Forum on Teen Sex Sparks Research Agenda

The crowd of more than 200 meant standing room only at CROW’s 2005 Community Issues Forum held December 1st at the downtown Urban Child Institute. The forum, entitled “Teen Sex in the Bluff City: Examining the Implications of Teen Sexual Behaviors on Girls’ Health in Memphis,” presented data from the Memphis Youth Risk Behavior Surveillance Survey (YRBSS), information on city and state laws on domestic violence and statutory rape, and discussions of the role of the community in educating adolescents on their bodies and their choices.

Dr. Nancy Hardt, former head of the University of Tennessee’s Institute of Women’s Health, briefed the audience on what the YRBSS data tell us about Memphis adolescents. The survey, developed by the U.S. Centers for Disease Control, is administered annually to students attending Memphis City Schools (MCS) and results are comparable across states and cities across the country. The numbers show over 50% (51.5%) of MCS 9th graders have already had sexual intercourse. By 12th grade the number of students who report having had sex rises to almost 80% (78.8%).

This sex is by no means safe or responsible. Memphis students were above the state and national averages on questions concerning intercourse with multiple partners, pregnancy, dating violence, forced intercourse, and intercourse before age 13. Memphis students were also unlikely to use contraceptive methods; condom use among sexually-active teens ranged from about 30% (29.9%) in 9th grade to almost 40% (38.1%) in 12th grade, while birth control pills were rarely used (3.4% in 9th grade to 14.7% by 12th grade). The data, which allows students to self-report on having “sex” (a term which isn’t explained)...

(Research Agenda, page 10)

Memphis Project Nurtures New Generation of Activists

A new project by the Memphis Area Women’s Council, the Center for Research on Women and the University of Memphis Women’s Studies program is offering teen girls in Memphis and Shelby County a chance to work together across traditional barriers of class, race and geography, school, religion and neighborhood.

Called “Girls for Change,” the new group is modeled after the community conversation that led to the founding of the Memphis Area Women’s Council and has a similar mission: collaborative action for change.

“Life as a teenage girl in this culture can be an isolated experience,” says Women’s Council Executive Director Deborah Clubb. “Despite e-mail, text-messaging, cell...”

(Girls for Change, pg 7)
Maybe you remember it too—a great Doonesbury cartoon from years back. The one in which Joanie’s daughter, a kindergartener, comes home from school and proclaims the birth of her teacher’s baby with this excited announcement: “It’s a woman! A baby woman!”

This wonderful lesson about how we, as mothers or fathers, family or community members, influence children’s attitudes and behaviors points humorously but profoundly toward the message of this issue of Standpoint: that the development of a woman starts when she is a girl. And while we are a “center for research on women,” it makes all the sense in the world for us to think about when and how girls “become” women, and to think about how we can help shape the lives of women by looking into the lives of girls.

One idea that emerged from our Community Forum in December on Teen Sex in the Bluff City: we can do all the research in the world about girls, but the most effective way to change their behavior is to talk with them. On page 1 you can read about a new initiative entitled “Girls for Change.” During afternoon meetings in February and March more than 50 Memphis girls aged 13-17 from extremely diverse backgrounds met for a kind of “activism 101.” Assisted by staff and graduate students from the Memphis Area Women’s Council, CROW, and Women’s Studies, the girls talked about their own issues– sex, relationships, pregnancy, violence, self esteem - and ways in which they could organize to affect positive changes in these areas. They are preparing for an April 1 “Girls for Change Rally” at the U of M that will encourage girls from across the city to become activists on their own behalf.

Also during the December 1 Forum, as you will read, speakers addressed not only the effects of early and risky sexual behavior, but also some causes of their prevalence: unenforced statutory rape laws; the psycho-sexual pressures of domestic violence and sexual coercion. In a follow-up meeting, researchers from the University of Memphis worked with some Forum participants to develop a research/advocacy agenda that would keep academics and representatives from the nonprofits, the city schools, and the government working alongside one another (Forum on Teen Sex Sparks Research Agenda, page 1).

