HEART

Health Education and Relationship Training

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: For the purpose of continual improvement, there are semiannual revision windows on, or near, January 1 and July 1, if needed. Exceptional revisions may be issued as conditions warrant. The most recent revision date is included in the curriculum document title and at the beginning of each component part (volume/part introduction or lesson) as appropriate.
HEART Volume II Pilot Curriculum Revision date: 2.10.20

HEART: HEALTH EDUCATION AND RELATIONSHIP TRAINING Curriculum

VOLUME II (Lessons 1-10) 9th Grade

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Sex Ed Curriculum, Volume II, 9th Grade (Lessons 1-10)
Revision date: 2/10/20

Teacher Introduction to Volume II (9th 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 9th grade sex ed curriculum lessons are as follows:

- Lesson 1 Learning to Love
- Lesson 2 Honor Yourself
- Lesson 3 The Decision
- Lesson 4 Liking and Loving
- Lesson 5 STIs and HIV
- Lesson 6 Gender Today
- Lesson 7 Media Smart
- Lesson 8 Unhealthy and Illegal
- Lesson 9 To Parent, or Not
- Lesson 10 Commitment to 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.p

Lesson 1 Learning to Love

Estimated time: 30 minutes
Revision date: 8/16/19

1.1 Introduction

The Ed Code requires teaching the same sex education topics in high school (typically the 9th grade) as in middle school. This repetition is good as it provides an annual reminder as pupils progress through the steps of puberty and mature in their ability to make healthful decisions. Several topics—such as the STIs (especially HIV), and the contraceptive options—are complicated by detail so repetition is needed to achieve effective teaching dosage. Other topics, such as healthy relationships, require behavioral skills that with guidance can develop with maturity.

The middle school lessons are more *instructional*, based on lecture supplemented with discussion questions and activities for skill development. The high school lessons, reflecting maturity and prior teaching, may be more like a *seminar*. At any point in the Volume II lessons the teacher is encouraged to ask a summary question such as, "What's important to remember about this topic?" This encourages students to recall and share their knowledge, which then becomes a catalyst for more targeted instruction.

The *New Curriculum* employs the Parent Interview to create a 'Teaching Triangle.' In this triangle, high school teachers provide information in a seminar format. Parents are engaged to share the values of the family through the Parent Interview questions. Students combine information and parental input to make life decisions that include "The Decision"— how best to express themselves sexually in support of their life goals. Please note that the Teaching Triangle removes the teacher from the 'values cross-fire' that can happen with sex education.

The *New Curriculum* aligns with CHYA and the Center for Disease Control and Prevention (hereafter, CDC) by teaching both *primary prevention* (avoiding risk), and *secondary prevention* (steps to reduce risk). The intent is to support students who delay their sexual debut, the healthiest path, while also educating student who engage in sex to minimize potential harms such as STIs including HIV, and unintended pregnancies.

Please note that the commonly used term 'Sex Ed' is a misnomer for these classes, as the purposes of the CA Healthy Youth Act (CHYA; see purposes in 1.4.2 below) are more about developing "healthy, positive, and safe relationships and behaviors." Healthy relationships begin with learning to express mutual respect and affection for all. This provides a basis for positive and healthy long-term committed relationships such as marriage.

In section 1.4.4 the use of the term "parent" is clarified. In the HEART curriculum, 'parent' refers to the person who has legal parental responsibility, whether biological parent(s), legal guardian, or an authorized caregiver. 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.

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1.2 Lesson Objectives

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

1.2.2 Student will understand sexuality as a normal part of human development. (51930.b.3)

1.2.3 Instruction and materials shall not reflect or promote bias against any person protected by Section 220. (51933.d.4)

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

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

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

1.3 Parent Interview questions:

1.3.1 In class, we learned how to conduct a Parent Interview in order to discuss the culture and values of our family. We also learned about the qualities of good friends and the importance of mutual respect in relationships. Could you add anything from the relationship experiences of your life?

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

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

1.4 Lesson Delivery Outline

1.4.1 Learning to Love

Humans have been falling in love with one another for a long, long time. Romantic love is an intense feeling of deep affection for another person, with the hope they'll reciprocate. Love can cause unusual behavior, even the writing of poetry, like this famous poem:

Present Overhead: "Love Poem."

The poetess Elizabeth Barrett Browning wrote of such love in the poem that begins:

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

Love is like that, it makes us want to write poetry, sing in the shower, and bring flowers. *Falling* in love happens naturally. *Staying* in love isn't so easy—you have to work at it. We know it's hard because in the last generation nearly half of marriages ended in divorce, in most cases a sad loss of a relationship once held precious. Keeping relationships like love alive, besides continual effort, requires knowledge and skills. Some people are naturally better at this than others, but the important message is that everyone, if they are willing to work at it, can improve and grow in relationship skills.

The Ed Code objectives for sex ed include providing knowledge and skills for developing healthy attitudes about relationships, and for students to be able to enjoy healthy, positive, and safe relationships and behaviors. In Lesson 2 “Honor Yourself,” we'll talk about friendship and relationship skills, and learn about authentic vs. counterfeit relationships.

In Lesson 3 “The Decision,” you'll learn about decision making skills to help you decide the when and how of beginning sexual relationships. In Lesson 4 “Liking and Loving,” you'll learn about setting boundaries and defending your decision about sex, and how to have fun and express affection without sex.

Sexual relations can have major consequences. The consequences may include sexually transmitted diseases (hereafter, STIs) and unintended pregnancy. We'll talk more about STIs in Lesson 5, but we should note now that STIs are a serious and growing U.S. health problem. STIs rates, including HIV/AIDS, are much higher in the U.S. than in other developed nations. Unintended pregnancies often cause the relationship to fail and leave the mother to face difficult decisions alone. Pregnancy options will be discussed in Lesson 6 “To Parent, or Not.” For both of these issues—STIs and unwanted pregnancy—you'll learn that the safest course is to limit your sexual partners, hopefully to just one, your true love.

Discussion: Ask what is important to remember from this section, “Learning to Love.” Discuss. Prompt students, if needed, to consider that sexual acts have serious consequences.

1.4.2 Purposes of CA Sex Education

To begin, we should review the purposes of this sex education class, as amended by the CA Healthy Youth Act.

Discussion: To assess student attitudes, invite them to share what the phrase “sex ed” means to them.

Present Overhead: “Purposes of Sex Ed.”

- Protect sexual and reproductive health.
- Develop healthy attitudes about adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family.
- An understanding of sexuality as a normal part of human development.

- Protect sexual health, including HIV prevention instruction.
- Teach healthy, positive, and safe relationships and behaviors.

Explain to students that sexual health and healthy relationships are a primary objective of sex education.

1.4.3 Class Rules

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

Present Overhead: "Class Rules."

- Participation: Become an active, not passive, class member. 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.
- Ask questions: You will have questions that others have also. For those really awkward questions consider using the *Question Box*.
- Mutual respect: We are all different; respect these differences. No teasing, insulting, judging, or making fun of others.
- Confidentiality: It's good to share what you learn, but personal information that may be revealed in class must be respected and kept confidential. If an example is to be shared outside of class, don't identify the person or source.
- Other rules: Students are invited to suggest any other rules that would make the class more effective.

1.4.4 The Triangle Model

Explain the *Triangle Model*—a team approach involving teacher, pupil, and parents.

Present Overhead: "Triangle Model."

- Teachers provide information and lead discussions/activities to facilitate learning.
- Pupils take an active role in class, conduct Parent Interviews with their parents to discuss the values of their family and make decisions for their lives.
- Parents teach values and share the lessons of their lives, prompted by the Parent Interview questions.

Note: "Parent" means the person who has legal parental rights. Per the U.S. Census, 96% of pupils live with at least one parent. Another 3% of students live with a legal guardian. About 1% of students live with some other caregiver, often a relative acting as parent. There may be unusual situations where a student will want or need to speak with some trusted adult, such as a teacher or church leader, but the legal rights of parents should be respected wherever possible.

1.4.5 Puberty Revisited

Adolescence is the bridge between childhood and adulthood. Puberty is the first stage of adolescence and usually ends for girls by age fourteen, the 9th grade. Boys develop 1-2 years behind girls so puberty can continue as late as age sixteen. As a general rule, middle school is the first stage of adolescence, and the first years of high school constitute the middle stage of adolescence. There is a wide range of what is 'normal' during this stage of life—each person's development is their personal adventure and person-to-person comparisons shouldn't cause concern. It's a time to take pride in being the unique person you are becoming.

(Teacher note: Be sensitive to addressing any signs of unhealthy attitudes about adolescent growth and development. Recognize that there are extra challenges for the girls who experience the changes of puberty first—they are as pioneers for their age group.)

Here's a brief summary of what's going on in the pupil's physical, mental, social and emotional domains:

Present Four Overheads: "Aspects of Puberty."

- Physical: Girls are well into the physical changes, developing height and muscle but also curves as hips and breasts finish developing ('filling out'). Boys are a year or two behind, adding height and muscle ('bulking up'), body hair, and beginning to shave. One danger is that boys and girls are capable of 'making babies' now, long before they're able to care for them.
- Mental: The brain matures, with a deepening appreciation of things beyond the visible or physical. The cognitive portion of the brain that makes social and behavioral decisions, the pre-frontal cortex (front part of the brain) is still developing and won't be fully mature until students are into their 20s. For this reason, teens, especially boys, can make risky decisions and be socially inept. There is danger here as this is also a time when kids want to make more of their own decisions.
- Social: Girls develop close friendships and want to spend more time with friends. At home, they may withdraw to their bedrooms. Boys are less social, but do bond with their guy group or team.
- Emotional: Puberty is a time of deepening emotions, even a spiritual awakening. Throughout life, people experience many different emotions. Happy, sad, mad, and scared are the most basic human emotions, and kids typically experience them even more during puberty. What's important is to continue to grow in your ability to identify and express what you are feeling. It helps to have safe people—we call these 'authentic' friends—in your life with whom you can share your emotions This is also a time of first romantic attractions and love interests may be more intense. There may be periods of moodiness, anxiety, or even sadness. Explain to pupils that if they feel constant thoughts of sadness or anxiousness they should seek help from a parent or teacher.

Discussion: It would help the discussion if the students could see the human side of puberty, that everyone deals with it. The teacher might share a funny story, even a personal one, about awkward things that happen in puberty. There could be a discussion about who has

gained most height in the last year. Students should be invited to share their observations or thoughts as appropriate.

Summary: Puberty is a wondrous time that could be compared to the blossoming of a flower. When your body starts to change, you may notice a new and different attraction for other boys or girls. These intense feelings and emotions come in their own time; girls tend to be a step ahead of the boys. Early feelings of liking help to lay a future foundation for a stronger relationship such as marriage founded on love. Inversely, some may not be romantically interested until later. Such feelings, though varied, are normal, and should be a fascinating part of your life.

1.4.6 Conducting the Parent Interview

Present Overhead: "Conducting the Parent Interview."

If the Parent Interview booklets have not been provided, introduce the concept and hand them out now. Preview the interview questions for the next several chapters. Teach the following five steps of interview technique:

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

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

1.4.7 Denial of Liability

Present Overhead: "Denial of Liability."

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1.5 Summary of Discussions/Activities (These summaries are presented in each lesson as an optional aid to lesson planning.)

- Section 1.4.1: Students, who generally have the experience in love by this age, should recognize that while love is a delight, relationships take work, and sex has serious consequences.
- Section 1.4.2: To assess student attitudes about a controversial subject, invite them to share what the phrase "sex ed" means to them.
- Section 1.4.5: Discussion to explore the human aspects of puberty.

- Section 1.4.6: Activity: Teach interview skills by students rehearsing interview questions for Lesson 1.

1.6 Student Assignments: Complete the Parent Interview questions.

1.7 References: N.A.

1.8 Teacher Resources

1.8.1 Notes: N.A.

1.8.2 Readings & Study Materials: N.A.

1.8.3 Presentation Materials: N.A.

1.8.4 Student Handouts: The Parent Interview booklet, if used.

1.8.5 Overhead/Slide Index:

- Section 1.4.1: “Love Poem”
- Section 1.4.2: “Purposes of Sex Ed”
- Section 1.4.3: “Class Rules”
- Section 1.4.4: “Triangle Model”
- Section 1.4.5: “Aspects of Puberty”
- Section 1.4.6: “Conducting the Parent Interview”
- Section 1.4.7: “Denial of Liability”

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

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Lesson 2 Honor Yourself

Estimated time: 40 minutes
Revision date: 10/4/19

2.1 Introduction

The Ed Code requires the sex ed material covered in middle school to be repeated in high school. This repetition provides a *dosage* of instruction needed to instill healthy relationship skills and behavior. With the added maturity, high school students can better discern between authentic and counterfeit relationships, for example.

In the Triangle Model of sex ed teaching, the teaching of values by the parent is a vital link. It's important that students conduct the "Parent Interviews." Ask how the process is going, what they're learning from the process (not about the questions, which are personal), and what is needed to make the process more effective. The teacher's role is to encourage the Parent Interview process without intruding into the parent-child relationship.

In this lesson on relationships the material touches on 'virtue education.' Virtue, the behavior that reflects moral standards, is the basis for character. Because sexual self-restraint is the basis for primary prevention (avoidance of risk), character is an important element. Character is primarily formed in the home and reflects the culture and values of each family. Competence in the practice of virtue is an important skill for the protection of sexual health.

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

2.2 Lesson Objectives

2.2.1 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). (51930.b.2; 51933.b.2)

2.2.2 Student will understand sexuality as a normal part of human development. (51930.b.3)

2.2.3 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.)

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

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

2.2.5 Present information that abstinence from sexual activity . . . is the only certain way to prevent HIV and other sexually transmitted infections . . . and unintended pregnancy. This

instruction shall present information about the value of delaying sexual activity . . .. (51934.a.3)

2.3 Parent Interview Questions

2.3.1 In class we discussed the protection of kids socializing in groups and waiting until older to pair up as couples. Do we have a family rule about the age to begin couple dating?

2.3.2 In class we learned about the real motives behind romances, including the difference between genuine vs. counterfeit expressions of love. Can you add anything to this from your life experiences?

2.4 Lesson Delivery Outline

2.4.1 Getting Started

Parent Interview: Before beginning the lesson, explore with students how the Parent Interview process is working. If the process is not working consider repeating the Lesson 1 exercise "1.4.6 The Parent Interview". The parent-pupil value discussions are an essential component of the Triangle Model of teaching sex ed.

Question Box: Check the Question Box for submitted questions and answer as appropriate. If there are no questions, use your knowledge of the students to find a way to get them started.

2.4.2 Relationships

Relationships are the strong, deep bonds you have with other people. Relationship skills are critical to your success in life. As babies, you focused on your own needs, but as you matured you learned to relate to and care about others in your home or family. Later your circle of relationships grew to include play friends and school mates, and as your circle grew your skills developed. When you become adults your relationship skills will be essential to the many roles you will fill in life. Success in life will depend to a large degree on your relationship skills. Healthy relationships make life enjoyable, but it doesn't always happen—there can also be unhealthy relationships.

2.4.3 Authentic Relationships

Relationships can be authentic (real, genuine) but they can also be counterfeit (fake, insincere). Authentic relationships are healthy and safe; counterfeit relationships may be unsafe, even illegal. Humans have a strong need for the safety and security found in healthy relationships. 'Safe people' bring these authentic characteristics to relationships:

Present Overhead: "Six Characteristics of Authentic People."

- Are honest and trustworthy.
- Admit mistakes; aren't defensive.
- Don't condemn or blame others, or speak poorly of others when they are not present.

- Extend forgiveness and acceptance to others for shortcomings, or being different.
- Are open to feedback. Are willing to admit mistakes and make changes in good faith.
- Help you to feel better about yourself and to become a better person.

Because of these characteristics of safe people, closeness and intimacy can develop as love grows. The growth of mutual affection and love is evidence of authentic relationships. It's important to learn how to distinguish authentic relationships from the counterfeits.

(Note: In Lesson 8 "Unhealthy and Illegal," we'll talk more about unhealthy relationships and how kids can protect themselves.)

2.4.4 Characteristics of Friends

Remind that in the 7th grade, in Lesson 1 "Relationships," pupils learned principles of authentic friendship as taught over 2000 years ago by the Roman philosopher Cicero. Here is a brief reminder of the characteristics of authentic friends (Freeman, 2018).

Present Overhead: "Characteristics of Real Friends."

