A NEW CALIFORNIA SEX ED CURRICULUM

The HEART Sex Ed Curriculum is offered as a non-profit service to California secondary school districts at minimal cost. The HEART Curriculum was created as a non-profit project, guided by a board of subject experts.

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Revision Policy: For the purpose of continual improvement, there are semiannual revision windows on, or near, January 1 and July 1, if needed. Exceptional revisions may be issued as conditions warrant. The most recent revision date is included in the curriculum document title and at the beginning of each component part (volume/part introduction or lesson) as appropriate.
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HEART: HEALTH EDUCATION AND RELATIONSHIP TRAINING Curriculum

VOLUME I, PART 1 (Lessons 1-6) 7th Grade

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Sex Ed Curriculum, Volume I, Part 1 (Lessons 1-6)
Revision date: 2.10.20

Teacher Introduction to Volume I, Part 1 (7th Grade)

Humans marvel at the brilliant nighttime flash of shooting stars disintegrating as they strike earth's atmosphere. Reentry, the passage through our atmosphere, is the most dangerous moment for a returning space vehicle. We've learned how to manage this high-speed crash with the atmosphere by controlling the angle of entry and using protective devices like heat shields.

Adolescence is a bit like a spacecraft's passage through earth's atmosphere. The years of puberty, for example, have the highest risk of death of a person's life. Education is an important tool for managing the risks, especially for the topic of this curriculum—sex education (hereafter 'sex ed').

Because the California Ed Code requirements for sex ed are a lot to absorb at once, the middle school HEART curriculum, Volume 1, is divided into Part 1 for 7th grade (Lessons 1-6), and Part 2 for 8th grade (Lessons 7-12). The high school HEART curriculum, Volume II, reflecting increased pupil maturity, is taught in one year, the 9th grade (Lessons 1-10). This provides an important benefit: three annual reminders on how to build healthy relationships and protect sexual health. Research has shown that annual reminders and sufficient 'dosage' are keys to sex ed effectiveness (25 June 2019 conversation with Dr. Stan Weed of the Institute for Research and Evaluation).

The HEART curriculum begins with relationships. Healthy relationship skills, including mutual and inclusive respect and affection for others, provide the foundation for positive human interactions. The 7th grade sex ed curriculum lessons are as follows:

- Lesson 1 Relationships
- Lesson 2 The New You
- Lesson 3 The Decision
- Lesson 4 STIs and HIV
- Lesson 5 To Parent, or Not
- Lesson 6 Honor Yourself

Considering the strength of adolescent sexual drives, it's appropriate to consider what makes sex ed effectual. The Institute for Research and Evaluation performed a meta-analysis of the effectiveness of available sex ed programs. The conclusion was that most have little or no effect—it's not easy to change teen sexual behavior (Weed & Ericksen, 2019). Some helpful conclusions were made about the roles of the student and the teacher in protecting sexual health (25 June 2019 conversation with Dr. Stan Weed of the Institute for Research and Evaluation):

Student Role: Three conditions are important regarding the student outlook:

a) Having the intention to abstain from sex.
b) Understanding that abstaining from sex outside of marriage has important benefits.

c) Believing they have positive future opportunities that premature sex could negatively affect.

A Parent Interview booklet is recommended as a permanent student record.

Teacher Role: The characteristics of teachers who most effectively teach sex ed curricula include:

a) Students sense that the teacher believes the message.
b) Students believe the teacher cares about them.
c) Students are engaged by teacher in the learning process.
d) The teacher follows the curriculum.

Parent Role: In addition to the role of teacher and student, this curriculum adds a third influence—the parent. There is abundant evidence that parents are the primary influence on children, especially during early adolescence (Power to Decide, 2016). There is also evidence that parents will respond to the invitation to work with their children, especially if given information (Wang *et al*, 2014, Pearson & Frisco, 2006).

The 'Parent Interview,' conducted by students with parents following the lessons of this curriculum, is posited to be a significant influence towards meeting the purposes and objectives of the Ed Code for sex ed. It has the feature of empowering the student, who is in the role of interviewer, and engaging the parents in sharing the lessons they've learned from their life experiences, and from the values of their families. This also helps keep teachers out of the line of fire on the value-laden topics of sex ed.

It is called to the attention of the school district, that preparing and engaging the parent to play their role in the Parent Interview is a necessary step for the student to receive the potential benefit. It is suggested to provide the Parent Interview questions in advance to parents, and to give parents flexibility as their busy schedules require for participating in the Parent Interview.

Use of 'Parent'

The word parent, in the HEART curriculum, refers to the pupil's legal caregiver. According to the U.S. Census Bureau, 96% of children live with one or both parents. Another 3% live with a legal guardian, and about 1% live with a caregiver such as a grandparent, other relative, or a non-relative. Because of the frequent reference to 'parent' in the curriculum, and for simplicity, the term parent is used to refer to the legal or authorized caregiver.

Storylabs Platform:

The HEART curriculum is offered as a public service at no cost. It comes in digital form with overheads available in PowerPoint or Google Slides formats. Users may also print copies for their own use.

HEART is also available with the capabilities of a learning management system on the Storylabs Internet-based platform. Storylabs, a service of S&S Apps, provides digital access to lessons, interactive learning activities, overheads, and Internet-sourced visual aids. These enhanced learning aids are available to students and parents as well as teachers and administrators.

Lessons can thus be followed on devices such as student chrome books, and/or linked to projection equipment. Storylabs' accounts provide students a confidential site for homework, quizzes and other activities, as well as a journal for recording Parent Interview notes on their Parent Interviews, or keeping a diary. Storylabs intends to maintain student access to curriculum and journal for three years.

Pupils with Disabilities:
The Ed Code directs that "instruction and materials shall be accessible to pupils with disabilities, including but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids." (51933.d.3) The HEART Curriculum provides these features to aid teachers in meeting the needs of students with disabilities:

1. Because of the range of pupils with disabilities, the HEART curriculum supports the established practice of Individual Education Program (IEP) teams creating modifications and supports to allow all pupils to access curriculum material.
2. The instructional material for the lessons provides clear identification of Ed Code objectives, a review of discussion points, and a summary of overheads to facilitate adapting the lesson to pupil abilities.
3. Overhead projections feature teaching points of the lessons to facilitate following the instruction and discussions. These can also be followed on devices like chrome books, or printed for students to follow with the option of using a high-lighter to mark key points to remember.
4. The values-related topics of each lesson are reviewed with parents in a process called the Parent Interview. This allows the parent(s), who know the students best, to guide their understanding of these important values. All students participate in the Parent Interview.
5. Sexually transmitted diseases (STIs) and contraceptive devices are examples of complex topics. A summary chart is provided to aid STI comprehension. The HIV quiz is provided prior to instruction so the student can answer questions as the lesson progresses. A link to a Center for Disease Control and Prevention (CDC) simplified summary of contraception options that simplifies comprehension of the subject is also provided.
6. The Storylabs learning management system is available for pupils to follow the lessons using their iOS devices, chrome book or I-pad via an Internet-based learning platform. It also supports parent involvement with the lessons.

English Learners:
The Ed code directs that "Instruction and materials shall be made available on an equal basis to a pupil who is an English learner." (51933.d.2) School districts should follow their normal English learner practices with this curriculum. CDC-sourced handouts such as "The Lowdown on How to Prevent STDs" and "The Right Way to Use a Male Condom," are available in multiple languages, including Spanish. For users of traditional printed curriculum, language translations of overheads are available at the cost of translation.

The Storylabs learning platform makes the HEART curriculum comprehensible to ESL students of any language background through Google Translate. The student portion of HEART for each

lesson is presented at the beginning of the Storylabs curriculum for each school year in a single PDF document for ease of translation. The student portion can simply be downloaded by the student and uploaded to Google Translate for translation to the language of choice.

External Resources:

References are made in HEART to external resources accessed by the Internet. The reference is only to the cited material and is not intended to include other material that may be found at, or linked to, the referenced Internet site.

Denial of liability:
The HEART sex ed curriculum for secondary school is offered by the providers as a free public service to be used at the sole discretion of CA school districts. No liability for the use of HEART is accepted by the providers. The cited objectives of the CA Ed Code for sex ed guided the best effort writing of HEART but may be interpreted differently according to viewpoint; therefore, the final judgement regarding Ed Code compliance is the prerogative of the user.
None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

References:
Pearson, J., Frisco, M.L., "Parental involvement, family structure, and adolescent sexual decision making," *Sociological Perspectives*, 2006 Nov. 1, 49(1): 67-90.

Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy). (2015). *Survey Says: Parent Power.* Washington, DC.

Wang, Bo, *et al*, "The impact of parent involvement in an effective adolescent risk reduction intervention on sexual risk communication and adolescent outcomes," *AIDS Educ Prev.*, 2014 Dec; 26(6): 500-520.

Weed, Stan E., Ericksen, Irene H., "Re-Examining the Evidence for Comprehensive Sex Education in Schools," 2019, retrieved 7/23/19 at the website of the Institute for Research and Evaluation. Link: https://www.institute-research.com/CSEReport/Global%20CSE%20Report--US%26non-US_Combined__4-1-19.pdf

Lesson 1: Relationships

Estimated time: 50 minutes
Revision date: 9/10/19

1.1 Lesson Introduction (For teachers)

1.1.1 This curriculum is based on the "Triangle Model" (introduced to pupils in Lesson 2), whereby the teacher provides information and facilitates child-parent involvement; the parent teaches values as prompted by the "Parent Interview" questions; and the pupil conducts the Parent Interview and learns to make healthy life decisions. This method recognizes the legal right of 'parents' to guide their child's education. The term 'parent' includes legal guardians wherever used. The pupil may confer with a caretaker or trusted adult in exceptional instances, but the legal rights of parent should be respected.

1.1.2 This lesson introduces pupil-parent communication with the Parent Interview homework questions. These are value-oriented questions for pupils taken from each lesson and also provided to parents in a packet prior to the start of sex ed classes. It is noted that communication patterns and skills are first learned at home in the family setting and will vary with each student. Some are comfortable talking with adults, others are not.

1.1.3 Material on student-parent interview skills is included in this lesson with an exercise to teach the skill and instill confidence. Pupils should be encouraged to make the Parent Interview exercise a meaningful dialog by listening respectfully but also sharing their views. Teachers should follow up in subsequent lessons on the progress of these Parent Interviews until they are confident the process is working.

1.1.4 In teaching the consequences of immature sexual relations in this and other lessons, a moral judgement should not be implied nor should shame be used. The argument for delaying sex until at least the legal age of consent is based on the medical truth that it is the only certain way to avoid the harms that include STIs and unintended pregnancy before youth achieve the maturity of adulthood.

1.1.5 It is noted that school teachers are 'mandated reporters' and work under a legal requirement to report known or suspected incidences of child abuse as guided by school district policies and regulations, and state law.

1.1.6 Remind students that the lessons of this curriculum are not medical advice and are presented under the following denial of liability:
Denial of Liability: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay in seeking needed medical care and do not disregard professional medical advice.

1.2 Lesson Objectives (Ed Code reference in brackets):

1.2.1 Provide knowledge and skills needed to develop healthy attitudes about . . . relationships . . . and have healthy positive, and safe relationships and behaviors. (51930.b.2, 5; 51933.b.2)

1.2.2 Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)

1.2.3 Affirmatively recognize that people have different sexual orientations. When discussing or providing examples of relationships be inclusive of same-sex relationships. (51933.d.5)

1.2.4 Provide knowledge and skills to form healthy relationships based on mutual respect and affection. (51933.g)

1.2.5 Instruction and materials shall not reflect or promote bias against any person protected by Section 220.

1.2.5 Teach value of and prepare students to have committed relationships such as marriage. (51933.f)

1.3 Parent Interview Questions:

1.3.1 In class, we learned how to conduct a Parent Interview to discuss the sex ed lessons at home to respect our parents' rights and the values of our family. In Lesson 1 "Relationships" we learned about the qualities of good friends and the importance of mutual respect in relationships. Could you add anything from the relationship experiences of your life?

1.3.2 We also discussed romantic friendships, and the idea that we can have fun and show affection without the complications of sex. What did you do for fun with someone you liked when you were young?

1.3.3 When two people 'like' each other, they may want to express physical affection. What are the values of our family about intimate contact?

1.4 Lesson Delivery Outline

1.4.1 Importance of Relationships

Explain that this, the first of six 7th grade sex ed lessons, introduces the importance of relationships. Relationships are the bonds and connections we have with other people and are crucial to our success in life. As babies we only care about ourselves, but as we mature we learn to care more and more about others. The home is where we first learn relationship skills—getting along with parents and siblings—and as we learn it makes out home a happier place. School friendships make school more fun and help us learn more relationship skills. When students become adults their relationship skills will be critical for long-term commitments such as marriage, and vital to success in their work and career.

Activity: In class discussion, make a list of the different relationships (roles) that are part of a student's life. Examples: son or daughter, sibling, grandchild, cousin, grandchild, friend, student, employee, etc. In review, point out the importance of relationship skills in the

student's different roles. Relationships with friends grow in importance during the teen years, so this is a good time to learn the needed skills. Healthy relationships make life fun and enjoyable.

1.4.2 Friendship

Over two thousand years ago the Roman philosopher Cicero wrote a book in his old age titled *De Amicita*, which translated is *How to Be a Friend*. These ideas have stood the test of time—his book is still in print. Here are some principles of authentic friendship from Cicero that are both ancient and still true (Freeman, 2018).

Present Overhead: "Characteristics of Authentic Friendships."

- Be trustworthy. Only trustworthy people can be true friends because friendship requires sincerity and goodness.
- Be honest. Friends tell the truth, what you need to hear even if you sometimes don't want to hear it. Don't flatter to please; your friend needs honest feedback.
- Friends help friends be better people. We need help because change is hard, and we can be blind to our faults. Real friends don't ask the other to do something wrong.
- Give as generously as you receive. Don't use your friendship to get things. The reward of friendship is friendship.
- Treasure your friends. Friendship improves with age.

Discussion: Gather students in small groups to brainstorm a list of qualities they admire in friends and classmates. Compile in class discussion and make a list on the whiteboard or a flip chart. Students should write these down to save, or make a class copy to distribute.

1.4.3 Authentic or Counterfeit Relationships

Friendship—reflected in Cicero's characteristics (above)—can be real or faked, authentic or counterfeit. That is, it is possible for friendships to be "false." For example, when we are not trustworthy or are dishonest, we are not being a "true" friend. We start to treat people as things to be used or to be bullied. Think of a time when you were treated as a "thing" by someone you considered a friend. Your experience with them may be a counterfeit of genuine friendship. The qualities of true friendship are in contrast to the counterfeit version:

Present Overhead: "Authentic vs. Counterfeit Friendships"

True Friendship (Cicero)
Being trustworthy
Being honest
Becoming better
Being generous
Treasure/value friends

Counterfeit Friendships
Not to be trusted
Being dishonest
Being mistreated
Becoming self-centered
Use friends as things

Learning to recognize counterfeit relationships is important in protecting oneself. This is especially true in sexual relationships, not only to avoid a broken heart, but also to avoid the harm of STIs or unintended pregnancy.

1.4.4 Mutual Respect and Affection

California schools are required to have a policy protecting defined groups from discrimination or biased behavior. The best way for pupils to do this is to start by showing mutual respect and affection to all people in their lives. This includes not just their best friends but everyone they encounter. If a friendship is counterfeit, respect is replaced by resentment or hostility, rather than genuine affection.

Discussion: Invite pupils to share examples of being shown respect and how it made them feel. Invite also the sharing of being discriminated against and how it made them feel. Discuss the difference the pupils could make by showing respect to people over a lifetime.

1.4.5 Romantic Relationships

Explain that friendship skills mature into relationship skills that will be important to the pupil's success in committed relationships such as marriage. There is wide support in research that the qualities that make good friendships also make good marriages (Fowers, 2000). Marriages that are based first on a foundation of friendship, rather than just physical attraction, are happier and longer lasting.

During the middle school years romantic friendships may develop. Friends can become *boy*friends, and *girl*friends. It is natural to feel affection when romantically attracted but it's important to discern that the relationship is genuine and not faked or counterfeit.

In romantic relationships *intimacy* may develop. Intimacy means things like closeness, warm feelings, and affection. It may also include physical acts such as hand holding, kissing, and hugging. Because the sensations of love can be very strong, intimacy, if not restrained, can grow to touching in personal places and sexual relations (sex acts known as 'making love'). The question of self-restraint, how far to go and how to set bounds, is one of the most important decisions you can make. Sexual acts represent the most extreme intimacy—you and your body are completely exposed to another person during sex and there are significant consequences of this, including sexual diseases and pregnancy. For such reasons, sexual intimacy should not be done casually; rather each person should act to protect them self.

(Teacher's note: This brief mention is not meant to trivialize the health consequences of sex, which are significant and as noted below will be further discussed in Lesson 3 "The Decision," Lesson 4 "STIs and HIV," and Lesson 5 "To Parent, or Not.")

Protecting your person includes setting boundaries to protect all aspects of your health. Setting boundaries means you communicate in various ways the respect you expect in protecting your person, and your personal space. You show self-respect and honor yourself when you set and defend boundaries for your person. (Teacher's note: Lesson 8 "Living and Loving," presented in 8th grade, presents more on setting and defending personal boundaries, and negotiation and refusal skills.)

In Lesson 3 we will learn a tool to help make smart decisions about our romantic relationships. But for now, young people in love can learn to think about and discuss with each other a most important question: what meaning and significance they should require for these acts of intimacy. The intimate acts of love have real consequences, which implies they should not be done casually.

Consider these words from Anna Clendening's song "Boys Like You":

Present Overhead: "Lyrics for 'Boys Like You'"
(Note: Lyrics are to be used for teaching purposes and are not to be reproduced without permission. The song is available at sites such as YouTube for classroom use.)

> Momma said there'd be boys like you
> Tearing my heart in two, doing what you do, best
> Taking me for a ride, telling me pretty little lies
> But with you, I can't resist
>
> Before I met you, I never felt good enough
> Before I let you in, I'd already given up
> Left on read, no reply, left me just wondering why
> Now I'm skeptical of love
>
> So when you hold my hand, do you wanna hold my heart?
> When you say you want me, is it all of me or just one part?
> So when you hold my hand, do you wanna hold my heart?
> When you say you want me . . .

Explain to pupils that the pursued partner, growing "skeptical of love," wants to know the meaning of their relationship, whether the boy really wants all of her as a person, or "just one part"? The question of meaning, significance, and commitment in relationships is of critical importance. The song hints that the consequences of sexual activity have many dimensions and some are more critical to the female.

Sexual relations present the real risk of sexually transmitted infection (STIs), which will be discussed in Lesson 4. The risk of unintended pregnancy is a serious issue because it the creation of a new life and will be visited in Lesson 5. Next year in Lesson 8, we'll talk more about setting boundaries in relationships, and about coping and negotiation skills.

Discussion: Do relationships have the same consequences for girls as for boys? How about the balance of power when one person is more in love than the other?

Teacher's note: The song "Boys Like You" reflects a medical fact, that teen girls are more vulnerable to the consequences of casual sex. Factors behind this include their greater vulnerability to STI's (see the CDC Fact Sheet, "10 Ways STDs Impact Women Differently from Men." Link: https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf), and that women are most impacted by an unintended pregnancy as it occurs within their body. The growing number of unwed mothers left to rear children alone, often in poverty, attests to the economic impact. In Lesson 3 "The Decision" we'll discuss other harms.

1.4.6 Intimacy Without Sex

Teacher's Note: In teaching the consequences of immature sexual relations in this and other lessons, a moral judgement should not be implied nor should shame be used. The argument for delaying sex until at least the legal age of consent is based on the medical truth that it is the only certain way to avoid the harms that include STIs and unintended pregnancy before youth achieve the maturity of adulthood.

Explain that the primary message of the CA Healthy Youth Act is that delaying the start of sex until at least the legal age of consent is the only certain protection from consequences such as sexually transmitted diseases including HIV and unintended pregnancy. This is called *primary prevention* and it's the easiest and safest way to protect yourself from these adult consequences.

Here is an important point to remember: Young people in love can have all the fun they want without sex. This is important enough to be repeated: *You can have fun and express your love without the adult complications of sex.*

Here's an important fact to remember: Most young adults—72%—say they would be happy in a romantic relationship that did not include sexual intercourse. Even more—86% of young adults—thought it important to tell young teens that "it's okay to be a virgin when you graduate from high school." (Kramer, 2014) In fact, it's the healthiest thing. To review:

Show Overhead: "Young Adults Say Waiting is Better"

- By survey, the strong majority of teens (72%) would prefer a romantic relationship free of sex.
- Even more (86%), looking back, say "it's okay to be a virgin when leaving high school.
- The majority of really smart kids are waiting: 65% of kids accepted to Harvard are virgins per a 2017 *Harvard Crimson* survey.

In fact, growing in a romantic relationship without the push for sex is proof that real love is involved and not just sexual attraction—that feelings are genuine and not counterfeit. Letting the friendship deepen with time in mental, social and emotional dimensions enables people to get to know each other better, learn to care for the other more than for themselves, to trust each other, and depend on each other. The test of real love is when both partners want to continue to grow the relationship when sex isn't involved.

1.4.7 Kids Getting Better

The risks of sexual relations, reflected in laws that protect minors from the consequences, are mitigated by adult maturity. Young people, especially boys, are more prone to take harmful risks—their brain is still making the connections between risk and consequence that guide behavior. The federal Center for Disease Control (CDC) keeps an eye on this with the Youth Risk Behavior Survey. They've been doing it since 1991 so they have a lot of data. Here are some questions they ask and the better answers they're getting:

Present Overhead: "Kids Getting Better"

- How many sex partners does the average child have before leaving high school? Back in 1991, 19% of kids had four or more sex partners before graduation. Since then kids have become more careful. In the last data year, 2017, the number had dropped by nearly half to 10%. (Numbers are rounded.)
- What percent of kids start having sex before leaving high school? In 1991 over half, 54% had started sex before graduation. In 2017 this had declined to 40%. This means that about half of kids delay the start of sex until they're at least 18 years old, which is the age when you can legally give consent to have sex.
- Here's pregnancy data from another CDC source: In 1990 teen pregnancies were 125 per thousand girls. By 2010 this had fallen to 57 per thousand—still too high but a significant reduction of 54%.

More and more, kids are making better decisions by reducing sexual risk. That's a good thing. We'll learn a tool for making smart decisions in Lesson 3 and apply that to romantic relations. Next year in Lesson 11 we will talk about "committed relationships, such as marriage." But first, in Lesson 2, we'll talk about puberty, the first stage of adolescence.

Puberty Poll Activity: Puberty is the subject of Lesson 2, and an appraisal of student awareness may be done at the teacher's discretion. Because puberty tends to be a private topic, feedback will help the teacher define a starting point for Lesson 2. Poll: Ask students to anonymously write one or more things they already know about puberty, and a question about something they would like to know. Collect the poll.

1.4.8 Conducting the Parent Interview

If the Parent Interview packets have not been provided, introduce the concept and hand them out now. Review the interview questions for the next several chapters.

Present Overhead: "Five Points of Parent Interviews"

Teach five points of interview technique (also included in packet):

- Schedule the parent interview in advance to they can make time and be prepared.
- Meet in a quiet place where you won't be disturbed.
- Before asking questions explain what you learned in class on the subject.
- Ask the question, then listen carefully, and make notes as appropriate. Ask further questions to clarify or expand on points not clear.

- Summarize by repeating back what you have learned. Write the summary and your thoughts in your Parent Interview packet.

Activity: Teach interview skills by students rehearsing with each other interview questions for Lesson 1.

1.5 Summary of Lesson Discussion Questions/Activities (These summaries are presented in each lesson as an optional aid to lesson planning.) Because of the importance given to relationship skills in the Ed Code, and in the HEART curriculum, class discussion is an important learning tool. The students, with teacher guidance, pool their relationship wisdom and establish norms of mutual respect and affection through discussion.

- In section 1.4.1, pupils list the relationship roles in their lives and discuss the skills needed in those roles.
- In section 1.4.2 pupils articulate the relationship qualities they admire in others.
- Feelings of respect and also of discrimination are explored in the 1.4.4 discussion, providing an appreciation of the positive power of mutual respect.
- In section 1.4.5 the consequences of relationships for boys and girls are discussed, as well as the common problem of an imbalance in liking (he or she is not that crazy about you).
- There is a poll in section 1.4.7, optional at the teacher's discretion to evaluate student awareness of the issues of puberty, the subject of Lesson 2. Because puberty tends to be a private topic, feedback will help the teacher with a starting point of understanding, if deemed useful. Ask students to anonymously write one or more things they already know about puberty, plus a question about something they would like to know. Collect the responses while maintaining privacy.
- In section 1.4.8 students rehearse how to conduct the Parent Interview. This is essential to getting a good start in this important student-parent activity.

1.6 Assignments:

Teacher should confirm students understand and are able to conduct the Parent Interview. Students complete Parent Interview questions with parents for this lesson.

1.7 References:

- The friendship material in section 1.4.2 referencing Cicero's *De Amicita* is adapted from *How to Be a Friend*, *An Ancient Guide to True Friendship*, Phillip Freeman, 2018.
- Fowers, Blaine J., *Beyond the Myth of Marital Happiness: How Embracing the Virtues of Loyalty, Generosity, Justice, and Courage Can Strengthen Your Relationship* (San Francisco: Jossey-Bass, 2000)
- Kramer, Amy, "Virgin Territory: What Young Adults Say About Sex, Love, Relationships, and The First Time," The National Campaign to Prevent Teen and Unplanned Pregnancy, IYSL It's Your (Sex) life.com.http://the national campaign.org/resource/virgin-territory, retrieved 12/22/2014

1.8 Teacher Resources

1.8.1 Teacher notes

Lesson 1 teaches the importance of relationship skills with family and then friends for success in life. It introduces romantic feelings and intimacy, then uses the Anna Clendening's song "Boys Like You" to ask what *meaning* should be associated with attempts at intimacy. Having 'fun without sex' is an important message as this isn't heard in the media that constantly bombards our society with sexual messages.

As the Ed Code directs that delaying sexual relations is the only medically certain way to avoid STIs, unintended pregnancies, as well as other harms, this 'primary prevention' should be taught or affirmed in each lesson as appropriate. The lessons also teach 'secondary prevention' as a means of reducing risk—following the guidance of the federal Center for Disease Control and Prevention (CDC)—for those who choose to be sexually active. Teachers should be careful to not express judgement or imply shame over student decisions.

1.8.2 Teacher Reading & Study Material

For further information on healthy relationships, one source is *Safe People, How to Find Relationships that Are Good for You and Avoid Those That Aren't*, by Dr. Henry Cloud and Dr. John Townsend.

1.8.3 Anti-discrimination Materials

- California *Education Code* Section 220 defines persons protected from discrimination, harassment, intimidation and bullying: "It is the policy of the State of California to afford all persons in public schools, regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, equal rights and opportunities in the educational institutions of the state."
- Check your local CA school/districts' anti-discrimination policy in support of Ed Code Section 220 above.

1.8.4 Student Handouts: None recommended.

1.8.5 Overhead Index

- Section 1.4.2: "Characteristics of Authentic Friendships."
- Section 1.4.3: "Authentic vs. Counterfeit Friendships"
- Section 1.4.5: "Lyrics for 'Boys Like You'"
- Section 1.4.6: "Young Adults Say Waiting is Better"
- Section 1.4.7: "Kids Getting Better"
- Section 1.4.8: "Five Points of Parent Interviews"

1.9 Overheads—To be provided based on selection of printed or digital learning platform selection.

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Lesson 2: The New You

Estimated time: 40 minutes
Revision date: 9/10/19

2.1 Introduction (for the teacher)

2.1.1 To ensure retention, it is encouraged that key topics of the past lesson be reviewed to start the following lesson. The "Parent Interview" is a new tool for pupils and the teacher should follow-up in each lesson on their experience and help resolve difficulties.

2.1.2 Per the CA Ed Code as amended by CHYA, delaying sexual relations is the only medically certain way to avoid STIs, unintended pregnancies, and other harms. The CDC endorses this as "Primary Prevention" and it's the premise underlying each lesson.

2.1.3 This lesson introduces the "Learning Triangle," whereby the teacher becomes more a facilitator of learning, the parent teaches values, and the pupil becomes the investigator, learning and deciding what is best for his or her life. This method recognizes the legal right of parents, or legal guardians, to guide their child's education. The pupil should be encouraged to speak/confer with a caretaker or trusted adult as a backup source when the parent/guardian is unable to help.

2.1.4 If the teacher completed the "Puberty Poll" questions as part of Lesson 1, these provide a starting point in this lesson's puberty material.

2.1.5 The 'Question Box' is introduced in this lesson as a means for students to ask question anonymously. A 'box' or such receptacle may be used, or an appropriate email address for better anonymity.