This issue also looks at a pervasive and pernicious development that is having a negative impact on the health and wellbeing of teens and adult women alike: the politicization of science in this country. If you think it’s only affecting stem cell research, think again. Or better yet, read “Where is ‘Plan B’?: The politicization of Science and its Effect on Women’s Health” (page 5) where you will learn why Dr. Susan Wood, director of the FDA Office of Women’s Health, resigned in protest against the degree to which the current Administration in Washington seemed willing to pit ideology against clinical evidence, and allow politics to overrule good science. To learn more about the international implications of these kinds of policies turn to Dr. Cynthia Pelak’s article on the Bush administration’s misguided HIV prevention strategies (Breaking the Code: “ABC” Approach to HIV Prevention Puts Africans at Risk, page 3).

Girls for change grow into women for change: that’s what this issue of Standpoint is all about. If you’d like to join us when you’re finished reading, give us a call, become a supporter – or help us out one day with the girls. Let’s work together to change their lives, so that they can grow up to be the happiest, healthiest most powerful women they can be.

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Breaking the Code:
“ABC” Approach to HIV Prevention Putting Africans at Risk

Cynthia Fabrizio Pelak, Department of Sociology, University of Memphis

In his 2003 State of the Union address, President Bush pledged $15 billion in new funding over a five year period in his President’s Emergency Plan for AIDS Relief (PEPFAR) in Africa. Bush’s promise was applauded by Americans who supported more humanitarian aid for Africa, but instead of coming up with new monies, the administration played a smoke and mirrors game by taking money from other programs such as the Child Survival and Health Programs to fund the PEPFAR program.

At the same time, a new layer of Government was created to oversee and manage the PEPFAR program (The Office of the Global AIDS Coordinator, or OGAC). While funds continue to be channeled through conventional US development assistance agencies, namely the United States Agency for International Development (USAID), it is ultimately to OGAC that PEPFAR programs answer. Significantly, what this has accomplished is the creation of a new political space in which the administration can exercise more direct control over US assistance pertaining to HIV. For example, the new office has already compromised the US government’s contracting process by rewarding large grants to inexperienced and unqualified “faith-based” organizations that receive negative reviews of their proposals and technical competence while decreasing resources to organizations with sound and proven track records (Brown 2005; Kohn 2005; Waxman et al. 2006).

In the international arena of US development assistance to Third World countries, prescriptions for the ABC (“Abstain, Be Faithful, and use Condoms”) approach to HIV prevention are strictly monitored according to guidance provided by PEPFAR. This framework can be synthesized as: Abstinence from sex is the only sure way to prevent HIV infection. Therefore, abstinence “until marriage” and “skills for practicing” it, is the starting and centering theme of all ABC prevention programming. Next to abstinence, PEPFAR enthusiastically supports Be Faithful programs that promote and “develop skills” in “marital fidelity.” Constrained by the moral and legal connotations of “marriage,” these “B” programs refer specifically and exclusively to monogamous sex within the confines of legally sanctioned heterosexual unions. Instructions on “C” in the ABC guidance document require a bit more decoding. Although framed positively in terms of what PEPFAR will do and fund, guidance on condom programming is more about what PEPFAR will not do and will not fund.

According to the guidelines, PEPFAR will support the provision of full and accurate information about correct and consistent condom use and will support access to condoms for those most at risk of HIV infection. The provision of full and accurate information about condom use evokes a positive image of knowledge creation and, by extension, empowerment. In fact, the real message to PEPFAR implementers is that PEPFAR will not fund condom promotion campaigns that do not include warnings to intended users about the possibility of condom failure. Following this logic, condom messages in PEPFAR campaigns go something like, “Condoms reduce the risk of HIV infection but, be advised, they may not work.”
Several articles in this issue of StandPoint make one thing abundantly clear: our efforts to link community-based research with data-driven interventions that strengthen opportunities and enhance quality of life for women and girls take place in a highly charged political environment.

Actually doing the work requires more than grounding in feminist paradigms: unless we restrict our research and activism to highly specified issues (such as maintaining reproductive rights or advocating for a living wage), we will not be successful unless we learn how to leave our comfort zones and navigate complex issues where potential allies may not share all of our values.

Do we restrict our community-based research and activism to reproductive rights, where allies are clear and battle lines well drawn, and expand it to embrace the interwoven themes and issues related to teen girls’ sexual health? Do we focus only on the living wage, where it is easy enough to identify the sources of opposition and to bond with like-minded advocates, or do we tackle the interwoven themes and issues related to welfare reform and workforce investment, where stakeholders hold widely variant perspectives on human capital and work effort? The Center for Research on Women and its partner the Memphis Area Women’s Council have chosen the more complex course.