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

Each of these qualities of authentic friendship has an opposite or counterfeit version. Counterfeit friends cannot be trusted, may be dishonest, or invite you to act against your values. They may be self-centered, putting their interests above your best interests, or treat you not as a person of worth but a 'thing' to be used. If a friendship is counterfeit, respect is replaced by resentment or hostility, rather than genuine affection. Part of maturation is to learn to recognize and value genuine friends.

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

2.4.5 Mutual Respect and Affection

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

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

2.4.6 Romantic Relationships

Present Overheads (Six, in sequence with points below): "Six Steps to Romance Done Right"

1. High school romances, like a great meal, are more memorable if not rushed. Take time to develop the relationship on all levels, mental, social, and emotional before the physical.
2. There's protection in numbers. The social dimension of a relationship develops best in groups. The physical aspects tend to dominate when alone in couples. (Some families have rules, like not dating as couples until older, often at age sixteen.)
3. Enjoy the moments of friendly intimacy—the wink, that special smile, the passing high-five or holding of hands, the greeting hug, the kiss good night.
4. Sex acts involve extreme intimacy that requires mature and complete trust. Legally it's an adult activity signifying a committed relationship, like marriage. You bare everything with sex and are unprotected from the adult consequences, including STIs and pregnancy.
5. Learn how to set and protect your personal boundaries, along with negotiation and refusal skills.
6. Wait for love that is genuinely caring—authentic, not pretended—where your deepest values are placed above a brief moment of physical pleasure. Real love comes with respect.

Point 1: Explain that friendship skills mature into relationship skills that will be important to the pupils' success in committed relationships such as marriage. In the high school years romantic friendships may develop. Friends can become *boy*friends, and *girl*friends. It is natural to feel affection when romantically attracted but it's important to discern that the relationship is genuine and not faked or counterfeit.

Points 2: Students should not rush to begin dating as a couple; socializing in groups is in many ways safer and better for you. Socializing in groups enhances social development and reduces the stresses and emotional lows of serious relationships. A study of 6th to 12th grade students found that teens who dated the least "had significantly higher teacher ratings of social skills and leadership, and lower ratings of depression compared to other groups" (Douglas & Orpinas, 2019).

Point 3: In romantic relationships *intimacy* may develop. Intimacy means things like closeness, warm feelings, and affection. It may also include physical acts such as hand holding, kissing, and hugging. Because the sensations of love can be very strong, intimacy, if not restrained, can grow to touching in personal places and sexual relations (sex acts known as 'making love').

Point 4: Sexual acts represent the most extreme intimacy you—and your body—are completely exposed to another person during sex and there are significant consequences of

this, including sexual diseases and pregnancy. To protect yourself sexual intimacy should not be done casually.

(Teacher's note: This brief mention is not meant to trivialize the health consequences of sex, which are significant and will be further discussed in Lesson 3 "The Decision," Lesson 5 "STIs and HIV," and Lesson 9 "To Parent, or Not.")

Point 5: Self-protection means setting boundaries to protect your sexual and reproductive health. It's important to communicate from the beginning of a relationship the respect you expect in protecting your person, and your personal space. You show self-respect and honor yourself when you set and defend boundaries for your person. Lesson 4 "Liking and Loving" will teach boundary setting, as well as negotiation and refusal skills. It's a special skill to be able to say "No thanks" and have the other person still like you.

Point 6: Sometimes it's hard to know if the feelings of a romance partner are authentic or counterfeit, meaning are they real or faked. Consider these words from Anna Clendening's song "Boys Like You":

Present Overhead: "Boys Like You."

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

The pursued partner, perhaps sensing a counterfeit motive, grows "skeptical of love." She or he wants to know about the real meaning of their relationship. Does the boy really want all of her as a person, or "just one part"? The questions of meaning, significance, and commitment in relationships are important. The song hints that the consequences of sexual activity have many dimensions and some are more critical to the female.

Discussion: Do relationships have the same consequences for girls as for boys? What do you do if one person is more in love than the other?

2.4.7 Intimacy Without Sex

The primary message of the Ed Code for sex ed is that delaying the start of sex is the only certain protection from unhealthy consequences such as STIs (including HIV) and unintended pregnancy. This is called primary prevention and it's the easiest and safest way

to protect yourself from these adult consequences. For optimum sexual health, this can be extended to say that the ideal number of sexual partners is one—the one you marry.

Summary: Here is an important point to remember: Young people in love can have all the fun they want without sex. This should be repeated: You can have a great time without the adult complications of sex. In fact, growing in a romantic relationship without the push for sex is proof that real love is involved and not just physical attraction—that feelings are genuine and not counterfeit. Letting the friendship deepen with time in mental, social and emotional dimensions enables people to get to know each other better, learn to care for the other more than for themselves, to trust each other, and depend on each other. The test of real love is if both partners want to continue to grow the relationship when sex isn't involved (Fowers, 2000).

2.4.8 Kids Getting Better

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

Present Overheads (show points one at a time): "Kids Getting Better."

- What percent of teens start having sex before leaving high school? In 1991 over half, 54% had started sex before graduation. In 2017 this had declined to 40%. This means a strong majority of kids delay the start of sex until they're at least 18 years old, which is the age when you can legally give consent to have sex.
- How many sex partners does the average teen have before leaving high school? Back in 1991, 19% of kids had four or more sex partners before graduation. Since then kids have become more careful. In the last data year, 2017, the number had dropped by nearly half to 10%.
- Here's pregnancy data from another CDC source: In 1990 teen pregnancies were 118 per thousand girls (females age 15-19). By 2013 this had fallen to 43 per thousand, a drop of 63%.
- Births by teens followed a similar decline, from 62 per thousand teen females in 1991, to 14 in 2018, an astounding 72% drop. The two main factors in the decrease in births is girls waiting longer to start sex, and more careful use of contraceptives. (Abortions have declined in step with pregnancies.)

Point out that students, more and more, 'honor themselves' by making safer and healthier decisions about sex. As they do this, the goal of sex ed is accomplished. However, we're not done—U.S. teen pregnancy and birth rates are still higher than other developed countries.

Discussion: Invite students to discuss reasons for this trend of significantly healthier behavior among teens by asking, "How do you account for this increase in sexual self-restraint? Follow with, "What's important to remember about this topic?"

Reminder:
Remind pupils of the Parent Interview questions. Remind also of the Suggestion Box for anonymous questions.

2.5 Summary of Lesson Discussions/Activities

Lesson 2 has four discussion questions:

- Section 2.4.4: Discussion: Gather students in small groups to brainstorm a list of qualities they admire in friends and classmates. Compile in class discussion and make a list on the whiteboard or a flip chart. Students should write these down to save, or a class copy to distribute can be made.
- Section 2.4.5: Discussion: Invite pupils to share examples of being shown respect and how it made them feel. Invite also the sharing of being discriminated against and how it made them feel. Discuss the difference the pupils could make by showing respect to people over a lifetime.
- Section 2.4.6: Discussion: Do relationships have the same consequences for girls as for boys? What do you do if one person is more in love than the other?
- Section 2.4.8: Discussion: Invite students to give reasons for this trend of healthier behavior among teens by simply ask, "What's important to remember about this topic?"

2.6 Student Assignments: Complete the Parent Interview questions.

2.7 References:

- Douglas, Brooke and Pamela Orpinas, "Social Misfit or Normal Development? Students Who Do Not Date," *Journal of School Health*, 89:10, 04 September 2019.
- Fowers, Blaine J., *Beyond the Myth of Marital Happiness: How Embracing the Virtues of Loyalty, Generosity, Justice and Courage Can Strengthen Your Relationship, Jossey-Bass, San Francisco, 2000.*
- Freeman, Philip: The friendship material from *De Amicita* is adapted from *How to Be a Friend*, *An Ancient Guide to True Friendship*, Phillip Freeman, 2018.

2.8 Teacher Resources:

2.8.1 Teacher Notes—N.A.

2.8.2 Readings & Study Materials—N.A.

2.8.3 Presentation Materials—N.A.

2.8.4 Student Handouts—N.A.

2.8.5 Overhead/Slide Index:

- Section 2.4.3: "Six Characteristics of Authentic People."
- Section 2.4.4: "Characteristics of Real Friends."
- Section 2.4.6: "Six Steps to Romance Done Right" (present steps separately) and "Boys Like You."

- Section 2.4.8: “Kids Getting Better.”

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

Lesson 3 The Decision

Estimated time: 30 minutes
Revision date: 8/13/19

3.1 Introduction

Lesson 3 invites students to make a thoughtful decision about the conditions for sexual activity in their lives that align with protecting sexual health. Sexual health refers to all dimensions of well-being—physical, but also mental, social and emotional. Health refers to not just freedom from infection, disease, or infirmity, but also to wellbeing. Sexual health is based on respectful, caring, and loving relationships. Counterfeit sexual relationships undermine sexual health and often set in motion consequences that we cannot control.

All things considered, children are best off when reared by their biological parents in committed relationships capable of surviving the long period needed to rear children into capable adults and then give support to grandchildren. This is best achieved by the committed relationship of marriage. The intimate pleasures provided by sexual relations between committed partners enable a lasting and loving bond as a stable foundation for marriage. The teacher should affirm that sexuality is a normal part of human development, and that the lesson's purpose is to help students decide, in cooperation with parents, the "when" and "how" of sex that is healthy for them and also supports their life goals.

Question Box: Before each lesson, check the Question Box for submitted questions and answer as appropriate.

3.2 Lesson Objectives

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

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

3.2.3 Provide knowledge and skills for healthy decisions about sexuality . . . using effective decision-making skills to avoid high risk activities. (51933.h)

3.2.4 Provide knowledge about time-proven moral wisdom without teaching religious doctrine. (51933.i)

3.3 Parent Interview Questions

3.3.1 To protect ourselves from possible consequences of sex, we learned in class about *primary prevention* (delaying sex until the time is right), and *secondary prevention* (ways to reduce risk for the sexually active). What do you know now about the "right time" for sex that you wished you knew at my age?

3.3.2 In class we learned tools for making "The Decision" (about the right time and way to begin sexual relations). To help my decision, do you as parents have any guidance to share from the beliefs and values of our family?

3.4 Lesson Delivery Outline

3.4.1 Getting Started

Parent Interview: Before beginning the lesson, explore with students how the Parent Interview process is working. If the process is not working consider repeating the Lesson 1 exercise "1.4.6 The Parent Interview". The parent-pupil value discussions are an essential component of the Triangle Model of teaching sex ed. Teachers should take care to not intrude into the parent-child relationship.

Counterfeit and Genuine Relationships:
Explain that sexual relations can be one of the enduring joys of the student's life, but they can also be the cause of sadness, regrets and disappointments. The goal of this lesson is for students to make a thoughtful decision about what is right for them now and what will maximize the joy of sexual relations throughout their lives. Ideally, each student will choose which path is best for them in their relationships, *and be able to distinguish between counterfeit and genuine relationships*. In the best case this will be done with the guidance of parents who know and love them the best and have experienced many of these same decisions.

Comprehensive Sex Ed:
Sex ed lessons can be confusing because in California they are 'comprehensive,' which means the sex ed curriculum presents two conflicting subjects: *risk avoidance* (delaying sex until at least the legal age of consent and are in a committed relationship such as marriage) and at the same time *risk reduction* (education on how to reduce the risks of sex for those who choose to start). So, with sex, it's a personal question of *when* is best for you.

Present Overhead: "Comprehensive Sex Ed"

- Sexual Risk Avoidance: The only medically certain way to avoid the risks of teen sex is to limit sex to the one person you commit to live your life with. This is known as "primary prevention."
- Sexual Risk Reduction: For those who choose to begin sex as teens, the CDC recommends steps to reduce the risks—though there will always be some risk. This is known as "secondary prevention."
- The challenge: To effectively teach both at once.

3.4.2 The 'When' of Sex

We live in a highly sexualized society. Your parents and grandparents didn't have to deal with today's non-stop media focus on sex or Internet pornography. Despite all this, the remarkable thing is that kids today are actually more careful and self-restrained about sex than their parents. Kids are getting smarter, at least about sex.

This lesson isn't about whether to have sex or not. Sexuality is a normal and amazing part of human development. Sex is one of the great pleasures of life, the means to bind two people together in a loving and lasting marriage, and the path to the creation of life and the joys of parenthood. No, the question isn't about whether to have sex, rather, it is about *when is the best time*.

Here's some guidance from a 2014 survey of high school grads aged 18-24, asked to give advice for kids your age—those starting high school. Here is what over 80% agreed on about the 'when of sex' (Kramer, 2015):

Present Overhead(s): "Guidance from older kids about sex"

- Despite what you might hear in the media, it's okay to be a virgin when you graduate from high school. Over 99% said they didn't think less of a person who was a virgin when they finished high school, and 26% said, "It makes me think more of them."
- It's important for freshman to know that "sex doesn't guarantee a relationship will last."
- It's also important to know that "sex doesn't make you an adult."
- There were two broad conclusions from these young adults:
    - First, the younger they were when they started sex, the more they regretted doing it, and the more likely they were to later have negative feelings about it.
    - Second, they wanted young teens to know that delaying sex can save them a lot of regret and disappointment.

Summary: The "when" of sex is one of life's great decisions. The consequences are huge, including the risk of sexually transmitted diseases (see Lesson 5), unintended pregnancy (discussed in Lesson 9), and other harms of premature sex.

3.4.3 "The Decision"

The purpose of this lesson is to provide knowledge and skills to make healthy decisions about your life as a sexual being, and to avoid risky behavior that can ruin your dreams. Known as "The Decision," it's done in four steps:

Present Overhead: "Decision Steps"

1. Review the SMART Tool
2. Envision your Life Goals
3. Apply the Success Sequence
4. Complete the Parent Interview and make your decision about when and how to begin sexual relations.

Note: For those who took the Volume I HEART Curriculum, this provides a chance to update "The Decision" made in the 7th grade (Lesson 3 "The Decision") and reviewed in the 8th grade (Lesson 7 "What We Know"). A decision this important should be regularly revisited.

3.4.4 The SMART Tool

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

Present Overhead: "The SMART Tool"

- **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 with one student acting as recorder. Here are some suggestions for the decision activity: What to eat for lunch? What to do next summer? What to do this weekend? What classes to take next year? What vocation or profession seems best right now?

3.4.5 My Life Goals

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

Present Overhead: "Types of Life Goals"

- Occupation—what vocation or profession do I want to work in?
- Education—how far do I want to go on the degree path? AA (2 years of college), vocational training and/or certification, BS or BA (four years total), Masters Degree (1-2 more years), Doctorate (3-4 more years)?
- Relationship commitment—single with friends, living with someone, married? If married, at what age do you imagine yourself marrying?
- Family—do I want to have children, and how many?
- Other achievements—???

3.4.6 The Success Sequence (See References)

Whatever your circumstances, the chance of achieving your life goals improves if you have a plan, and the will to follow your plan. Completing the education needed for your dream job—whether high school, vocational school, college, or grad school—is a necessary step.

The realities of each person's life will make this harder for some than others, but whatever your situation, structure your life to make education your first priority before other distractions intervene.

The 'Success Sequence' is a widely taught tool for structuring your life in support of your life goals. It's a basic plan that puts things in order and can help you to meet your life goals. Here is the sequence:

Present Overhead: "The Success Sequence"

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

We'll talk about committed relationships such as marriage in Lesson 10 "Love That Lasts." Lesson 9 provides information about the when and how of children; it's titled "To Parent, or Not."

3.4.7 The Decision

As noted above, per the CDC, there has been a trend in recent years of young people making healthier decisions about sex and sexual relations. Kids, with the benefit of hindsight, are reconsidering the assumptions of the sexual revolution that began in the 1960s. It would be good to look back at the more innocent era of the '50s, the time of Rock and Roll. Consider the values reflected in the lyrics of "Kisses Sweeter Than Wine," a hit song of the era.

Song: Play all or part of "Kisses Sweeter Than Wine," as sung by Jimmie Rogers. YouTube link:

Consider the message of the lyrics of this romantic song:

Present Overhead: "Kisses Sweeter Than Wine."

- A young man is strongly moved by his first kiss.
- He eventually proposes, asking his love "to marry and be my sweet wife."
- Together they "worked very hard . . . to have a good life."
- They had "a lot of kids" and soon their kids "all had sweethearts a' knocking at the door."
- The kids "all got married and wouldn't hesitate," and soon our character was "the grandfather of eight."
- Now, at the end of his life he looks back, considers all the good times and the hard times, and concludes without regret, "well I'd do it all again."

