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H.B. 1162

H.B. 1163

Testimony before House Education Committee

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Thank you for inviting me before the House Education Committee to express why the Pennsylvania Family Institute believes that House Bill 1162 as currently drafted and House Bill 1163 would be harmful and counterproductive to teen physical and emotional health and to preventing teen pregnancy.

The Pennsylvania Family Institute is a statewide organization representing the interests of families and our tens of thousands of members throughout the state. As an organization representing families, we first want to highlight what parents throughout the state want as far as sex education and the sexual activity of their children. Second, we want to communicate how the overwhelming preference of parents in these areas is in the best interest of their children's sexual and emotional health and in the best interest of preventing teen pregnancy. Finally, while we agree with some of the stated goals of these bills, we believe that H.B. 1162 and H.B. 1163 are not in the best interest of those goals.

If you ask parents if they support some form of sex education, most parents agree. However, the umbrella of sex-education covers the gamut from abstinence-only education, to sex education that ultimately encourages sexual

activity. Most parents are supportive of abstinence-only sex education, but most are not supportive of sex education that in any way promotes sex.¹

Most parents want their children to refrain from sex until marriage or at least until they have graduated and are in a relationship with someone they want to marry.² Frankly, we do not want our children to make the same mistakes that our generation made following the sexual revolution. We know that sex in the midst of the immaturity of youth leads to significant consequences. Some consequences are unaffected by the use of a condom including the emotional trauma of sexual activity in the midst of the instability of the teen years. Additionally, teens get pregnant and sexual diseases continue to spread even when precautions are taken.

While all should agree that the reduction in sexual activity among youth, the reduction in teen pregnancy, and the reduction in STDs is a laudable goal, how do we get there? If H.B. 1163 is passed, abstinence-only education will end and, instead, we will communicate to our children that while abstinence is great if you want to go that direction, you should be fine as long as you use contraceptives. At best, if equal time were given to abstinence and to contraception, we would be sending our children mixed messages. The official message they would be getting through a trusted, responsible source, their schools, would be that abstinence does not really matter. However, it is worse than that. Abstinence tends to be a minor if not forgotten part of the message of the most popular curricula.³

¹ Zogby International Poll of 1,004 parents with children under age 18, December 2003, as set forth in detail in *Comprehensive Sex Education vs. Authentic Abstinence: A Study of Competing Curricula*, Shannan Martin, Robert Rector, and Melissa G. Pardue, The Heritage Foundation, at 85 *et seq.*, available at http://www.heritage.org/Research/Welfare/upload/67539_1.pdf. The relevant pages are attached as an Appendix hereto.

² 47% percent of adults believe that young people should not engage in sex until marriage. Another 32% believe that they should not engage in sex until they have finished high school and are in a relationship with someone they want to marry. *See id.*

³ A Health and Human Services study of the most recommended curricula states that “the curriculum with the most balanced discussion of abstinence and safer-sex still discussed condoms and contraception nearly seven times

We should understand what we mean when we talk about abstinence-only sex education v. curricula promoting the use of contraceptives or “comprehensive” sex education. Abstinence-only education talks about contraceptive use. Rather than demonstrating how to use a condom or assuring our children about the safety of contraceptive use, abstinence-only education points out that condoms and other contraceptives may lessen the chances of pregnancy and disease by given percentages, there are significant fail rates. It is not as if those advocating abstinence turn a blind eye to our children’s wellbeing and knowledge about contraceptives, but the emphasis is on abstinence being the only way to guarantee prevention of disease, pregnancy, and the fallout to our children’s emotional health.

So called “comprehensive” sex-education goes well beyond the safety of birth control. Instead, a 2007 Health and Human Services study of the most recommended comprehensive sex-education curricula shows a very different emphasis. This study found that most curricula emphasized contraceptive usage to the near exclusion of abstinence.⁴ Moreover, this study pointed out many of the flaws with the most popular curricula. There were some flaws in terms of the medical accuracy of statements in most of the curricula.⁵ However, there were also conceptual flaws. Some curricula actually encouraged erotic behaviors as an alternative to sex or described and encouraged sexual stimulation,⁶ behaviors that we all know ultimately lead to sex. Most parents

more than abstinence.” Review of Comprehensive Sex education Curricula, The Administration for Children and Families, Department of Health and Human Services, May 2007, at 6, (hereinafter “HHS Study”) available at <http://www.acf.hhs.gov/programs/fysb/content/abstinence/06122007-153424.PDF>.

⁴ See *id.*

⁵ See *id.* at 7.

⁶ For instance, the curriculum entitled “Be Proud! Be Responsible” encourages showering together, describes how to create a female orgasm, and suggests other erotic behaviors. See *id.* at 16-17. “Reducing the Risk” encourages the romantic use of condoms and foam. See *id.* at 14. “Teen Talk” encourages masturbation. See Comprehensive Sex Education vs. Authentic Abstinence, *supra*, at 43 quoting “Teen Talk” at 6-7. “Get Real About AIDS” and “Focus on

do not want their teen engaging in erotic behaviors or being encouraged in those erotic behaviors by their schools.

Parents don't want this kind of thing taught to their kids. 88% of parents, of course, disapprove of their middle school or high school child being taught: "Use condoms as a method of foreplay. Use different colors and types and textures. Think of a sexual fantasy using condoms. Tell your partner how using a condom can make a man last longer. Hide a condom on your body and ask your partner to find it. Plan a special day when you can experiment."⁷ Of course this sounds extreme, and it's no wonder that parents don't want this. But you can find this taught in one curriculum.⁸

Similarly, 79% of parents disapprove of their 9-15 year olds being taught: "There are many ways to be close. The list may include body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines."⁹ Again, you will find that in another curriculum.¹⁰

88% of parents disapprove of their high-school aged children being taught that they can use jelly, syrup, or honey as condom lubricants.¹¹ This was found in yet another leading curriculum.¹²

Kids" both encourage mutual masturbation. See *id.* at 40 quoting "Get Real About AIDS" at 79 and "Focus on Kids" at 83.

⁷ Zogby International Poll of 1,245 parents of school-age children, January 2003, as set forth in detail in *Comprehensive Sex Education vs. Authentic Abstinence*, *supra*, at 45.

⁸ See HHS Study, *supra*, at 17 discussing "Be Proud! Be Responsible".

⁹ Zogby International Poll of 1,245 parents of school-age children, January 2003, *supra*.