The audience for CROW’s fall Forum, “Teen Sex in the Bluff City” was invited to participate in a follow-up discussion – where we would identify issues that deserved more local research and begin to frame an action agenda. Over thirty people took us up on the invitation, including representatives from both Planned Parenthood (a white male and white female) and Birthright of Memphis (an African American female). Is there any likelihood of common ground here?

I was reminded that black women (and black feminists) are more ambivalent about abortion than white feminists. Abortion is conflated with the very real historical experience of forced sterilization and threats of genocide. This reality – among other issues – accounts for the historical ambivalence toward the feminist movement that race, class, and gender scholarship (including CROW’s foundational emphasis on women of color and Southern women) has attempted to address. Can CROW and the Memphis Area Women’s Council (MAWC) help to identify the common ground among women (and men) activists when we move beyond affinity group activism? Or will our discomfort at sitting across the table from stakeholders whom we know embrace different values prevent us from mobilizing a broad-based collaboration to discourage teen pregnancy, for example?

In our new collaborative with the Women’s council to consider and confront barriers to women’s workforce development in Memphis, we are committed to participatory research, where working poor women and non-working women contribute community-based knowledge that will complement our labor force analysis. We are interested in changing policy and practice that ignores local context and the realities of women’s lives, and that goes beyond the punitive inspiration typical of too many supporters of welfare reform. At what stage, however, do we involve workforce development stakeholders – who themselves are repositories of community knowledge – but who may already be vested in their own agendas?

On bad days – when you can’t believe you are hearing what you are hearing from a diverse group of community stakeholders, and it is hard to imagine that things will ever change – library-based research and conversations with other academics at academic conferences can look pretty attractive. CROW is not known for choosing the path of least resistance, however, so our many local partners and supporters can look forward to a CROW presence in the community for many years to come. We look forward to seeing you there.
Where is “Plan B?”

The Politicization of Science and Its Effect on Women’s Health

Over the past few years, there have been several instances in which the integrity of research has been threatened by actions taken by the federal government based on political and ideological considerations rather than on sound science. Three prominent examples are the Food and Drug Administration’s (FDA) August 2005 delay on the decision to allow the Plan B emergency contraceptive to be sold over the counter; the attempt to nominate Dr. David Hager to chair the Food and Drug Administration (FDA) Reproductive Health Drugs Advisory committee in fall 2002, and congressional efforts to restrict funding for grants at the National Institutes of Health (NIH) in July 2003.

“Plan B” Over The Counter Delay

On August 26, 2005, then-FDA commissioner Lester Crawford, Ph.D., announced that the agency would not immediately make a final decision on allowing the Plan B emergency contraceptive to be sold over the counter, citing concerns about how the drug could be available without prescription to women over 17 while remaining prescription-only for younger women. This delay occurred in spite of a 23 to 4 vote of the FDA Reproductive Health Drugs Advisory committee in favor of granting over-the-counter status to this drug. Instead, Dr. Crawford said that FDA would open up a 60-day comment period on the drug’s OTC approval. Previously, HHS Secretary Michael Leavitt had promised that action would be taken on Plan B by September 1 in exchange for the removal of a hold placed by Senators Patty Murray (D-WA) and Hillary Rodham Clinton (D-NY) on Crawford’s nomination to head the FDA. Dr. Crawford has since resigned as head of the agency.

Following the announcement of the Plan B delay, Susan Wood, Ph.D., resigned on August 31 as FDA Office of Women’s Health (OWH) director to protest the agency’s lack of action. In her resignation letter, Dr. Wood wrote, “The recent decision announced by the Commissioner about emergency contraception, which continues to limit women’s access to a product that would reduce unintended pregnancies and reduce abortions is contrary to my core commitment to improving and advancing women’s health. I have spent the last 15 years working to ensure that science informs good health policy decisions. I can no longer serve as staff when scientific and clinical evidence, fully evaluated and recommended for approval by the professional staff here, has been overruled.”