These were the lyrics, and the values, that your grandparents danced to back in the '50s when they were teens like you. Much has changed since then, but perhaps there is something very good and wholesome in this song that should be reconsidered in making your own decision about the 'when' and 'how' of sex, and of marriage.

Whenever and however a student chooses to begin sex, it is a decision greatly influenced by personal values and the guidance of parents. It can also have a lasting effect, for good or for bad, on the person's life goals. A decision this important should be made thoughtfully in advance. The Parent Interview invites the student to discuss their Decision with their parents.

Present Overhead: "'My Life Goals' Worksheet"

Assignment: Ask students to apply their life goals and the Success Sequence and make a tentative Decision they can think about and discuss as part of the Parent Interview. This assignment can be started in class if time allows to ensure the process is understood. Invite pupils to write The Decision down and save it in a special place such as the Parent Interview booklet or in their diary or journal.

Remind pupils of the Parent Interview questions and offer tips based on evaluation of the class success to make the interviews effective. Remind also of the Suggestion Box for anonymous questions.

3.5 Summary of Lesson Discussions/Activities—There are no formal discussions in this lesson but teacher-led discussions are suggested as appropriate during presentation of the overheads.

3.6 Student Assignments

- Section 3.4.7: Complete the "My Life Goals" worksheet. Use the SMART Tool and the Success Sequence to make a decision about the when and how of beginning sexual activity. This is called "The Decision."
- Complete the Parent Interview questions as part of making "The Decision."

3.7 References

- Kramer, Amy, "Virgin Territory: What Young Adults Say About Sex, Love, Relationships, and The First Time," The National Campaign to Prevent Teen and Unplanned Pregnancy, IYSL It's Your (Sex) Life.com. Retrieved 7/24/19 at: https://www.dibbleinstitute.org/NEWDOCS/reports/virgin-territory-final.pdf

3.8 Teacher Resources

3.8.1 Teacher Notes

3.8.2 Teacher Readings & Study Material—much has been written about the "success sequence" in recent years. Here are several thoughtful articles:

- "Straight talk About the Success Sequence, Marriage, and Poverty," by W. Bradford Wilcox, who with Wendy Wang has studied the 'success sequence.' Wilcox argues that despite the structural challenges faced by the poor, the role of personal agency and effort as advocated by the success sequence can make an important difference. Link retrieved 10/5/19: https://ifstudies.org/blog/straight-talk-about-the-success-sequence-marriage-and-poverty

- "Research Shows Importance of 'Success Sequence,'" a discussion posed by the Administration for Children & Families of the U.S. Department of Health and Human Services. The author, Steven Wagner, ACT Acting Assistant Secretary for Children and Families, argues that the Wilcox-Wang research gives hope to the poorest of changing their circumstances by following the success sequence model. Wagner notes that, according to the Wilcox-Wang research, 97% of those who do will avoid the trap of poverty. The biggest poverty trap: Having children before marriage, which violates a key element of the success sequence. Link retrieved 10/4/19 at https://www.acf.hhs.gov/blog/2017/06/research-shows-importance-of-success-sequence

3.8.3 Presentation Material—N.A.

3.8.4 Student Handouts

- The "My Life Goals" worksheet (see Section 3.10).

3.8.5 Overhead/Slide Index

- Section 3.4.1: "Comprehensive Sex Ed"
- Section 3.4.2: "Guidance from older kids about sex"
- Section 3.4.3: "Decision Steps"
- Section 3.4.4: "The SMART Tool"
- Section 3.4.5: "Types of Life Goals" and "'My Life Goals' Worksheet"
- Section 3.4.6: "The Success Sequence"
- Section 3.4.7: "Kisses Sweeter Than Wine," and "'My Life Goals' Worksheet"

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

3.10 Worksheet

See next page for "My Life Goals."

My Life Goals

Occupation: What profession or vocation seems right for you at this point in your life? List one that you have had in mind, or options that you've been thinking about. Your choice of occupation will influence the next goal: education.

My goal:

_____

Education: Learning is a lifetime pursuit, but formal education is the investment you make in your brain. In making your education goal, consider these questions:

- Does my choice of occupation dictate my education goals?
- If you are considering a vocation, an AA degree (2 years of college) or a vocational school may be needed preparation.
- Beyond preparation for my occupation, is a college degree important to me?
- Do I need or want to complete graduate degrees, such as a Masters (1-2 more years), or a Doctorate (up to 3 more years)?

My goal:

_____

Committed Relationship: What committed relationship—the formality of marriage, or the informality of cohabitation, perhaps followed by marriage—is best for me? If marriage, what age would be best?

My goal:

_____

Family: Do I want to have children, and if so how big a family would I hope to have?

My goal:

_____

Other Achievements: Are there other life goals I would like to accomplish? List a few below:

a)

b)

c)

d)

e)

Lesson 4 Liking and Loving

Estimated time: 45 minutes
Revision date: 8/16/19

4.1 Introduction

The lesson objectives focus on protecting health while building knowledge and skills for adult committed relationships. The goal is the ability to maintain a long-term committed relationship such as marriage. Marriage—the gold standard for personal relationships (more on this in Lesson 10 "Love That Lasts")—provides personal protection from sexual harms such as STIs, the best possible environment for rearing children, and a platform for prosperity. Studies show that marriage is the best protection against poverty ever invented, even better than a college degree.

But humans are human and we are dealing with the fall-out of the sexual revolution that started in the 1960s. In that period teen pregnancy and STIs, most notably HIV, became a social problem. Beginning in the 1990s, people reacted to the problems and these issues began to improve—slowly, because behavior is hard to change—and have steadily improved since then. There is more to do—the U.S. still has higher STI and teen pregnancy rates than other developed countries.

U.S. Government policy directed at the global problem of HIV/AIDS is based on a philosophy of personal agency and empowerment using the acronym ABC. The letters stand for Abstain (for single people), Be faithful (if in a committed relationship), and correct and consistent use of Condoms (if sexually active outside of a relationship). This is supported by the CDC policies of primary prevention (risk avoidance, such as abstinence until marriage) and secondary prevention (methods of risk reduction). While consistent and correct use of condoms will reduce pregnancies and STIs such as HIV, an important issue will be raised in Lesson 5 "STIs and HIV," and Lesson 9 "To Parent or Not"—is this reduced risk safe enough?

This lesson respects the policies and practices noted above in providing knowledge and skills to meet the objectives below.

Question Box: If students leave queries in the Question Box, respond to them as appropriate in the time available.

4.2 Lesson Objectives:

- Provide knowledge and skills to protect sexual and reproductive health from STIs and unintended pregnancy. (51930.b.1)
- Provide knowledge and skills needed to develop healthy attitudes about . . . relationships, marriage and family. (51930.b.2)
- Promote understanding of sexuality as a normal part of human development. (51930.b.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.)
- 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)
- Provide knowledge and skills for healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure. (51933.h)

4.3 "Parent Interview" Questions

4.3.1 In Lesson 4 we learned about personal boundary setting, defending boundaries, and negotiation and refusal skills. Do you have any guidance for me from your own experience?

4.3.2 Each generation invents its ways to have fun. How did boys and girls have fun when you were my age?

4.3.3 We also discussed the legal age of consent and learned that the later you start dating, the more mature you will be for handling issues of sexual behavior. Even for the sexually active, later start of dating means fewer partners and less risk. Does our family have a policy about the age to begin dating?

4.4 Lesson Delivery Outline

4.4.1 Getting Started

Parent Interview: Before beginning the lesson, explore with students how the Parent Interview process is working. If the process is not working as the more successful students to share the secret of their success, or consider repeating the Lesson 1 exercise "1.4.6 The Parent Interview". The parent-pupil value discussions are an essential component of the Triangle Model of teaching sex ed.

Question box: Review submitted questions, if any, and answer as appropriate. If no questions have been submitted to date, review with pupils the reasons for no questions. (Or just take it as confirmation you're covering the subjects unusually well.)

4.4.2 Safe and Inclusive

Explain that beyond the circle of student's friends there's a big world of people, including the other kids at our school. Some will be 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.

4.4.3 Grounded Relationships

In Lesson 2 we introduced the subject of romantic relationships. In Hollywood movies, romantic relations, driven by physical passions, can move very fast. Explain that when the students are older and start dating, the real-life process for building a lasting relationship moves more slowly. It takes time to develop the mental, emotional, and social, as well as physical bonds that are evidence of an authentic relationship.

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. A romantic friendship may advance to hand-holding, a hug hello, or a kiss good-by. 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-grounded relationship.

One question in a romantic relationship is how far and how fast to go in the intimate expression of love (sexual relations). Sex is a strong attraction, but sex alone is not enough to sustain a lasting relationship. A study of married couples found that the longer they waited before they started sex, the better the final relationship. The excitement of sex appears to disrupt the long-term development of social, emotional, spiritual and physical bonds. Couples who waited until marriage to begin sex, by comparison, enjoyed these benefits (Busby, 2010):

Present Overhead: “Building a lasting relationship”

- Stronger relationship stability (+22% better)
- Better relationship satisfaction (+20%)
- Greater sexual satisfaction (+15%)
- Better communication (+12%)

For a lasting relationship, don’t let sex get ahead of the social, emotional, physical and even the spiritual dimensions. There are mays to enjoy a romance without sex. Sex, in our modern Internet-driven society, is so common that it’s the least creative expression of love.

Discussion: Invite students to discuss ways that interest in another person or affection for that person can be expressed.

4.4.4 Reviewing ‘The Decision’

In Lesson 3 the historians Will and Ariel Durant, who spent their lives seeking out the lessons of history, reminded that:

Show Overhead: “River of fire”

> “[S]ex 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.”

Studies indicate that this banking and cooling is better done if a person has life goals to guide behavior.

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." The Decision sets boundaries on sexual behavior but there will be times when these boundaries must be defended.

4.4.5 Setting Boundaries

The adolescent brain is still maturing and risky or unwise decisions can be made in a moment if not carefully considered. Remind 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. A wise couple might discuss these boundaries and reach an understanding on the limits of physical affection, or just communicate it by the respect they show for themselves and others.

Present Overhead: "Five Points of Boundary Setting."

Five things to remember about boundary setting:

1. Your values are intrinsic and part of who you are; they stand on their own merits 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 and authentic love.
4. Respect is earned by standing up for your values. Adolescence brings a growing sense of one's self-identity, but it isn't real if it isn't defended.
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.

These points can be summarized in a simple phrase: "Honor yourself."

4.4.6 Negotiation and Refusal Skills

Negotiation and refusal skills are important to defending boundaries. It's a special skill when you can kindly and firmly 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:

Present Overhead: "The Soft 'No'."

- Give a reason for refusing, one based on values both understand.
- Offer an alternative, something each like that is acceptable to both.
- Show concern for the other person's best interests.
- Change the setting; leave where you are, join with others.
- 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: "Sex Pressure Lines."

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. (Note: This tired old line is a sure sign of a counterfeit relationship.)
4. If you won't have sex, I'll find someone who will. (Another sure sign.)
5. If you won't have sex, I'm done with you. (Good riddance to a counterfeit relationship.)
6. We had sex once before, why can't we do it again? (The past doesn't determine the future; you are free to change if something isn't right for you.)

Discussion: Invite the students to discuss what is important to remember about understanding and responding to peer pressure.

4.4.7 Sexual Acts

The sexual acts are the most intimate interactions that two humans can have. In such acts, you totally expose yourself to another human. Sexual acts, or sexual activity, refers to genital contact, including mutual masturbation, vaginal sex, oral sex, or anal sex. These activities have consequences, including the risk of STIs and unintended pregnancies. The creation of life is a momentous event that requires maturity to support.

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, or between minors, is a criminal offense. We'll talk more about consent in Lesson 8 "Unhealthy and Illegal."

4.4.8 Fun Without Sex

The media—in movies, magazines, television programs, and Internet sites—is often casual about sexual relations. (More on the media in Lesson 7 "Media Smart.") But as pupils have learned in these lessons these intimate relations have big consequences, including the incurable viral STIs and unintended pregnancies that can be emotionally difficult. The risks of sex can be reduced (as taught in Lessons 4 & 5), but not eliminated. Teens of today aren't following the examples in the media but are actually becoming wiser and more careful about sex. A growing number—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. These are healthy trends.

Most would agree that whatever your decision about when to start, the more mature you are the better for your health and safety. There is data that the later you start dating, the less the risk of sexual activity and related harms as a minor. It's safer to stay with the group than to pair up with one partner. One of the Parent Interview questions for this lesson invites a discussion of family rules about the age to begin dating.

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 can learn to know and appreciate each other in broader and deeper ways—socially, mentally, and emotionally. This builds the roots that lead to closer relationships and lasting happiness. Even if the relationship doesn't go anywhere, you can look back and have respect for yourself.

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 casual and dancing as couples fell out of style. The rising generation—today's pupils— will invent their own ways to have fun. Be creative and invent the recreation that aligns with your values, remembering that there's more safety in groups. You might even reinvent dancing together to Big Band music.

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.

4.4.9 Summary

Present Overhead: "Seven Things to Remember."

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

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 find yourself in the situation.
4. Your before-hand decision about sexual relations defines boundaries that may need to be defensed. 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 CA you must be 18 years or older to legally give consent for sex.
7. Yes, as a minor you can have fun and show love without sexual relations. You just need to be creative.

Remind students to make use of the Question Box and continue the Parent Interviews.

4.5 Summary of Lesson Discussions/Activities

- Section 4.4.3: Invite students to tell ways that interest in another person or affection can be expressed.
- Section 4.4.6 Activity: "What Would You Say?"
- Section 4.4.6: What is important to remember about what you've heard thus far?
- Section 4.4.8 Activity: Brainstorm ideas for having fun without sex.

4.6 Student Assignment: Students complete Parent Interview questions for this lesson.

4.7 References

- Busby, Dean, Carroll & Willoughby, "Compatibility or Restraint? The Effects of Sexual Timing on Marriage Relationships," *Journal of Family Psychology* December 2010, 24(6):766-774

4.8 Teacher Resources

4.8.1 Teacher Notes—N.A.

4.8.2 Readings & Study Material—N.A.

4.8.3 Presentation Materials—N.A.

4.8.4 Student Handouts—N.A.

4.8.5 Overhead/Slide Index

- Section 4.4.3: "Building a lasting relationship"
- Section 4.4.4: "River of fire"
- Section 4.4.5: "Five Points of Boundary Setting"
- Section 4.4.6: "The Soft 'No!'," and "Sex Pressure Lines"
- Section 4.4.9: "Seven Things to Remember"

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

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Lesson 5 STIs and HIV

Estimated time: 90 minutes
Revision date: 10/9/19

5.1 Introduction

The Center for Disease Control and Prevention (hereafter CDC), our nation's health protection agency, is the leading authority and the primary source of information for this lesson. Links to helpful CDC sites are included in the text. Though this lesson briefly covers the sexually transmitted infections (hereafter STIs), it follows the Ed Code emphasis on Human Immunodeficiency Virus (hereafter HIV)—including preventing HIV, and reducing the effects of HIV through testing and treatment.

It's a troubling fact that STI rates, following a 25-year decline, have sharply increased in California since 2013 in what some doctors are calling a "public health crisis" (Source: CDC Sexually Transmitted Disease Surveillance 2017, retrieved 8/20/19). Here are some facts:

- The CDC states that U.S. reportable STI rates are up an alarming 45% in the five years from 2012-2017, reversing a 25-year decline.
    - Syphilis is up 76% since 2013, with congenital cases up 154%.
    - Gonorrhea is up 67% since 2013.
- STI rates in the U.S. are well above other developed nations—a national embarrassment (Source: World Health Organization).

This information highlights two conflicting trends an alert student may wonder about:

> Trend #1: As noted in Lesson section 2.4.8, since 1991, teens are becoming wiser about sexual behavior, waiting longer to begin, having less partners, and fewer pregnancies. This is good thing.
>
> Trend #2: As noted above, STI rates are up sharply in the last few years after a 25-year decline. It's suspected but not confirmed that the sharp increase in STIs may be related to 'hook-up apps' that have proliferated during this time period. One thing is sure: Casual sex has gotten riskier.

Note on local reproductive health resources: This curriculum is designed for use in any California school district therefore, it is the duty of the school district to provide information on local sexual and reproductive health resources. The HEART curriculum does provide links to CDC sources and that can refer to local resources by inserting a zip code.