2.2 Lesson Objectives (Ed Code reference in brackets):

2.2.1 Provide knowledge and skills to develop healthy attitudes concerning adolescent growth and development, body image, and relationships with others. (51930.b.2)

2.2.2 Promote understanding of sexuality as a normal part of human development. (51930.b.3)

2.2.3 Instruction and material shall be age appropriate, medically accurate and objective. (51933.a & .b) (For definitions, see 51931.a & .f.)

2.2.4 Students will be encouraged and provided with skills to discuss sexuality with parents/guardians. Note: Parents/guardians have legal rights to supervise the education of their children. Depending on the parent-child relationship, there may be situations where a trusted adult is needed. The legal rights of parents/guardians, however, should be respected. (51933.e; see also 51937, 51938, and 51939 regarding parent and student rights)

2.2.5 Provide knowledge and skills needed to develop healthy attitudes about . . . adolescent growth and development. (51930.b.2; 51933.b.2) Student will understand sexuality as a normal part of human development. (51930.b.3)

2.2.6 Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)

2.3 Parent Interview Questions

2.3.1 In class we talked about the physical, emotional, social, and mental changes of puberty and how to have a healthy attitude about these changes. How do you think these changes might have an effect on a person's body image?

2.3.2 We also learned that sexuality is a normal part of development that will include romantic feelings. What do you remember from this time in your life?

2.4 Lesson Delivery Outline

2.4.1 Three Things to Know

Class Rules: Explain that the subject of sex ed can be personal and rules are needed to make the most of the class and avoid offending others.

Present Overhead: "Rules for Sex Ed Class."

Rules:

- Participation: Become an active, not passive, class member. Ask or write questions. The more you put into these classes, the more you will learn. The more you learn, the better decisions you will make about love—and sex. The better your decisions, the better your life.
- Mutual respect: We are all different; respect these differences. No teasing, insulting, judging, or making fun of others.
- Confidentiality: It's good to share what you learn, but personal information that may be revealed must be respected and kept confidential. If an example is to be shared outside of class, don't identify the person or source.

Question Box: Introduce the Question Box (any container will do) as a place to deposit questions pupils have that may be awkward to ask in public. The teacher has the role of deciding which questions should be discussed in the following class. The students have the role of asking questions that are *appropriate* and *respectful* of other students.

Triangle Model: Explain the Triangle Model of learning to be used in sex ed, in which pupils take a more assertive role in the learning process.

Present Overhead: "The Triangle Model."

The Triangle Model:

- Teachers will share information and lead discussions.
- Pupils take an active role in class and as a homework assignment conduct Parent Interviews, learn about sex-related values, and make decisions for their lives.
- Parents teach values and share the lessons of their lives, prompted by the Parent Interview questions.

2.4.2 Lesson 1 Review

Ask students to share the main points remembered about authentic friendship from Lesson 1 "Relationships." Prompt answers by displaying the overhead as needed.

Present Overhead: "Characteristics of Authentic Friendships."

- Be trustworthy. Only trustworthy people can be true friends because friendship requires sincerity and goodness.
- Be honest. Friends tell the truth, what you need to hear even if you sometimes don't want to hear it. Don't flatter to please; your friends needs honest feedback.
- Friends help friends be better people. We need help because change is hard, and we can be blind to our faults. Real friends don't ask the other to do something wrong.
- Give as generously as you receive. Don't use your friendship to get things. The reward of friendship is friendship.
- Treasure your friends. Friendship improves with age.

Discussion: The teacher might tell a story of how a friend made a positive difference in their life, and invite pupils to share examples they are aware of.

2.4.3 The Wonder of Puberty

Explain that adolescence is the bridge between childhood and adulthood, and that *puberty* is the first stage of adolescence. Puberty is a time of big changes, including sexual development. This can be unsettling, even embarrassing at first. Discuss the importance of a "healthy attitude about sexual development" during puberty. Puberty is notable not only for the physical changes—which includes the ability to create life—but also for the mental, emotional, and social changes.

Puberty begins one to two years earlier for girls than for boys, usually during or just before the middle school years. Puberty is a wondrous time that could be compared to the blossoming of a flower. When your body starts to change, you may notice a new and different attraction for other boys or girls. These intense feelings and emotions will help one day to lay a foundation for a stronger relationship such as marriage founded in love. Inversely, some of you may not encounter an intense change, or not be romantically interested in someone else until later. These feelings are normal, and will continue to exist in your life in varying degrees.

The attraction to another person during adolescence can be strong, retained in memory for years after. As you mature you will grow to appreciate these opening lines of "How Do I Love Thee?" (Sonnet 43), a poem by Elizabeth Barrett Browning:

> *How do I love thee? Let me count the ways.*
> *I love thee to the depth and breadth and height*
> *My soul can reach . . ..*

The maturing of adolescence brings a deeper capacity for love that can enrich your whole life. Love is a wondrous thing, the spice of life. It makes us want to sing, to write poetry, to smile for no reason, and to become better people.

2.4.4 The Wonder of Puberty: Physical Aspects

Teacher Note: Be sensitive to any signs of unhealthy attitudes about adolescent growth and development. Recognize that there are extra challenges for the girls who experience the changes of puberty first; they are as pioneers for their age group. Be sensitive to late-developing pupils who may feel left behind or suffer by comparison.

Explain that puberty is a time of becoming beings with sexual feelings and abilities. During puberty pupils develop physically. There is a surge of physical growth over several years as body systems mature, including increased weight and height. There is a wide range of what is 'normal' during this stage of life. Each person's development is their personal adventure, and person-to-person comparisons shouldn't cause concern. It's a time to take pride in being the unique person you are becoming.

In this time of dramatically increased growth, girls add body fat as breasts and hips grow and curves develop. They also grow stronger. Boys begin puberty a year or so later than girls, noticeable by deepening voice (and genital growth), followed by muscle development, body hair, and height gain.

Body odors become stronger during puberty, which requires more frequent bathing and use of deodorants. Teachers and other in the classroom will appreciate this increased hygiene, for example, after pupils return from physical activity.

Puberty is indicated by the first discharges of sexual fluids—from the vagina during the menstrual period for girls, or from the penis for boys (see "Male Reproductive Physiology" below). These emissions signal the beginning of the ability to reproduce—to create life.

Teacher Note: The Physiology of Reproduction information provided below is optional as it may have already been provided in a science or biology class. The information provides a starting point for Lesson 4 "STIs and HIV," and Lesson 5 "To Parent or Not."

Present Overhead: "Female Reproductive Physiology."

Physiology of Reproduction: Female puberty begins at *menarche* (the first menstrual period) and the physiology includes these *internal* organs and processes:

- One of the two female ovaries produce an egg cell in a process called *ovulation* (the egg cells are also called ova). Ovulation is driven by changing hormone levels and occurs about every four weeks, give or take a week.
- The egg cell migrates through the fallopian tube in about 24 hours where fertilization by male sperm may first occur.
- The egg exits the fallopian tube into the *uterus*, a pear-shaped organ at the far end of the vagina. (The uterus grows during puberty, from about 3 to 6 cm in length.)
- If the egg has been fertilized (the first step to becoming an *embryo*), hormones are released that attach it to the uterine lining, which has been thickening to receive the embryo. The embryo receives nutrients from the uterine lining and grows through cell division, dividing at least daily. If not interrupted, the embryo becomes a *fetus* at nine weeks and a *baby* around the 38th week.

- If the egg has not been fertilized, hormone levels decrease and the egg and lining break down and are flushed through the vagina with body fluids in a process referred to as the 'period.' As a woman may become pregnant only a few times in her life, the period is a common discomfort that women learn to manage.

Present Overhead: "Male Reproductive Physiology."

The male physiology for reproduction includes these *external* organs and processes:

- The two *testes* or testicles (contained in the bag-like scrotum that hangs below the penis) produce *sperm* and hormones (mainly testosterone). The testes are highly productive, producing millions of sperm daily.
- *Semen*, a nutritive secretion that carries released sperm, is mainly produced in the prostate gland.
- As a result of the excitement of sex, hormones trigger the ejaculation of semen and sperm through the penis during male orgasm. (About a teaspoon of semen carrying several million sperm is typically released.)
- If released into a female vagina, the sperm 'swim' upstream in search of an egg cell to fertilize. Sperm have a lifetime after release of up to five days.
- If there is no sexual ejaculation, nor release by masturbation, release of accumulated semen can occur at night as part of an erotic dream (called nocturnal emissions, or 'wet dreams'). This can happen rarely for some, or every several weeks or months for others.

Summary: The procreative capacity is a miraculous thing that enables the survival of the human race. The strong instinct to reproduce introduces a major challenge at puberty: *Boys and girls can 'make' babies long before they're mature enough to provide and care for them.*

2.4.5 The Wonder of Puberty: Mental Aspects

The brain also grows during puberty and there is a deepening appreciation of things beyond the visible or physical. Puberty is a time of wondering and asking new questions. The prefrontal cortex is still developing which means you might be tempted to take dangerous risks. Finally, puberty is a time when you will want to start making more of your own decisions, a time of growing independence. In Lesson 3 we will learn about the SMART tool, a model for making more thoughtful and less impulsive decisions.

2.4.6 The Wonder of Puberty: Social Aspects

In Chapter 1 we talked about relationships and how puberty is a time of greater relationship capacity. There is increased interest in just being with friends, but also in doing things together. For girls, their best friends will become important, and boys will give importance to their team or group, though everyone may do all these things. Romantic attractions will develop. As noted before, friends may become *girl*friends or *boy*friends.

2.4.7 The Wonder of Puberty: Emotional Aspects

Puberty is a time of deepening emotions, even spiritual wondering. Throughout life, people experience many different emotions. Happy, sad, mad, and scared are the most basic human emotions, and most people experience all of them frequently. What's important is to continue to grow in your ability to identify and express what you are feeling. It helps to have safe people in your life with whom you can share your emotions This is also a time of first romantic attractions, and love interests may be more intense.

Girls, more than boys, may keep a dairy where they record their thoughts, emotions, and reactions to daily life. More than just a record, it's a way of sorting out their thoughts and feelings and drawing conclusions. Writing in a diary can be therapeutic. Unfortunately, in recent times, social media has replaced the private experience of keeping a diary. Invite girls, and boys, to consider keeping a diary as a way of coping with the changes of puberty.

(Note: As a check the teacher might ask, by raise of hands, how many keep a diary. This could be contrasted with how many—likely all—that are on Snapchat or Instagram.)

Puberty may bring increased moodiness, anxiety, or even sadness. Explain to pupils that if they feel constant thoughts of sadness or anxiousness they should seek help from a parent, teacher, or someone with whom they feel safe. Reminder: The characteristics of safe people were discussed in Lesson 1 under "Healthy Relationships."

2.4.8 Activity: Building Positive Attitudes

Teacher Note: This is an activity to aid development of positive attitudes. Alternately, the teacher may design their own exercise to help students develop healthy attitude skills (see Objective 2.2.1 above).

Activity: Invite students to evaluate their own attitude about their personal growth and development in the categories below. They can give themselves a letter grade (A, B, etc.) and cite an example of something they've done.

a) Grade how you feel about your growth in emotional maturity. (An example might be treating a sibling or fellow student with respect in a difficult moment.)
b) Grade how you feel about your growth in social skills. (An example might include a new friend you've made, or a person not in your circle you reached out to.)
c) Grade how you feel about your mental growth. (An example could be greater interest in a certain class, more time spent in study, or curiosity about a new topic.)
d) Grade how you feel about your body image or your physical growth. (Note that this is tough as kids can be too hard on themselves, unfairly comparing

themselves to some media star who just spent two hours having professionals dress them and apply their make-up.)

Activity Discussion: Invite students to share observations on growth in their own attitudes, or on attitudes they admire in others. Ask students to indicate, by the raise of hands, how many can see they might be too critical of themselves.

2.4.9 Introduction to Lesson 3 "The Decision"

Explain that parents, perhaps feeling a bit uncomfortable, sometimes explain sex—the 'birds and bees' stuff—in an outpouring of information known as "The Talk." With the HEART curriculum, this information is conveyed in a comprehensive way that enables students to engage parents or guardians in a continuing dialog using the Parent Interview.

We noted above that youth are able to create life—a hungry, crying baby—years before they're able to provide and care for that baby. This is an important issue for modern society. The sexual urge can be very strong during these years but this is actually the time to focus on education and preparation for job and career. How well these years are managed has much to do with your success in life. In the next lesson, we will talk about *The Decision*. Students will learn tools for making their own 'decision' about managing sex in their lives.

2.5 Summary of Lesson Discussion Questions/Activities:

- Section 2.4.2: The teacher might tell a story of how a friend or someone they know of made a positive difference in their life, and invite pupils to share examples they are aware of.
- Section 2.4.8: The "Developing Positive Attitude" activities, or a teacher-designed activity, have the purpose of helping to develop positive attitudes about the changes of puberty. Students should recognize the tendency of adolescents to not fully appreciate their personal progress, or be overly critical in comparing themselves to others.

2.6 Assignment: Students complete Parent Interview questions for this lesson.

2.7 References:

- See the CDC Healthy Schools website titled "BAM! Body and Mind." Link: https://www.cdc.gov/bam/body/body-qa.html
- See the CDC's Child Development for Young Teens (12-14 years) site, with a Spanish language version available. Link: https://www.cdc.gov/ncbddd/childdevelopment/positiveparenting/adolescence.html
- See the "CDC Grand Rounds: Adolescence—Preparing for Lifelong Health and Wellness." Link: https://www.cdc.gov/mmwr/volumes/65/wr/mm6530a2.htm

2.8 Teacher Resources:

2.8.1 Teacher notes:

Adolescence, the transition from child to adult, is divided into three stages:

- Early generally 11-14, depending on start of puberty
- Middle 15-17
- Late 18-21

Adolescence (source: clevelandclinic.org and stanfordchildrens.org) begins with puberty at around eleven years of age for girls with boys following a year or two later. The start of puberty can vary by years which can be a concern for late starters. Adolescence includes three areas of development:

1. Physical development: A period of accelerated growth including body mass and height development for both genders. Girls add body fat as breast and hips grow, and menarche signals the start of menstruation. Boys start a year or so later, visible by deepening voice (and genital growth), followed by muscle development, body hair, and height gain.
2. Mental development: Thinking at a higher level beyond what is visibly true, such as abstract and hypothetical thinking, and appreciation of a wider world of possibilities. Bouts of self-centered attitudes and behavior will persist.
3. Social and emotional development: The main focus is growth in relationship skills, beginning with a new awareness of self, the beginning of a search for self-identity, the struggle for independence, and the beginning of self-esteem. Relationships with peers gain in importance with the time spent with family shifting to friends. Girls are more inclined to social intimacy, while boys tend more to activities around shared interests. This is also a time of romantic and sexual exploration and intense romantic relationships.

2.8.2 Teacher Study Material

- See the CDC links listed under 2.7 References.
- See also the U.S. National Library of Medicine site MedlinePlus material on puberty with additional resources available in English and Spanish. Link: https://medlineplus.gov/puberty.html

2.8.3 Presentation Materials—N.A.

2.8.4 Student Handouts —N.A.

2.8.5 Index of Overheads/Slides

- Section 2.4.1: “Rules for Sex Ed Class” and “The Triangle Model.”
- Section 2.4.2: “Characteristics of Authentic Friendships.”
- Section 2.4.4 “Female Reproductive Physiology,” and “Male Reproductive Physiology.”

2.9 Overheads—To be provided based on selection of printed or digital learning platform selection.

Lesson 3: The Decision

Estimated time: 45 minutes.
Revision date: 7/19/19

3.1 Introduction (for teachers)
Lesson 3 invites students to make a thoughtful decision about the conditions for sexual activity in their lives that align with protecting sexual health and achieving life goals. Sexual health refers to all dimensions of well-being—physical, but also mental, social and emotional. Health includes not just freedom from infection, disease, or infirmity, but also to wellbeing. Sexual health is best achieved through respectful, caring, and loving relationships. Counterfeit sexual relationships, those lacking in sincere caring and respect, can undermine sexual health.

The HEART Curriculum affirms that sexuality is a normal part of human development. The intimate pleasures provided by sexual relations between committed partners enable a strong and loving bond as a stable foundation for lasting committed relationships such as marriage. This lesson's purpose is to help students decide, in cooperation with parents, the "when" and "how" of relationships that protect their sexual health.

Sexual health is optimally protected by minimizing sexual partners to one person who has done the same. The first step to minimizing sexual partners is to defer sexual debut until at least the legal age of consent, 18 years, and ideally until marriage. The purpose of "The Decision" is to protect sexual health by thoughtfully delaying sexual debut (primary prevention), and, among other tools for risk reduction, minimizing the number of sexual partners (secondary prevention).

Question Box: If students leave queries in the Question Box, respond to them as appropriate in a subsequent lesson. It may help to create a question or two to 'prime the pump' and start the process.

3.2 Lesson Objectives (Ed Code reference in brackets):

3.2.1 Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)
3.2.2 Provide knowledge and skills for healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure and using effective decision-making skills to avoid high risk activities. (51933.h)
3.2.3 Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)
3.2.4 Provide knowledge about proven moral wisdom without teaching religious doctrine. (51933.i)

3.3 "Parent Interview" Questions:

3.3.1 In class we discussed the 'success sequence' of education, job, marriage and family and made life goals. Could I share what I'm thinking about my life goals?

3.3.2 In class we learned tools for making "The Decision" (about the best way for me to begin sexual relations). Do you as parents have any guidance to share from our family culture and values?

3.4 Lesson Delivery Outline

3.4.1 The 'When' of Sex

Explain that we live in a highly sexualized society. The parents and grandparents of today's kids didn't have to deal with our non-stop media focus on sex or with Internet pornography.

This lesson isn't about whether to have sex or not. Sexuality is a normal part of human development. The act of sex is one of the great pleasures of life, the means to bind two people together in a loving and lasting marriage, and the path to the creation of life and the joys of parenthood. No, the question isn't about whether to have sex; rather, it is about *when is the best time*. To start sexual relationships is a big decision, one that needs your most careful consideration.

This is a 'comprehensive' sex ed curriculum, meaning it both presents *sexual risk avoidance* (delaying sex until at least the legal age of consent and hopefully until marriage) and at the same time *sexual risk reduction* (education on how to reduce the risks for those who engage in adolescent sex). Covering both topics in the same curriculum can be confusing.

Ideally, each child will wisely consider and choose which path is best for them, *and be able to distinguish between counterfeit and genuine options*. This is best done with the guidance of parents who know and love them and have experienced this same decision. It is a decision about sexual restraint that can make a great difference in the pupil's lives, one that is best made thoughtfully, in advance, in the light of day, rather than in the moment of passion in a darkened room.

We can draw upon a moral lesson of history, presented by the eminent historians and Pulitzer Prize winners, Will and Ariel Durant. The Durants, husband and wife working together, wrote a multi-volume history of the world, and in conclusion distilled some of the larger lessons of history. Here is one on youth and the need for sexual restraint:

<u>Present Overhead</u>: "The Durants on Sexual Restraint."

> "No one man, however brilliant or well-informed, can come in one lifetime to such fullness of understanding as to safely judge and dismiss the customs or institutions of his society, for these are the wisdom of generations after centuries of experiment in the laboratory of history.
>
> "A youth boiling with hormones will wonder why he should not give full freedom to his sexual desires; and if he is unchecked by custom, morals, or laws, he may ruin his life before he matures sufficiently to understand that sex is a river of fire that must be banked and cooled by a hundred restraints if it is not to consume in chaos both the individual and the group." (Durant & Durant, 1968)

3.4.2 Navigating the "River of Fire"

How are today's kids doing at managing this "river of fire"? Pretty well. As discussed in Lesson 1, the federal Center for Disease Control and Prevention has conducted a biennial study called the Youth Risk Behavior Survey that measures teen sexual activity. Comparing the most recent data to 1991 when the survey started, kids today are living a higher moral standard than past generations. On average, more delay sex until after high school, and those that begin in high school wait longer and have fewer sex partners. This is a healthy trend of great importance.

This is a good time to review the risks of teen sex, which include:

Present Overhead: "Risks of Teen Sex"

- Sexually transmitted diseases (covered in Lesson 4).
- Unintended pregnancy (covered in Lesson 5).
- Other harms of teen sexual relations that affect each person differently, though there is evidence that girls are more affected than boys. Here are examples:
    - *Teens often later regret a too-early start to sexual activity*. A 2014 survey by The National Campaign to Prevent Teen & Unplanned Pregnancy reported this finding: "A majority of young adult women (18-24 years old) expressed regret about initiating sexual activity—two-thirds of those who were sexually experienced said they wish they had waited longer to initiate sex." On the other hand, 24% had no regrets about starting when they did. (Kramer, 2014)
    - *There is greater risk of dating violence in teen sex* (Silverman *et al*, 2004)
    - *There is a greater risk of mental health issues with teen sex* (Halfors, 2004; Sabia, 2008; Meier, 2007).
    - *Delaying sex until marriage may offer greater life satisfaction* (Else-Quest, 2005).

Note: Remind that this information isn't meant to 'scare', but to factually inform pupils of the very real risks of teen sex. There may be students in class who have already started sexual relations. Point out that at such a young age, past decisions and acts don't determine who they are and that they have the power to change sexual behavior.

3.4.3 Getting to 'My Decision'

The purpose of this lesson is to provide knowledge and skills to make healthy decisions about your life as a sexual being, and to avoid risky behavior that can ruin your dreams. This is done in five steps:

Present Overhead: "Getting to My Decision."

1. Learn the SMART Tool.
2. Imagine your Life Goals.
3. Apply the Success Sequence for achieving those goals.
4. Make 'The Decision' about the *when* and *how* of beginning sexual relations.
5. Defend my decision (See Lesson 8).

Discussion: Invite students to share what they found most important in sections 3.4.1 to 3.4.3 on making a decision about the 'when' of sex. To help the discussion, ask how many have written 'life goals' and how that process was helpful in life decisions.

3.4.4 The SMART Tool

Puberty is a time when kids want to make more of their own decisions. Your success in life will depend on making smart decisions. Really smart people can do really dumb things—it happens all the time. And people of normal intelligence often are quite wise in their choices. The difference is being thoughtful in your decisions. The SMART tool provides you a five-step method to do this; it's a tool you can use all your life to your advantage. Here are the five steps:

Present Overhead: "The Smart Model."

- **S**low down: Time is your friend if you stop and put it to use. Pause and think before making important decisions.
- **M**ake a list: Consider all the options. Be creative. Write your possible choices down.
- **A**nalyze your choices. Take a hard look at the consequences of your choices. This is the time for deep thinking, even for talking to someone you trust. Two heads can be better than one. It can help to take a walk, to clear your head.
- **R**each a decision: Pick the best choice for you. For really important decisions it's a good idea to sleep on it overnight.
- **T**hink and evaluate. Don't question your decision once it is made, but do be open to new knowledge. Assumptions may change, or a better option may present itself.

Activity: Break into groups of 3-4 and use the SMART tool on an assigned decision. An example topic would be, "How to select my college major."

Discussion: Invite a student from each group to report on use of the SMART tool. Discuss and resolve difficulties.

3.4.5 My Life Goals (Start this in class to be clear students understand; complete as a homework assignment. The 'success sequence,' listed below, will help organize the process.)

Invite students to use the "My Life Goals" sheet to list goals in these categories:

Present Overhead: "My Life Goals."

- Occupation—what career do I want? This may influence your education decision.
- Education—how far do I want to go on the degree path? AA (2 years of college), vocational training and/or certification, BS or BA (four years total), Master's Degree (1-2 more years), Doctorate (3-4 more years)?
- Relationship commitment—single with friends, living with someone, married? If married, at what age do you imagine yourself marrying?
- Family—do I want to have children, and how many?
- Other achievements—if time allows, tell the story of John Goddard, who at age 15 started a list of accomplishments he wanted to achieve in his life. Of the 127 goals

on his published list (not counting other goals) he was able to complete 111 before his death in 2013. (His failures included not making it to the moon, or climbing Mt. Everest.) His profession revolved around completing the adventures and telling the story in lectures and movies. The *L. A.* Times titled Goddard "the real-life Indiana Jones" in his obituary. Here are links for telling the John Goddard story (Retrieved 9/11/19):

- There are several YouTube videos about Goddard, including "John Goddard: The List and Life of an Adventurer. Link: https://www.youtube.com/watch?v=92XYY-rCg8I
- The John Goddard "Life List": https://www.johngoddard.info/life_list.htm
- The John Goddard story: https://www.johngoddard.info/obituary.htm

3.4.6 The Success Sequence (See Wang in References)

Whatever your circumstances, the chance of achieving your life goals improves if you have a plan, and the will to follow your plan. Completing the education needed for your dream job—whether high school, vocational school, college, or grad school—is a necessary step. The realities of each person's life will make this harder for some than others, but whatever your situation, structure your life to make education your first priority before other distractions intervene.

The 'Success Sequence' is a widely taught tool for structuring your life in support of your life goals. If students are unsure of their life plan, this can be a very helpful exercise. Here is the sequence:

Present Overhead: "The Success Sequence."

- **Education**—as needed for your chosen career.
- **Job**—for the income that enables your life and protects from poverty.
- **Marriage**—or the committed relationship of you and your partner's choice.
- **Children**—the biggest job and expense of your life, but the greatest return on your investment.

We'll talk about committed relationships such as marriage in Lesson 12 "Honor Others." Lesson 5 provides information about pregnancy options and children; it's titled "To Parent, or Not."

Discussion: Life planning may be new to many students. Invite questions and use the questions to stimulate discussion among students.

3.4.7 The Decision

As noted above, per the CDC, there has been a trend in recent years of young people making better and healthier decisions about sex and sexual relations. Recent data show that about half of students will delay starting sex until they reach California's legal age of consent for sex—18 years. Many will wait until they are married—the safest choice for protecting their sexual and reproductive health. Whenever and however the student chooses to begin, it is a decision greatly influenced by personal values and the values of their family. It can also have a lasting effect, for good or for bad, on the person's life

goals—and life happiness. A decision this important should be made thoughtfully in advance and discussed with the pupil's parents.

Note: As previously noted, some students may have already had sexual acts. It's important that students understand out past does not define us, and they have the power to choose their future.

This lesson provides knowledge and skills to support a healthy decision—referred to as "The Decision." Ask students to use the process above and make a private, tentative decision they can discuss as part of the Parent Interview. Invite pupils to write 'The Decision' in their Parent Interview booklet, or in their diary, to save for future use.

3.5 Summary of Lesson Discussion Questions

- Section 3.4.1: Invite students to share what they found most important in section 3.4.1 to 3.4.3. To help the discussion, ask how many have written 'life goals' and how that process helped.
- Section 3.4.2: Invite a student from each group to report on use of the SMART tool. Discuss and resolve difficulties.
- Section 3.4.4: Life planning may be new to many students. Invite questions and use the questions to stimulate discussion among students.

3.6 Assignments

3.6.1 Students use the 'success sequence' and the SMART tool to make life goals for discussion in the Parent Interview.

3.6.2 Complete the Parent Interview and record notes in the booklet.

3.7 References

- Durant, Will & Ariel, *The Lessons of History,* Simon & Schuster, New York, 1968.
- Else-Quest, N.M., Hyde, J.S., DeLamater, J.D., "Contest counts: Long-term sequelae of premarital intercourse or abstinence," *Journal of Sex Research*, 2005, 42: 102e12. Hallfors, D.D., *et al*, "Adolescent depression and suicide risk: association with sex and drug behaviors," *American Journal of Preventive* Medicine, June 2004, 27(3): 224-231.
- Kramer, Amy, "Virgin Territory: What Young Adults Say About Sex, Love, Relationships, and The First Time," The National Campaign to Prevent Teen and Unplanned Pregnancy, IYSL It's Your (Sex) Life.com. Retrieved 7/24/19 at: http://thenationalcampaign.org/resojurce/virgin-territory, retrieved 10/3/19
- Meier, A.M., "Adolescent first sex and subsequent mental health," *American Journal of Sociology*, 2007, 112(6): 1811-1847.
- Sabia, J.J., Rees, D.I., "The effect of adolescent virginity status on psychological well-being," 2008, *Journal of Health Economics*, 27(5), 1368-1381. Quote: Savia found a causal relationship between sexual activity and depression for adolescent females.
- Silverman, J.G., Raj, A., Clements, K., "Dating violence and associated risk and pregnancy among adolescent girls in the United States," *Pediatrics*, 2004, 114(2): 220-225.

- Wang, W., Wilcox, W. Bradford, "The Millennial Success Sequence: Marriage, Kids, and the 'Success Sequence' among Young Adults," 2017, *AEI and Institute for Family Studies*, retrieved 7/24/19 at: http://www.aei.org/publication/millennials-and-the-success-sequence-how-do-education-work-and-marriage-affect-poverty-and-financial-success-among-millennials/

3.8 Teacher Resources

3.8.1 Teacher Notes

- The elements of effective sex ed curricula, per the Institute for Research & Evaluation, include the importance of the student:
  d) Having the intention to abstain from sex.
  e) Understanding that abstaining from sex outside of marriage has important benefits.
  f) Believing they have positive future opportunities that sex could negatively affect.
- The most important characteristics of teachers who most effectively teach sex ed curricula, per the Institute for Research & Evaluation (25 June 2019 conversation with Dr. Stan Weed), are:
  e) Students sense that the teacher believes the message.
  f) Students believe the teacher cares about them.
  g) Students are engaged by teacher in the learning process.
  h) The teacher follows the curriculum.