Nomination of Dr. Hager to Chair FDA Reproductive Health Drugs Advisory Committee

The potential appointment of Dr. David Hager in fall of 2002 to chair FDA’s Reproductive Health Drugs Advisory committee drew a barrage of protests from women’s health groups, including the Society for Women’s Health Research. These groups were concerned about his strong ideological views and negative activism, such as his reported reluctance to prescribe contraceptives to unmarried women and his emphasis on prayer for the relief of premenstrual syndrome and other afflictions. The Society was troubled by the possibility of Dr. Hager’s appointment to a position in which he would be able to have a significant impact on decisions affecting the health of American women. In the wake of considerable controversy and an effort led by the Society and other organizations, HHS announced that Dr. Hager would sit on the committee, but would not serve as its chair.

After being re-appointed to the committee, in May 2005 it was reported that Dr. Hager had written a memo advising the FDA against approval of the Plan B emergency contraceptive for

“The recent decision…about emergency contraception, which continues to limit women’s access to a product that would reduce unintended pregnancies and reduce abortions is contrary to my core commitment to improving and advancing women’s health.”

Dr. Susan Wood, former director of the FDA’s Office of Women’s Health

(‘Politization, page 14)
“How about “Gender is not the skirt, it is what's under the skirt,”” suggested Elokin CaPece at our Graduate Student meeting last week in the Women’s Studies office. We were discussing ideas for a Dave Letterman-esque top ten list of why anyone would study Women’s Studies. The list will eventually go on a t-shirt. This is something we have been working on since fall semester but unfortunately something always gets in the way. For example, soaring teen HIV rates.

During Dr. Cynthia Fabrizio Pelak’s course, Women, Race and Social Inequality, Dr. Nancy Hardt shared her compelling information on infant mortality rates and teen HIV rates in Memphis. Following this eye-opening presentation, the graduate students in the Women’s Study’s Program attended Teen Sex in the Bluff City, a public Community Issues Forum sponsored by CROW. There, we saw a room full of genuinely caring people, who want to change Memphis for the better.

I was particularly touched by Dr. Linda Moses’ story of her years of unrelenting care for pregnant teenage women. A noted OB/GYN, she was approached by a national news magazine to do a story on the infant mortality rate in Memphis, but she declined. Sure, the story would have put her on the map and probably brought fame and fortune, but her heart belonged to Memphis. She told the reporter to come back in a few years – then they could tell the story of how far the city had come and how greatly improved the odds were for Memphis’ infants. She chose morality and decency, instead of furthering her own name by hurting the city’s image.

Just last week, we got a chance to meet some of those very teens. Around 4 p.m., more than 30 teenage girls began filing in for the first meeting of “Girls for Change,” a new initiative to empower young activists created by the Memphis Area Women’s Council, the Women’s Studies program and the Center for Research on Women. We grad students greeted the girls and prepared to lead discussions of their issues, challenges and feelings. We viewed a movie together about a teenage Texas activist entitled “The Education of Shelby Knox,” ate pizza and listened as the girls talked about their lives.

Can you remember the excitement you felt about changing the world when you were sixteen years old? I can. These girls have the same burning desires and beams of light streaming from their finger tips. They had ideas about everything and lots of stories, both happy and sad. At one point, I thought the girls’ energy might blow the roof off the building. We talked about sex, domestic violence, self esteem, gay and lesbian issues, sexual harassment, violence, pregnancy and dating.

These issues are present in private, public and parochial schools. These issues are in every community, African American, European American, Hispanic and Latino, Jewish and Asian. All of these girls came together, spoke about similar stories and some even traded phone numbers at the end of their first meeting.

So, our t-shirt is still not done. Maybe the point is that these things we are learning about are bigger than creating our top ten list. Most of all, these ideas and theories and real life experiences are bigger than all of us.
phones and waves of magazines and other media aimed at them and their spending money, teen girls today remain largely segregated in their neighborhoods, clubs and schools with little opportunity to join voices and concerns about issues they all share."

As the Center for Research on Women initiated a focus in the fall of 2005 on girls’ reproductive health, the Memphis Area Women’s Council proposed a project to empower local girls to take action on their own issues – Memphis Girls for Change. Soon, CROW and MAWC were joined by the Women’s Studies program whose director, Dr. Nele Hempel, secured university public service grant support of an on-campus rally expected to draw 150-200 girls on April 1.

