















Authors

Diane Santa Maria, APRN, MSN Patricia Thickstun, PhD

Expert Panel

Mary B. Adam, MD, MA, FAAP Joneen Krauth-Mackenzie, RN, BSN Christine Markham, PhD Vanessa Miler, APRN, DrPH Angela Mora, MEd Michael T. Stephenson, PhD

www.medinstitute.org ©2007 ISBN 1-933902-07-8



Table of Contents

Letter to the User	1
ntroduction to the Guidelines	3
Kindergarten - 4th Grade	9
Key Topic 1: Human Development	9
Subtopic 1: Human Body and Health	
Subtopic 2: Puberty	
Subtopic 3: Reproduction	
Subtopic 4: Stages of Life	
Key Topic 2: Character Development	11
Subtopic 1: Universal Values	
Subtopic 2: Decision Making	
Subtopic 3: Commitment and Goal Setting	
Key Topic 3: Relationships	14
Subtopic 1: Friendships	
Subtopic 2: Dating	
Subtopic 3: Love	
Subtopic 4: Marriage and Family	
Subtopic 5: Parenthood	
Key Topic 4: Sexuality	17
Subtopic 1: Human Sexuality	
Subtopic 2: Sexual Desires	
Subtopic 3: Intimacy	
Subtopic 4: Fidelity	
Key Topic 5: Sexual Behavior and Consequences	19
Subtopic 1: Abstinence and Sexual Health	
Subtopic 2: Contraception	
Subtopic 3: Sexually Transmitted Infections (STIs)	
Subtopic 4: HIV/AIDS	
Subtopic 5: Abuse/Sexual Abuse	
Subtopic 6: Refusal and Cessation Skills	
Key Topic 6: Media and Society	23
Subtopic 1: Media Literacy	

Subtopic 2: Sexuality and the Media

Subtopic 3: The Influence of Media



5th and 6th Grade	27
Key Topic 1: Human Development	27
Subtopic 1: Human Body and Health	
Subtopic 2: Puberty	
Subtopic 3: Reproduction	
Subtopic 4: Stages of Life	
Key Topic 2: Character Development	30
Subtopic 1: Universal Values	
Subtopic 2: Decision Making	
Subtopic 3: Commitment and Goal Setting	
Key Topic 3: Relationships	34
Subtopic 1: Friendships	
Subtopic 2: Dating	
Subtopic 3: Love	
Subtopic 4: Marriage and Family	
Subtopic 5: Parenthood	
Key Topic 4: Sexuality	38
Subtopic 1: Human Sexuality	
Subtopic 2: Sexual Desires	
Subtopic 3: Intimacy	
Subtopic 4: Fidelity	
Key Topic 5: Sexual Behavior and Consequences	40
Subtopic 1: Abstinence and Sexual Health	
Subtopic 2: Contraception	
Subtopic 3: Sexually Transmitted Infections (STIs)	
Subtopic 4: HIV/AIDS	
Subtopic 5: Abuse/Sexual Abuse	
Subtopic 6: Refusal and Cessation Skills	
Key Topic 6: Media and Society	45
Subtopic 1: Media Literacy	
Subtopic 2: Sexuality and the Media	
Subtonic 3: The Influence of Media	



7th and 8th Grade	51
Key Topic 1: Human Development	51
Subtopic 1: Human Body and Health	
Subtopic 2: Puberty	
Subtopic 3: Reproduction	
Subtopic 4: Stages of Life	
Key Topic 2: Character Development	54
Subtopic 1: Universal Values	
Subtopic 2: Decision Making	
Subtopic 3: Commitment and Goal Setting	
Key Topic 3: Relationships	58
Subtopic 1: Friendships	
Subtopic 2: Dating	
Subtopic 3: Love	
Subtopic 4: Marriage and Family	
Subtopic 5: Parenthood	
Key Topic 4: Sexuality	63
Subtopic 1: Human Sexuality	
Subtopic 2: Sexual Desires	
Subtopic 3: Intimacy	
Subtopic 4: Fidelity	
Key Topic 5: Sexual Behavior and Consequences	66
Subtopic 1: Abstinence and Sexual Health	
Subtopic 2: Contraception	
Subtopic 3: Sexually Transmitted Infections (STIs)	
Subtopic 4: HIV/AIDS	
Subtopic 5: Abuse/Sexual Abuse	
Subtopic 6: Refusal and Cessation Skills	
Key Topic 6: Media and Society	75
Subtopic 1: Media Literacy	
Subtopic 2: Sexuality and the Media	
Subtonic 3: The Influence of Media	



9th - 12th Grade	85
Key Topic 1: Human Development Subtopic 1: Human Body and Health Subtopic 2: Puberty Subtopic 3: Reproduction Subtopic 4: Stages of Life	85
Key Topic 2: Character Development	89
Subtopic 1: Universal Values	
Subtopic 2: Decision Making	
Subtopic 3: Commitment and Goal Setting	
Key Topic 3: Relationships	93
Subtopic 1: Friendships	
Subtopic 2: Dating	
Subtopic 3: Love	
Subtopic 4: Marriage and Family	
Subtopic 5: Parenthood	
Key Topic 4: Sexuality	98
Subtopic 1: Human Sexuality	
Subtopic 2: Sexual Desires	
Subtopic 3: Intimacy	
Subtopic 4: Fidelity	
Key Topic 5: Sexual Behavior and Consequences	101
Subtopic 1: Abstinence and Sexual Health	
Subtopic 2: Contraception	
Subtopic 3: Sexually Transmitted Infections (STIs)	
Subtopic 4: HIV/AIDS	
Subtopic 5: Abuse/Sexual Abuse	
Subtopic 6: Refusal and Cessation Skills	
Key Topic 6: Media and Society	111
Subtopic 1: Media Literacy	
Subtopic 2: Sexuality and the Media	
Subtopic 3: The Influence of Media	
Glossary	123













Introduction to the Guidelines

A multidisciplinary team of experts in medicine, education, public health, and curriculum development revised and updated the Medical Institute's 1996 National Guidelines for Sexuality and Character Education. These new Guidelines for Sexual Health Education K-12 present a holistic approach to sexual health education for school age children.

The Guidelines provide an educational framework for sexual health education for parents, teachers, curriculum developers, school health advisory committees, school district administrators, and state and federal departments of education. They are consistent with the goals and objectives of Healthy People 2010 that promote responsible sexual behavior, increase the proportion of adolescents who abstain from sexual intercourse, and reducing STIs and HIV/AIDS among adolescents. They emphasize sexual health education in the context of the whole child by incorporating character education and promoting universal values. Universal values, including honesty, fairness, courage, self-control, compassion, responsibility, respect, integrity, loyalty, and perseverance, are essential to the development of character, and have the potential to have a positive influence on healthy behavior.

These new Guidelines contain an expanded definition of sexual health.

Sexual health is a state of physical, intellectual, emotional, social, and spiritual well-being in relation to sexuality; it is not merely the absence of disease,



dysfunction, or infirmity. Sexual health is a basic human right. All persons of all ages can be healthy sexual beings. Sexual health is a positive, honest, and respectful approach to sexuality. The healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable in the context of a respectful, lifelong, mutually monogamous relationship. The healthiest sexual activity occurs between adults who are mature physically, intellectually, emotionally, socially, and spiritually. They are financially self-sufficient and prepared to handle the results of sexual activity. Healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind altering substances, and transmission of disease. It is the responsibility of parents and caring adults to protect the integrity and nurture the development of the whole child in regard to sexual health.

(Adapted from: Progress in Reproductive Health Research. Sexual Health a New Focus for WHO. No. 67. 2004)

The educational approach in the new curriculum guidelines presents a holistic view of sex that emphasizes the benefits of sexual health and includes more than just information about preventing HIV/STIs and nonmarital pregnancy. It includes training and skill-building for healthy relationships and emphasizes the development and integration of universal values, including honesty, justice, courage, self-control, compassion, respect, responsibility, integrity, loyalty, and perseverance.



This approach is designed to build responsible and empowered citizens rather than just providing information. Since the Guidelines emphasize the development of universal values, character, and relationship skills, they have broader implications for the health and well being of the whole child by building transferable skills which can facilitate the prevention of obesity, substance abuse, violence, school failure, and depression.



Special attention is given to cultural context, cognitive ability, and the developmental capacity of each student. The ultimate goal of these guidelines is to facilitate the development of our children as responsible citizens while providing educators and community members the user-friendly tools and resources needed for success and maximum impact.



Process of Development

An Expert Panel consisting of a physician, advanced practice nurses, a behavioral change specialist, comprehensive- and abstinence-based sexual health educators, and a curriculum writer was convened for two 2-day meetings to provide recommendations for the Guidelines. Guideline revisions were based on evidenced-based models and best practices. They also incorporated proven health risk behavior



change strategies that use state-of-the-art HIV/STI prevention approaches appropriate for the spectrum of adolescent cognitive development. Medically accurate research and data have been incorporated into the Guidelines along with citations from published books and peer-reviewed journals.

Over 200 end-users participated in an on-line survey about the Medical Institute's 1996 *National Guidelines for Sexuality and Character Education*. They provided feedback related to the content, format, design, and dissemination of the Guidelines. This feedback, as well as the recommendations of the Expert Panel, was used to revise the Guidelines. Six key topics were retained. These six key topics are Human Development, Character Development, Relationships, Sexuality, Sexual Behavior and Consequences, and Media and Society. The key topics are based on Piaget's Theory of Cognitive Development and emphasize the relationship between the child, family, school, and community. They integrate the definition of sexual health by incorporating the physical, intellectual, emotional, social, and spiritual dimensions of sexual health. The Guidelines include learning objectives, developmentally appropriate messages, and citations.

These guidelines complement the National Health Education Standards, the primary theory-based guide for Pre-Kindergarten through 12th grade conceptual framing and curriculum development. The Guidelines also emphasize the role of parents and trusted adults in the decision making process and in guiding youth in accessing valid health information, products, and services. Aligning the Guidelines with the National Health Education Standards will improve the user's ability to incorporate the developmental messages into the classroom to influence health by building universal values that promote healthy behaviors. This facilitates providing instruction that is compliant with state and federal educational regulations, consistent with state educational standards, and in accordance with community values and norms.

The Guidelines provide a directive approach to sexual health education, one that guides students toward the healthiest sexual behavior. The directive approach allows an educator to provide information to students while directing them through the decision making process that will lead to the healthiest outcomes. In contrast, the nondirective educational approach provides information to students about sexual health without directing them toward the healthiest choices.

How to Use the Guidelines

Each key topic identifies several learning objectives in addition to multiple subtopics that outline concepts to be learned and age-appropriate developmental messages. The Guidelines are organized by age group so that users can access the topics covered as they relate to a specific age group and can also access the topic's developmental messages for all age groups.









The Guidelines are divided into four age groups by grade level for each key topic: Kindergarten-4th grade, 5th-6th grade, 7th-8th grade, and 9th-12th grade. It is important to recognize that sexual health education in Kindergarten-4th grade concentrates on human development, establishing universal values, and forming healthy behaviors that serve as protective factors for sexual health later in life. Explicit sexual health issues are not discussed in Kindergarten-4th grade or 5th-6th grade. The developmental messages increase in complexity for each grade level.

The Guidelines can be used in several ways in community and school settings. A community action plan can serve as a guide to presenting the Guidelines to a variety of audiences. Some suggestions for developing a community action plan include

- 1. Become familiar with the Guidelines
- 2. Know and be able to articulate the difference between directive vs. nondirective teaching strategies
- 3. Be familiar with the current sexual health curricula used in the schools and be able to give examples of their content
- 4. Compile local statistics on teen pregnancy, nonmarital pregnancy, STI rates, and prevalence of dating violence
- 5. Develop a handout outlining this information
- 6. Host a community meeting or present information at local meetings
- 7. Showcase the Guidelines
- 8. Integrate captivating activities to enhance presentations
- 9. Present strategies the audience can implement to influence the sexual health message being taught to community youth
- 10. Develop relationships with community and educational decision-makers
- 11. Market your availability as a resource
- 12. Follow-up and follow-through

Disclaimer

The purpose of the *Guidelines for Sexual Health Education K-12* is to address areas of instruction where significant issues have been identified concerning the maintenance of health and wellness as well as the prevention of illness in school age children. Our intention is not to identify all issues - only those related to sexual health. The reader should also recognize that in this field of ongoing research of educational theory and medical facts, additional evidenced-based strategies are being identified daily. While specific issues and topics are changing, the focus on sexual health and character is essential and enduring.









Suggested Citation

Santa Maria D, Thickstun P. Guidelines for Sexual Health Education K-12: Key Topics and Developmental Messages. Austin, TX: Medical Institute for Sexual Health, 2006.

ISBN 1-933902-07-8.



Acknowledgements

Authors

Diane Santa Maria, APRN, MSN Health Educator, The Medical Institute, Austin, TX

Patricia Thickstun, PhD Medical Research Manager, The Medical Institute, Austin, TX

Expert Panel Members

Mary B. Adam, MD, MA, FAAP, Department of Pediatrics and Surgery, University of Arizona, College of Medicine, Tucson, AZ

Joneen Krauth-Mackenzie, RN, BSN, Executive Director and Founder, WAIT Training National Trainer, Consultant, Speaker, Denver, CO

Christine Markham, PhD, Assistant Professor, Health Promotion and Behavioral Sciences, University of Texas School of Public Health, Houston, TX

Vanessa Miller, APRN, DrPH, Tarrant County Public Health Preventive Medicine Clinic, Forth Worth, TX

Angela Mora, MEd, Organizational Development Consultant, El Paso, TX

Michael T. Stephenson, PhD, Associate Professor, Department of Communication, Texas A&M University, College Station, TX

Medical Institute Contributors

J. Thomas Fitch, MD, Chairman of the Board of Directors

Kate Hendricks, MD, MPH&TM, Vice President for Scientific Affairs

Anjum Khurshid MBBS, MPAff, Vice President for IT and Public Policy

Harold Thiele, PhD, Medical Reference Librarian



Letter to the User

Sexual health is an issue of critical importance, particularly for young people. Although youth aged 15-24 years comprise only about one quarter of the sexually active population, each year 1 in 2 new sexually transmitted infections and 1 in 8 new HIV infections occur in this age group. Since 1960, teen pregnancy rates have been decreasing and the proportion of nonmarital births has been rising. The focus from sex education targeting only disease and pregnancy prevention must change to holistic sexual health education.

The Medical Institute's evidenced-based *Guidelines for Sexual Health Education K-12* provide a scientifically and educationally sound approach to sexual health promotion in school age children. These curriculum guidelines are consistent with Healthy People 2010 goals and objectives to promote responsible sexual behavior, increase the proportion of adolescents who abstain from sexual intercourse, and reduce HIV/AIDS among adolescents. In response to requests by parents, teachers, and communities, the Guidelines emphasize sexual health education in the context of the whole child.

These curriculum guidelines focus on the physical, intellectual, emotional, social, and spiritual health of the whole child. They incorporate developmentally appropriate messages for youth. Reinforcement of universal values builds good citizens and develops character. In addition, youth can be encouraged to develop the knowledge and skills necessary to maintain sexual health as they mature to adulthood.

The curriculum guidelines are designed for use by parents, teachers, curriculum developers, school health advisory committees, school district administrators, and state and federal departments of education. Educators are guided in the development of curricula that reinforce protective factors to enhance sexual health and reduce antecedents of risky behavior. These curriculum guidelines have broad implications for the health and well being of the whole child. They emphasize the development of universal values, character, and relationship, communication, and decision making skills. These skills are transferable to other important health areas and can facilitate the prevention of obesity, substance use, violence, and depression.

It is a new day in sexual health education when we commit not just to prevent disease but also to promote sexual health. The *Guidelines for Sexual Health Education K-12* is but the first step of this commitment.

Sincerely,

J. Thomas ditter M.D.

J. Thomas Fitch, M.D. Chairman of the Board of Directors Medical Institute for Sexual Health



Kindergarten - 4th Grade



Kindergarten - 4th Grade



Key Topic 1: Human Development

After learning the following concepts, the learner will be able to:

- Describe the relationships among physical, intellectual, emotional, social, and spiritual health and how they affect human development.
- Explain the importance of respecting a person's body and the bodies of others.
- List behaviors that improve personal health and support the health of others.
- Explain that health is maintained through healthy behaviors practiced throughout life.
- Explain how to avoid unhealthy behavior that can impair physical, intellectual, emotional, social, and spiritual development.
- Discuss why it is important to respect the value and dignity of every human life.
- Explain that people change throughout life.

Subtopic 1: Human Body and Health

Concept to be Learned

People are unique and everyone can benefit from practicing habits of healthy living. These habits can affect a person's physical, intellectual, emotional, social, and spiritual development.

- A person can be either male or female.
- Girls and boys need to take care of their bodies.
- People are unique and should be valued for who they are.
- Health is a state of physical, intellectual, emotional, social, and spiritual wellbeing – not just freedom from disease.¹
- Exercise, good nutrition, personal hygiene, adequate sleep, and regular medical checkups help people to remain healthy.
- All children, including those with diseases or disabilities, can accomplish much in life.
- Children develop best when they are supported by their families and friends, when their rights and needs are respected, and when they are given opportunities to develop to their full potential.

- It is important for children to be accepting and helpful toward others who learn and develop in different ways.
- Families play an important role in guiding the healthy development of children.