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.

5.2 Lesson Objectives

- Provide knowledge and skills to protect sexual and reproductive health from HIV and STIs. (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 includes instruction on the nature of HIV and AIDS (Acquired Immunodeficiency Syndrome), 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 for HIV and other STIs, including: effect on 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; 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 (hereafter 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 (acquired immunodeficiency syndrome), 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 the HIV-positive and testing. (Note: As noted in 5.1 Introduction, it is the duty of the school district to provide information on local sexual and reproductive health resources.) (51934.a.8)

5.3 "Parent Interview" Questions

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

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

5.3.3 We learned how HIV is transmitted, and how it is NOT transmitted (such as touching hands, hugging, sharing toilets, or public places and spaces). We also learned that with prompt testing and careful treatment, people with HIV can have a near-normal life expectancy. Can you share how society's view of HIV/AIDS has changed during your life?

5.4 Lesson Delivery Outline

Note: Be factual about the subject of STIs—the topic can cause shame and anxiety for some students.

5.4.1 Lesson Objectives

This lesson has four objectives:

Present Overhead: "Four Objectives."

1. To remind that the only medically certain protection from STI infections is to delay the start of sex until entering a committed relationship such as marriage where you limit sexual activity to one person who has done the same.
2. To provide knowledge about STIs.
3. To provide knowledge and skills for pupils who choose to engage in sexual relations to reduce their risk of contracting these sexually transmitted diseases.
4. Provide additional information about HIV/AIDS.

5.4.2 The Lesson Behind STIs

Sexually transmitted infections (STIs) are a serious U.S. health problem that some consider an epidemic. There are overarching lessons behind the rise of STIs that should be considered:

- Humans are not made for multiple sex partners.
- The human immune system, as it has evolved, cannot protect against most STIs.
- The only medically certain protection is to limit sexual acts to one committed partner who has done the same.
- Sexual acts require respect for partners regarding consequences such as STIs and unintended pregnancy.

The CDC, our nation's health protection agency, is the leading authority and the primary source of information for this lesson. (The CDC refers to STIs as STDs.) Links to helpful CDC sites are included in the text.

5.4.3 STI Epidemic Facts

Present Overhead: "STI facts."

STIs are a serious health problem in the U.S. that has been worsening in recent years. Here are some STI facts provided by the CDC:

- STIs are passed during sex, though some can be transmitted by other means.
- The rates of STIs in the U.S. are higher than in other developed nations.

- There are currently about 20 million new STI infections in the U.S. each year. Half of these occur among adolescents, even though they comprise just ¼ of the population.
- It is estimated that 85% of common infections in the U.S. requiring treatment are sexually transmitted. (Source, retrieved 8/20/19: https://www.cdc.gov/program/performance/fy2000plan/2000ivSTD.htm)
- In recent decades incurable viral STIs like herpes, hepatitis B and HIV have become prevalent.
- STIs are a serious problem for women. They cause more severe and frequent health problems, including pelvic inflammatory disease (PID), and threats to fertility. (Note the CDC Fact Sheet "10 Ways STDs Impact Women Differently from Men," in Section 5.4.10.)
- STIs are a risk factor for certain cancers, such as cervical and anal cancer.

5.4.4 Other STI Lessons

Here are five additional lessons we can learn from our STI epidemic:

Present Overhead: "Five STI Lessons."

1. The current attitude favoring casual sex must change if we are to control the STI epidemic.
2. A few STIs have no cure, so primary prevention (risk avoidance) is better than secondary prevention (steps to reduce risk), which is better than no prevention at all.
3. The number of STIs (and new strains of STIs) continues to increase.
4. Some STIs (gonorrhea is a current concern) mutate to become resistant to available antibiotic drugs.
5. The spread of STIs—a negative consequence of casual sexual acts—indicates a failure to respect the health of others, as would be expected with authentic love.
6. There is one important thing that true friends in a relationship will do: Be perfectly honest about their STIs (if tested) or their STI exposure history. That is what real friends do.

5.4.5 Three Groups of STIs

There are over thirty recognized STIs—the number is growing—with some more harmful than others. STIs can be divided into three groups:

Present Overhead: "Three STI Groups."

- Viral STIs: A virus is a submicroscopic infectious agent that can invade and reproduce inside your cells. There are four recognized viral STIs known as the 4-H's: HIV, HPV, hepatitis, and herpes. HIV, hepatitis B, and herpes are not curable; if infected you have it for life. The best known and most dangerous is HIV.
- Bacterial STIs: Bacteria are single-cell microorganism about 100 times larger than a virus. They are necessary to life, but some are harmful, like the twenty or so bacterial STIs. They are treatable, though some are mutating and becoming resistant to existing drugs. Following CDC precedent, we will focus on three: chlamydia, syphilis, and gonorrhea.

- Other STIs (parasitic and fungal STIs): A parasite lives off the host; some STI parasites are large enough to be seen and easily treated. Fungi are more complex microorganisms than bacteria.

For CDC information about sexually transmitted infections, with links to specific infections, go to this site: https://www.cdc.gov/std/default.htm

Discussion/Activity: This would be a good time to discuss what students know about the complex subject of STIs. Class comments could be written in two columns (with teacher guidance) on the whiteboard, one for true facts with the other for facts not known to be true. The difference between the columns could be noted at the conclusion as a segue for the following STI information.

5.4.6 Viral STIs

The four viral STIs (they can be passed other ways, such as sharing drug injection needles, or through open sores) are known as the 4-Hs. They have no cure (a healthy immune system may resolve HPV). Two (HPV and hepatitis B) have preventive vaccines. There are also anti-viral treatments that can minimize the effects of HIV and hepatitis.

(HIV/AIDS is a more complex topic and is discussed separately in Sections 5.4.12-18.)

Human Papillomavirus (HPV)

HPV is the most common STI virus. It can go away with a healthy immune system, but can otherwise have three effects: no symptoms, genital warts, or cause certain cancers. HPV facts:

Present Overhead: "HPV Facts."

- HPV that does not clear naturally is the most common cause of cervical cancer.
- There are many strains of HPV but there is a vaccine for the strains most likely to cause cancer.
- The CDC recommends routine vaccination beginning at ages 11-12; for certain situations vaccination can be done up to age 21 for men (26 for men who have sex with men) and 26 for women. Because of the cancer risk, you should seriously consider vaccination, especially if you might become sexually active.
- Important: For more information regarding CDC recommendations on HPV vaccination go to this site: https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html

Viral Hepatitis

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

Present Overhead: "Hepatitis Facts."

Type B is most often spread by sexual contact—it is much more contagious than HIV.

- There is a long-lasting vaccine for type B, a protective option for high risk sexual behavior. For CDC recommendations go to: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html
- There is also a vaccine for hepatitis A, often given when traveling to countries where type A is common.
- Type C is mainly spread through blood contact, thus not commonly transmitted through sex. It can be reduced to non-detectable levels by antiviral drugs taken over several months. If you have or are concerned you may have hepatitis C, consult your doctor for testing. For more information go to this CDC site: https://www.cdc.gov/hepatitis/hcv/cfaq.htm#overview

Herpes

The two common strains of herpes are HSV-1, the oral version that can cause lip sores, and HSV-2, known as genital herpes. More recently there is considerable overlap of where they can occur. Other herpes strains are associated with the diseases of chickenpox and shingles. Genital herpes facts:

Present Overhead: "Genital Herpes Facts."

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

5.4.7 Bacterial STIs

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

Present Overhead: "Three Bacterial STIs."

- Chlamydia (pronounced: kluh-**mi**-dee-uh) is a common STI affecting men and women. Infection rates have soared in recent decades. There may not be notable symptoms but it can cause serious reproductive harm to women. Symptoms include painful urination, lower belly pain, and vaginal discharge for women. There is a test and your doctor can prescribe treatment.
- Syphilis is a risk for drug users who share needles, and the sexually active (meaning multiple partners), especially those with HIV. New cases have soared 71% since 2014. Syphilis is a special risk for the newborn of infected mothers. If untreated serious harm will result. Early symptoms include skin rash, sores, and fever. There is a test and your doctor can prescribe treatment.
- Gonorrhea is less common, has a test, but is a growing treatment concern due to increased resistance to the last effective drug combination: cephalosporin with azithromycin. (In 2006 there were five effective drugs, by 2019 just the two drug types combined are effective.) New cases are up 63% since 2014. Symptoms include painful urination and urinary discharge.

Reminder: Early STI detection is vitally important to minimize health harm such as pelvic inflammatory disease (PID), inflammation-caused infertility, and damage to the urethra. (For testing information see Section 5.4.10 below.) Complete CDC information about STIs with links to specific STIs is available at this site: https://www.cdc.gov/std/default.htm (STI data source: CDC Sexually Transmitted Disease Surveillance 2018 report).

5.4.8 Other STIs

Parasites live off the host, and the three noted below are sexually transmitted, including via skin contact even if a condom is used. Though discomforting and distressing, they can be visually detected and effectively treated. They include: trichomoniasis ('trich' for short), pediculosis pubis (better known as pubic lice or 'crabs') and human scabies (Sarcoptes scabiei var. hominis).

5.4.9 Transmission and Effects

How do you get STIs? STIs are spread through intimate contact with an infected person, especially involving contact with body fluids. The greater the intimacy, the greater the risk. Lip kissing is very low-risk; anal sex (insertion of the penis into the anus) is very high risk, especially for the receiver. Sharing of needles or syringes used for injection drugs is also high risk. An infected mother can infect her baby during pregnancy, birth, or breastfeeding.

Generally, the greatest risk comes from contact with body fluids, especially blood (including open sores), semen, rectal fluids, vaginal fluids, and breast milk. These fluids must come in contact with a mucous membrane (the lining of the rectum, vagina, penis, or mouth) or damaged tissue. As noted above, kissing is very low risk—though risk increases with saliva exchange—but it is possible to pass a herpes infection, or even syphilis through kissing.

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

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

5.4.10 Prevention and Risk Reduction

Primary prevention means *risk avoidance*. To remind one more time: Building your life around a single beloved partner to whom you remain faithfully committed, and who does the same, is the only certain protection from the health complications and problems of sexually transmitted diseases. It is also the only sure protection from the complication of unintended pregnancies (see Lesson 9 "To Parent, or Not") and other harms.

Secondary prevention is about *reducing the risk*. The CDC recommends these steps of risk reduction (links are included, but the CDC sites are easily found by search engines using key words):

Present Overhead: "Six CDC STI Risk Reductions."

- **Vaccination**: As noted above, vaccination is a safe and effective protection against Human Papillomavirus (HPV) with the first vaccine approved in 2006. There is also a vaccine for hepatitis B, available since 1981.
- **Partners**: The more partners, the greater the risk. Reduce the number of sex partners, ideally to one. (The exponential increase in STI risk with additional sex partners is discussed in the next section.)
- **Condoms**: Correct and consistent use of a new latex condoms each and every time you have anal, vaginal, or oral sex will reduce—but not eliminate—STI transmission risk. Risk is difficult to measure, so a calculation of actual protection by condom is not possible (Holmes, 2004). Point out that at the national level, reduction of STIs by condoms is CDC policy. But at the personal level students must ask themselves if simply 'reducing the risk' adequately protects their health. (Note: The FDA hasn't approved condoms for anal sex, but using them is considered safer than unprotected anal sex.) See these CDC publications:
  - "Know your CONDOM DOs & DON'Ts" at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf
  - "Condom Effectiveness" (available in Spanish) is a CDC illustrated guide at: https://www.cdc.gov/condomeffectiveness/index.html
  - Additional condom information is available at the CDC's "Condoms and Sexually Transmitted Diseases" web page. Link: https://www.fda.gov/patients/hiv-prevention/condoms-and-sexually-transmitted-diseases#strong
- **Riskiest sex**: The anatomy of the rectum—lined by a thin membrane fed with blood vessels necessary for the final step of digestion—makes tears and bleeding common during anal intercourse. For this reason, it's the riskiest form of sex for transmission of STIs such as HIV. If anal sex is contemplated, compliance with CDC risk reduction guidance is critical and consultation with a doctor experienced in the most recent HIV protection techniques may further reduce HIV risk.
- **Symptoms**: See your health care provider immediately if unusual symptoms occur. Females should check the CDC Fact Sheet "10 Ways STDs Impact Women Differently from Men," which also includes a CDC information phone number, available at: https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf
- **Test**: Knowledge beats ignorance—if you're at risk, get tested per CDC recommendations. Your doctor can order an STI panel of tests for ten critical STIs or order other tests as needed. The only thing worse than learning you have an STI is to learn it after you've incurred permanent harm. For CDC guidance on when to be screened (tested) for STIs go to the site below. The site also provides local test resources by entering your zip code:
  - https://www.cdc.gov/std/prevention/screeningreccs.htm

5.4.11 Exponential Risk of Multiple Sex Partners

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

Present Overhead: "Exponential Risk Chart."

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

HIV Section

Notes: Lesson 5 will take two class sessions; this may be a good place to end the first day. The CDC is the primary source for HIV information (link: https://www.cdc.gov/hiv/default.html).

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.

5.4.12 Nature of HIV

HIV is a virus that attacks the human immune cells that fight off infection and disease. The loss of too many of these cells is called AIDS. AIDS is a serious progression of HIV; persons with untreated AIDS may die within three years. Early detection and treatment is important to reduce harm to health. If you think you've been exposed, the CDC strongly advises testing (see testing information at 5.4.15 below).

5.4.13 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 sex. An HIV-infected person can pass it to another person through certain body fluids. These include blood (the body fluid with the highest HIV

concentration, thus the most dangerous, even if dried blood), secretions from the penis, vagina, or rectum, and breast milk (a risk for infants). There is an HIV 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.) HIV is also passed by sharing drug injection needles.

Warning: Men having sex with men (MSM), per the CDC's 2016 Conference on Retroviruses and Opportunistic Infections, have an 83-fold higher lifetime risk for HIV compared to heterosexual men. The highest risk of HIV transmission is to the person receiving anal sex from a partner with HIV, up to 13-fold higher than for the insertive partner. (See link: https://www.cdc.gov/hiv/group/msm/index.html)

- 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.

  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. 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.

5.4.14 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 guidance from Section 5.4.10 is highlighted:

If anal sex is contemplated, compliance with CDC risk reduction guidance is critical and consultation with a doctor experienced in the most recent HIV protection techniques may further reduce HIV infection risk.

Some important HIV transmission facts:

Present Overhead: "HIV Protection."

- If your behavior may put you at risk for HIV it's critically important to have information on protecting yourself. Because HIV strains vary by region, it is wise to check with local medical experts. For the most current CDC information check the HIV Risk Reduction Tool at this site: https://wwwn.cdc.gov/hivrisk/
- Due to the physiology of the rectum—a porous membrane rich in small blood vessels prone to tearing and bleeding under stress—HIV and other STI transmission is a serious risk during anal sex. The HIV risk is approximately 13-fold higher for the receptive partner. (See CDC Link: https://www.cdc.gov/hiv/group/msm/index.html)

- Among MSM, youth are especially at risk for HIV: Gay and bisexual men aged 13-24, though only about 3% of their age group population, account for 92% of new HIV diagnoses among men in their age group. That is over 30-fold greater risk for MSM than others in that age group.
- The risk of getting or passing HIV is increased approximately three-fold if you have another STI.
- If you already have HIV, you can still contract another form of HIV. (Over 60 strains of HIV have been detected globally.) This is called *superinfection* and worsens the health and treatment problems of HIV.
- As with all STIs, the social use of alcohol and drugs facilitates risky behavior and increases your chance of contracting HIV.

5.4.15 HIV Testing

The CDC strongly recommends everyone from age 13-64 get tested at least once to know their HIV status and help prevent disease. The CDC also encourages regular testing for certain sexual behaviors, as a means to getting treatment if needed and to limit harm to others. 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. For CDC testing information visit: https://www.cdc.gov/std/prevention/screeningreccs.htm, or simply go to: HIVtest.org.

Video activity: Show and discuss the CDC video HIV/AIDS 101 (7 min. video with audio) available at YouTube or at https://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html

Discussion: Ask students what they think is important to remember about HIV from what they've learned thus far. Prompt students to mention importance of risk avoidance, but also of HIV testing if exposed, and treatment.

5.4.16 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 and prevention."

