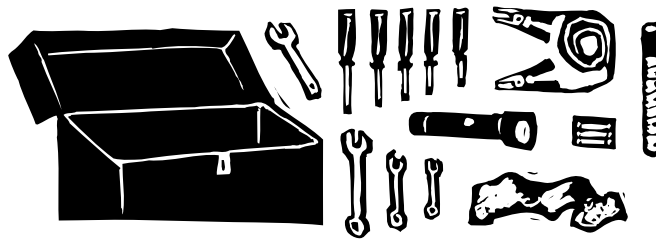


SECTION I: Tools for the Road



This section of the *SEX, ETC.* Student Action Guide provides the information you need to be educated and informed about the issues surrounding sexuality education. Please take the time to read and understand this information. It will help you present a smart argument for better sex ed in your schools.

- **Rules for the Road: A State-by-State Breakdown of State Laws on Sexuality Education**
- **Adding Tools: A List of National Resources to Tap into Along the Road to Better Sex Ed**

Contents:

- **What is an Advocate?**
- **Cruising Kids: Student Success Stories**
- **Mastering the Mechanics: The ABCs of Sex Ed.**
Answers to the most common questions about sexuality education.
- **What is Good Sex Ed?**
- **Checking the Gauges: Startling Stats on Teens & Sex**
- **Learning the Lingo — A Glove Compartment Glossary for Advocates.** Definitions of frequently used words.

What is an Advocate?

An advocate is someone who speaks up on behalf of him or herself or for others. They see a problem and try to push the people with the power to fix the problem to do so.

Martin Luther King, Jr. was an advocate. He organized people to pressure government and society for equal rights for all people. Susan B. Anthony was an advocate. She organized people to pressure the government for the right for women to vote.

You can advocate for many causes. Say, for example, you got a “D” on a paper you wrote for English. Now maybe your paper wasn’t Shakespeare, but it wasn’t that bad either. So you decide to go see your teacher after class and try to convince her that your paper deserves at least a “C.”



You might highlight a specific point you made that you feel shows insight and understanding of what you've been learning in class. And, you never know, through your persuasion, she might begin to see your point of view. Whether you win or lose, you've just advocated on behalf of yourself. And that's a good thing.

Today, advocates exist for almost everything. Environmentalists advocate to keep the environment healthy. Child advocates try to protect the rights of children. Others advocate on behalf of senior citizens. The list can go on and on.

Advocacy is a cornerstone of democracy and it assumes a few things. Advocacy assumes that people have rights (even young people, although you may not feel that way sometimes). And it assumes that those rights are enforceable, meaning you must get what you have a right to.

Advocacy works best when it's focused on something specific (i.e., getting better sex education in school). And it's mostly concerned with rights that people already have, such as the right to accurate information about health and sexuality.

Policy advocacy is when you try to get institutions (schools) to provide those things that you have a right to and to do the job they were created for. That's what you're doing. You're advocating on behalf of yourself and your fellow students to ask your school to provide more information on a subject that deeply concerns every young person.

Success Stories

Students Get Sex Ed Newsletter

It was as simple as asking.

Mayara Mercado, 18, was a senior at Kearney High School in New Jersey when she stumbled across *SEX, ETC.*, a newsletter written by teens for teens on health and sexuality issues. She knew the straight-forward newsletter would be a great addition to her health class. It gave information about everything from relationships and dating to staying abstinent and using contraception.

"*SEX, ETC.* has information that kids need," says Mayara. "So I went to my principal and just told him about it."

Frank DiGersere, Mayara's principal, said he was interested but needed more information. So, Mayara called the Network for Family Life Education (which publishes *SEX, ETC.* and this action guide) and asked for other information about the newsletter. Network staff

sent her a packet that included research on teachers' reactions to *SEX, ETC.*, which showed, among other things, that teachers believe the newsletter has the potential to change teens' knowledge, attitudes and behavior about sex and related issues. Mr. DiGersere was sold.

"He read it and agreed to use it," says Mayara. "Now, it's in all health classes during sophomore year."