3.8.2 Teacher Readings & Study Material

- The term "success sequence" traces back to the work of sex ed curriculum writers Marline Pearson and Barbara Dafoe Whitehead. Various versions exist in the public domain.
- For more on the 'success sequence,' read "The Millennial Success Sequence: Marriage, Kids, and the 'Success Sequence' among Young Adults," by Wendy Wang and W. Bradford Wilcox. Link (retrieved 7/18/19): http://www.aei.org/wp-content/uploads/2017/06/IFS-MillennialSuccessSequence-Final.pdf
- See also *The Atlantic* article "What Is the 'Success Sequence' and Who Do So Many Conservatives Like It?" The author discusses the history of the Success Sequence, affirms it's an effective tool, but suggests that geography (neighborhood culture) has a strong effect on behavior.

3.8.3 Presentation Materials—N.A.

3.8.4 Student Handouts:

- For Section 3.4.3, "My Life Goals." Students may use the worksheet of the same title in the Parent Interview booklet.

3.8.5 Overhead/Slide Index

- Section 3.4.1: "The Durants on Sexual Restraint", "Youth Risk Behavior Survey Results", and "Getting to My Decision."

- Section 3.4.2: “The Smart Model.”
- Section 3.4.4: “The Success Sequence.”

3.9 Overheads/Slides—To be provided based on selection of printed or digital learning platform selection.

Lesson 4: Sexually Transmitted Infections

Estimated time: 90 minutes
Revision date: 8/20/19

4.1 Lesson Introduction (For teachers)

The subject of sexually transmitted infections (hereafter STIs, a new term for the old STDs) is complex—there are over thirty infections or diseases and the list continues to grow. For age appropriateness in dealing with this complexity we focus on the 10 STIs with which the Center for Disease Control and Prevention (hereafter CDC) is most concerned. The CDC, our nation's health protection agency, is the leading authority and the primary source of information for this lesson.

It's a troubling fact that STI rates, following a 25-year decline, have sharply increased in California since 2012. Other facts on what doctors are calling a "public health crisis" (Source: CDC Sexually Transmitted Disease Surveillance 2017 and 2018.)

- The CDC says U.S. reportable STI rates up 45% in the five years from 2012-2017, reversing a 25-year decline.
    - Syphilis is up 71% (2014-2018), with congenital cases up 185%.
    - Gonorrhea is up 63% (2014-2018).
- Rates in the U.S. are well above other developed nations (Source WHO).

The CA Healthy Youth Act (CHYA) requires teaching comprehensive sex education, meaning sexual risk avoidance (SRA) combined with sexual risk reduction (SRR). The CDC supports this approach, referring to SRA and SRR as primary and secondary prevention, respectively. The Ed Code and the CDC recognize risk avoidance (delaying sexual relations until at least adulthood, as required by California consent laws) as the only medically certain way to avoid STIs, unintended pregnancy, and other possible harms. Risk reduction is taught using the CDC recommended steps. As about half of U.S. students begin sexual relations *after* reaching adulthood, equal importance is given to both risk avoidance and risk reduction. (Source: "about half" is an interpolation from 2017 CDC Youth Risk Behavior Survey).

The HEART curriculum meets the CHYA purposes and objectives using the following principles:

- Provide knowledge and skills about STIs in Volume I (7th & 8th grades), and Volume II (for 9th grade), thus providing an annual reminder and expanding pupil's knowledge as appropriate.
- Teach the CDC emphasis on primary prevention (sexual risk avoidance).
- Teach CDC guidance on secondary prevention through their risk reduction steps. (Tertiary prevention, addressing quality of life and alleviating symptoms, is not included in CHYA.)
- Focus on HIV (human immunodeficiency virus), as guided in the CA Healthy Youth Act. (HIV is specifically mentioned over 50 times).

- Follow the CDC priority given to three common bacterial STIs (chlamydia, syphilis, and gonorrhea).
- Engage the parent in teaching and affirming the culture and values of their family. Defer to parents in teaching the details of sexual relations.

As the topic of STIs can cause anxiety and/or shame for some students, instruction should be factual and not infer judgement.

Question Box: If students leave queries in the Question Box, respond to them as appropriate in a subsequent lesson. It may work to create a question or two to 'prime the pump' and start the process.

Denial of liability: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

4.2 Lesson Objectives (Ed Code reference in brackets):

4.2.1 Provide knowledge and skills to protect sexual and reproductive health from HIV and STIs. (51930.b.1)

4.2.2 Provide educators with tools and guidance to ensure pupils receive integrated, comprehensive, accurate and unbiased sexual health and HIV prevention instruction. (51930.b.4) Note: The Ed Code reminds that bias should be against the unhealthy outcomes such as HIV, but not against the person(s) suffering from HIV.

4.2.3 Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)

4.2.4 Provide information on the nature of HIV and other STIs and effect on human body. (Includes Lesson 8 also.) (51934.a.1)

4.2.5 Provide information on local resources for sexual health including legal rights. (51934.a.8)

4.3 "Parent Interview" questions:

4.3.1 We studied sexually transmitted infections (STIs, a.k.a. STDs) in class today and learned there are over thirty, and some (most viral STIs, like HIV) have no cure. We learned that the safest protection from STIs is to delay sexual acts until you marry someone who has done the same. We also learned about Center for Disease Control and Prevention guidance to reduce the risk for STIs if a person chooses to be sexually active. What were you taught about STIs when you were my age?

4.3.2 One viral STI—Human Papillomavirus or HPV—has a vaccine that the CDC recommends for those who might be at risk. Should I get the HPV vaccination?

4.4 Lesson Delivery Outline

4.4.1 The Lesson Behind STIs

Sexually transmitted infections (STIs)—diseases that are passed during sexual acts, though some can also be passed other ways—are a serious health problem in the U.S. Some sources refer to them as an epidemic. There are about 20 million new STI infections in the U.S. each year and young people account for about half, though just one-fourth of the population. This means young people have a three times higher risk for an STI than the general population. The rate of STIs in the U.S. is much higher than other modern nations, so there is something we need to learn. Back in the '70s and into the '80s most STIs were curable, but in recent decades incurable viral STIs like herpes, hepatitis B and HIV have become prevalent.

There is a big lesson behind STIs: *Humans are not made for multiple sex partners. Sexual acts have STI consequences that your immune system cannot protect you from.*

STIs are a special problem for women. They cause more severe and frequent health problems, including pelvic inflammatory disease (PID), threats to fertility, and cervical cancer. The CDC, our nation's health protection agency, is the leading authority and the primary source of information for this lesson. Links to helpful CDC sites are included in the text.

Present overhead: "Three Lesson Goals."

This lesson has three goals:

1. To remind that the only medically certain protection from STIs is to delay the start of sex until entering a committed relationship where you limit sexual activity to one person who has done the same.
2. To provide information about the most common STIs.
3. To provide skills for pupils who engage in sexual relations to reduce their infection risk as much as possible.

4.4.2 Three Groups of STIs

There are over thirty recognized STIs—the number is growing—with some more harmful than others. STIs are a serious health problem:

- Per the CDC, 85% of common infections in the U.S. are sexually transmitted. (Link, retrieved 8/20/19: https://www.cdc.gov/program/performance/fy2000plan/2000ivSTD.htm)
- U.S. rates of STIs are higher than in other developed nations (Source: WHO data).
- In California, overall STI rates jumped 45% in the five years from 2013 to 2017. STI rates are the highest in 25 years, an alarming reversal of previous progress (Source: CA Dept. Public Health).

STIs are a serious health issue that has been growing dramatically. They're a blinking red light signaling '*Danger, be careful!*' It's time for America to protect its sexual health by being more careful about intimate relations.

Present overhead: "Three STI Groups."

STIs can be divided into three groups:

- Viral STIs: A virus is an infectious submicroscopic agent that can invade and reproduce inside your cells. There are four recognized viral STIs known as the 4-H's: HIV, herpes, hepatitis, and HPV. The first three are not curable—if you get one of these you have it for life. HPV can be self-curing for those with a healthy immune system but if it persists it is the cause of most cervical cancer. HIV is the most dangerous of the viral STIs.
- Bacterial STIs: Bacteria are single-cell microorganism about 100 times larger than a virus. They are necessary to life but a few are harmful, including the twenty or so bacterial STIs. They are all currently treatable. Based on CDC practice, we will focus on three: chlamydia, syphilis, and gonorrhea.
- Other STIs (parasitic and fungal STIs): A parasite lives off the host; some STI parasites are large enough to be seen and easily treated. Fungi are more complex microorganisms than bacteria but are less common as an STI and outside the scope of this lesson.
- Important: For CDC information about STIs (the CDC calls them STDs), with links to specific infections, go to this site: https://www.cdc.gov/std/default.htm

Discussion: This would be a good time to appraise what students know about STIs. Assign students to record at the whiteboard what they believe they know. This may reveal much misinformation about STIs that can be addressed later in the lesson. As the topic of STIs can cause anxiety and/or shame for some students, be factual and avoid judgements during the discussion.

4.4.3 Viral STIs

There are four viral STIs (they can be passed other ways than through sex, such as sharing drug injection needles, or through open sore contact) and some have multiple strains. Three viral STIs have no cure (a healthy immune system will often resolve HPV). Two have preventive vaccines for certain strains. There are also anti-viral treatments that can minimize the effects of (but not cure) HIV and hepatitis.

Present overhead: "HIV Facts."

Human Immunodeficiency Virus (HIV) Facts:

- HIV (human immunodeficiency virus) is a serious viral disease that progresses to attack the immune system causing AIDS (acquired immune deficiency syndrome). HIV/AIDS has a high mortality rate if not treated.
- HIV became an epidemic in the 1980s causing many deaths. Since 1987 progressively more effective treatments have been introduced and mortality has significantly declined, though it remains a serious disease a person should make every effort to avoid.
- Quick detection of HIV by testing and immediate treatment (with antiretroviral drugs (ART)) can significantly reduce morbidity and mortality. Remind students of this important CDC statement on testing for HIV: "CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. A general rule for those with risk factors is to get tested

annually. Sexually active gay and bisexual men may benefit from more frequent testing (for example, every 3 to 6 months)." Link: https://www.cdc.gov/hiv/testing/index.html

- In the U.S. there were 38,700 new HIV cases in 2016, with 26,000 among men having sex with men (typically caused by anal sex, which is when the penis is inserted into the partner's anus). Unprotected anal sex is how most people contract HIV and the risk is highest for the partner receiving anal sex. (Sharing intravenous injection devices is also a HIV risk.)
- There is an emergency HIV treatment effective within 72 hours of suspected HIV exposure (PEP, for post-exposure prophylaxis), and a preventative drug (PrEP, for pre-exposure prophylaxis) that, though expensive, can be taken daily for those with ongoing exposure risk (such as multiple or unknown partners).
- Important: For more CDC HIV information and links to PEP and PrEP information, go to this site: https://www.cdc.gov/hiv/basics/index.html

Video Activity:
This would be a good time to play the CDC video "HIV 101," available at YouTube or https://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html. Play time is 7 minutes. The video is a relaxed discussion of HIV issues with emphasis on testing and prompt treatment.

Discussion: Discuss the importance of getting tested if you are at risk. Discuss also that the HIV-positive should be treated with the same respect you give all people. There is no danger in socializing with the HIV-positive. Ask the question, "What should be remembered from this video?"

Human Papillomavirus (HPV)
HPV is the most common STI virus; you'll likely get it if you have multiple sex partners. It typically goes away, depending on the health of your immune system, within a few months. For the immune-compromised it can be a permanent infection. HPV can have three effects: no symptoms, genital warts, or cause certain cancers. HPV facts:
Present overhead: "Human Papillomavirus (HPV) Facts."

- Per the CDC, HPV is a risk factor for six cancers, including cervical cancer.
- There are many strains of HPV but there is a vaccine for the strains most likely to cause cancer.
- The CDC recommends routine HPV vaccination of girls and boys beginning at ages 11-12. Because of the cancer risk, you should seriously consider vaccination, especially if you might become sexually active.
- Important: For more information regarding CDC recommendations on HPV vaccination go to this site: https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html

Viral Hepatitis
The word *hepatitis* means inflammation of the liver, the organ most affected. The three most common strains or types of viral hepatitis are A, B, and C. Hepatitis facts:

Present overhead: "Hepatitis Facts."

- Hepatitis type B is most often spread by sexual contact—it is much more contagious than HIV.
- There is a long-lasting vaccine for type B, a protective option for high risk sexual behavior. For CDC recommendations go to: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html
- There is also a vaccine for hepatitis A often given when traveling to countries where it is common. (Hepatitis A can be contracted through polluted food or water.)
- Type C can be reduced to non-detectable levels by antiviral drugs taken over several months, a recent drug development. If you have or are concerned you may have hepatitis C, which is asymptomatic in early stages, consult your doctor for testing.
- Important: For more information go to this CDC site: https://www.cdc.gov/hepatitis/hcv/cfaq.htm#overview

Herpes

The two common strains of herpes are HSV-1 (the oral version that can cause lip sores) and HSV-2 (the genital version), though there can now be overlap of where they occur. Other herpes strains are associated with the diseases of chickenpox and shingles. Genital herpes facts:

Present overhead: "Genital herpes facts."

- Genital herpes is very infectious and often has no symptoms. It is transmitted through body fluids including saliva. It can also spread through unprotected skin contact.
- The symptoms, when they appear, include sores or lesions on or inside the genitals.
- There is no vaccine or cure, but drugs can minimize the symptoms. For CDC information visit this site: https://www.cdc.gov/std/herpes/default.htm.

4.4.4 Bacterial STIs

The CDC is most concerned about these three of the 20 or so bacterial STIs:

Present overheads: "Bacterial STI Facts."

- The three bacterial STIs of greatest CDC concern—chlamydia, syphilis, and gonorrhea—have this in common:
  - Infection rates have soared in the last five years. (Though more young people are delaying sex, sexual acts have gotten riskier for those who don't.)
  - They are spread by vaginal, oral, or anal sex. They are also passed by sharing needles or drug injection equipment.
  - Infected mothers can infect their babies during birth. (In some cases, during pregnancy).
  - Abstinence is the only sure protection.
  - The use of condoms can reduce risk (though only by about half).

  - Early detection and treatment is vital for the protection of sexual and reproductive health.
  - The CDC recommends that young people who are sexually active (new or multiple partners) be screened (tested) for STIs annually. For information on testing see Section 4.8 below.
  - Complete CDC information about STIs with links to specific STIs is available at: https://www.cdc.gov/std/default.htm
- Chlamydia is the most common bacterial STI—infection rates have soared in recent decades. Symptoms may go unnoticed but can include painful urination, penile or vaginal discharge, and testicular pain in males.
- Syphilis, once nearly eliminated, is on the increase. It can go undetected for many years causing serious health problems. Syphilis can also be transmitted by the mother to her baby during pregnancy, potentially causing serious harm. Early symptoms include skin rash, sores, and fever.
- Gonorrhea is a growing concern due to increased resistance to the last effective drug—the combination of cephalosporin with azithromycin. (In 2006 there were five effective drugs, in 2019 just the two drugs combined are effective.) Symptoms include painful urination and unusual urinary discharge.

Note: Urinary tract infections (known as UTIs) can be caused by bacterial transmission during sex, especially for girls. Chlamydia is a common cause. Painful urination is a typical symptom. See your doctor or medical care provider if you suspect an UTI.

4.4.5 Other STIs

Parasites live off the host and the three noted below are sexually transmitted by skin-to-skin contact even if a condom is used. Though discomforting and distressing, most can be visually detected and all can be effectively treated.

Present Overhead: "Other STIs."

Here are three parasitic STIs:

- Trichomoniasis ('trich' for short),
- Pediculosis pubis (better known as pubic lice or 'crabs'),
- Human scabies (Sarcoptes scabiei var. hominis),

Discussion: Invite the students to take a step back and make broad observations about humans and STIs. One observation might be that the number of STIs has increased in step with the increase in casual sex since the sex revolution of the '60s. Another might be that the human immune system does not tolerate multiple sex partners. Or simply, that the healthiest lifestyle is to have the goal of a single sex partner who has done the same.

4.4.6 STI Transmission and Effects

How do you get STIs? STIs are spread through intimate contact with an infected person, especially involving contact with body fluids. The greater the intimacy, the greater the risk. Lip kissing is very low-risk; anal sex is very high risk, especially for the receiver. Sharing of

needles or syringes used for injection drugs is a high transmission risk. An infected mother can infect her baby during pregnancy, birth, or breastfeeding.

As a general rule, the greater risk comes from contact with body fluids, such as blood (including open sores), semen, rectal fluids, vaginal fluids, and breast milk. These fluids must come in contact with a mucous membrane (the internal lining of the rectum, vagina, penis, or mouth) or damaged tissue. As noted above, lip kissing is low risk—risk increases with saliva exchange—but it's technically possible to pass a herpes infection, or even syphilis, through kissing.

The effects of STIs vary—some are minor and others more serious. Treatment of STIs costs the U.S. economy over $16 billion each year. Viral STIs can cause premature death, especially if testing and needed treatment is delayed. Some STIs are a risk factor for cancers of the cervix, penis, anus/rectum, mouth and throat. Others, like chlamydia and gonorrhea, can cause 'pelvic inflammatory disease' that can cause sterility in women. STIs represent an enormous healthcare burden on our country. The most devastating and personal burden, however, is visited on the individuals who become infected.

It's important to understand how HIV and other STIs are *not* transmitted: Public social contact including shared use of public facilities, shaking hands, hugging and lip kissing where body fluids are not interchanged and there is no open sore contact, are not known to transmit HIV and other STIs.

4.4.7 Primary Prevention

Primary prevention means risk avoidance. To remind one more time: Building your life around a single beloved partner to whom you remain faithfully committed, and who does the same, is the only certain protection from the health complications and problems of sexually transmitted diseases. It is also the only protection from the complication of unintended pregnancies (see Lesson 5) and other harms.

4.4.8 Secondary Prevention

Secondary prevention is about reducing the risk. The CDC recommends the following steps of risk reduction (Link: https://www.cdc.gov/std/prevention/default.htm):

Present overhead: "CDC Steps for STI Risk Reduction."

- **Vaccination**: As noted above, vaccination is a safe and effective protection against Human Papillomavirus (HPV) with the first vaccine approved in 2006. There is also a vaccine for hepatitis B, available since 1981.
- **Partners**: The more the worse; reduce the number of sex partners, ideally to one. The exponential increase in STI risk with additional sex partners is discussed in 4.4.9.
- **Condoms**: Correct and consistent use of a new latex condom each and every time you have anal, vaginal, or oral sex will reduce STI transmission risk. The CDC publication "Know your CONDOM DOs & DONTs" is available in English and Spanish at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf

- **Riskiest sex**: Students should be aware that the anatomy of the rectum—lined by a thin membrane fed with blood vessels necessary for the final step of digestion—makes tears and bleeding common during anal intercourse. For the receiver of anal sex, it's the riskiest form of sex for transmission of STIs such as HIV.
- **Symptoms**: See your health care provider immediately if unusual symptoms occur. Females should check the CDC Fact Sheet "10 Ways STDs Impact Women Differently from Men," which also includes a CDC information phone number. It is available at: https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf
- **Test**: Knowledge beats ignorance—if you're at risk, get tested per CDC recommendations. Your doctor can order a STI panel of tests for ten critical STIs or order other tests as needed. The only thing worse than learning you have an STI is to learn it after you've incurred permanent harm. For CDC guidance on when to be screened (tested) for STIs go to the site below. The site also provides local test resources by entering your zip code:
  - https://www.cdc.gov/std/prevention/screeningreccs.htm

Note: This would be a good time to point out that (non-barrier) birth control measures do not protect against STIs. Birth control is discussed in Lesson 5.

Discussion: Invite pupils to discuss what is important to remember from the six CDC steps to reduce the risk and harm of STIs.

Present overhead: "10 Ways STDs Impact Women Differently from Men."

Review the ten ways that STDs impact women differently from men.

4.4.9 The Exponential Risk of Multiple Sex Partners

The first lesson of sexually transmitted diseases (STIs) is this: The healthiest life choice is to have the least number of sexual partners you can, ideally one. That is important because your risk for an STI increases exponentially with the number of sex partners as shown in the chart below. (Link to STI Risk Calculator data source: https://www.drfelix.co.uk/sexual-exposure-sti-risk-calculator/)

Present overhead: "Exponential Risk of Multiple Sex Partners."

Number of people you have had sex with:	Number of people your partner has had sex with:	Number of people you have been exposed to indirectly:
1	1	2
1	2	63
1	3	364
1	4	1365

2	2	126
2	4	2730
3	3	1092
4	4	5460

4.4.10 True Friends

There is one important thing that authentic friends in a relationship will do: Be perfectly honest about their STIs (if tested) or their STI exposure history. That is what friends do. Be the kind of friend you would want to have. The best way to help others is to share information and avoid shaming.

Show Overhead: "Denial of Liability."

Denial of liability: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

4.5 Summary of Lesson Discussion Questions, Activities:

- Section 4.4.2: To establish student awareness, ask and record what students believe they know about STIs or STDs.
- Section 4.4.3: Discuss the importance of HIV testing if you are at risk. Discuss also that the HIV-positive should be treated with the same respect you give all people.
- Section 4.4.5: Invite students to take a step back and make broad observations about humans and STIs.
- Section 4.4.8: Invite pupils to discuss what is important to remember from the six CDC STI risk reduction steps.

4.6 Assignments: Students complete Parent Interview questions for this lesson.

4.7 References: The CDC website is the reference source for this lesson. Specific citations are noted in the lesson and listed in Section 4.8.2. Supplemental STI data not otherwise sourced is from faqs.org/health, retrieved 5/8/19 at: http://www.faqs.org/health/topics/71/Sexually-transmitted-diseases.html.

4.8 Teacher Resources

4.8.1 Teacher Notes

- As per CHYA, delaying sexual relations is the only medically certain way to avoid STIs, unintended pregnancies, and other harms, this primary prevention should be taught or affirmed whenever risk is discussed.
- The dangers of STIs can create anxiety. The teacher should be sensitive to pupil reactions and adjust the message as appropriate for pupil wellbeing.

- The lesson should be presented frankly but in a manner that does not imply judgement nor cause feelings of shame.

4.8.2 Teacher Readings & Study Material

- Review the CDC website pages referenced in the lesson, listed below for convenience:
  - General STI information: https://www.cdc.gov/std/default.htm
  - CDC Steps for STI risk reduction: https://www.cdc.gov/std/prevention/default.htm
  - CDC guide for condom use (available in English and Spanish): https://www.cdc.gov/teenpregnancy/pdf/teen-condom-fact-sheet-english-march-2016.pdf
  - CDC guide to STI testing: https://www.cdc.gov/std/prevention/screeningreccs.htm
  - CDC information on 10 ways STIs affect women differently from men: https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf
  - CDC HIV testing information: https://www.cdc.gov/hiv/testing/index.html
  - CDC HIV treatment information: https://www.cdc.gov/hiv/basics/index.html
  - CDC Video "HIV 101": https://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html
  - CDC information on HPV vaccination: https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html
  - CDC information on hepatitis: https://www.cdc.gov/hepatitis/hcv/cfaq.htm#overview
  - CDC information on hepatitis vaccination: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html
  - CDC information on herpes: https://www.cdc.gov/std/herpes/default.htm

4.8.3 Presentation Materials:

- Section 4.4.2: The video "HIV 101" available from the CDC website and also available on YouTube.

4.8.4 Student Handouts:

- From the CDC, "The Lowdown on How to Prevent STDs" infographic. A PDF and TIFF version in English and Spanish is available at: https://www.cdc.gov/std/prevention/lowdown/lowdown-text-only.htm
- From the CDC, "The Right Way to Use a Male Condom" (Available in English and Spanish) See: https://www.cdc.gov/condomeffectiveness/male-condom-use.html
- For girls, the CDC Fact Sheet, "10 Ways STDs Impact Women Differently from Men." Link: https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf

4.8.5 Overhead/Slide Index

- In Section 4.4.1: "Three Lesson Goals."
- In Section 4.4.2: "Three STI Groups."

- In Section 4.4.3: “HIV Facts”, “Human Papillomavirus (HPV) Facts”, “Hepatitis Facts”, and “Genital herpes facts.”
- In Section 4.4.4: “Bacterial STI Facts.”
- In Section 4.4.5: “Other STIs.”
- In Section 4.4.8: “CDC Steps for STI Risk Reduction.”
- In Section 4.4.9: “Exponential Risk of Multiple Sex Partners.”
- In Section 4.4.10: “Denial of Liability.”

4.9 Overheads/Slides—To be provided based on selection of printed or digital learning platform selection.

Lesson 5: To Parent, or Not

Estimated time: 80 minutes
Revision date: 9/27/19

5.1 Lesson Introduction (For teachers)

5.1.1 Here is some background from prior lessons as review for Lesson 5 "To Parent, or Not":

- Lesson 1 taught about friendships and introduced ideas on romantic relationships including the maturity needed to take on the complications of sex. Students were invited to consider what meaning sexual intimacy, the most personal of all interactions, should have.
- Lesson 2 introduced the changes during puberty, including the capacity for deeper, even romantic, relationships. It noted the challenge that adolescents are capable of creating life long before they're prepared and equipped to care for the baby. Relationships can be either genuine or counterfeit, mutually respectful or exploitive. Pupils can consider Cicero's qualities of action and contrast them with the counterfeit version to evaluate relationships for their self-protection.
- Lesson 3 "The Decision" taught that what is often termed "abstinence" is actually choosing the *healthiest* time and conditions for beginning sexual relations. To best prepare, students were invited, in consultation with parents, to make their own decision about sex in advance.
- Lesson 4 taught about STIs, giving priority to avoiding them through Primary Prevention. The CDC recommendations for reducing risk for those who choose to be sexually active were also presented. Fewer partners significantly reduces risk; the safest condition is a single mutually monogamous partner.

5.1.2 The Puberty Poll feedback from Lesson 1 and the Question Box can provide feedback on student knowledge about conception. Also, check the biology of procreation taught in the school science classes. The best pupil understanding may come from students who have followed the birth of a younger sibling.

5.1.3 Be sensitive that contraception and abortion are controversial subjects and that abortion is currently a polarizing topic. Remember that the rights of minor girls in California to abortion and other birth options is considered to be settled law.

5.1.4 Question Box: If students leave queries in the Question Box, respond to them as appropriate in a subsequent lesson.

5.1.5 **Denial of liability**: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the

guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

5.1.6 As always, consequences such as pregnancy are sensitive issues and it's important to avoid the impression of moral judging.

5.2 Lesson objectives (Ed Code reference in brackets):

5.2.1 Provide knowledge and skills to protect sexual and reproductive health from . . . unintended pregnancy. (51930.b.1)

5.2.2 Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)

5.2.3 Present information about local resources, how to access local resources, and pupil's legal rights to access local resources for sexual and reproductive health care such as testing and medical care . . .pregnancy prevention and care. (51934.a.8)

5.2.4 Provide objective information on contraceptive methods, including emergency contraception, and information on a) parenting, adoption, and abortion; b) info on 72-hour surrender, and c) importance of prenatal care. (51934.a.9)

5.3 "Parent Interview" questions:

5.3.1 In class we learned about *conception* and someday becoming a parent. What was it like when you became a parent? What will I need to know to someday be a good parent?

5.3.2 We learned about *contraception*, in case a student chooses to be sexually active. I can see it's a complicated subject. What guidance would you give for me in my life?

5.3.3 We also learned about other *pregnancy options* than giving birth, like abortion, adoption, or the 72-hour surrender law. People have strong feelings about what is right to do. What are the values of our family about these options? What influences our values?

5.4 Lesson Delivery Outline

5.4.1 Conception

Teacher Note: Lesson 2 "The New You," offered an explanation of the physiology of conception in case students hadn't received this instruction in a science class. This lesson suggests several video options that show the development process from conception to the completion of pregnancy. The point of the video is to make pregnancy real, not just something in a textbook.

Explain that human conception—the creation of life—is a profoundly meaningful act involving the unique physiology of each partner. Conception begins with what we call "making love." This sexual act offers two essential benefits:

> First, a possible outcome of making love is the creation of life—a baby of one's own making, where the DNA of the father and the mother combine to create a new being. This is a deeply intimate act that brings great meaning to one's life and helps preserve the human species.

Second, the loving intimacy and pleasure of sex provides a bonding force that is the foundation for the long-lasting mutual commitment between the two parents needed to rear children to adulthood.

Teacher's note: The following brief explanation of conception is optional; check whether students have received this information in another class.)

