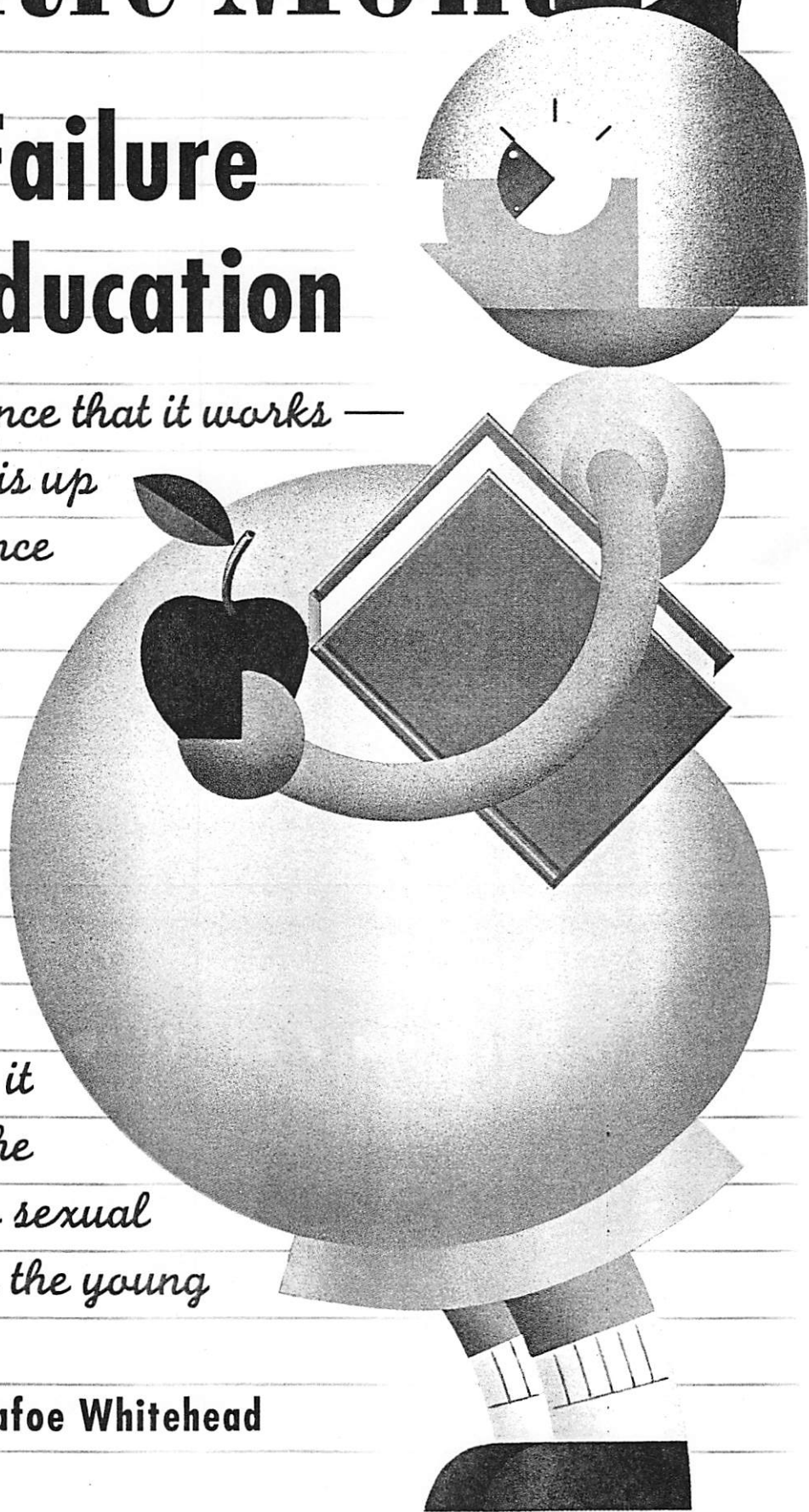


The Atlantic Monthly

OCTOBER 1994

The Failure of Sex Education

There is little evidence that it works — teenage pregnancy is up and so is the incidence of sexually transmitted disease. It is a gumbo of ideas based on no known field of knowledge. And, though its proponents boast of their "realism," it does not speak to the reality of "the new sexual revolution" among the young



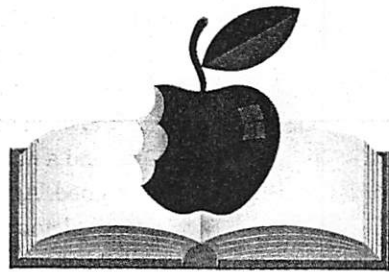
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by Barbara Dafoe Whitehead

The Failure of Sex Education

by BARBARA DAFOE WHITEHEAD



“Comprehensive sex education,” mandated in seventeen states, is the educational fad of the hour, yet there is little evidence that it “works”—prevents teenage pregnancy and stanches the spread of sexually transmitted disease. Defended by its professional-class originators as “getting real” about teenage sex, it fails to speak to the grim reality of what the author calls “the new sexual revolution” among the young

AMID rising concern about the hazards of teenage sex, health and school leaders are calling for an expanded effort to teach sex education in the schools. At the moment the favored approach is called comprehensive sex education. The nation’s highest-ranking health officer, Surgeon General Joycelyn Elders, has endorsed this approach as the chief way to reduce unwed childbearing and sexually transmitted diseases (STDs) among teenagers. The pillars of the health and school establishments, including the National Association of School Psychologists, the American Medical Association, the National School Boards Association, and the Society for Adolescent Medicine, support this approach. So do a growing number of state legislatures. Over the past decade seventeen states have adopted mandates to teach comprehensive sex education, and thirty more support it.

Sex education in the schools is not new, of course, but

never before has it attempted to expose children to so much so soon. Comprehensive sex education includes much more than a movie about menstruation and a class or two in human reproduction. It begins in kindergarten and continues into high school. It sweeps across disciplines, taking up the biology of reproduction, the psychology of relationships, the sociology of the family, and the sexology of masturbation and massage. It seeks not simply to reduce health risks to teenagers but also to build self-esteem, prevent sexual abuse, promote respect for all kinds of families, and make little boys more nurturant and little girls more assertive. As Dr. Elders explains, comprehensive sex education is not just about giving children a “plumbing lesson.”

This approach is appealing for several reasons. First, it reaches the vast majority of American schoolchildren, through the public school system. Second, it is inexpensive. Principals have to do little more than buy a sex-education

curriculum and enroll the coach or home-economics teacher in a training workshop, and their school has a sex-education program. Third, to panicky parents, worried about their ability to protect their children from AIDS and other STDs, comprehensive sex education offers a reassuring message: The schools will teach your children how to protect themselves.

Nonetheless, comprehensive sex education has provoked vigorous opposition, both at the grass roots and especially in the organized ranks of the religious right. Its critics argue that when it comes to teaching children about sex, the public schools should convey one message only: abstinence. In response, sex educators point to the statistics. Face facts, they say. A growing number of teenagers are engaging in sex and suffering its harmful consequences. It is foolish, if not irresponsible, to deny that reality. If more teenagers are sexually active, why deprive them of the information they need to avoid early pregnancy and disease? What's more, why insist on a standard of conduct for teenagers that adults themselves no longer honor or obey? As usual, the Surgeon General states the basic proposition memorably: "Everybody in the world is opposed to sex outside of marriage, and yet everybody does it. I'm saying, 'Get real.'"

This rhetoric is politically shrewd. It is smart to identify sex education with realism, honesty, and sexual freedom. (Its opponents are thereby unrealistic, hypocritical, and sexually unliberated.) Similarly, it is advantageous to link the sex-education campaign with the struggle against religious fundamentalism and, more generally, with opposition to religious argument in public life. When the issue is cast in Scopetrial terms, it appears that an approach to sex education based in science will triumph over one rooted in blind faith.

But the sex educators' rhetoric is double-edged. As credentialed professionals, trained in the health and pedagogical sciences, advocates for a "reality-based" approach must at some point submit to reality tests. Their claims raise the inevitable question, How realistic is their approach to solving the problems associated with teenage sex? Or, to be more specific, What is the evidence that comprehensive sex education can achieve its stated goals? Does comprehensive sex education respond to the real-life circumstances of teenagers today? Does the new sex pedagogy take into account the realities of teenage sex in the 1990s?

The New Jersey Model

A FEW months ago I set out to answer these questions by venturing into a state with a long and strong commitment to comprehensive sex education. Few states have worked harder or longer than New Jersey to bring sexual enlightenment to schoolchildren. In 1980 the state adopted one of the nation's first mandates for comprehensive sex education—or family-life education, as it is called there—and it was the very first state to require sex education for children in the primary grades. Its pioneering ef-

forts have earned New Jersey the equivalent of a five-star rating from the Sex Information and Education Council of the U.S. (SIECUS), a national advocacy organization that promotes comprehensive sex education.

Virtually every public school student in New Jersey receives sex education (the average is twenty-four hours a year), and some schoolchildren, like those in the Irvington public schools, have an early and full immersion. Overall, teachers are trained and experienced, averaging close to ten years of teaching a family-life curriculum.