Some Students Find Success in Lobbying for Better Sex Ed

Students Convert Dull Health Classes Into Solid Sex Ed

When students at Roosevelt High School in Des Moines, IA, asked their school board for a new sex education program that included putting condoms in the nurse's office and bathrooms, there was an uproar.

"The only part people focused on was the condoms," explains Paul Engler, a senior who led the campaign for better sex ed. "They said, 'What are you nuts?'"

So the students said, OK, if we can't have condoms, then give us better sexuality education so we can make the right choices. The school board and parents agreed.

"The dialogue was tremendous," remembers Paul. "We said, 'We have this problem. We want to address this problem and condoms are a proven way to do it effectively.' They said, 'Handing out condoms teaches teens to have sex.' But they didn't dispute there was a problem."

So now, instead of health classes that focus primarily on safe subjects — how to eat right and exercise — Roosevelt High has a peer education program that has trained teens on talking to their schoolmates about contraception, HIV and STDs.

"Our school district was pretty conservative," says Paul. "Each teacher taught different topics. There was no teacher training. They used books that had pages torn out. We created lesson plans that deal with controversial issues. And it's a more open dialogue because it's students who are teaching the course."

"We did a lot of research on the problems of teen pregnancy and sexually transmitted diseases," adds Paul. "I talked to a lot of administrators and did a lot of calling within the school district. I had to find out all the procedures of

how sex education is implemented, what should be implemented, and what was being used in other districts.”

One of the big objections, especially with the condom availability plan, was that giving teens condoms and information about sex encourages them to go out and have some.

“We had research from scientific journals that showed there was no connection between comprehensive sex ed or condom distribution and teens having sex,” says Josh Mandelbaum, a senior also involved with the campaign for better sex ed. “Some studies showed that kids were less likely to have sex when they knew more about sex.”

Soliciting Support

The teens, including the student council, enlisted the aid of local groups that supported their cause, like an AIDS program. They also talked to health teachers and parents.

They developed specific goals. In addition to making condoms available, they wanted health teachers to be trained, the curriculum to be updated and programs to be created for each grade, including information and counseling available for all students on rape and sexual abuse.

At a school board meeting, the students distributed nearly 30 pages of national research on teens, sex education and condom availability.

One of the ways they sold the new sex ed program was by focusing on the school's needs. For example, physical education teachers had too many teens to teach. So students suggested training teens to teach their peers. The overloaded phys ed teachers thought that was a great idea.

In the end, district officials shot down the idea of making condoms available, but they did pass a whole new sexuality education program.

“That part passed unanimously, which was amazing,” says Paul. “There was no political pressure to change our program. So the students created that pressure. It worked.”

Reprinted from SEX, ETC., Fall 1997

Teens Get Parents, Teachers Talking About Sex

By Hanna Ingber

We didn't get what we asked for, but we still won.

Our request? To get school officials to make condoms available at Goshen High School in New York. They refused. But we did get everyone talking — and that was no small victory.

Goshen is a small, conservative town filled with Victorian houses, friendly neighbors and pretty, preppy students. Even though it's only 60 miles north of New York City, many see the town as untouched by the troubles that plague city schools.

So we, a small group of high school students, awakened our community to the fact that, despite the many lectures on abstinence, Goshen High School teens are having sex. And worse, they're having unprotected sex.

Our group, known as the Goshen High School Condom Availability Committee, started working on this issue in fall 1998. We wanted condoms available either through dispensers in the bathrooms or in the nurse's office. We planned to present our proposal to the school board and leave it at that. We never expected to stir up trouble.

From the beginning, school officials disliked the idea. They were afraid they would be seen as saying teen sex is OK, that parents would get angry and that the community would become divided over this controversial issue.

To us, it felt like they gave us “the run-around.” They gave us assignments that ranged from seeking the support of ineffective district-wide advisory boards to gathering more and more statistics.

It was not until January 1999, 1 1/2 years later, after countless meetings with advisory boards and administrators, that our committee finally decided to take things into our own hands. Since we had completed every task they had thrown at us and followed all their rules, we decided it was time to fend for ourselves. We organized a public meeting.