In January, an invitation for girls ages 13-17 to participate in planning and hosting the rally was flashed to members of the Women’s Council, asking each of them to pass the word. As a result the initial email was forwarded to co-workers, church members, parents, teachers, youth organizers, book groups and friends across the city and county. For days, telephone calls and emails flowed in, suggesting names of girls, asking for more information.

More than 30 girls from public, private and parochial schools and diverse backgrounds met regularly in February and March, becoming acquainted with each other and identifying issues on which they wanted to take action: self-esteem, sex education and sexual harassment. The girls shared intimate personal stories, their worries and fears. With guidance from UM graduate students in Women’s Studies, they explored stories, films and websites of other girls who are making change and learned about how grassroots organizing works and how to take their concerns to the public and policy makers.

The girls are currently preparing for the April 1 rally – working on website and t-shirt designs, publicity and creation of other materials. To be held in the University Center, the Girls for Change Rally 2006 will feature Shelby Knox, who as a teen-ager in Lubbock, Texas, advocated for sex education and equity for homosexual students in the public schools despite opposition from her church as well as city and school officials.

Plans for the second phase of Girls for Change include additional exploration of girls’ films and wider participation in a girls’ action agenda related to providing sex education to their peers, addressing negative media images of girls and combating sexual harassment in schools.

For information about the April 1 Memphis Girls for Change rally and issues process, and for information about membership and activities with the Memphis Area Women’s Council, go to www.memphiswomen.org. Use the Girls for Change link.
Selected References & Resources on Teen Sexuality Education, Teen Pregnancy Prevention, STI/HIV Prevention in Adolescence

Scholarly Books and Articles


Online Resources

Advocates for Youth - dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health. 2000 M Street NW, Suite 750, Washington, DC 20036, 202.419.3420 www.advocatesforyouth.org
These policies have essentially inverted the great public health challenge in condom promotion. Overcoming a widespread human aversion to using condoms has, in the context of the ABC approach, been displaced by the challenge of overcoming the lack of confidence in condom efficacy caused by the risk reduction messages themselves. The statement that PEPFAR will “support access to condoms for those most at risk” similarly relates more to programming restrictions than to programming possibilities. Decoded, what the text really means is that PEPFAR will not fund efforts to make condoms widely and easily available or socially acceptable. Under the PEPFAR initiative condom promotion is narrowly restricted to “high risk groups” and is manifestly excluded from more mainstream behavior change interventions targeting general populations of youth and adults. Given highly underdeveloped commercial markets for condoms, especially in Africa, this programming restriction is simply unconscionable.

Scholars and professionals have thoughtfully and thoroughly critiqued the Bush administration’s policies on sexuality (Girard 2004; Santelli, et al. 2006; Sinding 2005). Such analyses turn on the common theme that the administration’s policies deform public health principles, practices and data in the interest of promoting its peculiar moral agenda. The dissenters’ core complaint is that Bush era policies and programs are driven by ideology rather than by science. The less ideological and (relatively) more value-neutral goals of health promotion, health education, and primary prevention are being censured. In the place of risk reduction strategies based on systematic study of sexual
defined and may or may not include non-intercourse), show even in its limited scope a shocking picture of Memphis adolescent sexual risk-taking.

Sandra Burke (Director of Girls Inc.) and Dr. Linda Moses (M.D. at Hollywood Loop Health Clinic) spoke candidly about their experiences with Memphis adolescents and discussed how resources outside of school (including after school and extra-school teen programs and health facilities) should and must be used to form a holistic solution to the problem of adolescent sexual risk-taking.

Dr. Ricci Hellman (Director of the Memphis Shelby Crime Commission) fleshed out this image of sexual behavior with information about domestic violence, sexual coercion, and statutory rape. While the YRBSS data gives some disturbing (and self-reported) statistics on these dimensions (16.7% of Memphis teens reported initiation into sex at or before age 13, 10.1% reported having being forced into sexual intercourse, and 11.7% reported experiencing dating violence), these statistics are artificially low due to a lack of term definition (sexual abuse includes more than the intercourse “sex” implies).

She suggested that the number of reported statutory rape offenses (67 in 2004) is artificially low due to reporting barriers. Statutory rape is universally under-reported and usually lacks forensic evidence when it is reported. Arrest rates for statutory rape cases are low, and victims of statutory rape often have problems reporting their rapes and going through the trial process. In addition, the laws in Tennessee and Memphis regarding statutory rape and the process the victims must endure to report make reporting difficult to impossible in most cases.