¹⁰ See *Comprehensive Sex Education vs. Authentic Abstinence*, *supra*, at 43 discussing "Focus on Kids", at 137.

¹¹ Zogby International Poll of 1,245 parents of school-age children, January 2003, *supra*.

¹² See *Comprehensive Sex Education vs. Authentic Abstinence*, *supra*, at 43 discussing "Becoming a Responsible Teen".

71% of parents disapprove of their middle school aged child being asked to unroll a condom and practice putting it on his or her fingers, a banana, or a wooden model of a penis.¹³ 70% of parents disapprove of children obtaining contraceptives or procedures for obtaining contraceptives without their approval.¹⁴ These can be found more commonly in leading curricula.¹⁵

Contrary to these messages, parents want their children to receive an abstinence message. Only 7% of parents believed it was appropriate to communicate that “It’s okay for teens in school to engage in sexual intercourse as long as they use condoms to protect against sexually transmitted diseases and pregnancy.”¹⁶ 91% of parents believe that schools should teach that “The best choice is for sexual intercourse to be linked to love, intimacy, and commitment. These qualities are most likely to occur in a faithful marriage.”¹⁷ 91% of parents believe that “adolescents should be expected to abstain from sexual activity during high school years.”¹⁸ Clearly “comprehensive” sex-education with *de minimus* emphasis on abstinence and which, instead, tends to encourage sexual promiscuity is not what parents want.

Parents’ wishes should be respected, not simply because they are your constituency, but because their position is consistent with the best interest of children, their emotional and physical health, and in avoiding teen pregnancy. As the Health and Human Services Study pointed out, “The fact that both the stated purposes and the actual content of these curricula emphasize ways to lessen risks associated with sexual activity—and not necessarily avoiding sexual activity—may explain why research shows them to be more effective at increasing condom use than at delaying sexual debut.”¹⁹ Even then, the study

¹³ Zogby International Poll of 1,245 parents of school-age children, January 2003, *supra*.

¹⁴ *Id.*

¹⁵ *See generally*, HHS Study, *supra*.

¹⁶ Zogby International Poll of 1,004 parents with children under age 18, December 2003, *supra*.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ HHS Study, *supra*, at 9.

pointed out that the impacts on condom use were “small” and that “effect most often disappear over time”.²⁰ Based on the negligible positive effect of “comprehensive” sex-education and the confused messages that are sent to our children, the effect of these programs is negative. As long as we encourage erotic activity in our youth, we will be undermining the message from their parents. And only the message of abstinence will protect our children from the emotional trauma of teen sex, let alone completely protect them from pregnancy and disease.

Parental desires should also be honored because we have long respected parental rights in education. Probably the most significant reminder of those rights is the landmark decision of *Wisconsin v. Yoder*, 406 U.S. 205, 92 S.Ct. 1526 (1972), in which the United States Supreme Court upheld the right of Amish parents to direct the education of their children, including pulling them from school at an early age, as is their religious custom. Likewise, parental rights in education should be recognized in the area of sex-education. Parents are in the best position to guide their children regarding sexual activity. What parents are trying to teach their children at home should not be undermined through what is being taught in the schools.

While H.B. 1163 has an opt-out mechanism, this does not vindicate parental rights. There is nothing in the bill that requires that parents be informed that sex-education is going to be taught. If that basic information is not passed along, parents cannot effectively opt-out their children. Even if parents were made aware that sex-education is being taught at a particular time, there is not adequate notice unless the contents of the curriculum are passed along to the parents. Without this information, parents could easily believe that the “comprehensive” sex-education does not contain the objectionable elements of many of the popular curricula.

There is a way to make an opt-out contain an appropriate notice. In fact, H.B. 1162 does a fairly comprehensive job of giving notice, as far as abstinence only education. In H.B. 1162, a principal is required to notify all parents of their ability to withdraw their child. Parents are also given some details regarding the contents. If H.B. 1163 is to in any way respect parental rights, it must, at a minimum, give this kind of detail to parents so that they can knowledgeably opt-out their child.

²⁰ See *id.* at 8-9.

While H.B. 1162 has a robust opt-out, our problem with that particular bill is that it is aimed only at abstinence-only sex education. As can be seen by the polling, many parents are concerned about the contents of common "comprehensive" sex-education curricula. H.B. 1162 could be a very acceptable bill if it were not limited to abstinence-only education but applied to all sex education. As it is, it doesn't provide protections that parents need in the most common sex education contexts. Additionally, the bill is problematic because it does not accurately explain the contents of abstinence only education. Abstinence only education does include statistics on contraceptive use. Finally, the bill, as currently drafted, sends the wrong message to parents as if abstinence-only education is dangerous. In reality, comprehensive sex-education contains the elements that most parents are concerned about.

In summary, the Pennsylvania Family Institute requests on behalf of the thousands of families that we represent that you oppose H.B. 1162 and H.B. 1163. H.B. 1162 should be amended to include opt-out for all forms of sex-education. H.B. 1163 is worse as it undermines the instruction of parents and the best interest of our children, an expectation of abstinence. Only abstinence prevents the emotional and physical consequences of sex, including teen pregnancy.

Comprehensive Sex Education vs. Authentic Abstinence

A Study of Competing Curricula

Shannan Martin, Robert Rector, and Melissa G. Pardue



CHAPTER 5

MOST COMPREHENSIVE SEX-EDUCATION/ ABSTINENCE-PLUS CURRICULA CONTAIN EXPLICIT AND CONTROVERSIAL MATERIAL

WARNING: This chapter contains sexually explicit, graphic material, as quoted from the material reviewed.

Many of the comprehensive sex-ed/abstinence-plus curricula reviewed for this study contain explicit sexual material that is offensive to most parents. While the actual number of pages devoted to such objectionable material is not enormous, such subject matter does play a significant role in establishing the overall tone of the curricula.

These materials send a very clear implicit message to students that society expects and accepts teen sexual activity and that casual, transitory sexual relationships in the teen years will be exciting, "fun," and "sexy." For example, *Be Proud! Be Responsible!* instructs teachers to:

Invite [students] to brainstorm ways to increase spontaneity and the likelihood that they'll use condoms.... Examples:... Store condoms under mattress.... Eroticize condom use with partner.... Use condoms as a method of foreplay... Think up a sexual fantasy using condoms.... Act sexy/sensual when putting the condom on.... Hide them on your body and ask your partner to find it.... Wrap them as a present and give them to your partner before a romantic dinner.... Tease each other manually while putting on the condom.¹

Similarly, *Focus on Kids* prompts teachers to:

State that there are other ways to be close to a person without having sexual intercourse. Ask youth to brainstorm ways to be close. The list may include...body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines....²

Offensive material found in comprehensive sex-ed curricula includes discussions of anal sexual intercourse, graphic sexual descriptions, homosexual role playing, discussion of dental dams, encouraging mutual masturbation, encouraging teens to watch erotic movies, demonstrations of condom use, having teens practice using condoms, and instructing teens on how to obtain birth control without parental knowledge or permission.