We realized that even though we might never get condoms in our schools, our town needed to talk about this issue. We wanted the chance to tell our school board and our parents how serious the issue of unprotected sex is.

The forum was organized completely by students, except for the help of one teacher. We reserved auditorium space, lined up speakers for our panel, researched every part of the issue and publicized our event without guidance or support of the school. We worked hard.

The media was the only outlet that helped us. Many criticized the media, saying its front-page coverage of students holding condoms in the high school parking lot sensationalized the issue. Maybe so, but it brought needed attention to the issue. The newspapers and the radio helped awaken Orange County to our efforts to get condoms in our school and got people to attend our forum. The community's initial response was mostly negative and hostile. The forum changed that.

The meeting somehow did not turn into the heated argument that most feared. Instead, it was a true exchange of ideas and opinions. Although the 200 people at the meeting were split on whether condoms were the best answer, after three hours of talking they found some common ground.

People started talking about how to deal with students having unprotected sex. The exchange of ideas was the best thing to come out of our efforts. Every person who

read the newspapers, listened to the radio and attended the forum, was thinking and talking about the problems of teen pregnancy and STDs.

We may not have gotten condoms at Goshen High School, but we got our community to really think about the issue. And that, in itself, is a victory.

Reprinted from SEX, ETC., Fall 1999

Mastering the Mechanics: The ABCs of Sex Ed

To make a difference, you have to understand basic facts about sex ed. Here are answers to common questions about sexuality education.

What is sexuality education?

Sexuality education goes by a lot of names. Most young people know it as sex ed, health class or lifeskills. But it's also called family life education. Basically, it is a course that teaches students something about their sexuality. Information about sexuality can be found in consumer sciences, biology, gym and other subject areas. Sometimes sexuality education takes place within one of these subjects and sometimes it is taught as a course by itself.

Different schools typically teach different things in their sex ed courses. Sometimes, the classes teach only about abstaining from sex (called "abstinence-only or abstinence-until-marriage education"). Other times, the classes teach about a broad range of subjects — everything from abstinence to condoms, relationships and dating, to sexually transmitted disease, HIV/AIDS and other health issues. These classes also give students skills for making smart decisions and help in figuring out how they feel and what they believe about different issues, such as waiting until marriage to have sex. This is called "comprehensive sexuality education." Most sex ed classes fall somewhere between the two.

Sexuality education can start as early as elementary school, with lessons that are appropriate for children that age. At some point, you might want to think about advocating for sexuality education in the early grades. But, for the purposes of this guide, we'll focus mainly on talking about sex ed in high schools.

Why do young people need sex education?

Sexuality is a fundamental part of every person's life. Sexual concerns can affect people's health, self-esteem, relationships and their ability to reach their goals and dreams. Without comprehensive sexuality education, young people may make bad decisions.

Does every school district have sex ed classes?

Twenty states and the District of Columbia require schools to teach sexuality education, while 35 states and the District of Columbia require schools to provide STD and/or HIV/AIDS education. (A list of states follows.) Some states require districts to provide sexuality education in grades kindergarten through 12. Most don't.

In many cases, school officials claim students are getting sex education, but students are really only learning basic anatomy during biology class, along with some lectures about sexually transmitted diseases and HIV/AIDS in health class.

Why is sex ed so controversial?

For years, there has been plenty of debate over when and what young people should learn about sex. Some say that giving young people information about contraception and safer sex encourages them to have sex or gives them permission to have sex.

Research, though, doesn't back this up. Studies show sexuality education that deals with lots of topics does not encourage young people to become sexually active. In fact, it's just the opposite. Young people who get "comprehensive sexuality education" — which includes information about abstinence, contraception, relationships, health issues and teaches skills for making good decisions — are more likely to wait to have sex than teens who do not receive this kind of education.

At the same time, when sexually active youths take a comprehensive sex ed course, they are more likely to use birth control than sexually active youths who have not received this vital information.