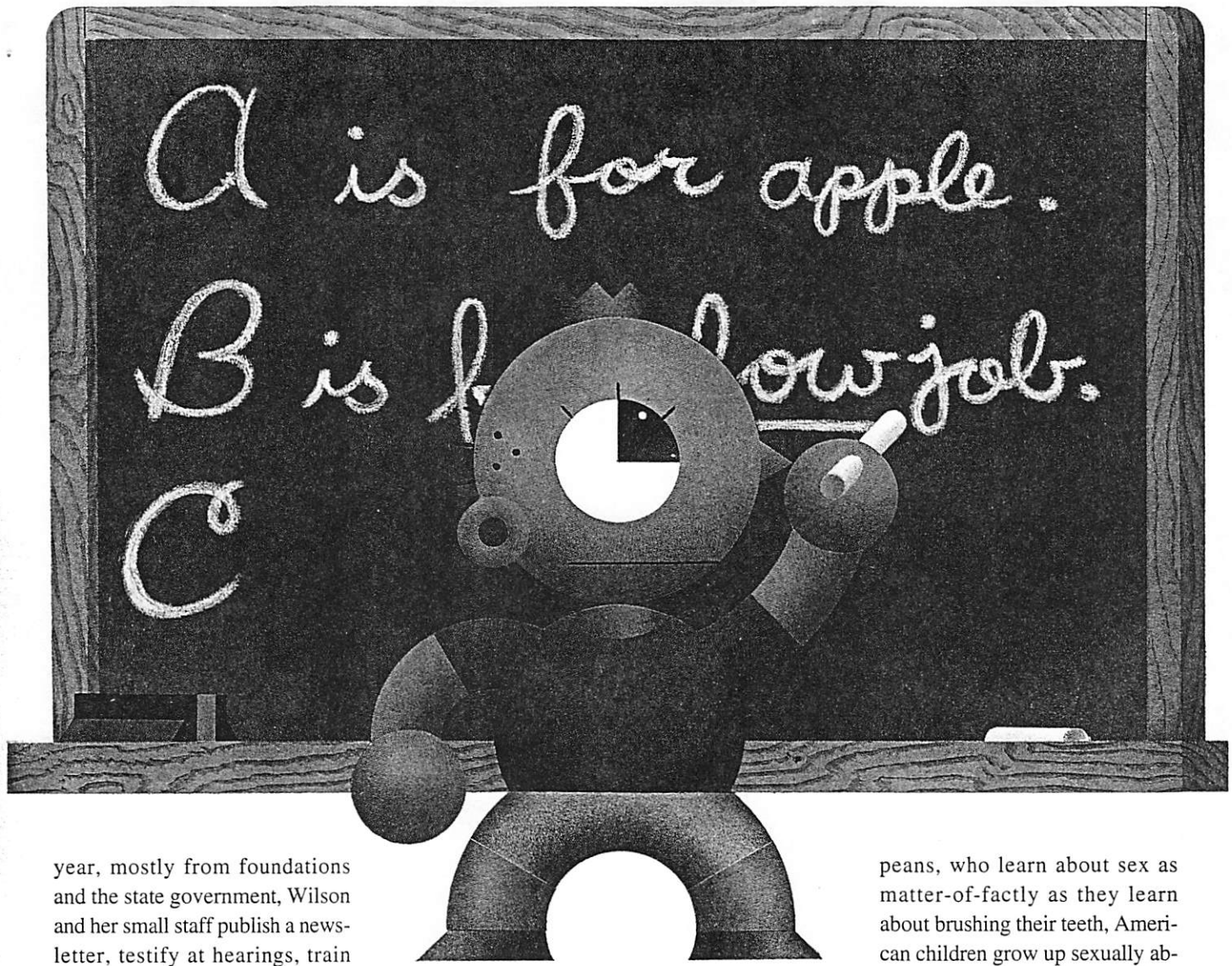
According to recent opinion polls, public support for sex education in New Jersey is strong. In one survey an overwhelming majority of adults said they favored teaching teenagers about sex in school, including controversial topics such as contraception, homosexuality, and "safer sex." Slightly more Catholics than Protestants surveyed favor sex education (88 percent to 84 percent), and support is nearly as high among parents as among nonparents. Parents tend to be more knowledgeable about the content of sex-education programs, and a majority say their school's offerings are excellent or good. Another survey, conducted by Rutgers University's Eagleton Institute, found that 61 percent of parents with school-age children say they would permit their child to get condoms from the schools.

Politically, therefore, sex education has been an all-but-unqualified success in New Jersey. Since 1980 popular support has steadily increased, and over that period the state mandate has held up against repeated legislative challenges, including a recent proposal to stress sexual abstinence.

The key to this success is a well-organized advocacy effort. A state mandate alone rarely achieves the goal of comprehensive sex education, because local school authorities often fail to act vigorously to observe the mandate. It takes a strong and sustained campaign to win over parents and teachers, beat back political opponents, and stiffen the spines of timid school administrators. In New Jersey two closely allied organizations advance the sex-education cause. Rutgers, the state university, administers grants and provides office space to the advocacy campaign. It is, though, the small but ubiquitous New Jersey Network for Family Life Education that conducts the daily business of winning support for sex education across the state.

The Philosophy of Sex Education

SUSAN Wilson runs the Network from her handsome gated home in Princeton. (The Network is officially headquartered at Rutgers.) Wilson, who has been an indefatigable crusader for comprehensive sex education for more than a decade, helped to write and pass the state mandate in the late 1970s, while she was a member of the State Board of Education. A few years later she took over as the head of the Network. With a budget of about \$200,000 this



year, mostly from foundations and the state government, Wilson and her small staff publish a newsletter, testify at hearings, train teachers, develop sex-education materials, fight efforts to overturn the mandate, and perform the scores of other duties required in their advocacy work. But Wilson's single most important task, which she clearly enjoys, is traveling up and down the state making the case for comprehensive sex education.

Because the case that she makes represents today's comprehensive-sex-education orthodoxy, it deserves close attention. It has several tenets. First, children are "sexual from birth." Like many sex educators, Wilson rejects the classic notion that a latency period occurs between the ages of about six and twelve, when children are sexually quiescent. "Ever since I've gotten into this field, the opponents have used that argument to frighten policymakers," she says. "But there is a body of developmental knowledge that says this is not true." And, according to Wilson, it is not simply that children are born sexual or that their sexuality is constantly unfolding. It is also that sexuality is much broader than most imagine: "You are not just being sexual by having intercourse. You are being sexual when you bow your arms around your grandpa and give him a hug." Second, children are sexually miseducated. Unlike Euro-

peans, who learn about sex as matter-of-factly as they learn about brushing their teeth, American children grow up sexually absurd—caught between opposing but equally distorted views of sex. One kind of distortion comes from parents. Instead of affirming the child's sexuality, parents convey the message that sex is harmful, shameful, or sinful. Or, out of a misguided protectiveness, they cling to the notion of childhood innocence and fail to provide timely or accurate information about sex. The second kind of distortion comes from those who would make sex into a commodity. While parents withhold information, the media and the marketplace spew sexual misinformation. It is this peculiar American combination of repressiveness and permissiveness that leads to sexual wrong thinking and poor sexual decision-making, and thus to high rates of teenage pregnancy and STDs.

Third, if miseducation is the problem, then sex education is the solution. Since parents are failing miserably at the task, it is time to turn the job over to the schools. Schools occupy a safe middle ground between Mom and MTV. They are places where "trusted adults" can teach children how to protect themselves against the hazards of sex and sexual abuse.

Moreover, unlike homes, schools do not burden children with moral strictures. As Wilson explains, schools can re-

solve the "conflict between morality and reality" by offering unbiased statements of fact. Here, for example, is how a teacher might handle the subject of masturbation in a factually accurate way: "Some people think it is okay to masturbate and some people think it is not okay to masturbate, but most people think that no harm comes to you if you masturbate." Consequently, when it comes to sex, schools rather than homes offer a haven in the heartless world.

A fourth and defining tenet is that sex education must begin in the earliest grades. Like math or reading, comprehensive sex education takes a "building blocks" approach that moves from basic facts to more sophisticated concepts, from simple skills to more complex competencies. Just as it would be unthinkable to withhold math education until the sixth grade, so, too, is it unwise to delay the introduction of sex education until the eighth grade.

In the beginning, before there is sex, there is sex literacy. Just as boys and girls learn their number facts in the first grade, they acquire the basic sex vocabulary, starting with the proper names for genitalia and progressing toward an understanding of masturbation, intercourse, and contraception. As they gain fluency and ease in talking about sexual matters, students become more comfortable with their own sexuality and more skillful in communicating their feelings and desires. Boys and girls can chat with one another about sex, and children can confide in adults without embarrassment.

Early sex education readies grade school children for the onslaught of puberty. By the time they reach adolescence, they are cognitively as well as biologically primed for sex. Moreover, with early sex training, teenagers are much more likely to engage in what Wilson and her colleagues consider responsible sexual conduct: abstinence, noncoital sex, or coitus with a condom. Since abstinence will not lead to pregnancy or STDs, and noncoital and protected sex are not likely to do so, comprehensive sex education will help to reduce the incidence of these problems among teenagers.

This is the philosophy of comprehensive sex education. But how to translate it into lessons for little children? Although the state mandate allowed school districts to shop around for a suitable curriculum, at first not much was available for primary schoolers. Most teachers had to improvise a curriculum or adapt higher-grade-level texts to the early grades. What was missing was a standard text: a Dick and Jane reader for the Michaels and Ashleys of the post-sexual-revolution generation.

Family Life

RUTGERS University Press seized the opportunity. With a growing number of states adopting comprehensive-sex-education mandates, and with the 595 school districts of New Jersey seeking to meet their state mandate, the market for a sex primer looked promising. The press set out to fill that market niche. It assembled a small,

sympathetic advisory panel, including Susan Wilson, and then hired Barbara Sprung, an independent consultant from New York City, to write its pathbreaking sex-education text.