Not All Comprehensive Sex-Ed Curricula Are the Same

It is important to note that the amount of explicit and controversial material varies widely among the nine comprehensive sex-ed curricula reviewed. Some curricula contain a substantial amount of sexually explicit material while others contain relatively little.

1. *Be Proud! Be Responsible!*, p. 78, 79.

2. *Focus on Kids*, p. 137.

By far, the most shocking material appears in *Be Proud! Be Responsible!*, *Becoming a Responsible Teen*, and *Focus on Kids*. These three curricula were designed for inner-city youth but are described by their distributors as appropriate for use in general suburban schools.³ By contrast, *Teen Talk* and *Reducing the Risk* contain relatively low levels of controversial material. Nonetheless, all the curricula reviewed have at least some questionable items. In general, the tone of the curricula is incompatible with the goal of encouraging long-term abstinence.

Condom Demonstration and Practice

Eight of the nine curricula reviewed include either a condom demonstration or a session of condom practice. For example, teachers using the *Be Proud! Be Responsible!* curriculum are given the following instructions:

While [students] open the [condom] packages and begin exploring the condoms, model your comfort with the condoms. Open a package, take the condom out. Put it on over your hand and pull it up your arm, showing them how strong it is and how it can accommodate any sized penis.... Use humor and allow them to be nervous and silly. Handle the condoms with confidence and comfort. Do not appear worried about mess or stickiness. Demonstrate on both your hand and penis model.⁴

Similar demonstrations, which involve unrolling condoms on fingers, bananas, or plastic phalluses, occur in other curricula:

- "Demonstrate the correct use of condoms and discuss the characteristics of condoms that should be considered when purchasing them.... Materials: Optional 'props,' such as banana, cucumber, etc.... Demonstrate the correct use of a condom. Explain each step as you demonstrate." — *AIDS Prevention for Adolescents in School*⁵
- "Demonstrate the use of a condom by unwrapping a condom and unrolling it over the index and middle finger of one hand." — *Get Real About AIDS*⁶
- "Use a real condom to demonstrate the steps for the class.... Roll the condom down to the base of your fingers, being sure to leave a reservoir at the tip. Say, 'Now the two people are ready to have intercourse.'" *TOP—Changing Scenes, Level IV*⁷
- "Show condoms. Have several different brands including lubricated and reservoir tip. Open packages and unroll condoms for students to inspect. You may pass them around. Use plastic model of penis or two fingers for demonstration.... You may blow up rubber to demonstrate how strong they are." — *Teen Talk*⁸

Practicing Condom Use

Several curricula include condom exercises in which students practice unrolling a condom on their fingers:

- "Give each participant (or pair of participants) a condom and lubricant. Each participant should practice putting condoms on their fingers. Then let them give you a demonstration." — *Be Proud! Be Responsible!*⁹

3. Based on telephone conversations on February 9, 2004, with curriculum distributors at Education, Training and Research (ETR) Associates and Select Media.

4. *Be Proud! Be Responsible!*, p. 75.

5. *AIDS Prevention for Adolescents in School*, pp. 64–65.

6. *Get Real About AIDS*, p. 128.

7. *TOP—Changing Scenes, Level IV*, p. 106.

8. *Teen Talk*, p. 16.

- “Explain that students will now have a chance to work in pairs to practice with condoms. Explain that one person will read the directions on the worksheet while the other practices unrolling a condom over 2 fingers. After the first student has finished, he/she will read the directions while the second student unrolls a condom over 2 fingers.” — *Safer Choices, Level 1*¹⁰
- “Have students pair up. Distribute a condom and a copy of the ‘Condom Practice’ worksheet to each student.... Pinch the tip of the condom between your thumb and forefinger to get rid of any air pockets and to create a space for the semen during ejaculation. Then unroll the condom over the index and middle finger of your other hand. Unroll the condom all the way down to the bottom of your fingers.” — *Safer Choices, Level 2*¹¹

Condom Races and Games

Two curricula have teens practice putting condoms on physical objects, such as penile models, dildos, and cucumbers. These exercises are designed as games. In *Becoming a Responsible Teen*, students team up to practice condom application together, giving positive encouragement to one another as they work. *Focus on Kids* has students team up and race to see who can correctly apply condoms and lubricants in the shortest time. Instructions for these exercises are as follows:

- “Give each group a penile model, some lubricant, spermicide, and paper towels.” [The instructor then reads] “One step at a time, I want each of you to practice the condom application and removal steps, with or without a lubricant. Your teammates have a task, too.... [T]hey are going to give you a round of applause and praise what you did right. Then they’re going to offer some constructive criticism and make suggestions about what you could do differently to improve your condom skills.” — *Becoming a Responsible Teen*¹²
- “Youth will practice the proper way to put on a condom.... Divide youth into two teams and give everyone a condom. Have the teams stand in two lines and give the first person in each line a dildo or cucumber. Each person on the team must put the condom on the dildo or cucumber and take it off.... The team that finishes first wins.” — *Focus on Kids*¹³

The *Focus on Kids* instructions for this “condom race” end with the following note to teachers: “Everyone has fun with this game.... Have extra condoms for youths who want some.”¹⁴

Obtaining Condoms

Most abstinence-plus curricula devote time to instructing teens on how and where to obtain condoms and other forms of contraception. Curricula offer ideas for reducing anxiety when purchasing contraception devices and encourage teens to overcome their sense of embarrassment. For example:

- “Lead the group through a visualization of a successful condom purchase. Ask them in your own words to: Close your eyes. Imagine you are walking up to the counter with a box of condoms. You are calm and relaxed. You put down the box of condoms. The clerk rings up your purchase and tells you the price. You pay for them. The clerk puts the box of condoms

9. *Be Proud! Be Responsible!*, p. 77. The curriculum states: “Participants who have been abused or raped, for example, might feel very uncomfortable with the demonstration and should not be required to actively participate.”