The creation of life is a miraculous event that transforms ordinary people into preservers of the human race—parents. Here is a brief summary of the process:

Present Overhead: "The Procreation Process"

- The mother's role: The egg cell is produced in one of the female ovaries, one about every four weeks, and migrates through the fallopian tube, taking about a day. The egg is the largest cell in the female body.
- The father's role: Sperm are produced in the male testicles and ejaculated through the penis during sex. The sperm is tiny, the smallest cell in the male body, with a tail for swimming.
- Conception happens when the father delivers sperm (millions!) during sex and the best swimmer unites with the egg provided by the prospective mother, usually in the mother's fallopian tube.
- The meeting of egg cell and sperm creates a zygote cell—the combination of the mother and father's DNA—that begins dividing into two cells about every 24 hours. Through cell division the zygote progresses to embryo, then to fetus (with a beating heart at around six weeks), and at about 38 weeks a baby. (Note: With current medical technology, a baby can live outside the womb at about 25 weeks, but 38 weeks from conception is considered full term.)
- During the many cell divisions, the DNA programs the divided cells to differentiate, so that some become skin, bone, heart or brain cells, etc. After about nine months of cell division and differentiation you have the 27 trillion or so cells that make—a baby.

Note: To make the creation of life real to the pupils, this is a good time to show and briefly discuss a video of the procreation process. Video options include:

- Khan Academy's "Human fertilization and early development" (time: 8 min.) provides an animated depiction from fertilization to viable fetus via an informative biology lecture in the Khan Academy style. (Link: https://www.khanacademy.org/science/high-school-biology/hs-reproduction-and-cell-division/hs-fertilization-and-development/v/human-fertilization-and-early-development)
- The Wajdi Productions video "From Conception to Birth" (time: 4:17 min.), is an animated depiction (music, no voice) of the creation of life from fertilization up until birth. (Available on YouTube.)

Discussion: Ask pupils to share what they think is important to remember from this section. Encourage students who as older siblings have followed a birth in their own families to share their understanding.

5.4.2 Contraception

Before we discuss contraception, there's an important point to consider about unintended pregnancies: They often end the romance and leave the mother to deal with the pregnancy alone. A stable union of the biological parents is the most important factor for optimum child outcomes. Studies indicate that marriage is a more stable union than cohabitation and that cohabitation is more stable than two kids dating (more on this next year in Lesson 12). Whatever the form of the union, it's more likely to survive if the pregnancy is agreed upon by both partners. Don't drift into pregnancy—it's bad for the relationship, and bad for the child (Fomby & Cherlin, 2007; Craigie *et al*, 2012; Waldfogel *et al*, 2010).

If you choose to be sexually active an unplanned pregnancy is a big risk, as are STIs. Preventing conception—contraception—is a complex topic, so we'll give a short answer and a longer answer, and some contraception facts. (For links to sexual healthcare resources see Section 5.4.6.) Because people and needs vary, it's important to consult healthcare providers for guidance on contraception. (For teacher orientation, a contraception summary is included at the end of the lesson.)

The Short Answer:

Present Overhead: "Contraception, The Short Answer."

- In Lesson 4 we learned that the male condom significantly reduces the risk of STIs if properly and consistently used. It also reduces pregnancy risk to about 82% under normal use. The 82% refers to the risk of pregnancy in one year of typical sex. This may sound good, but it means that about 1 in 5 sexually active girls will become pregnant in a year—not so good.
- For improved contraceptive effectiveness for the sexually active, doctors recommend the condom be combined with a hormonal contraceptive taken by the female. Though 'The Pill' is commonly used, implanted devices are more effective as they don't depend on remembering to take daily pills.
- It's important to consult a doctor before beginning hormonal contraceptives as they can have side effects, including change in mood, weight gain, and, rarely, pulmonary embolisms. It's not required by law, but pupils would be wise to involve parents in this decision.

The Longer Answer:

Teacher Note: There are so many contraceptive products available that it can be confusing. For guidance, the CDC provides a one-page PDF "Effectiveness of Family Planning Methods" that is the overhead below. The American College of Obstetricians and Gynecologists (ACOG) provides a similar chart titled "Effectiveness of Birth Control Methods" chart (see Section 5.8.3 for link).

Present Overhead: "CDC Effectiveness of Family Planning Methods"
Note: there is a lot of information in this chart; after explaining, allow time for pupils to ask questions. Consider providing the chart as a handout.

Present Overhead: "Contraception Overview."

Contraception Overview: These facts, based on CDC data, offer a basic introduction to effective contraception:

- Preferred female contraception: Of the many choices, what do most women use? The pill is a common solution, used by 13% of women between ages 15-49. Long-acting reversible contraceptives (LARC) are used by 10% of women. LARCs include intrauterine devices such as IUC, IUD, or IUS and subdermal implants (slow-release devices inserted under the skin). LARCs provide the greater pregnancy protection. Another 9% of women trust the male condom, which is riskier.
- Male condoms used for birth control can be effective if used perfectly every single time sex occurs. As noted, effectiveness of condoms in real-life conditions is said to be 82% for a year; this translates to an 18% pregnancy risk each year—too high for comfort. Consider that there are about 15 million Americans in high school and if half were sexually active, 82% protection translates to over 1.3 million unintended high school pregnancies each year! Condoms also provide some STI protection as noted in Lesson 4.
    - Note the CDC publication "Know your CONDOM DOs & DONTs" available in English and Spanish at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf
- Female condoms are similarly effective though not commonly used. The one-year risk is 5% if used perfectly, but rises to 21% under real life conditions of use.
- A safer way to reduce risk is to combine a condom for STI protection with a contraception device such as a LARC or the 'Pill'. To be sure your needs are best met, consult your healthcare provider or a local women's healthcare clinic for guidance. (See Section 5.4.6 for guidance to sexual healthcare resources.)
- Emergency contraception (EC) pills may prevent pregnancy after unprotected sex and are available at local pharmacies by asking for "morning after pills," Time is important: Instructions say to "take as soon as possible within 72 hours of sex." (Note: Efficacy declines with time to zero after five days.) It's important to read the included instructions (there are significant side effects with EC pills). The pharmacist, or the help line noted in the instructions, can assist with questions.
    - The physician-provided ParaGard IUD (intrauterine device), effective for up to 10 years, is also a morning-after option if inserted within 5 days of intercourse.

Important reminder: Contraceptive medications do NOT protect against STIs. The ONLY medically sure way to prevent pregnancy and STIs is to limit sexual relations to one committed partner who does the same.

Discussion: Invite students to share what they thought important from this discussion of contraception.

5.4.3 Prenatal Care

It's important for the mother and the baby to receive health care during pregnancy. Modern health care has dramatically reduced the risk but the CDC estimates 1000 women die annually as a result of pregnancy complications (about 1 per 4000 births). Infant mortality is about 7 per 1000 births, the most common risk being low birth weight.

If you plan to become pregnant, see your health care provider first so you can be checked for STIs, immunity to rubella, and be advised topics such as:

Present Overhead: "Prenatal Care."

- The importance of eating a healthy diet,
- Folic acid supplements (to reduce birth defect risk, most effective if started before conception),
- Avoiding smoking, drinking alcohol, use of street drugs, and limiting caffeine.

If your pregnancy is unplanned, it's important to see a health care provider as soon as you suspect you may be pregnant. (Home pregnancy test kits are available at local pharmacies.)

Prenatal Information Resources

- Find local services on the Internet by searching terms such as "women's health clinic."
- Visit the CDC website for Pregnancy and Prenatal Care (Link: https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/PregnancyPrenatalCare.html)
- Visit ACOG (the American College of Obstetricians and Gynecologists) which provides the brochure FAQ103 "Having a Baby (Especially for Teens)" at this link: https://www.acog.org/Patients/FAQs/Having-a-Baby-Especially-for-Teens

Discussion: Invite students to share what they thought important from this discussion of prenatal care.

5.4.4 Parenting

The first years of life for a baby are very demanding for the parents. In "The Truth About Becoming a Parent," new mother Jennifer Hamady tells three sides of becoming a mom (Hamady, 2013):

Present Overhead: "The Truth About Becoming a Parent."

- "It's the most exhausting ordeal you can imagine. You're always on call, you don't get enough sleep, and there's very little time for yourself. Sometimes when the baby cries you aren't able to make it stop, and it's frustrating. Quote: "It is so *darn* hard! Why didn't anyone tell me?" (Expletive modified.)

- "It's transformational. It changes you—layers of selfishness peel away." You develop new attributes of "patience, resilience, sacrifice and perspective." You learn to love another person in a way you had never comprehended.
- "There are the most wondrous rewards. Life becomes more meaningful. The joined DNA of you and your partner comes to the world and will hopefully last long after you leave."

Babies need constant care in the beginning, and years of upbringing to become independent citizens capable of creating their own families. The time-proven best way to do this is for the biological parents to be joined in a lasting marriage. There are other ways to rear children. Parents or step-parents may live in less formally committed relationships than marriage. Same sex unions also rear children. Single parents do this, often very well, though it is a difficult burden to carry alone. Most would likely agree that for such a challenging task, two heads are better than one. Special needs may require that children be reared by grandparents, adoptive parents, legal guardians, or by caretakers. The social science, however, supports the gold standard of children being reared by biological married parents. (Stanton, 2015)

Discussion Activity: Ask students to imagine themselves as babies about to be born. What qualities would they want in 'their' parents? Work in small groups to make a list. Share this in the large group with a student recorder.

5.4.5 Non-parenting Options

Teacher note: Abortion may be the most divisive subject of our time. As the Supreme Court has affirmed, it is the right of the mother to decide the outcome of her pregnancy. The teacher should be non-judgmental on this topic, and require students to do the same.

Explain that pregnant minors have the right to choose between parenting or not parenting; this right is well established by law. (The consent of the father is not required.) Here is a review of options:

Adoption

For expectant mothers who are unable—for whatever reason—to care for a newborn, adoption has always been an option. It's an option that can be considered an incredible gift to the receiving family, as well as to the unborn child. For various reasons adoptions have been in decline—less than 2% of unwanted pregnancies result in adoption. This isn't for lack of demand; there is a large number of adoptive parents hoping for a child, perhaps two million.

Surrender Law

California law allows a mother (or her representative) to surrender her baby within three days (thus known as 72-hour surrender) of birth. This can be done anonymously, and it can be reclaimed within 14 days if there is a change of heart. The baby can be surrendered to hospital staff, or at sites marked with a logo, such as certain fire stations.

Abortion

If a minor chooses to not parent, abortion is an option. The prospective mother doesn't need parental permission, but most girls who are minors consult with their parents when considering their options. The minor must be excused from school for healthcare as needed. Local resources are readily available to help (see Section 5.4.6), but be aware they may have a biased outlook. Deciding what is right for you can be difficult. It's true that there are health risks associated with abortion, including, rarely, death, but it is considered one of the safest medical procedures.

Abortion methods vary according to the weeks of pregnancy:

Present Overhead: "Abortion Options."

- Over half of abortions are now 'medical' or 'induced' abortions (done by taking two pills), but are restricted to within 10 weeks of the last period. There will be heavy bleeding, much more than during a typical period, and also severe cramping. In some cases, nausea, vomiting, fever, and chills may occur. The duration of side effects can range from two days to two weeks.
- Surgical abortions can be done up to 14-16 weeks from the last period. The procedure employs a vacuum device inserted to break up and remove the embryo/fetus. Second trimester abortions are typically done using 'dilation and evacuation' (D&E) to remove the fetus.
- Late term abortions, a period not well defined but beginning as early as the 20th week, are more complex, have different procedures, but are less than 2% of abortions. They are also morally conflicted by considerations of the viability of the fetus, meaning the fetus, if given care, could potentially survive outside the womb.

5.4.6 Resources for Sexual Healthcare

To find local sources for confidential healthcare (and advise on legal rights) including abortion, pregnancy prevention and options, and prenatal care:

Present Overhead: "Finding Sexual Healthcare Resources."

- See your current doctor, or search for an OB/GYN at a health care clinic.
- Another option is to search the Internet by entering "women's healthcare in _____" and inserting the name of your local area. This will provide multiple options.
- As the HEART curriculum is designed for state-wide use, the school district is responsible to provide local resource information.
- The school or school district nurse is also a resource for healthcare information.

Discussion: Invite students to share what they thought important from this discussion of parenting.

5.4.7 Pregnancy Health Issues

Pregnancy places an extra burden on the mother's health and it's important to receive healthcare, as noted in section 5.4.3 Prenatal Care. Common maternal health issues include morning sickness (nausea or vomiting, especially in the first months); anemia

(deficiency of red blood cells) that can contribute to tiredness; urinary tract infections (UTIs); mental health conditions including low spirits or sad mood, feelings of worthlessness, etc.; hypertension (high blood pressure); gestational diabetes; and excessive weight gain. If the pregnancy is planned, take measures to be in the best health when conception occurs. For additional information consult your healthcare provider, or visit the CDC's Pregnancy Complications information site at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html

5.4.8: Denial of Liability:

Show overhead: "Denial of Liability."

Denial of liability: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

5.5 Summary of Lesson Discussion Questions and Activities:
Note: Pupils may have strong feelings about the topics of this lesson. The brief discussions following each section of the lesson have the added benefit of assessing student response and resolving conflicts.

- Section 5.4.1: Asks pupils to share what they think is important to remember from this section on conception.
- Section 5.4.2: Invite students to share what they thought important from this discussion of contraception.
- Section 5.4.3: Students are invited to share what they through important about prenatal care.
- Section 5.4.4: Ask students to discuss what seemed important from the section on parenting. Be sure there is a realistic appreciation of the burdens of parenting a new baby.
- Section 5.4.5: Students should share thoughts and ask any question about non-parenting options.

5.6 Assignments: Students complete Parent Interview questions for this lesson.

5.7 References

- Hamady, Jennifer, "The Truth About Becoming a Parent," *Psychology Today* website, posted Dec 09, 2013, viewed 8 May, 2019.
- Stanton, Glenn T., "Family Formation and Poverty: A History of Academic Inquiry and Its Major Findings," *The Family in America,* Fall, 2015.

5.8 Teacher Resources

5.8.1 Teacher Notes

- The teacher should note the Ed Code calls for "objective discussion" of topics in this lesson such as contraception and options to parenting. Objective is defined as impartial, unbiased, and non-judgmental.
- As per CHYA, delaying sexual relations is the only medically certain way to avoid STIs, unintended pregnancies, and other harms. This primary prevention should be taught or affirmed as appropriate in the lesson.

5.8.2 Teacher Readings & Study Material:

- It is recommended to review the websites noted under 5.8.3 Presentation Materials.

5.8.3 Presentation Materials:

- Video resources for procreation (conclusion of Section 5.4.1) are available at:
  - The Khan Academy website. (Link: https://www.khanacademy.org/science/high-school-biology/hs-reproduction-and-cell-division/hs-fertilization-and-development/v/human-fertilization-and-early-development)
  - The Wajdi Productions video "From Conception to Birth" is available on YouTube.

- Student contraceptive information materials, available for download at the following sites, are recommended to district officials for use based on local needs.
  - The CDC publication "Know your CONDOM DOs & DON'Ts" is available in English and Spanish at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf
  - The CDC one-page printable contraceptive summary "Effectiveness of Family Planning Methods" is available at this link: https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf
  - The American College of Obstetricians and Gynecologists provides a 4-page printable teen patient (FAQ112) guide to birth control that includes an "Effectiveness of Birth Control Methods" chart printable as a 1-page handout. Link: https://www.acog.org/-/media/For-Patients/faq112.pdf?dmc=1&ts=20190509T1517159676
  - The American College of Obstetricians and Gynecologists provides additional printable contraception information and FAQs for teen girl needs (under the heading Especially for Teens). Link: https://www.acog.org/Patients?IsMobileSet=false
  - For Spanish speakers, the American College of Obstetricians and Gynecologists provides printable women's healthcare information on various topics at this link: https://www.acog.org/Patients/Patient-Education-Pamphlets-Spanish-List

- For assistance in other languages, the Dept. of HSS Office on Women's Health offers comprehensive contraceptive in a 16-page printable "Birth Control Methods" PDF. In addition, there is a language assistance hotline at 800 994 9662. The link: https://www.womenshealth.gov/a-z-topics/birth-control-methods
- A printable PDF fact sheet "Birth Control Methods" is available at the DHHS Office of Women's Health, which also includes information resources including a hotline at 800 994 9662. Link to PDF: https://www.womenshealth.gov/files/fact-sheet-birth-control-methods.pdf

5.8.4 Student Handouts:

- It is recommended to distribute or make available the CDC publication "Know your CONDOM DOs & DONTs" available in English and Spanish at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf
- Additional contraception information is available to assist according to local needs as noted in Section 5.8.3 above.

5.8.5 Overhead Index:

- Section 5.4.1: "The Procreation Process"
- Section 5.4.2: "Contraception, The Short Answer", "CDC Effectiveness of Family Planning Methods," and "Contraception Overview."
- Section 5.4.3: "Prenatal Care."
- Section 5.4.4: "The Truth About Becoming a Parent."
- Section 5.4.5: "Abortion Options."
- Section 5.4.6: "Finding Sexual Healthcare Resources."
- Section 5.4.8: "Denial of Liability."

5.9 Overheads—To be provided based on selection of printed or digital learning platform selection.

5.10 Teacher Supplement: This Contraception Fact Sheet is provided for teacher orientation only. See Section 5.8.4 "Student Handouts" for student versions.

The HEART curriculum—Contraception Fact Sheet

Type	Method	Effect-iveness	STI Protec-tion	Safety Issues/Side Effects	Note

Surgery	Male Sterilization Surgery: Vasectomy	99+%	No	Post-surgical genital pain affects 1 in 3, may last for years.	The vasectomy, a minor surgery, permanently closes the pathway (vas deferens) used by sperm.
Surgery	Female Sterilization Surgery: Tubal Ligation	99%	No	Mild post-tubal sterilization syndrome.	Tubal Ligation, a major surgery, permanently seals the fallopian tubes blocking the eggs from the uterus.
Implant	Female Sterilization Implant	99%	No	Possible chronic pain if allergic to coil (nickel).	The effect of tubal ligation is achieved by inserting a coil-like device into the fallopian tubes in a minor surgery.
Implant	Implantable Rod	99%	No	Possible moderate side effects.	A thin hormone-releasing rod implanted in arm under skin. Lasts three years.
Implant	Intrauterine Device (IUD)	99%	No	Possible moderate side effects.	The IUD is a T-shaped device placed in the uterus and lasting several years. Uses hormone release or copper effect.
Hormone Injection	Injection/ The Shot	94%	No	Possible moderate side effects.	Hormone injection is effective for three months. Prevents ovaries from releasing eggs.
Hormone, Pill	Birth Control Pill	91%	No	Minor short-term side effects.	A daily hormone pill to stop ovulation and block sperm from uterus.
Barrier	Contraceptive Patch	91%	No	Possible moderate side effects.	One patch applied per week for three of four weeks.
Hormone, slow-release	Vaginal Contraceptive Ring	91%	No	Possible moderate side effects.	A thin hormone-releasing ring worn inside the vagina for 3 of 4 weeks.
Barrier	External/Male Condom	82%	80% effective per WHO (2016).		A thin single-use latex tube worn over the penis during sex. See CDC instructions for proper use.
Barrier	Insertive Female Condom	79%	Possibly, but benefit unknown.	Possible moderate side effects.	A thin, single-use polyurethane pouch worn inside the vagina during sex.

Barrier	Diaphragm or Cervical Cap	88%	No		A dome or cap temporarily inserted in the vagina to block sperm during sex, and left in place six hours.
Chemical	Spermicides	About 72%	No	Minor irritation; may increase HIV or UTI risk	For best results use in combination with another type of contraception. There are various types including cream, foam, gel, foam, film or suppositories. Check instructions for proper use.
Barrier	Other barrier/ combination methods				
Hormone Pill(s) or IUD	Emergency Contraception	Depends on type.	No	Possible moderate side effects.	Referred to as Plan B or morning-after, there are several types that should be used soon after sex. Waiting reduces effectiveness.

Note: Contraceptive effectiveness column refers to risk of becoming pregnant in one year under normal use

Note: A common practice is to combine a hormonal contraceptive or IUD, with a barrier method such as a condom.

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Lesson 6: Honor Yourself

Estimated time: 30 minutes
Revision date: 9/11/19

6.1 Lesson Introduction (For teachers)
6.1.1 Lessons 4 (Sexually Transmitted Infections) and 5 (To Parent, or Not) were serious topics. It would be good to close this sex ed course by summarizing the beauty of love, and the enjoyment of sexual relations in committed relationships such as marriage.

6.1.2 Question Box: Remind students that this is the final lesson, the last chance to ask that nagging question.

6.2 Lesson Objectives (Ed Code reference in brackets):

6.2.1 Provide knowledge and skills for healthy attitudes concerning adolescent growth and development . . . relationships, marriage, and family. (51930.b.2)

6.2.2 Promote understanding of sexuality as a normal part of human development. (51930.b.3)

6.2.3 Provide tools and guidance to ensure pupils receive comprehensive, accurate and unbiased sexual health instruction. (51930.b.4)

6.2.4 Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)

6.3 "Parent Interview" questions: This final lesson has no parent interview questions. However, in Section 6.4.2 students are invited to share what they learned from the Parent Interview process. Students should be prepared to confirm completion of the Parent Interview assignments. (As the material is confidential to the student, it cannot be graded.)

6.4 Lesson Delivery Outline

6.4.1 What We've Learned

Note: Review is an important element of learning. Have the class discuss important things learned from the lessons listed below. Have a student(s) make a whiteboard list. The five overheads may be presented as needed to prompt student memories.

- Lesson 1 "Relationships" (Present overhead as needed).
  - Intimacy without sex: You can be close to someone and have fun without the complications of sexual relations.
  - Kids are waking up to the dangers of premature sex and more are avoiding the health risks of sexual relations.
  - The Parent Interview has hopefully triggered important conversations with parents about the values of their families.
  - Relationships can be either genuine or counterfeit. The quality of a relationship depends on whether we are being real or fake. Others we engage with may be genuine or counterfeit also, but the ideal of any

relationship is when two people are being genuine, they communicate who they really are.

- Lesson 2 "The New You" (Present overhead as needed).
  - An awareness of the dimensions of adolescent growth that begin with puberty: Physical, mental, social and emotional.
  - An appreciation for the health risks associated with sexual acts.

- Lesson 3 "The Decision" (Present overhead as needed).
  - The Success Sequence of education, job, marriage, and then family.
  - The SMART Tool for important decision making.
  - The power of a plan for meeting the pupil's life goals.
  - "The Decision" that each person makes about the best timing for sexual relations is important to their health. It's also critical to achieving their life goals.

- Lesson 4 "Sexually Transmitted Infections" (Present overhead as needed).
  - The only medically certain protection from STIs is monogamy—to have just one sex partner, your life mate, who has done the same. The next best thing is to simply come as close to this as you can.
  - If you think you might have an STI, get tested. The worst thing is to learn you have an STI after your body has been harmed.

- Lesson 5 "To Parent, or Not" (Present overhead as needed).
  - During puberty kids are able to create life long before they're able to fully care for their child.
  - Importance of and sources for prenatal care.
  - A girl's options for dealing with unintended pregnancies.

6.4.2 A Look Back—Parent Interviews

1. What did pupils learn from the parent interviews that surprised them (that they can share with the class)?
2. What skill did pupils learn from the process of interviewing parents? Good answers would be increased communication with parents, or increased confidence in talking with adults.

6.4.3 Honor Yourself

Mutual respect has been a focus of the relationship lessons. Invite the pupil to exercise respect for themselves—in other words, *to honor themselves*—in order to enjoy a safe and healthy adolescent journey.

Questions for student self-examination: Invite students to look within and ask whether these six lessons helped them gain a healthy attitude regarding:

- Relationships of mutual respect and affection?
- Adolescent growth and development?

- Their own body image?
- Future romantic relationships?

6.4.4 Parent Interview Booklet: Check completion of the Parent Interview booklet and return to student. (Do not read unless the pupil requests. Do not grade.)

6.5 Summary of Lesson Discussion Questions: This lesson invites discussion in the review of the previous lessons. In each section invite students to share what they felt was important to remember from each lesson.

6.6 Assignments: Teacher should confirm completion of the Parent Interview questions for Volume I (7th grade). The Parent Interview should be checked for completion but not graded.

6.7 References

The references for this lesson are contained within Lessons 1-5.

6.8 Teacher Resources

6.8.1 Teacher Notes—N.A.

6.8.2 Teacher Readings & Study Materials—N.A.

6.8.3 Presentation Materials—N.A.

6.8.4 Student Handouts—N.A.

6.8.5 Overhead Index: (All overheads are from Section 4.1.1)

- Lesson 1 “Relationships”
- Lesson 2 “The New You”
- Lesson 3 “The Decision”
- Lesson 4 ”Sexually Transmitted Infections”
- Lesson 5 “To Parent, or Not”

6.9 Overheads/Slides—To be provided based on selection of printed or digital learning platform selection.

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A NEW CALIFORNIA SEX ED CURRICULUM

The HEART Sex Ed Curriculum is offered as a non-profit service to California secondary school districts at minimal cost. The HEART Curriculum was created as a non-profit project, guided by a board of subject experts.

For more information, please contact: skip@heartcurriculum.com

Revision Policy: The beta version of "HEART: A New CA Sex Ed Curriculum, Volume I" initial issue date is 9/16/19. For the purpose of continual improvement, there are semiannual revision windows on, or near, January 1 and July 1, if needed. Exceptional revisions may be issued as conditions warrant. The most recent revision date is included in the curriculum document title and at the beginning of each component part (volume/part introduction or lesson) as appropriate.
HEART Volume I Document Revision date: 1/28/20

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HEART: HEALTH EDUCATION AND RELATIONSHIP TRAINING Curriculum

VOLUME I, PART 2 (Lessons 7-12) 8th Grade

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Sex Ed Curriculum, Volume I, Part 2 (Lessons 7-12)
Revision date: 2.10.20

Teacher Introduction to Volume I, Part 2 (8th Grade)

Humans marvel at the brilliant nighttime flash of shooting stars disintegrating as they strike earth's atmosphere. Reentry, the passage through our atmosphere, is the most dangerous moment for a returning space vehicle. We've learned how to manage this high-speed crash with the atmosphere by controlling the angle of entry and using protective devices like heat shields.

Adolescence is a bit like a spacecraft's passage through earth's atmosphere. The years of puberty, for example, have the highest risk of death of a person's life. Education is an important tool for managing the risks, especially for the topic of this curriculum—sex education (hereafter 'sex ed').

Because the California Ed Code requirements for sex ed are a lot to absorb at once, the middle school HEART curriculum, Volume 1, is divided into Part 1 for 7th grade (Lessons 1-6), and Part 2 for 8th grade (Lessons 7-12). The high school HEART curriculum, Volume II, reflecting increased pupil maturity, is taught in one year, the 9th grade (Lessons 1-10). This provides an important benefit: three annual reminders on how to build healthy relationships and protect sexual health. Research has shown that annual reminders and sufficient 'dosage' are keys to sex ed effectiveness (25 June 2019 conversation with Dr. Stan Weed of the Institute for Research and Evaluation).

The HEART curriculum begins with relationships. Healthy relationship skills, including mutual and inclusive respect and affection for others, provide the foundation for positive human interactions. The 8th grade sex ed curriculum lessons are as follows:

- Lesson 7 What We Know
- Lesson 8 Liking and Loving
- Lesson 9 Gender Today
- Lesson 10 HIV Protection
- Lesson 11 Unhealthy and Illegal
- Lesson 6 Honor Others

Considering the strength of adolescent sexual drives, it's appropriate to consider what makes sex ed effectual. The Institute for Research and Evaluation performed a meta-analysis of the effectiveness of available sex ed programs. The conclusion was that most have little or no effect—it's not easy to change teen sexual behavior (Weed & Ericksen, 2019). Some helpful conclusions were made about the roles of the student and the teacher in protecting sexual health (25 June 2019 conversation with Dr. Stan Weed of the Institute for Research and Evaluation):

Student Role: Three conditions are important regarding the student outlook:

a) Having the intention to abstain from sex.
b) Understanding that abstaining from sex outside of marriage has important benefits.

c) Believing they have positive future opportunities that premature sex could negatively affect.

A Parent Interview booklet is recommended as a permanent student record.

Teacher Role: The characteristics of teachers who most effectively teach sex ed curricula include:

a) Students sense that the teacher believes the message.
b) Students believe the teacher cares about them.
c) Students are engaged by teacher in the learning process.
d) The teacher follows the curriculum.

Parent Role: In addition to the role of teacher and student, this curriculum adds a third influence—the parent. There is abundant evidence that parents are the primary influence on children, especially during early adolescence (Power to Decide, 2016). There is also evidence that parents will respond to the invitation to work with their children, especially if given information (Wang *et al*, 2014, Pearson & Frisco, 2006).

The 'Parent Interview,' conducted by students with parents following the lessons of this curriculum, is posited to be a significant influence towards meeting the purposes and objectives of the Ed Code for sex ed. It has the feature of empowering the student, who is in the role of interviewer, and engaging the parents in sharing the lessons they've learned from their life experiences, and from the values of their families. This also helps keep teachers out of the line of fire on the value-laden topics of sex ed.

