



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.

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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 California 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. (Bocking, 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.

LGBTQ Resources: 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 Lesson Objectives (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 feels 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](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:

Present overhead: “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.dr.felix.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

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- 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/childabuserreportingguide.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 they 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 your 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/cohabitation-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.

Summary: 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 20 th 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; Debro *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.
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- 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.
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- 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.
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- 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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