There's another factor at play — conflicting attitudes that make it difficult for teens to get the information they need. On the one hand, Americans often feel that discussing sexual issues is taboo. Young people and adults often feel embarrassed asking questions about anything related to genital body parts, health and natural human functions, like how babies are made. Sex, for the most part, is seen as something only adults should need or want to know about.

But, switch on the television and you see that the media is full of sexual imagery and messages — just look at almost any MTV video, TV soap opera and many other shows, music and movies. This sends conflicting messages to young people. Sex is everywhere, but so few people want to talk honestly about it. That's confusing.

In many European countries, sexuality is dealt with as a more natural part of life and people aren't embarrassed discussing things related to their bodies and their natural functions. The rates of teen pregnancy and STDs are lower in those countries than in the U.S. and European teens, on average, begin to have sex later than American teens.

Who decides what type of sex ed my school has?

Usually, the local school boards make that decision, often with help from special advisory committees that look at different types of curriculum and make a recommendation to the school boards. In some states, (and this differs from state to state), the State Board of Education might pass a mandate telling schools what type of sexuality education they must offer. But, usually, this is a broad policy statement, such as that schools must use abstinence-plus programs. Then, districts can decide exactly how they want to carry out that directive.

What do parents say about sex ed?

Surveys have shown most parents want schools to teach sexuality education to their children. In most communities, polls show that nine out of 10 parents want their children to have good sexuality education. But most parents also like to be involved in that education, especially since each family has its values and beliefs. Parents often like to put their own spin on some of the stuff that's taught in class. That's why the best sex ed classes also involve parents in the process. Parents become partners, along with teachers and teens.

Other parents, though, say they should be in charge of teaching their own children about sex. They don't want schools to get involved.

Unfortunately, as you probably know, plenty of parents are too embarrassed to talk to their teenagers about sex. Parents often don't know what to say to their kids about sex. They also don't know when to bring up the subject and many times they wait too long. Also, some young people say they have a hard time talking to their parents about sex, even when their parents are open to talking about it.

What kind of sexuality education program is best for my school?

Everybody's different. We all have different values, attitudes and beliefs about sex. So, before you can say what is best for your school, you have to understand the beliefs held by people in your school and community. Basically, though, there are three areas of sexuality education programs that you will want to consider — topics, timing, and teachers. (We explain more about this in the next section.)

What can I do?

The most powerful voices come from young people. Only you know the realities. So, it's up to you to help your peers express that reality, whether it's concerns about pregnancy or peer pressure to have sex. You need to talk to the people who can give you the education you need — your parents, teachers, school board members, principals, superintendents, social workers, doctors and religious leaders. The process can be long and frustrating, but every little bit you do today will help young people tomorrow.

What is Good Sex Ed?

There are three basic components to sexuality education. Topics, timing and teachers. Here's a look at what most advocates of comprehensive sexuality education consider to be good sex ed.

Topics

Here is a list of topics that advocates of comprehensive sexuality education generally say should be part of a good sex ed class:

- **Abstinence**
- **Alcohol/drugs**
- **Anatomy and physiology of male and female reproductive systems**
- **Communication**
- **Conception, pregnancy, birth**
- **Contraception**
- **Dating**
- **Dating violence/sexual harassment/sexism**
- **Decision-making skills**
- **Divorce**
- **Feelings and fears**
- **Gender roles**

- **Getting along with parents**
- **HIV/AIDS**
- **Homophobia**
- **Intimacy/love/marriage**
- **Masturbation**
- **Mental health**
- **Peer pressure**
- **Parenting**
- **Pregnancy choices**
(abortion, adoption, teen parenting)
- **Rape/incest/sexual assault**
- **Relationships/dating**
- **Refusal skills**
- **Safer sex strategies**
- **Sexual desire**
(kissing, petting, sexual fantasies)
- **Sexual orientation**
- **Sex in the media**
- **Sexual intercourse** (what it is)
- **Sexually transmitted diseases**
- **Suicide**
- **Values**

Timing

Many sexuality educators say that sexuality education should start in elementary school and go right on through high school. Of course, different topics are appropriate at different times.