Subtopic 2: Puberty

Concept to be Learned

Puberty is a stage of human development that signals the ability of an individual to reproduce. It is a developmental process timed by each individual's genetic program and influenced by the environment. It usually begins sometime between 9-16 years of age and ends when the reproductive system is mature.

Developmental Messages:

- Boys and girls are similar in some ways and different in others.
- During puberty there are many physical and emotional changes. This happens at different times for different children.
- Puberty is a stage of human development that signals the ability of an individual to reproduce.

Subtopic 3: Reproduction

Concept to be Learned

Humans have the ability to reproduce.

Developmental Messages:

- Humans have the ability to reproduce.
- A baby develops inside the mother's uterus.
- · Birth can cause much joy and excitement within a family.
- Every baby is unique.
- Babies need loving and mature parents and families.

Subtopic 4: Stages of Life

Concepts to be Learned

- A new human individual is formed at conception.
- Individuals progress from conception to death through various stages of development: infancy, childhood, adolescence, adulthood, and old age.

- The beginning of a new life always starts with a mother and a father.
- An individual's personal history begins at conception and continues until death.
- · Everyone's birthday is an important day.
- Throughout childhood, a person grows physically, intellectually, emotionally, socially, and spiritually.
- During childhood, a person's choices should be guided by parents and other trusted adults.





Key Topic 2: Character Development

After learning the following concepts, the learner will be able to:

- Explain the importance of personal dignity and the value of self and others.
- Identify positive traits and habits that demonstrate universal values and promote healthy behaviors.*
- Identify ways to interact and communicate with people in a respectful manner.
- Differentiate between healthy and unhealthy behaviors.
- Discuss the practice of self-control, effective decision making, commitment, and goal setting.
- Explain how families who reinforce universal values provide a solid foundation for communities.
- Discuss the importance of communication, commitment, love, and trust within the family.

Subtopic 1: Universal Values

Concepts to be Learned

- Universal values are those shared by others such as honesty, fairness, courage, self-control, kindness, respect, and responsibility.
- Identifying and acting on universal values helps us develop character, make healthier decisions, and set and commit to short- and long-term goals.

Universal Values²

GRADE			
K-4	5-6	7-8	9-12
Honesty	Honesty	Integrity	Integrity
Modesty	Modesty	Humility	Humility
Fairness	Fairness	Justice	Justice
Courage	Courage	Courage	Courage
Self-control	Self-control	Self-control	Self-control
Kindness	Compassion	Compassion	Compassion
Respect	Respect	Respect	Respect
Responsibility	Responsibility	Responsibility	Responsibility
Fidelity	Fidelity	Fidelity	Fidelity
		Perseverance	Perseverance

^{*}Universal values remain the same throughout the grade levels but are demonstrated with higher level learning concepts in grades 7-12.

Developmental Messages:

- Values are learned from parents, family members, teachers, friends, secular and faith community members, and society.
- Universal values are those shared by others such as honesty, fairness, courage, self-control, kindness, respect, and responsibility.
- It is important to be honest, keep promises, do good work, help others, and have healthy habits.
- Cheating is never good.
- When children admit to lying or tell the truth about a wrong they have done, their confession and apology will likely be accepted, even though their bad behavior is not acceptable.
- Courage helps people respect themselves by resisting peer pressure to do things that are harmful.
- Practicing self-control can build confidence, self-respect, and self-esteem.³
- Practicing behaviors that reflect a person's spirituality and avoiding pressures to go against these beliefs can build self-control.
- People should treat others as they want to be treated.
- Cooperation and concern for others can be learned through classroom activities.
- Consistently fulfilling responsibilities and making positive contributions at home, at school, and in the community can build self-esteem.
- Every person should be treated with respect regardless of whether their views are the same as ours or different.
- It is important to learn respect for legitimate authority such as parents, teachers, and police officers.
- Many rules at home and in the classroom are made for the safety and protection of people.
- Completing home and school assignments is one way of demonstrating responsible behavior.
- Respect and responsibility can be learned through caring for people and the environment.
- Parents and family members can teach one another universal values.⁴
- Families can provide children with lessons of respect and responsibility.
- People form habits by repeating behaviors.

Subtopic 2: Decision making

Concept to be Learned

Healthy decision making involves choosing the course of action consistent with universal values.

- Parents provide guidance to their children to help in decision making.
- A family's practice of universal values should guide a child's decision making.

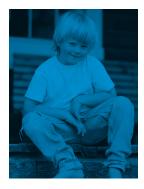
- Parents, teachers, and other trusted adults can guide children through difficult decision making.
- All people make decisions that affect their lives.
- Ideally, children first learn the difference between right and wrong early in life at home.
- Decisions can have consequences that are immediate, long-range, or both.
- Accepting responsibility for making unhealthy decisions allows people to mature and adjust.
- Making healthy decisions includes examining choices and consequences.
- Problem solving builds self-respect and responsibility.
- Decision making often requires communicating those decision to others.



Subtopic 3: Commitment and Goal Setting Concept to be Learned

Character is essential for committing to and achieving healthy goals.

- People have different personalities, talents, abilities, and gifts that make them unique.
- People can develop talents and abilities by forming responsible and healthy habits.
- Children can learn commitment by keeping their promises, carrying out their responsibilities, and imitating positive role models.
- Family life is the first experience a person has in understanding the meaning of commitment and goal setting.
- People can establish short- and long-term goals.
- It is important to plan ahead and make healthy choices to achieve goals.
- Pursuing goals requires hard work, determination, and perseverance.
- The benefits of parental involvement in a child's education include improved academic achievement, reduced absenteeism, improved school behavior, greater academic motivation, and lower dropout rates.^{5,6,7}
- Children can learn commitment by striving for and achieving goals.
- Making a commitment to choosing healthy behaviors helps people achieve their goals and reach their potential.
- Patience and self-control can help people accomplish short- and long-term goals.
- Using time effectively can help people achieve their goals.



Key Topic 3: Relationships

After learning the following concepts, the learner will be able to:

- Describe the differences between healthy and unhealthy relationships.
- · Describe healthy relationship building.
- List the elements of effective communication.
- Describe how to express love in healthy ways.
- Recognize that love is a conscious daily decision that is not based solely on feelings.
- Explain how family members can help one another reach their physical, intellectual, emotional, social, and spiritual potential.
- Explain how each individual contributes to the quality of family life in their home.
- Describe the joys and responsibilities of parenting children within a family.

Subtopic 1: Friendships

Concept to be Learned

Healthy friendships play an important role in human development.

Developmental Messages:

- Developing healthy friendships is important to physical, intellectual, emotional, social, and spiritual wellbeing.
- Characteristics of a healthy friendship include sharing, kindness, honesty, respect, trust, patience, and compatibility in age and interests.
- Healthy friends provide encouragement to do positive things.
- Friends should help one another achieve their potential.
- Being a true friend provides opportunities to serve as a role model for siblings and peers.
- Friends forgive one another after disagreements.
- Friends do not socially isolate, gossip, name call, bully, or stigmatize.

Subtopic 2: Dating

Concept to be Learned

The purpose of dating is to:

- Get to know yourself and others
- Learn to feel at ease in a healthy relationship
- Experience companionship
- Develop a sense of independence
- Choose a lifelong partner such as in marriage

Developmental Messages:

- Children should learn about healthy relationships such as friendships.
- Dating is when two people who are romantically attracted to each other spend time together.
- Having fun in groups allows a person to grow physically, intellectually, emotionally, socially, and spiritually.
- Dating is not appropriate for elementary age children. Parents need to set and communicate dating standards and expectations.

Subtopic 3: Love

Concepts to be Learned

- Love is a strong attachment or devotion, a desire for the wellbeing of another.
- People demonstrate love through their decisions and behaviors.

Developmental Messages:

- · Loving relationships are essential for emotional wellbeing.
- Love can be expressed differently toward parents, family members, and friends.
- "Love" is different from "like."
- Love means wanting what is best for the other person.
- All people should be treated respectfully and fairly and helped when they are in need, even if a person doesn't like their actions or attitudes.
- When a person shares or gives something to someone, they should not always expect to get something in return.

Subtopic 4: Marriage and Family

Concept to be Learned

Marriage is based on commitment, compatibility, effective communication, and expression of universal values.

- Healthy strong marriages contribute to healthy families and communities.^{8,9,10}
- Children can learn some of the responsibilities needed in a lifelong committed relationship such as marriage by helping others at school and by helping out with chores at home.
- Most men and women marry.
- Families work best when they show love and appreciation for one another.
- All family members have a responsibility to contribute to the success of their family.
- Members of the family can be the most important source of love, support, and guidance.
- Families connect people to the past and the future.

- Changes in the family can affect how a person feels happy, sad, angry, or confused.
- All families experience difficult situations.
- If the family environment is abusive, children should seek guidance from trusted adults, such as teachers, school nurses, and counselors.
- With time or with help, family members can adjust to changes affecting family life.
- A child may live with two biological parents, one parent, two remarried parents, grandparents, adoptive parents, or other guardians.
- Even if a mother and father stop being married to each other, they are still the parents of their children.
- Although individuals in families may move away from the home they are still family.



Subtopic 5: Parenthood Concept to be Learned

Nurturing and involved parents and families build and sustain healthy families and communities.

- Most married couples want to have babies.
- To best fulfill their responsibilities to their children, parents should be mature adults.
- Parenting is a rewarding responsibility that takes hard work.
- Parents are responsible for providing food, shelter, love, and guidance to their children.
- Both mother and father share the many responsibilities of parenting.
- Parents set rules for their children to help keep them safe and healthy.
- Biological, adoptive, and step-parents have the same opportunities and responsibilities to love their children.
- When biological parents are absent, other family members such as grandparents, aunts, and uncles can act as parents.
- Healthy children and families can develop with the love and commitment of single parents.
- Children can learn important lessons from grandparents and extended family members.



Key Topic 4: Sexuality

After learning the follow concepts, the learner will be able to:

- Identify ways to express sexuality that respect self and others.
- Explain the benefits and value of healthy behaviors.
- Distinguish between needs and desires.
- Identify nonsexual ways of expressing intimacy.
- Explain why responsible behavior, based on fidelity and commitment, is an essential component of a lifelong, mutually monogamous relationship such as marriage.
- · Describe effective refusal and cessation skills.

Subtopic 1: Human Sexuality

Concept to be Learned

Sexuality is not only sexual activity but is also physical, intellectual, emotional, social, and spiritual characteristics, feelings, and behaviors.

Developmental Messages:

- Boys are different from girls and men are different from women.
- Every child should understand the value of being a boy or a girl.
- All bodies, including those that have physical disabilities, are beautiful in their own way.

Subtopic 2: Sexual Desires

Concept to be Learned

Exercising self-control over physical and emotional desires helps maintain sexual health.

- A desire or want is different from a need.
- People should think about consequences for themselves and others before they act on their feelings.
- Like adults, children sometimes have to do things they do not feel like doing because it is best for them.
- Decisions should not be based only on feelings because feelings can change.
- People are able to control how they behave in response to their desires.
- Developing self-control helps maintain a healthy lifestyle.
- Delaying immediate gratification is an essential and positive life lesson.

Subtopic 3: Intimacy

Concept to be Learned

Intimacy is emotional closeness, bonding, cooperation, trust, and harmony and can be strengthened over time. Intimacy can be physical, intellectual, emotional, social, or spiritual.

Developmental Messages:

- It is normal for parents to develop a close connection with a child, even before birth.
- Family members show intimacy with healthy and affectionate actions as well as loving words and actions.
- There are appropriate and inappropriate ways of dealing with feelings.
- Talking about your feelings is healthy.
- Feelings are different from behaviors.

Subtopic 4: Fidelity

Concept to be Learned

Fidelity contributes to stable families and societies.

- It is important to be truthful at all times.
- Telling the truth helps a child develop a commitment to fidelity.
- Being truthful helps physical, intellectual, emotional, social, and spiritual development.
- Being truthful helps a child develop healthy relationships with their family and friends.
- Being a loyal friend is a sign of fidelity.
- Children who do what they say they are going to do are practicing fidelity.
- Keeping promises is a sign of fidelity and maturity.
- Children can learn valuable lessons about fidelity from their parents.



Key Topic 5: Sexual Behavior and Consequences

Explicit discussion of sexual content such as HIV and STIs is reserved for 7-12th graders. If explicit discussion of these topics with younger children is necessary, it should be handled on an individual basis. Any suspicion of child abuse or nonconsensual sexual activity must be reported to the proper authorities.

After learning the following concepts, the learner will be able to:

- Explain how sexual health is a state of physical, emotional, intellectual, social, and spiritual wellbeing related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.
- Explain that the healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable and occurs in the context of a lifelong, mutually monogamous relationship such as marriage.
- Explain that healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind-altering substances (alcohol and drugs), and transmission of infection.
- Describe the benefits of parent-child connectedness as a significant protective factor in maintaining health.
- Explain that a lifelong, mutually monogamous relationship such as marriage is the environment in which sexually active people have the least risk of HIV, STIs, and unintended pregnancy.
- Identify support mechanisms for practicing and maintaining sexual abstinence until a lifelong, mutually monogamous relationship is established.
- Describe the physical, intellectual, emotional, social, and spiritual consequences of adolescent sexual activity.
- Describe the impact of teenage pregnancy on the mother, father, child, and society.
- Identify manipulative, abusive, and coercive behaviors that impact sexual health.
- Describe the impact of sexual abuse or harassment and deal appropriately with sexually abusive, coercive, or harassing situations (Seek help and tell a trusted adult).
- Describe strategies for dealing appropriately with sexually abusive, coercive, or harassing situations.

Subtopic 1: Abstinence and Sexual Health

Concept to be Learned

Prior to establishing a lifelong, mutually monogamous relationship, adolescents and adults can protect their sexual health by practicing abstinence from sexual activity.

Developmental Messages:

- Parent-child connectedness is a significant protective factor in maintaining sexual health by contributing to a delay in the age of sexual debut.^{11,12,13,14,15,16}
- Exercise, good nutrition, personal hygiene, adequate sleep, and regular medical checkups help people to remain healthy.
- Selecting friends who practice universal values and make healthy choices helps a child avoid people and situations that may compromise their health.
- It is important for children to express their needs and to articulate their feelings to parents and trusted adults.
- It is important to respect the personal space and boundaries of yourself and others.
- Parents should assist children by promoting healthy behaviors through open communication, setting limits, being actively involved in their child's life, and monitoring their child's behaviors.
- Communities can support parents in limiting unsupervised time and promote healthy behaviors through their support of after-school and summer programs.

Subtopic 2: Contraception

For more cognitively advanced or sexually experienced learners, consider using the developmental messages from higher grade levels. Any suspicion of child abuse or nonconsensual sexual activity must be reported to the proper authorities.

Concept to be Learned

Contraception can reduce but not eliminate the risk of pregnancy.

Developmental Messages:

- Some people have children and others do not.
- People can choose if, when, and how many children they want to have.

Subtopic 3: Sexually Transmitted Infections (STIs) Concept to be Learned

Children can avoid getting some infections and diseases by developing healthy habits.

- Some infections and diseases are caused by germs such as viruses and bacteria.
- Children who develop positive and healthy habits will be at a lower risk for many illnesses and diseases.

Subtopic 4: HIV/AIDS

Concept to be Learned

Children can avoid getting some infections and diseases, such as HIV/AIDS, by developing healthy habits.

Developmental Messages:

- HIV stands for human immunodeficiency virus.
- When someone gets HIV, they have it for the rest of their life.
- HIV causes AIDS.
- AIDS stands for acquired immune deficiency syndrome.
- AIDS is a worldwide disease affecting all kinds of people.
- AIDS has no cure; without lifelong treatment, it is usually fatal.
- There is medicine that people with AIDS can take to help them feel better and live longer.
- People who have HIV or AIDS are at risk of getting infections, diseases, and other illnesses.
- Some children are born with HIV that they got from their mothers.
- HIV and other infections are found in a person's blood. Therefore it is never a good idea to touch another person's blood.
- Children who find needles on the ground should never touch them and should tell a trusted adult.
- There is no risk of getting HIV though casual contact such as playing, sharing meals, riding the bus, shaking hands, giving hugs, using the toilet, or from insect bites.
- People with any disease including AIDS need to be treated with compassion.

Subtopic 5: Abuse/Sexual Abuse

Concept to be Learned

There are physical, emotional, social, and educational consequences of teenage and nonmarital pregnancy.

Developmental Message:

 People who have a baby during adolescence or before they are married face many challenges.

Subtopic 6: Abuse/Sexual Abuse

Concepts to be Learned

- Abuse and sexual abuse are characterized by coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind altering substances (drugs and alcohol), and transmission of infection.
- Abuse can and should be prevented, stopped, and dealt with appropriately.

Developmental Messages:

- It is important to respect the personal space and boundaries of others.
- All children have the right to tell others not to touch or look at their bodies.
- No one should be forced to touch or look at another person's body parts.
- There may be times when it is necessary and appropriate for a parent or healthcare practitioner to examine a child's private body parts.
- Inappropriate touches should be reported to a parent or trusted adult.
- Children are never to blame if they are touched inappropriately.
- Relatives, friends, acquaintances, or strangers can abuse a child.
- Many children feel ashamed, dirty, and guilty after they are abused, but it is not their fault.
- Children should know how to seek help from a teacher, firefighter, police officer, or law enforcement if they become separated from a group or from the person who is responsible for their safety.
- All abuse should be reported to a parent or trusted adult.