A graduate of Sarah Lawrence and the Bank Street College of Education, Barbara Sprung spent eight years as an elementary school teacher before she embarked on a second career as a diversity-education specialist. During the 1970s and the 1980s, working first for a feminist organization and then for her own organization, Educational Equity Concepts, Sprung produced books, teachers' guides, and other materials based on a "nonsexist, multicultural, disability-sensitive, early childhood approach." The Rutgers project was her first venture into sex education.

With her advisers, she came up with *Learning About Family Life*, a "textbook package" described in the Rutgers University Press marketing brochure as a "pioneering" approach to family-life education for schoolchildren in kindergarten through third grade. The textbook also carries a pioneering price tag—\$250 a package. As befits a fundamental text, the curriculum sets forth its guiding principles: "Sexuality is a part of daily living, as essential to normal functioning as mathematics and reading." And as befits a primer, it offers the sex basics. Here is a representative sampling:

On female genitalia: "The vulva is the area enclosing three parts: a vagina, the opening you urinate from, and a clitoris. . . . Clitoris is a small sensitive part that only girls have, and it sometimes makes you feel good."

On sexual intercourse: "To have sex, the man and woman lie very close to each other so that their bodies are touching. Usually it happens in bed, and they don't have any clothes on. Together the woman and man place the man's penis inside the woman's vagina, and while they are loving each other, many sperm come from the testicles into the man's penis. After a while, the sperm come through the little hole at the end of the man's penis, and they swim up the vagina and meet the egg in the fallopian tube."

On masturbation: "Grown-ups sometimes forget to tell children that touching can also give people pleasure, especially when someone you love touches you. And you can give yourself pleasure, too, and that's okay. When you touch your own genitals, it's called masturbating."

On sex: "When you are older, you can decide if you want to have sex. Most people do, because they like it and it's a very important way of showing that we love someone."

These sex facts are presented in a particularly captivating form. Unlike standard sex-education curricula, which are about as exciting to read as an IRS Form 1040, *Learning About Family Life* tells a story. The text follows a fictional class of primary school children and their teachers, Ms. Ruiz and Mr. Martin, as they experience a series of family events during the course of the school year. The teachers and children are characters in a continuing saga, full of drama and incident. Primary school teachers tell Sprung that children eagerly ask, "When are we going to talk about those kids in

Class 203 again?" Little wonder. This is sex education packaged as *Sesame Street*.

Like *Sesame Street*, *Learning About Family Life* deals with the social and family issues of the day. During the year Classroom 203 encounters the following events: Ms. Ruiz's pregnancy and childbirth, the death of Mr. Martin's father, the drug arrest of Martine's cousin, the birth of a child to Joseph's teenage sister, the arrival of Natan's grandmother from Russia, Sarah's trip to see her divorced father, and the visit of Seth's HIV-infected uncle. These events and others, presented in forty-three vignettes, provide an occasion for straight talk about genitalia, sexual intercourse, pregnancy and childbirth, HIV and AIDS, masturbation, sexual abuse, physical disability, drug abuse, death, divorce, grandparents, and all kinds of families.

As they read about Classroom 203, children acquire a scientific sex vocabulary. "Adults in the children's families probably don't use accurate terms like anus and buttocks," the teachers' resource guide warns. "You, as the teacher, are the best role model for creating comfort." Indeed, the teacher is to insist on replacing even words that are perfectly apt for a six-year-old's vocabulary with more-scientific terms. In a lesson on pregnancy, Brian talks about how his mother's tummy felt when the baby was growing inside. Ms. Ruiz says, "I know we are used to saying *baby* and *tummy*. But *fetus* and *uterus* are more accurate words." And when it comes to a hot issue like masturbation, a teacher's cool command of the facts is crucial: "Masturbation is a topic that is viewed negatively in many families, based on long-standing cultur-

macho backgrounds. But here again the school provides a cultural haven. If the lessons in nurturing conflict with a boy's family or cultural teachings, the teachers' manual advises, the teacher should say, "In school, talking about feelings is a part of learning."

In early sex education feelings talk and sex talk are closely related for good reason: little schoolchildren do not have the capacity to understand big adult issues directly. But many are now exposed to big adult issues at an early age, and so it is necessary to find routes to understanding. Early sex education thus turns to affective pathways and to a therapeutic pedagogy.

Stuff Happens

ACCORDING to its publishers, *Learning About Family Life* provides a realistic slice of contemporary family life. Nonetheless, it is a highly selective slice. There is a vignette designed to expose children to an "amicable divorce." But there is no corresponding vignette to give children a picture of an amicable, much less a long-lasting, marriage. (Susan Wilson believes that you "can't beat kids all over the head" with marriage.) There is a story about sex as a way to show love, but no story about commitment as a way to show love. There is an effort to give children positive messages about expressing sexuality, but no effort to give children positive messages about the advantages of not expressing sexuality before they are grown. And this family world is only thinly populated by men. Ms. Ruiz is a well-

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al and religious teachings. Assure parents that your approach will be low keyed and will stress privacy, but also make it clear that you will not perpetuate myths that can mar children's healthy sexual development." Teachers must also debunk the myth that masturbation is only for boys. Girls must be granted equal time to ask masturbation questions.

If girls need nudging in the sex department, boys need coaxing in the emotions department. Indeed, one of the strongest themes in the text is the problematic nature of boys. Boys are emotionally clogged, unable to cry or to express feelings. And little boys may enter grade school with the idea that such sex-related matters as pregnancy, child-bearing, and baby care are only for girls. Therefore *Learning About Family Life* enlists boys in nurturing and "feelings" activities. These may be difficult for boys who come from

defined character in the story; the male teacher, Mr. Martin, is more of a bit player, taking center stage in one story to talk about masturbation and in another to cry. There are grandmothers but no grandfathers. A brand-new father makes a cameo appearance to show off his nurturing skills, but the only other father is divorced and a plane ride away.

Here is the dilemma: *Learning About Family Life* is caught between two competing tendencies. On the one hand, it works hard to reflect the real-life family circumstances of many children. It deals with some hard-edged issues: sexual abuse, unwed teenage motherhood, drug dealing, and divorce. On the other hand, it takes a deeply sentimental view of these gritty realities. Consider, for example, the story "Joseph Is an Uncle":

Joseph's seventeen-year-old sister has a new baby. She is

not married. The baby's father is gone. Joseph's parents are mad and sad at the same time. His sister is tired and out of sorts. Yet things work out. The family rallies round. An aunt takes care of the baby during the day. Joseph's sister returns to school. Joseph shows the photograph of his new nephew to his best friend, but he doesn't want anyone else to know about his sister's baby. His friend encourages him to show the photo to Mr. Martin and Ms. Ruiz.

Of all the sex tales, Joseph's story merits the closest attention. Early sex education, after all, purports to help children avoid the fate of Joseph's teenage sister. So what are we to make of this story? First, though illegitimacy is not treated cavalierly, it is depicted as a family crisis that is quickly resolved, because all the folks pitch in. Apparently there are no longer-term consequences for Joseph's sister or his little nephew—such as poverty, welfare dependency, or diminished school and job prospects. Second, in a curriculum designed to teach personal responsibility, the text misses an opportunity to do so. Unwed teenage parenthood is not an affliction visited on people like hurricanes or drought, yet that is the message of the story. Among the families in Classroom 203 stuff happens.

Finally, think about the baby's father. Joseph's sister's boyfriend has sex as an expression of love, exactly as the sex primer describes, but then he takes off. Though *Learning About Family Life* has stern messages for boys about caring and sharing, it ducks the basic question of male responsibility. A seven-year-old boy listening to this story might well conclude that illegitimacy is a girls' topic.

As it turns out, then, early sex education is not straight talk at all but a series of object lessons. And these are offered not so much with a nose for the facts as with an eye to the sex educators' philosophy. *Learning About Family Life* is no less didactic in its views on family life than Dick and Jane. To be sure, a truly fact-based approach would have to deal with some hard truths. For example, it would have to say that unwed teenage parenthood carries grave consequences for teenagers and their babies; that not all families are equally capable of caring for children; and that absent long-term commitment, responsibility, and sacrifice, love does not conquer all. Since some children grow up in broken or unwed teenage families, there is an understandable concern that children not feel stigmatized by such facts. Yet such tender concern raises a tough question: If the classroom is the source of unbiased factual information, how can the problems of illegitimacy and broken families be dealt with without touching on the key facts in the matter?

The Pedagogy of Sex Education

IN the middle grades sex education takes a more technical turn. At eleven and twelve many young people are approaching the threshold of puberty while others are already in full pubertal flower. (Today the average age of

menarche is twelve and a half.) Now, as hormones kick in, children are ready to express themselves sexually. Thus the focus of sex education shifts from sex literacy to building sexual skills. This is when students must acquire the knowledge and technical skills to manage their emerging sexuality.

Sex-education advocates agree that abstaining from sex is the best way to avoid STDs and early pregnancy. But they reject an approach that is limited to teaching abstinence. First, they say, abstinence-based teaching ignores the growing number of adolescents who are already sexually active at age twelve or thirteen. One Trenton schoolteacher said to me, "How can I teach abstinence when there are three pregnant girls sitting in my eighth-grade class?" Second, abstinence overlooks the fact that, as Susan Wilson explains, "it is developmentally appropriate for teenagers to learn to give and receive pleasure."

Consequently, the New Jersey sex-education advocates call for teaching middle-schoolers about condoms, abortion, and the advantages of "protected" sex. But given the risks to teenagers, they are not crazy about sexual intercourse either. Indeed, Wilson says, Americans are fixated on "this narrow little thing called intercourse." The alternative is a broad thing called noncoital sex or, in the argot of advocates, "sexual expression without risk."

