pressure regarding sexual behavior. Only 47% of teachers covered how to negotiate sexual limits.

Responses to summary questions may mask important differences among teachers in the content they actually cover. The terms “abstinence-focused” and “abstinence-only” are commonly used by those favoring and criticizing this type of sexuality education. There are, however, no standard definitions of these terms. The data from this survey provide information that increases our understanding of what these categories mean in practice.

Teachers who presented abstinence as the only way to prevent pregnancy and STDs and those who presented it as the best (or one) alternative varied little in whether they taught most skills and concepts related to sexual behavior and abstinence and most items related to STD and HIV facts and prevention (Table 4). Those who presented abstinence as the only alternative were, however, less likely to teach the importance of both partners agreeing to any sexual behavior, that STDs and HIV can be contracted during oral or anal sexual intercourse and that sexual monogamy is a form of STD and HIV prevention (differences of 5–9 percentage points). Even greater differences were found between the two groups of teachers in their instruction about STD and HIV services, especially the availability of confidential testing and treatment, and in their coverage of skills and concepts related to method use (differences of 12–24 percentage points).

Six in 10 teachers who presented abstinence as the only alternative discussed condoms as a form of STD and HIV prevention and 46–47% explained how each birth control method works, the necessity of using methods correctly and consistently and the importance of using both condoms and a more effective method to avoid both pregnancy and STDs (including HIV). One-quarter gave students information about specific sources from which they could obtain birth control, and 17–18% showed birth control devices and the proper way to use a condom.

Some teachers who taught about abstinence as the best option or as one option did not teach about any other means of preventing pregnancy and STDs, but others covered the range of prevention options while stressing abstinence as the best choice. Still others apparently emphasized abstinence in part by focusing on the potential ineffectiveness of contraceptive methods for the prevention of infection and pregnancy.

Although 70% of sexuality education teachers covered all three of the central reproductive health topics—STDs (including HIV), abstinence and birth control, about 30% only taught about abstinence and STDs and HIV. About half of these teachers (16% of all sexuality education teachers) only answered student questions about birth control and the others (14%) did not cover birth control at all (data not shown).

Most teachers (59%) said they taught that birth control can be effective in preventing pregnancy or that condoms can be effective in preventing HIV and other STDs while they also stressed abstinence as the only option (9%) or as the best or as one option (50%) for teenagers (Table 5). However, 36% either taught that birth control and condoms are ineffective means of preventing pregnancy and STDs (22%, the sum of 9.8% and 17.6%) or did not cover birth control or condoms at all (9%, the sum of 4.4% and 4.4%), while they presented abstinence as the only (14%, the sum of 9.8% and 4.4%) or the preferred alternative (22%, the sum of 17.6% and 4.4%).

Thus, while there is a strong association between the approach to teaching abstinence and the effectiveness attributed to birth control and condoms, the information students receive cannot be clearly deduced from teachers’ approach to teaching abstinence. Some 69% of teachers who discussed abstinence as the best or as one option for teenagers also presented birth control and condoms as effective alternative means of prevention, while 39% of those who said they taught abstinence as the only alternative nevertheless presented both birth control and condoms as effective means of prevention. In addition, 61% of those who taught abstinence as the only alternative either presented no information about birth control and condoms (19%) or taught that one or both are ineffective (42%), compared with 31% of those who presented abstinence as the best or as one alternative.

Support and Problems

In 1999, 68% of sexuality education teachers were in school districts with a policy of teaching sexuality education, but a substantial minority were in districts that left the decision to individual schools (7%) or to individual teachers (24%). As in 1988, almost two-thirds (65%) of sexuality education teachers reported in 1999 that their school administration supported their efforts to meet the sexuality education needs of their students. Fewer than half reported support from parents (47%) or from the community (44%). Teachers whose district had a policy of teaching sexuality education were slightly more likely than those in districts that left the decision to individual schools or teachers to feel that they had their school administration’s support (68% vs. 61%). However, the two groups differed little in their perception of support from the community (46% and 41%, respectively) and support from parents (48% and 45%, data not shown).

Forty-three percent of sexuality education teachers were in schools that required them to use a specific curriculum for sexuality education. Some 26% of teachers said that information their students needed was not included in their curriculum, with little difference between those who were required to use a specific curriculum and those who were not. Moreover, 22% of teachers reported that their school restricted their ability to answer students’ questions on topics not included in their curriculum.

In 1999, 35% of teachers said they had to be careful about what they taught because of the possibility of adverse community reactions to sexuality education. (Equivalent data for 1998 were not available.) Twenty-four percent believed that their administration was nervous about community reaction, a large reduction from the level in 1988 (34%). Some 19% said that restrictions imposed on sexuality education prevented them from meeting the sexuality education needs of their students—similar to the level seen in 1988 (21%).

Most teachers (86%) reported that their school had policies designed to foster parental involvement regarding sexuality education. The policy most commonly reported (by 82% of teachers) was to give parents the opportunity to review curriculum