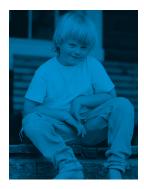


Subtopic 7: Refusal and Cessation Skills

Concept to be Learned

Developing and using skills to refuse or cease unhealthy behavior will promote positive health, self-esteem, and goal achievement.

- Everyone should develop the ability to set and articulate personal boundaries.
- Even well-established unhealthy habits can be changed and replaced with healthy habits.
- Everyone can choose to change unhealthy behavior.
- Children should avoid people and places that influence them to act in unhealthy ways.
- Refusing to participate in and ceasing unhealthy behaviors builds character and resiliency.



Key Topic 6: Media and Society

After learning the following concepts, the learner will be able to:

- Define media literacy.
- · Identify and discuss media literacy skills.
- Distinguish between healthy and unhealthy media messages.
- Recognize that violence and sexual content in the media can lead to unhealthy attitudes and behavior.
- Describe Internet dangers and protective factors.
- Describe how media consumption affects physical, intellectual, emotional, social, and spiritual development.
- Identify and discuss selective media use strategies.

Subtopic 1: Media Literacy

Concept to be Learned

Media literacy is an important skill to develop.

- The term "media" includes electronic and print media television, radio, movies, music, the Internet, computer and video games, advertising, newspapers, and magazines.
- Developing media literacy skills can help to build critical thinking skills.
- Media literacy skills include accessing, analyzing, and evaluating information to distinguish between valid information and information intended to manipulate or influence.
- Learning how to tell the difference between real life and fantasy is an important evaluation skill to develop.
- Parents have a responsibility to establish and maintain media standards in the home.
- Adult supervision can help children make decisions about selective media use.
- The media has the potential to influence children's decision making and their beliefs about what is normal and acceptable behavior.¹⁷
- Media depictions of graphic violence have a negative influence on children. 18,19,20
- Sometimes media characters act on the basis of feelings.
- Choices and actions are rarely traced through to their natural consequences in the media.²¹
- Internet use should be monitored and supervised by parents.
- Children need to develop media literacy skills to help them critically evaluate media presentations and publications.
- Children can build maturity by respecting limits set by their parents, such as for media use.
- Using media is a privilege.

Subtopic 2: Sexuality and the Media

Concept to be Learned

The media can influence people's attitudes and behaviors.

Developmental Messages:

- The media can be used as a source of information.
- Media may have a negative or positive influence on how people view themselves, others, and family life.
- Spending time with media takes time away from other activities such as play and social interaction.
- Children who use the Internet need to be aware of Internet predators.
- Children should never give their names, phone numbers, or addresses to anyone on the Internet.
- Children who receive unwanted communication over the Internet should tell a parent or trusted adult immediately.



Subtopic 3: The Influence of Media

Concept to be Learned

The media attempts to persuade people with their messages.

- Parents are responsible for monitoring media use and supervising media content both in and outside of the home.
- Parents can help their children learn how to evaluate what they see, hear, or read by using and discussing media together.
- The media sometimes uses sex to manipulate and sell.

References

- ¹ Adapted from: World Health Organization. Sexual health–a new focus for WHO. Progress 2004;67:1-8.
- ² Adapted from Loges WE, Kidder RM. *Global Values, Moral Boundaries: A Pilot Survey*. Camden, MA: Institute for Global Ethics; 1997.
- ³ Baumeister RF, Gailliot M, Dewall CN, Oaten M. Self-regulation and personality: how interventions increase regulatory success, and how depletion moderates the effects of traits on behavior. *J Pers.* 2006;74(6):1773-1802.
- ⁴ Berkowitz MW, Bier MC. Character education. *Educ Leadership*. 2005;63(1):64-69.
- ⁵ Colker LJ. Family involvement: A key ingredient in children's reading success. RIF Exchange Show #403 "Literacy a Family Matter" [article on the Internet]. [2003]. Available from: www.rif.org/coordinators/articles/FamInvolvement.mspx. Accessed 2006 May 10.
- ⁶ Henderson AT, Mapp KL. *A New Wave Of Evidence: The Impact Of School, Family, And Community Connections On Student Achievement*. Austin, TX; Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/evidence.pdf. Accessed 2006 May 10.
- ⁷ Jordan C, Orozco E, Averett A. *Emerging Issues In School, Family, and Community Connections*. Austin, TX: Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/emergingissues.pdf. Accessed 2006 May 10.

 ⁸ Nock S. *Marriage in Men's Lives*. New York: Oxford University Press, 1998.
- ⁹ Stanley SM, Whitton SW, Markman HJ. Maybe I do: Interpersonal commitment and premarital or nonmarital cohabitation. *J Fam Issues*. 2004;25(4):496-519.
- ¹⁰ Waite LJ. Does marriage matter? Demography. 1995;32(4):483-507.
- ¹¹ Inazu JK, Fox GL. Maternal influence on the sexual behavior of teen-age daughters: Direct and indirect sources. *J Fam Issues*. 1980;1(1):81-99.
- 12 Danziger S. Family life and teenage pregnancy in the inner-city: Experiences of African-American youth. *Child Youth Serv Rev.* 1995;17(1/2):183-202.
- ¹³ Rodgers K. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *J Marriage Fam.* 1999;61(1):99-109.
- ¹⁴ Miller K, Forehand R, Kotchick B. Adolescent sexual behavior in two ethnic minority samples: The role of family variables. *J Marriage Fam.* 1999;61(1):85-98.
- ¹⁵ Nelson BV, Patience TH, MacDonald DC. Adolescent risk behavior and the influence of parents and education. *J Am Board Fam Pract*. 1999;12(6):436-443.
- ¹⁶ Bramlett MD, Mosher WD. Cohabitation, marriage, divorce, and remarriage in the United States. *Vital Health Stat 23*. 2002;(22):1-93.
- ¹⁷ Austin EW, Chen MJ, Grube JW. How does alcohol advertising influence underage drinking? The role of desirability, identification and skepticism. *J Adolesc Health*. 2006;38(4):376-384.
- ¹⁸ Bruckner H, Bearman, P. Dating behavior and sexual activity of young adolescents: Analyses of the National Longitudinal Study of Adolescent Health. In: Albert B, Brown S, Flanigan CM, eds. *Fourteen and Younger: The Sexual Behavior of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2003:31-56.
- ¹⁹ Surgeon General's Committee on Television and Social Behavior (US). *Television and Growing Up: The Impact of Televised Violence. Report to the Surgeon General, United States Public Health Service*. Rockville, MD: National Institute of Mental Health; 1972. Available from: http://profiles.nlm.nih.gov/NN/B/C/G/X/_/nnbcgx.pdf. Accessed 2006 Oct 27.
- ²⁰ Office of the Surgeon General (US). Youth Violence: A Report Of the Surgeon General. Washington, DC: Dept. of Health and Human Services; 2001: Appendix 4-B: Media Violence: Exposure And Content.
- ²¹ Escobar-Chaves SL, Tortolero SR, Markham CM, Low BJ, Eitel P, Thickstun P. Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*. 2005;116(1):303-326.

5th and 6th Grade



5th and 6th Grade



Key Topic 1: Human Development

After learning the following concepts, the learner will be able to:

- Describe the relationships among physical, intellectual, emotional, social, and spiritual health and how they affect human development.
- Explain the importance of respecting your body and the bodies of others.
- List behaviors that improve personal health and support the health of others.
- Explain that sexual and reproductive health are maintained through healthy behaviors practiced throughout life.
- Explain how to avoid unhealthy behavior that can impair physical, intellectual, emotional, social, and spiritual development.
- Discuss why it is important to respect the value and dignity of every human life.
- Explain that people change throughout life.

Subtopic 1: Human Body and Health

Concept to be Learned

People are unique and everyone can benefit from practicing habits of healthy living. These habits can affect a person's physical, intellectual, emotional, social, and spiritual development.

- Health is a state of physical, intellectual, emotional, social, and spiritual wellbeing – not just freedom from disease.¹
- Being healthy involves physical, intellectual, emotional, social, and spiritual wellbeing.
- People grow and develop physically, intellectually, emotional, socially, and spiritually at different rates.
- Exercise, good nutrition, personal hygiene, adequate sleep, and regular medical checkups help people to remain healthy.
- Although genetics influence body shape and type, habits such as eating right and exercising can also influence a person's appearance.

- Families play an important role in guiding the healthy development of children.
- All people have worth and dignity regardless of whether they have a disease or disability.
- Alcohol, drug, inhalant, and tobacco use can harm a person's physical, intellectual, emotional, social, and spiritual development.^{2,3,4,5}

Subtopic 2: Puberty

Concept to be Learned

Puberty is a stage of human development that signals the ability of an individual to reproduce. It is a developmental process timed by each individual's genetic program and influenced by the environment. It usually begins sometime between 9-16 years of age and ends when the reproductive system is mature.

Developmental Messages:

- During puberty there are many physical and emotional changes.
- It is normal to feel uncomfortable at times with the changes that occur during puberty.
- Puberty is the stage of adolescence during which an individual becomes capable of sexual reproduction.
- During puberty, a girl begins to menstruate and a boy may begin to have nocturnal emissions (wet dreams).
- Puberty usually begins between the ages of 9 and 16.
- The length of puberty differs for different individuals.
- Girls usually go through puberty earlier than boys.
- Physical development and maturity occur at different rates in different people.
- Each person is unique and inherently valuable no matter what stage of development they are in.



Subtopic 3: Reproduction

Concept to be Learned

The human body has the ability to conceive and bear children.

- Sex hormones cause a young person's body to grow and change making a girl ready to conceive and bear children and a boy ready to father a child.
- Sexual maturation, the process that leads to the ability to reproduce, is initiated by certain sex hormones.
- During puberty a female's reproductive organs mature so that she is capable of becoming pregnant and nurturing a baby.
- Breasts develop so they can produce milk for a baby (lactation).
- The menstrual cycle is the sequence of monthly changes that prepare the uterus to receive and nourish an embryo. It usually happens about once a month.

- Menstruation is a healthy and normal female reproductive function.
- Ovaries release eggs about once a month.
- Eggs travel through the fallopian tubes to the uterus.
- During puberty a male's reproductive system develops so he can produce sperm cells and become capable of fathering a child.
- The male's sperm and the female's eggs are called gametes.
- Conception occurs when an egg is fertilized by a sperm. They fuse to form a zygote – the first step in the life of a new baby.
- During the first 8 weeks of pregnancy the developing baby is called an embryo.
- After 8 weeks the growing baby is called a fetus.
- Pregnancy usually lasts about 9 months.



Subtopic 4: Stages of Life Concept to be Learned

Individuals progress from conception to death through various stages of development: infancy, childhood, adolescence, adulthood, and old age.

- People are unique and valuable throughout all stages of their development.
- Some people need more care and attention than others at different times in their lives, such as during infancy and old age.
- Each person passes through the same basic developmental stages but may do so at different rates.
- During childhood, a person's choices should be guided by parents and other trusted adults.



Key Topic 2: Character Development

After learning the following concepts, the learner will be able to:

- Explain the importance of personal dignity and the value of self and others.
- Identify positive traits and habits that demonstrate universal values and promote healthy behaviors.*
- Identify ways to interact and communicate with people in a respectful manner.
- Differentiate between healthy and unhealthy behaviors.
- Discuss self-control, decision making, commitment, and goal setting.
- Explain how families who reinforce universal values provide a solid foundation for communities.
- Discuss the importance of communication, commitment, love, and trust within the family.

Subtopic 1: Universal Values

Concepts to be Learned

- Integrity, humility, justice, courage, self-control, compassion, respect, responsibility, fidelity, and perseverance are important to human relationships and are called universal values.
- Identifying and acting on universal values helps people develop character, make healthier decisions, and set and commit to short- and long-term goals.

Universal Values⁶

GRADE			
K-4	5-6	7-8	9-12
Honesty	Honesty	Integrity	Integrity
Modesty	Modesty	Humility	Humility
Fairness	Fairness	Justice	Justice
Courage	Courage	Courage	Courage
Self-control	Self-control	Self-control	Self-control
Kindness	Compassion	Compassion	Compassion
Respect	Respect	Respect	Respect
Responsibility	Responsibility	Responsibility	Responsibility
Fidelity	Fidelity	Fidelity	Fidelity
		Perseverance	Perseverance

^{*}Universal values remain the same throughout the grade levels but are demonstrated with higher level learning concepts in grades 7-12.

- It is important for people to respect the intrinsic worth and dignity of every individual.
- It is important to learn honesty, modesty, fairness, courage, self-control, compassion, respect, responsibility and fidelity and apply these universal values to daily life.
- Parents and family members can teach one another universal values.⁷
- Universal values of healthy family relationships are honesty, commitment, loyalty, sacrifice, love, discipline, trust, compassion, and cooperation.
- Every person should be treated with respect regardless of whether they have similar or different views.
- Ethical behavior means acting in accordance with universal values.
- There are positive and appropriate ways to display affection, respect, and appreciation for each other.
- Good manners show respect for self and others.
- Some people, families, cultures, faiths, and communities may have different views. The right to have different views should be respected.
- Cheating is disrespectful to yourself and others.
- When children admit to lying or tell the truth about a wrong they have done, their confession and apology will likely be accepted, even though their bad behavior is not acceptable.
- When universal values are important people want to act accordingly.
- Making positive contributions at home, at school, and in the community builds self-esteem.
- Emulating positive role models builds emotional maturity.
- People who have a healthy respect for themselves take care of their bodies and minds.
- Everyone makes some mistakes; people progress and mature by learning from their mistakes.
- Children need opportunities at home, in the classroom, and elsewhere to do what is helpful, honest, courteous, and fair.
- Healthy habits need to be supported, encouraged, and praised.
- Parents, teachers, and trusted adults can help discern safe and unsafe situations.
- Courage helps people resist peer pressure to do things that are harmful.
- Courage helps a person respect the rights of others and courage helps a person resist pressure to "join the crowd."
- Practicing behaviors that reflect personal spiritual beliefs and avoiding pressures to go against these beliefs can help build self-control.
- Practicing self-control can help people develop their talents, work toward their goals, and develop self-esteem. Practicing self-control can also help people delay immediate gratification, resist negative peer pressure, and avoid the risks associated with impulsive behaviors.^{8,9}
- Self-control enables people to manage their emotions and to fulfill their responsibilities.
- Positive self-esteem can be developed through self-control.
- A person's behaviors shape their habits.



Subtopic 2: Decision making

Concept to be Learned

Healthy decision making involves choosing the course of action consistent with universal values.

Developmental Messages:

- Parents, family members, and other trusted adults are resources for guidance and advice when making decisions.
- Parents, teachers, and other trusted adults can guide youth through difficult decision making.
- Consequences of inappropriate behaviors are typically first learned at home.
- Making healthy decisions usually results in positive feelings.
- Making a healthy and wise decision requires examining consequences and choosing the decision with the healthiest outcome.
- Making a healthy decision requires considering how the consequences will affect ourselves and others.
- Everyone has opportunities to make choices that will affect their lives now and in the future.
- A person's decisions can be positively or negatively influenced by others.
- People are responsible for the consequences that result from their decisions.
- It is not wise to base decisions solely on feelings.



Subtopic 3: Commitment and Goal Setting

Concept to be Learned

Character is essential for committing to and achieving healthy goals.

- The benefits of parental involvement in a child's education include improved academic achievement, reduced absenteeism, improved school behavior, greater academic motivation, and lower dropout rates. 10,11,12
- Each person has unique talents and abilities that are part of their character and can contribute to a successful life.
- It is important for people to plan ahead and make healthy choices so they can achieve their goals.
- Keeping promises and fulfilling responsibilities teaches the value of commitment.
- Positive habits associated with self-discipline, fairness, courage, and sound judgment can help people achieve goals.
- Being a team member in school or in after-school activities requires commitment and hard work.
- Achieving short- and long-term academic and life goals requires commitment.

- The development of positive habits and skills will help prepare a person for a career.
- It is important to set and commit to personal limits to avoid unhealthy behaviors.
- Short- and long-term goal attainment may be disrupted by the consequences of adolescent sexual activity. 13,14,15,16,17,18,19



Key Topic 3: Relationships

After learning the following concepts, the learner will be able to:

- Describe the differences between healthy and unhealthy relationships.
- Describe healthy relationship building.
- List the elements of effective communication.
- Describe how to express love in healthy ways.
- Recognize that love is a conscious daily decision that is not based solely on feelings.
- Explain how family members can help one another reach their physical, intellectual, emotional, social, and spiritual potential.
- Explain how each individual contributes to the quality of family life in their home.
- Describe the joys and responsibilities of parenting children within a family.

Subtopic 1: Friendships

Concept to be Learned

Healthy friendships play an important role in human development.

Developmental Messages:

- Developing healthy friendships is important to physical, intellectual, emotional, social, and spiritual wellbeing.
- Characteristics of a healthy friendship include sharing, kindness, honesty, respect, trust, patience, and compatibility in age and interests.
- Friends can be of the same sex or the opposite sex.
- Friends can be any race, ethnicity, or nationality.
- Looking for the good in a person helps people see how each person is unique.
- The way people treat their friends may be an indication of how they feel about themselves.
- Friendships should be based on compatibility in age and interests.
- Being a true friend allows a child to serve as a role model for siblings and peers.
- True friends will discourage unhealthy behavior in his or her friends.
- Friends do not socially isolate, gossip, name call, bully, or stigmatize.