Noncoital sex includes a range of behaviors, from deep kissing to masturbation to mutual masturbation to full body massage. Since none of these involves intercourse, sex educators see them as ways for teenagers to explore their sexuality without harm or penalty. And from a broader public-health perspective, risk-free sexual expression has great potential. According to the Rutgers education professor William Firestone, who conducted a study of sex-education teaching in New Jersey for the Network for Family Life Education, noncoital sex offers "real opportunities to reduce dangers to many teens who engage in sexual behavior, despite recommendations for abstinence." Yet as Firestone's survey research shows, many teachers shrink from this approach. Wilson says, "We hardly ever talk to teens about necking and petting and admiring your body and maybe massage."

As Wilson points out, noncoital sex is most practicable when teenagers can communicate with each other. "A lot of people think that once you start down the road to sex, you can't stop, and that's the problem. But I think that by talking about these things and by role playing, you give kids control and you give them the language to say 'That's enough—I don't want any more. I don't want to have intercourse.'"

Since safe petting and good talking go together, middle school students need to continue to practice their communication skills. But in teaching these skills teachers cannot rely on old-fashioned didactic methods. Middle school students are still short-term thinkers, reckless in deed. Therefore sex education in middle school does not yet enter the realm of thinking and ideas but remains lodged instead in the realm of what one teacher calls "feelings and values."

“Hello, Vulva”

I ATTENDED a teacher-training conference sponsored by the Network for Family Life Education to get acquainted with the way sex is taught. In New Jersey, as in other states with mandates for comprehensive sex education, such one-day workshops are a mainstay of teacher training. For a small investment of time and money—a day out of the classroom and \$35—teachers learn the latest in sex-education theory and practice. On the day I attended, the crowd was made up of physical-education, home-economics, and health teachers with a scattering of elementary school nurses as well. Almost all were women.

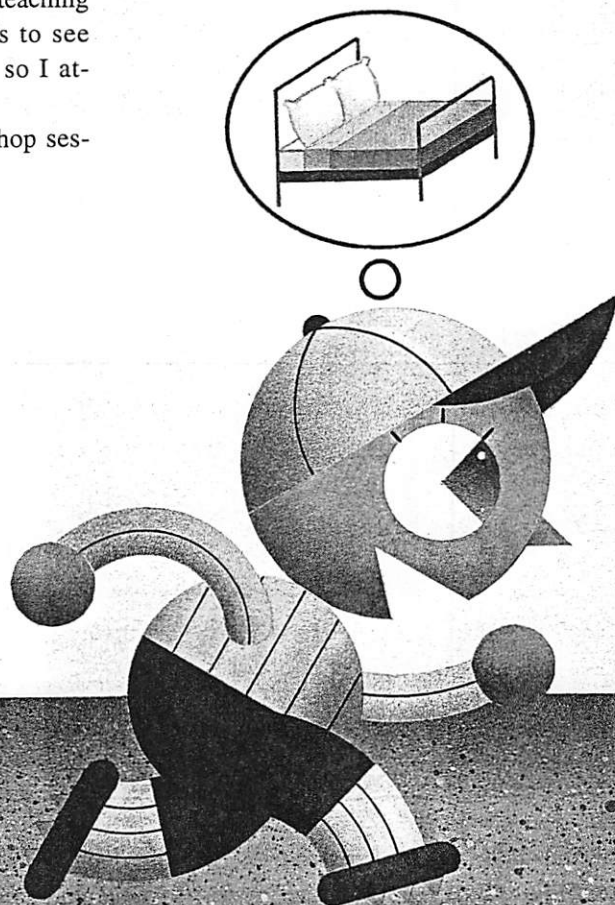
Deborah Roffman, an independent sex-education consultant from Maryland who teaches in several private middle and high schools, was the keynote speaker. (Like Roffman, most of the trainers at this conference came to it from the world of advocates, family planners, and private consultants. Only one teaches in the public schools.) She was an engaging speaker with the timing and phrasing of a good comedian. (*Teacher in audience:* “What do you say when a student asks you to define ‘blow job’?” *Roffman:* “You say it is oral sex.” Pause. *Roffman again:* “But what if the student’s next question is ‘Does that mean you talk while you screw?’”) To kick off the conference, Roffman gave a rousing talk, urging teachers to adopt bolder teaching methods. I was curious to see what she had in mind, so I attended her workshop.

She began the workshop ses-

sion with these instructions: “Turn to the person next to you. Make eye contact. Say ‘Hello, penis.’ Shake hands and return the greeting: ‘Hello, vulva.’” This warmup exercise underscores a central idea in sex pedagogy: for teachers no less than for students, talking about sex provokes anxiety and embarrassment. Such embarrassment stands in the way of good communication, and good communication is crucial to responsible sexual conduct.

So is emotional literacy. To become more emotionally articulate, middle-schoolers engage in a series of feelings exercises. The purpose is to help students “normalize” and share common growing-up experiences. Roffman handed out a list of sample questions: “What is the worst thing your parents could find out about a child of theirs who is your age?” “Have you ever experienced the death of someone close to you?” “What is a way in which your parents are ‘overprotective’?” In the middle schools as in the elementary schools, there is a continuing effort to break down boys’ emotional reserve. Encourage your students to sit boy-girl, Roffman suggests, and ask the biggest boy in the class the first feelings question.

The Consortium for Educational Equity, at Rutgers, offers a similar set of feelings-and-values exercises in a sex curriculum designed for seventh- and eighth-graders. Some are sentence-completion exercises. In one, seventh-graders are asked to complete the sentence “If someone loves me, they . . .” and then elsewhere to “compare their ideas [about love] to [Eric] Fromm’s and [Leo] Buscaglia’s material on



love." In another, students are to "write a positive self-statement . . . —'I am strong' . . . 'I am happy' . . ."—and then discuss the "impact of positive self-statements on feelings of self-esteem."

Other exercises draw on more therapeutic methods, such as role-playing and small-group work. There are gender-reversal exercises, in which girls and boys each play the role of the opposite sex. In small groups students may brainstorm about ways to deal with an unwanted pregnancy or come up with a list of their expectations of nonmarital sex.

Some of the gender-reversal exercises sound like birthday-party games. In one exercise, called the Fish-Bowl, girls are seated in a circle in which there is one empty chair. Boys form a circle around the girls. Girls talk about what they like and dislike about boys. If one of the boys wishes to speak, he sits in the empty chair in the girls' circle. After a time the boys repeat the exercise, with the girls in the outer circle.

Because of its intimate subject matter, the feelings-and-values classroom institutes a new code of classroom conduct. There are confidentiality rules. Roffman's middle school students are told that nothing said in sex-education class goes out of the class without students' express permission. In discussions middle-schoolers must protect the privacy of individuals who are not class members; except for classmates', no names may be used. Another rule is that any student who does not want to answer a question may pass. In some classes students agree to use only "I" statements, rather than "you" statements, in order to express their thoughts more positively.

In therapeutically oriented classrooms, moreover, the teacher assumes the role of confidant and peer. Like students, teachers are encouraged to share personal experiences. An idea book for New Jersey teachers, published by the Network, tells the inspirational story of a high school teacher who talks to his class about his vasectomy and how he feels about it. Yet although they are advised to share experiences, teachers are not to impose their opinions, even when it comes to arguably the most important question: "What is the right time to begin having sex?" The teacher is encouraged to turn the question back to the students: "How would you begin to make that decision?"

Sex educators defend this approach with the language of empowerment. Students, they say, must acquire the knowledge and skills to answer these questions for themselves. After all, grown-ups aren't around to supervise teenagers every minute of the day. Teachers can't follow students home, and working parents can't check up on teenagers who are home alone. Why not invest teenagers with the power to make wise choices on their own?

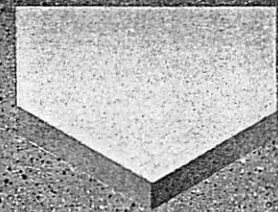
Reality Tests

ON its face, this new therapeutic sex pedagogy does not seem all that therapeutic or all that new. Teenage girls have enjoyed self-inventory tests at least as long as *Seventeen* magazine has been around. And there's nothing particularly revolutionary about small-group discussions of feelings and values. This, after all, is why teenagers invented the slumber party.

But on second glance there is something radically new about comprehensive sex education. As both a philosophy and a pedagogy, it is rooted in a deeply technocratic understanding of teenage sexuality. It assumes that once teenagers acquire a formal body of sex knowledge and skills, along with the proper contraceptive technology, they will be able to govern their own sexual behavior responsibly. In brief, what comprehensive sex education envisions is a regime of teenage sexual self-rule.

The sex educators offer their technocratic approach as an alternative to what they see as a failed effort to regulate teenage sexuality through social norms and religious values. Face facts. In a climate of sexual freedom the old standard of sexual conduct for teenagers—a standard separate from adult sexual standards—is breaking down. Increasingly teenagers are playing by the same sexual rules as adults. Therefore, why withhold from adolescents the information and technologies that are available to adults?

To be sure, sex educators have a point. Traditional sexual morality, along with the old codes of social conduct, is demonstrably less effective today than it once was in governing teenage sexual conduct. But although moral standards can exist even in the midst of a breakdown of morality, a technocratic view cannot be sustained if the techniques fiz-



zle. Thus comprehensive sex education stands or falls on the proven effectiveness of its techniques.