10. *Safer Choices, Level 1*, p. 203. The curriculum instructs teachers: “Do not force students to practice using condoms if they are uncomfortable with the idea. These students can read the steps or watch their partners go through with the steps.”

11. *Safer Choices, Level 2*, pp. 159, 165.

12. *Becoming a Responsible Teen*, p. 119.

13. *Focus on Kids*, p. 108.

14. *Focus on Kids*, p. 108.

in a bag. You say “thanks” and walk away, feeling good about pulling this off.” — *Becoming a Responsible Teen*¹⁵

- “Performance Objectives: Students will feel comfortable about buying condoms. Students will learn how to use a condom correctly.” — *AIDS Prevention for Adolescents in School*¹⁶
- “Do any of you have a story you can share about getting or buying condoms? It can be successful, embarrassing or funny.” — *Becoming a Responsible Teen*¹⁷
- “How can you minimize your embarrassment when buying condoms? Wear ‘shades’ or a disguise so no one will recognize you, have a friend or sibling who isn’t embarrassed buy them for you, make up a condom request card that you can hand to the store clerk.” — *AIDS Prevention for Adolescents in School*¹⁸
- “Given the general uptightness in our culture about sexuality, and especially about the sexuality of young people, you may want to prepare your students to deal with stupid questions like ‘What are you going to do with them [the condoms]?’” — *TOP—Changing Scenes, Level IV*¹⁹

Condom Hunts

Several curricula include exercises in which students go out into their communities and practice obtaining condoms:

- “Tell students that the object of the activity is for teams to determine how difficult it is to find condoms.... When you get to the store, ask an employee where the condoms are, even if you already know. The idea is for you to describe the response of the employee. Complete the work sheet as well as you can. If the store you identified has no condoms, then go to another store. Remember, this isn’t a game. This is a way to get important information to stay safe.” — *Get Real About AIDS*²⁰
- “Pass out a local phone directory (or several) and have students find the clinic section in the yellow pages. Select two or three conveniently located clinics from which they can choose.... Encourage students to go with their boyfriends or girlfriends, even those who aren’t in the class. Tell students they should bring back some literature available from the clinic.” — *Reducing the Risk*²¹
- “Explain that, with their partners, they should go to a local market or drugstore to gather information about protective products, such as condoms and vaginal spermicides. After finding the protective products they should complete the homework, identifying what types of protection are available, how much they cost, and whether they are accessible to teens who may want to purchase them. Finally, they should decide how comfortable they would be buying protection in that store and whether they would recommend that store to a friend, and explain why or why not.” — *Safer Choices, Level 1*²²
- “Put down the store’s hours.... [I]t may be important to know where to get some contraception at some odd hours.” — *Reducing the Risk*²³

15. *Becoming a Responsible Teen*, p. 116.

16. *AIDS Prevention for Adolescents in School*, p. 62.

17. *Becoming a Responsible Teen*, p. 116.

18. *AIDS Prevention for Adolescents in School*, p. 63.

19. *TOP—Changing Scenes, Level IV*, p. 107.

20. *Get Real About AIDS*, p. 130.

21. *Reducing the Risk*, p. 121.

22. *Safer Choices, Level 1*, p. 191.

23. *Reducing the Risk*, p. 113.

Mom and Dad Don't Need to Know About Your Condoms

Finally, teens are reminded that contraception is something that can and should be kept hidden from their parents:

- “Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent: Truth. You do not need a parent’s permission to get birth control at a clinic. No one needs to know....” — *Reducing the Risk*²⁴
- “What do you do if your parents find them (condoms)? Try not to leave packages of condoms lying about in common areas. Treat them as you would any personal and private possession—keep them in your own, not shared, space. However, if a parent or teacher should come upon your supply by accident (or by intention) remind them that this is evidence of your responsible, mature and well-planned approach to life.” — *AIDS Prevention for Adolescents in School*²⁵

The Wonderful World of Condoms

Abstinence-plus curricula contain an abundance of information detailing the many characteristics and virtues of condoms. Many of the passages encourage teens to use condoms by claiming that, rather than detracting from sexual encounters, condoms will enhance them. One curriculum reminds teens to keep condoms with them, handy, at all times and ends the session by distributing condoms in the classroom.

The following examples describe the many options that are available in selecting and using condoms. One example encourages students to shop for condoms with their sexual partners and then to spend time together experimenting with their purchases:

- “Go to the store together. Buy lots of different brands and colors. Plan a special day when you can experiment. Just talking about how you’ll use all of those condoms can be a turn on,” — *Be Proud! Be Responsible!*²⁶
- “Pick up a few different condoms and discuss their special features, size, texture, color, flavor, packaging and names. Try to keep this session light and maintain a sense of humor.” — *Becoming a Responsible Teen*²⁷

Becoming a Responsible Teen also encourages young people to daydream about using condoms and advises teens that unusual condom lubricants can be picked up at the local grocery store:

- “Daydream safely. Even when you daydream about sex, you can imagine using a latex condom.”²⁸
- “Sometimes people don’t have a water-based lubricant handy. If you were trying to find something around the house, or at a convenience store, to use as a substitute, what would be safe? Why? Some ‘grocery store’ lubricants are safe to use if they do not contain oil: grape jelly, maple syrup, and honey.”²⁹

Many curricula enthusiastically inform teens that condom use will enhance their sex lives:

- “Is it true that condoms reduce sexual pleasure for both partners? No, not usually.... Lubricated condoms often make intercourse more pleasurable for a partner because there is less

24. *Reducing the Risk*, p. 137.

25. *AIDS Prevention for Adolescents in School*, p. 66.

26. *Be Proud! Be Responsible!*, p. 80.

27. *Becoming a Responsible Teen*, p. 113.

28. *Becoming a Responsible Teen*, p. 181.