Subtopic 2: Dating

Concept to be Learned

The purpose of dating is to:

- Get to know yourself and others
- Learn to feel at ease in a healthy relationship
- Experience companionship
- Develop your sense of independence
- Choose a lifelong partner such as in marriage

Developmental Messages:

- Dating is not appropriate for middle school age children. Parents need to set and communicate dating standards and expectations.
- Having fun in groups allows a person to grow physically, intellectually, emotionally, socially, and spiritually.
- Dating is a series of social engagements between two people.
- Dating relationships can develop from healthy friendships.
- Dating is one way to get to know yourself and others.
- Young people use different terms to describe dating such as going out or going steady.
- There are many potential problems associated with early dating, including adolescent sexual activity.^{20,21,22}
- A delayed onset of dating is related to a delayed onset of sexual activity.²⁰

Subtopic 3: Love

Concepts to be Learned

- Love is a strong attachment or devotion, a desire for the wellbeing of another.
- People demonstrate love through their behaviors.

Developmental Messages:

- A decision to love can be made every day.
- People can show love by treating others with respect and dignity.
- All people should be treated respectfully and fairly and helped when they are in need, even if a person doesn't like their actions or attitudes.
- In general, the more lovingly a person treats others, the more lovingly he or she is treated by others.
- Attraction and infatuation are often mistaken for love.

Subtopic 4: Marriage and Family

Concept to be Learned

Marriage is based on commitment, compatibility, effective communication, and expression of universal values.

- Marriage has existed in one form or another throughout history in all societies.²³
- Throughout history, marriage has provided an environment for three important things: the flourishing of a long-term, committed, and loving relationship between a man and a woman; the bringing forth of children; and the rearing of children to maturity.
- Traditionally, a marriage is a legal commitment between a man and a woman who publicly promise to take each other "for better or for worse" for a lifetime.

- Active listening is a communication skill that is particularly important in a marriage.
- Active listening is a skill that takes work to develop.
- Healthy, strong marriages contribute to healthy families and communities.^{24,25,26}
- People in the US generally choose their own marriage partner.
- In some cultures, parents and family choose their child's marriage partner.
- Children from difficult family backgrounds can achieve healthy marriages and families of their own in the future.
- Family members can exhibit love for each other in many ways.
- Each family member has a responsibility to contribute to the successful functioning of the family.
- Family members support, encourage, and help other family members, especially those who have disabilities.
- Some children are raised in homes where family life is difficult.
- If the family environment is abusive, children should seek guidance from trusted adults, such as teachers, school nurses, and counselors.
- Forming a healthy family is a skill that can be learned.
- With time or with help, family members can adjust to changes affecting family life.
- Some children may feel stress related to the changes, such as a divorce, that occur in some families.



Subtopic 5: Parenthood

Concept to be Learned

Nurturing and involved parents and families build and sustain healthy families and communities.

- Parenthood is very rewarding for most people.
- Parents should determine a child's responsibilities at home and when a child is ready to assume responsibilities outside the home.
- Parents are role models for their children who observe how they treat each other and their children.⁷
- Children and adolescents can gain self-confidence from their parents' approval.
- Parents set rules for their children to help keep them safe and healthy.
- Obeying and respecting family rules requires hard work and sacrifice on the part of family members.
- Parent-child bonding is important in all aspects of family life.
- Many personal qualities can facilitate parenting. These include selfcontrol, hard work, perseverance, and commitment.
- Although single parents encounter many challenges, they can have successful and healthy families.

- There are numerous advantages to being married prior to becoming a parent and many disadvantages to becoming a parent prior to marriage.
- Parenthood is ill-advised until adulthood and self-sufficiency are achieved.
- Children can learn important lessons from extended family members, aunts, uncles, and grandparents.
- No matter what changes occur in a family, children need to recognize that their mothers and fathers remain important to them, and parents need to continue to fulfill their responsibilities to love, guide, and support their children.
- Even if children are not raised by their parents, they are still able to receive love, affection, and guidance.



Key Topic 4: Sexuality

After learning the following concepts, the learner will be able to:

- Identify ways to express sexuality that respect self and others.
- Explain the benefits and value of healthy behaviors.
- Distinguish between needs and desires.
- Identify nonsexual ways of expressing intimacy.
- Explain the benefits of practicing sexual abstinence.
- Explain why responsible sexual behavior, based on fidelity and commitment, is an essential component of a lifelong, mutually monogamous relationship such as marriage.
- · Describe effective refusal and cessation skills.

Subtopic 1: Human Sexuality

Concept to be Learned

Sexuality is not only sexual activity but is also physical, intellectual, emotional, social, and spiritual characteristics, feelings, and behaviors.

Developmental Messages:

- Although boys and girls are different, they have equal dignity, value, and opportunity.
- All bodies, including those that have physical disabilities, are beautiful in their own way.
- Personal perception of body image can be an important part of sexuality.
- Human sexuality can be influenced by physical, intellectual, emotional, social, and spiritual components.
- Children benefit physically, intellectually, emotionally, socially, and spiritually when they avoid unhealthy behaviors such as alcohol, drug, inhalant, and tobacco use as well as sexual activity.

Subtopic 2: Sexual Desires

Concept to be Learned

Exercising self-control over physical and emotional desires helps maintain sexual health.

- It is natural to feel strong emotions.
- People should think about consequences for themselves and others before they act on their feelings.
- Acting solely on feelings can lead to unhealthy consequences.
- People have a responsibility to make wise decisions concerning their bodies, especially when their health is at risk.
- People may feel empowered when they practice self-control.

- Self-control helps people do what is right, even at times when they would rather not.
- Not acting on sexual desires may help people reach future goals.

Subtopic 3: Intimacy

Concept to be Learned

Intimacy is emotional closeness, bonding, cooperation, trust, and harmony and can be strengthened over time. Intimacy can be physical, intellectual, emotional, social, and spiritual.

Developmental Messages:

- The deepest intimacy is to be known and accepted for who you are.
- Family members show intimacy with healthy and affectionate actions as well as loving words and actions.
- Many adolescents may desire to establish a close relationship with a peer.
- Treating a person with kindness and showing respect for that person's ideas and beliefs may lead to a closer relationship.



Subtopic 4: Fidelity

Concept to be Learned

Fidelity contributes to stable families and societies.

- Being truthful helps physical, intellectual, emotional, social, and spiritual development.
- Children who do what they say they are going to do are practicing fidelity.
- Children benefit from their parent's practice of fidelity.
- Children can learn valuable lessons about fidelity from their parents.
- Developing a habit of self-control helps a person achieve fidelity in friendships and future relationships.
- Being trustworthy helps develop healthy friendships.
- Children who are affected by infidelity can learn and practice fidelity in their own lives.



Key Topic 5: Sexual Behavior and Consequences

Explicit discussion of sexual content such as HIV and STIs is reserved for 7-12th graders. If explicit discussion of these topics with younger children is necessary, it should be handled on an individual basis. Any suspicion of child abuse or nonconsensual sexual activity must be reported to the proper authorities.

After learning the following concepts, the learner will be able to:

- Explain how sexual health is a state of physical, emotional, intellectual, social, and spiritual wellbeing related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.
- Explain that the healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable and occurs in the context of a lifelong, mutually monogamous relationship such as marriage.
- Explain that healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind-altering substances (alcohol and drugs), and transmission of infection.
- Describe the benefits of parent-child connectedness as a significant protective factor in maintaining health.
- Explain that a lifelong, mutually monogamous relationship such as marriage is the environment in which sexually active people have the least risk of HIV, STIs, and unintended pregnancy.
- Identify support mechanisms for practicing and maintaining sexual abstinence until a lifelong, mutually monogamous relationship is established.
- Describe the physical, intellectual, emotional, social, and spiritual consequences of adolescent sexual activity.
- Describe the impact of teenage pregnancy on the mother, father, child, and society.
- Identify manipulative, abusive, and coercive behaviors that impact sexual health.
- Describe the impact of sexual abuse or harassment and deal appropriately with sexually abusive, coercive, or harassing situations (Seek help and tell a trusted adult).
- Describe strategies for dealing appropriately with sexually abusive, coercive, or harassing situations.

Subtopic 1: Abstinence and Sexual Health

Concept to be Learned

Prior to establishing a lifelong, mutually monogamous relationship, adolescents and adults can protect their sexual health by practicing abstinence from sexual activity.

Developmental Messages:

- Abstinence is the calculated decision and deliberate action of a
 person to refrain from sexual activity including penile-vaginal, anal, and
 oral sex. Abstinence also means avoiding other physical contact, such
 as mutual masturbation or mouth-to-breast contact, intended for the
 specific purpose of sexual arousal.
- Parent-child connectedness is a significant protective factor in maintaining sexual health by contributing to a delay in the age of sexual debut.^{27,28,29,30,31,32}
- Selecting friends who practice universal values and make healthy choices helps people avoid situations that may compromise their health.
- It is important to express your needs and to articulate your feelings to parents and trusted adults.
- It is important to respect the personal space and boundaries of yourself and others.
- Parents should assist children by promoting healthy behaviors through open communication, setting limits, being actively involved in their child's life, and monitoring their child's behaviors.
- Communities can support parents in limiting unsupervised time and promote health behaviors through their support of after-school and summer programs.

Subtopic 2: Contraception

For more cognitively advanced or sexually experienced learners, consider using the developmental messages from higher grade levels. Any suspicion of child abuse or nonconsensual sexual activity must be reported to the proper authorities.

Concept to be Learned

Contraception is the use of mechanical devices, foams or creams, or medication for the purpose of reducing the risk of pregnancy. No contraceptive method is 100% effective.

Developmental Messages:

- Some people have children and others do not.
- People can choose if, when, and how many children they want to have.

Subtopic 3: Sexually Transmitted Infections (STIs)

Concepts to be Learned

- Sexually transmitted infections have harmful physical, emotional, and social consequences.
- People can avoid getting an STI by being sexually abstinent and having sex only in a lifelong, mutually monogamous relationship such as marriage.

Developmental Messages:

- Sex outside of a lifelong, mutually monogamous relationship such as marriage is inherently risky for contracting sexually transmitted infections.
- The only safe sex is sex between two mutually monogamous uninfected partners.
- Sexually experienced persons need testing and may need treatment if they are diagnosed with a sexually transmitted infection.
- Some infections and diseases are caused by germs such as viruses and bacteria.
- Children who develop positive and healthy habits will be at a lower risk for many illnesses and diseases.



Subtopic 4: HIV/AIDS

Concepts to be Learned

- AIDS is a worldwide disease affecting all kinds of people.
- People can avoid getting HIV by being sexually abstinent and having sex only in a lifelong, mutually monogamous relationship such as marriage.

- HIV stands for human immunodeficiency virus.
- HIV causes AIDS.
- AIDS stands for acquired immune deficiency syndrome.
- Getting a tattoo or body piercing and sharing needles or razors can expose a person to infectious diseases such as HIV.
- When someone gets HIV, they have it for the rest of their life.
- People with HIV are sometimes referred to as being HIV positive.
- AIDS has no cure; without lifelong treatment, it is usually fatal.
- There is medicine that people with AIDS can take to help them feel better and live longer.
- People who have HIV or AIDS are at risk of getting infections, diseases, and other illnesses.
- Some children are born with HIV that they got from their mothers.
- HIV and other infections are found in a person's blood. So it is never a good idea to touch another person's blood.
- Children who find needles on the ground should never touch them and should tell a trusted adult.
- There is no risk of getting HIV though casual contact such as playing, sharing meals, riding the bus, shaking hands, giving hugs, using the toilet, or from insect bites.
- People with any disease including AIDS need to be treated with compassion.

Subtopic 5: Teenage Pregnancy

Concept to be Learned

There are physical, emotional, social, and educational consequences of teenage and nonmarital pregnancy.

Developmental Message:

 Adolescents who have a baby before they are married face many challenges.

Subtopic 6: Abuse/Sexual Abuse

Concepts to be Learned

- Abuse and sexual abuse are characterized by coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind altering substances (drugs and alcohol), and transmission of infection.
- Abuse can and should be prevented, stopped, and dealt with appropriately.

- It is important to respect the personal space and boundaries of others.
- All children have the right to tell others not to touch or look at their bodies.
- No one should be forced to touch or look at another person's private body parts.
- There may be times when it is necessary and appropriate for a parent or healthcare practitioner to examine a child's private body parts.
- Inappropriate touches should be reported to a parent or trusted adult.
- All abuse should be reported to a parent or trusted adult.
- Laws have been established to protect children from people who abuse or neglect children.
- Physical, emotional, or sexual harm are all forms of abuse.
- Both girls and boys can be sexually abused.
- Children are never to blame for being sexually abused.
- Relatives, friends, acquaintances, or strangers can abuse a child.
- Many children feel ashamed, dirty, and guilty after they are abused, but the abuse is never their fault.
- Many children keep their abuse hidden, sometimes for many years, but it is important for a child to get help in order to begin healing the pain caused by the abuse.
- People who have been abused can heal physically and emotionally.
- Support and treatment are available for those who have been abused.

Subtopic 7: Refusal and Cessation Skills

Concept to be Learned

Developing and using skills to refuse or cease unhealthy behavior will promote positive health, self-esteem, and goal achievement.

- Learning how to resist negative peer pressure and avoid dangerous situations is a good way to practice making healthy decisions.
- Even well-established unhealthy habits can be changed and replaced with healthy habits.
- Refusing to participate in and ceasing unhealthy behaviors builds character and resiliency.
- Adolescents need reasons to refuse to submit to peer pressure to engage in unhealthy activities and encourage others to choose healthy behaviors.
- Avoiding inappropriate settings and potentially compromising situations can help people avoid unhealthy behavior.
- Refusal and cessation skills can be used to say "no" assertively to unhealthy behaviors.
- Changing unhealthy habits may take sustained effort and a lot of hard work.



Key Topic 6: Media and Society

After learning the following concepts, the learner will be able to:

- · Define media literacy.
- · Identify and discuss media literacy skills.
- Distinguish between healthy and unhealthy media messages.
- Recognize that violence and sexual content in the media can lead to unhealthy attitudes and behavior.
- Recognize that pornographic materials objectify human beings.
- Describe Internet dangers and protective factors.
- Describe how media consumption affects physical, intellectual, emotional, social, and spiritual development.
- Identify and discuss selective media use strategies.

Subtopic 1: Media Literacy

Concept to be Learned

Media literacy is an important skill to develop.

- The term "media" includes electronic and print media television, radio, movies, music, the Internet, computer and video games, advertising, newspapers, books, and magazines.
- Media literacy skills include accessing, analyzing, and evaluating information to distinguish between valid information and information intended to manipulate or influence.
- Learning how to tell the difference between real life and fantasy is an important evaluation skill to develop.
- Parents have a responsibility to establish and maintain media standards in the home.
- Choices and actions are rarely traced through to their natural consequences in the media.³³
- Adult supervision can help children make decisions about selective media use.
- Media has the potential to present both positive and negative messages.
- Many characters in the media do not exhibit responsibility or respect for themselves or others.
- Television programs and movies do not always trace choices and actions through to their probable consequences.
- People can refuse to watch or listen to anything that is offensive or harmful.
- Advertising often uses sexual images to sell their products and services.
- Much of what is heard and seen through the media is biased, untruthful, or unrealistic.
- Internet use should be monitored and supervised by parents.

Subtopic 2: Sexuality and the Media

Concept to be Learned

The media can influence a person's attitudes and behaviors.

Developmental Messages:

- The physical dimension of human sexuality is often the primary focus of media attention, especially in television programs, movies, and song lyrics.
- The media can influence human behavior, sometimes in positive or negative ways.
- Some media portrayals do not depict healthy sexuality within marriage.
- Many entertainers promote unhealthy and exploitative behaviors.
- Advertisements often use sexual messages and images to sell products and services.
- Sexual images are pervasive in the media.
- The media usually portray sexual activity and infidelity without showing the adverse physical, emotional, and psychological consequences.
- Spending time with media takes time away from physical activity and social interaction.
- Children who use the Internet need to be aware of Internet predators.
- Children should never give their names, phone numbers, or addresses to anyone on the Internet.
- Children who receive unwanted communication over the Internet should tell a parent or trusted adult immediately.



Concept to be Learned

The media attempts to persuade people with their messages.



- Parents should monitor media use and supervise media content.
- Parents can help their children learn how to evaluate what they see, hear, or read by using and discussing media together.
- Watching television takes time away from play and social interaction.34
- Children need to develop media literacy skills that will help them critically evaluate media presentations and publications.
- Children can build maturity by respecting limits for media exposure.
- Using media is a privilege.
- Learning how to tell the difference between real life and fantasy is an important evaluation skill to develop.
- Many media presentations can negatively influence viewers.
- The media has the potential to influence children's decision making and their beliefs about what is normal and acceptable behavior.³⁵
- Media depictions of graphic violence have a negative influence on children.^{22,36,37}



- Some music, video games, and the Internet present harmful content.
- Advertising often uses sex to sell products and services.
- The media sometimes portrays both adolescent and extramarital sex as normal behavior, usually without consequences.
- Advertising is designed to manipulate behavior but being manipulated by advertising is a personal choice.³⁸
- Advertising can make products, services, and people seem different from what or who they really are.