- Antiretroviral therapy (ART), if you have HIV, can suppress the virus to low, even undetectable, levels. ART prevents AIDS from developing, and may allow 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 sufficiently suppressed—sometimes called "treatment as prevention"—there may effectively be no risk of infecting others.
- HIV post-exposure prophylaxis (PEP) is used in emergency situations. If you were recently exposed PEP can prevent the virus getting started if taken as soon as possible within 72 hours of exposure. 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 but your behavior puts you at substantial risk of getting it. For more see: https://www.cdc.gov/hiv/risk/prep/index.html
- PEP and PrEP are important preventive HIV treatments, but are not 100% effective and have side effects. There is also the risk they can encourage riskier behavior. A 2008 Netherlands study found that the benefits of "highly active antiretroviral therapy [such as PEP and PrEP] and early diagnosis" have "been entirely offset by increases in the [sexual] risk behavior rate" (Bezemer *et al*, 2008).
- 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:

- 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 expensive and requires careful management.
- There are both short-term and long-term side effects of treatment that can harm health.
- Periodic medical testing is required with the constant concern that the treatment may stop working.

Conclusion: Considering these facts, it's imperative that every person, whatever their lifestyle and risk level, makes every effort to avoid HIV. Though we can dramatically reduce our risk of getting HIV there is always some risk, though very small, because it's part of the world we live in.

5.4.17 Public Health: Legal Rights and Local Resources

Adolescents (twelve and older, *if* the medical professional judges them mature enough to intelligently participate in health treatment and services) 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, though it is best to discuss such issues with parents. California state and federal laws protect from discrimination and harassment.

Note: Despite the rights granted to children, it is strongly recommended they discuss these decisions with parents (or guardians).

<u>Resources</u>

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

5.4.18 HIV 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 as noted above. In section 5.4.13 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 can be almost normal, and that everyone has some HIV risk.

- Social views of HIV/AIDS: There is a stigma associated with the HIV-positive. Much of the early stigma arose out of ignorance. We knew little about HIV in the beginning and it was often a death sentence for the infected. Some groups have higher HIV risk: Men who have sex with men (MSM) have the greatest risk, especially for the receptive partner. Among women, many of the infected are sex workers. HIV rates are higher among intravenous drug users, and black people. However, many of the HIV-positive live 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. The latter can make a difficult thing even harder.
- 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 5.4.13 above.
- Unfounded stereotypes about people living with HIV/AIDS: Stereotypes are a way of classifying complex subjects—a useful tool. Often stereotypes are over-generalizations and not true in all regards. The stigma and fear generated in the beginning by the high morbidity and mortality of little-understood HIV was a factor in HIV stereotypes that tend to be negative and unhelpful to addressing the problem.

Discussion: Invite the class to consider these three steps for dealing with unfounded stereotypes:

Present Overhead: "Dealing with negative stereotypes"

- **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.
- **Question**: Don't accept hear-say information, especially if negative; dig deeper into the topic. Search engines are a powerful tool for asking questions.
- **Balance**: Bad news travels faster than good news. Look for balance by seeking out the good. No one person or thing is all bad.

Activity

The "HIV/AIDS True-False Exercise" is attached at end of lesson with answer sheet. Depending on available time, it can also be used as take-home work.

5.4.19 Denial of Liability

Present Overhead:

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

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

5.5 Summary of Lesson Discussions/Activities

5.5.1 Discussion/Activity: This would be a good time to discuss what students know about the complex subject of STIs (or STDs). Be factual about the discussion—the topic can cause anxiety for some students. Student comments could be written in two columns on the whiteboard, one for true facts with the other for facts not known to be true. The difference between the columns could be noted at the conclusion as a segue for the following STI information. (See section 5.4.4)

5.5.2 Video activity: Show and discuss the CDC video HIV/AIDS 101 (6:57 min. video with audio) available at YouTube or at https://www.cdc.gov/cdctv/diseaseandconditions/hiv/hiv-aids-101.html (See section 5.4.14)

5.5.3 Discussion: Discussion: Invite the class to consider the three steps (Question; Balance; Know) for dealing with unfounded stereotypes. (See section 5.4.17)

5.6 Student Assignment:

5.6.1 See the Parent Interview questions in section 5.3.

5.7 References:

- CDC data is the primary STI data source and links are provided. Other STI data is from faqs.org/health, retrieved 5/8/19 at: http://www.faqs.org/health/topics/71/Sexually-transmitted-diseases.html
- Bezemer D, *et al*, "A resurgent HIV-1 epidemic among men who have sex with men in the era of potent antiretroviral therapy," *AIDS*, 2008 May 31; 22(9): 1071-7. doi: 10.1097/QAD.0b013e3282fd167c.
- Holmes, King K., Ruth Levine & Marcia Weaver, "Effectiveness of condoms in preventing sexually transmitted infections," Bulletin of the World Health Organization 2004; 82:454-461.

5.8 Teacher Resources

5.8.1 Teacher Notes—N.A.

5.8.2: Teacher Readings & Study Material

- The CDC website is the best starting point for HIV information.
- For other curated materials see the PublicHealth.org website. Link (retrieved 7/27/19): https://www.publichealth.org/resources/hiv-aids/
- Books on HIV are available, such as:
    - *100 Questions & Answers About HIV and AIDS*, by Joel E. Gallant, MD, MPH; published by Jones & Bartlett Learning, MA (2017).
    - *HIV Essentials*, by Paul E. Sax, Calvin J. Cohen, *et al*, published by Jones & Bartlett Learning, MA (2017).

5.8.3: Presentation Materials—N.A.

5.8.4: Student Handout—N.A.

5.8.5 Overhead/Slide Index:

- Section 5.4.5: “Five Points of Boundary Setting.”
- Section 5.4.1: “Four Objectives.”
- Section 5.4.3: “STI Facts.”
- Section 5.4.4: “Five STI Lessons.”
- Section 5.4.5: “Three STI Groups.”
- Section 5.4.6: “HPV Facts”, “Hepatitis Facts” and “Genital Herpes Facts.”
- Section 5.4.7: “Three Bacterial STIs.”
- Section 5.4.10: “Six CDC STI Risk Reductions.”
- Section 5.4.11: “Exponential Risk Chart.”
- Section 5.4.13: “HIV Transmission.”
- Section 5.4.14: “HIV Protection.”
- Section 5.4.16: “HIV treatment and prevention.”
- Section 5.4.18: “Dealing with negative stereotypes.”
- Section 5.4.19: “Denial of Liability.”

5.9: Overheads/Slides—To be provided based on selection of printed or digital learning platform lesson material.

5.10 True/False Activity:

HIV/AIDS True-False Exercise

(Circle the appropriate letter below)

1. (T or F) If HIV kills too many immune cells then the person also has AIDS.
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.
14. (T or F) Young men age 13-24 who are 'receivers' of anal sex have the very highest risk of HIV.
15. (T or F) It's better to avoid people who have HIV.

(See next page for answers)

Answer sheet for HIV/AIDS True-False Exercise:

HIV/AIDS True-False Exercise Answers

1. True. AIDS is a more serious condition and can be fatal if not treated.
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 a slight risk may remain.
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 partner. Per the CDC, receptive anal sex with a chronic HIV-positive partner is 17 times more dangerous than vaginal sex. The risk of transmission is reportedly tripled if one partner has another STI.
11. True. The use of condoms can significantly reduce the risk of HIV transmission if properly used but there is still a risk. The FDA has not approved condoms for anal sex, so an unknown 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 small risk of passing HIV to another person.
13. False. Life span with HIV can be close to normal if the disease is promptly detected by getting tested, and the ART treatment carefully followed the rest of your life. HIV, however, is a difficult disease you should make every effort to avoid.
14. True. The risk of HIV for men who have sex with men (MSM), ages 13-24, is reported to be over 30-fold higher than for their age group overall. The risk is highest for the receptor of anal sex.
15. False. There is no proven risk of associating with the HIV-positive and they should be treated, as anyone else, with mutual respect and affection.

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Lesson 6 Gender Today

Estimated time: 25 minutes
Revision date: 8/28/19

6.1 Teacher Introduction:

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 lesson 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, through the Parent Interview, encourages pupil-parent communication.

Note: Some supporting citations are included in this Teacher Introduction; more complete citations are found in Section 6.4 Lesson Delivery Outline and listed in Section 6.7 References.

This lesson addresses *gender*, *gender identity*, *gender expression*, and *sexual orientation*. Use of the term gender is less clear than before; it can mean a person's biological sex, or it can 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 will 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 to make 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. The phrase is not understood to diminish the usefulness of the term 'stereotype.'

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. 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 (Bockting, 2014).

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

6.2 Lesson Objectives: (Ed Code reference in brackets)

- 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.
- Teach about gender, gender expression, gender identity, and sexual orientation, and explore harm of negative gender stereotypes. (51933.d.6)
- Students will be encouraged and prepared to discuss sexuality with parent/guardian. (51933.e; see also 51937, 51938, and 51939 re parent and student rights.)

6.3 "Parent Interview" questions:

6.3.1 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?

6.3.2 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'?

6.4 Lesson Delivery Outline

6.4.1 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. A biological boy may recognize more traits and emotions in himself that seem feminine per cultural stereotypes. In which case, he might say he feels more like a girl inside. 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 every cell in the body.
- Gender identity, the gender you feel inside. It's rare, but some may feel that their gender identity is different than their biological sex.

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

6.4.2 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. We describe this with a new term:

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 drastic 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.)

6.4.3 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 to each other in a romantic way.

These attractions are commonly to the opposite sex but may also include same-sex attraction. This is to be expected where children at play have been separated by gender, but it doesn't mean that you're 'gay' or 'lesbian.' 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.

6.4.4 Negative Stereotypes

Explain that in life we often encounter complexity, and stereotypes are 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. These varying characteristics may also be present with same-sex parents.

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 hostile

attitudes or false information, 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.

6.5 Summary of Lesson Discussions/Activities

- Section 6.4.4: 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.
- Section 6.4.4: Discuss the harm done by negative gender stereotypes.

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

6.7 References:

In Lesson 6, due to extensive citations and to improve clarity, the references are organized under the quotations taken from the noted lesson sections.

6.7.1 Quotations with references regarding a variety of causes for transgender feelings or identity (See section 6.4.1 above):

- 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.

6.7.2 Quotation with reference about the difference between gender identity and gender expression from American Psychological Association (See section 6.4.2 above): "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.

6.7.3 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 hold true if there is a wait-and-see approach instead of transitioning to live as the other sex, or undergoing medical procedures.) (See Section 6.4.2 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, htps//doi.org/ 10.1080/15532739.20181468293

6.7.4 Quotations with references regarding causes of sexual orientation from the American Psychological Association (See section 6.4.3):

- "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.

6.7.5 Quotations with references that attraction to both sexes is common (See section 6.4.3):

- 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.

6.7.6 Quotations with references that sexual orientation commonly changes (See section 6.4.3):

- 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 Greene, G. (2014), Chapter 19: Development of sexual orientation and identity, in *APA Handbook*, v. 1, p. 619.
- Research review:

  - "[A]rguments based on the immutability of sexual orientation are unscientific, given that scientific research does not indicate that sexual orientation is uniformly biologically determined at birth or that patterns of same-sex and other-sex attractions remain fixed over the life course." (p. 2).
    Reference: Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. Legal Advocacy for sexual minorities. *Journal of Sex Research*, *00(00)*, 1-29.

- Research over time on "unsure" or questioning pre-teens and teens, ages 12-17, found about two-thirds came to identify as heterosexual:
  - "[O]f those who described themselves as 'unsure' of their orientation identity at any point, 66% identified as completely heterosexual at other reports and never went on to describe themselves as a sexual minority." Reference: Ott, M., Corliss, H., Wypij, D., Rosario, M., & Austin, S. (2011). "Stability and Change in Self- Reported Sexual Orientation Identity in Young People: Application of Mobility Metrics," *Archives of Sexual Behavior* 40: 519.

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

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

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

sex in the future and over time solidify into a stable pattern of attraction to the opposite sex.

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

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

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

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

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

6.7.7 Quotations with reference that not all sexual minorities feel a label of LGB is who they are. (See section 6.4.3)
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.

6.7.8 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.

6.8 Teacher Resources:

6.8.1 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. Experience shows that most, but not all, come to identify as heterosexual.

6.8.2 Teacher Readings:

- 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/

6.8.3 Presentation Materials & Study Materials—N.A.

6.8.4 Student Handouts—N.A.

6.8.5 Overhead/Slides Index

- Section 6.4.1: "Biological Sex, Gender Identity."
- Section 6.4.2: "Gender Expression."

- Section 6.4.3: “Sexual Orientation.”

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

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Lesson 7 Media Smart

Estimated time: 30 minutes
Revision date: 10/8/19

7.1 Introduction (For teachers)

The word *wholesome* aligns with the objectives of the CA Ed Code for sex ed. Dictionaries typically define *wholesome* as "conducive to or suggestive of good health and physical well-being." Parents and school teachers are important advocates for healthy, wholesome behaviors. This is important enough to repeat: *Parents and school teachers are important advocates for healthy, wholesome behaviors.*

Media is also a powerful influence on behavior, but one not often associated with the word 'wholesome.' Concern about media influence on adolescent behavior has been growing since the 1972 Surgeon General's report, *Television and Growing Up: The Impact of Televised Violence*. An NIH-funded study, "Adolescent sexuality and the media" (Gruber & Grube, 2000) reviews media presentation of sexual behavior and found that typical teen-age viewers saw 143 acts of sexual behavior each week with over 75% of acts involving unmarried partners. That's a lot of risky sex.

A 2018 Pew Research Center survey found that a majority of parents (65%) are concerned their teens have too much screen time, might share too much about themselves, or don't develop skills for face-to-face engagement with others (Anderson, 2018).

Here's an important conclusion from the study: "Simple media exposure to sexual content will not make teens deny or ignore values and information they have absorbed from families, school, religious teachings, and other respected adults" (Gruber & Grube, 2000). The study strongly recommends parental supervision of media and Internet exposure.

The study also affirms the importance of teachers and parents working together on medically accurate, age-appropriate, and relationship-based sex education—the primary strategy of this curriculum.

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

7.2 Lesson Objectives:

- To provide knowledge and skills necessary to protect sexual and reproductive health . . .. (51930.b.1)
- To provide knowledge and skills to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage and family. (51930.b.2)
- To 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.)
- School districts may provide optional instruction on risks and consequences of creating and sharing sexually suggestive or sexually explicit materials through cellular telephones, social networking Internet sites, computer networks, or other digital media. (51934.b)

7.3 "Parent Interview" Questions

7.3.1 In class we discussed the influence of media, including Internet pornography, on unhealthy sexual behavior. Did you have limits on screen time when you were growing up? What are our family rules on Internet use?

7.3.2 We also discussed the danger of social media sites where you don't know who you're actually interacting with, and the dangers of 'sexting.' Do you have any guidance regarding social media safety?

7.4 Lesson Delivery Outline

7.4.1 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. Ask students to review and discuss what they've learned in the New Curriculum for the following topics. Provide guidance as appropriate to meeting Ed Code objectives.

Present Overhead: "Seven Important Attitudes."

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. Gender—Our gender may be boy, girl, or we may feel an identity that is different. Whatever the pupil's emerging sense of gender, is there a healthy attitude (feelings supportive to good health)?
4. Sexual orientation—Do you feel mutual respect and affection for people of all sexual orientations?
5. Relationships—Do you enjoy your relationships, and feel that your relationship skills are maturing as you mature?
6. Marriage—Can you imagine yourself married with that special person?
7. Family—Are you enjoying your own family and contributing to its success? Do you look forward to having your own family?

Discussion: Lead discussion of the seven attitude topics. Ask which the students find most difficult in terms of a healthy attitude.

7.4.2 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 take over our lives. 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 (AHA, 2019). 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."

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 (Gruber & Grube, 2000; Collins, 2017). Women especially are often presented as things to be used, rather than as persons of great worth. Such material teaches misogynistic attitudes (meaning strongly prejudiced, hateful) toward women (Ward, 2016).

The singer Sinead O'Connor made an important statement about this in an open letter to another popular singer about the sexual depiction of women in music (See Sinead O'Connor at Wikipedia):

Present Overhead: "Sinead O'Connor quote"

> "The message you keep sending is that its somehow cool to be prostituted . . . its so not cool Miley . . . its dangerous. Women are to be valued for so much more than their sexuality." (snip, sic)

Discussion

This discussion invites students to only select media that present healthy relationship views. Invite students to share how the media might interfere with healthy attitudes about body image and human relationships using statements such as these:

Present Overhead: "Four media cautions:

- The media has a different approach to sex—it's their tool for getting your attention and selling stuff. The sex the media portrays isn't the modest and wholesome variety practiced in most homes.
- The media present edgier and edgier uses of sex to keep our attention. By more and more graphic portrayals of "the act," the unique qualities of sex are demeaned.
- 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 be 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 what appear to be 'perfect' bodies. This can cause viewers to have unrealistic expectations of their own 'body image' and be dissatisfied with their appearance.