29. *Becoming a Responsible Teen*, pp. 114–115.

friction, and condoms often help a man maintain his erection longer, which is good for him and his partner." — *TOP—Changing Scenes, Level IV*³⁰

- "How can people make condoms feel good and be fun? Have your partner play with you and/or roll a condom on, put lubricant and spermicide inside to make them feel wet, use colored or decorated condoms, etc." — *Be Proud! Be Responsible!*³¹
- "Putting on a condom can be an act of affection and of a commitment by each person to care for the other." — *Get Real About AIDS*³²
- "[Condoms] kill the mood only if you let them. With a little imagination, condoms can actually increase feeling." — *Becoming a Responsible Teen*³³
- "Q: If a man lost his erection after putting on a condom and before intercourse, what could the couple do? A: Continue stimulating one another, relax and enjoy the fun, wait a while and start playing again using the condom as part of the play." — *Be Proud! Be Responsible!*³⁴
- "Excuse: When I stop to put it (condom) on, I'll lose my erection. Response: Don't worry, I'll help you get it back." — *Be Proud! Be Responsible!*³⁵

In *Becoming a Responsible Teen*, condoms are distributed in the classroom, and teens are encouraged to keep condoms with them at all times:

Remind participants that although you just handed them a few condoms to use in this session, eventually they will have to get their own if they choose to be sexually active and choose to stay safe.... [Advise them to] Keep condoms around at home, in your jacket or purse, and with you. Unless they're nearby when you need them, they won't get used.³⁶

Sexual Alternatives to Intercourse, Dental Dams, and Anal Intercourse

Some abstinence-plus curricula provide teens with graphic lists of sexual alternatives to intercourse:

- "Safer sex means sexual activities during which body fluids are not exchanged. These activities could include hugs, massages, and mutual masturbation, as well as sexual intercourse using latex condoms." — *Get Real About AIDS*³⁷
- "When discussing 'Don't have sex,' be sure to help youth identify other options, such as finding fun ways to be together that don't involve sex, or finding different ways to please a partner without sex (e.g., kissing, rubbing, mutual masturbation)." — *Focus on Kids*³⁸

This theme is also presented in the *Teen Outreach Program (TOP)*, which tells teachers to:

Discuss forms of sexual expression other than intercourse candidly with teens.... Acknowledge that young people, like adults, can find other ways than

30. *TOP—Changing Scenes, Level IV*, p. 106.

31. *Be Proud! Be Responsible!*, p. 84.

32. *Get Real About AIDS*, p. 129.

33. *Becoming a Responsible Teen*, p. 121.

34. *Be Proud! Be Responsible!*, p. 84.

35. *Be Proud! Be Responsible!*, p. 90.

36. *Becoming a Responsible Teen*, pp. 116, 181.

37. *Get Real About AIDS*, p. 79.

38. *Focus on Kids*, p. 83.

sexual intercourse of sharing their feelings, expressing their sexual attraction, and satisfying their arousal.³⁹

TOP goes so far as to define “abstinence” as behavior that “still allows for expression of sexual feelings or release of sexual tension through behaviors that do not include intercourse.”⁴⁰

Other sexual materials that would be disturbing to parents appear in the comprehensive sex-ed curricula. For example, *Be Proud! Be Responsible!* provides students with instructions to fashion a dental dam, for use in cunnilingus, out of a condom:

When performing oral sex on a woman, you can protect yourself and your partner by placing a dental dam (a flat, square piece of latex) over the vulva (the entire outer region of the vagina, including the clitoris and the vaginal opening). You can make your own dental dam by splitting a condom the long way and opening it up.⁴¹

Two curricula provide discussions about anal sex. *Becoming a Responsible Teen* informs students that “Both gay and straight couples engage in anal sex.”⁴² And *Focus on Kids* tells group leaders: “You might need to describe anal intercourse. (When a man puts his penis into another person’s rectum or asshole. The other person can be male or female.)”⁴³

Graphic Sexual Discussions

Some comprehensive sex-ed curricula also contain graphic sexual discussions and descriptions. *Be Proud! Be Responsible!* provides the following script as part of an optional activity:⁴⁴

I am going to spend the next few minutes discussing sex and sexual response because this information can help you learn to enjoy sex with condoms and make your partner more interested in using condoms.... Sex is not something that people are born knowing how to do. People need to learn about it, just like they need to learn to eat and talk.... Most women need to have their clitoris (the arousal organ in their vulvas) touched, directly or indirectly in order to have an orgasm. This sometimes happens during intercourse, but only if a partner rubs it manually or with the penis.... Touching and stroking each other all over can be very pleasurable. People who are better lovers know about their own body and their partner’s body. Many times young people rush their sexual experiences. This makes it difficult to relax and explore each other with various kinds of touch. Touching and stroking can lead to orgasms for both males and females.... Using a condom can become part of the touching and stroking that happens prior to intercourse. Putting a condom on won’t interrupt or ruin the mood if the actions are part of playing, touching, and stroking. Although some guys may be uncomfortable with a young woman who is very assertive, most guys get very turned on if their partner touches them, especially if she touches his penis and strokes it. Applying lubrication directly on his penis will probably make him very excited.... During this entire time, her own arousal level also will increase, preparing her vagina for a comfortable penetration. The lubrication will make it more comfortable for her and more slippery and exciting for him. You will have a lot more sensations and

39. *Teen Outreach Program*, p. 3.

40. *Ibid.*, p. 99.

41. *Be Proud! Be Responsible!*, p. 69.

42. *Becoming a Responsible Teen*, p. 33.

43. *Focus on Kids*, p. 55.

44. *Be Proud! Be Responsible!*, pp. 125–126.

both partners will feel better too. Then you will both be ready for intercourse. Using a condom also can make a male's erection last longer. Most men say that the longer they are stimulated without having an orgasm, the better the orgasm feels when they have it.... Since many women need more stimulation to have an orgasm, having him stay hard longer is beneficial.⁴⁵

Homosexual Themes

Be Proud! Be Responsible! contains discussions of homosexuality and homosexual activity. In one optional exercise, teenage girls act out a lesbian relationship under the names "Tyceia" and "Felicia" and boys act out a male homosexual skit involving "Gerald" and "Allen," using the following guidelines.⁴⁶

Tyceia: Recently, you've realized that you might be bisexual. You've been sexually active with boyfriends in the past, but lately you've had strong feelings for a girl on your softball team, Felicia. The two of you have been physically intimate, but mostly just kissing and touching. You can accept your bisexuality, but you're not sure if you have to worry about STDs or HIV infection when two women make love. You decide to ask Felicia if she will go with you to talk to the family life educator at your school.

Felicia: You have become physically intimate with Tyceia, another player on your softball team.... You have been involved in lesbian relationships for two years. She's concerned about STDs and AIDS and unclear on how diseases can be spread between two women.... You have heard about some things like dental dams but don't feel there's any need to worry.

Gerald: You're having a difficult time accepting that you're gay. You suspected you might be and now you've been with somebody—Allen. You are worried enough about how people will react to this news once they hear it, but you're really worried about getting HIV.... You decide to talk to Allen about your concerns and about using condoms. Do you need a special kind? Maybe he'll know.