It is called to the attention of the school district, that preparing and engaging the parent to play their role in the Parent Interview is a necessary step for the student to receive the potential benefit. It is suggested to provide the Parent Interview questions in advance to parents, and to give parents flexibility as their busy schedules require for participating in the Parent Interview.

Use of 'Parent'

The word parent, in the HEART curriculum, refers to the pupil's legal caregiver. According to the U.S. Census Bureau, 96% of children live with one or both parents. Another 3% live with a legal guardian, and about 1% live with a caregiver such as a grandparent, other relative, or a non-relative. Because of the frequent reference to 'parent' in the curriculum, and for simplicity, the term parent is used to refer to the legal or authorized caregiver.

Storylabs Platform:

The HEART curriculum is offered as a public service at no cost. It comes in digital form with overheads available in PowerPoint or Google Slides formats. Users may also print copies for their own use.

HEART is also available with the capabilities of a learning management system on the Storylabs Internet-based platform. Storylabs, a service of S&S Apps, provides digital access to lessons, interactive learning activities, overheads, and Internet-sourced visual aids. These enhanced learning aids are available to students and parents as well as teachers and administrators.

Lessons can thus be followed on devices such as student chrome books, and/or linked to projection equipment. Storylabs' accounts provide students a confidential site for homework, quizzes and other activities, as well as a journal for recording Parent Interview notes on their Parent Interviews, or keeping a diary. Storylabs intends to maintain student access to curriculum and journal for three years.

Pupils with Disabilities:
The Ed Code directs that "instruction and materials shall be accessible to pupils with disabilities, including but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids." (51933.d.3) The HEART Curriculum provides these features to aid teachers in meeting the needs of students with disabilities:

1. Because of the range of pupils with disabilities, the HEART curriculum supports the established practice of Individual Education Program (IEP) teams creating modifications and supports to allow all pupils to access curriculum material.
2. The instructional material for the lessons provides clear identification of Ed Code objectives, a review of discussion points, and a summary of overheads to facilitate adapting the lesson to pupil abilities.
3. Overhead projections feature teaching points of the lessons to facilitate following the instruction and discussions. These can also be followed on devices like chrome books, or printed for students to follow with the option of using a high-lighter to mark key points to remember.
4. The values-related topics of each lesson are reviewed with parents in a process called the Parent Interview. This allows the parent(s), who know the students best, to guide their understanding of these important values. All students participate in the Parent Interview.
5. Sexually transmitted diseases (STIs) and contraceptive devices are examples of complex topics. A summary chart is provided to aid STI comprehension. The HIV quiz is provided prior to instruction so the student can answer questions as the lesson progresses. A link to a Center for Disease Control and Prevention (CDC) simplified summary of contraception options that simplifies comprehension of the subject is also provided.
6. The Storylabs learning management system is available for pupils to follow the lessons using their iOS devices, chrome book or I-pad via an Internet-based learning platform. It also supports parent involvement with the lessons.

English Learners:
The Ed code directs that "Instruction and materials shall be made available on an equal basis to a pupil who is an English learner." (51933.d.2) School districts should follow their normal English learner practices with this curriculum. CDC-sourced handouts such as "The Lowdown on How to Prevent STDs" and "The Right Way to Use a Male Condom," are available in multiple languages, including Spanish. For users of traditional printed curriculum, language translations of overheads are available at the cost of translation.

The Storylabs learning platform makes the HEART curriculum comprehensible to ESL students of any language background through Google Translate. The student portion of HEART for each

lesson is presented at the beginning of the Storylabs curriculum for each school year in a single PDF document for ease of translation. The student portion can simply be downloaded by the student and uploaded to Google Translate for translation to the language of choice.

External Resources:

References are made in HEART to external resources accessed by the Internet. The reference is only to the cited material and is not intended to include other material that may be found at, or linked to, the referenced Internet site.

Denial of liability:
The HEART sex ed curriculum for secondary school is offered by the providers as a free public service to be used at the sole discretion of CA school districts. No liability for the use of HEART is accepted by the providers. The cited objectives of the CA Ed Code for sex ed guided the best effort writing of HEART but may be interpreted differently according to viewpoint; therefore, the final judgement regarding Ed Code compliance is the prerogative of the user.
None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

References:
Pearson, J., Frisco, M.L., "Parental involvement, family structure, and adolescent sexual decision making," *Sociological Perspectives*, 2006 Nov. 1, 49(1): 67-90.

Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy). (2015). *Survey Says: Parent Power.* Washington, DC.

Wang, Bo, *et al*, "The impact of parent involvement in an effective adolescent risk reduction intervention on sexual risk communication and adolescent outcomes," *AIDS Educ Prev.*, 2014 Dec; 26(6): 500-520.

Weed, Stan E., Ericksen, Irene H., "Re-Examining the Evidence for Comprehensive Sex Education in Schools," 2019, retrieved 7/23/19 at the website of the Institute for Research and Evaluation. Link: https://www.institute-research.com/CSEReport/Global%20CSE%20Report--US%26non-US_Combined__4-1-19.pdf

Lesson 7: What We Know

Estimated time: 40 minutes
Revision date: 9/13/19

7.1 Introduction (for teachers)

For effective teaching 'dosage' to accomplish the purposes of CHYA, Volumes I, II, and III annually teach or review topics important to health. As students mature, additional age appropriate information is included.

This lesson begins Part 2 of Volume I (8th grade lessons 7-12) by reviewing the main points taught in Part 1 (7th grade lessons 1-6). The lesson refreshes foundation concepts helpful to teaching Part 2 as a year has likely passed since Part 1 was taught. If Parts 1 and 2 are taught in the same year (not recommended) this lesson becomes an optional review based on the teacher's evaluation of class progress. Teacher review of Part 1 before beginning Part 2 is recommended.

The 7th grade Lesson 3 invited students to make *The Decision* (see 7.4.5 The Decision below). 'The Decision' refers to a forward-looking decision about when and how they should best begin sexual relations.

Finally, a reminder that teachers are 'mandated reporters' and work under a legal requirement to report known or suspected incidences of child abuse as guided by school district policies and regulations, and applicable laws.

7.2 Lesson Objectives (Ed Code reference in brackets):

7.2.1 Provide knowledge and skills needed to develop healthy attitudes concerning adolescent growth and development, body image, and relationships . . . and have healthy positive, and safe relationships and behaviors. (51930.b.2)

7.2.2 Promote understanding of sexuality as a normal part of human development. (51930.b.3)

7.2.3 Instruction and material shall be age appropriate, medically accurate and objective. (51933.a & .b) (For definitions, see 51931.a & . f.)

7.2.4 Affirmatively recognize that people have different sexual orientations. When discussing or providing examples of relationships be inclusive of same-sex relationships. (51933.d.5)

7.2.5 Students will be encouraged and provided with skills to discuss sexuality with parents/guardians. Note: Parents/guardians have legal rights to supervise the education of their children. Depending on the parent-child relationship, there may be situations where a trusted adult is needed. The legal rights of parents/guardians, however, should be respected. (51933.e; see also 51937, 51938, and 51939 regarding parent and student rights)

7.2.6 Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)

7.2.7 Provide knowledge and skills to form healthy relationships based on mutual respect and affection. (51933.g)

7.2.8 Provide knowledge and skills for healthy decisions about sexuality. (51933.h)

7.2.9 Provide knowledge about time-proven moral wisdom. Religious doctrine shall not be taught. (51933.i)

7.2.10 Instruction and materials shall not reflect or promote bias against any person protected by Section 220.

7.3 "Parent Interview" Questions

7.3.1 In Sex Ed class we reviewed the Parent Interview as a means for parents to share the culture and values of their families on class subjects with their children. Each lesson has Parent Interview questions provided in advance in a packet. The first question is how do you think I'm doing at having a healthy attitude about the changes of puberty such as my growth and development, body image, and my relationships with others?

7.3.2 (This is a double question, the first asked by the parent, the second by the child.) In class today we revisited "The Decision" made last year in 7th Grade regarding the conditions for becoming sexually active. We also talked about recognizing authentic vs counterfeit relationships.

- Parent question: In the last year, you have had more experience evaluating relationships, whether they're genuine or counterfeit. Are you able now to better recognize when relationships—at home, at school, with friends—are genuine or counterfeit? Can you give an example?
- Child question: When you have caught yourself acting in a counterfeit way, how have you figured out how to quit being counterfeit and become genuine? Can you give me an example?

7.4 Lesson Delivery Outline

7.4.1 Class Rules

- Participation: Become an active, not passive, class member. Ask questions, or write one for the Question Box. The more you put into these classes, the more you will learn. The more you learn, the better decisions you will make about love, and sex. The better your decisions, the better your life.
- Mutual respect and acceptance: We are all different; respect these differences. No teasing, insulting, judging, or making fun of others. Review the school policy banning discrimination against others, including groups noted in Ed Code Section 220.
- Confidentiality: It's good to share what you learn, but personal information that may be revealed must be respected and kept confidential. If an example is shared outside of class, don't identify the person or source.
- Question Box: This provides a way to confidentially ask questions that may be uncomfortable to ask in public. Explain that teaching is more effective when the pupil's current knowledge and interests are known. Because puberty tends to be a

private topic, the questions also provide helpful feedback to the teacher. (Any suitable container may be labeled and used as a question box.)

It would be helpful if the teacher could recount a past example where the Question Box facilitated learning.

7.4.2 The Triangle Model

Because of the value-laden nature of sex ed, and the legal rights of parents, the learning process takes the form of a triangle:

- Teachers share information and facilitate the learning process.
- Pupils take an active role in class and conduct Parent Interviews at home to learn about values, and make decisions for their lives. A packet of Parent Interview questions for lessons 7-12 will be provided for each home.
- Parents, who best know and love their children, teach their values and share the lessons of their lives, prompted by the Parent Interviews.

Discussion: Invite class discussion about how the Triangle Model worked for students involved in the 7th grade.

7.4.3 Puberty Revisited

Puberty marks the first stage of adolescence, the transition from childhood to adulthood. Remind pupils that puberty has mental, social, and emotional dimensions in addition to the physical changes.

Discussion Activity: Ask a student to record on the whiteboard while the class offers examples of pubertal changes in the four dimensions (physical, mental, social, emotional).

Present overhead: When the pace of idea slows, show this overhead:

- Physical: Dramatic changes in hormone levels cause a growth surge in height and weight. Girls develop curves and boys develop muscles. Through the sexual development of puberty, they become capable of sexual relations and reproduction.
- Mental: Cognitive development expands abstract thinking ability. Brain development lags physical growth and may not be complete until the early 20's. Consequently, adolescence can be a period of risky decisions and behavior compounded by a growing desire to make more of your own decisions. The Parent Interviews and SMART Tool can improve decision making.
- Social: A sense of self-identity develops and can bring on selfish behavior. Social status becomes a concern. Friends and the social group become more important.
- Emotional: A greater range of emotions evolve, including moodiness and irritability. Romantic feelings develop, along with concerns about body image.

In summary, it's important to point out that the changes during puberty are a normal part of human development as children cross the bridge to adulthood. Remind that everyone is different—in a good way, that is essential to a rich and diverse society.

Puberty is hardest for early-developing girls, who may receive unwanted attention. It's also hard for the late-to-develop boys who would like to expedite their growth. Be sensitive to

addressing signs of unhealthy attitudes about adolescent growth and development, and physical image.

Discussion: Invite a discussion of what pupils like about the changes of puberty. The goal is to develop a positive attitude and to identify possible concerns.

7.4.4 The SMART Tool

In Lesson 3 the SMART Tool was introduced and used to make a personal decision about beginning sexual relations. The tool can be a valuable life aid because really smart people can do really dumb things—it happens all the time. Success in life will depend on being thoughtful in making important decisions. The SMART tool provides a five-step method to do this:

- **S**low down: Time is your friend if you stop and put it to use. Pause and think before making important decisions.
- **M**ake a list: Consider all the options. Be creative. Write your possible choices down.
- **A**nalyze your choices. Take a hard look at the consequences of your choices. This is the time for deep thinking, even for talking to someone you trust. Two heads can be better than one. It can help to take a walk, to clear your head.
- **R**each a decision: Pick the best choice for you. For really important decisions it's a good idea to sleep on it overnight.
- **T**hink and evaluate. Don't question your decision once it is made, but do be open to new knowledge. Assumptions may change, or a better option may present itself.

Activity: Break into groups of 3-4 and use the SMART tool on an assigned decision, such as someone pushing the pupil to use drugs/alcohols at a party, or deciding who to ask to the prom.

7.4.5 The Decision Revisited

Remind that in the 7th grade (Volume I, Part 1, Lesson "3 The Decision") students made a decision about the when and how of sex and sexual relations in their lives. It was noted that, per the CDC, there had been a trend in recent years of young people making better, meaning healthier, decisions about sex and sexual relations—waiting longer to begin, and having fewer partners. Recent data show that about half of students will delay starting sex until they reach California's legal age of consent for sex—18 years. Many will wait until they are married—the safest choice for protecting their sexual and reproductive health.

Whenever and however the student chooses to begin sex, it is a decision greatly influenced by personal beliefs and the values taught in their homes. It can also have a lasting effect, for good or for bad, on the person's life goals. Call attention to the "Success Pattern" taught in Lesson 3 that orders education, job, marriage and children. A decision this important should be made thoughtfully in consultation with parents and reviewed from time to time.

This lesson provides knowledge and skills to support a healthy decision—referred to as "The Decision." Ask students to use the process above and make a private, tentative decision they can discuss as part of the Parent Interview. Invite them to write 'The Decision' in the Parent Interview booklet or their dairy and to save it in a special place. Note to pupils that 'The Decision' will be tested and may need to be defended. In Lesson 8 we'll discuss defending decisions by setting boundaries and practice refusal and negotiation skills.

Discussion: The pupil's 'Decision' about the conditions for starting sexual relations is highly personal and should be respected. However, a discussion about times in their lives when making thoughtful decisions ahead of the moment of being pressured, such as the use of drugs or alcohol at a party, is recommended.

Remind pupils that this isn't a lesson about not having sex, but a discussion of when is best for them. Sex can be like fruit on a tree—eat it too early, before it matures, and it can make you sick.

7.4.6 Successful Parent Interviews

The parent is the most important influence in the lives of middle school students. As noted above in Section 7.1, parents are engaged in the sex ed curriculum by the Parent Interview questions for each lesson, contained in the provided booklet. Learning to confidently interview an adult is an important life skill. It's critical that this interview receive the best efforts of student and parent.

If the Parent Interview booklets have not been provided, introduce the booklet and hand them out now. Review the interview questions for this chapter.

Present Overhead/Slide: "Five Points of Parent Interviews"

Review the five points of interview technique (also included in the booklet):

- Schedule the Parent Interview in advance so all can make time and be prepared.
- Meet in a quiet place where you won't be disturbed.
- Before asking questions explain what you learned in class on the subject.
- Ask the question, then listen carefully, and make notes as appropriate. Ask further questions to clarify or expand on points not clear.
- Summarize by repeating back what you have learned. Write the summary and your thoughts in your Parent Interview booklet.

Activity: Practice interview skills by inviting students to rehearse the Lesson 7 "Parent Interview" questions in pairs. Review progress as a group.

7.4.7 Looking Forward

Close by briefly outlining the balance of lessons of Part II:

- Lesson 8 "Liking and Loving"—about safe and inclusive mutual respect, platonic and romantic relationships, setting and defending boundaries based on the student's 'Decision,' and having fun without sex.
- Lesson 9 "Gender Today"—explains gender, gender identity, gender expression, and sexual orientation.

- Lesson 10 "HIV Protection" includes a review of STI risk reduction, the larger lesson behind STIs, and more aspects of HIV, including self-protection, testing, treatment, and social issues.
- Lesson 11 "Unhealthy and Illegal" discusses media, media safety, relationship laws, and human trafficking.
- Lesson 12 "Honor Others" is about healthy attitudes, benefits of marriage vs. cohabitation, and the student's future decision.

7.5 Summary of Lesson Discussion Questions and Activities
(Note: These summaries are presented in each lesson as an optional aid to lesson planning.)
The lesson reinforces what was learned in 7th grade and has four discussion points:

- Section 7.4.2: Invite class discussion about how the Triangle Model worked for students in the 7th grade.
- Section 7.4.3: Two discussion options: 1) Ask a student to record on the whiteboard while the class offers examples of pubertal changes in the four dimensions (physical, mental, social, emotional). 2) Invite a discussion of what pupils like about the changes of puberty. The goal is to support healthy attitudes and identify concerns. Note: The discussion of puberty can be awkward. Engage pupils in a light-hearted way to affirm that the changes are good, and encourage having a good attitude. It's also an opportunity to identify concerns.
- Section 7.4.4: The purpose is to build problem-solving skills using the SMART Tool. Break into groups of 3-4 and use the SMART tool on an assigned decision, such as someone pushing the pupil to use drugs/alcohols at a party, or deciding who to ask to the prom.
- Section 7.4.5: The pupil's 'Decision' about the conditions for starting sexual relations is highly personal and should be respected. However, a discussion about times in their lives when making thoughtful decisions ahead of the moment of being pressured, such as the use of drugs or alcohol, or practicing honesty, is recommended.
- Section 7.4.6: The activity purpose is to build skill and confidence in use of the Parent Interview.

7.6 Assignments: Students complete Parent Interview questions for this lesson.

7.7 References:

- Olson, T. D., Wallace, C. M. and Miller, B. C., "Primary prevention of adolescent pregnancy: Promoting family involvement through a school curriculum," Journal *of Primary Prevention*, 1984, Winter, *5* (2).
- Goldfarb, E. and Schroeder, E., "Making SMART Choices about Sex: A Curriculum for Young People," (2004) Metro Marketing, Rochester, NY

7.8 Teacher Resources

7.8.1 Teacher Notes

- For more on the Success Sequence, see AEI.org for the work of W. Bradford Wilcox and Wendy Wang.

- Review the elements of effective sex ed curricula for the role of student and teacher, per the Institute for Research & Evaluation,

7.8.2 Teacher Readings & Study Materials

- *The Atlantic* article "What Is the 'Success Sequence' and Why Do So Many Conservatives Like It?" with a history of the Success Sequence, suggests it's a good idea while noting that geography (neighborhood culture) may be a more powerful force.

7.8.4 Presentation Materials—See Section 7.8.5.

7.8.4 Student Handouts—The teacher may wish to provide a copy of the SMART Tool.

7.8.5 Overhead/Slides Index

- Section 7.4.1: "Four Class Rules.
- Section 7.4.2: "The Triangle"
- Section 7.4.3: "Four Aspects of Puberty"
- Section 7.4.4: "The SMART Tool"
- Section 7.4.6: "The Parent Interview"
- Section 7.4.7: "Lesson Preview"

7.9 Overheads/Slides—To be provided based on selection of printed or digital learning platform selection.

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Lesson 8: Liking and Loving

Estimated time: 50 minutes.
Revision date: 9/13/19

8.1 Introduction

This lesson reviews Lesson 1 Relationships, and adds age-appropriate and inclusive information on tolerance for others and on romantic relationships. Teachers should be sensitive to any signs of unhealthy relationship attitudes. Schools or school districts have policies banning bias or discrimination against protected people or groups and the teacher should be aware of the policy (See Ed Code Section 220). Lesson 11, titled "Unhealthy and Illegal," provides required information on the dark side of relationships.

Be sensitive that some students may have already had sexual relations, perhaps more by coercion than their own decision. No judgement or shame should be implied about prior sexual relations. It should be pointed out that the past does not define us and that the future is always ours to choose.

Note: If a CA school district requires health education as a graduation requirement, comprehensive information on the CA affirmative consent standard (see Ed Code 33544(a)(2)) is required for grades 9-12, but not for lower grades. For state colleges, Section 67386(a)(1) defines affirmative consent as "affirmative, conscious, and voluntary agreement to engage in sexual activity." If questions arise, it is suggested that as preparation for romantic relationships this standard of respectful 'consent' be considered for intimacies that are legal for minors, such as hand-holding, hugging, kissing, etc.

Question Box: If students leave queries in the Question Box, respond to them as appropriate in a subsequent lesson. It may work to create a question or two to 'prime the pump' and start the process.

8.2 Lesson Objectives (Ed Code reference in brackets):

8.2.1 Provide knowledge and skills needed to develop healthy attitudes about . . . relationships . . . and have healthy positive, and safe relationships and behaviors. (51930.b.2, 5; 51933.b.2)

8.2.2 Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)

8.2.3 Provide knowledge and skills to form healthy relationships based on mutual respect and affection, free from violence, coercion and intimidation. (51933.g)

8.2.4 Provide knowledge and skills for healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure. (51933.h)

8.2.5 Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)

8.3 "Parent Interview" Questions

8.3.1 We discussed setting and defending value-based boundaries based on my "Decision" in romantic situation. What can you add to this from your experience that would help me. If my values aren't respected, what becomes of the relationship?

8.3.2 In class we learned that minors (those under 18) can't legally consent to sex. We also talked about ways to have fun with those we like and love without sex. What did you do to have fun when you were my age? What are things I could do?

8.4 Lesson Delivery Outline

8.4.1 Relationships

Introduce the subject of relationships and invite students to recognize the variety of relationships (child, sibling, cousin, grandchild, student, friend, employee, neighbor, etc.) in their lives and the roles they play in these relationships. Consider having a student list these on the whiteboard. Ask the class to ponder the following time-tested relationship truths. (The first two are from Lesson 1.)

Present Overhead: "Relationship Truths"

- Relationships—whether at home, in school, at work, or being with friends—are crucial to your happiness and success in life. Friends from your school years can be friends forever. This is one reason that high schools hold reunions decades after a class has graduated.
- Over two thousand years ago the Roman philosopher Cicero wrote a book about friendship. His counsel included these five steps for making friends:
  - Be honest.
  - Be a good person and help others to be good.
  - Give as generously as you receive.
  - Don't try to profit from friendships; friendship is its own reward.
  - Treasure your friends. If you fight, make up; if they move away, keep in touch.
- It might not be obvious at first, but the physical growth that puberty brings—like added size and weight—also brings an increased emotional and mental capacity to like, and even love, other people.
- Just as we mature at different rates, some pupils are better at relationships than others. But here is a very important point: You will get better, and keep getting better, as long as you keep trying to improve.

Suggest that students pay attention to building relationships. Building relationships is a life-long process—it never stops. When you get old and can't do all the things you used to do, the enjoyment of old friends can be a great comfort.

Discussion (allow adequate time): To start the discussion, invite students to tell about the longest friendship they have experienced (this may include pre-kindergarten friends, siblings, cousins, and hopefully parents) and write the number of years on the whiteboard. Next ask how these friendships benefit their lives. In conclusion, ask each respondent what friendship skills they've learned. Point out the healthy aspects of these skills including:

- Friendship is based on positive attitudes,
- Friendship requires mutual respect and affection,
- Friendship is free from violence, coercion and intimidation, and
- Other observations as appropriate.

8.4.2 Safe and Inclusive

Explain that beyond the circle of student's friends there's a big world of people that includes the other kids in one's school. Some will be different, different in ways pupils may not be accustomed to. These differences may include disabilities, religious beliefs, views on gender, sexual expression, etc. Part of growing up is to become aware of and respectful of such differences. In our democracy people are free to be who they are within the limits of the law. Through mutual respect and affection, we can create a safe and inclusive place for everyone without compromising our beliefs.

There is legal support for respecting differences: The California Ed Code bans bias or discrimination against groups of people on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, etc. (32500, Article 3, Section 220). Be respectful; appreciate people for their differences—they may be your future friends. You may even grow to love them.

8.4.3 Romantic Relations

In Hollywood movies, romantic relations can move very fast driven by physical passions. Explain that when the students are older and start dating, that in real life the process moves more slowly, developing mental, emotional, and social, as well as physical roots that can become well-anchored. Attractions based on appearance can happen in an instant, but a lasting relationship will build layers of affection like the layers of an onion. It may begin with the charm of a smile, a wink, or perhaps a note. To really know someone, do things both enjoy, like reading a book together.

A romantic friendship may advance to hand-holding, a hug, even a kiss. It is natural that other intimacies will want to follow but a well-grounded relationship should advance on all the relationship dimensions. This ensures that sexual intimacies have meaning and significance, supported by a well-planted relationship. One question in a romantic relationship is how far to go in the intimate expression of love?

8.4.4 The Decision

In Lesson 3 the historians Will and Ariel Durant, who spent their lives seeking out the lessons of history, reminded that "sex is a river of fire that must be banked and cooled by a hundred restraints if it is not to consume in chaos both the individual and the group."

Lesson 3 invited pupils to write down their life goals and consider the education and other requirements to accomplish these goals. Students, guided by their values, then used the SMART Tool and the guidance of parents to decide the when and how of beginning their own sexual relations. That was called "The Decision" and was revisited in a Parent Interview question for Lesson 7. "The Decision" sets boundaries on sexual behavior but there will be times when these boundaries must be defended.

8.4.5 Defending Your Decision—Setting Boundaries

The adolescent brain is still maturing and prone to risky behavior. Students are at risk for making unwise decisions. Remind pupils of the SMART Tool from Lesson 3 for best decision making. The passions of youth can be overwhelming. It is common in relationships for one party to be driven by a greater passion than the other. The other party will have the task of defending the boundaries they have set.

Present Overhead: "Setting and Defending Boundaries."

1. Your values are intrinsic and part of who you are; they stand on their own and don't have to be explained.
2. Relationships work better when values are communicated in a clear way. Just as there are rules for this class, relationships should have a prior understanding about rules of conduct.
3. Respect for the other person's values is a necessary condition for a relationship. When someone is pressured for sex, it's a clear sign of a lack of respect, or love.
4. Respect is earned by standing up for your values.
5. Know when and how to end a relationship. If your values and your person aren't respected, the relationship doesn't have a future.

(Teacher note: Legal issues of 'consent' are discussed in Lesson 11.)

8.4.6 Negotiation and Refusal Skills

Negotiation and refusal skills are important to defending boundaries. It's a special skill when you can say "No!" and the other party is not offended. Softer words can be used, but they need to give a clear message. Here are several options:

- Give a reason for refusing, one based on values both understand.
- Offer an alternative, something both like that is mutually acceptable.
- Show concern for the other person's best interests.
- Change the setting; leave where you are, join with others. There is safety in numbers.
- Communicate that pressure and coercion are deal-breakers for the relationship.

Discussion/Activity: "What Would You Say?"

Divide class into small groups with the assignment to discuss/brainstorm answers for the following sexual pressure lines. Suggest using the negotiation options noted above. Remind that humor often helps in tense situations but non-judgmental firmness does also. Combine the class and share the best answers from each group. Sexual pressure lines:

Present Overhead: "Questions for 'What Would You Say'."

1. Text me a sexy picture of yourself.
2. Come on, everybody else is doing it (sexting, or having sex).
3. If you love me, you'll have sex with me.
4. If you won't have sex, I'll find someone who will.
5. We had sex once before, why can't we do it again?

8.4.7 Sexual Acts

The sexual acts are the most intimate interactions that two humans can have. It is the complete baring of your being to another person. Sexual activity means genital contact, such as touching in private areas, vaginal sex, oral sex or, most dangerous, anal sex. These acts have consequences, including the risk of STIs and unintended pregnancies. The creation of life—becoming pregnant—is a momentous event that needs careful consideration and preparation.

This is one reason that laws are written to require a certain maturity—18 years of age in California—before legal consent to sex can be given. Sex with a minor is by law a criminal act, though only prosecuted in certain conditions that will be discussed in Lesson 11.

As discussed (above) under Romantic Relationships, these highly intimate acts should have meaning. Something so significant should not be done casually but align with personal values and reflect a well-developed relationship. Meaningful relationships take time and maturity of thought to develop. Relationships that develop without the passion of sex are authentic. If sex is involved, it is hard to know if the motives of a partner are authentic or counterfeit.

(Note: If the class includes students who missed Lesson 5 "To Parent, or Not" in the 7th grade, this could be a time to review required information about legal pregnancy options.)

8.4.8 Fun Without Sex

The media—in movies, magazines, television programs, and Internet sites—are often casual about sexual relations. But as pupils have learned in these lessons, intimate relations have big consequences, consequences that can be emotionally difficult, especially for girls who generally experience sex in more varied ways and attach deeper meaning to the act (Everaerd *et al*, 2006). The risks of sex can be reduced (as taught in Lessons 4, 5 & 10), but not eliminated.

The teens of today aren't blindly following the examples in the media but are actually becoming wiser and more careful about sex. A growing number—now about half—are waiting past the legal age of consent to begin, and many manage to wait until marriage. Those who don't wait are starting later and having fewer partners. (See the Kids Getting Better section of Lesson 1 "Relationships.")

This progression of kids exercising more self-restraint and staying healthier, is highly encouraging. The goal of sex ed is for this trend to continue with your generation. Most would agree that whatever your decision about when to start, the more mature you are the better. With maturity, there will also be less negative outcomes and regrets.