For a variety of reasons the body of research on sex-education programs is not as rich and robust as we might wish. However, the available evidence suggests that we must be skeptical of the technocratic approach. First, comprehensive sex education places its faith in the power of knowledge to change behavior. Yet the evidence overwhelmingly suggests that sexual knowledge is only weakly related to teenage sexual behavior. The researcher Douglas Kirby, of ETR Associates, a nonprofit health-education firm in Santa Cruz, California, has been studying sex-education programs for more than a decade. During the 1980s he conducted a major study of the effectiveness of sex-education programs for the Department of Health, Education and Welfare, and he has since completed a review for the Centers for Disease Control of all published research on school-based sex-education programs designed to reduce the risks of unprotected sex. His research shows that students who take sex education do know more about such matters as menstruation, intercourse, contraception, pregnancy, and sexually transmitted diseases than students who do not. (Thanks to federal funding for AIDS education in the schools, students tend to be very knowledgeable about the sources and prevention of HIV infection.)

But more accurate knowledge does not have a measurable impact on sexual behavior. As it is typically taught, sex education has little effect on teenagers' decisions to engage in or postpone sex. Nor, according to Kirby, do knowledge-based sex-education programs significantly reduce teenage pregnancy. And although teenagers who learn about contraception may be more likely to use it, their contraceptive practices tend to be irregular and therefore ultimately unreliable.

Comprehensive sex education assumes that knowledge acquired at earlier ages will influence behavior. Yet the empirical evidence suggests that younger teenagers, especially, are unlikely to act on what they know. An analysis of a Planned Parenthood survey concludes that a "knowledgeable thirteen-year-old is no more likely to use contraceptives than is an uninformed thirteen-year-old." As Kirby puts it, "Ignorance is not the solution, but knowledge is not enough."

If knowledge isn't enough, what about knowledge combined with communication skills? Sex education does appear to diminish teenagers' shyness about discussing sexual matters. One study shows that girls who have had sex education may be more likely to talk about sex with their parents than those who have not. Since talking with their mothers about sex may help some girls avoid pregnancy, this is a mildly positive effect. There does not seem to be a parallel effect for boys, however.

Overall, parent-child communication is far less important in influencing sexual behavior than parental discipline and supervision. One study, based on teenagers' own reports of levels of parental control, shows that teenagers with moderately strict parents had the lowest level of sexual activity,

whereas teens with very strict parents had higher levels, and those with very permissive parents had the highest levels. Moreover, there is a strong empirical relationship between diminished parental supervision and early sexual activity.

In boy-girl communication, girls say that they want help in rejecting boys' sexual overtures. In a survey taken in the mid-1980s, 1,000 teenage girls aged sixteen and younger were asked to select from a list of more than twenty sex-related topics those areas where they would like more information and help. The girls were most likely to say they wanted more information on how to say no without hurting boys' feelings. This is especially noteworthy given that all the girls in the survey were sexually active, and some were mothers.

Beyond "no," better communication about sex does not seem to contribute to higher levels of sexual responsibility. To be sure, there has been little research into this aspect of teenage sexuality. But even absent research, there is good reason to be skeptical of the claim. If free and easy sex talk were a key determinant of sexual behavior, then we might expect the trends to look very different. It would be our tongue-tied grandparents who had high rates of illegitimacy and STDs, not today's franker and looser-lipped teenagers.

"You Are Not Ready for Sex"

UNSURPRISINGLY, there is not a shred of evidence to support the claim that noncoital sex, with or without communication, will reduce the likelihood of coitus. William Firestone, of Rutgers, who wrote the study for the Network for Family Life Education, concedes that his enthusiasm is empirically unfounded. In fact, several studies show just the opposite. Outcourse is a precursor of intercourse. But do we need studies to tell us this? Is it not graven in our memory that getting to third base vastly increases the chances of scoring a run? In fact, it could be argued that teaching noncoital sex techniques as a way of reducing the risks of coitus comes close to educational malpractice.

And what about empowering students to make their own sexual decisions? Douglas Kirby's work shows that teaching decision-making skills is not effective, either, in influencing teenage sexual behavior. Similarly, there is little empirical support for the claim made by comprehensive sex education's advocates that responsible sexual behavior depends on long years of sexual schooling. In fact, the evidence points in the opposite direction. Math and reading do require instruction over a period of time, but sex education may be most effective at a key developmental moment. This is not in grade school but in middle school, when pre-teens are hormonally gearing up for sex but are still mainly uninitiated.

In pursuit of a more effective sex pedagogy, researchers have turned away from technocratic approaches and dusted off that old chestnut, norms. According to Kirby's research review, several new and promising sex-education programs

focus on sending clear messages about what is desirable behavior. When middle-schoolers ask "What is the best time to begin having sex?" teachers in these programs have an answer. It is "Not yet. You are not ready for sex."

Evidently, too, sex education works best when it combines clear messages about behavior with strong moral and logistical support for the behavior sought. One of the most carefully designed and evaluated sex-education courses available is Postponing Sexual Involvement, a program developed by researchers at Grady Memorial Hospital, in Atlanta, Georgia, and originally targeted at minority eighth-graders who are at high risk for unwed motherhood and sexually transmitted diseases. Its goal is to help boys and girls resist pressures to engage in sex.

The Grady Hospital program offers more than a "Just say no" message. It reinforces the message by having young people practice the desired behavior. The classes are led by popular older teenagers who teach middle-schoolers how to reject sexual advances and refuse sexual intercourse. The eighth-graders perform skits in which they practice refusals. Some of them take the part of "angel on my shoulder," intervening with advice and support if the sexually beleaguered student runs out of ideas. Boys practice resisting pressure from other boys. According to the program evaluator, Marion Howard, a professor of gynecology and obstetrics at Emory University, the skits are not like conventional "role plays," in which students are allowed to come up with their own endings. All skits must end with a successful rebuff.

The program is short: five class periods. It is not compre-

education is perhaps most successful when it reinforces the behavior of abstinence among young adolescents who are practicing that behavior. Its effectiveness diminishes significantly when the goal is to influence the behavior of teenagers who are already engaging in sex. Thus teaching sexually active middle school students to engage in protected intercourse is likely to be more difficult and less successful than teaching abstinent students to continue refraining from sex. This seems to hold for older teens as well. In a 1991 study Kirby points to one curriculum for tenth-graders, Reducing the Risk, which has been successful in increasing the likelihood that abstinent students will continue to postpone sex over the eighteen months following the course. However, although the program emphasizes contraception as well as sexual postponement, it does not increase the likelihood that already sexually active tenth-graders will engage in protected sex. "Once patterns of sexual intercourse and contraceptive use are established," Kirby writes, "they may be difficult to change." For that reason the Grady Hospital researchers have developed a program for sixth-graders, since 44 percent of the boys taking their course in the eighth grade were already sexually experienced (this was true of just nine percent of the girls).

It does not follow, however, that this approach will work for younger children. The evidence strongly suggests that children who are sexualized at very early ages are likely to be victims of sexual abuse and other forms of traumatic sexualization. Teaching refusal skills to a "sexually active" nine- or ten-year-old is not the answer. Such children need

As it is typically taught, sex education has little effect on teenagers' decisions to engage in or postpone sex.

Nor do knowledge-based sex-education programs significantly reduce the incidence of teenage pregnancy.

hensive but is focused on a single goal. It is not therapeutic but normative. It establishes and reinforces a socially desirable behavior. And it has had encouraging results. By the end of ninth grade only 24 percent in the program group had had sexual intercourse, as compared with 39 percent in the nonprogram group. Studies of similar programs show similar results: abstinence messages can help students put off sex. It is noteworthy that although the purpose of the Grady Hospital program was to help students postpone sex, it also had an impact on the behavior of students who later engaged in sexual intercourse. Among those who had sex, half used contraception, whereas only a third did in a control group that had not taken the course.

Postponing Sexual Involvement and similarly designed sex-education programs offer this useful insight: formal sex

far more intensive care and support than can be provided in the classroom.

In a sharp break with the Surgeon General's approach, President Clinton's welfare-reform proposal strongly endorses the Grady Hospital approach. Similarly, the President's recent bully-pulpit message to teenagers, counseling sexual postponement and marriage before parenthood, is strikingly at odds with the Surgeon General's message to "get real." Thus the Administration finds itself in the awkward position of advancing contradictory approaches to sex education and pregnancy prevention.

Judging by the available evidence, the President has the stronger case. None of the technocratic assumptions of comprehensive sex education hold up under scrutiny. Research does not support the idea that early sex education will lead to

more-responsible sexual behavior in adolescence. Nor is there reason to believe that franker communication will reduce the risks of early-teenage sex. Nor does instruction about feelings or decision-making seem to have any measurable impact on sexual conduct. Teaching teenagers to explore their sexuality through noncoital techniques has perverse effects, since it is likely to lead to coitus. Finally, although teenagers may be sexually miseducated, there is no reason to believe that miseducation is the principal source of sexual misbehavior. As we will see, the most important influences on teenage sexual behavior lie elsewhere.

Moreover, if comprehensive sex education has had a significant impact on teenage sexual behavior in New Jersey, there is little evidence to show it. The advocates cannot point to any evaluative studies of comprehensive sex education in the state. Absent such specific measures, one can only fall back on gross measures like the glum statistics on unwed teenage childbearing in the state. In 1980, 67.6 percent of teenage births were to unmarried mothers; eleven years later the figure had increased to 84 percent. Arguably, the percentage might be even higher if comprehensive sex education did not exist. Nevertheless, it is hard for advocates to claim that the state with the nation's fourth highest percentage of unwed teenage births is a showcase for their approach.