References

- ¹ Adapted from: World Health Organization. Sexual health–a new focus for WHO. *Progress*. 2004;67:1-8.
- ² Department of Health and Human Services (US). *The Health Consequences of Smoking: A Report of the Surgeon General.* Atlanta, GA: Department of Health and Human Services (US), Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. Available from: http://www.cdc.gov/Tobacco/sgr/sgr_2004/index.htm
- ³ Brook JS, Richter L, Rubenstone E. Consequences of adolescent drug use on psychiatric disorders in early adulthood. *Ann Med.* 2000;32(6):401-407.
- ⁴ Pergamit MR, Huang L, Lane J. *The Long Term Impact of Adolescent Risky Behaviors and Family Environment*. Chicago, IL: National Opinion Research Center (NORC), University of Chicago; 2001. Available from: http://aspe.hhs.gov/hsp/riskybehav01. Accessed 2005 September 12.
- ⁵ Sindelar HA, Barnett NP, Spirito A. Adolescent alcohol use and injury. A summary and critical review of the literature. *Minerva Pediatr*. 2004;56(3):291-309.
- ⁶ Adapted from: Loges WE, Kidder RM. *Global Values, Moral Boundaries: A Pilot Survey*. Camden, MA: Institute for Global Ethics; 1997.
- ⁷ Berkowitz MW, Bier MC. Character education. *Educ Leadership*. 2005;63(1):64-69.
- ⁸ Baumeister RF, Gailliot M, Dewall CN, Oaten M. Self-regulation and personality: how interventions increase regulatory success, and how depletion moderates the effects of traits on behavior. *J Pers.* 2006;74(6):1773-1802.
- ⁹ Brown BR Jr, Baranowski MD, Kulig JW, Stephenson JN, Perry B. Searching for the Magic Johnson effect: AIDS, adolescents, and celebrity disclosure. *Adolescence*. 1996;31(122):253-264.
- ¹⁰ Colker LJ. Family involvement: A key ingredient in children's reading success. RIF Exchange Show #403 "Literacy a Family Matter" [article on the Internet]. [2003]. Available from: www.rif.org/coordinators/articles/FamInvolvement.mspx. Accessed 2006 May 10.
- ¹¹ Henderson AT, Mapp KL. *A New Wave Of Evidence: The Impact Of School, Family, And Community Connections On Student Achievement*. Austin, TX; Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/evidence.pdf. Accessed May 10, 2006.
- ¹² Jordan C, Orozco E, Averett A. *Emerging Issues In School, Family, And Community Connections*. Austin, TX: Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/emergingissues.pdf. Accessed May 10, 2006.
- ¹³ Passarel S. Adolescent childbearing and educational and economic attainment [fact-sheet on the Internet]. Washington, DC: Advocates for Youth. [Compiled 1995 Oct; Cited 2004 May 6]. Available from: http://www.webcitation.org/5KFGkM8ZC.
- General Accounting Office (US). Teen Mothers: Selected Socio-Demographic Characteristics and Risk Factors: Report to the Honorable Charles B. Rangel.
 Washington, DC: US General Accounting Office; 1998 Jun. Publication GA/HEHS-98-141.
 Available from: http://www.gao.gov/archive/1998/he98141.pdf. Accessed 2006 Mar 28.
 Alan Guttmacher Institute. Sex and America's Teenagers. New York: Alan Guttmacher Institute; 1994.
- ¹⁶ Maynard RA, ed. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: Urban Institute Press; 1996.
- ¹⁷ Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S. Births: final data for 2004. *Natl Vital Stat Rep.* 2006 September 29;55(1):1-101. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf. Accessed 2006 Oct 1.



- ¹⁸ Annie E.Casey Foundation. *When Teens Have Sex: Issues and Trends.* Baltimore, MD: The Annie E. Casey Foundation; 1998. Html version available from: http://www.aecf.org/kidscount/teen/.
- ¹⁹ Pirog-Good MA. The family background and attitudes of teen fathers. *Youth & Society*. 1995;26(3):351-376.
- ²⁰ Cooksey EC, Mott FL, Neubauer SA. Friendships and early relationships: Links to sexual initiation among American adolescents born to young mothers. *Perspect Sex Reprod Health*. 2002;34(3):118-126.
- ²¹ Dorius GL, Heaton TB. Steffen P. Adolescent life events and their association with the onset of sexual intercourse. *Youth Soc.* 1993;25(1):3-23.
- ²² Bruckner H, Bearman, P. Dating behavior and sexual activity of young adolescents: Analyses of the National Longitudinal Study of Adolescent Health. In: Albert B, Brown S, Flanigan CM, eds. *Fourteen and Younger: The Sexual Behavior of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2003:31-56.
- ²³ Marriage Wikipedia, the free encyclopedia [encyclopedia article on the Internet]. [last modified 2006 Nov 8; Cited 2006 Nov 8]. Available from: http://en.wikipedia.org/wiki/Marriage.
- ²⁴ Nock SL. *Marriage in Men's Lives*. New York: Oxford University Press; 1998.
- ²⁵ Stanley SM, Whitton SW, Markman HJ. Maybe I do: Interpersonal commitment and premarital or nonmarital cohabitation. *J Fam Issues*. 2004;25(4):496-519.
- ²⁶ Waite LJ. Does marriage matter? *Demography*. 1995;32(4):483-507.
- ²⁷ Nelson BV, Patience TH, MacDonald DC. Adolescent risk behavior and the influence of parents and education. *J Am Board Fam Pract*. 1999;12(6):436-443.
- ²⁸ Inazu JK, Fox GL. Maternal influence on the sexual behavior of teen-age daughters: Direct and indirect sources. *J Fam Issues*. 1980;1(1):81-99.
- ²⁹ Danziger S. Family life and teenage pregnancy in the inner-city: Experiences of African-American youth. *Child Youth Serv Rev.* 1995;17(1/2):183-202.
- ³⁰ Rodgers K. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *J Marriage Fam.* 1999;61(1):99-109.
- ³¹ Miller K, Forehand R, Kotchick B. Adolescent sexual behavior in two ethnic minority samples: The role of family variables. *J Marriage Fam.* 1999;61(1):85-98.
- ³² Bramlett MD, Mosher WD. Cohabitation, marriage, divorce, and remarriage in the United States. *Vital Health Stat 23*. 2002;(22):1-93. Available from:
- http://www.cdc.gov/nchs/data/series/sr_23/ sr23_022.pdf. Accessed: 2005 Sept 19. 33 Escobar-Chaves SL, Tortolero SR, Markham CM, Low BJ, Eitel P, Thickstun P. Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*. 2005;116(1): 303-326.
- ³⁴ Vandewater EA, Bickham DS, Lee JH. Time well spent? Relating television use to children's free-time activities. *Pediatrics*, 2006;117(2):e181-e191.
- ³⁵ Austin EW, Chen MJ, Grube JW. How does alcohol advertising influence underage drinking? The role of desirability, identification and skepticism. *J Adolesc Health*. 2006;38(4):376-384.
- ³⁶ Office of the Surgeon General (US). *Youth Violence: A Report Of the Surgeon General*. Washington, DC: Dept. of Health and Human Services; 2001: Appendix 4-B: Media Violence: Exposure And Content.
- ³⁷ Surgeon General's Committee on Television and Social Behavior (US). *Television and Growing Up: The Impact of Televised Violence. Report to the Surgeon General, United States Public Health Service.* Rockville, MD: National Institute of Mental Health; 1972.

 ³⁸ Gardiner PS. The African Americanization of menthol cigarette use in the United States. Nicotine Tob Res. 2004;6(Suppl 1):S55-S65.

7th and 8th Grade



7th and 8th Grade



Key Topic 1: Human Development

After learning the following concepts, the learner will be able to:

- Describe the relationships among physical, intellectual, emotional, social, and spiritual health and how they affect human development.
- Explain the importance of respecting your body and the bodies of others.
- List behaviors that improve personal health and support the health of others.
- Explain that sexual and reproductive health are maintained through healthy behaviors practiced throughout the stages of life.
- Explain how to avoid unhealthy behavior that can impair physical, intellectual, emotional, social, spiritual, and sexual development.
- Discuss why it is important to respect the value and dignity of every human life.
- Explain that people change throughout the stages of life.

Subtopic 1: Human Body and Health

Concept to be Learned

People are unique and everyone can benefit from practicing habits of healthy living. These habits can affect a person's physical, intellectual, emotional, social, and spiritual development.

- Health is a state of physical, intellectual, emotional, social, and spiritual wellbeing – not just freedom from disease.
- Being healthy involves physical, intellectual, emotional, social, and spiritual wellbeing.
- Exercise, good nutrition, personal hygiene, adequate sleep, and regular medical checkups help people to remain healthy.
- Although genetics influence body shape and type, habits such as eating right and exercising also influence a person's appearance.
- People with a healthy body image recognize and accept variations in body shape and type.

- Physical and emotional stress can adversely affect health.
- Healthy sleeping, nutrition, and exercise habits can help manage stress.
- Disabilities may occur before or after birth and may require special care and attention.
- People with disabilities can live independently and productively.
- Alcohol, drug, inhalant, and tobacco use can harm a person's physical, intellectual, emotional, social, and spiritual development.^{2,3,4,5}
- Alcohol, drug, inhalant, and tobacco use adversely affects the health of the individual, family, community, and society.⁴
- Families play an important role in guiding the healthy development of adolescents.
- Development of physical, intellectual, emotional, social, and spiritual maturity takes individual, family, school, and community effort.

Subtopic 2: Puberty

Concept to be Learned

Puberty is a stage of human development that signals the ability of an individual to reproduce. It is a developmental process timed by each individual's genetic program and influenced by the environment. It usually begins sometime between 9-16 years of age and ends when the reproductive system is mature.

- Adolescence is a time of many complex physical and emotional changes.
- Physical development is a natural process, while intellectual, emotional, social, and spiritual development benefit from focused effort and support.
- Puberty usually begins between the ages of 9 and 16.
- The length of puberty differs for different individuals.
- Girls usually go through puberty earlier than boys.
- During puberty, some adolescents may feel uncomfortable about their bodily changes.
- Physical and hormonal changes during puberty can affect but do not control emotions.
- Puberty is the stage of adolescence during which an individual becomes physiologically capable of sexual reproduction.
- Puberty marks the time when a girl begins to ovulate and a boy begins to produce sperm.
- During puberty, a girl begins to menstruate and a boy may begin to have nocturnal emissions (wet dreams).
- Sperm are released during a wet dream.
- Some people begin to develop physical attraction for others during puberty.



Subtopic 3: Reproduction

Concept to be Learned

The ability to conceive and bear children is affected by healthy and unhealthy behaviors.

Developmental Messages:

- The male's sperm and the female's eggs are called gametes.
- A girl is capable of becoming pregnant when her ovaries begin to release eggs. This is called ovulation.
- A boy is capable of fathering a child when his testicles produce sperm and he is able to ejaculate.
- Menstruation occurs when a released egg is not fertilized and the lining of the uterus is shed. Menstruation is a healthy and normal reproductive function.
- Human development is a continuous process that starts with fertilization.
- Conception occurs when an egg is fertilized by a sperm. They fuse to form a zygote – the first step in the life of a new baby.
- During the first 8 weeks of pregnancy the developing baby is called an embryo.
- After 8 weeks the growing baby is called a fetus.
- Pregnancy usually lasts about 9 months.

Subtopic 4: Stages of Life

Concept to be Learned

Individuals progress from conception to death through various stages of development: infancy, childhood, adolescence, adulthood, and old age.

- Every human being, at every stage and in every condition of life, is unique and important.
- It is important for people at every stage of life to develop and maintain healthy and positive habits.
- Throughout adolescence, a person grows physically, intellectually, emotionally, socially, and spiritually.
- Success at each stage of life is influenced by a person's behaviors.
- In general, the legal definition of an adult in the US is a person who is 18 years of age.
- Some people who reach the age of 18 are not mature adults.
- Although physical and mental maturity may be reached by the end of the teen years, cognitive maturity (the ability to make mature decisions) does not completely develop until the mid-20s.^{6,7,8}
- Family relationships play an important part in each stage of life, from birth to death.
- While an individual's range of choices and responsibilities increase throughout adolescence, guidance from parents and other trusted adults is still needed.



Key Topic 2: Character Development

After learning the following concepts, the learner will be able to:

- Explain the importance of personal dignity and the value of self and others.
- Identify positive traits and habits that demonstrate universal values and promote healthy behaviors.*
- Identify ways to interact and communicate with people in a respectful manner.
- Differentiate between healthy and unhealthy behaviors.
- Discuss self-control, decision making, commitment, and goal setting.
- Explain how families who reinforce universal values provide a solid foundation for communities.
- Discuss the importance of communication, commitment, love, and trust within the family.

Subtopic 1: Universal Values

Concept to be Learned

Integrity, humility, justice, courage, self-control, compassion, respect, responsibility, fidelity, and perseverance are important to human relationships and are called universal values. Identifying and acting on universal values helps people develop character, make healthier decisions, and set and commit to short- and long-term goals.

Universal Values9

GRADE			
K-4	5-6	7-8	9-12
Honesty	Honesty	Integrity	Integrity
Modesty	Modesty	Humility	Humility
Fairness	Fairness	Justice	Justice
Courage	Courage	Courage	Courage
Self-control	Self-control	Self-control	Self-control
Kindness	Compassion	Compassion	Compassion
Respect	Respect	Respect	Respect
Responsibility	Responsibility	Responsibility	Responsibility
Fidelity	Fidelity	Fidelity	Fidelity
		Perseverance	Perseverance

^{*}Universal values remain the same throughout the grade levels but are demonstrated with higher level learning concepts in grades 7-12.

- Integrity, humility, justice, courage, self-control, compassion, respect, responsibility, fidelity, and perseverance are important to human relationships and are called universal values.
- Parents and family members can teach one another universal values.¹⁰
- Family members can support an adolescent's practice of universal values.
- Universal values of healthy family relationships are honesty, commitment, loyalty, sacrifice, love, discipline, trust, compassion, and cooperation.
- Practicing healthy behaviors is a form of positive social modeling for family members, peers, and the community.¹¹
- Everyone can learn to develop positive habits.
- Learning from the experiences of others can be beneficial.
- Emulating positive role models builds emotional maturity.
- Empathy enables a person to experience the world from the point of view of others.
- Becoming a person of integrity requires clear guidelines and boundaries.
- Young people demonstrate responsibility by studying, completing school assignments, helping out at home, being honest and fair with others, and treating themselves and others with respect.
- Choices and actions have consequences, both negative and positive.
- People must learn to take responsibility for their actions.
- It takes courage to maintain healthy behaviors.
- Cheating is disrespectful to yourself and others.
- It is important to demonstrate respect for others by apologizing when a person has done something wrong.
- Hurting another person causes feelings of remorse.
- Every person should be treated with respect even if they have different views.
- Helping other people shows respect and the intrinsic worth of every person.
- Healthy self-esteem can develop from competency in using universal values and skills in areas such as school, the arts, and sports.
- Healthy self-esteem can make people less dependent on the approval of others.
- Maturity is the completeness of physical, cognitive, and emotional growth and development.
- One sign of growth and maturity is seeking opportunities for self-improvement.
- People show respect for others when they desire to manage time effectively.
- Practicing behaviors that reflect your spiritual beliefs and avoiding pressures to go against these beliefs can help build self-control.

- Practicing self-control can help people develop their talents, work toward their goals, and develop self-esteem. Practicing self-control can also help people delay immediate gratification, resist negative peer pressure, and avoid the risks associated with impulsive behaviors.^{12,13}
- A person's behaviors shape their habits.

Subtopic 2: Decision making

Concept to be Learned

Healthy decision making involves choosing the course of action consistent with universal values.

Developmental Messages:

- Parents, teachers, and other trusted adults can guide youth through difficult decision making.
- Adolescents need guidance, support, and opportunities to make decisions regarding healthy risk-taking activities.¹⁴
- Adolescents need negotiation, communication, and critical-thinking skills.
- Universal values can be appropriate guidelines for healthy decision making.
- Emotions, popular opinions, peer pressure, and media influences are inappropriate guidelines for healthy decision making.
- Peers can support one another in their decisions to say "yes" to healthy behaviors such as maintaining healthy diet, exercise, and sleeping habits.
- Peers can support one another in their decision to say "no" to unhealthy behaviors such as adolescent sexual activity, alcohol, drug, inhalant, and tobacco use.
- Decisions should not be based on feelings alone.
- Deciding to abstain from sexual activity can help adolescents develop character and personal efficacy.¹⁵
- Adolescents need to have the negative consequences of sexual involvement clearly explained and discussed with them.
- Sexual behaviors are the result of conscious decisions unless they involve abuse or coercion.
- Alcohol, drug, and inhalant use interfere with healthy decision making, problem solving, and negotiation skills.^{16,17,18,19}

Subtopic 3: Commitment and Goal Setting

Concept to be Learned

Character is essential for committing to and achieving healthy goals.

- The family environment is the ideal setting for teaching adolescents the value of delaying immediate gratification in exchange for future gain.
- Families play an important role in helping adolescents set and achieve educational and life goals.