This leaves a challenge for those in love: How to have fun and express their love without sex. It turns out that there are lots of ways and in the process, you learn to know and appreciate each other in broader and deeper ways—socially, mentally, and emotionally. This builds the roots noted before that lead to closer relationships and lasting happiness.

What is fun to do changes with time; each generation invents its recreation. Back in the '30s and '40s, in the Big Band era, there was more caution about sex and dancing became popular. Dancing was a way to share affection; it could be like hugging to music with your

friends around. In the '60s and '70s, during the sexual revolution after the Pill, sex became more casually done and dancing as couples faded away. Each generation has its own ways to have fun—invent the recreation that aligns with your values.

Discussion/Activity: Brainstorm ideas for having fun without sex by dividing into small groups. After 5 minutes have the combined groups share their ideas. Make a list to distribute and save.

8.4.9 Summary

Present Overhead: "Seven Things to Remember."

Seven things to remember (a handout for students to save is suggested):

1. Being a good friend is the first step to having good friends.
2. A friendship may become a romantic relationship of love that includes the pleasures of physical affection.
3. Your life will align more with your inner values if you make a thoughtful decision about starting sexual relations before you're in the situation.
4. Your before-hand decision about sexual relations defines boundaries that may need to be defended. This is easier if your boundaries are made clear early in a relationship.
5. Sexual relations are the most personal physical intimacy between people—therefore the relationship should first have meaning and significance.
6. Sexual relations are laden with mature consequences (including the risk of STIs and unintended pregnancy) and are best done between mature people. In Caliornia you must be 18 years or older to legally give consent for sex.
7. Yes, you can have fun and show love without sexual relations. You just need to be creative.

8.5 Summary of Lesson Discussion Questions

- Section 8.4.1: This discussion asks students to tell about their longest friendships and what qualities they have learned from these friendships.
- Section 8.4.6: The negotiation and refusal skills activity ("What Would You Say?") discussion/activity addresses the Ed Code skills requirement.
- There is great pressure towards sex suggested by the media and minors hear this message. The final discussion in 8.4.1.8 invites the discovery of ways to have fun without sex that fit what their generation likes to do.

8.6 Assignments: Students complete Parent Interview questions for this lesson.

8.7 References

Everaerd, W., *et al*, *Annual review of sex research*, January 2006, 17:183-199

8.8 Teacher Resources

8.8.1 Teacher Notes:

As per CHYA, delaying sexual relations is the only medically certain way to avoid STIs, unintended pregnancies, and other harms. This primary prevention should be taught or affirmed in each lesson.

The work of the Institute for Research & Evaluation concludes that an essential element of the most successful sex ed curricula is to provide pupils with the knowledge and skills to resist peer pressure.

8.8.2 Teacher readings and study materials—N.A.

8.8.3 Presentation Materials—N.A.

8.8.4 Student Handouts

- Provide a hand-out or use an overhead for the "What Would You Say" exercise on negotiation/refusal skills.
- Provide a hand-out for the "Seven Things to Remember."

8.8.5 Overhead/Slide Index

- Section 8.4.1; "Relationship Truths."
- Section 8.4.5: "Setting and Defending Boundaries."
- Section 8.4.6: "Negotiation and Refusal Skills."
- Section 8.4.6: Activity questions for "What Would You Say."
- Section 8.4.9: "Seven Things to Remember."

8.9 Overheads/Slides—To be provided based on selection of printed or digital learning platform selection.

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Lesson 9: Gender Today

Estimated time: 30 minutes.
Revision date: 9/16/19

9.1 Introduction (For teachers only)
The starting point for this lesson begins with the previously established principle that all people are of value, that they are of inestimable worth, and should be treated with respect. The intention of this curriculum is to provide supportive gender-related information as prescribed by the Ed Code but to also not interfere with the pupil's natural gender development. The lesson does, through the Parent Interview, encourage pupil-parent communication.

Note: Some supporting citations are included in this Teacher Introduction; additional citations are found in Section 9.4 Lesson Delivery Outline; all citations are listed in Section 9.7 References.

This lesson addresses *gender*, *gender identity*, *gender expression*, and *sexual orientation*. Use of the term gender is less clear than before; currently it can mean a person's biological sex, or it may mean what sex someone feels they are inside. The reasons someone feels inside like a different sex from their biological sex remain unknown, but it is believed these feelings are caused by a combination of biological, psychological, social and cultural factors. (Hembree *et al*, 2017; Bockting *et al*, 2014; APA DSM-5, 2013; Rafferty *et al*, 2018)

This material is presented during the pubertal period of sexual awakening of many students. After spending the childhood years with mainly same-gender playmates, romantic attractions begin to develop. These attractions can be uncertain during the puberty and teen years because pupils are still maturing sexually and developing their self-identity. Such romantic feelings are commonly towards the opposite sex, but sometimes the romantic attraction is to one's same sex, boy-to-boy, or girl-to-girl.

It is common for someone who feels attracted to the same sex to also feel attracted to the opposite sex. It is also common for someone who feels attracted to the same sex to feel changes over time in how much they are attracted to the same or opposite sex. How someone feels when they are younger may be different when they are an adult. These are feelings, and it is now well established that sexual attraction feelings often shift or change for many adolescents and adults. How sexual attraction develops is unknown, but it is believed that biological factors such as genes can be part of it. There are other influences, such as psychological, social, and cultural factors. It's important to note that some who feel attracted to their same sex feel they have no choice, some feel they have some choice, and some feel their sexual orientation is a choice. (Diamond & Rosky, 2016; Ott *et al*, 2011; Lauman *et al*, 1994).

A typical class may have students wondering about their sexual identity; this condition usually resolves by adulthood. Some who experience same-sex attractions do not identify as LGB. This may be because they do not think their sexual feelings define "who I am" for personal or religious feelings, or because they feel mostly opposite-sex attracted and identify as heterosexual. (Glover *et* al, 2009; Kleinplatz & Diamond, 2014, vol.1, pp. 245-267.) Per a Gallup

poll, 3-5% of adults identify or describe themselves as LGBT (Newport, Frank, "In U.S., Estimate of LGBT Population Rises to 4.5%").

In history, society was conflicted and unaccepting of same-sex expression and laws were passed that made it illegal. The LGB community has successfully fought to reverse these laws and people are now freer to live what they feel. Same-sex couples, for example, can marry if they wish.

The subject of *gender dysphoria* is not Ed Code required teaching but may come up in discussion. For teacher information, here is the American Psychiatric Association's definition from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5): "Gender Dysphoria is a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition."

The Ed Code introduces the phrase "negative gender stereotypes," which deserves clarification. Stereotypes are a useful method for dealing with complexity by ordering subjects into broad categories or classifications, though they may be over-generalized. The use of negative gender stereotypes is understood to address those that reduce the 'inestimable value' of people or groups of people.

Be alert to some stereotypes that teachers or students may have about students who feel same sex-attractions or feel they are a different sex from their body sex. For example, it would be an error for a teacher or students to latch onto atypical gender expression and assume it automatically means a person is gay or transgender. (Bockting, 2014). If a student feels like a different sex from their body sex, it should not be assumed what they want to do about it. While some may want medical procedures, others may want to wait and see how they feel when they are an adult, and some may just want to dress differently. It would also be an error for a teacher or students to assume that if a student feels any same-sex attraction, it automatically means they do not feel opposite-sex attraction or their sexual attraction will always be the same as it is now. It would be an error, too, to assume that a student who is unsure or questioning will turn out to be gay; most come to identify as heterosexual.

Question Box: If students leave queries in the Question Box, respond to them as appropriate in a subsequent lesson. Other options for the 'Question Box' function include providing an email or phone address as a site to communicate questions.

<u>LGBTQ Resources</u>: School districts are reminded of pre-existing Ed Code Section 234.1(d) requirement from the Safe Place to Learn Act to provide information on school site and community resources related to the support of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) pupils, etc. The CDC also provides support to LGBTQ students at this link: https://www.cdc.gov/lgbthealth/youth-resources.htm. Teachers should make themselves aware of these and other local resources prior to teaching this lesson.

9.2 <u>Lesson Objectives</u> (Ed Code reference in brackets):

9.2.1 Provide knowledge and skills to develop healthy attitudes concerning . . . gender, sexual orientation . . .. 51930.b.2 Note: "sexual orientation," as used here, refers to the gender to which one is attracted, such as hetero-, homo-, or bi-sexual.

9.2.2 Teach about gender, gender expression, gender identity, and sexual orientation, and explore harm of negative gender stereotypes. (51933.d.6)

9.2.3 Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)

9.3 "Parent Interview" Questions:

9.3.1 In class we discussed stereotypes about gender and sexual orientation. The lesson acknowledged that there are more fluid views today about gender, gender identity, gender expression, and sexual orientation (gender you are attracted to). Did you have questions about these topics when you were my age?

9.3.2 We also discussed the harm of negative gender stereotypes and the importance of showing mutual respect to all people. Can you share anything from your experience that helped to reduce the harm of 'negative stereotypes'?

9.4 Lesson Delivery Outline

9.4.1 Gender and Gender Identity

Explain that historically gender is the primary way of describing people, whether male or female. Sex is recognized and recorded on the birth certificate by the physical biology of genitalia—a penis for boys, the vulva for girls (biological sex may also be confirmed by chromosomal testing). This is often known before birth.

It's not common, but a perception of sex can be more complicated—there are cases where a person may feel different inside than their biological sex. To acknowledge such conditions two terms are now used:

Present overhead: "Biological sex and gender identity."

- Biological sex: The gender recognized by genitalia. It's also reflected in the DNA of each cell in the body.
- Gender identity, the gender you feel inside. It's uncommon, but some may feel that their gender identity is different than their biological sex.

Summary: The term gender is being more loosely defined than before; it can mean a person's biological sex, or it can mean what sex someone fells they are inside.

9.4.2 Gender Expression

If someone feels that their gender identity doesn't match their biological sex, they may keep it to themselves as they mature to see how they feel as an adult. Or they may begin to openly express what they are feeling.

Present overhead: "Gender Expression."

- Gender expression, meaning how someone makes themselves look like a boy or girl to others through behavior, clothing, hairstyles, voice or body characteristics. Someone could take on styles traditionally and culturally ascribed to males or females in large or in small ways.

Not everyone who feels they are a different sex from their biological sex also expresses themselves to look like a different sex, and not everyone who expresses themselves to look (whether a little or a lot) like a different sex feels they are a different sex. (Bockting *et al*, 2014)

(Note: Sometimes teachers or peers label someone transgender or gay when really the person just likes to wear different clothes. It's important not to jump to conclusions based on cultural stereotypes.)

9.4.3 Sexual Orientation

Explain that puberty is the first stage of adolescence, the bridge between childhood and adulthood. It's a time when the capacity for friendship grows and friendships become more important. It's also a 'sexual awakening,' a time when boys and girls become attracted in a romantic way.

These attractions are commonly to the opposite sex but may also include same-sex attraction. Not all with same-sex attraction feel a label of LGB is who they are.

The causes of these feelings are unknown, but how someone feels when they are younger may change as they become adults. These are feelings, and it is now well established that sexual attraction feelings often shift or change with maturity. Romantic feelings can also be towards either sex during this time of awakening.

Summary:

In Lessons 1 and 7 we learned about relationships and having mutual respect and affection for one another. One sign of maturity is to have this mutual respect for all people, regardless of sexual orientation or gender identity. Discrimination on the basis of gender, gender identity, gender expression, or sexual orientation is banned by school district policies.

9.4.4 Negative Stereotypes

Explain that in life we often encounter complexity, and stereotypes can be a useful tool for classifying things that are complicated. Stereotypes simplify the complexity of life but as we learn more we need them less. One stereotype, for example, is that moms are more forgiving, but dads are more about enforcing rules. As you grow up, you may find that on some topics this stereotype may not hold true.

(Teacher note for following discussion: Be sensitive that not all students will have a relationship with a mom and/or a dad, and a few may live with two moms or two dads. No judgement should be made or allowed of these relationships and the feelings of such students should be taken into consideration.)

Discussion: Ask students to comment on this stereotype about moms and dads. Who do they go to when they have done something wrong? Often, it's the mom, but on certain topics, like breaking her favorite dish, your dad may be more forgiving than your mom. Make the point that knowledge improves stereotypes.

If there is a bias or the practice of discrimination against people, it can be termed a *negative stereotype*. Since the worth of a person is impossible to quantify, it can best be described as 'inestimable.' This inestimable worth of people is wrongly reduced by false information or hostile attitudes, including negative stereotypes. Negative stereotypes can be harmful. They undermine our respect, affection, and sense of worth for others. They may also affect other's personal sense of worth and harm their performance.

Discussion note: The teacher, depending on his/her evaluation of negative stereotypes in the class, should at their judgement further discuss the harm done to others by negative stereotypes, which can be taken as threatening. Invite pupils to share examples of how a stereotype of a person or group that might be negative was improved by knowing the person better. The discussion might be guided to include examples of ethnic groups, religions, students from a school they compete against in sports. Include negative gender or sexual orientation stereotypes, such as gay, lesbian, or transgender people who they got to know better, or who might be a relative. Getting to know people is an antidote to negative stereotypes and a way to make a friend. The habit of showing mutual respect to others is another antidote.

9.5 Summary of Lesson Discussions/Activities

- From Section 9.4.3: Students are invited to identify the use of stereotypes in their own lives. The example of dads and moms in their differing approach to justice and mercy is suggested as a gender stereotype to start the conversation.
- From Section 9.4.3: This discussion activity expands the stereotype concept to include negative stereotypes and invites students to understand the harm thereof. Students may be slow to offer examples—be patient and draw them out as this is an important topic. Move the conversation to explore the harm of negative gender stereotypes. For example, someone may think that boys can't like music and art, or girls can't like sports. Emphasize that there are lots of ways to be a boy and lots of ways to be a girl and there is overlapping between the two—we all share the human condition.

9.6 Assignment: Students complete Parent Interview questions for this lesson.

9.7 References: Note: In Lesson 9 supporting citations, due to the number and for clarity, are organized according to the lesson section. (Sections shown in bold face for clarity.)

Section 9.4.1: Quotations with references regarding a variety of causes for transgender feelings or identity:

- Quotations from Endocrine Society and 6 co-sponsoring professional organizations: "Results of studies from a variety of biomedical disciplines—

genetic, endocrine, and neuroanatomic—support the concept that gender identity and/or gender expression likely reflect a complex interplay of biological, environmental, and cultural factors." Reference: Hembree, W., Cohen-Kettenis, P., Gooren, L., Hannema, S., Meyer, W., Murad, M., Rosenthal, S., Safer, J., Tangpricha, V., & T'Sjoen, G., 2017, Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab,102*: 10, 6-7, http://dx.- doi.org/10.1210/jc.2017-01658.

- Quotation from the American Psychological Association: "The etiology of a transgender or transsexual identity remains largely unknown…. It is most likely the result of a complex interaction between biological and environmental factors…." Reference: Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology, Volume 1*. *Person Based Approaches.* Washington D.C.: American Psychological Association, vol. 1, pp. 1: 743-744, 750.

- Quotations from American Psychiatric Association:
  - "[I]n contrast to certain social constructionist theories, biological factors are seen as contributing, in interaction with social and psychological factors, to gender development." (p. 451)
  - "Overall, current evidence is insufficient to label gender dysphoria without a disorder of sex development as a form of intersexuality limited to the central nervous system." (p. 457).

  Reference: American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association, pp. 451, 457.

- Quotations from American Association of Pediatricians: "[Gender identity] results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions." Reference: Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness (2018), Ensuring Comprehensive Care and Support for Transgender and Gender Diverse Children and Adolescents. *Pediatrics 142(4)*:2. See also p. 4.

Section 9.4.2: Quotation with reference about the difference between gender identity and gender expression from American Psychological Association): "Particularly in childhood, it is important to distinguish between gender identity and gender expression or role. Gender identity refers to the basic sense of being a boy or girl, whereas gender expression or role refers to characteristics in appearance, personality, and behavior. According to their parents, 4.8% of boys and 10.6% of girls are gender role nonconforming, whereas 1% of boys and 3.5% of girls expressed the

wish to be of the other sex, the latter being a possible indication of a cross-gender identity and associated gender dysphoria (i.e., discomfort with the sex or gender role assigned at birth…). Gender identity and gender expression or role often are confounded.… Only in a minority of children is gender role nonconformity accompanied by early cross-gender identification. Moreover, many adult transgender or transsexual individuals do not report a history of childhood gender role nonconformity . . .. In no more than about one in four children does gender dysphoria persist from childhood to adolescence or adulthood.… The majority of boys with gender dysphoria (who may have expressed the wish to be of the other sex in childhood) later on identified as gay (63–100%), not transgender; for girls, 32–50% later identified as lesbian, not transgender."

Reference: Bockting, W. (2014). Chapter 24: Transgender Identity Development. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) APA Handbook of Sexuality and Psychology, Washington D.C.: American Psychological Association, vol. 1, pp. 744.

Section 9.4.3: References of nine professional organizations that feeling one's sex is different from one's biological sex usually resolves naturally by late adolescence or adulthood. (This holds true if there is a wait-and-see approach instead of transitioning to live as the other sex, or undergoing medical procedures.) (See Section 9.4.2 above.)

- Endocrine Society with six co-sponsoring US and European professional organizations—American Association of Clinical Endocrinologists, American Society of Andrology, European Society for Pediatric Endocrinology, European Society of Endocrinology, Pediatric Endocrine Society, and World Professional Association for Transgender Health:
  85-95% come to accept their biological sex. "However, social transition (in addition to GD/Gender incongruence) has been found to contribute to the likelihood of persistence." (Hembree, W., Cogen-Kettenis, P., Gooren, L., Hannema, S., T'Sjoen, G. (2017), "Endocrine treatment of gender-dysphoric/gender-incongruent persons: An Endocrine Society clinical practice guideline". *J Clin Endocrinol Metab, 102*:1-35, http://dx.-doi.org/10.1210/jc.2017-01658, p. 10.)

- American Psychiatric Association:
  70-98% of boys and 50-88% of girls who are distressed by the sex of their bodies come to embrace their innate sex. (Desistance rates calculated from persistence rates, DSM, p. 455) American Psychiatric Association (2013), *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, Arlington, VA: American Psychiatric Association, p. 455.

- American Psychological Association:
  No less than 75% come to embrace their bodies. (Bockting, W (2014), Chapter 24: Transgender Identity Development, In Tolman, D., & Diamond,

L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, vol.1, p. 744.)

- Research:
  About 80-95% come to accept their biological sex. Cohen-Kettenis P., Delemarre-van de Waal, H., & Gooren L. (2008), The treatment of adolescent transsexuals: Changing insights, *J Sex Med*, 5:1892-1897, DOI: 10.1111/j.1743-6109.2008.00870.x

- Review of research and divergent viewpoints finds strong support that most come to accept their biological sex. Reviewed research on which the American Psychiatric Association, in the *Diagnostic and Statistical Manual*, based its figures of low persistence of gender incongruence.
  Zucker, K (2018), The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook *et al*. (2018), *International Journal of Transgenderism*, p. 2-3, 11, http//doi.org/ 10.1080/15532739.20181468293

Section 9.4.3: Quotations with references regarding causes of sexual orientation from the American Psychological Association:

- "There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles . . .."
  Reference: American Psychological Association (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, CD: American Psychological Association, p. 2.

- "Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies are evident as main effects or in interaction with biological factors . . .. A joint program of research by psychoanalysts and biologically oriented scientists may prove fruitful."
  Reference: Rosario, M. & Schrimshaw, E. (2014). Chapter 18: Theories and etiologies of sexual orientation. In Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association, *1*: 583.]

- Quotation from review of research about choice as a potential factor contributing to sexual orientation:

  "Both scientists and laypeople commonly claim that same-sex sexuality is rarely or never chosen (e.g., American Psychological Association, 2008, . . .), and individuals who claim otherwise (or who imply the capacity for choice by

using terms such as sexual preference instead of sexual orientation) are often interpreted as misguided, insensitive, or homophobic….”

"Yet similar to bisexuals, individuals who perceive that they have some choice in their same-sex sexuality are more numerous than most people think. As noted earlier, a recent survey conducted by Herek and colleagues (2010) found that 10% of gay men, 30% of lesbians, and approximately 60% of bisexuals reported having some degree of choice in their sexuality. These data are often summarized as evidence that the majority of gays and lesbians do not feel that they chose their sexual orientation, but such a summary overlooks the obvious finding that a majority of bisexuals do feel they have some choice.”
Reference: Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for sexual minorities. *Journal of Sex Research*, *00(00)*, 1-29.

Section 9.4.3: Quotations with references that attraction to both sexes is common

- American Psychological Association: “Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical ‘type’ of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true. Individuals with nonexclusive patterns of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception.” (p 633) “In every large-scale representative study reviewed thus far, the single largest group of individuals with same-sex attractions report predominant—but not exclusive—*other-sex* attractions.” (p. 634).
  Reference: Diamond, L. (2014) Chapter 20: Gender and same-sex sexuality. In Tolman, D., & Diamond, L., Co-Editors-in-Chief (2014) *APA Handbook of Sexuality and Psychology, Volume 1. Person Based Approaches.* Washington D.C.: American Psychological Association. Vol. 1, pp. 633-634. See also Kleinplatz, P. & Diamond, L. (2014) Chapter 9: Sexual diversity in *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association. Vol. 1, p. 256. And see also Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for Sexual Minorities. *Journal of Sex Research, 00*(00), 1-29.
- Rigorous research: “The largest identity group, second only to heterosexual, was 'mostly heterosexual’ for each sex and across both age groups, and that group was 'larger than all the other non-heterosexual identities combined’” (abstract). “The bisexual category was the most unstable” with three quarters changing that status *in 6 years* (abstract). “[O]ver time, more bisexual and mostly heterosexual identified young adults of both sexes moved toward heterosexuality than toward homosexuality.” (p 106).

Reference: Savin-Williams, R., Joyner, K., & Rieger, R. (2012). Prevalence and stability of self-reported sexual orientation identity during young adulthood. *Archives of Sexual Behavior 41:* abstract, p. 106. https://link.springer.com/article/10.1007/s10508-012-9913-y; reviewed in Diamond & Rosky (2016), p. 7, Table 1; Diamond (2014), in *APA Handbook, 1*:638.

Section 9.4.3: Quotations with references that sexual orientation commonly changes:

- American Psychological Association:
  - "[R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attractions, behaviors, or identities over time."
    Reference: (Diamond, L., 2014, Chapter 20: Gender and same-sex sexuality, in *APA Handbook*, *1*: 636.)
  - "Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation."
    Reference:(Rosario, M. & Schrimshaw, E., 2014, Chapter 18: Theories and etiologies of sexual orientation, in *APA Handbook*, *1*: 562.)
  - "Over the course of life, individuals experience the following: (a) changes or fluctuations in sexual attractions, behaviors, and romantic partnerships . . .."
    Reference: Mustaky, B., Kuper, L., and Geene, G. (2014), Chapter 19: Development of sexual orientation and identity, in *APA Handbook*, v. 1, p. 619.
- Research review:
  - "[A]rguments based on the immutability of sexual orientation are unscientific, given that scientific research does not indicate that sexual orientation is uniformly biologically determined at birth or that patterns of same-sex and other-sex attractions remain fixed over the life course." (p. 2).
    Reference: Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for sexual minorities. *Journal of Sex Research*, *00(00)*, 1-29.
- Research over time on "unsure" or questioning pre-teens and teens, ages 12-17, found about two-thirds came to identify as heterosexual:
  - "[O]f those who described themselves as 'unsure' of their orientation identity at any point, 66% identified as completely heterosexual at other reports and never went on to describe themselves as a sexual minority."
    Reference: Ott, M., Corliss, H., Wypij, D., Rosario, M., & Austin, S. (2011). "Stability and Change in Self- Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics," *Archives of Sexual Behavior* 40: 519.

- Research about change from boys to men:
  - "[M]en who report same-gender sex only before they turned eighteen, not afterward, constitute 42 percent of the total number of men who report ever having a same-gender experience." Laumann, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S. (1994). *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago and London: The University of Chicago Press, p. 296.

- Research on sexual orientation change in women and factors leading to change:
  - Diamond researched non-heterosexual women over 10 years. "The most surprising finding was that bisexual and unlabeled women pursued progressively more sexual contact with men than with women over the ten years of the study." "Two bisexual women with the exact same degree of same-sex attractions in 1995 often made very different choices ten years later: whereas one would have settled with a woman, the other would have ended up with a man." It was the case "even for women who had started out strongly attracted to women" that they could end up finding themselves "fantasizing less often about women and seeking out fewer opportunities to date female partners" and become "happily married" to a man (pp. 116-117).

  - "Women's sexual fluidity is likely to enhance this process: a woman who is attracted to both women and men but becomes involved in a satisfying same-sex relationship is likely to find that this experience enhances the frequency and intensity of her same-sex attraction, while it probably also draws her attention away from other-sex attractions and opportunities. This might motivate her to seek progressively more same-sex relationships in the future, and over time this tendency might solidify into a stable pattern." (p. 117) Likewise, a woman who experiences attraction to both sexes and who has a satisfying opposite-sex relationship may feel motivated to have more relationships with the opposite sex in the future and over time solidify into a stable pattern of attraction to the opposite sex.

  - Women in Diamond's study agreed the inconvenient reality is, "Even if you were attracted to men only 5 percent of the time, if that 5 percent happened to include *the one*, that relationship might become 100 percent of your future." (p. 114).

  - The women said "factors that influenced them to seek male partners" were:(1) heterosexual vs. lesbian social networks, (2) number of men vs. women in their social networks, and (3) the "relative ease and social acceptability" of pursuing relationships with men vs. women (p. 117).

- Some women, who felt they had "some degree of choice," chose a relationship with a man "to take the 'easier' path for the sake of the children" (p. 119). "I really like the idea of being able to have a kid that's both part of me and part of the person that I love, and to see that come to fruition and turn into a whole new person." (p 118).

- Diamond said, "[We] make hundreds of decisions every day that indirectly influence our sexual and emotional experiences" (p. 247).

  Reference: Diamond, L. (2008), *Sexual Fluidity: Understanding Women's Love and Desire*. Cambridge, Mass.: Harvard Press, pp. 116-117, 247. http://www.hup.harvard.edu/catalog.php? isbn=9780674032262. This book won the "Distinguished Book" award from the LGBT Division of the American Psychological Association.

Section 9.4.3: Quotations with reference that not all sexual minorities feel a label of LGB is who they are.

Not all adolescent sexual minorities feel their sexual orientation is "who I am."

- "Fourteen percent reported themes of independence from being understood or categorized according to their sexual orientation (e.g., "It's an aspect of my life that does not define who I am")." (p. 89) "[M]any participants, however, made it clear that their sexual orientation was not representative of their overall identity." (p. 96)
- Reference: Glover, J., Galliher, R. & Lamere, T. (2009) Identity Development and Exploration Among Sexual Minority Adolescents: Examination of a Multidimensional Model, Journal of Homosexuality, 56:1, 77-101, DOI: 10.1080/00918360802551555

Many whose attractions are "mostly heterosexual" do not identify as LGB.

- "In every large-scale representative study reviewed thus far, the single largest group of individuals with same-sex attractions report predominant—but not exclusive—*other-sex* attractions." One distinguishing characteristic of this group appears to be their maintenance of a heterosexual identify label . . .." (p. 634) Reference: Diamond, L. (2014) Chapter 20: Gender and same sex sexuality. In Tolman, D., & Diamond, L. Co-Editors in Chief (2014) *APA Handbook of Sexuality and Psychology*, Washington D.C.: American Psychological Association. Vol. 1, pp. 634.

Reference to support statement that GLB attraction is not socially contagious among adolescents (See section 6.4.3): Brakefield, *et al*, "Same-sex sexual attraction does not spread in adolescent social networks," *Archives of Sexual Behavior*, 43(2): 335-344.

9.8 Teacher Resources

9.8.1 Teacher Notes

- Primary Prevention: As per CHYA, delaying sexual relations is the only medically certain way to avoid STIs, unintended pregnancies, and other harms. This primary prevention applies to all sexual orientations and should be taught or affirmed in each lesson as appropriate.
- Gender Stereotypes: One message from the references associated with this lesson is that teachers should be alert to stereotypes that some may have about students who feel same sex-attractions or feel they are a different sex from their body sex. For example, it would be an error for a teacher or students to latch onto atypical gender expression and assume it automatically means a person is gay or transgender. (Bockting, 2014).
- Gender Questioning: If a student feels like a different sex from their body sex, it should not be assumed what they want to do about it. While some may want medical procedures, it should be noted that these are not FDA approved and may have harmful consequences. Many may want to wait and see how they feel when they are an adult, and some may just want to dress differently. It would also be an error for a teacher or students to assume that if a student feels any same-sex attraction, it automatically means they do not feel opposite-sex attraction or their sexual attraction will always be the same as it is now. It would be an error, too, to assume that a student who is unsure or questioning will turn out to be gay. Research shows that most, but not all, who are unsure or questioning come to identify as heterosexual.