The absence of empirical support for comprehensive sex education does not, however, discomfit or deter its advocates. Up and down the sex-education ranks, from the Surgeon General to local advocates, there has been little effort to make a reasoned case for comprehensive sex education. Challenged, the sex educators simply crank up their rhetoric: Criticize sex education, they say, and you contribute to the deaths of teenagers from AIDS.

Nor, for that matter, has there been much critical challenge from the research community. Perhaps this is because comprehensive sex education is a policy crafted outside the precincts of the academy. It is not rooted in a single discipline, or even a set of disciplines, but can best be described as a jumble of popular therapies and philosophies, including self-help therapies, self-esteem and assertiveness training, sexology, and certain strands of feminism.

The unifying core of comprehensive sex education is not intellectual but ideological. Its mission is to defend and extend the freedoms of the sexual revolution, and its architects are called forth from a variety of pursuits to advance this cause. At least in New Jersey, the sex-education leaders are not researchers or policy analysts or child-development experts but public-sector entrepreneurs: advocates, independent consultants, family planners, freelance curriculum writers, specialty publishers, and diversity educators. However dedicated and high-minded they may be, their principal task is not to serve the public or schoolchildren but to promote their ideology.

For better or worse, sex-education advocacy is largely women's work. And there is an unmistakably female bias in

the advocates' idea of what is sexually nice. It favors what thousands of American women have told Ann Landers: in their sex lives women would like more talking, more hugging, more outercourse. At the teacher-training workshop I attended, a family planner explained a classroom exercise designed to show all the things we can do without sexual intercourse: we can have children; we can show love and affection; we can gain self-esteem; we can achieve success in life. Reaching her summation, she proclaimed, We can have orgasm without sexual intercourse. After a moment, in the back of the classroom, one of the few men attending cleared his throat and politely protested this ideal of intercourse-free sex.

Comprehensive sex education reflects not just a gender bias but also a generational bias. Despite its verbal swagger, it offers a misty-eyed view of early-teenage sexuality. It assumes that the principal obstacles to responsible sexual conduct are ignorance, guilt, and shame. Once properly schooled in sex and freed of these repressive feelings, boys and girls can engage in mutual sexual pleasuring. But there is a dated quality to this view. Indeed, many of the arguments for sex education are filled with anecdotes from the fifties: Susan Wilson, for one, urges middle-aged teachers to think back and remember how inadequate their own sex education was. Though the educators' notions may accurately reflect what it was like for eighteen-year-old females to come of age before the sexual revolution of the 1960s, they have little to do with what fifteen-year-olds face in the 1990s. The MTV generation may indeed have a distorted image of sex, but it has not been distorted by shame or repression.

Thus comprehensive sex education flunks the reality test not just once but twice. Indeed, much of the evidence suggests that less-comprehensive, more-targeted sex education would be far more effective in reducing early sexual involvement and its associated risks. But more important, comprehensive sex education is woefully out of touch with the realities of teenagers' sex lives. Surely any policy with claims to steely-eyed realism must begin with an appraisal of what the evidence tells us about the sexual lives of today's adolescents, especially teenage girls.

The New Sexual Revolution

THERE is a new sexual revolution in America. Unlike the old sexual revolution, which has been documented and celebrated ever since its boisterous beginnings, in the late 1960s, the new sexual revolution has arrived unheralded. Its vanguard is found not among confident, self-dramatizing students on college campuses but among gawky adolescents in the crowded hallways of the junior high.

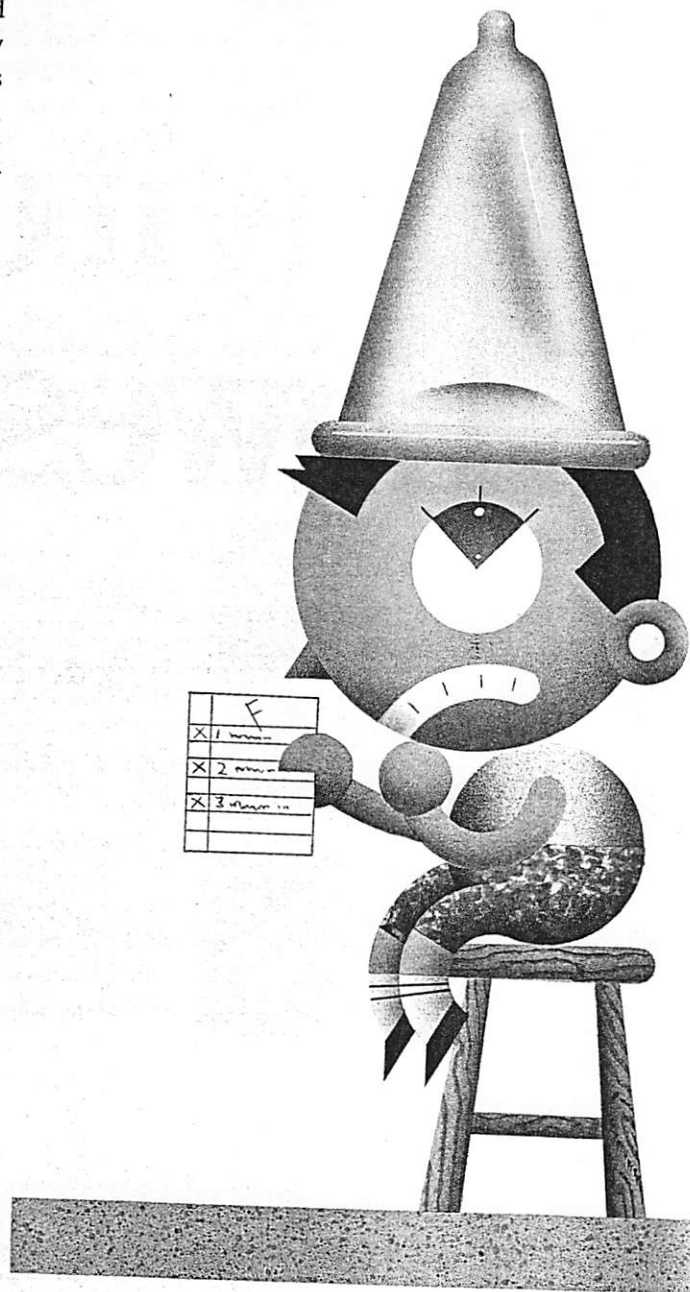
The children of the Baby Boom generation are beginning to have sex at earlier ages than their parents did. In 1970, five percent of fifteen-year-old girls and 32 percent of seventeen-year-old girls reported having had sex; by 1988 the

figures had increased to 26 percent of fifteen-year-olds and 51 percent of seventeen-year-olds. By age nineteen nearly 80 percent of young women have had sexual intercourse. As a result of earlier sexual initiation among girls, the historical gender gap in first sexual experience is narrowing; according to the 1988 National Survey of Young Men, one third of teenage males have had sex by age fifteen, and 86 percent by age nineteen. With early initiation, today's adolescents are more sexually active. They have more partners: among never-married sexually experienced teenage girls in 1971, 38 percent had had two or more sexual partners; by 1988 the figure had increased to 59 percent. And they have sex more frequently: the 1988 National Survey of Family Growth reported that 45 percent of never-married sexually active girls had intercourse at least once a week, as compared with 40 percent when the survey was administered in 1982.

But these figures alone do not capture what may be the most striking feature of the new sexual revolution: the rise in the proportion of younger teenagers engaging in sex. The largest relative increase in sexual intercourse among teenage girls has occurred among those fifteen years of age, from 4.6 percent in 1970 to 25.6 percent in 1988. (Below the age of fifteen, the evidence strongly suggests, sexual initiation is involuntary for a large proportion of girls who report having had sexual intercourse.)

Within this overall pattern of earlier sexual initiation there are significant racial and ethnic differences. African-American males are more likely than white or Hispanic males to engage in early sex. At age fourteen, 35 percent of black males have had intercourse; the comparable percentages for white and Hispanic males are seven and six respectively. Apparently because they begin their sexual careers earlier, black males also report more partners than white or Hispanic males (those who are sexually active at age fifteen, for example, report 6.4, 3.5, and 1.9 respectively). Though data comparing teenage girls from all three groups are not available, the evidence points to similar differences between African-American and white females. African-American girls are more likely to have had premarital sex in the early teen years than their white counterparts. However, the differences become less pronounced among older teens. For example, at age sixteen, 24 percent of white girls, and 33 percent of black girls, report having experienced sexual intercourse; by age nineteen the percentages are nearly identical: 76 percent of white girls and 79 percent of black girls.