Allen: You know Gerald cares a lot about you, but he just doesn't get it. He thinks you can't succeed in life unless you're a popular jock like he was. Now he's convinced that he's going to get HIV for choosing a gay lifestyle. You have tried to explain that it's no more a choice to be gay than it is to be straight, it's just the way you naturally feel about things. Furthermore, there's no such thing as a "gay lifestyle." Individuals, gay or otherwise, live life the best way they can and it's different for everybody. It's obvious that Gerald doesn't know very much about preventing HIV infection through condom use, so you decide to teach him everything you know and tell him where he can go to get more information.⁴⁷

Elsewhere in *Be Proud! Be Responsible!*, teachers are advised: "These questions [concerning condom use] are geared toward heterosexual partners. Encourage participants to discuss these issues in the context of same-sex partners."⁴⁸

45. Even the providers of *Be Proud! Be Responsible!* recognize the controversial nature of this activity; the curriculum warns, "This material is very sexually explicit."

46. *Be Proud! Be Responsible!*

47. *Be Proud! Be Responsible!*, pp. 119–120.

48. *Be Proud! Be Responsible!*, p. 84.

Encouraging Masturbation

The *Teen Talk* curriculum contains explicit discussions of masturbation:

As they (boys and girls) grow older they may learn to stimulate themselves in order to feel pleasant sensations or even come to a climax (have an orgasm). This is called masturbation whether performed by oneself or by a partner. Sometimes during puberty when sexual feelings are increasing, teenagers practice masturbation. It can be a normal way to learn about the body and release sexual tension. Many grown-ups do it. There is nothing abnormal or unhealthy about masturbating.... People also often have daydreams about sex or sexual fantasies. This is also normal. People may have these fantasies when they masturbate as well as other times.⁴⁹

Parents Oppose Explicit Materials in Comprehensive Sex-Ed Curricula

In January 2003, Zogby International conducted a poll of a nationally representative sample of parents of school-aged children to ascertain parental attitudes toward materials in some comprehensive sex-ed curricula. In most cases, the poll questions either directly quoted from or paraphrased material from *Be Proud! Be Responsible!*, *Focus on Kids*, *Becoming a Responsible Teen*, and other curricula. Not surprisingly, when informed about the sexually explicit materials contained in many sex-ed curricula, the vast majority of parents expressed disapproval.

For example, 71 percent of the parents objected to having their children practice unrolling condoms on their fingers, cucumbers, or model phalluses. Only 18 percent of the parents approved. This type of exercise was found in four of the nine comprehensive sex-ed curricula reviewed.⁵⁰

Similarly, 88 percent of the parents disapproved of children being exposed to the following section of *Be Proud! Be Responsible!*:

Use condoms as a method of foreplay. Use different colors and types and textures. Think up a sexual fantasy using condoms. Tell your partner how using a condom can make a man last longer. Hide a condom on your body and ask your partner to find it. Plan a special day when you can experiment.⁵¹

Some 88 percent of parents objected to material from *Becoming a Responsible Teen* advising teens that grape jelly, maple syrup, and honey could be used as condom lubricants, and 79 percent of parents objected to middle-school children being exposed to the following material from *Focus on Kids*:

There are many ways to be close. The list may include body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, and reading erotic books and magazines.⁵²

For the full text of the questions, see Table 7.

49. *Teen Talk*, pp. 6–7.

50. The poll question refers to instructing middle-school students to practice unrolling condoms on fingers or objects. Four of the abstinence-plus curricula reviewed contain this type of exercise. These curricula cover different age groups: *Focus on Kids* is aimed at middle-school students; *Be Proud! Be Responsible!* is aimed at adolescents; *Becoming a Responsible Teen* and *Safer Choices* target high-school students. While the poll question mentions middle-school students only, it also seems unlikely that most parents would approve of this exercise for high-school students.

51. The poll question used material from page 78 of *Be Proud! Be Responsible!* The poll question refers to middle-school or high-school students, which appears to match the *Be Proud! Be Responsible!* program's specified target audience of "adolescents."

52. The poll question used material from page 137 of *Focus on Kids*.

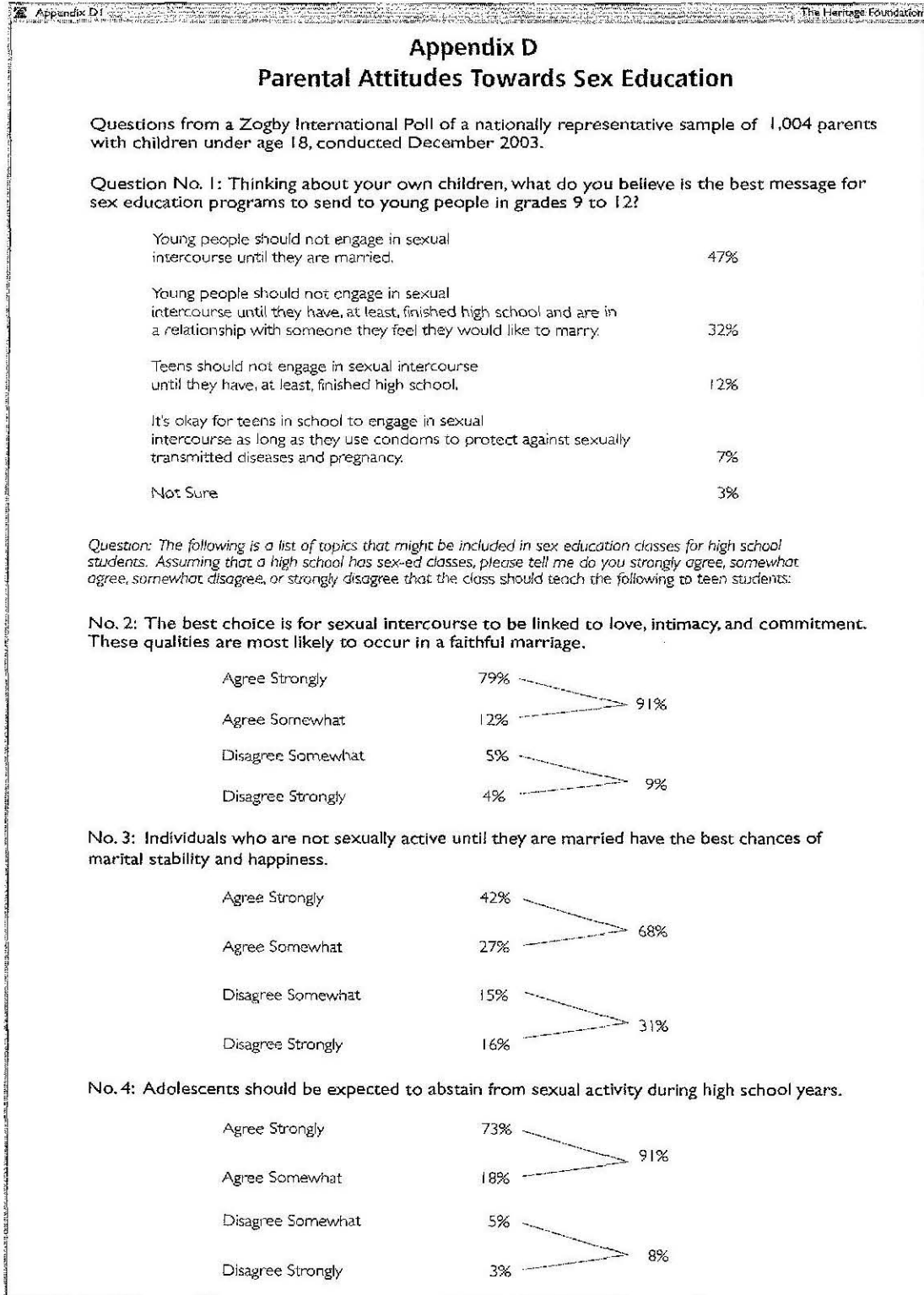
Graphic Materials and “Abstinence”