Dr. Phyllis Betts (Director of the Center for Community Building and Neighborhood Action [CBANA]) represented the action part of the panel, making sure everyone who attended had opportunities to contribute their questions and feedback. This set the stage for further investigation and action on the health implications of adolescent sexual behavior.

Additionally, Dr. Hardt and other professionals conducted an analysis of sex education, or Family Life and HIV/AIDS Prevention Education, curricula at Memphis City and Shelby County Schools. Recommendations from this review included that, to be effective, both curricula must use current information to teach teens what they need to know about their bodies, the risks associated with sexual activity and ways to reduce these risks, communication and negotiation techniques, and contraceptive methods. That information must be presented in a way that is “real” for teens and acknowledges the culture in which they live.

The curricula must end the problem of lack of definition by defining sex, directly addressing other forms of sexual behavior, and giving adolescents the risk and protection information for all of the behaviors they are being exposed to. Final recommendations included that older partners, sexual predators, and abuse by peer partners are real threats to Memphis adolescents and must be addressed in the curricula.

In follow-up, CROW convened a group of interested scholars, service providers and community advocates from a variety of fields on January 24 to discuss potential research topics on these topics. CROW Research Affiliate Dr. Joy Clay directed a process by which participant input was collected and turned into researchable questions. With these questions in hand and a thorough review of the main institutional sources of sexual information for local teens, CROW and its community partners are working to develop a practical research agenda with the goal of improved reproductive health for Memphis teens.
On-line Quiz Helps Teens Prepare for Tough Choices

Hundreds of thousands of teens nationwide are expected to participate in the fifth annual “National Day to Prevent Teen Pregnancy” taking place on May 3, 2006. The National Day is organized to reach teens directly through an innovative, online quiz. On May 3, 2006 (and for a few weeks thereafter), teens will be encouraged to go online to the National Campaign to Prevent Teen Pregnancy’s website (www.teenpregnancy.org) to take a short, engaging, and informative quiz that asks teens to reflect on the best course of action in a number of tough and realistic sexual situations. The Center for Research on Women has agreed to help promote awareness of the national event.

Organized by the National Campaign, the National Day has widespread support, including National Day founding partners Teen People magazine and Teen People online, over 150 national organizations and media outlets who serve as official National Day partners, and financial support from the Candie’s Foundation.

Over 630,000 people participated in the 2005 National Day to Prevent Teen Pregnancy. A survey of some of those who participated in 2005 indicates the Quiz is a success:

- ♥ 84% said the Quiz made them think about what they might do in such situations;
- ♥ 66% said the Quiz made the risks of sex and teen pregnancy seem more real to them; and
- ♥ 63% said they’d encourage others to take the Quiz.

For ideas on how you can help promote the National Day, please visit http://www.teenpregnancy.org/national.

Thanks to our Contributors

September 1, 2005—February 15, 2006

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Book Review:

**Talk About Sex: The Battles over Sex Education in the United States**

Reviewed by Dr. Joy Clay, Associate Professor, Public and Non-Profit Administration, University of Memphis

Talk About Sex is a must read for those interested in issues of sex education advocacy, children’s public health, and public policy analysis. Based on interviews, participant observation, and review of court documents, Irvine does a masterful job of weaving a story of political and moral entrepreneurship to explain the history of U. S. sex education since the 1960s; the conflicting views of special interest groups, conservative and liberal, involved in the debate; and the dynamics of culture, politics, and language as key features of social advocacy. Through author Irvine’s appealing and clear writing style, non-sociologists have straightforward access to understanding various sociological concepts, including culture, rhetoric, frames, and discursive politics. These concepts are used by the author to examine how each side of the controversy has attempted to influence/control the definition of the public policy problem.