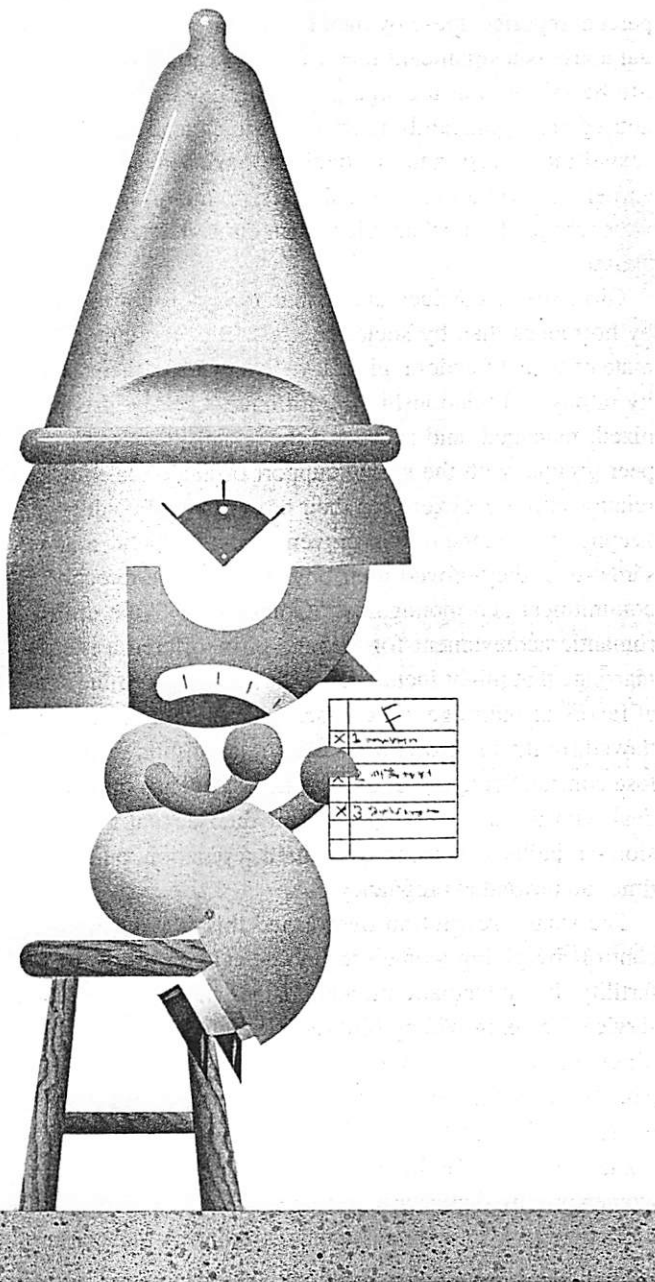
Family structure strongly influences early sexual activity as well. Daughters in single-parent families are more likely to engage in early sex than girls who grow up in two-parent families. Several factors may be involved: less supervision in the home, less exposure to adults' sexuality, and the lack of a father's steady affection and protection. Girls whose relationships with their fathers have been severely damaged by divorce or their parents' nonmarriage are more likely to engage in a frantic quest for male approval and to seek love



through early sex than are girls from intact families. Both parents and teenagers in divorced families have more permissive attitudes toward sexual intercourse outside marriage. In fact, *there is evidence* of a kind of sexual trickle-down in families, not just from parent to child but also from older siblings to younger. Teenagers with sexually active siblings are likelier to begin having sex at an early age.

Religiously observant teens are likelier than others to refrain from early sex; the highest level of premarital intercourse occurs among teens with no religious affiliation. At the same time, the University of Michigan sociologist Arland Thornton reports, cause and effect can work in the other direction. Early sexual activity can dampen religious ardor.

In the midst of this sexual upheaval one trend is quite clear: the new sexual revolution has been a disaster for



teenage girls. Even more now than in the past, girls bear the heavy burdens and penalties of nonconjugal sex. Early sexual initiation puts girls at increased risk for sexually transmitted diseases. This is partly because teenagers who are sexually active at an early age have more partners and partly because young teenage girls are likely to have older, sexually experienced partners. Some researchers also contend that teenage girls are at greater risk for STDs than adult women because their cervical lining is not yet fully mature and is therefore more vulnerable to pathogens. Whatever their causes, STDs can lead to serious, sometimes permanent, damage to the reproductive system, including infertility, chronic pelvic pain, ectopic pregnancy, and cervical cancer.

And despite reported high levels of contraceptive use among adolescents, teenage girls continue to get pregnant. A million teenage girls each year find themselves pregnant.

About 37 percent of teenage pregnancies end in abortion and about 14 percent in miscarriage. Roughly half of all these pregnancies result in childbirth, and since less than 10 percent of teenagers today give their babies up for adoption, teenage childbearing commonly results in teenage motherhood—usually unwed motherhood.

This fact constitutes one of the more perplexing aspects of the new sexual revolution. Teenage girls have greater control over their fertility today than they had in the past, and yet the percentage of births to unwed mothers continues to rise, having already increased from 30 percent among teenagers in 1970 to nearly 70 percent in 1990. In some cities in America 85 or 90 percent of all teenage births are to unwed mothers. Twenty-five percent of all babies born to teenagers are not first children. And the earlier a teenager begins her maternal career, the more children she is likely to have.

Teenage childbearing on this scale has monumental social consequences, both for the mothers and for their young children. In fact, if one wanted to spawn a generation of vulnerable families, one would seek to increase the number of families headed by fifteen- and sixteen-year-old mothers. A single teenage mother is less likely to complete high school or to be employed than her peers, and her child is at greater risk than other children for a host of health and developmental problems, and also for physical and sexual abuse. Both mother and child are likely to experience poverty and its predictable social consequence, chronic welfare dependency. If three risk factors for poverty are present—teenage childbearing, failure to complete high school, and nonmarriage—then it is all but inevitable that the mother and her child will live in poverty: 79 percent of all children born to mothers with those three risk factors are poor.

Exploitative Sex

BEYOND these statistical measures researchers are beginning to piece together a portrait of teenage sexuality in the 1990s. There is still much to learn, but recent research tells us two things: first, fifteen-year-old sex is riskier than eighteen-year-old sex; and second, early-teenage sex is often exploitative sex. This evidence indicates that few young teenagers are ready or able to engage in kinder, gentler sex. In fact, sexual encounters between fifteen-year-olds are likely to be nasty, brutish, and short.

To begin with, there are sharp polarities in the way male and female teenagers approach sex. Despite changes in teenage sexual behavior, boys and girls continue to view love and sex relationships in different ways. Girls look for security, and boys seek adventure. Boys are after variety, and girls want intimacy. The classic formulation still seems to hold true: girls give sex in order to get love, and boys give love in order to get sex. According to one study, more than 60 percent of sexually experienced girls were going steady with or engaged to their first sexual partners, whereas less

than 40 percent of teenage boys had their first sex with a steady or a fiancée. Boys were more than twice as likely as girls to have had their first intercourse with someone they had only recently met. As Freya Sonenstein, of the Urban Institute, and her colleagues report, "A typical picture of an adolescent male's year would be separate relationships with two partners, lasting a few months each."

Such gender polarities are most pronounced in early adolescence. Boys and girls both experience physical changes during puberty, but these changes carry different psychological meanings. For boys, increases in body weight and size bring an enhanced sense of power and dominance, whereas similar changes frequently provoke ambivalence and anxiety among girls. In a culture obsessed with skeletal thinness as a standard of female beauty and achievement, weight gain can inspire feelings of "grossness" and self-disgust among teenage girls. Carol Gilligan and other researchers have noted a decline in young adolescent girls' feelings of competence and confidence at roughly the same time that adolescent boys are becoming more assertive and, well, cocky.

The younger a girl is when she begins to have sex, the more vulnerable she is to its risks. She is less likely than an older teenager to be in a steady relationship, to plan her first intercourse, or to use contraception. Thus girls who were fifteen or younger at first intercourse are almost twice as likely as eighteen-year-olds to experience pregnancy within the first six months of sexual activity. Nor can it be said that a fifteen-year-old girl really chooses to engage in sex, given the enormous gap between physical readiness on the one hand, and emotional and cognitive readiness on the other. On this point Laurie Schwab Zabin, a researcher at Johns Hopkins University, writes, "Whether or not to engage in coitus, whether or not to contracept, whether or not to bear a child when faced with an unintended conception—are all decisions. Unfortunately, they are often not true 'choices.'" David Ellwood, the assistant secretary of Health and Human Services, puts it even more plainly: "There seems to be ample evidence to support almost any model of teenage behavior except a model of pure rational choice."

Girls who are sexually active at early ages are likely to experience coercive sex. Teenage girls tend to have first sex with male partners who are three or more years older, whereas teenage boys are likely to have their first sexual encounter with girls who are less than a year older. Thus the balance of power is dramatically skewed. Surely one has to be skeptical of claims of "voluntary" sex between girls and much older partners. As one researcher put it, "Could one possibly call the pairings of eleven-year-old girls and twenty-five-year-old men 'dates'?"

Indeed, age disparities between girls and their sexual partners are often markers for sexual abuse. In one study of abused teenage mothers and mothers-to-be, only 18 percent of the girls reported abuse by men near their age, while 46

percent reported abuse by men ten or more years older. Sexual abuse is a significant factor in girls' early sexualization. Studies show that teenage girls who have been sexually abused are significantly more likely to engage in voluntary sexual intercourse and are likely to have intercourse at an earlier age, to be more sexually active, and to engage in a wider range of sexual activities than girls who have not been abused.

Girls' sexual conduct, unlike that of boys, is governed less by hormones than by social controls. But in a cultural climate of sexual freedom, girls have lost much of their authority in boy-girl relationships. Until quite recently girls organized, managed, and regulated the social pursuits of their peer groups, with the strong support of adults. In romantic relationships girls exercised their power by withholding sex, keeping boys in the role of craven sexual petitioners. At the same time, they moved their boyfriends in the direction of commitment and monogamy. "Going steady," the ultimate romantic achievement for teenage girls, offered a pseudo-marriage that might include parceling out some of the sexual favors of marriage. Of course, this system was seriously flawed. In the intimacy of a steady relationship, girls could lose control, "give in," and go all the way. Then they had to deal with the dire consequences of their sexual transgression—a guilty conscience, a ruined reputation, and sometimes an unwanted pregnancy.