- The benefits of parental involvement in a child's education include improved academic achievement, reduced absenteeism, improved school behavior, greater academic motivation, and lower dropout rates.^{20,21,22}
- Practicing healthy habits such as avoiding alcohol, drugs, and sexual activity can help people accomplish goals.
- Self-control can help people reach their goals.
- Every child has the capacity to plan for a positive future and accomplish academic and life goals.
- Following through with responsibilities and obligations at home and in school helps adolescents become mature and responsible adults.
- Respect, responsibility, and achievement contribute to personal happiness.
- Having a well-developed set of universal values may help a person resist negative peer pressure.²³
- Being committed to sexual health has many benefits such as strengthening character and developing a lifetime commitment to healthy living.
- It is important to set and commit to personal limits to avoid unhealthy behaviors.
- It is important for people to plan ahead and make healthy choices so they can achieve their goals.
- Adolescent sexual relationships can undermine personal integrity and interfere with the achievement of life goals.
- Controlling sexual behaviors can help a person achieve career objectives and other short- and long-term goals.^{24,25,26,27,28,29,30}
- Using alcohol, drugs, inhalants, and tobacco can inhibit a person's ability to reach their goals, including their ability to reach sexual health goals.
- A lifelong, committed relationship such as marriage provides the healthiest setting for raising a family.³¹
- Lifetime commitments between spouses can provide a stable family life and a more stable society.



Key Topic 3: Relationships

After learning the following concepts, the learner will be able to:

- Describe the differences between healthy and unhealthy relationships.
- · Describe healthy relationship building.
- List the elements of effective communication.
- Describe how to express love in healthy ways.
- Recognize that love is a conscious daily decision that is not based solely on feelings.
- Explain how family members can help one another reach their physical, intellectual, emotional, social, and spiritual potential.
- Explain how each individual contributes to the quality of family life in their home.
- Describe the joys and responsibilities of parenting children within a family.

Subtopic 1: Friendships

Concept to be Learned

Healthy friendships play an important role in human development.

- Friends are an important social support system throughout life.
- Friends help one another achieve goals and dreams.
- Friendship requires that trust be built between two people. This takes open communication, understanding, forgiveness, perseverance, and time.
- People involved in healthy friendships support each other's healthy behaviors and reinforce universal values (eg, self-control, respect, and responsibility).
- Being a friend can help people serve as a role model for their siblings and peers.
- Same sex friendships are important.
- Some relationships that appear to be friendships lack the qualities of true friendship.
- Friends encourage one another to avoid unhealthy behaviors and relationships that are harmful.
- True friends discourage unhealthy behavior in his or her friends.
- Positive or negative habits developed in friendships, such as honesty and respect, may be carried over into dating relationships and marriage.
- Friends do not socially isolate, gossip, name call, bully, or stigmatize.

Subtopic 2: Dating

Concept to be Learned

The purpose of dating is to:

- Get to know yourself and others
- Learn to feel at ease in a healthy relationship
- Experience companionship
- Develop a sense of independence
- Choose a lifelong partner such as in marriage



- Establishing healthy friendships is more important than early dating.
- Young people use different terms to describe dating such as going out and going steady.
- Group dating provides adolescents with the opportunity to get to know themselves and others better.
- Not all adolescents date.
- Choosing not to date allows additional time and energy to pursue other activities such as community service learning, asset development, and goal attainment.
- Healthy dating experiences, especially at older ages, can help couples grow intellectually, emotionally, socially, and spiritually.
- Setting personal standards for physical contact and communicating them early in the dating relationship can help prevent a couple from becoming sexually active.
- A delayed onset of dating is related to a delayed onset of sexual activity.³²
- Few dating relationships continue throughout adolescence, even those that include sexual activity.
- Exclusively dating one person can lead to sexual involvement. 33,34,35,36,37,38
- Dating relationships that involve large differences in age increase the likelihood for coercion, manipulation, isolation, violence, and sexual activity.^{39,40,41,42}
- Sexual activity can interfere with the development of healthy dating relationships and with personal maturity.⁴³
- Parents need to set and communicate dating standards and expectations.
- Dating should be discouraged in 7th-8th grade because it is associated with early sexual activity and can have an adverse impact on academic performance.^{32,44,45}
- Dating responsibilities for adolescents include discussing with their parents whom they are dating, where they are going, and what time they will be home.



Subtopic 3: Love

Concepts to be Learned

- Love is a strong attachment or devotion, a desire for the wellbeing of another.
- People demonstrate love through their behaviors.

Developmental Messages:

- There are differences between crushes, infatuation, and love.
- Feelings of infatuation or being attracted to someone can come and go.
- Infatuation usually starts and ends quickly. It is based on emotions and external appearances.
- Love is more about what is given than about what is received. It is more than physical attraction and romantic infatuation.
- Love is a decision and a commitment to care for and respect yourself and others.
- Love enables a relationship to endure tough times.
- There are many ways of expressing love and affection other than through sexual activity.
- Sexual desires are different than love, and it is healthiest to reserve sexual activity for a lifelong, mutually monogamous relationship such as marriage.^{46,47,48}
- Many movies and television programs do not portray true love.

Subtopic 4: Marriage and Family

Concept to be Learned

Marriage is based on commitment, compatibility, effective communication, and expression of universal values.

- A marriage is based on commitment, respect, compatibility, effective communication, unselfish love, and trust.
- A stable marriage provides an ideal environment for children to grow and develop.³¹
- Healthy, strong marriages contribute to healthy families and communities. 49,50,51
- According to the 1996 Welfare Reform Act, "A mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity." 52
- Most adults rate a happy marriage as one of their most important objectives in life.^{46,53}
- For a lifelong, fulfilling marriage, both partners must continually renew their decision to love one another.
- People in the US generally choose their own marriage partner.
- In some cultures, parents and family choose their child's marriage partner.
- Marriage requires that both partners fully commit themselves to the relationship.

- Married couples share responsibilities for each other's wellbeing and that of their children.
- The first few years of a marriage are a time of adjustment.
- Marriage is more than a legal contract between a man and a woman.
 It is a promise of and commitment to lifelong love.
- Marriage is a partnership that can remain strong through good times and bad.
- Effective communication and conflict resolution are essential elements in marriage.
- Trust allows a husband and wife to share their most intimate thoughts, ideas, feelings, and dreams with each other.
- In a loving marriage, bonding grows over time. Sex plays an important part in this bonding process.
- Practicing abstinence before marriage can facilitate fidelity within marriage.⁵⁴
- According to the 1996 Welfare Reform Act, "Abstinence from sexual activity outside of marriage is the expected standard for all school age children." 52
- Relationships among couples who cohabit generally last fewer years than marriages.⁵⁵
- Couples who don't cohabit before marriage are more likely to stay married than cohabiting couples. 46,56,57,58
- With time or with help, family members can adjust to changes affecting family life.
- Family members should offer support and encouragement to each other.
- There are many ways family members can exhibit love.
- A family is usually considered to be two or more people who are related by blood, marriage, or legal adoption.
- Adolescents need to develop the capacity to understand and cope with changes within the family.
- Forming a healthy family is a skill that can be learned.
- Some adolescents may feel stress related to the changes that occur in their families such as divorce.
- If the family environment is abusive, adolescents should seek guidance from trusted adults, such as teachers, school nurses, and counselors.
- Two-parent families generally provide a stable and secure environment for children to grow and develop.^{59,60,61,62,63,64}
- A single-parent family can also provide a stable and secure environment for children to grow and develop.
- Many families informally "adopt" people as family members.
- All families experience difficult times. These difficult experiences can be a source of learning and can strengthen the relationship.
- Family stability and connection is a strong deterrent to sexual activity. 65,66,67,68,69,70,71,72



Subtopic 5: Parenthood

Concept to be Learned

Nurturing and involved parents and families build and sustain healthy families and communities.

- Parenting is a joyful part of being a family.
- Parents teach universal values best through example, love, and discipline.
- When parents and adolescents work and play together, their relationships become stronger; these experiences provide opportunities for adolescents to develop interpersonal skills and enhance their sense of security.
- It is important for parents to be positive role models for their children.¹⁰
- When parents set and explain rules about curfew, friends, and dating, the child will feel more secure in the expected behaviors.
- Parents can play an important role in guiding their children's decisions regarding sexual behavior.
- In every family, parents are called upon to make many sacrifices for their children.
- Many young women learn how to relate to men by watching their mothers interact with their fathers or from other male role models.
- Many young men learn how to relate to women by watching their fathers interact with their mothers or from other female role models.
- Adolescents need guidance from their families through the process of developing independence.
- Family members serve as guides and guardians until adolescents are old enough to bear full responsibility as adults.
- Adolescents can learn important lessons from extended family members.



Key Topic 4: Sexuality

After learning the following concepts, the learner will be able to:

- Identify ways to express sexuality that respect self and others.
- Explain the benefits and value of healthy behaviors.
- Distinguish between needs and desires.
- Identify nonsexual ways of expressing intimacy.
- Explain the benefits of practicing sexual abstinence.
- Explain why responsible sexual behavior, based on fidelity and commitment, is an essential component of a lifelong, mutually monogamous relationship such as marriage.
- · Describe effective refusal and cessation skills.

Subtopic 1: Human Sexuality

Concept to be Learned

Sexuality is not only sexual activity but is also physical, intellectual, emotional, social, and spiritual characteristics, feelings, and behaviors.

- Although boys and girls are different, they have equal dignity, value, and opportunity.
- Sexuality can be influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.
- The emotional dimension of sex is one aspect that makes it distinctively human.
- Sexuality is part of being human.
- Sexuality is sexual activity and encompasses gender roles of males and females.
- Caring for another person means wanting them to be healthy and remain that way.
- It is important to set personal boundaries and respect the boundaries of others.
- Maintaining physical, sexual, and reproductive health today provides a solid foundation for starting and maintaining a family in the future.
- Responsible adolescents do not take risks with their own or anyone else's health and welfare.
- Sexually active adolescents are at risk for serious and long-term negative health consequences as well as for significant emotional health consequences. ^{73,74,75,76,77,78,79,80,81}
- Adolescents who engage in early sexual activity are also frequently involved in other risky behaviors such as alcohol, drug, inhalant, and tobacco use.^{4,82}

Subtopic 2: Sexual Desires

Concept to be Learned

Exercising self-control over physical and emotional desires helps maintain sexual health.

Developmental Messages:

- Sexual desires can be expressed in nonsexual ways such as spending time together, open communication, and respecting one another.
- Sexual desires may be affected by visual or emotional cues, stimulation, or responses.
- Although sexual desires can be triggered by many things, these feelings do not need to lead to sexual behavior.
- While sexual desires are normal, sexual activity is a choice and therefore is under an individual's control (except in cases of abuse or coercion).
- People should think about consequences for themselves and others before they act on their feelings.
- Not acting on sexual desires may help people reach future goals.
- Sexual activity, such as penile-vaginal, oral, and anal sex, is not simply a physical act.
- Adolescents who practice abstinence from sexual activity can avoid the physical, intellectual, emotional, social, and spiritual consequences of sexual activity.
- Alcohol, drug, inhalant, and tobacco use as well as sexual activity may have long-term negative physical, intellectual, emotional, social, spiritual, financial, and legal consequences.⁴



Subtopic 3: Intimacy

Concept to be Learned

Intimacy is emotional closeness, bonding, cooperation, trust, and harmony and can be strengthened over time. Intimacy can be physical, intellectual, emotional, social, and spiritual.

- The deepest intimacy is to be known and accepted for who you are.
- Emotional intimacy means sharing your deepest feelings, hopes, dreams, pain, and suffering.
- In a lifelong, mutually monogamous relationship such as marriage, sexual intimacy can strengthen the bond between spouses.
- Treating a person with kindness and showing respect for that person's ideas and beliefs may lead to a closer relationship.
- Adolescents may desire to establish a close, emotionally intimate relationship with a peer.
- Close intimate relationships and strong feelings for another person can occur without sexual involvement.

- Adolescent sexual activity seldom leads to long-term emotional intimacy.
- The breakup of close relationships is frequently accompanied by strong feelings that can be even more amplified when sexual activity is involved.^{83,84}

Subtopic 4: Fidelity

Concept to be Learned

Fidelity contributes to stable families and societies.

- A mature person feels a personal obligation to keep promises.
- Adolescents who do what they say they are going to do are practicing fidelity.
- Being trustworthy helps develop healthy friendships.
- Adolescents benefit from their parent's practice of fidelity.
- Learning commitment and responsibility at home, in school and at work helps develop the traits that a mature adult needs for fidelity in a lifelong mutually monogamous relationship such as marriage.
- Adolescents who are affected by infidelity in the family can learn and practice fidelity in their own lives.
- Some media depictions glamorize infidelity without showing any of the negative consequences.



Key Topic 5: Sexual Behavior and Consequences

After learning the following concepts, the learner will be able to:

- Explain how sexual health is a state of physical, emotional, intellectual, social, and spiritual wellbeing related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.
- Explain that the healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable and occurs in the context of a lifelong, mutually monogamous relationship such as marriage.
- Explain that healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind-altering substances (alcohol and drugs), and transmission of infection.
- Describe the benefits of parent-child connectedness as a significant protective factor in maintaining health.
- Explain that a lifelong, mutually monogamous relationship such as marriage is the environment in which sexually active people have the least risk of HIV, STIs, and unintended pregnancy.
- Identify support mechanisms for practicing and maintaining sexual abstinence until a lifelong, mutually monogamous relationship is established.
- Describe the physical, intellectual, emotional, social, and spiritual consequences of adolescent sexual activity.
- Describe the benefits and risks of different contraceptive methods from 100% effective to least effective in preventing pregnancy.
- Describe the impact of teenage pregnancy on the mother, father, child, and society.
- Identify two 100% effective methods of HIV/STI prevention: abstaining from sexual activity and having sex with one uninfected partner in a lifelong, mutually monogamous relationship.
- Describe the effectiveness of correct and consistent use of a latex condom in reducing the risk of HIV, STIs, and pregnancy.
- Describe the effectiveness of incorrect and inconsistent use of a latex condom in reducing the risk of HIV, STIs, and pregnancy.
- Describe at least 5 common STIs and their sequelae (HIV, HPV, gonorrhea, chlamydia, and herpes).
- Identify manipulative, abusive, and coercive behaviors that impact sexual health.
- Describe the impact of sexual abuse or harassment and deal appropriately with sexually abusive, coercive, or harassing situations (Seek help and tell a trusted adult).
- Describe strategies for dealing appropriately with sexually abusive, coercive, or harassing situations.

Subtopic 1: Abstinence and Sexual Health

Concept to be Learned

Prior to establishing a lifelong, mutually monogamous relationship, adolescents and adults can protect their sexual health by practicing abstinence from sexual activity.

- The healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable and occurs between adults in the context of a lifelong, mutually monogamous relationship such as marriage.
- Healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind-altering substances (alcohol and drugs), and transmission of infection.
- There are many nonsexual ways to express affection, love, friendship, and concern.
- Sexual health is maintained by developing self-control, refusal skills, and identifying the parental and peer support necessary to avoid sexual activity.⁸⁵
- According to the 1996 Welfare Reform Act, "Abstinence from sexual activity outside of marriage is the expected standard for all school age children." 52
- Abstinence outside of and fidelity within a lifelong mutually monogamous relationship such as marriage are the healthiest sexual health choices for individuals, families, and communities.⁸⁶
- Abstinence means avoiding all sexual activity, including penile-vaginal, anal, and oral sex, and all other physical contact such as mutual masturbation, and mouth-to-breast contact intended for the specific purpose of sexual arousal.
- The benefits of sexual abstinence include focusing on personal development and encouraging individuals to build healthy relationships not complicated by sexual involvement.
- The benefits of sexual abstinence include avoiding the risks of HIV/STIs and pregnancy.
- People who do not have sex until marriage are more likely to remain married. 46,56,57,58,87,88
- Adolescents who remain abstinent from sexual activity have fewer lifetime sexual partners, less depression and suicide, and less risk for single parenthood and maternal and child poverty.^{33,89}
- Adolescents who are not sexually active are less likely to engage in risk behaviors such as alcohol, drug, inhalant, and tobacco use than adolescents who are sexually active.⁴
- It is possible for young people to be sexually abstinent until they establish a lifelong, mutually monogamous relationship such as marriage.
- A majority of adolescents are choosing to delay the onset of sexual activity.⁹⁰

- A majority of sexually active teens wish they had waited to have sex.91
- Adolescents agree they want a strong abstinence message, that sex is not acceptable for unmarried adolescents, and that they are not embarrassed to admit they are virgins.^{92,93}
- Sexual activity for adolescents can lead to physical, emotional, social, spiritual, educational, and economic consequences.
- Sexual activity outside a lifelong mutually monogamous relationship such as marriage can have harmful physical, intellectual, emotional, social, and spiritual effects.
- Engaging in sexual activity or drug use may place adolescents at risk for future depression.⁹⁴
- Sexually active adolescents would likely benefit from returning to abstinence.
- Parent-child connectedness is a protective factor that contributes to delaying the age of sexual debut. 56,65,66,67,68,69
- Parents can assist youth in promoting abstinence and sexual health through open communication, setting limits, being actively involved in their adolescents lives, and monitoring their behaviors.
- It is important for people to express teir needs and to articulate their feelings to parents and trusted adults.
- At times it may be hard for some adolescents to adhere to their personal commitment to remain abstinent. Peers, parents, teachers, and other community members need to support adolescents in their decision to remain abstinent.
- Communities can support parents and promote abstinence and sexual health by limiting adolescent unsupervised time through their support of after-school and summer programs.
- Adolescents who have had vaginal, anal, or oral sex should seek medical attention and reestablish sexual abstinence.