Irvine examines how social conservatives successfully used opposition to sex education to build and enhance a social movement, shape its political environment, and control public discourse about sex education. As she conducted research into community conflicts over sexuality education in the 1990s, Irvine noted the general tendency for public discussion and support for comprehensive public school sex education programs to evolve into heated and intense disagreements about social regulation and morality. She noted that the rhetoric over this public policy issue increasingly shifted from discussions over the need to promote knowledge about human sexuality using a “therapeutic” frame to inflamed debate using a “traditionalist” frame which viewed sex education as immoral. Community debate became marked by a high level of emotion and use of provocative sexual language and symbols to produce anxiety. Further, she found a commonality among the pattern of the features of the debate across communities nationally suggesting a collective, and organized, mobilization to oppose comprehensive sexual education. Thus, Irvine posits that sex education became a bridge issue as the social and political conservatives of the 1960s and 1970s, mobilized to oppose what was viewed as destructive social trends of the 1960s, to the New Right, a coalition “of corporate sponsors, cohorts of Republicans, and a grassroots, largely religious base” who focused on similar issues but distanced themselves from the explicit racism and conspiracy thinking of earlier conservatives (pp. 64-65). The New Right transformed into a reinvigorated national movement, with a sophisticated and well funded infrastructure for advocacy, research, and legal organizations, and with a mass base of evangelicals and fundamentalists (p. 64).

Irvine examines how the nature of the issue, sexuality, adds its own dimensions to the mix of culture, politics, and language. Irvine explains that American discomfort with public talk about private matters and a deeply held American belief in the protective, but also “romantic,” perspective of the innocence of childhood leads to American anxiety about educating children about human sexuality. She also explains that sex education breaks the cultural norm of “silence” about such topics. Advocates of comprehensive sex education believed that “silence fostered ignorance, shame, and social problems like teen pregnancy” (p. 7). Opposing comprehensive sex education, social conservatives suggested that sex education teachers were promoting irresponsibility, homosexuality, promiscuity, sexually transmitted diseases, etc. Ironically, once the silence was broken about sexuality, it has remained broken. Irvine notes that the Christian Right has launched its own sexuality industry, including a sex education curriculum, based on abstinence, and various national advocacy organizations organized to assure continued social and political dominance and to present supportive research (pp. 11-12).

(Book Review, page 14)
From the Memphis Area Women’s Council

We Celebrate Success

The Memphis Area Women’s Council celebrates its second anniversary with clear successes and excellent opportunities for more, thanks to strategic partnerships and community collaborations. Organized as a non-profit with individual and organizational members, the Council’s mission is to link research with action for women’s health and health care, economic self-sufficiency and educational equity and reform.

Where community partnerships are already forming around a policy issue, MAWC attempts to join the charge and contribute our efforts toward change. That is the case regarding the living wage and the diverse grassroots coalition united to press for it.

We celebrate success: In February, the Memphis City Council passed a resolution raising all full-time city employees to at least the living wage ($10 per hour plus health benefits) and setting fall 2006 deadlines for action on wages for other employees.

Where a wide spectrum of community groups and professionals share concern about an issue, as with the corporal punishment question, MAWC organizes experts to present data and meets one-on-one with policy makers to press for the policy change. The Council also rallies its members to attend public sessions, contact school officials and otherwise speak out for the new policy.

We celebrate success: Memphis City Schools banned corporal punishment in fall 2005.

Where a gap exists in organizing activists around an issue, as with domestic violence prosecution, the Council calls together a working group with varied expertise. Our Domestic Violence Planning team links MAWC activists with representatives from the law, courts, victim services and research, some of whom are connected by the Shelby County Domestic Violence. We trained volunteers who document needs of domestic violence victims and staff in the Order of Protection hearing room. Our court watchers identified a critical need for secure designated office space where domestic violence victims could meet with victim advocates to discuss their needs, fears, rights and responsibilities in court. MAWC met with top Shelby County officials with specific suggestions for new housing for the advocates.

We celebrate success: Recently Shelby County officials dedicated space within the Criminal Justice Center for the advocates’ use.

Our work on the living wage led us to want to know more about barriers to steady employment and good wages for women. With funding from the Community Foundation of Greater Memphis, the Council is organizing a Workforce Action Collaborative that will connect lowest-wage women with advocates, community groups, activists and researchers to identify local employment barriers and change workforce development policies and practices.

We will look for common barriers to workforce mobility/economic self-sufficiency as perceived by trainers and low-wage participants in various programs and approaches; bring providers and low-wage women participants together to identify policies that need to be changed, and train, equip and organize low-wage women and other women in the collaborative to advocate for those changes.

And please read more about our other exciting new initiative, “Girls for Change,” on page 1.