9.8.2 Teacher Readings and Study Materials:

- The book, *Why Gender Matters: What Parents and Teachers Need to Know about the Emerging Science of Sex Differences*, Harmony Books, New York. 2nd Edition, 2017.
- Website for study still in publication: "Genetics of Sexual Behavior": A website to communicate and share the results from the largest study on the genetics of sexual behavior (2019). https://geneticsexbehavior.info/what-we-found/

9.8.3 Presentation Materials—N.A.

9.8.4 Student Handouts—N.A.

9.8.5 Index to overheads/slides

- Section 9.4.1: "Biological sex and gender identity."
- Section 9.4.2: "Gender Expression."
- Section 9.4.3: "Sexual Orientation."

9.9 Overheads/Slides—To be provided based on selection of printed or digital learning platform selection.

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Lesson 10: HIV Protection

Estimated time: 60 minutes
Revision date: 10/9/19

10.1 Introduction

The CA Healthy Youth Act emphasizes protecting pupils against HIV/AIDS—the subject of this lesson. (HIV is the acronym for Human Immunodeficiency Virus; AIDS stands for Acquired Immunodeficiency Syndrome.) The law asks that teachers be given tools and guidance to ensure integrated, comprehensive, accurate, and unbiased instruction on this complex subject. The required teaching is organized under five topics:

1. The nature of HIV
2. HIV transmission, and non-transmission
3. Protection, including risk avoidance (delaying sex), risk reduction (per Center for Disease Control and Prevention (CDC) guidance), and testing/treatment
4. Social issues
5. Public health issues (including local resources and legal rights)

The U.S. has a sexually transmitted infection (STI) problem bordering on a healthcare crisis, with STI rates the highest ever in history per the CDC's 2017 STD Surveillance Report. (STD is the CDC's preferred term for STIs.) U.S. STI rates are higher than other developed nations. STIs including HIV are a national problem that needs attention, beginning with education.

Adolescents, whose brains are still maturing, are especially prone to risky behavior that can put them at risk for STIs such as HIV. Teens have the highest rate of STIs compared to other age groups, accounting for over half of the 20 million new infections each year, though just one-fourth of the sexually active population. (See https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm) For those who choose to be sexually active, it's important they learn the CDC-recommended preventive practices, which can significantly reduce their risk.

The Ed Code requires teaching that abstinence—the term for delaying sexual debut—is the only medically certain protection against harms such as STIs and unintended pregnancy. When advocating the delay of sexual relations, it's important to not imply moral judgement or infer shame on those who choose to be sexually active.

Question Box: If students leave queries in the Question Box, respond to them as appropriate in a subsequent lesson.

Denial of liability: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

10.2 Lesson Objectives (Ed Code reference in brackets):

- Provide knowledge and skills to protect sexual and reproductive health from HIV. (51930.b.1)
- Provide educators with tools and guidance to ensure pupils receive integrated, comprehensive, accurate and unbiased sexual health and HIV prevention instruction. (51930.b.4)
- HIV prevention education is defined as instruction on the nature of HIV and AIDs, methods of transmission, strategies to reduce infection risk, and related social and public health issues. (See 51931.d)
- Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)
- Provide information about HIV and other STIs, including their effect on the human body, how they are and are not transmitted, with relative risk of specific behaviors including sexual activities and injection drug use. Provide information that abstinence from sex and injection drug use is the only certain protection (including unintended pregnancy); teach value of delaying sexual activities; provide medically accurate information on methods of preventing HIV, other STIs, and pregnancy. Provide information about effectiveness and safety of FDA-approved protection against HIV and other STIs, including antiretroviral treatment (ART) per CDC guidance. Teach that ART can dramatically prolong lives of the HIV-positive and reduce their infectiousness. Provide information to reduce injection drug HIV transmissions by decreasing sharing and use of needles and syringes. (51934.a.1-6)
- Provide discussions about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV. Emphasize that successfully treated HIV-positive individuals have a normal life expectancy, that all people are at some risk of contracting HIV, and the only way to know if one is HIV-positive is to get tested. (51934.a.7)
- Provide information on local resources for sexual health including legal rights for HIV including testing. (51934.a.8)

10.3 "Parent Interview" questions

10.3.1 In class we learned that human immunodeficiency virus (HIV) is a sexually- or intravenous injection-transmitted virus that kills certain immune cells, thereby causing AIDS. Can you share how society's view of HIV/AIDS has changed during your life?

10.3.2 We learned about how HIV is transmitted, and how it is NOT transmitted (like through touching hands, hugging, sharing toilets, or public places and spaces). We also learned that with testing and prompt treatment, people with HIV can have a near-normal life expectancy. What things could we do to support people who are infected with HIV?

10.4 Lesson Delivery Outline

Explain the lesson will cover these topics:

- The hidden message behind STIs

- Review of Lesson 4 "Sexually Transmitted Diseases" (STIs) taught in the 7th grade class
- Additional information about HIV/AIDS (Sections 10.4.3 to 10.4.11)

10.4.1 The Hidden Message behind STIs

Sexually transmitted infections (STIs)—diseases that are passed during sexual acts, though some can also be passed other ways—are a serious health problem in the U.S. There are about 20 million new STI infections in the U.S. each year and the total has been increasing. Though youth are just ¼ of the population, they account for half of the STI infections—a three-fold higher risk.

STIs constitute a serious health problem. The rate of STIs in the U.S. is much higher than other modern nations. In recent years (starting in 2013) there has been an alarming increase in STI rates after 25 years of decline. There is something we need to learn from this. Back in the '70s and into the '80s most STIs were curable, but in recent decades incurable viral STIs like HIV, herpes, and hepatitis B have become prevalent.

There is a hidden message behind STIs—*Your immune system cannot protect you against STI exposure from sex.* The only true protection is to limit sex to a single partner you love who has done the same.

10.4.2 STI Review

There are over thirty sexually transmitted infections (STIs) and they range from minor medical issues if promptly detected and treated, to serious health problems. The CDC recommends the avoidance of STI risk, called 'primary prevention.' As noted, this is best done by limiting sexual contact to one person you love, who has done the same. If this is not possible the CDC recommends 'secondary prevention,' as a way to reduce risk.

Here are some CDC guidelines for review:

<u>Present overhead</u>: "CDC Guidelines for STIs."

- STIs can be viral, bacterial, parasitic, or fungal. Of the four viral STIs, HPV (human papillomavirus) may self-resolve; the other three have no cure, though the symptoms can be treated. Vaccinations are available for two (HPV and the B strain of hepatitis).
- STIs are passed through sexual contact; the more intimate the contact the higher the risk. They can also be passed by sharing needles or syringes used to inject drugs.
- The social use of alcohol and drugs facilitates risky behavior and increases your risk of STIs including HIV.
- The CDC and your local primary care doctor are the best places to get accurate information about STIs. The CDC has a helpful website found at: https://www.cdc.gov/std/default.htm
- The CDC strongly encourages 'primary prevention,' meaning avoidance of risk. This means delaying sex until you're ready to commit to a lasting relationship such as marriage. It's the only medically certain protection from the risk of

STIs, including HIV (as well as unintended pregnancy). If your partner has followed the same plan then both of you have the best possible protection.

- If you are going to be sexually active, it's very important you study the CDC's basic six steps of 'secondary prevention' (see below), which can reduce but not eliminate the risk of an STI infection. Visit this website for prevention information: https://www.cdc.gov/std/prevention/default.htm

Present overhead: "CDC Secondary Prevention—Risk Reduction Steps."

Here is a summary of the six basic steps recommended by the CDC for those who choose to be sexually active:

1. **Vaccination**: Vaccinate for HPV as early as age eleven. Vaccinate for hepatitis B if your healthcare provider recommends it. For more information visit: https://www.cdc.gov/hpv/parents/vaccine.html
2. **Fewer Partners**: The risk of STI rises exponentially with the number of sex partners. (See "The Exponential Risk of Multiple Sex Partners" below.)
3. **Condoms**: Use condoms properly according to instructions every single time you have oral (mouth to partner's genitals or anus), vaginal, or anal sex (done by inserting the penis into partner's rectum). (Note: The FDA hasn't approved condoms for anal sex, but they are safer than doing this act unprotected. Note the CDC guidance on condom use in the Handout section.)
4. **Avoid Anal Sex**: Avoid anal sex if possible as this is the riskiest form of sex for STIs such as HIV. The physiology of the rectum, lined with a thin membrane packed with blood vessels, facilitates disease transmission because of the frequency of tearing and bleeding during anal intercourse.
5. **Testing**: If you have reason to suspect you may have an STI your doctor or health care provider can order a test panel that checks for ten critical STIs, or order other tests as needed. The only thing worse than learning you have an STI is to learn it after you've incurred permanent harm. For CDC guidance on when to be screened (tested) for STIs, go to the site below. The site also provides local test resources by entering your zip code: https://www.cdc.gov/std/prevention/screeningreccs.htm
6. **Treatment**: Prompt treatment is essential. Many STIs can be easily resolved and/or symptoms reduced by following your doctor's instructions.

The Exponential Risk of Multiple Sex Partners (Chart first shown in Lesson 4.4.9. Link to STI Risk Calculator data source: https://www.drfelix.co.uk/sexual-exposure-sti-risk-calculator/)

Present overhead: "Exponential Risk of Multiple Sex Partners."

Number of people you have had sex with:	Number of people your partner has had sex with:	Number of people you have been

		exposed to indirectly:
1	1	2
1	2	63
1	3	364
1	4	1365
2	2	126
2	4	2730
3	3	1092
4	4	5460

Summary: This was a quick run through prior information, but review is an important part of learning. There is a fundamental thing to remember—STIs teach a lesson. The lesson is that the sexual act—the most intimate expression between people— has the power to create life, but it also has the power to spread disease.

10.4.3 The Nature of HIV

Activity: Pass out the exercise "HIV/AIDS True-False Exercise" and ask students to answer the true/false questions as the overheads for this lesson are reviewed.

Present overhead: "Nature of HIV."

Human immunodeficiency virus (HIV) is a virus that kills the human immune cells that fight off infection and disease. The loss of too many of these cells is called AIDS, meaning acquired immune deficiency syndrome. Persons with untreated AIDS typically die within three years. Early detection and treatment is important to reduce harm to health. If you think you've been exposed, get tested (see Section 10.4.6 Testing).

10.4.4 Transmission of HIV

Present overhead: "HIV Transmission."

- How HIV Is Passed
  Explain that because HIV is a serious illness it's important to know how it may be transmitted, but also how it's NOT transmitted. The most common way HIV is passed to another is through anal intercourse or the sharing of injection needles. (Transmission by vaginal intercourse is possible but uncommon in the US.) An HIV-infected person can pass it to another person through certain body fluids:
  - Blood (the body fluid with the highest HIV concentration, thus the most dangerous, even if dried blood),
  - Secretions from the penis, vagina, or rectum,
  - Breast milk (a risk for infants).

Warning: There is transmission risk if these fluids come in contact with a mucous membrane or damaged tissue of another person. Mucous membrane means the lining of the body's internal cavities, such as inside the mouth, vagina, or anus.

Present overhead: "HIV Non-transmission."

- How HIV Is *NOT* Passed
  There are unfounded stereotypes and myths about how HIV is transmitted. People with HIV are still human beings of worth and should be treated as any other person. HIV is *NOT* passed through normal social contact. Shaking hands, giving high fives, hugging, lip kissing with a closed mouth, or dancing is not a risk (unless both parties have open sores). HIV is also not passed by working together, being in the same room, eating together, or sharing food or kitchen utensils.

  Clear body fluids—tears, saliva, sweat, and urine—contain little or no HIV virus and aren't known to pass HIV unless mixed with blood. HIV is likewise not passed through contact with feces. Using public drinking fountains or toilets is not a known risk, nor is there a risk from other surfaces used by the public, such as door handles.

10.4.5 HIV Protection—Primary and Secondary

The CDC, first and foremost, recommends the *avoidance of risk*, known as primary prevention. For those who because of life style may be exposed to the risk of HIV, the CDC recommends ways to *reduce risk*, known as secondary prevention. Secondary protection from STIs including HIV was discussed in section 10.4.1.1 above. In addition, here are some important HIV transmission facts:

Present overhead: "HIV Transmission Facts."

- If your sexual behavior may put you at risk for HIV it's critically important to have information on protecting yourself. It is highly recommended that you consult a doctor expert in local HIV prevention practices, and carefully follow CDC guidance (see next bullet).
- For the most current CDC information check the HIV Risk Reduction Tool at this site: https://wwwn.cdc.gov/hivrisk/
- The risk of getting or passing HIV is increased approximately three-fold if you have another STI.
- If you have HIV already you can get another form of HIV (over 60 strains of HIV have been detected thus far). This is called *superinfection* and increases the health problems of HIV.
- As with STIs, the social use of alcohol and drugs facilitates risky behavior and increases your chance of contracting HIV.

10.4.6 Testing

The teacher should emphasize this CDC guidance: "CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. A general rule for those with risk factors is to get tested annually. Sexually active gay and bisexual men may benefit from more frequent testing (for example,

every 3 to 6 months)." For more see this link: https://www.cdc.gov/stophivtogether/campaigns/start-talking-stop-hiv/testing.html

As with other STIs, the one thing worse than learning you have HIV is to learn it after you've incurred permanent harm. If you have any concern about exposure, get tested to restore your peace of mind. Risky behavior increases the need for testing.

Video: Show and discuss the CDC video HIV/AIDS 101 (6:57 min. video with audio) available at YouTube or https://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html

Discussion: Ask students what is important to remember from the video "HIV/AIDS 101." Be sure that answers include the importance of risk avoidance, and if you have a possible risk, the importance of prompt testing and treatment.

For CDC testing information:
Go to https://www.cdc.gov/std/prevention/screeningreccs.htm, or simply go to: HIVtest.org. The information is also available in Spanish. The site provides links to local testing sites by entering your zip code.

10.4.7 Treatment—the growing world of antiretroviral therapy (ART, PEP, PrEP): Explain that although there is not a cure for HIV, drugs have been developed that can keep it under control, reduce or even eliminate the risk of infecting others, and allow a near-normal life expectancy. Treatments available include:

Present overhead: "HIV Treatment."

- Antiretroviral therapy (ART), if you have HIV, suppresses the virus to low, even undetectable, levels. ART can prevent AIDS from developing, and allows a near-normal life and life expectancy. The drugs for ART have evolved in recent years and effectiveness has improved while side effects have been reduced. If the viral level is suppressed there is effectively no risk of infecting others, sometimes called "treatment as prevention" (Rodger, 2019).
- HIV post-exposure prophylaxis (PEP) is used in emergency situations. If recently exposed PEP can prevent the virus getting started if taken sooner than within 72 hours. For more see: https://www.cdc.gov/hiv/basics/pep.html
- HIV pre-exposure prophylaxis (PrEP) is a preventive treatment if you don't have HIV and your behavior puts you at risk of getting it. For more see: https://www.cdc.gov/hiv/risk/prep/index.html
- New: To facilitate access, Senate Bill 159, approved 10/9/19, allows CA pharmacists to dispense PEP and PrEP for immediate use without a prescription.
-

Despite the progress made in preventing and treating HIV, it's important to know these facts:

Present overhead: "HIV Treatment Facts."

- HIV is still an incurable disease and the HIV-positive will live with it the rest of their lives, or until a cure is found,
- The therapy is not 100% effective, is expensive, and requires careful management,
- There are both short-term and long-term side effects of treatment that can significantly harm health,
- Regular medical testing is required with the constant concern that the treatment may stop working, especially if additional HIV virus strains are acquired.

Considering these facts, it's imperative that every person, whatever their lifestyle and risk level, make all possible efforts to avoid HIV infection.

10.4.8 Social Issues

Explain that because HIV/AIDS is a relatively recent disease and was often fatal in the beginning, there still exist myths and unfounded stereotypes (addressed in Section 10.4.11). In 10.4.4 we reviewed myths about transmission of HIV and explained how it is *not* passed. Invite the class to discuss social views on HIV and people living with HIV, noting that with improved treatment life expectancy is nearing normal.

10.4.9 Public Health: Legal Rights and Local Resources

Though we can reduce our risk of getting HIV, there is always some risk because it's part of the world we live in. Adolescents have legal rights to sexual health care and the right to give consent for care. Pupils have the right to be excused from school for sexual health care, and the right to privacy. State and federal laws protect from discrimination and harassment.

Note: Notwithstanding the healthcare rights granted to children, it is strongly recommended that children discuss health decisions with parents (or guardians).

Resources

- CDC resources are noted above, including referral by zip code for testing, etc.
- The school or school district using this curriculum is responsible to provide information on other local resources.

10.4.10 Activity

Review the "HIV/AIDS True-False Exercise," asking students to provide correct answers. Clarify answers using the answer sheet in Section 10.10. Include guidance in Section 10.4.11 in discussion of HIV social stigmas, myths and stereotypes.

10.4.11 HIV/AIDS Discussion

- Social views of HIV/AIDS: There is a stigma associated with the HIV-positive. Much of the early stigma arose out of ignorance—in the beginning we knew little about HIV, an often-fatal disease. Everyone has a risk of HIV as it is part of our world, but some groups have a much higher risk: Among men, the majority of new infections are reported to come from men having sex with men, particularly anal sex. Among women, many of the infected are sex workers. HIV

rates are higher among injection drug users. However, there are a large number of the HIV-positive who live near-normal lives and were just unlucky. Discrimination can cause the infected to ignore their condition rather than seek testing and treatment. In the spirit of mutual and inclusive respect for all, the HIV-positive should be treated with compassion and support rather than stigma or judgment. Source (retrieved Aug. 21, 2019): https://www.cdc.gov/hiv/group/msm/index.html

- Unfounded stereotypes and myths about HIV/AIDS: The "HIV/AIDS True-False Exercise" above addresses some of the myths of HIV/AIDS. HIV is not transmitted through normal social contact as noted in section 10.4.4 above. Sharing social space, eating together, or normal contact such as hand shaking, hugging, etc. will not cause HIV transmission.
- Unfounded stereotypes about people living with HIV/AIDS: Stereotypes are a way of classifying complex subjects—a useful tool. Often stereotypes are over-generalization and not true in some regards—thus unfounded. Because of the stigma and fear generated by the high morbidity and mortality of little-understood HIV in the beginning, many stereotypes tend to be negative and unhelpful to addressing the problem.

Discussion: Discuss the following three-step process for correcting doubtful stereotypes:

Present Overhead: "Correcting Stereotypes."

Three-step process for correcting stereotypes:

- Question: Don't accept hear-say information, especially if negative; dig deeper into the topic. Search engines are a powerful tool for asking questions but look for credible sources such as the CDC.
- Balance: Bad news travels faster than good news. Look for balance by seeking out the good. No one is all bad.
- Know: Negative stereotypes of people or groups arise out of ignorance. Learn from the people in the affected group. You may learn something and even make a new friend.

10.4.12: Denial of Liability:

Show Overhead: "Denial of Liability."

Denial of liability: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. This curriculum is not intended to be complete or comprehensive in scope. Healthcare decisions should be made under the guidance of a qualified and licensed healthcare provider. Do not delay seeking such advice and do not disregard professional medical advice.

10.5 Summary of Lesson Discussion Questions and Activities:

- Section 10.4: Pass out the exercise "HIV/AIDS True-False Exercise."
- Section 10.4.5: Discuss the video "HIV/AIDS 101." What is important to remember?

- Section 10.4.9: Review the "HIV/AIDS True-False Exercise," asking students to provide correct answers.
- Section 10.4.11: Lead a class discussion of these topics: Social views of HIV/AIDS, unfounded stereotypes and myths about HIV, and unfounded stereotypes about people living with HIV.

10.6 Assignments: Students complete Parent Interview questions for this lesson. There is also a HIV/AIDS True-False activity addressing myths about HIV/AIDS that can be completed in class.

10.7 References:

- Rodger, Alison, *et al*, "Risk of HIV transmission through condomless sex in serodifferent gay couples with the HIV-positive partner taking suppressive antiretroviral therapy (PARTNER): final results of a multicenter, prospective, observational study," *The Lancet*, June 2019, 393(10189): 2428-2438.

10.8 Teacher Resources:

10.8.1 Teacher Notes:

- The National Institute of Health (NIH) provides additional information on the treatment of HIV. See "Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Link (retrieved 8/13/19): https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/31/adverse-effects-of-arv
- Pupils may inquire about the long-term side effects of antiretroviral treatment (ART) for HIV. Early ART drugs had considerable side-effects, including damage to various organs, nerve damage, complications for diabetics, etc. The newer generations of ART drugs are less toxic. Long-term studies are still in process but there is hope for a near-normal life expectancy if the disease is diagnosed early and the appropriate ART protocol carefully followed.

10.8.2 Teacher Readings & Study Material

Please see the CDC information sites listed in the Lesson Outline in Section 10.4.

10.8.3 Presentation Materials: The CDC video HIV/AIDS 101 (6:57 min. video with audio) available at https://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html

10.8.4 Student Handouts (These were provided in 7th grade and can be provided again at the discretion of the district or school.):

- From the CDC, "The Lowdown on How to Prevent STDs" infographic. A PDF and TIFF version in English and Spanish is available at: https://www.cdc.gov/std/prevention/lowdown/lowdown-text-only.htm
- From the CDC, "The Right Way to Use a Male Condom" (Available in English and Spanish) See: https://www.cdc.gov/condomeffectiveness/male-condom-use.html
- For girls, the CDC Fact Sheet, "10 Ways STDs Impact Women Differently from Men." Link: https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf

10.8.5 Overhead/Slide Index

- Section 10.4.1: “CDC Guidelines for STIs” and “CDC Secondary Prevention—Risk Reduction Steps”
- Section 10.4.2: “Exponential Risk of Multiple Sex Partners,” and “Nature of HI.”
- Section 10.4.3: “HIV Transmission,” and “HIV Non-transmission”
- Section 10.4.4: “HIV Transmission FAQs”
- Section 10.4.5: “HIV Treatment” and “HIV Treatment Facts”
- Section 10.4.10: “Correcting Stereotypes”
- Section 10.4.12: “Denial of Liability”

10.9 Overheads—To be provided based on selection of printed or digital learning platform selection.

10.10 Test Exercise: Questions and Answers

HIV/AIDS True-False Exercise

(Circle the appropriate letter below)

1. (T or F) The U.S.A. has the highest rate of sexually transmitted infections of any developed nation.
2. (T or F) You can get HIV from shaking hands, hugging, or lip kissing.
3. (T or F) There is now a cure for HIV.
4. (T or F) There is a test to tell if you have HIV.
5. (T or F) You can get HIV from a public toilet seat.
6. (T or F) There is a 'morning-after' drug to prevent HIV if you've been exposed.
7. (T or F) There are drugs that can prevent AIDS if you have HIV.
8. (T or F) If I'm getting treatment for HIV, I can't spread the virus.
9. (T or F) You can get HIV by sharing drug injection needles.
10. (T or F) HIV can be passed during anal sex.
11. (T or F) Condoms significantly reduce the risk of HIV during sex.
12. (T or F) If you're being treated for HIV, you can't pass it to others.
13. (T or F) You can't live very long with HIV.

(See next page for answers)

HIV/AIDS True-False Exercise Answers

1. True. The U.S. has an STI problem bordering on a health crisis, with STI rates much higher than other developed nations, and currently the highest ever in our history.
2. False. You cannot get HIV from social contact like shaking hands, hugging, or lip kissing, though this should be avoided if there are open sores present.
3. False. HIV does not have a cure, though there is a treatment known as 'antiretroviral therapy' (or ART) that can significantly reduce the viral load and prevent AIDS from developing.
4. True. HIV is detectable by test and the CDC strongly urges testing at least once in your life, and more often for risky sexual exposure. Prompt testing and treatment can minimize harm to health.
5. False. HIV can be spread through certain body fluids, mainly blood but also secretions from the penis, vagina, anus, or breast milk if these fluids come in contact with a mucous membrane (such as the internal the lining of the mouth, vagina, anus) or damaged tissue of another person.
6. True. If you've been exposed to HIV see a doctor immediately. The treatment known as post-exposure prophylaxis (PEP) is used in emergency situations and can prevent the virus getting started if taken sooner than within 72 hours of exposure.
7. True. The treatment known as antiretroviral therapy (ART) can usually prevent HIV from attacking the immune system and developing into AIDS.
8. False. The treatment of HIV by 'antiretroviral therapy' (or ART) greatly reduces the risk of transmission to others, but there is still a risk.
9. True. There is a risk of transmitting HIV through the sharing of drug injection needles with an infected person.
10. True. There is significant risk of passing HIV during anal sex, especially for the receptive person.
11. True. The use of condoms can significantly reduce the risk of transmitting HIV if properly used but there is a risk. The FDA has not approved condoms for anal sex, so a risk remains, especially if the condom is torn or not properly used.
12. False. If you're receiving antiretroviral therapy (ART) for HIV your viral load is greatly reduced but there remains a reduced risk of passing HIV to another person.
13. False. In the beginning HIV was like a death sentence, however the treatments currently available allow a near-normal life span if promptly detected and treatment carefully followed.

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Lesson 11: Unhealthy and Illegal

Estimated time: 50 minutes.
Revision date: 9/16/19

11.1 Introduction

As an unforeseen consequence of the sexual revolution, rates of unwed births, teen pregnancies, and sexually transmitted infections all increased from approximately 1960 to 1990. Behind these statistics there was increased exploitation and violence against young women, reflected in the rise of human sex trafficking (Lauman *et al*, 1992, 1994).

The CA Ed Code requires that these difficult topics be addressed in middle school and high school (please note the list of objectives in section 11.2). It is expected that teachers will address these topics in a sensitive manner that reflects an understanding of what is best for their pupils. The intent of this curriculum and particularly Lesson 11 "Unhealthy and Illegal" is to inform and protect, not to alarm, cause anxiety, or stimulate prurient curiosity.

Please note that parents, guardians, or school volunteers have the right to report signs of possible abuse, and may do so anonymously. Teachers and other school employees have a mandated duty by law to report suspected child neglect or abuse and are given immunity and a right to confidentiality for reporting. Child Protective Services is the agency that intervenes in child abuse cases.

For teacher guidance on the subject of abuse, we note the following resource from the CA Department of Education: "Child Abuse Identification & Reporting Guidelines," found at: https://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp.

To meet the CA Ed Code objectives of healthy attitudes about sex and healthy relationships, this lesson includes information to help pupils become critical media consumers. The lesson also addresses the growing influence of the Internet vis a vis social media and pornography. The curriculum includes 'modesty' as an aspect of 'healthy.' This is supported by school districts commonly requiring a modest appearance as defined by an approved dress code policy. Modesty is defined as the "behavior, manner, or appearance intended to avoid impropriety or indecency".

Question Box: Remind student this is the next-to-last question and the last change to submit a question (unless submitted during class in Lesson 12).

Note: As noted in Lesson 8, If a CA school district requires health education as a graduation requirement, comprehensive information on the CA affirmative consent standard (see Ed Code 33544(a)(2)) is required for grades 9-12, but not for lower grades. For state colleges, Section 67386(a)(1) defines affirmative consent as "affirmative, conscious, and voluntary agreement to engage in sexual activity." If questions arise, it is suggested that as preparation for romantic relationships this standard of respectful 'consent' be considered for intimacies that are legal for minors, such as hand-holding, hugging, kissing, etc.

11.2 Lesson Objectives (adapted from CA Ed Code with references in brackets)

11.2.1 Provide knowledge and skills for healthy attitudes concerning adolescent growth and development, body image . . . relationships, marriage, and family. (51930.b.2)

11.2.2 Promote understanding of sexuality as a normal part of human development. (51930.b.3)

11.2.3 Provide clear tools and guidance to ensure pupils receive comprehensive, accurate and unbiased sexual health instruction. (51930.b.4) Note: The HEART Curriculum includes 'bias' in human relationships as prejudice that diminishes the value of human beings.

11.2.4 Provide knowledge and skills for healthy, positive, and safe relationships and behaviors. (51930.b.5)

11.2.5 Instruction and materials shall be appropriate for pupils of all . . . ethnic and cultural backgrounds. (51933.d.1)

11.2.6 Instruction and materials shall encourage a pupil to communicate with his or her parents . . . about human sexuality and provide the knowledge and skills necessary to do so. (51933.e)

11.2.7 Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)

11.2.8 Instruction and materials shall provide pupils with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation. (51933.g)

11.2.9 Provide knowledge and skills for healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure. (51933.h)

11.2.10 Provide information about sexual harassment, sexual assault, sexual abuse, and human trafficking. Information on human trafficking shall include . . . Information on the prevalence, nature, and strategies to reduce the risk of human trafficking, techniques to set healthy boundaries, and how to safely seek assistance . . .and how social media and mobile device applications are used for human trafficking. (51934.a.10.A, B)

11.2.11 Provide information about adolescent relationship abuse and intimate partner violence, including early warning signs thereof. (51934.a.11)

11.2.12 A school district may provide optional instruction . . . regarding the potential risks and consequences of creating and sharing sexually suggestive or sexually explicit materials through cellular telephones, social networking Internet Web sites, computer networks, or other digital media. (51934.b)

11.3 "Parent Interview" Questions:

11.3.1 In class we discussed Internet use, including the safe use of social media. Can we review our family rules for child Internet safety?