Subtopic 2: Contraception

For more cognitively advanced or sexually experienced learners, consider using the developmental messages from a higher grade level. Any suspicion of child abuse or nonconsensual sexual activity must be reported to the proper authorities.

Concept to be Learned

Contraception is the use of mechanical devices, foams or creams, or medication for the purpose of reducing the risk of pregnancy. No contraceptive method is 100% effective.

- Abstinence from sexual intercourse is a 100% effective method of pregnancy prevention.
- Contraceptives work by interrupting ovulation, preventing fertilization, or preventing implantation.
- Contraception can reduce but does not completely eliminate the risk of pregnancy.^{57,95,96,97,98}
- Contraceptive use will not prevent the emotional consequences that can be associated with sexual activity.^{74,75}
- Sexually active adolescents should seek advice about contraception from a health care provider.

Subtopic 3: Sexually Transmitted Infections (STIs)

Concepts to be Learned

- Sex outside of a lifelong, mutually monogamous relationship such as marriage is inherently risky.
- The only safe sex is sex between two mutually monogamous, uninfected partners.
- Sexually experienced persons need testing and may need treatment if they are diagnosed with a sexually transmitted infection.

- People who develop positive and healthy habits will be at a lower risk for many illnesses and disease.
- Some STIs are caused by viruses. Although your body may clear itself
 of many viral infections, your body cannot clear certain viral infections,
 such as HIV or herpes.
- About half of new cases of STIs are reported in youth 15-24 years old.⁹⁹
- Although treatment can cure some STIs, it cannot undo any damage that has already occurred.
- Some people are not aware or do not fully disclose their sexual history and their STI status.¹⁰⁰
- In a lifelong, mutually monogamous relationship such as marriage, people do not risk being infected by STIs if both people are free of STIs and they remain faithful to one another.
- Beginning to engage in sexual activity early in life is usually associated with having more sexual partners. The more sexual partners a person has, the greater the risk there is of getting HIV and STIs.^{101,102,103,104}
- There is a risk of contracting STIs with each sexual contact outside of a lifelong, mutually monogamous relationship, even if a condom is used.
- Individuals who engage in "outercourse" (sexual activity without any form of penetration) are also at risk for contracting some STIs. 99,105
- Skin-to-skin contact in the genital area can spread several STIs, especially HPV and herpes. Condoms offer limited protection from exposure to diseases spread in this way since they do not cover the entire genital area.^{106,107}

- Most people with an STI, including HIV, have no symptoms. Laboratory tests can detect STIs and HIV. A person cannot know if they are infected without a test.
- Some people with an STI, including HIV, have symptoms. These can include genital itching, genital discharge, sores on or in the genitals or mouth, abdominal pain, painful urination or burning with urination, and rashes.
- So-called "safe or "safer" sex practices; limiting the number of sexual encounters and partners, and the use of barriers, such as condoms, may reduce but do not eliminate the risk for acquiring HIV or STIs.
- Consistent 100% use of latex condoms can significantly reduce but does not eliminate the risk of transmitting or acquiring HIV infection.^{95,96,97,98}
- Consistent 100% use of latex condoms reduces the risk of some common STIs, such as gonorrhea and chlamydia, by about 50%.
 Consistent and correct condom use is essential to achieve risk reduction.^{95,96,97,98}
- Condoms are often used inconsistently and incorrectly by adolescents. 108,109,110,111
- Acquiring an STI can reduce or destroy female fertility (the ability to conceive).^{73,112,113}
- Anyone who has been sexually active outside of a lifelong, mutually
 monogamous relationship with an uninfected partner should be
 instructed to consult with a healthcare provider about being screened
 for STIs including HIV. If sexual activity involves abuse or coercion or
 occurs in individuals below the age of consent, the proper authorities
 must be notified.
- There is no way to tell by looking at someone whether or not they have an STI.
- The only way for someone to know if they are infected with an STI is to be tested by a healthcare provider.
- Anyone who suspects that they may have an STI should stop having sex and consult a healthcare provider.
- Anyone who has an STI has a responsibility to disclose this to a sex partners.
- When a person is diagnosed with an STI, all of their sex partners need to be screened and possibly treated.
- People can get tested for STIs at public clinics, private doctors, family planning clinics, and the health department.
- People with any disease, including and STI, need to be treated with compassion.
- Vaccinations are available for hepatitis B.
- Vaccinations are available for some types of HPV.



Subtopic 4: HIV/AIDS

Concepts to be Learned

- Sex outside of a lifelong, mutually monogamous relationship such as marriage is inherently risky for sexually transmitted infections such as HIV.
- The only safe sex is sex between two mutually monogamous, uninfected partners.
- Sexually experienced persons need testing and may need treatment if they are diagnosed with a sexually transmitted infection such as HIV.

- HIV stands for human immunodeficiency virus.
- People with HIV are sometimes referred to as being HIV positive.
- HIV causes AIDS.
- AIDS stands for acquired immune deficiency syndrome.
- AIDS is a worldwide disease affecting all kinds of people.
- AIDS has no cure; without lifelong treatment, it is usually fatal.
- People who have HIV and AIDS are more susceptible to illnesses called opportunistic infections.
- Currently there is no cure for HIV.
- There is medicine that people with HIV and AIDS can take to help them feel better and live longer.
- It can take several years for someone who has HIV to develop AIDS.
- Teenagers who get infected with HIV may not develop AIDS until they are much older but they can pass HIV to others once they have it.
- Young African American and Hispanic females are the fastest growing group of people being infected with HIV in the US.^{105,114,115}
- HIV is present in blood, semen, vaginal secretions, and breast milk.
- HIV can be transmitted through intimate sexual contact where body
 fluids are exchanged, through intravenous drug use when contaminated
 needles are shared, through body piercing and tattooing if unsterilized
 equipment is used. HIV can also be transmitted from an infected
 mother to her child.
- There is a risk of contracting HIV with each sexual contact outside of a lifelong, mutually monogamous relationship, even if a condom is used.
- There is no risk of getting HIV though casual contact such as playing sports, sharing meals, riding the bus, shaking hands, giving hugs, using the toilet, or from insect bites.
- Since donated blood is screened for HIV there is almost no risk of contracting HIV through blood transfusions in the United States or other developed countries.
- There is no way to tell by looking at someone whether or not they are HIV positive.
- The only way for someone to know if they are infected with HIV is to be tested by a healthcare provider.
- Anyone who is HIV positive has a responsibility to disclose their status to a sex partner.
- People with any disease including AIDS need to be treated with compassion.

Subtopic 5: Teenage Pregnancy

Concepts to be Learned

- There are physical, emotional, social, and educational consequences of teenage and nonmarital pregnancy.
- Despite the correct and consistent use of contraceptives, vaginal sex may result in pregnancy.
- Contraceptive failure rates vary according to the method of contraception used.

Developmental Messages:

- Knowledge and skills are required for correct and consistent contraceptive use.
- Choosing to practice sexual abstinence eliminates the risk of pregnancy.
- The earlier the age of sexual debut, the more likely people are to have an unintended teenage pregnancy and become a single parent. 101,102
- Adolescent parents have to face difficult decisions about their future.
- Female adolescents who have had one pregnancy are at increased risk for a second.⁹⁹
- Compared to children born in wedlock, those born out of wedlock are at risk for harmful consequences. These include low birth weight, drug use, and teenage pregnancy, as well as increased risk for incarceration.^{27,60,116,117,118,119,120,121}
- Unmarried teenage parents are at increased risk for depression and suicide, low educational attainment, decreased probability of marriage, and increased probability of divorce.
- Teenage pregnancy may have harmful consequences for society.
 The majority of unwed teen mothers are abandoned by the father of the baby and most receive public assistance within one year of giving birth.^{25,26}

Subtopic 6: Abuse/Sexual Abuse

Concepts to be Learned

- Abuse and sexual abuse are characterized by coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind altering substances (drugs and alcohol), and transmission of infection.
- Abuse can and should be prevented, stopped, and dealt with appropriately.

- It is important to respect the personal space and boundaries of others.
- Everyone has the right to tell others not to touch or look at their body or be forced to touch or look at another person's genitals.
- There may be times when it is necessary and appropriate for a parent or health practitioner to examine the genital area.
- Inappropriate touches should be reported to a parent or trusted adult.



- Physical, emotional, or sexual harm as well as sexual exploitation are all forms of abuse.
- It is important to know the warning signs of an unhealthy or harmful relationship that may be abusive - anger, control, jealousy, isolation, manipulation, lying, and threat of harm.
- Verbal coercion, lying, and other manipulative behaviors are sometimes used to obtain sex and are forms of abuse.
- Many people keep their abuse hidden, sometimes for many years, but it is important for a child to seek help in order to begin healing the damage caused by the abuse.
- Many adolescents who have been sexually abused have an early onset of sexual activity.
- Sexual activity often precedes dating or intimate partner abuse. 122
- Alcohol use is often associated with violent and abusive situations.¹²³
- Both boys and girls can be victims of sexual violence and can be raped.
- Date or acquaintance rape is rape by someone the person knows.
- Many rape and sexual abuse cases go unreported.
- Laws have been established to protect people from those who abuse or neglect minor children.
- Adolescents should tell their parents or other trusted adults if they
 have been abused including being a victim of sexual violence, rape, or
 sexually abuse.
- Many children will keep their abuse hidden, sometimes for many years, but it is important for a child to seek help in order to begin healing the pain caused by the abuse.
- People who have been abused can heal physically and emotionally with support and treatment.
- Community resources can help people who have been abused.

Subtopic 7: Refusal and Cessation Skills

Concept to be Learned

Developing and using skills to refuse or cease unhealthy behavior can facilitate positive health, self-esteem, and goal achievement.

- Changing unhealthy habits may take sustained effort and a lot of hard work.
- Even well-established unhealthy habits can be changed and replaced with healthy habits.
- When people are aware of negative pressure, they are better able to resist it.
- Learning how to resist negative peer pressure and avoid dangerous situations is one way to practice making healthy decisions.
- Adolescents need reasons to refuse to submit to peer pressure, to engage in unhealthy activities, and encourage others to choose healthy behaviors.



- Adolescents can choose not to engage in risk behaviors such as sexual activity, alcohol, drug, inhalant, and tobacco use.
- Abstaining from sexual activity and avoiding sexual advances may increase a person's level of dignity and respect for self and others.
- Making a decision to stop engaging in unhealthy behavior requires concentrating on and following through with the commitment to change.
- Self-control is developed by learning and applying refusal and cessation skills to unhealthy behavior.
- Avoiding inappropriate settings and potentially compromising situations can help people avoid unhealthy behavior.
- Refusing to participate in and ceasing unhealthy behaviors can build character and resiliency.
- Refusal skills can be used to say "no" assertively to unhealthy behaviors such as alcohol, drug, tobacco, and inhalant use.
- Adolescents who have engaged in risky behaviors such as sexual activity, alcohol, drug, inhalant, or tobacco use can choose to stop.
- Alcohol, drug, or inhalant use increases a person's vulnerability to sexual advances.^{124,125,126}
- Family, friends, and other supportive people are valuable partners in helping individuals to stop unhealthy behaviors and maintain healthy behavioral changes.
- People need courage to stand up to their friends and peers when making a decision.



Key Topic 6: Media and Society

After learning the following concepts, the learner will be able to:

- · Define media literacy.
- · Identify and discuss media literacy skills.
- Distinguish between healthy and unhealthy media messages.
- Recognize that violence and sexual content in the media can lead to unhealthy attitudes and behavior.
- Recognize that pornographic materials objectify human beings.
- Describe Internet dangers and protective factors.
- Describe how media consumption affects physical, intellectual, emotional, social, and spiritual development.
- Identify and discuss selective media use strategies.

Subtopic 1: Media Literacy

Concept to be Learned

Media literacy is an important skill to develop.

- The term "media" includes electronic and print media television, radio, movies, music, the Internet, computer and video games, advertising, newspapers, books, and magazines.
- The media can be a useful source of educational information.
- Developing media literacy skills can help to build critical thinking skills.
- Adolescents should be encouraged to set and adhere to boundaries for what they choose to watch, listen to, and read.
- Adolescents have the ability and choice to turn off the television, radio, media player, and computer, and to discontinue viewing or reading inappropriate and offensive media or literature.
- Media use can influence a person's emotions, attitudes, decisions, and behaviors both consciously and unconsciously.
- Choices and actions are rarely traced through to their natural consequences in the media.
- Media depictions do not always trace choices and actions through to their natural consequences.
- Media portrayals of successful relationships are seldom realistic.
- The media may present unrealistic views of sex, love, marriage, and parenthood.
- Media presentations sometimes give the impression that sexual activity makes a person more mature.
- Many media portrayals of sexual activity involve unmarried people or violence.
- Parents have a responsibility to establish and maintain media standards in the home.

- Adolescent Internet use should be monitored and supervised by parents.
- Posting photos and personal information in online profiles can be dangerous for adolescents.

Subtopic 2: Sexuality and the Media

Concept to be Learned

The media can influence a person's attitudes and behaviors.

Developmental Messages:

- · Media can present healthy and educational information programming.
- Advertising often use sexual messages and images to sell products and services.
- The media tends to address sexuality in a stereotypic, limited, or unrealistic fashion.^{128,129}
- Adolescent exposure to sexually stimulating media is associated with sexual risk behaviors.¹³⁰
- Watching television takes time away from play and social interaction.¹³¹
- Internet use should be monitored and supervised by parents.
- Adolescents who use the Internet need to be aware of Internet predators.
- Adolescents should never give their names, addresses, or telephone numbers to anyone on the Internet unless they have parental permission.
- Adolescents who receive unwanted communication over the Internet should tell a parent or trusted adult immediately.

Subtopic 3: The Influence of Media

Concept to be Learned

The media attempts to persuade people with their messages.

- Many movies contain graphic violence, sex, and foul or demeaning language.
- Most allusions to sex on television, whether verbally insinuated or contextually implied, refer to sex between partners who are not married to each other.¹³²
- Advertising uses sex to sell products and services.
- Advertising can make products, services, and people seem different from what or who they really are.
- Advertising is designed to manipulate behavior but being manipulated by advertising is a personal choice.¹³³
- Heavy exposure to televised violent images is correlated with aggressive behavior, crime, and violence in society.^{132,134}
- Media images of sex and violence can influence people's attitudes and behavior.^{127,132,134}



- Images of graphic sex and violence affect the minds, memories and emotions of viewers. These images can also have an impact on attitudes, choices, and behavior.
- Media depictions of graphic violence have a negative influence on children.^{45,130,135}
- Pornography perpetuates myths that men, women, and children like to be humiliated and physically hurt and that women like to be dominated and treated aggressively.
- Pornographic material can have a significant negative impact on sexual health attitudes and behaviors.¹³⁰
- Parents should monitor media use and supervise media content.
- Parents can help their children learn how to evaluate what they see, hear, or read by using and discussing media together.

References

- ¹ Adapted from: World Health Organization. Sexual health–a new focus for WHO. *Progress*. 2004;67:1-8.
- ² Department of Health and Human Services (US). *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. Available from: http://www.cdc.gov/Tobacco/sgr/sgr_2004/index.htm.
- ³ Brook JS, Richter L, Rubenstone E. Consequences of adolescent drug use on psychiatric disorders in early adulthood. *Ann Med.* 2000;32(6):401-407.
- ⁴ Pergamit MR, Huang L, Lane J. *The Long Term Impact of Adolescent Risky Behaviors and Family Environment*. Chicago, IL: National Opinion Research Center (NORC), University of Chicago; 2001. Available from: http://aspe.hhs.gov/hsp/riskybehav01. Accessed 2005 Sept 12.
- ⁵ Sindelar HA, Barnett NP, Spirito A. Adolescent alcohol use and injury. A summary and critical review of the literature. *Minerva Pediatr*. 2004;56(3):291-309.
- ⁶ Sowell ER, Thompson PM, Holmes CJ, Jernigan TL, Toga AW. In vivo evidence for post-adolescent brain maturation in frontal and striatal regions. *Nat Neurosci*. 1999;2(10):859-861.
- ⁷ Weinberger DR, Elvevag B, Giedd JN. *The Adolescent Brain*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2005.
- ⁸ Giedd JN, Blumenthal J, Jeffries NO, et al. Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci*. 1999;2(10):861-863. Available at: http://www.nature.com/neuro/journal/v2/n10/pdf/nn1099_861.pdf. Accessed 2005 Sept 22.
- ⁹ Adapted from Loges WE, Kidder RM. *Global Values, Moral Boundaries: A Pilot Survey*. Camden, MA: Institute for Global Ethics; 1997.
- ¹⁰ Berkowitz MW, Bier MC. Character education. Educ Leadership. 2005;63(1):64-69.
- ¹¹ Berkowitz MW, Bier MC. What Works in Character Education: A Report for Policy Makers and Opinion Leaders. Washington, DC: Character Education Partnership, 2005 ¹² Baumeister RF, Gailliot M, Dewall CN, Oaten M. Self-regulation and personality: how interventions increase regulatory success, and how depletion moderates the effects of traits on behavior. J Pers. 2006;74(6):1773-1802.
- ¹³ Brown BR Jr, Baranowski MD, Kulig JW, Stephenson JN, Perry B. Searching for the Magic Johnson effect: AIDS, adolescents, and celebrity disclosure. *Adolescence*. 1996;31(122):253-264.
- ¹⁴ Wyatt TJ, Peterson FL. Risky business: Exploring adolescent risk-taking behavior. *J Sch Health*. 2005;75(6):229-231.
- ¹⁵ Lerner R. Can abstinence work? An analysis of the best friends program. *Adolesc Fam Health*. 2004;3(4):185-192.
- ¹⁶ Grant S, Contoreggi C, London ED. Drug abusers show impaired performance in a laboratory test of decision making. *Neuropsychologia*. 2000;38(8):1180-1187.
- ¹⁷ Scheier LM, Botvin GJ. Effects of early adolescent drug use on cognitive efficacy in early-late adolescence: a developmental structural model. *J Subst Abuse*. 1995;7(4):379-404.
- ¹⁸ Lenz BK. Tobacco, depression, and lifestyle choices in the pivotal early college years. *J Am Coll Health*. 2004;52(5):213-219.
- ¹⁹ Martinez JA, Mota GA, Vianna ES, Filho JT, Silva GA, Rodrigues AL Jr. Impaired quality of life of healthy young smokers. *Chest*. 2004;125(2):425-428.
- ²⁰ Colker LJ. Family involvement: A key ingredient in children's reading success. RIF Exchange Show #403 "Literacy a Family Matter" [article on the Internet]. [2003]. Available from: www.rif.org/coordinators/articles/FamInvolvement.mspx. Accessed 2006 May 10.