As the Memphis Area Women’s Council moves into our third year, we invite all who are interested in our mission to join us! Become a member. Participate in MAWC action projects. Make your voice heard!

Deborah Clubb, Executive Director
Memphis Area Women’s Council

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over-the-counter sale, despite the Reproductive Health Drugs Advisory committee’s 23 to 4 vote in favor of granting over-the-counter status to this drug. Senators Hillary Rodham Clinton (D-NY) and Patty Murray (D-WA) subsequently wrote to HHS Secretary Michael Leavitt urging him to investigate Dr. Hager’s actions and whether he allowed his personal beliefs rather than scientific evidence to influence the FDA’s Plan B decision.

Congressional Efforts to Target NIH Grants

In July 2003, Representatives Patrick Toomey (R-PA) and Chris Chocola (R-IN) introduced an amendment to the House Labor/HHS appropriations bill to restrict federal funding to the National Institutes of Health (NIH) for five grants dealing with sexual health research. However, a number of bipartisan members of Congress opposed the amendment on the grounds that NIH should be free to decide which grant proposals it will fund through its peer-review process based on scientific merit, without interference from the federal government. The amendment was narrowly defeated in the House by a vote of 212-210. Similar legislation sponsored by Representative Randy Neugebauer (R-TX) passed the House in 2004, but was not ultimately included in the final Labor/HHS appropriations bill. In 2005, another amendment to eliminate funding for specific NIH grants was attached to the House Labor/HHS appropriations bill and approved during the House floor vote.

The Society for Women’s Health Research believes that these three examples illustrate clearly the dangers of the federal government interjecting political or ideological views into scientific affairs and women’s health issues. The trend toward politicization of science is harmful to researchers, who may fear to undertake important but potentially controversial research if they think such efforts will result in unwanted attention or interference from the federal government. Further, the general public will suffer if research is stymied due to ideological concerns or politics, and it is likely that women will be harmed if advisory committee appointments in the area of women’s health are made based on ideology rather than science.


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Paradoxically, the same features that inflamed debate about sex education have also resulted in discouraging civic debate as the level of discomfort and disagreement exploded in communities and became seriously divisive. Irvine argues that the New Right effectively transformed the U.S. political landscape by capturing American anxiety about sexuality and social control. Because the issue has become so polarized, Irvine convincingly argues that the large, but complicated, middle ground has been lost. She writes:

... national advocacy organizations have scripted the public conversation on sex education through rhetorical frames which organize ambivalence, confusion, and anxieties into tidy sound bites designed for mass mobilization. Nuanced argument drops out of this process (p 8).

An obvious conclusion to be drawn from Irvine’s book is that the sex education controversy can only continue. While social conservatives continue to have the advocacy lead on such important issues as family, values, and responsibility, a focus on abstinence-only sex education curricula has not proven to be a universal remedy. Social and economic issues related to teenage risky sexual behaviors continue to be a public policy problem in the United States. The sexualization of the American culture, impact of the popular media on teen perceptions of what is appropriate sexual behavior and social breakdown of family and neighborhood support systems present a tremendous challenge to any approach attempting to restructure social control. In the face of such highly charged controversy, public school systems may be avoiding sex education completely.
transmission appear specific instructions in sexual morality: abstinence from sex until engaged in monogamous heterosexual marriage, reserving “other prevention” (condom use) as a last-resort-only option for those failing to submit to these chaste ideals. Despite reasoned counter-arguments from credible scientists and practitioners, the current sex-policing agenda seems only to expand like a cancer and to implant itself that much more firmly in the public health landscape.

The good news is that there are a wealth of researchers, feminist advocacy groups, and service providers (see list on opposite page) that are working hard day-in-and-day-out to challenge anti-women and anti-sexuality agendas and to provide effective and dignified reproductive health services to people all around the world. These folks need our support now more than ever. We must step up our collective efforts to pressure our elected officials to support domestic and international policies and laws that respond to sexual health challenges of the 21st century with dignity and respect rather than fear and shame. Right-wing fundamentalists are reacting to very real health concerns, but are doing so in a manner in which treats human sexuality more as a perversion than a wonderful life-force. We must not shy away from sensitive discussion around sexuality. Our daughters and sons, sisters and brothers, here and abroad are depending on it.

References

Enclosed is my contribution to support the work of the Center for Research on Women.

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