As noted, although the level of graphic and sexually explicit material varies widely among the nine comprehensive sex-ed curricula, each contains at least some controversial or questionable material. Several of the curricula contain material that would be shocking and offensive to most parents. The fact that advocacy groups have promoted these curricula with the term “abstinence plus” is stunning.

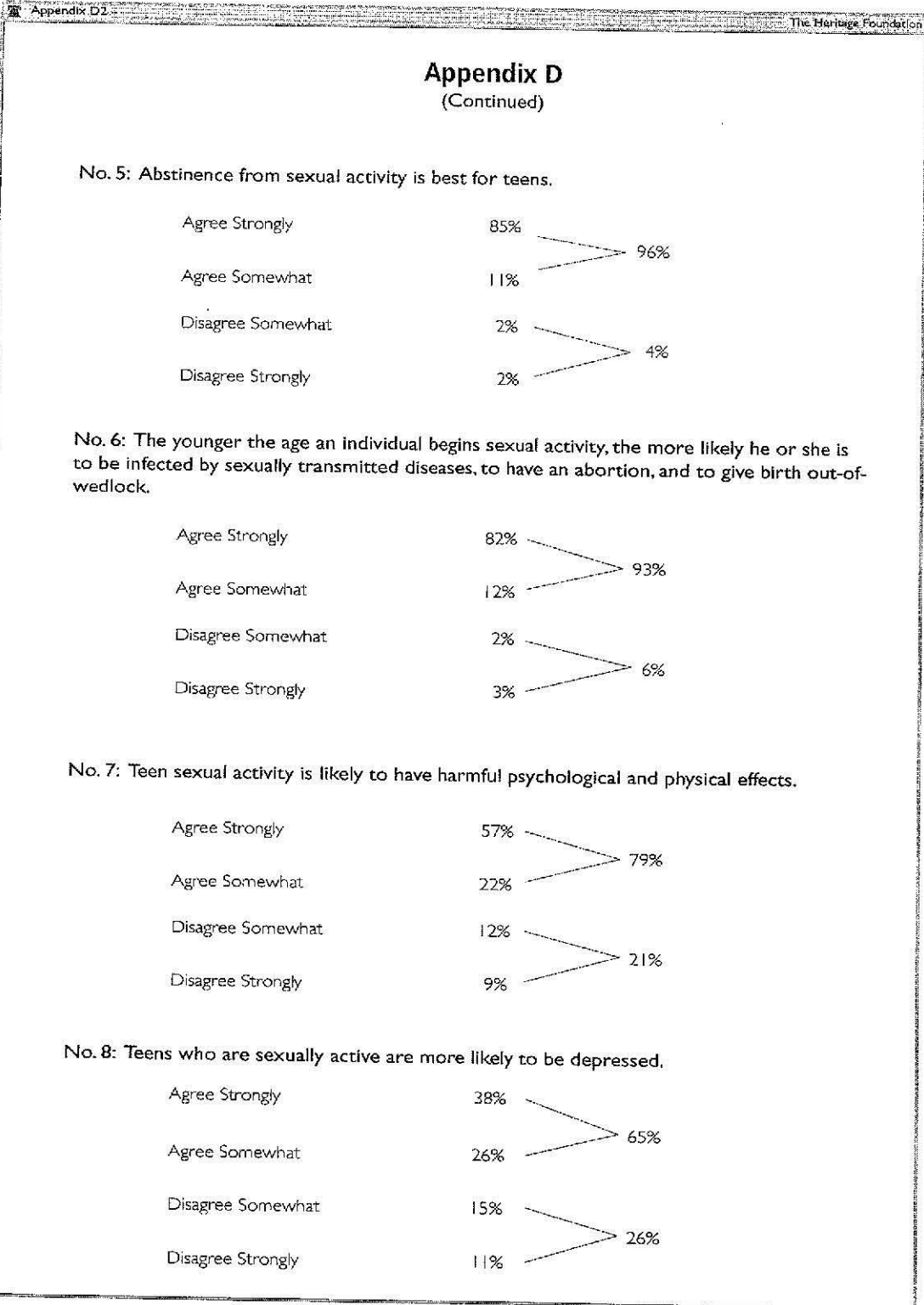
TABLE 7

Table 7	The Heritage Foundation
<p align="center">Parental Attitudes Toward Explicit Sexual Material in Some Comprehensive Sex-Ed Curricula</p>	
<p>Question: Please state your level of approval for a child in middle school or high school (ages 12 to 15) to be taught the following in school: "Use condoms as a method of foreplay. Use different colors and types and textures. Think up a sexual fantasy using condoms. Tell your partner how using a condom can make a man last longer. Hide a condom on your body and ask your partner to find it. Plan a special day when you can experiment."</p>	
Approve	4%
Neutral	7%
Disapprove	88%
<p>Question: Please state your level of approval for a child ages 9 to 15 to be taught the following in school: "There are many ways to be close. The list may include body massage, bathing together, masturbation, sensuous feeding, fantasizing, watching erotic movies, reading erotic books and magazines."</p>	
Approve	8%
Neutral	13%
Disapprove	79%
<p>Question: Please state your level of approval or disapproval if your middle school-aged child (ages 12 to 15) would be asked to unroll a condom and practice putting it on his or her fingers, a banana, or a wooden model of a penis.</p>	
Approve	18%
Neutral	11%
Disapprove	71%
<p>Question: Please state your level of approval for child in high school (ages 14 to 18) to be taught the following in school: Grape jelly, maple syrup, and honey could be used as a lubricant on condoms.</p>	
Approve	5%
Neutral	7%
Disapprove	88%