Point out that one study suggests that boys tend to over-estimate their physical appeal, while girls tend to under-estimate their attractiveness (Gabriel, 1994). For girls, this may relate to time spent looking at images of women selected for their beauty and aided by wardrobe consultants and make-up artists. It's an unfair comparison that can contribute to depression (Nesi & Prinstein, 2015). Girls can take heart: they're better than they may think.

7.4.3 Media Safety

At social media sites, you will meet people you don't know. The person may be someone much 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.

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

Note: The Parent-Interview question for this lesson invites a discussion of family rules for Internet safety.

7.4.4 Pornography and 'Sexting'

Pornography: Explain that pornography is the presentation of sexual organs or sexual activity intended to cause sexual excitement. Note that in all of human history kids like you have never seen such convenient and varied access to pornography as today on the Internet. It disrespects those being presented, turning them into 'things' rather than people. It is often demeaning and violent. Because pornography on this scale 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, 2017).

Invite students to respect others by avoiding pornography and valuing wholesomeness and modesty as qualities for successful relationships, marriage, and family.

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. Adults can 'sext,' but only if both parties agree to the pictures, and both agree to them being transmitted.

Sexting and a person's other social media sexual behavior typically reflect too much exposure to mainstream mass media and the repeating presentation of sexual themes in ever edgier ways (Vandenbosch *et al*, 2015). The message of this is to limit screen time and to select wholesome material for watching. A good test is, "Would you watch this with your mother?"

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

Discussion: (Note: This is a difficult discussion and judgment should not be implied.) Invite students to discuss the prevalence of 'sexting' in the school, and to reach conclusions about the possible harms of sexting. Be sure the following points are noted:

Present Overhead: "Sexting dangers"

- Anything sent digitally will always be out 'there' and can be used against the student; it could affect your ability to get a job or college acceptance.
- Doing something you are uncomfortable with doesn't guarantee a relationship will last, but it will usually lead to even more uncomfortable requests.

Teacher note: As listed in the lesson objectives, the Ed Code provides that schools, as appropriate, 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.

7.5 Summary of Lesson Discussions/Activities

- Section 7.4.1: Lead discussion of the seven attitude topics.
- Section 7.4.2: Invite students to share how the media might interfere with healthy attitudes about body image and human relationships.
- Section 7.4.3: Ask a question such as, "What's important to remember about media safety."
- Section 7.4.4: Invite discussion of prevalence of 'sexting' in the school, and the harms of sexting.

7.6 Student Assignments: Complete the Parent Interview questions.

7.7 References

- AHA News, "Limit screen time among kids, experts caution," August 6, 2018, retrieved 7/29/19. Link: https://www.heart.org/en/news/2018/08/06/limit-screen-time-among-kids-experts-caution
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7.8 Teacher Resources

7.8.1 Notes—N.A.

7.8.2 Readings & Study Material

- It should not be assumed that unhealthy sexual attitudes and roles portrayed in the media cannot be effectively countered by those in the students' daily life. See the meta study "Adolescent sexuality and the media" by Gruber and Grube. One conclusion: "Simple exposure to sexual content in the media will not make teens deny or ignore values and information they have absorbed from families, school, religious teachings, and other respected adults." The study does recommend parental supervision of media and Internet exposure.

7.8.3 Presentation Materials—N.A.

7.8.4 Student Handouts—N.A.

7.8.5 Overhead/Slide Index:

- Section 7.4.1: Overhead: "Seven Important Attitudes."
- Section 7.4.2: "Sinead O'Connor quote,"and "Four media cautions."
- Section 7.4.4: "Sexting dangers"

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

Lesson 8 Unhealthy and Illegal

Estimated time: 40 minutes
Revision date: 8/16/19

8.1 Teacher Introduction

The topics covered below are mature material, but the Ed Code requires informing secondary students of their existence and confirming the rights of pupils from unwanted or illegal attention.

Because some relationships can become destructive, this lesson may be traumatic for pupils who have been exposed to unhealthy relationships or even illegal acts. Be alert for emotional signs or body language indicative of such trauma. If there is prior knowledge of a problematic situation a school counselor or other resource could assist according to school or district policies. Students come from a variety of backgrounds and have differing ideas of what is normal or acceptable. It is important to present information in a respectful, accepting, and inclusive manner.

Parents, guardians, or school volunteers have the right to report 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 also enjoy immunity and a right to confidentiality. Child Protective Services is the agency that intervenes in child abuse cases. Warning signs and guidance for reporting child abuse or neglect are provided by the CA Dept. of Ed at: https://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp

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

8.2 Lesson Objectives

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

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

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

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

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

8.2.6 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)

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

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

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

8.2.10 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)

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

8.2.12 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)

8.3 "Parent Interview" Questions:

8.3.1 Today we discussed unhealthy and illegal relationships, including human trafficking. 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?

8.3.2 In class we discussed what we would want the circumstances to be in the home we were born into. Could you tell me about what the home circumstances were like when I was born (or adopted)? (Record your answer in the Parent Interview booklet as they will be used in Lesson 10, Section 10.4.7.)

8.4 Lesson Delivery Outline:

8.4.1 Introduction

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

8.4.2 The Consent Law

Present Overhead: "The Consent Law."

Explain that minors (children under 18) receive special protection by law until they become adults. There are employment laws restricting the work they can be asked to perform.

There are business laws that protect minors from being held to a contract, or from receiving a tattoo. And there are laws that protect children from sexual abuse.

Minors (children under 18) cannot give consent to, or participate in, sexual acts, even with another minor. It's important that minors understand the protection given to them by 'sexual consent laws.' Whether minors are willing or not, sexual contact is a violation of the law. The younger the minor, the more serious the crime. Also, the greater the difference in age (typically beginning at a 3-year difference), the more serious the crime (for the older person).

Summary: To protect the health and safety of children, various laws make it a crime to perform a sexual act with a person under 18 years of age. Minors cannot 'consent' to sexual acts.

8.4.3 Child Abuse

Explain that the crimes noted below are mature material, but the Ed Code requires informing secondary students of their existence and teaching the rights of pupils from unwanted or illegal attention.

If a child has been abused, it's important they know it's not their fault. Abuse is never the fault of the child and 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. Past abuse doesn't define who you are—what you are and will become is your choice.

Explain that parents, guardians, or school volunteers have the right to report abuse, including sexual 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 also enjoy immunity and a right to confidentiality. Child Protective Services is the agency that intervenes in child abuse cases.

Resources—To get help for an abusive relationship:

- National Sexual Assault Telephone Hotline: (800) 656 HOPE or https://www.rainn.org/
- National Teen Dating Abuse Hotline: (866) 331 9474 or go to: https://www.loveisrespect.org/
- Contact the local office for Child Protective Services.
- School districts have the duty to provide a list of local resources for abuse.

8.4.4 Laws That Protect Minors

Explain that just as 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:

Present Overhead: "Laws That Protect."

- 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 is three or more years difference in age the crime can become a felony. The law includes genital contact, any form of sexual penetration, and 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 even hears) 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 when a judge has ordered 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.

8.4.5 Human 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. Here are some guidelines for protecting yourself from danger:

Present Overhead: "Protecting Yourself."

- The first rule of protection is to avoid strangers, including contacts by social media or cell phone, unknown to your parents.
- 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.

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

Present Overhead: "Protecting Others."

Explain these signs of human trafficking to recognize and protect others:

- 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)

If students see what appears to be sex trafficking, they should talk to their parents or a local authority. You can also get confidential assistance by calling 24/7 to the National Human Trafficking Hotline at (888) 373 7888.

8.4.6 Discussion Activity:

Present Overhead: "What Circumstances Would I Want to Be Born In?"

The material presented in this lesson, as required by the Ed Code, covers difficult subjects. Explain to the pupils that children are born into all sorts of situations, some good and some more challenging. Ask students to break into small groups of 2-4 students. Discuss this question: **If you were to be *born* tomorrow, what would you want the circumstances and relationships to be in your new home?** Each student should make a list. (Teacher note: Answers typically cluster around being nurtured, protected, and cared for in a loving home. This activity should bring a more positive close to the day and sets the scene for teaching about family that continues into Lessons 9 and 10.)

8.5 Summary of Lesson Discussions/Activities

- Section 8.4.6: "What Circumstances Would I Want to Be Born In?"

8.6 Student Assignments: Complete the Parent Interview question. Be sure to write the answer to question 8.3.2 in the Parent Interview booklet, as it is preparation for Lesson 10.

8.7 References—N.A.

8.8 Teacher Resources

8.8.1 Notes—N.A.

8.8.2 Readings & Study Materials—N.A.

8.8.3 Presentation Materials—N.A.

8.8.4 Student Handouts—N.A.

8.8.5 Overhead/Slide Index

- Section 8.4.2: "The Consent Law."
- Section 8.4.4: "Laws That Protect."
- Section 8.4.5: "Protecting Yourself" and "Protecting Others."
- Section 8.4.6: "What Circumstances Would I Want to Be Born In?"

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

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Lesson 9 To Parent, or Not

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

9.1 Introduction

The first four lessons of Volume II addressed the ins and outs of healthy relationships, an important topic as high school kids begin to have romantic relationships. These lessons built a foundation for healthy relationships. Lesson 5 covered STIs with the focus on HIV. This lesson is about pregnancy: conception, contraception, and options if one become pregnant. But it's also about an encouraging downward trend in teen pregnancies.

Despite alarming cultural trends reported by the media, kids are quietly making healthier choices about sex. This encouraging trend started around 1990 as a reaction to the excesses of the sexual revolution that started in the '60s. Here is a quick review of CDC data on teen pregnancies and teen births from Lesson 3:

- In 1990 teen pregnancies were 118 per thousand girls (females age 15-19, with most occurring at ages 18 and 19) in the U.S. By 2013 this had fallen to 43 per thousand, a drop of 63%. The trend is most encouraging, but it still leaves around 500 thousand teen girls annually to deal with the difficult decisions of pregnancy.
- Births by teens followed a similar decline, from 62 per thousand teen females in 1991, to 14 in 2018, a 72% drop (with five more years of data than for teen pregnancy). Per U.S. Census Bureau data, roughly 60% of pregnancies end in live birth, 30% are aborted, and 15% miscarry.

The two main factors in the decrease in pregnancies and births is fewer teen girls starting sex, and more careful use of contraceptives. Abortions have declined roughly in step with pregnancies, so are not a major factor in the change.

It's important to point out this trend of *kids getting better*, lest impressions from the media suggest 'everybody's doing it.' Everyone is definitely not doing it, thanks to kids making healthier choices.

Question Box: If students left queries in the Question Box, respond to them as appropriate.

Liability disclaimer: The Ed Code requires providing information on topics such as contraception and pregnancy options. Students should be reminded that none of the information provided in this curriculum should be considered medical advice and no liability for such 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.

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

9.2 Lesson Objectives:

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

9.2.2 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.)

9.2.3 Present information that abstinence from sexual activity . . . is the only certain way to prevent unintended pregnancy . . . instruction shall present information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing . . . pregnancy. (51934.a.3)

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

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

9.3 "Parent Interview" Questions

9.3.1 In sex ed class we talked about becoming parents someday, and how to prepare. What were the challenges and rewards of becoming (my) parent? What did you do to prepare for my arrival to the family? Is there anything you wished you had done? (Record your answer in the Parent Interview booklet as they will be used in Lesson 10, Section 10.4.7.)

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

9.3.3 We also learned about other pregnancy options than becoming a parent, such as adoption, abortion, and the 72-hour surrender law. People have strong feelings about what is right to do. What are the values of our family about these options? What guides our values?

9.4 Lesson Delivery Outline

9.4.1 Conception

Explain that human conception—the creation of life by a male and a female—is a deeply meaningful event necessary to continuing our species. It begins with the act we call "making love." This most intimate sexual act offers two benefits essential to the survival of any society.

Present Overhead: "Two benefits of making love"

First, besides being the means of conception, the loving intimacy and pleasure of sex provides a bonding force that is the foundation for the long-lasting mutual commitment between a couple needed to rear children to adulthood and then help with the grandchildren.

Second, a possible outcome of making love is the creation of life—a baby of one's own making where the DNA of the father and the mother combine to create a new being modeled after them. This is a deeply meaningful act that brings great significance to one's life and helps preserve the human species (and the parents' uniquely combined DNA).

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

Present Overhead: "The creation of life"

The creation of life is a miraculous thing that transforms the parents. Here is a brief *biological* summary of conception:

- Sperm are produced in the male testicles and delivered through the penis during sex. The sperm is tiny, the smallest cell in the male body, with a tail for swimming.
- The egg is produced in one of the female ovaries, one about every four weeks, and travels through the fallopian tube, taking about a day. The egg is the largest cell in the female body.
- Conception happens when the father delivers sperm (millions!) during sex when an egg is available in the mother. The fastest sperm unites with the egg provided by the prospective mother, usually in the mother's fallopian tube.
- The result is called the zygote cell—a combination of the mother and father's DNA—and begins dividing into two cells about every 24 hours. Typically, at 8 weeks it's termed an embryo, at 10 weeks a fetus, and at about 36 weeks a baby ready to meet its parents.
- During the many cell divisions, the DNA tells the divided cells to differentiate, so that some become skin, bone, heart and brain cells, etc., until you have the 27 trillion or so cells organized to make the cutest thing the parents, and grandparents, have ever seen.

Video activity: This is a good time to show and briefly discuss a video of the post-conception creation process if this hasn't been previously taught. Video options include:

- Khan Academy's "Human fertilization and early development" (time: 7:58) provides an animated depiction from fertilization to viable fetus via an informative biology lecture in the Khan style.
- The Wajdi Productions video "From Conception to Birth" (time: 4:17), available on YouTube, is an animated depiction (music, no voice) of the creation of life from fertilization up until birth.

9.4.2 Contraception

Before we discuss contraception, there's an important point to consider about unintended pregnancies: They often end the romance and leave the mother to deal with the pregnancy alone. This is a bad start for the baby, as a stable union of the birth parents is the most important factor for good childhood outcomes. How is a stable union created? Marriage is a more stable union than cohabitation; cohabitation is more stable than two kids dating. Whatever the form of the union, it's more likely to survive if the pregnancy is *planned* by both partners. Don't drift into pregnancy—it's bad for the relationship, and bad for the child (Fomby & Cherlin, 2007; Craigie *et al*, 2012; Walfogel, *et al*, 2010).

If you choose to be sexually active an unplanned pregnancy is a risk, even with contraceptives. The avoidance of conception—called contraception—is a complex topic, so we'll give a short answer and a longer answer with some contraception facts. Because people and needs vary, it's important to consult healthcare providers for guidance.

The short answer:

Present Overhead: "The short answer"

- The real short answer is that while condoms significantly reduce risk of STIs and pregnancy, they don't reduce it enough. A CDC administrator will like them because it's a simple solution and can reduce the overall teen pregnancy problem. But at the user level it doesn't sound like an adequate solution. Condoms under typical use are reported to reduce pregnancy by 82% compared to not using contraception. This means that in a year of use, a sexually active female depending on condoms has an 18% relative risk of pregnancy in that year. Considering all the problems of a pregnancy, a reasonable person would consider that too big a risk. (Female barrier products have similar effectiveness.)
- The CDC recommends that for improved contraceptive protection, the condom be combined with a hormonal or other contraceptive used by the female as recommended by her healthcare provider. That's a better answer, though not as safe and healthy as delaying sex until adulthood and a committed relationship such as marriage.

The longer answer:

There are so many contraception options that it can be confusing. To help students understand the options use the CDC's "Effectiveness of Family Planning Methods" as a handout combined with an overhead for class review. Link to CDC chart: https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf

(Note: A similar chart is available from the American College of Obstetricians and Gynecologists (ACOG).)