According to the “Guidelines for Comprehensive Sexuality Education,” published by the Sexuality Information and Education Council of the U.S. (SIECUS), there are four stages of development. They are:

- Level 1: Middle childhood**, ages five through eight, early elementary school
- Level 2: Preadolescence**, ages nine through 12, upper elementary school
- Level 3: Early adolescence**, ages 12 through 15, middle school/junior high school
- Level 4: Adolescence**, ages 15 through 18, high school

The guidelines offer suggestions for topics to be taught at each level. They identify six broad areas that should be covered. They are: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture. You can get the guidelines from SIECUS (see address on Page 10).

Under the topic of reproduction (a part of human development), during Level 1, students might learn, for example, that reproduction requires a man and a woman. At Level 2, they might learn it is possible for a woman

to become pregnant through sexual intercourse. Level 3 calls for educating students about contraception. During Level 4, students might learn that some people are unable to reproduce due to physiological reasons and what new reproductive technologies are available.

Teachers

Key to any good sex ed class is the teacher. (But we don’t have to tell you that.) Are your health teachers trained professionals who are comfortable talking to students about sex? Or are they sweating through a class they’d rather not have to teach? Teacher training is an important part of sexuality education and it may be one of the things wrong with your health classes. Health teachers must know their facts — or where to go to get them.

A trained sexuality education teacher uses the following methods to teach teens about sex:

- 1. Information and Fact-Giving.** Information is power. When people have good information, they make better decisions. They also better understand the consequences of their actions. Without information, people cannot make the best choices for their own lives.
- 2. Discussion.** New information can be hard to understand. Students need to talk about the information they receive to figure out what it means for them. Through discussions, students should be able to answer questions like: Is this information relevant to my life? How can I use this information? How do I feel about this information?
- 3. Teaching Techniques.** Sexuality teachers should use different types of exercises to help teens explore how they feel about different issues. Many teachers use techniques like role-playing, group discussions or having a “question box” in the classroom where students can anonymously ask sensitive questions.
- 4. Peer Education.** Sometimes, when young people have questions or concerns about sensitive topics like sex, it’s a lot easier for them to talk to someone close to their own age. Unfortunately, most young people are as clueless as their friends and they wind up teaching each other a lot of wrong and sometimes dangerous information about sex.

Peer educators are teenagers who are trained and educated to talk to their friends about sexuality. They take a training class to learn how to answer questions about sex and to direct their peers to clinics, health centers and appropriate adults when necessary. Peer educators can really help spread factual information about sexual health and they can do a lot of myth-busting in the process.

Checking the Gauges: Startling Stats on Teens & Sex

Young people in America need accurate information and behavioral skills about their sexuality. Here's why:

Teens & Pregnancy

- Nationally, about 880,000 teenagers became pregnant in 1996 (the latest year for which statistics are available). (1)
- Of those 880,000 teens, about half give birth, 35 percent chose abortion and the rest miscarry. (Very few choose adoption.) (1)
- American teens get pregnant more often than teens in any other part of the developed world, including England, France, Holland and Sweden. (2)

Teens & Abstinence

- The percentage of teens who say they've had sex dropped from 1988 to 1995. By comparison, the percentage of teens having sex had increased steadily up to 1988. Experts say better sex education has a lot to do with this. (4)
- One in two teens has been in a situation when he/she could have had sexual intercourse with someone they liked but decided not to at the time. (8)

Teens & Sex

- The average age of first sexual intercourse is about 17 for girls and 16 for boys. (4)
- The older the teen, the more likely it is that they're having sex. (4)
- But, the percentage of teen girls having sex at younger ages is on the rise — increasing from 11 percent between 1979 and 1988 to 19 percent between 1988 and 1995. (4)

Teens & Contraception

- A sexually active teen who doesn't use contraception has a 90 percent chance of getting pregnant within one year. (2)
- Surveys have shown that in the late 1980s and 1990s there has been a rise in teens' use of condoms. Some studies show a 50 percent increase. (4)

- But there's still lots of room for improvement — 58 percent of teens who have had sex report not using contraception every time they have sex. More than a third have never talked with a sexual partner about preventing pregnancy. (8)