The sexual revolution overturned this system of social controls by giving women technological control over their fertility. Its emblematic moment came when college health services began providing birth-control pills to eighteen- and nineteen-year-old women. Liberated from many of the penalties of premarital sex and the burdens of a sexual double standard, women were able to behave like men in their sexual pursuits. Yet although a single standard for men and women promised greater honesty and equity in relationships, it tilted away from women's goals of intimacy and commitment in the direction of what one sociologist has aptly called sexual "freedom with a male bias": no holds barred and no strings attached. (A nosy mother, I once asked my college-age daughter if there were any differences in the way young men and women conducted their sex lives on campus. "Only that girls wait for a phone call the next day," she said.)

In the 1980s, with the advent of AIDS, the condom, an all-purpose contraceptive, gained new favor. As an appurtenance of the sexual culture, the condom led to a second shift in the control of sexuality: it brought back protection with a male bias. Although pressure to engage in early sex did not diminish, teenage girls' ability to protect themselves did. One of the great ironies of the new sexual revolution is that having won the "right" and the freedom to engage in sex at an early age, girls must resort to some of the old wiles and cajolery to get their male partners to use protection. Although girls may carry Trojans in their purse, as the Surgeon General urges, they cannot wear them.

The Lure of Motherhood

RECENT thinking about unwed teenage pregnancy has focused on the links between teenage motherhood and the economic incentives of the welfare system. Charles Murray and others argue that poor teenagers choose motherhood because it offers economic rewards such as health care, day care, and an apartment of one's own. Yet some of the most compelling research on unwed childbearing among poor teenagers suggests that the strongest incentives for early teenage motherhood may be psychological rather than economic. As Judith Musick argues in her book *Young, Poor and Pregnant*, early pregnancy and childbearing must be understood as a response to the developmental demands of adolescence.

According to Musick, whose research is based on her work as a developmental psychologist and her six years as the director of the Ounce of Prevention Fund, a public-private venture that runs pregnancy-prevention and teenage-parent programs in Illinois, many of the girls most at risk for unwed motherhood grow up without adequate nurturance and protection. Some experience early and traumatic sexualization in households where they are left in the care of their mothers' boyfriends or other "play daddies." Thus the emotional lives of many of the most vulnerable girls are defined by "repeated experiences of personal harm at the hands of those who should be their protectors."

As these girls become teenagers, they bring limited inner resources to the key developmental task of adolescence: the

Not to be ignored in this developmental drama are the universal satisfactions of motherhood itself. If most new mothers are thrilled with their infants, why would young girls not feel a surge of ecstatic fulfillment? And if mothers everywhere enjoy dressing and showing off their newborns, why would a teenage mother not derive maternal pleasures from such activities? For a disadvantaged girl with few outlets to express herself, exhibit her talents, or win recognition, becoming a mother is a way to be fussed over and admired.

Reinforcing the immediate benefits of maternity are the psychological costs of postponing sex and motherhood. Within the peer group as well as the family, going to school and doing homework can be far less appealing than showing off a baby, particularly if a girl's older sisters and friends have babies of their own. Moreover, as Judith Musick explains, pursuing a dream that does not include early motherhood involves a painful and radical kind of split from mothers and other influential women in a girl's life. So threatening is this separation that many teenage girls on the threshold of change—enrolling in high-school-equivalency classes, completing a job-training program, breaking off with a violent boyfriend—fall back into an abusive relationship, get pregnant a second time, or go back to an old drug habit.

Thus changes in economic incentives, however politically attractive, may not be enough to reduce unwed teenage childbearing. It may be necessary to alter the psychological-incentive structure as well, including "prettifying" the unglam-

The absence of empirical support for comprehensive sex education does not discomfit its advocates. They simply crank up their rhetoric: criticize sex education, they say, and you contribute to the death of teenagers from AIDS.

formation of a stable identity. Whereas a more resilient teenager is ready to face the classic questions of adolescence—Who am I? and What will I do with my life? and How will I be different from my mother?—the fragile girl may still be wrestling with questions associated with an earlier developmental stage: Who cares about me? and Whom can I depend on? and Where can I find safety and security?

Through pregnancy and early childbearing a young woman finds a way to reconcile her contradictory needs for autonomy and security. She may be able to draw closer to her mother and to place a claim on maternal affection, albeit indirectly, through a grandchild. And she may even gain the fleeting attention of a wayward boyfriend or a faraway father. Thus early sexual activity and maternity offer a way to retrieve childhood and enter adulthood simultaneously.

orous business of going to school, doing homework, and earning respectable grades. The process may also include fostering strong relationships with adult women mentors who can exercise firm guidance and give direction as well as support. Finally, it may require some imaginative measures to "uglify" unwed teenage motherhood or even to re-establish some of the disincentives that worked in the past, including separation of the girl from her peer group. Perhaps teenage mothers should attend special high schools, as they do in some cities, rather than mixing with the general high school population. This contemporary version of being "sent away"—though it would not interrupt education—would segregate teenage mothers from nonpregnant teenagers and perhaps change a peer culture that views schoolgirl pregnancy as an unobjectionable, even enviable, event.

The Retreat From Adolescence

ADOLESCENCE is a modern social invention, designed to deal with a modern problem: the lengthening period between biological and social maturity. Earlier in the nation's history girls entered puberty and left school at about the same time—around age fifteen or sixteen. Although most young women waited another five or six years before marrying, they continued to live at home; teenage marriages were not common until the 1950s. By the beginning of this century, however, the age of menarche was declining and the period of formal schooling was lengthening. At the same time, parents, churches, and schools were relaxing their close supervision of young women. Many young people were living in cities, where the seductive attractions of the street, the saloon, and the dance hall replaced the more wholesome pastimes of rural life. Under these new social conditions youthful risk-taking became perilous, its penalties more severe.

As a social invention, therefore, adolescence represented a clear effort to define, order, and regulate a life stage that was becoming socially chaotic. Among other things, adolescence provided institutional reinforcement for the moratorium on youthful sexual activity, giving young people the opportunity to acquire the competencies and credentials of adulthood before they took on the responsibilities of marriage and parenthood.

In the past decade or so, however, a new way of thinking about teenage sexuality has emerged. It, too, recognizes the gap between biological and social maturity, but responds with a different set of controls. The new approach contends that teenagers should be expected to express themselves sexually as part of their normal growing up, but should be able to do so protected from the risks of early sexual activity. The way to protect teenagers is to give them the interpersonal skills and the technical tools to manage their own sexuality.

These competing traditions assign radically different responsibilities to adults. In the classic model, adults are the custodians of the moratorium. They secure and maintain this special life stage by establishing familial and institutional controls over teenage sexuality. Indeed, this approach requires some measure of sexual restraint, or at least discretion, on the part of adults in order to set an example. In the contemporary model, adults have a more limited responsibility. Their job is to train teenagers in the management of their own sexuality and to provide access to contraceptives. In the new technocracy adults are called upon to staff teenagers in their sexual pursuits while teenagers themselves are left to decide whether or not to engage in sex. Refusing sex, no less than having sex, becomes a matter of following individual dictates rather than following socially instituted and culturally enforced norms.

One can, of course, imagine a creative synthesis of the two models: a little more freedom for the kids, a little less supervision from busy grown-ups. But this is not what has happened.

In the past decade the technocratic approach has gained ground while the classic approach has steadily lost it. This has brought about a corresponding shift in adult responsibility. Increasingly the litmus test of adult concern is one of access: will grown-ups give teenagers the skills and tools to manage their sex lives? Seen in the broader historical context, two seemingly opposing responses to teenage sex—handing out condoms and teaching refusal skills—reflect the same trend toward technocratic solutions and diminished adult responsibility.

There has been a similar shift in public concerns. For most of this century the debate over youthful well-being covered a broad social terrain. The deliberations of the decennial White House Conference on Children, which began in 1909 and ended in the early 1970s, ranged widely from improving health and schooling to building character and citizenship. Today public ambitions and public concern for adolescents' well-being are narrower. Attention has turned to the task of managing the collapse of the moratorium. As a consequence, the entire public debate on the nation's youth has come down to a few questions. How do we keep boys from killing? How do we keep girls from having babies? How do we limit the social havoc caused by adolescent acting out?

There has been, as well, a shift in the notion of responsibility among health and school professionals. As an idea, adolescence is closely identified with the work of the American psychologist G. Stanley Hall. But it was a liberal reform coalition of school, health, and social-work professionals that took the idea of adolescence and translated it into a set of new institutions designed to protect vulnerable city youth from the burdens and responsibilities of too-early adulthood. The juvenile justice system, the youth center, and child-labor laws are all part of that institutional legacy. This coalition also fought hard for sex education in the schools. But today a similar liberal coalition is turning its back on that larger legacy.

The health and school establishments did not create the problems associated with teenage sex. Thus it is impossible not to view their response to these problems with a measure of sympathy. On the front lines of the new sexual revolution, overwhelmed by the clinical evidence of breakdown—thirteen-year-olds with gonorrhea, sixteen-year-olds giving birth for the third time—the youth-serving professionals respond with the tools of the clinic. At the same time, they seem to have lost sight of the meaning and purpose of adolescence and of their own historical role in creating and sustaining it.

Despite its confident assertions, comprehensive sex education implicitly acknowledges a lifting of the moratorium and a return to a more Darwinian sexual environment. What sex educators are offering now is training in sexual survival. Once the kids have been equipped with refusal skills, a bottle of body oil, and some condoms, "reality-based" advocates send them into the world to fend for themselves. Perhaps that is the best protection that today's school and health leaders are able to offer from a harsh and predacious sexual environment. But it is not realism. It is retreat. ♣