Here are some important points to make while presenting the CDC chart:

Present Overhead: "CDC Effectiveness of Family Planning Methods"

- Contraceptive types include (this list does not align with chart):
  - Barrier (male, as with the condom; female as with a diaphragm or female condom).
  - Hormonal (delivered by injection, pill, patch, or implant).
  - Implants (known as intrauterine devices or IUDs).
  - Spermicide (a chemical that attacks sperm used with a sponge insert or applied other ways, sometimes added to a barrier device).
  - Other: These include fertility-awareness (methods to chart the days the female is fertile) and pre-ejaculation withdrawal.

    - Permanent sterilization, such as a vasectomy for the male, or fallopian tube occlusion for females, are options once you have the children you want.
- Very important: The left side of the CDC chart ranks the contraceptive options according to effectiveness. The most effective reversible methods are semi-permanent (not requiring the regular care that can be hard for teens), such as a hormonal implant, or an intrauterine device (IUD). These are known as "long-acting reversible contraceptives" or LARCs.
- For health and safety, pupils should consult their healthcare provider (or a local clinic) for the best contraceptive answer for them. Except for the barrier devices and spermicides, contraceptive solutions require a doctor's prescription (not required for emergency use). It's not legally required, but involving parents, who know and love their kids better than anyone, is a good idea.
- Condoms: Correct use is critical. Consult the package insert for user instructions but also read the CDC's "Know your CONDOM DOs & DONTs" at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf
- Female diaphragms are similar in effectiveness to male condoms; the one-year pregnancy risk is 21% under real life conditions of use. Consult the package insert for user instructions.
- Preferred female contraception: Of the many choices, which are most used (per CDC data)?
    - The pill is a common solution, used by 13% of women between ages 15-49.
    - Long-acting reversible contraceptives (LARC) include intrauterine devices such as IUC, IUD, or IUS) and subdermal implants. They provide the greatest pregnancy protection as they don't depend on remembering to take daily pills. LARCs are used by 10% of women.
    - Another 9% take their chances with the male condom, which is riskier.
- Emergency contraception (EC) pills may prevent pregnancy after unprotected sex and are available at local pharmacies by asking for "morning after pills." Time is important: Instructions say to "take as soon as possible within 72 hours of sex." (Note: Efficacy declines with time to zero after five days.) It's important to read the included instructions (there are significant side effects with EC pills). The pharmacist, or the help line noted in the instructions, can assist with questions.
    - CA law allows pharmacists to issue emergency contraceptives and birth control without a prescription.
    - The physician-provided ParaGard IUD (intrauterine device), effective for up to 10 years, is also a morning-after option if inserted within 5 days of intercourse.

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

9.4.3 Contraception Information Resources

- As this curriculum is written for state-wide use, the school district or school is responsible for providing local healthcare resources.
- The school or school district nurse, may be a resource for healthcare information.
- Information is available from the CDC by searching with appropriate keywords. (See also 9.8 Teacher Resources below.)

9.4.4 Prenatal Care

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

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

Present Overhead: "Prenatal Care"

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

If your pregnancy is unplanned, it's important to see a health care provider as soon as you suspect you may be pregnant. (Home pregnancy tests are available at drugstores; no prescription required.)

Prenatal Care Resources (Internet)

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

9.4.5 Parenting

The first years of life for a baby are very demanding for the parents. In "The Truth About Becoming a Parent," new mother Jennifer Hamady tells three sides of becoming a mom (Hamady, 2019):

Present Overhead: "J. Hamady on being a mom"

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

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

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

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

9.4.6 Non-Parenting Options

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

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

Adoption

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

Surrender Law

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

Abortion

If a prospective mother chooses not to parent, abortion is the usual decision, though adoption is also available. Here is a brief U.S. history of abortion: In 1973 the Supreme

Court legalized abortion in Roe v. Wade. The decision ignited a fervent national debate between 'pro-life' and 'pro-choice' forces that has continued to this day. Abortion rates surged after Roe v. Wade, leveled in the '80s at around ¼ of all pregnancies, and have slowly declined in the last 25 years. By most recent data, less than 1 in 5 pregnancies end with abortion.

Present Overhead: "Abortion methods"

Abortion methods vary according to the weeks of pregnancy:

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

The right of pregnant minors to choose between parenting or abortion for themselves is well established in California. (The consent of the father is not required.) The prospective mother must be excused from school for healthcare as needed. She doesn't need parental permission, but most girls consult with their parents before receiving an abortion. Local resources are readily available to help, but be aware they may have a biased outlook. Deciding what is right for you can be difficult.

Abortion Consequences

Abortion and its effects on the pregnant woman are difficult to study, in part because it is a polarizing subject in our society. Though abortion is considered a relatively safe medical procedure there are longer term consequences, some of them physical:

- A higher risk for certain cancers (cervical, ovarian, and liver), that increases with the number of abortions (Strahan, 2001).
- A greater risk of mid-life auto-immune disease, a condition women suffer more than men (Fairweather, 2008). Auto-immune disease is when your immune system mistakenly attacks your own body. Examples include rheumatoid arthritis, lupus, multiple sclerosis, inflammatory bowel disease, and celiac disease. The causes are not clear but *microchimerism*—a recent discovery involving the reverse transfer of cells from the fetus back to the mother during dissolution of the placenta—has been linked to increased auto-immune disease (Miech, 2010).

- Though not common, there is an increased post-abortion risk of death, thought to be related to higher rates of suicidal thought or risk-taking behavior, including use of drugs (Gissler, 1997).

There are also psychological consequences, including regret in later years. Pro-choice people generally minimize the negative consequences of abortion, while pro-life adherents tend to exaggerate them. A comprehensive study (287 listed citations) of the psychological effects of abortion hosted at the National Institute of Health concluded that a pregnant woman suffers significant psychological consequences from an abortion (Reardon, 2018). In the study Dr. Julius Fogel, both a psychiatrist, OB-GYN and a pioneer of abortion rights who has performed thousands of abortions testifies to women's psychological burden from abortion:

Present Overhead: "Dr. Fogel's Testimony":

> "Every woman . . . has a trauma at destroying a pregnancy. A level of humanness is touched. This is part of her life. When she destroys a pregnancy, she is destroying herself. There is no way it can be innocuous. One is dealing with a life force . . .. A psychological price is paid. Something happens on the deeper levels of a woman's consciousness when she destroys a pregnancy. I know that as a psychiatrist."

Discussion: The non-parenting options—adoption, abortion, surrender—are controversial and polarizing in our society. Take time to let students share concerns and thoughts by asking if they have questions or insights to share. Be sensitive to students agitated by these topics.

9.4.7 Pregnancy Health Issues

Present Overhead: "Pregnancy Health Issues"

Pregnancy places an extra burden on the mother's health and it's important to receive healthcare, as noted in section 9.4.4 on Prenatal Healthcare. Common maternal health issues include:

- Morning sickness (nausea or vomiting, especially in the first months);
- Anemia (deficiency of red blood cells) that can contribute to tiredness;
- Urinary tract infections (UTIs);
- Mental health conditions including low spirits or sad mood, feelings of worthlessness, etc.;
- Hypertension (high blood pressure);
- Gestational diabetes; and
- Excessive weight gain.

If the pregnancy is planned, take measures to be in the best health when conception occurs. For additional information consult your healthcare provider, and/or visit the CDC's Pregnancy Complications information site at:

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html

9.4.8 Resources for Women's Healthcare

To find local sources for legal rights, confidential healthcare including pregnancy prevention and options, and prenatal care:

- Consult your healthcare provider, or search the Internet by entering "women's healthcare in _____" and inserting the name of your local area. This will provide multiple options.
- As the New Curriculum is designed for state-wide use, the school district is responsible to provide local resource information.
- The school or school district nurse can also be a resource for healthcare information.

Important reminder: None of the information provided in this curriculum should be considered medical advice and no liability is accepted. Healthcare decisions should be made under the guidance of a licensed healthcare provider.

9.5 Summary of Lesson Discussions/Activities

- Section 9.4.1: Discussion of the conception video, if used.
- Section 9.4.5: This parenting discussion activity advances the topic of preparation for parenthood that finishes in Lesson 10.
- Section 9.4.6: Discussion of parenting options, including the controversial topic of abortion. This discussion allows students to share concerns and teachers to monitor emotional responses.

9.6 Student Assignments: Complete the Parent Interview questions for Lesson 6.

9.7 References:

- Craigie, T.L., J. Brooks-Gunn, and J. Waldfogel. "Family structure, family stability, and outcomes of five-year-old children." *Families, Relationships, and Societies* 2012 1(1): 43-61(19).
- Fairweather, Delisa, *et al*, "Sex Differences in Autoimmune Disease from a Pathological Perspective," *Am J Pathol*, 2008 Sep; 173(3): 600-609
- Fomby, P. and A.J. Cherlin. "Family instability and child well-being." *American Sociological Review* 2007 72(2): 181-204.
- Gissler, M., *et al*, "Pregnancy-associated deaths in Finland 1987-1994, *Acta Obsetricia et Gynecolgica Scandinavica*, 76:651-657 (1997)
- Hamady, Jennifer, "The Truth About Becoming a Parent," *Psychology Today* website, posted Dec 09, 2013, viewed 8 May, 2019.
- Miech, Ralph P., "The role of fetal microchimerism in autoimmune disease," *Int J Clin Exp Med*, 2010; 3(2):164-168
- Reardon, David C., "The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities," *SAGE Open Med*, published online 2018

Oct 29. Retrieved 9/17/19 at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6207970/
- Waldfogel J., T.A. Craigie, and J. Brooks-Gunn. "Fragile families and child wellbeing." *The Future of Children* 2010 20(2): 87-112.

9.8 Teacher Resources:

9.8.1 Notes—N.A.

9.8.2 Readings & Study Material:

- The CDC provides a one-page printable contraceptive summary "Effectiveness of Family Planning Methods" at this link: https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf
- For assistance in other languages, the Dept. of HSS Office on Women's Health offers comprehensive contraceptive in a 16-page printable "Birth Control Methods" PDF plus language assistance hotline at 800 994 9662. The link: https://www.womenshealth.gov/a-z-topics/birth-control-methods
- A printable PDF fact sheet "Birth Control Methods" is available at the DHHS Office of Women's Health, which also includes information resources including a hotline at 800 994 9662. Link to PDF: https://www.womenshealth.gov/files/fact-sheet-birth-control-methods.pdf
- The American College of Obstetricians and Gynecologists provides a 4-page printable teen patient (FAQ112) guide to birth control that includes an "Effectiveness of Birth Control Methods" chart printable as a 1-page handout. Link: https://www.acog.org/-/media/For-Patients/faq112.pdf?dmc=1&ts=20190509T1517159676
- The American College of Obstetricians and Gynecologists provides additional printable patient FAQs for teen girl needs (see Especially for Teens) including contraceptive material. The link: https://www.acog.org/Patients?IsMobileSet=false
- For Spanish speakers, the American College of Obstetricians and Gynecologists provides printable women's healthcare information on various topics at this link: https://www.acog.org/Patients/Patient-Education-Pamphlets-Spanish-List
- The CDC guidance for condom use, "Know your CONDOM DOs & DON'Ts," is available at https://www.cdc.gov/teenpregnancy/pdf/Teen-Condom-Fact_Sheet-English-March-2016.pdf

9.8.3 Presentation Materials:

- The CDC provides a one-page printable contraceptive summary "Effectiveness of Family Planning Methods" at this link: https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf

9.8.4 Student Handouts:

- Arrange for a handout such as the CDC's "Effectiveness of Family Planning Methods," available at this link:

https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/pdf/Contraceptive_methods_508.pdf

- Note: The American College of Obstetricians and Gynecologists (ACOG) offers a similar chart, "Effectiveness of Birth Control Methods." The charts simplify the complex subject of contraception.

9.8.5 Overhead/Slide Index:

- Section 9.4.1: "Two benefits of conception" and (optional) "The creation of life"
- Section 9.4.2: "The short answer" and "CDC Effectiveness of Family Planning Methods"
- Section 9.4.4: "Prenatal Care"
- Section 9.4.5: "J. Hamady on being a mom"
- Section 9.4.6: "Abortion methods," and "Dr. Fogel's Testimony"
- Section 9.4.7: "Pregnancy Health Issues"

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

Lesson 10 Love That Lasts

Estimated time: 90 minutes
Revision date: 7/18/19

10.1 Lesson Introduction (for teachers)
In this curriculum, the term "couples" generally refers to male and female, but may also include same-sex relationships. This should be affirmatively recognized in instruction, materials, and be included in relationship examples. See Objective 10.2.6.

The word "parent," as used in the curriculum, refers to the legal, regular care provider for the student. This is the biological parent(s) for 96% of students, but be sensitive of the other 4%.

Question Box: Remind students this is the last lesson for answering questions.

10.2 Lesson Objectives (Ed Code reference in brackets):

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

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

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

10.2.4 Provide . . . knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors. (51930.b.5)

10.2.5 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.)

10.2.6 Affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships. (51933.d.5)

10.2.7 Encourage and provide knowledge and skills for pupils to communicate with parents, guardians, and other trusted adults about human sexuality. (51933.e)

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

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

10.3 "Parent Interview" Questions:

As this is the final lesson, there is no Parent Interview question for this lesson. Students should be prepared to confirm completion of the Parent Interview assignments. (As the material is confidential to the student, it cannot be graded.)

10.4 Lesson Delivery Outline

10.4.1 Lesson Objectives

Present Overhead: "Lesson Objectives."

Explain that this lesson address specific Ed Code requirements regarding relationships, committed relationships such as marriage, and family. The lesson sections cover these mandated topics:

- Healthy attitudes regarding relationships
- Preparation for committed relationships such as marriage
- The value of committed relationships such as marriage
- Healthy attitudes regarding marriage
- Preparation to maintain committed relationships such as marriage
- Healthy attitudes regarding family

10.4.2 Healthy Relationship Attitudes

Explain that 'attitudes' are settled ways of thinking about something that are reflected in our behavior, including our behavior towards others. Relationships have been the first subject taught in each year of the New Curriculum. That's how important they are to your success in life. Your relationship skills enable you to connect with the people around you—family, friends, everyone we encounter. Life gets better as we learn to treat people with mutual respect and affection. It gets even better as we develop and deepen friendships.

As you mature, friendships become more important, especially during the high school years. It's one of the reasons that many of you, in future years, will periodically return for high school reunions. It's not the high school buildings you miss, but the relationships that grew and grew until they became part of you.

Some friendships grow into romantic relationships, which presents the subject of love and marriage. It is human nature to fall in love with another person, and it's natural for two people in love to want a lasting relationship. Traditionally this has meant 'marriage.' Marriage, in every period of recorded history, has characteristics that reflect humankind's common nature and satisfy our human needs. In our own time, marriage is defined by cultural values and by a body of laws.

Present Overhead: "Marriage Defined."

Common characteristics of marriage include (Girgis, *et al*, 2012):

1. Marriage is a *comprehensive* relationship of two people; 'comprehensive' means it includes (nearly) all parts of their lives, a union of two persons becoming as one.

2. Marriage has norms (three) of *permanence* (as in, 'until death do we part'), *monogamy* (just one partner), and *fidelity* (faithfulness to your partner).
3. Marriage is a relationship structure or form fit for the rearing of *children*.

The strength of our society is built on the collective strength of our marriages and our families. Not every marriage fulfills these characteristics—that's part of life. But what's important is that we do our best in our relationships, and doing our best begins with a healthy attitude and compassionate behaviors.

10.4.3 Learning from Consequences

In the last century, the '60s marked a period of increased questioning and protest. Following FDA approval of "The Pill" for birth control, traditional restraints on sexual expression were relaxed in what became known as a 'sexual revolution.' Some described this change as "free love," but few anticipated the cost. Point out that some consequences take time to develop and be noticed.

Present Overhead: "Sex Revolution Consequences."

By the late '80s the consequences were becoming obvious, including:

- Alarming increases in sexually transmitted infections (hereafter STIs), plus a new viral STI called HIV/AIDS,
- A growing divorce rate among married people until it seemed almost half of marriages would fail, and
- A troubling surge in teen pregnancies (sometimes referred to as 'kids having kids').

(Teacher note: The following example of 20th century cigarette smoking is intended to help pupils appreciate how society responds to changes with slow-to-appear consequences. The purpose is to foster wisdom, not judge or shame those who may smoke.)

Lessons of 20th century cigarette smoking:
When bad consequences are slow to become obvious to all, it can take time for society to recognize the problem, reach agreement on what to do, and then act to change behavior. To better understand this societal process, consider the problem of cigarette smoking which took three generations to resolve. Here's how it happened (Brandt, 2007):

Present Overhead: "Three-Generation Learning Curve."