Teens & Children

- One-third of pregnant teens receive inadequate prenatal care; babies born to young mothers are more likely to be low birth weight, to have childhood problems and to be hospitalized than those born to older women. (2)
- Teen mothers are less likely to go to college and more likely to live in poverty. (2)

Teens & Sex Ed

- There is no reliable research that shows that "abstinence-only" programs help teens wait to have sex. Some studies suggest they do not. (9)
- Studies have shown that "comprehensive" sexual education can help teens wait longer to have sex and to be more responsible when they do decide to have sex. (9)

Teens & Sexually Transmitted Diseases (STDs)

- Teens get STDs. One out of every four — or 3 million — sexually active teens gets infected with an STD each year. (2)
- More teens have chlamydia and gonorrhea than older men and women. (11)
- Teenage girls land in the hospital more often than older women for acute pelvic inflammatory disease, which is often caused by untreated gonorrhea or chlamydia. (11)

Teens & HIV/AIDS

- Young people are getting HIV, the virus that causes AIDS, faster than any other group. One-half of all new HIV infections in the U.S. hit people who are younger than 25. (3)
- HIV is growing fastest among young straight women, ages 13 to 19. Of all AIDS cases among teens, girls now make up 46 percent of them. (3)

- Even though 80 percent of U.S. schools teach facts about HIV/AIDS, less than half teach teens how to use a condom and only about half give information about where people can get help and counseling. (3)

Teens & Sexual Abuse

- Many young teens don't have sex willingly. Seven in 10 women who had sex before age 14, and 6 in 10 of those who had sex before age 15, say they had sex against their will. (2)
- Most children are abused by someone they know and trust, although boys are more likely than girls to be abused outside of the family. (10)
- Almost half of all teens say they have done something sexual, or felt pressure to do something sexual, they did not feel they were ready to do. (8)

Teens & Substance Abuse

- 80 percent of teens say they've used alcohol. (6)
- 32 percent of teens say they have used marijuana. (6)
- Teens whose first sexual intercourse is unplanned are more likely to say they drank before having sex. They are also less likely to use contraception. (5)

Teens & Homosexuality

- Experts estimate that about 10 percent of people are gay.
- Teens who have had sex with someone of the same gender are more likely to attempt suicide, skip school because they feel unsafe, be threatened with a weapon at school, smoke cigarettes, binge on alcohol and use marijuana. (7)
- Studies show that gay youth often feel isolated from family and friends. As a result, they often turn to drugs and alcohol. (12)

Note: You can use these statistics to help prove that teens need good sex ed. Use stats to back up your points in your presentation or when you're talking to school board members. Remember to give the source of the statistic.

Sources:

1. *Teenage Pregnancy, Overall Trends and State-by-State Information*, The Alan Guttmacher Institute, April 1999.
2. *Sex and America's Teenagers*, Alan Guttmacher, Institute, New York City, 1994.

3. *Dangerous Inhibitions: How America Is Letting AIDS Become An Epidemic of the Young*, Center for AIDS Prevention Studies, University of California, February 1997.
4. *Teenage Sexual Behavior and Contraceptive Use: An Update*, Abma and Freya, National Center for Health Statistics, Centers for Disease Control and The Urban Institute, April 1998.
5. *Trends in Sexual Risk Behavior Among High School Students*, United States, 1990, 1991 and 1993.
6. *Youth Risk Behavior Surveillance*, Centers for Disease Control Summaries, 1995.
7. *The Massachusetts Youth Risk Behavior Survey*, 1995.
8. *The Kaiser Family Foundation/YM Magazine National Survey of Teens*, March 1998.
9. *No Easy Answers*, Douglas Kirby, Ph.D., for the National Campaign to Prevent Teen Pregnancy, March 1997.
10. *Child Rape Victims*, 1991, U.S. Department of Justice, Bureau of Justice Statistics.
11. *Testing Positive: Sexually Transmitted Disease and the Public Health Response*, Patricia Donovan, Alan Guttmacher Institute, New York City, 1993.
12. HIV Center for Clinical and Behavioral Studies, New York State Psychiatric Institute, 1992.