11.3.2 We also discussed how the Internet has greatly increased the availability of pornography and we were encouraged to avoid pornography and practice wholesomeness and modesty. What are our family rules regarding pornography?

11.3.3 In class we learned that the practice of 'sexting' may be a crime if minors are involved and the pictures involve nudity or semi-nudity, even if of themselves. Did you know 'sexting' was a crime for minors?

11.3.3 If I were to ever find myself in a harmful relationship, what would you counsel me to do? What skills do you hope I would have to escape?

11.4 Lesson Delivery Outline

11.4.1 Introduction

Explain that healthy relationships based on 'mutual respect and affection' are a primary goal of California sex education for secondary schools. The HEART Curriculum follows this guidance with a 'relationship' approach to sex education. The Ed Code requires that unhealthy relationships, including illegal acts, also be taught. This lesson addresses these topics, including:

- Media safety, including 'sexting' and pornography
- Child abuse
- Sexual crimes
- Human trafficking

11.4.2 The Media and Screen Time

Explain that 'media' refers to mass communication, including radio, TV, movies, magazines, and the Internet. Media can be a useful tool, but it's available 24x7 and can unduly influence a person's life. By one report, teens spend on average over six hours a day online. That's a big part of your life spent looking at a screen. The American Heart Association identifies health consequences from this sedentary behavior (Barnett *et al*, 2018). University of Southern California professor of pediatrics Dr. Robert Lustig is concerned that media can become an addiction: "It's not a drug, but it might as well be. It works the same way . . . it has the same results." (CQ Researcher, 2019)

Besides the time wasted, the media can also influence your life view and your values. In prior lessons, we've discussed the wonder of love and taught how to form healthy, positive and safe relationships based on mutual respect and affection. These skills are essential to enjoying the pleasures of sexual love that are part of committed relationships such as marriage.

But media portrayals of sex are frequently distorted or unrealistic views of relationships and do not note the differences between relationships that are healthy and those that are destructive. Women especially are often presented as things to be used, rather than as persons of great worth. The deliberate development of meaning and significance

essential to real-life relationships is typically missing in the fast-moving media depictions of sex. The following discussion invites students to only select media that present healthy relationship views.

Discussion Invite students to discuss how the media might interfere with healthy attitudes about body image and human relationships. Encourage discussion as needed by using statements such as these:

- The media has a different approach to sex—it's their tool for getting your attention and selling stuff. The sex the media uses isn't the modest and wholesome variety you see in your homes.
- By more and more graphic portrayals of the sexual act, the relationship becomes secondary—if relevant at all. Because the same "act" can get boring, the media present edgier and edgier uses of sex to keep our attention.
- Today's generation is being shown more easily accessible graphic and explicit sexual material than has ever been shown before. One consequence is we can become desensitized in heart and mind, and our capacity for healthy and loving relations in the real world is reduced.
- Many of the actors and performers in the media have 'perfect' bodies. This can cause viewers to become dissatisfied with their body image.

Summary: This would be a good time to ask a summary discussion question such as, "What's important to remember about this topic?"

11.4.3 Media Safety

At social media sites, you will meet people you don't know. The person may be someone just like you, or a predator pretending to be. Be cautious about posting pictures of yourself (once posted, it's always posted), or providing personal information. Teens can be impulsive, so take extra care with strangers and talk to your parents if you have concerns. Never agree to meet someone you've met on line without involving your parents.

Teacher note: A Parent-Interview question for this lesson invites a discussion of family rules for Internet safety.

11.4.4 Pornography and 'Sexting'

Explain that pornography is the presentation of sexual organs or sexual activity intended to cause sexual excitement. Note that in all of human history there has never been such convenient and varied access to pornography as today on the Internet. This disrespects those being presented, turning them into 'things' rather than people. It is often demeaning and violent. Because this proliferation of pornography is a recent phenomenon, society will not know for some time all the effects and consequences. But there is evidence that pornography interferes with developing healthy attitudes and skills for satisfying relationships, especially for males (Wright *et al*, 2017). Invite students to respect others by avoiding pornography and valuing wholesomeness and modesty as qualities for successful relationships, marriage, and family.

Teacher note: The quality of modesty is an important factor of self-respect, and in receiving respect. School districts typically have a dress code policy designed to create an environment conducive to learning. An appropriate reference to such a code is recommended. A Parent-Interview question for this lesson invites a discussion of family rules on pornography.

Sexting: Point out that 'sexting'—the sending of personal or other pictures of sexual parts is pornography and if done by minors is a violation of the laws protecting minors. Students should be reminded that once such a photo has been sent, it's forever out there in the Internet. Pornography and 'sexting' may be a warning sign of an unhealthy relationship.

11.4.5 Child Abuse

Present Overhead: "Child Abuse Laws."

California laws identify forms of child abuse, as described below:

1) Physical abuse: This kind of abuse happens when a physical injury is inflicted on a child by someone else that was not accidental. For example, it is unlawful to burn a child as a punishment, or hit/kick/punch a child and leave a mark or bruise.

2) Sexual abuse: This kind of abuse refers to any kind of sexual contact with a child or teenager. It includes molestation, rape, asking a child to touch or view another person's genitals, or touching/viewing a child's genitals or girl's breasts. Rape means sex with another person against their will, such as by force or by threat.

3) Emotional abuse: This kind of abuse occurs when someone intentionally causes a child to suffer mentally or emotionally, leading the child to have significant behavioral changes. An example may include a child who becomes severely withdrawn after being yelled at, insulted, or cursed by an adult on a regular basis.

4) Neglect: This occurs when a child isn't given what they are needed to survive, such as food, clothing, a place to live, and appropriate adult supervision.

Explain that if a child has been abused, it's important they know it's not their fault and doesn't define who they are. Abuse should never be kept a secret. Encourage children to find a trusted adult to talk to. Advise that they're not alone; abuse happens to other children also.

Note: Warning signs and guidance for reporting child abuse or neglect are provided by the CA Dept. of Ed at: https://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp

Resources—To get help for an abusive relationship:

- School districts have the duty to provide a list of local resources for abuse.
- Refer to the local office for Child Protective Services.

11.4.6 Protection of Consent Laws

Minors (children under 18) receive special protection by law until they become adults. There are employment laws restricting the work the can do. There are business laws that

protect minors from being held to a contract. There is a law prohibiting tattoos on minors. And there are laws that protect them from sexual acts before they become adults (at 18 years), unless they are married.

Explain that minors (defined as under age 18) by law can't give 'consent' to or participate in sexual acts, even with another minor. Such sexual contact is a violation of the law even if agreed to. It's termed "unlawful sex with a minor," or "statutory rape," even if not forced. It's considered a misdemeanor (a minor crime); if there is three or more years difference in age the crime is a felony, which is more serious. In addition, the younger the minor, the more serious the crime. Also, the greater the difference in age, the more serious the crime (for the older person).

Summary: To protect the health and safety of children, our society makes it a crime to perform a sexual act with a person under 18 years of age. Though "statutory rape" is rarely prosecuted, it is a crime.

11.4.7 Sexual Crimes

(Teacher note: The crimes noted below are mature material, but the Ed Code requires informing secondary students of their existence and advising them if their legal protection from unwanted or illegal attention.)

Present Overhead: "Sexual Crimes."

Explain that just as there are a variety of sexual acts, and a variety of ages, there are also a variety of laws and penalties. Here is a brief explanation of laws that protect minors:

- Sexual Harassment: Sexual harassment means unwanted attention or sexual advances, including things you show (like sexting), things you say, or things you do such as unwanted hugging, touching or stalking. If someone is treating you this way, be sure to find a trusted adult you can tell. Sexual harassment is never okay.
- Dating Violence: The Adolescent Relationship Abuse law (also known as Teen Dating Violence) provides extra legal protection for a person age 10-24 in a romantic relationship. It is illegal to use force—whether it be physical, verbal, emotional, or even persistent stalking—in a relationship.
- Sexual Assault: It is a crime to commit any act of a sexual nature on a minor. If both partners are minors the crime is termed "statutory rape" and is usually a misdemeanor; if there are three or more years difference in age the crime becomes a felony. The law includes genital contact or any form of sexual penetration. It can also include minors sending pornography (like 'sexting' nude or semi-nude pictures—even of themselves).
- Aggravated Sexual Assault of a Child: 'Aggravated' in this sense refers to the youth of the victim. The younger the child, the less they are able to understand what is happening or to protect themselves, thus the crimes are more serious. There are laws that progressively extend this increased gravity to children under 14, 10, and 7 years.

- Intimate Partner Violence (also known as domestic violence): This covers a wide range of abusive behavior against an intimate partner that includes physical, sexual, verbal, emotional, and psychological violence. If a minor is witness (sees or hears it) to this crime it constitutes child abuse, also a crime.

Registered Sex Offenders: California residents are given extra protection from persons who have committed sexual crimes if a judge orders the person to register as a "sex offender." In 2004 this registry was made available for online searching by "Megan's Law," named for a young girl killed in a sex crime.

11.4.8 Human Trafficking (including sex trafficking)

Explain that 'human trafficking' is the illegal practice of transporting people for the purpose of forced sex or labor exploitation. It is modern-day slavery that can, and does, happen anywhere.

The first rule of protection is to avoid strangers, including contacts by social media or cell phone, by people unknown to your parents. Social media and other technology are used to recruit for human trafficking. Never meet a stranger away from your home or without your parents being present. Advise your parents or a trusted adult if contacted by a strange or suspicious person.

Present Overhead: "Signs of Human Trafficking."

The best way to reduce human trafficking is for people to be alert and report suspicious activity. Suspicious signs might include:

- Persons without normal friends or family connections, or personal property, or housing.
- Persons showing signs of fearfulness (including reluctance to talk), abuse (bruises, etc.), lack of freedom to come and go, or lack of care.
- A child that has dropped out of school, or engaged in sex for pay.
  (A more complete list is available at Homeland Security. Link: https://www.dhs.gov/blue-campaign/indicators-human-trafficking)

Human Trafficking Resource: If students see what appears to be sex trafficking, they should talk to their parents or a local authority. Confidential assistance is available 24/7 by calling the National Human Trafficking Hotline at (888) 373 7888.

11.5 Summary of Lesson Discussions/Activities

- See Section 11.4.2: Invite students to discuss how the media might interfere with healthy attitudes about body image and human relationships.

11.6 Student Assignments: Students complete Parent Interview questions for this lesson.

11.7 References:

- Barnett TA, Kelly AS, Young DR, Perry CK, Pratt CA, Edwards NM, Rao G, Vos MB; on behalf of the American Heart Association Obesity Committee of the Council on

Lifestyle and Cardiometabolic Health; Council on Cardiovascular Disease in the Young; and Stroke Council. Sedentary behaviors in today's youth: approaches to the prevention and management of childhood obesity: a scientific statement from the American Heart Association. *Circulation*. 2018;138:e142–e159.

- CQ Researcher, *Issues in Media: Selections from CQ Researcher*, 4th Edition, SAGE Publications, 2019, Thousand Oaks, CA.
- Laumann, Edward O., Gagnon, John H., Michael, Robert T., and Michaels, Stuart. National Health and Social Life Survey, 1992: [United States]. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2008-04-17.
- Lauman, Edward O. *et al*, *The Social Organization of Sexuality: Sexual Practices in the United States*, University of Chicago Press, Chicago, 1994.
- Wright, Paul J., *et al*, "Pornography Consumption and Satisfaction: A Meta-Analysis," *Human Communication Research*, July 2017, (43)3: 315-343. Also published online in *Oxford Academic*, 1 July 2017.

11.8 Teacher Resources

11.8.1 Teacher Notes—N.A.

11.8.2 Teacher Readings & Study Material—N.A.

11.8.3 Presentation Materials—N.A.

11.8.4 Student Handouts—N.A.

11.8.5 Overhead/Slide Index

- Section 11.4.5: "Child Abuse Laws."
- Section 11.4.7: "Sexual Crimes."
- Section 11.4.8: "Signs of Human Trafficking."

11.9 Overheads/Slices—To be provided based on selection of printed or digital learning platform selection.

Lesson 12: Honor Others

Estimated time: 50 minutes
Revision date: Rev. 9/29/19

12.1 Teacher Introduction—Honor Others

Lesson 12 is about family and marriage. It recognizes that "committed relationships" now includes cohabitation as well as marriage, and provides information for students to be able to select the best relationship for themselves and their future partner. The HEART curriculum affirms that love and loving sexual relationships are among the great joys of human life.

The HEART curriculum is a new approach to sex education based on three innovations:

1. The Triangle Model, which places the teacher in the role of facilitator, engages the parents in the role of teaching values, and prepares the student for the role of decision maker.
2. The "Parent Interview," which affirms the rights of parents to guide their children's education in the value-laden subject of sex education. (This also has the benefit of removing teachers from the sex ed crossfire.)
3. Teaches sex education from the perspective of relationships. The ability to develop and maintain healthy relationships requires an understanding of the inestimable worth of all human beings. This understanding is key to honoring oneself and honoring others in our conduct.

The value of a human being is relevant in considering sexual interaction. If one's approach to sexual involvement is that the other person is a "thing" to be used, the potential benefits of sexual involvement are sabotaged. If one's approach to sexual involvement is that the other person is a 'person of inestimable worth,' then the best interests—present and future—of the other person are paramount.

This lesson introduces the competing themes of individualism and collectivism in human relationships. It's a mature theme for secondary school students. But it's important to recognize the important of balancing personal wants with teamwork in a relationship.

Question Box: If students leave queries in the Question Box, respond to them as possible in this final lesson.

12.2 Lesson Objectives (Ed Code reference in brackets)

- Provide knowledge and skills for healthy attitudes concerning adolescent growth and development . . . relationships, marriage, and family. (51930.b.2)
- Promote understanding of sexuality as a normal part of human development. (51930.b.3)
- Provide clear tools and guidance to ensure pupils receive comprehensive, accurate and unbiased sexual health instruction. (51930.b.4)

- Note: This curriculum defines 'bias' in human relationships as prejudice that diminishes the value of human beings.
- Provide . . . knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors. (51930.b.5)
- Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)
- Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage. (51933.f)
- Provide knowledge and skills to form healthy relationships based on mutual respect and affection, free from violence, coercion and intimidation. (51933.g)

12.3 "Parent Interview" questions (as this is the final middle school lesson, these questions are at the students' option):

12.3.1 In class we learned about 'committed relationships,' which can range from a couple cohabiting, which has become more common, to a legally licensed marriage. From you experience, what are the advantages of each?

12.3.2 We also talked about the stability of marriages and cohabiting relationships. What factors do you think are most important in maintaining a committed relationship?

12.3.3 What have you observed or learned from our family about marriage?

12.4 Lesson Delivery Outline

12.4.1 Healthy Attitude Check

Explain that the purposes of the Ed Code for sex ed include providing knowledge and skills for healthy attitudes in seven areas. Lead students in a discussion of what they've learned in the HEART curriculum for those seven topics. Provide guidance and instruction as appropriate to meeting Ed Code objectives as you review the following topics.

Present Overhead: "Attitude Topics."

1. Adolescent growth and development—It can be a challenging time, but are you enjoying these years of transition from child to adult?
2. Body image—Are you feeling good about your body image? Are you happy being *you*?
3. Sexual orientation—Do you feel mutual respect and affection for people of all sexual orientations?
4. Relationships—Do you enjoy your friendships? Do you feel your relationship skills are maturing as you mature?
5. Marriage—Can you imagine yourself happily married with that special person?
6. Family—Are you enjoying your own family and contributing to its success? Do you look forward to having your own family?

Discussion: As you review these attitude topics, invite students to share what is important to remember on these topics and to mentally grade themselves on their progress towards a healthy attitude in each area.

12.4.2 Committed Relationships

We come now to the weighty subject of *commitment*. 'Commitment' in this lesson is about dedicating oneself to another person, as in a *committed relationship*. In Lesson 1 "Relationships" we learned that the ability to form good relationships is an essential skill. Relationship skills make our homes happier places and enable us to make friends.

We also learned about real versus fake relationships, using the words authentic versus counterfeit. And we talked about how to recognize authentic and counterfeit relationships for our own safety and health. The ability to form authentic committed relationships is vital to our success in life.

In human relationships, there is a fundamental issue: The value of a human being. People may be treated as beings of inestimable worth, or as things to be used. The worth of a person is denigrated in practices such as pornography, abusive relationships, and sex trafficking (discussed in Lesson 11). The value of two people in a loving, committed relationship enjoying sexual fulfillment can be seen as inestimable. The purpose of this lesson is to prepare you, the student, to achieve that inestimable value.

We previously discussed how some friendships grow into romantic relationships of liking and loving. For adults, when the love is strong and mutual, it's normal to want to preserve it in a committed relationship. Traditionally, across the history of mankind, this has been *marriage*. A marriage creates a marvelous new thing in the world: a *family*. A family, for example, is the best vehicle the world has ever invented for a child to grow up in. Much depends on the family and the love that sustains it.

The collective self-sacrifice necessary for a successful family has a competitor—*individualism*. Individualism is about one's own independence, the freedom to seek one's own goals, to have your own way. Collective effort and individualism—interdependence vs independence—compete for our attention. It's normal to want both—the challenge is to create a balance.

Discussion: Invite the students to discuss the balance of individual wants versus teamwork in relationships they have observed.

Explain that it isn't easy to maintain a long-term loving relationship, thus marriages don't always last—many end in divorce. Divorce used to be uncommon, but in the latter part of the last century—from 1960-1990—divorce became more common until it seemed half the marriages were ending in divorce. Actually, about 60% of marriages survive, but it seemed that our society had lost the *skill* or the *will* to keep marriage alive (Fomby & Cherlin, 2007; Craigie *et al,* 2012; Waldfogel J., *et al*, 2010).

12.4.3 Cohabitation

One result of the many divorces was that young couples became more cautious about getting married. They waited longer to marry, instead choosing to just move in together in less formal relationships termed 'cohabitation.' The sudden rise of cohabitation was a revolution. Here's some data to illustrate how fast it happened:

- In 1968, of young adults ages 18-24, 39.2% were married. Those who were cohabiting, meaning living with a partner not a spouse, were only 0.1%.
- Fifty years later, in 2018, that 39.2% had declined to just 7.3% married. Conclusion: A lot of young adults are putting off getting married.
- The 0.1% of young adults 18-24 cohabiting had soared to 9.4% in 2018.

(Source note: Marriage and cohabitation data for young adults ages 18-24 is from the Annual Social and Economic Supplements, 1968-2018, of the U.S. Census Bureau's Current Population Survey. Retrieved 9/1/19 at link: https://www.census.gov/library/stories/2018/11/cohabitaiton-is-up-marriage-is-down-for-young-adults.html)

This was an incredibly fast change in the centuries-old structure of family relationships—remember that it happened in just 50 years. Actually, it's still 'happening' because cohabitation does not have a government or church to shape and regulate it so is fluid and evolving. More couples now begin by first living together, than by getting married. Cohabitation is a social experiment of unknown consequence. It invites a critical question: Is it a good idea?

When cohabitation became more common, there was an argument that divorce could be reduced if couples first lived together to confirm compatibility. The reality was that after marrying the divorce rate was not lower, and in some cases higher.

There was also an idea that cohabitation was the new 'engagement' and marriage would likely follow. (Engagement means the period, around a year, between when a couple decides to marry and when they marry.) This didn't happen. The most recent trend is towards shorter and more cohabitations, with fewer leading to marriage. (Smock, 2000; Guzzo, 2014)

Relationship satisfaction in cohabitation is self-reported to be lower than in marriages. One reason may be that the ease of sliding into cohabitation sometimes results in a more casual search for the right partner. The result may be an 'acceptable' rather than 'ideal' partner. With the passage of time, even though not fully satisfied with the relationship, inertia may keep you in the relationship. In the end, you may 'settle' for what you have. The ability to leave, especially for the woman, is complicated by pregnancy and childbirth.

<u>Summary</u>: In less than two generations, cohabitation became more common than marriage as the first committed relationship. This was a sudden reversal of history. Cohabitation offers a relationship alternative to traditional marriage that is less formal, less committed, and more flexible. It is an evolving experiment in that it continues to

change, currently trending towards shorter-lasting relationships. Cohabitation offers greater convenience for the partners, but less stability as either can move out whenever they wish. Cohabitation is more about independence than interdependence. Because marriage and cohabitation are so different from each other, here are some characteristics of each to consider:

Present Overhead: "Marriage vs. Cohabitation Chart."

Marriage	**Cohabitation**
The oldest committed relationship, known throughout recorded history.	The newest accepted relationship form, beginning late 20th century.
Regulated by the government; a license is needed to marry. For the religious, church doctrine may have an influence.	Unregulated; no government or church role. No established traditions or governing group.
Legal action (divorce) needed to terminate.	Either party may terminate at will.
Longest lasting relationship, lasting a lifetime for some. For those who divorce (42-45%), average time married is seven years.	Shortest lasting relationship; most fail within two years. About 40% result in marriage, though current trend is upward.
Requires a more interdependent life style with collective effort.	Allows a more independent life, consistent with the self-focus of individualism.
Highest level of reported satisfaction, compared to cohabitation.	Lower level of reported satisfaction with relationship and higher reported conflict.

(Source: National Marriage Project/Wheatley Institution Analysis of December 2018 YouGov "iFidelity Survey.")

12.4.4 Marriage

Marriage is the most formal relationship commitment, shaped by government, church, and tradition. It is a legal contract recognized by the government that requires a license and a priest or authorized person to perform the ceremony. A court of law must be involved if the marriage is to be ended.

Marriage is intended to be a life-long relationship—wedding vows often include the promise "until death do we part." There are traditions associated with marriage, such as the groom's proposal, the bride's dress, wedding rings, the ceremony and reception, a honeymoon, and so on. It doesn't have to be this difficult, but marriages mark the formation of a new family and are a reason to celebrate with relatives and friends.

Discussion: Invite the class to share experiences from weddings they've attended, and what they liked, or would include in their own future wedding.

This introduces an important thought: Due to the complexity and formality of marriage, you have a big incentive to make it work. This means careful selection of a partner, and more willingness to do the work of building a lasting and loving relationship. This extra work to form a marriage helps explain the longer duration of marriage over cohabitation.

Homework assignment: Watch a wedding movie with your family, such as the 1991 classic, "Father of the Bride." Another movie is the 2018 romantic comedy, "Crazy Rich Asians."

12.4.5 Benefits of Marriage

Because of the increase of cohabitation in the last generation, it would be good to review the benefits of marriage for students to consider when deciding their life plan:

Present Overhead: "Benefits of Marriage."

> #1 Greater love and affection: Sex is part of marriage, but research shows that love and affection are also part of the equation and together lead to greater well-being and satisfaction in the relationship. These qualities are best in married relationships and also help keep the marriage together during difficult times, thus extending the benefit. (Blanchflower & Oswald, 2004; Debrot *et al*, 2017)
>
> #2 Greater lifetime happiness: Married couples are significantly happier than cohabiting couples, or unmarried people. Two marriage pathways contribute to this happiness: better health and better finances. An economic study of marriage in 17 nations found that the increase in happiness was equivalent to earning an extra $100,000 per year. (Stack & Eshleman, 1998; Blanchflower & Oswald, 2004)
>
> #3 Better outcomes for children: Relationships are complex but there is much evidence that marriage is best for children, even if the parents don't get along that well. A stable home life contributes to better child outcomes. Of cohabiting parents, two-thirds break up before their child reaches twelve, compared to one-quarter for married parents. (Anderson, 2008; McLanhan & Sawhill, 2015; Formy, 2007; Nugent & Daugherty, 2018)
>
> #4 Prosperity: Married people are better off financially. In fact, one study shows that marriage brings greater prosperity than even going to college. Divorce, however, carries a large financial penalty. (Zagorsky, 2005; Poterba *et al*, 2012)

12.4.6 The Decision

In Lesson 3 "The Decision" students were invited to make a thoughtful, farsighted decision about the when and how of beginning sexual relations. This lesson presents another decision: Choosing the right committed relationship. Is it cohabitation, cohabitation with the intent to marry, or the traditional engagement and marriage?

There's an important issue here: Because living together is the most intimate thing two people can do, and because it may likely result in children and several decades of rearing them, it should not be done casually. Life's most consequential decisions deserve our best decision making. Marriage merits more thought, for example, than what college to attend, or what career to pursue. The final question is this: "What will you choose to do?"

12.4.7 Review

In closing, review and discuss the following highlights.

Present Overhead: "Relationship Review."

1. Healthy, wholesome relationships based upon mutual respect and affection are the glue that hold a society together.
2. Sexual relations are the most intimate of all human interactions and are fraught with consequence—STIs including HIV, the creation of life through unintended pregnancy, other personal harms—therefore should have *meaning* commensurate with these consequences.
3. Building meaning in relationships takes time to develop socially, mentally, emotionally as well as physically. Love should not be hurried. There's a song about love by Elvis Presley that includes in the lyrics, "Wise men say, 'only fools rush in' . . ." Elvis was right, true love takes time.
4. All this supports the central sex ed message of the Ed Code—the only medically certain protection is to delay the adult activity of sex until youth become adults. The law recognizes this by requiring kids be 18 years old to give sexual consent.
5. The last word: In your decisions about love; just remember to honor others as you honor yourself.

Discussion: Invite the students to list for discussion the main things they have learned in their study of the HEART curriculum.

12.5 Summary of Lesson Discussion Questions:

- Section 12.4.1: As you review these attitude topics, invite students to share what is important to remember on these topics and to mentally grade themselves on their progress towards a healthy attitude in each area.
- Section 12.4.2: Discussion of the need to balance individual wants versus teamwork in relationships.
- Section 12.4.4: Discussion of student experiences from weddings they've attended and what made an impression.
- Section 12.4.6: This should be the best discussion—ask students what are the important things they will take away from the six lessons just completed. Invite them to annotate these in their Parent Interview booklet.

12.6 Assignment(s): Based on when this lesson is taught there may not an opportunity to confirm completion of the Lesson 12 Parent Interview. However, the teacher should confirm completion of the prior Parent Interview questions. The Parent Interview booklet should be checked for completion but not graded and returned to student to save.

12.7 References:

- Anderson, Gunnar, "Children's experience of family disruption and family formation: Evidence from 16 FFS Countries," *Demographic Research,* 2008, 7(7): 343-364.
- Blanchflower, David G.; Oswald, Andres J. "Well-being over time in Britain and the USA". *Journal of Public Economics* 88 (2004) 1359-1386.

- Craigie, T.L. *et al*, "Family structure, family stability, and outcomes of five-year-old children," *Families, Relationships, and Societies*, 2012 1(1): 43-61(19).
- Debrot, Anik, *et al* (2017). "More than just sex: Affection mediates the association between sexual activity and well-being." *Personality and Social Psychology Bulletin, 43*(3), 287-299.
- Fomby, P. and A.J. Cherlin, "Family instability and child well-being," *American Sociological Review* 2007 72(2): 181-204.
- Guzzo, Karen B., "Trends in Cohabitation Outcomes: Compositional Changes and Engagement Among Never-Married Young Adults," J Marriage Fam. 2014 Aug; 76(4): 826-842.
- McLanahan, Sara; Sawhill, Isabel; "Marriage and Child Wellbeing Revisited". *The Future of Children*, Vol. 25, No. 2, (FALL 2015), pp. 3-9.
- Nugent, Coleen N.; Daugherty, Jill; "A Demographic, Attitudinal, and Behavioral Profile of Cohabiting Adults in the United States, 2011-2015," CDC National Health Statistics Reports Number 111, May 31, 2018.
- Poterba, James M., *et al*, "Were they prepared for retirement? Status at advanced ages in the HRS and AHEAD cohorts," NBER Working Paper Series #17824, National Bureau of Economic Research, 2012.
- Smock, Pamela J., "Cohabitation in the United States: An Appraisal of Research Themes, Findings, and Implications," *Annual Review of Sociology,* Vol. 26 (2000), pp. 1-20.
- Stack, Steven; Eshleman, J. Ross; "Marital Status and Happiness: A 17-Nation Study, *Journal of Marriage and Family*, Vol. 60, No. 2 (May, 1998), pp. 527-536.
- Waldfogel J., *et al*, "Fragile families and child wellbeing," *The Future of Children* 2010 20(2): 87-112.
- Zagorsky, Jay L., "Marriage and divorce's impact on wealth," *Journal of Sociology*, Dec. 1, 2005.

12.8 Teacher Resources

12.8.1 Teacher Notes—N.A.

12.8.2 Teacher Readings & Study Materials—N.A.

12.8.3 Presentation Materials—N.A.

12.8.4 Student Handouts—N.A.

12.8.5 Overhead/Slide Index

- Section 12.4.1: "Attitude Topics."
- Section 12.4.3: "Marriage vs. Cohabitation."
- Section 12.4.5: "Benefits of Marriage."
- Section 12.4.7: "Relationship Review

12.9 Slides/Overheads—To be provided based on selection of printed or digital learning platform selection.

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