<p>Question: Please state your level of approval to have your child's school provide him or her with contraceptives or the procedures for obtaining contraception without your knowledge or approval.</p>	
Approve	18%
Neutral	11%
Disapprove	70%
<p>Source: Zogby International Poll of a nationally representative sample of 1,245 parents of school-age children, conducted in January 2003.</p>	

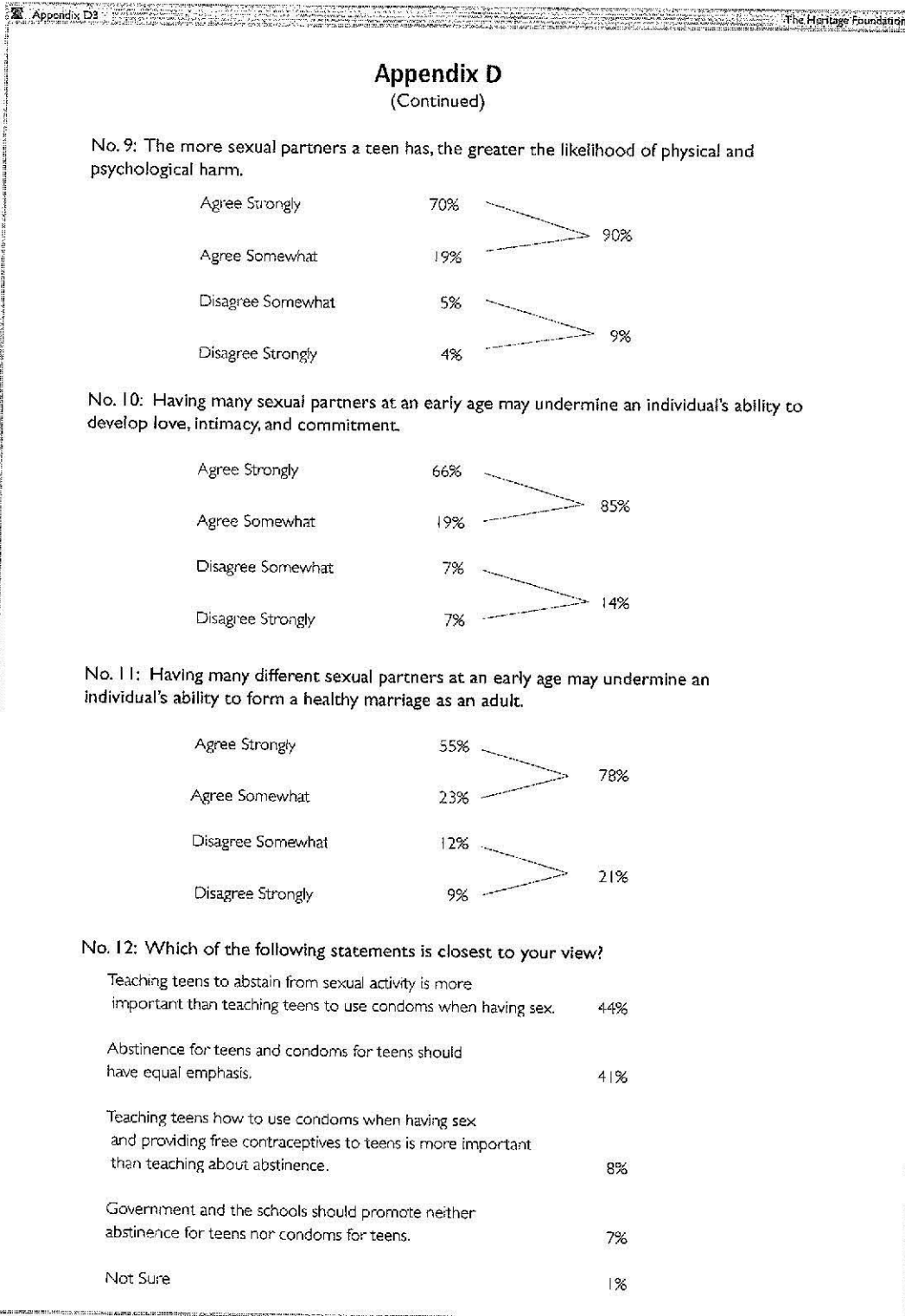
APPENDIX D: PARENTAL ATTITUDES TOWARD SEX EDUCATION



APPENDIX D



APPENDIX D



APPENDIX D

Appendix D4 The Heritage Foundation

Appendix D (Continued)

No.13: Which of the following statements is closest to your view on what is the best approach to sex education for young people?

Abstinence from sexual intercourse is the best choice for teens. Sex ed classes should not provide information about how to use and obtain condoms.	22%
Abstinence from sexual intercourse is the best choice for teens, but schools should provide basic biological and health information about contraception.	52%
Abstinence from sexual intercourse is best for teens, but schools should also encourage teens to use condoms when having sex, teach teens where to obtain condoms, and have teens practice how to put on condoms.	23%
Abstinence from sexual intercourse is not important. Sex ed classes should focus on teaching teens how to use condoms when engaging in sex activity.	2%
Not sure	1%

No.14: Sex education classes should not provide information about how to use and obtain condoms. 21.7%

Many believe that, in a class devoted to teaching abstinence, encouraging teens to use condoms will undermine the abstinence message. Abstinence should be taught in an abstinence class, but facts about contraception should be taught in a separate class, such as a health class.	34.7%
Teens should be encouraged to be abstinent and to use contraceptives in the same class.	39.9%
Neither/Not sure	3.7%

* This question combines data from two poll questions

Source: Zogby International Poll, 2004 of a representative national sample of parents with children 17 or younger.