Glossary of Terms for Advocates

Abstinence — Choosing not to have sex.

Abstinence-Based Education — Educational programs that teach abstinence are the best choice for young people. They also discuss sexual issues, like contraception and safer sex.

Abstinence-Only/Abstinence-Until-Marriage Education — Classes that teach young people to wait until they are married to have sex. Usually includes no discussion of contraception, except to say it doesn't work. Often teaches that sex outside of marriage is psychologically, physically and emotionally harmful. The federal government is now spending about \$250 million per year on these programs.

Advocate — Someone who calls attention to problems and asks people in charge — lawmakers, governors, school board members — to address those problems.

Comprehensive Sexuality Education — Classes that encourage young people to wait until they're older to have sex, but if they decide to have sex, be responsible. (Use protection every time you have sex.) They try to teach young people how to make smart decisions. This approach encourages group discussions about issues like abstinence. And they tend to approach sexuality as a natural part of human development.

Condom-Availability Programs — Makes condoms available to high school students in school. Good programs include counseling. Some research suggests they are very effective in reducing pregnancy and disease, but very few schools have such a program.

Fear-Based Sexuality Education — Programs that use scare tactics to keep young people from having sex. These programs discuss only the negative, dangerous parts of sex. They exaggerate the risks of sexual behaviors to make sex seem more frightening.

HIV/AIDS Education — Classes that discuss how HIV is transmitted and how to protect yourself from becoming infected with this virus. These courses may include information about safer sex and condom use (including demonstration and instruction on condom use), but many simply use scare tactics and offer little information about coping with real-life sexual situations. Many states now have laws that force schools to provide HIV/AIDS education.

Mandate — An order or instruction given by a legislative body, such as your state legislature, your school board or state board of education. Often these mandates do not spell out how much information should be taught or even what topics should be taught. There is also rarely any method for determining if students have received and learned the information outlined in the mandate. It's basically a broad statement of policy, but sometimes government also provides money to carry out the mandate.

Opt-In or Opt-Out — Most schools tell parents when their children will be taking a sex ed course. School officials usually send a letter home. In some school districts, parents have to sign and return a permission slip in order for their children to be allowed to take the course. That's called opt-in. In other districts, school officials simply notify parents that the child will be taking the course. If parents object, it's up to them to write the school to say they want their children to skip the course. That's called opt-out. Opt-in programs tend to get less students participating because it means parents have to actively decide to allow their children to take the course.

Safer Sex — Being responsible about sex by doing things that reduce your chances of getting an STD or becoming pregnant. Usually, this means using a condom during intercourse and/or choosing partners carefully. Recognizes that no sex is completely "safe" or risk free.

Values — Strongly-held personal beliefs, attitudes and feelings that guide the way you behave and the decisions you make (i.e. honesty is a value that could translate into refusing to help your friend cheat on a test). Values, such as responsibility and kindness, are often learned from our families, religious institutions, schools and society.

Rules for the Road: A State-by-State Breakdown of State Laws on Sexuality Education

As of January 2000, states had the following laws regarding sexuality education:

- Only 19 states, including the District of Columbia, require schools to provide sexuality education (DC, DE, GA, IA, IL, KS, KY, MD, MN, NC, NJ, NM, NV, RI, SC, TN, UT, VT, WV).
- Of the 19 states that require schools to provide sexuality education, nine require that sexuality education teach abstinence and provide information about contraception (DE, GA, NJ, MC, RI, SC, TN, VT, WV). Of these nine states four specify abstinence until marriage education (GA, NC, SC, TN).
- Thirty-five states, including the District of Columbia, require schools to provide STD, HIV, and/or AIDS education (AL, CA, CT, DC, DE, FL, GA, IL, IA, IN, KS, KY, MD, MI, MN, MO, NC, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VT, WA, WV, WI).
- Of the 35 states that require schools to provide STD, HIV, and/or AIDS education. 23 require that STD, HIV, and/or AIDS education teach abstinence and other methods of prevention (AL, CA, DE, FL, GA, IL, KY, MI, MN, MO, NJ, NM, NY, NC, OK, OR, PA, RI, TN, UT, VT, WA, WV). Of these 23 states, ten specify abstinence until marriage education (FL, GA, IL, MN, MO, NC, NY, TN, UT, WA).