- Generation 1: Cigarette smoking became widespread a century ago, when soldiers brought the habit home from WWI. The habit spread, helped by media advertising, until almost 50% of adults smoked.
- Generation 2: It took a few decades for the health problems to appear, but cigarette smoking, according to the CDC, became the leading cause of preventable disease and death in the U.S. It took more time for scientists to link smoking to lung cancer and other diseases, and for the U. S. Surgeon

General to issue a warning ("Smoking and Health: Report of the Advisory Committee to the Surgeon General," 1964).

- Generation 3: This was the generation that woke up to the problem and learned to stop an addictive habit that was once socially cool. It's been three generations now since WWI and the percent of adults who smoke has now receded to about 16% of adults per the CDC.

We don't know how the sexual revolution and the decline of marriage will end up, but society if given time—as the cigarette-smoking example demonstrates—usually finds its way back to a better way to live. The grandparents of today's secondary school students were probably young people when the sexual revolution started; their parents were likely in the second generation that dealt with the consequences. Perhaps today's kids—those taking this class—will be the generation that restores or increases the marriage relationships that provide the best possible life together.

10.4.4 Kids Getting Better

There are encouraging signs for the rising generation. We discussed the trend towards healthier sexual behavior in Lesson 2 "Honor Yourself," in the section titled "Kids Getting Better." Here's a quick review.

Present Overhead: "Kids Getting Better."

The CDC has monitored conduct such as sexual behavior through the "Youth Risk Behavior Survey." To remind, here are three behaviors improving since 1991:

- Teens are waiting longer to begin sexual relations. In the first survey 54% of high school kids were sexually active; in 2017 that was down to 39.5%—still too high, but a significant improvement.
- For the sexually active, the health risk increases with the number of partners. High school students who had sex with four or more partners has declined by almost half, from 19% in 1991 to 10% today.
- Teen pregnancies from 1990 to 2010 have declined 54% per CDC data.

Point out that students, more and more, 'honor themselves' by making safer and healthier decisions about sex. As they do this, the goal of sex ed is accomplished.

Discussion: Invite students to discuss reasons for this trend of healthier behavior among teens by asking, "What's important to remember about this topic?"

Explain that while casual sex among teens has decreased, the danger of STIs has gotten worse. The CDC reports that STIs hit an all-time high in 2017, the most recent year of record. One conclusion is that while most teens are becoming more careful about sex, sex has gotten riskier for those who aren't.

10.4.5 Preparing for a Committed Relationship

The sexual revolution and rise in divorce discussed in Section 10.4.3 had a consequence—young adults became more cautious about getting married. You can't blame them, but since the sexual revolution the average age of marriage has slipped

from the early twenties to the late twenties, with many marrying in their thirties. In place of marriage, couples in love began to *cohabit*, meaning to live together without marriage.

Explain that cohabitation is an informal union without defined structure, it's whatever the couple want it to be. Today, about two-thirds who partner together begin with cohabitation; about one-third begin with the traditional marriage. Is the change in marriage patterns—done later in life, often preceded by cohabitation(s)—a good thing?

Here's a thought from Aesop's Fable of the Ant and the Grasshopper. The fable tells of the ant who worked hard through the summer to provide food for the winter. By contrast, the grasshopper spent a carefree summer hopping around without thought for the future. When winter came, the starving grasshopper had to beg the ant for food. The ant working through the summer can be compared to the young adult in their twenties.

The twenties used to be the years for laying a foundation for your life. You got serious about job and career, settled down in marriage, saved for the purchase of a home, and started a family. With children, you were more likely to join a church and gain the influence of religion in your life. You looked ahead, planning for the kids' college education, and investing for your retirement. There might be moments when you wanted the freedom of your single days back, but these were offset by the pleasures of marriage, the joys of children, and the satisfaction of progress towards your life goals.

On the other hand, those who don't marry and start families can enjoy their money. This might mean a nicer car, expensive toys, world travel, designer cloths, or whatever excites you. It's a sort of extended childhood—it can be a lot of fun. No one said the grasshopper didn't have fun during the summer—but winter is always coming. The better educated with good jobs aren't going to starve if they marry later or not at all, but they're a minority. It's the less-educated and the less-wealthy who are most harmed by the decline of marriage.

The conclusion of all this is that life has become more complicated. Besides finding that special partner, you also have to decide on the right time in your life, and the best form of commitment. Is it better to cohabit with someone to confirm compatibility and perhaps marry later, or is it better to start with marriage?

As a general observation, guys lean towards cohabitation because of the freedom it offers, while girls usually prefer the greater security of marriage, especially with the possibility of having a child. You might think that in the era of feminism women would be getting their way more, but that isn't the case. Because of the enormous life consequences of committed relationships, it's important to discuss and carefully consider the path that will be best for you—cohabitation or marriage. The next section presents benefits to consider for both options.

10.4.6 Value of Committed Relationships

Teacher note: Though most students live with their birth parents, others live in a step-parent or a single parent family, and a few may live with a relative or non-relative

caregiver. In discussing committed relationships, be sensitive to and respectful of this variety of 'family' arrangements among pupils.

Present Overhead: "Benefits of Cohabitation."
Introduce and discuss these benefits of cohabitation:

- It's easy to get started; you just decide to move in together. It can be done on a Saturday morning.
- You can evaluate your compatibility through daily activities like chore-sharing, financial management, and intimate relations. (This argument has been weakened: Cohabiting couples who marry don't have higher rates of marriage stability than couples who began with marriage (Reinhold, 2010)).
- If you're faithful to each other, there's more safety from STIs compared to people who engage in casual sex.
- You only have to stay together as long as you feel like it.
- It's easy to end the relationship; you just pack up your stuff and leave. (CA doesn't recognize common law marriage.)

Present Overhead: "Benefits of Marriage."
The wedding tradition, it's often argued, motivates a more careful search for the 'right' partner. Getting married takes more money, time and effort than simply cohabiting—much more if you've dreamed of a special ceremony with your family and friends. Furthermore, it's a commitment much harder to end than cohabitation. So, there's a big incentive to work hard to get it right. All this extra investment has benefits:

- Marriage is the longest lasting committed relationship. (Nearly 60% last the rest of partner's lives; those that divorce last an average of about seven years.) Some reasons for marriage longevity:
  - First, you're likely to work harder to be sure you have found that right person rather than 'sliding' into a convenient cohabitation.
  - Second, you can gain confidence in your partner's long-term commitment.
  - Third, because of the legal status of marriage, it's harder to get out of so you're more likely to do the work to make it last.
- Marriage is better for the children: A primary benefit of the married family is that children do better in many ways if reared by married biological parents. This statement is supported by a consensus of social research (Lerman & Wilcox, 2014; Brown, 2010).
- Marriage makes you richer (Aver & Lerman, 2005). Studies show that marriage is a better prevention against poverty than even a college education. One factor is that married men settle down and work harder at their jobs than single men (Ahituv & Lerman, 2005). (Note: Remind that in Lesson 3 "The Decision" the Success Sequence taught the importance of education and job before marriage and children.)
- Marriage makes you happier. Married couples self-report as happier throughout the stages of marriage. There is a 'U-shaped' pattern to

relationship happiness, with the first and later years happiest and the middle years less satisfying. This is true of marriage as well as cohabitation. Married people, however, self-report higher levels of happiness at *all* stages (Halliwell & Grover, 2014; Carr *et al*, 2014).

- Marriage is good for your physical health: Studies indicate that married couples enjoy better health and live longer (Schoenborn, 2004; Carr *et al*, 2014).
- Married people enjoy better sex: Couples who begin with marriage report higher overall sexual satisfaction (Busby *et al*, 2010).
- Marriage helps mental health: Evidence suggest that married couples have fewer issues with depression and problematic use of alcohol than cohabiters (Waite & Gallagher, 2005; Marcussen, 2005).
- Marriage better protects the weaker partner: Well-tested laws protect both partners from many of the difficulties that can arise in relationships. Examples include:
    - Studies indicate the relationships between married couples are healthier, as in having more equal power (Stanley, *et al,* 2006, 2014).
    - Married relationships have less violence in the home than cohabiting couples (Wong *et al*, 2016).
    - Though divorce is complicated, the process assures spousal support, child support and custody agreement (if there are children), and a judge-supervised division of shared assets.

There's another benefit to life-long marriage not noted in the studies above: Partners in a healthy marriage make each other better people. Marriage may be the world's best self-improvement program.

Summary: Cohabitation, though often shorter lived, offers carefree convenience. Marriage is a more formal commitment, but offers a plethora of lifetime benefits.

Discussion: People are experimenting with the idea of 'commitment,' testing alternatives to the traditional marriage. As in the example of cigarette smoking, it will take time for the best answer to be known. It's an experiment that will affect each student's future and the future of our society. Discuss: Imagine how the relationship decision you make will affect the quality of your life. What do you most want your future relationships to be like? What is the most important thing to remember about this section?

10.4.7 Prepare to Have Healthy Attitudes and Maintain Committed Relationships Such as Marriage

What makes a committed relationship last? Committed relationships can be hard at times; if it were easy the over 40% of couples who were once in love wouldn't divorce. But it's possible because nearly 60% of marriages do last. Here are some points to consider:

Present Overhead: "Keeping Marriage Alive."

- Commitment to the relationship is very important (Rhoades *et al*, 2010; Goodfriend & Agnes, 2008). You can't just be there for the good times, you have to be committed enough to find a way through the hard times.
- Keeping the love alive is also critical. Love is like a fire; if it dies it's not easily rekindled. Each relationship must figure out how to maintain the fire of their love. When you see a couple going out for a quiet weekend dinner together, holding hands and talking about their week, it's a safe bet that more than just eating dinner, they're feeding their love. And if they make love when they get home, the joy of sex with someone you truly love is a powerful way to keep that love vibrant.
- Studies by social scientists suggest these factors are important for relationship success:
    - Education helps: Per data from the National Center of Health Statistics, women with bachelor degrees have a 78% change of marriage lasting 20 years versus 41% for those with high school diplomas.
    - Financial security matters: You don't have to be rich—just be sure to make more than you spend. An NIH-funded study found that 70% of couples found finances a cause of relationship trouble (data from The Early Years of Marriage Project). This was especially true for lower income families who also had higher rates of drinking or drug abuse (*Journal of Marriage and Family*, 2012). Per the U. of Virginia's National Marriage Project, couples who don't acquire assets are 70% more likely to divorce.
    - Managing stress is good: The ability to plan for and defuse the stresses of life will make a big difference. A U. of Texas at Austin study found that stress causes negative behavior towards spouses (*Journal of Family Psychology*, 2012).
    - Communication is vital: Talk about more than the details of running the home; discuss things that matter to each (Lavner *et al*, 2016).

10.4.8 Healthy Attitudes Regarding Family

This section addresses our attitudes about family. Here are some important benefits of family:

Present Overhead: "The Family."

- The nuclear family—married parents and their kids—has been our basic social structure since before our country was founded.
- The family structure is practiced at all social and economic levels.
- The family is the best organization for the caring rearing of children ever known.
- The family's the best anti-poverty system ever created, even better than a college degree.
- Finally, the generations of the family together form a system of mutual care as we deal with the ups and downs of life.

The family is a flexible system, adaptable to a variety of needs. From the child's viewpoint, the family can be headed by biological parents, step-parents, single parents,

cohabiting parents, same-sex parents, guardians and caretakers acting as parents, or relatives filling in for parents. Whatever the composition, it's their family.

The success of a family depends on the attitudes, knowledge, and skills of everyone in it. The students of this class, as they mature, are more and more important to the success of their family. Their attitude will one day be critical to founding a successful, well-working family of their own.

Preparing for Children: Discussion questions in the last two lessons lay a foundation for the circumstances students will want to provide in order to bring children into the world. Below is a brief reminder. (Note: Remind that the word "parent" refers to the regular care provider for the student. This is the biological parent(s) for 96% of students, but be sensitive of the other 4%.)

Present Overhead: "What Children Need."

1. Lesson 8 discussion: If you were to be *born* tomorrow, what would you want the circumstances and relationships to be in your new home?
2. Lesson 8 Parent Interview question: What were the circumstances like when you (the student) was born (or adopted)?
3. Lesson 9 discussion: If you were going to become a *parent* tomorrow, what would you want the circumstances to be for your baby?
4. Lesson 9 Parent Interview question: Ask your parents what the challenges and rewards were for them in meeting the needs and obligations of rearing you? What things are they glad they did, or wish they had done to prepare for the student's birth?

Discussion: Invite the class, beginning in small groups and referring to their notes from items 1-4 above, to reflect on the following questions. Rejoin as a complete group and summarize on the whiteboard.

Present Overhead: "Preparing to Parent."

- What have pupils learned from the process of questions 1-4 about desired circumstances for the birth of their own children.
- How did it change or cement their own sense of how to be prepare to found a family and become a parent?
- What do pupils need to do between now and when they really might become parents to create the best possible circumstances for their own children?

(Teacher note: Attitudes also shape our goals. This section builds on students' *life goals* developed in this curriculum, and on the *success sequence* needed to achieve those goals. Most students will have included family in their life goals. Typical conclusions of the discussions above is that students want a committed partner—virtually no one wants to be a single parent, rearing children alone. They may want to: a) know that the commitment of their partner is absolute, b) have an education, c) be financially stable, and, d) learn more about how to found a family and be a successful parent.)

10.4.9 Conclusion

This lesson has addressed marriage and family. The concept of the traditional family is at a decision point: Continue with the marriage form proven through millennia of history—or embrace the more flexible but temporary form of modern cohabitation. Before you answer, recall that back in the beginning, in the 7th grade Lesson 3 "The Decision," the lesson quoted the eminent historian Will Durant about the passions of youthful love ('he' is understood to be inclusive of all):

> "A youth boiling with hormones will wonder why he should not give full freedom to his sexual desires; and if he is unchecked by custom, morals, or laws, he may ruin his life before he matures sufficiently to understand that sex is a river of fire that must be banked and cooled by a hundred restraints if it is not to consume in chaos both the individual and the group." (Durant & Durant, 1968)

In closing, we call on that same Durant for wisdom from his last book, *Fallen Leaves*, who thought our civilization could be measured not in the sum of our corporations, but in the sum of the laughter of children and the loving endurance of marriage. He spoke to the price we might pay for love:

Present Overhead: "The Price of Love." (Include both quotes.)

> "Youth if it were wise, would cherish love beyond all things else, keeping body and soul clean for its coming, lengthening its days with months of betrothal, sanctioning it with a marriage of solemn ritual, making all things subordinate to it resolutely. . ."

Marriage is more complicated and can cost more than cohabitation, but Durant wonders,

> "How can it matter what price we pay for love?"

The importance that each pupil gives to love and marriage and family in their life is their decision to make. The final question of the curriculum is this:

Present Overhead: "*What will you do?"*

10.5 Summary of Lesson Discussions/Activities

- Section 10.4.4: Discussion of factors behind trend to healthier sexual behavior.
- Section 10.4.6: Discussion of "Benefits of Cohabitation," and "Benefits of Marriage" overheads. Discussion of what is important to remember about committed relationships.
- Section 10.4.7: Discussion of marriage benefits and what is important to remember about this section.
- Section 10.4.9: Class discussion of overhead questions "Preparing to Parent."

10.6 Assignments: Turn in the Parent Interview booklet to show completion of the assignment. (Teachers will mark completion but not read or grade the work. Teacher then returns the booklet to the student.)

10.7 References:

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- U.S. Surgeon General, "Smoking and Health: Report of the Advisory Committee to the Surgeon General," 1964. Link retrieved 7/15/19: https://profiles.nlm.nih.gov/ps/retrieve/Narrative/NN/p-nid/60
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10.8 Teacher Resources

10.8.1 Teacher Notes

10.8.2 Teacher Readings and Study Material

10.8.3 Presentation Materials

10.8.4 Index to Overheads/Slides

- Section 10.4.1: "Lesson Objectives"
- Section 10.4.2: "Marriage Defined"
- Section 10.4.3: "Sex Revolution Consequences" and "Three-Generation Learning Curve"
- Section 10.4.4: "Kids Getting Better"
- Section 10.4.6: "Benefits of Cohabitation" and "Benefits of Marriage"
- Section 10.4.7: "Keeping Marriage Alive."
- Section 10.4.8: "The Family", "What Children Need," and "Preparing to Parent."
- Section 10.4.9: "The Price of Love," and "*What will you do?"*

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