*Source: National Abortion Rights Action League
A State-by-State Review of Abortion and Reproductive Rights, 2000.*

Adding Tools: A List of National Resources to Tap into Along the Road to Better Sex Ed

If you need more information, you can contact any of the following organizations. They can provide more information on specific subjects. They can also point you to recent research and other reports that might help you along the road to better sex ed.

- 1. Advocates for Youth**, 1025 Vermont Ave., NW, Suite 200, Washington, DC 20005, ph: 202/347-5700, fax: 202/347-2263, Web site: advocatesforyouth.org. A nonprofit organization devoted to providing adolescents with correct information about sexuality and related subjects.
- 2. Alan Guttmacher Institute**, 120 Wall St., New York, NY 10005, ph: 212/248-1111, fax: 212/248-1951, Web site: agi-usa.org. A nonprofit organization that does research on reproductive health, policy analysis and public education. Has tons of research on teen pregnancy, teen sexual behavior and other related issues.
- 3. American Public Health Association**, 800 I St., NW, Washington, DC 20001, ph: 202/777-2742, fax: 202/777-2534, Web site: apha.org. Information on how to advocate for public health issues.
- 4. American School Health Association**, 7263 State Route 43, P.O. Box 708, Kent, OH 44240, ph: 330/678-1601, fax: 330/678-4526, Web site: ASHAweb.org. Provides information on school health programs.
- 5. Centers for Disease Control and Prevention**, 1600 Clifton Rd., Atlanta, GA 30333, ph: 404/639-3311, Web site: cdc.gov. Has information about AIDS and sexually transmitted disease.
- 6. Local and State Health Departments** can also provide statistics for your state or town. Check your local phone book in the pages that list government agencies.
- 7. National Assembly on School-Based Health Care**, 666 11th St., NW, Suite 735, Washington, DC 20001, ph: 202/638-5872, fax: 202/638-5879. A group that supports health services in schools. Can provide information about these programs.
- 8. National Campaign to Prevent Teen Pregnancy**, 2100 M Street, NW, Suite 300, Washington, DC 20037, ph: 202/261-5655, fax: 202/331-7735, Web site: teenpregnancy.org. A group that's trying to reduce teen pregnancy by one-third by 2005. Can help with finding groups and programs in your area with similar goals.
- 9. National School Boards Association, HIV/AIDS Education and School Health Programs**, 1680 Duke Street, Alexandria, VA 22314, ph: 703/838-6722, fax: 703/683-7590, Web site: nsba.org. Information on school policy and planning.
- 10. National Youth Advocacy Coalition**, 1711 Connecticut Ave., NW, Suite 206, Washington, DC 20009, ph: 202/319-7596, fax: 202/319-7365. Web site: youthresource.com. Information on gay and lesbian issues.
- 11. Network for Family Life Education**, Center for Applied Psychology, Rutgers University, 41 Gordon Road, Suite A, Piscataway, NJ 08854-8067, ph: 732/445-7929, fax: 732/445-7970, Web site: sxetc.org. Can provide a wide range of information and technical support as you move through the process of advocating for better sexuality education.
- 12. Planned Parenthood Federation of America**, 810 7th Ave., New York, NY 10019, ph: 800/829-PPFA, 800/230-PLAN (connects callers to the Planned Parenthood nearest you), fax: 212/247-6269, Web site: ppfa.org. A major source/resource for young people and adults.
- 13. Sexuality Information and Education Council of the United States (SIECUS)**, 130 W. 42nd St., Suite 350, New York, NY 10036, ph: 212/819-9770, fax: 212/819-9776, Web site: siecus.org. Believes that sexuality is a natural and healthy part of living and advocates for the rights of people to make responsible choices. A great resource for information backing comprehensive sexuality education for teens.