- ²¹ Henderson AT, Mapp KL. *A New Wave Of Evidence: The Impact Of School, Family, And Community Connections On Student Achievement.* Austin, TX; Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/evidence.pdf. Accessed 2006 May 10.
- ²² Jordan C, Orozco E, Averett A. Emerging Issues In School, Family, And Community Connections. Austin, TX: Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/emergingissues.pdf. Accessed May 10, 2006.
- ²³ Sessanna L. Incorporating Florence Nightingale's theory of nursing into teaching a group of preadolescent children about negative peer pressure. *J Pediatr Nurs*. 2004;19(3):225-231.
- ²⁴ Passarel S. Adolescent childbearing and educational and economic attainment [fact-sheet on the Internet]. Washington, DC: Advocates for Youth. [Compiled 1995 Oct; Cited 2004 May 6]. Available from: http://www.webcitation.org/5KFGkM8ZC.
- ²⁵ General Accounting Office (US). Teen Mothers: Selected Socio-Demographic Characteristics and Risk Factors: Report to the Honorable Charles B. Rangel.
 Washington, DC: US General Accounting Office;1998 Jun. Publication GA/HEHS-98-141.
 Available from: http://www.gao.gov/archive/1998/he98141.pdf. Accessed 2006 Mar 28.
 Alan Guttmacher Institute. Sex and America's Teenagers. New York: Alan Guttmacher Institute: 1994.
- ²⁷ Maynard RA, ed. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: Urban Institute Press; 1996.
- ²⁸ Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S. Births: final data for 2004. *Natl Vital Stat Rep.* 2006 September 29;55(1):1-101. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf. Accessed 2006 Oct 1.
 ²⁹ Annie E. Casey Foundation. *When Teens Have Sex: Issues and Trends*. Baltimore, MD: The Annie E. Casey Foundation; 1998. Html version available from: http://www.aecf.org/kidscount/teen/.
- ³⁰ Pirog-Good MA. The family background and attitudes of teen fathers. *Youth & Society*. 1995;26(3):351-376.
- ³¹ Wilcox WB, Doherty WJ, Fisher H, et al. *Why Marriage Matters: Twenty-Six Conclusions From the Social Sciences: A Report From Family Scholars*. 2nd ed. New York: Institute for American Values; 2005.
- ³² Cooksey EC, Mott FL, Neubauer SA. Friendships and early relationships: Links to sexual initiation among American adolescents born to young mothers. *Perspect Sex Reprod Health*. 2002;34(3):118-126.
- ³³ Edgardh K. Sexual behavior and early coitarche in a national sample of 17 year old Swedish girls. *Sex Transm Inf.* 2000;76(2):98-102.
- ³⁴ Lewin B. The adolescent boy and girl: first and other early experiences with intercourse from a representative sample of Swedish school adolescents. *Arch Sex Behav*. 1982;11(5):417-428.
- ³⁵ Meschke LL, Zweig JM, Barber BL, Eccles JS. Demographic, biological, psychological, and social predictors of the timing of first intercourse. *J Res Adolesc*. 2000;10(3):315-338. ³⁶ Halpern CT, Joyner K, Udry JR, Suchindran C. Smart teens don't have sex (or kiss much either). *J Adolesc Health*. 2000;26(3):213-225.
- ³⁷ Blum RW, Beuhring T, Rinehart PM. *Protecting Teens: Beyond Race, Income, and Family Structure*. Minneapolis, MN: Center for Adolescent Health, University of Minnesota; 2000.
- ³⁸ Rosenthal SL, Burklow KA, Lewis LM, Succop PA, Biro FM. Heterosexual romantic relationships and sexual behaviors of young adolescent girls. *J Adolesc Health*. 1997;21(4):238-243.
- ³⁹ Kaestle CE, Morisky DE, Wiley DJ. Sexual intercourse and the age difference between adolescent females and their romantic partners. *Perspect Sex Reprod Health*. 2002;34(6):304-309.
- 40 Smith AM, Alsi P. Age of risk behavior debut: Trends and implications. IYD Youth Facts 1999; January: 1-17.
- ⁴¹ VanOss Marin B, Coyle KK, Gomez CA, Carvajal SC, Kirby DB. Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents. *J Adolesc Health*. 2000;27(6):409-418.
- ⁴² VanOss Marin B, Kirby DB, Hudes ES, Gomez CA, Coyle KK. Youth with older boyfriends and girlfriends: Associations with sexual risk. In: Albert B, Brown S, Flanigan CM, eds. *Fourteen And Younger: The Sexual Behavior Of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2003:83-90.
- ⁴³ Joy DM. *Re-Bonding: Preventing and Restoring Damaged Relationships*. 2nd ed. Nappanee, IN: Evangel Publishing House; 1999.
- ⁴⁴ Dorius GL, Heaton TB. Steffen P. Adolescent life events and their association with the onset of sexual intercourse. *Youth Soc.* 1993;251):3-23.



- ⁴⁵ Bruckner H, Bearman P. Dating Behavior and sexual activity of young adolescents: Analyses of the National Longitudinal Study of Adolescent Health. In: Albert B, Brown S, Flanigan CM, eds. *Fourteen And Younger: The Sexual Behavior Of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2003:31-56.
- ⁴⁶ Michael RT, Gagnon JH, Layman EO, Kolata G. *Sex in America: A Definitive Survey.* New York: Little, Brown and Company; 1994.
- ⁴⁷ Niccolai LM, Ethier KA, Kershaw TS, Lewis JB, Meade CS, Ickovics JR. New sex partner acquisition and sexually transmitted disease risk among adolescent females. *J Adolesc Health*. 2004;34(3):216-223.
- ⁴⁸ Manhart LE, Koutsky LA. Do condoms prevent genital HPV infection, external genital warts, or cervical neoplasia? A meta-analysis. *Sex Transm Dis.* 2002;29(11):725-735.
- ⁴⁹ Nock SL. *Marriage in Men's Lives*. New York: Oxford University Press, 1998.
- ⁵⁰ Stanley SM, Whitton SW, Markman HJ. Maybe I do: Interpersonal commitment and premarital or nonmarital cohabitation. *J Fam Issues*. 2004;25(4):496-519.
- ⁵¹ Waite LJ. Does marriage matter? *Demography*. 1995;32(4):483-507.
- ⁵² Separate program for abstinence education 42 USC 710 §§ (b)(2)(A)-(H) Definition of abstinence education (2004).
- ⁵³ Carroll JS, Doherty WJ. Evaluating the effectiveness of premarital prevention programs: a meta-analytic review of outcome research. *Family Relat*. 2003;52(2):105-118.
- ⁵⁴ Turner LW, Sizer SS, Whitney EN, Wilks BB. *Life Choices Health Concepts and Strategies*. 2nd ed. St. Paul, MN: West Publishing Company; 1992.
- ⁵⁵ Lichter DT, Qian Z, Mellott LM. Marriage or dissolution? Union transitions among poor cohabiting women. *Demography*. 2006;43(2):223-240.
- ⁵⁶ Bramlett MD, Mosher WD. Cohabitation, marriage, divorce, and remarriage in the United States. *Vital Health Stat 23*. 2002;(22):1-93. Available from:
- http://www.cdc.gov/nchs/data/series/sr_23/ sr23_022.pdf. Accessed: 2005 Sept 19. ⁵⁷ Parke M. Are married parents really better for children? What research says about the effects of family structure on child well-being. *CLASP Couples and Marriage Policy Brief Series*. 2003;3:1-8. Available from:
- http://www.clasp.org/publications/Marriage_Brief3.pdf. Accessed: 2005 Sept 19.
 ⁵⁸ Scommegna P. Increased cohabitation: changing children's family settings. Today's Issues. 2002;13:(Sept). Available from:
- http://www.nichd.nih.gov/publications/pubs/upload/ti_13.pdf. Accessed: 2005 Sept 17.
 ⁵⁹ Fields J. *Children's Living Arrangements and Characteristics: March 2002*. Current Population Reports, P20-547. Washington, DC: Census Bureau (US); 2003 Jun. Available from: http://www.census.gov/prod/2003pubs/p20-547.pdf.
- ⁶⁰ Fagan P, Rector R, Johnson K, Peterson A. *The Positive Effects of Marriage: A Book of Charts*. Washington, DC: The Heritage Foundation; 2002. Available from: http://www.heritage.org/Research/Features/Marriage/
- ⁶¹ Snell TL, Morton DC. *Survey Of State Prison Inmates, 1991: Women In Prison.*Washington, DC: Department of Justice (US), Bureau of Justice Statistics; 1994. Bureau of Justice Statistics Special Report , No. NJC-145321. Available from:
- http://www.ojp.usdoj.gov/bjs/pub/pdf/wopris.pdf. Accessed: 2005 Jan 15.
- Marsiglio W. Adolescent fathers in the United States: their initial living arrangements, marital experience and educational outcomes. Fam Plann Perspect. 1987;19(6):240-251.
 McLanahan S, Sandefur G. Growing Up With a Single Parent: What Hurts, What Helps. Cambridge: Harvard University Press; 1994.
- ⁶⁴ Garfinkel I, McLanahan SS. *Single Mothers and Their Children: A New American Dilemma*. Washington DC: The Urban Institute Press; 1986.
- ⁶⁵ Inazu JK, Fox GL. Maternal influence on the sexual behavior of teen-age daughters: Direct and indirect sources. *J Fam Issues*. 1980;1(1):81-99.
- ⁶⁶ Danziger S. Family life and teenage pregnancy in the inner-city: Experiences of African-American youth. *Child Youth Serv Rev.* 1995;17(1/2):183-202.
- ⁶⁷ Rodgers K. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *J Marriage Fam.* 1999;61(1):99-109.
- ⁶⁸ Miller K, Forehand R, Kotchick B. Adolescent sexual behavior in two ethnic minority samples: The role of family variables. *J Marriage Fam.* 1999;61(1):85-98.
- ⁶⁹ Nelson BV, Patience TH, MacDonald DC. Adolescent risk behavior and the influence of parents and education. *J Am Board Fam Pract*. 1999;12(6):436-443.
- ⁷⁰ Whitaker DJ, Miller KS, May DC, Levin ML. Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. *Fam Plann Perspect*. 1999;31(3):117-121.
- ⁷¹ Crosby RA, DiClemente RJ, Wingood GM, Cobb BK, Harrington K, Davies SL, et al. HIV/STD-protective benefits of living with mothers in perceived supportive families: a study of high-risk African American female teens. *Prev Med.* 2001;33(3):175-178.

- ⁷² Markham CM, Tortolero SR, Escobar-Chaves SL, Parcel GS, Harrist R, Addy RC. Family connectedness and sexual risk-taking among urban youth attending alternative high schools. *Perspect Sex Reprod Health*. 2003;35(4):174-179.
- ⁷³ Donovan PA. *Testing Positive: Sexually Transmitted Disease and the Public Health Response*. New York: Alan Guttmacher Institute; 1993.
- ⁷⁴ Shrier LA, Harris SK, Beardslee WR. Temporal associations between depressive symptoms and self-reported sexually transmitted disease among adolescents. *Arch Pediatr Adolesc Med.* 2002;156(6):599-606.
- ⁷⁵ Salazar LF, Diclemente RJ, Wingood GM, Crosby RA, Lang DL, Harrington K. Biologically confirmed sexually transmitted infection and depressive symptomatology among African-American female adolescents. *Sex Transm Infect*. 2006;82(1):55-60.
- ⁷⁶ Brown GW, Moran PM. Single mothers, poverty and depression. *Psychol Med*. 1997;27(1):21-33.
- ⁷⁷ Simms I, Stephenson JM. Pelvic inflammatory disease epidemiology: what do we know and what do we need to know? *Sex Transm Infect*. 2000;76(2):80-87.
- ⁷⁸ Wolner-Hanssen P. Pelvic inflammatory disease incidence and diagnosis. In: Mead PB, Hager WD, Faro S, eds. *Protocols For Infectious Diseases In Obstetrics and Gynecology*. 2nd ed. Malden, Mass: Blackwell Science; 2000:394-399.
- ⁷⁹ Westrom L, Eschenbach D. Pelvic inflammatory disease. In Holmes KK, Sparling PF, Mardh PA, et al, eds. *Sexually Transmitted Diseases*. 3rd ed. New York: McGraw Hill; 1999:783-809.
- ⁸⁰ Goldner TE, Lawson HW, Xia Z, Atrash HK. Surveillance for ectopic pregnancy United States, 1970-1989. *MMWR*. 1993;42(SS-6):73-85.
- ⁸¹ Centers for Disease Control and Prevention. Current trends: Ectopic pregnancy United States, 1990-1992. *MMWR*. 1995;44(3):46-48.
- ⁸² Leigh BC, Stall R. Substance use and risky sexual behavior for exposure to HIV. Issues in methodology, interpretation, and prevention. *Am Psychol.* 1993;48(10):1035-1045.
- ⁸³ Donald M, Dower J, Correa-Velez I, Jones M. Risk and protective factors for medically serious suicide attempts: a comparison of hospital-based with population-based samples of young adults. *Aust N Z J Psychiatry*. 2006;40(1):87-96.
- ⁸⁴ Monroe SM, Rohde P, Seeley JR, Lewinsohn PM. Life events and depression in adolescence: relationship loss as a prospective risk factor for first onset of major depressive disorder. *J Abnorm Psychol.* 1999;108(4):606-614.
- ⁸⁵ Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: The National Campaign to Prevent Teen Pregnancy; 2001: Table 2.
- ⁸⁶ Halperin DT, Steiner MJ, Cassell MM et al. The time has come for common ground on preventing sexual transmission of HIV. *Lancet*. 2004;364(9449):1913-1915.
- 87 Kahn JR, London KA. Premarital sex and the risk of divorce. *J Marriage Fam.* 1991;53(3):845-855.
- ⁸⁸ Heaton TB, Kahn JR, London KA. Comment on "Premarital Sex and the Risk of Divorce." *J Marriage Fam* 1993;55(1):240-241.
- ⁸⁹ Rector RE, Johnson KA, Noyes LR. *Sexually Active Teenagers Are More Likely To Be Depressed and To Attempt Suicide*. Washington, D.C.: The Heritage Foundation; 2003. Report No.: CDA03-04. Available from:
- http://www.heritage.org/Research/Family/upload/43062_1.pdf. Accessed 2005 Sept 12. ⁹⁰ Eaton DK, Kann L, Kinchen SA et al. Youth risk behavior surveillance–United States, 2005. *MMWR Surveill Summ*. 2006;55(SS-5):1-108.
- ⁹¹ National Campaign to Prevent Teen Pregnancy. *Not Just Another Thing to Do: Teens Talk About Sex, Regret, and the Influence of Their Parents*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2000. Available from:
- http://www.teenpregnancy.org/resources/data/pdf/teenwant.pdf. Accessed 2005 Sept 20. 92 National Campaign to Prevent Teen Pregnancy. *With One Voice: America's Adults and Teens Sound Off About Teen Pregnancy: An Annual National Survey.* Washington, DC: National Campaign to Prevent Teen Pregnancy; 2003. Available at: http://www.teenpregnancy.org/resources/data/pdf/WOV2002_fulltext.pdf. Accessed 2005 Sept. 20.
- ⁹³ National Campaign to Prevent Teen Pregnancy. *The Cautious Generation? Teens Tell Us About Sex, Virginity, and "The Talk".* Washington, DC: National Campaign to Prevent Teen Pregnancy; 2000. Available from: http://www.teenpregnancy.org/resources/data/pdf/cautious.pdf. Accessed 2005 Sept. 20.
- ⁹⁴ Hallfors DD, Waller MW, Bauer D, Ford CA, Halpern CT. Which comes first in adolescence–sex and drugs or depression? *Am J Prev Med*. 2005;29(3):163-170.
- ⁹⁵ Ahmed S, Lutalo T, Wawer M, et al. HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda. *AIDS*. 2001;15(16):2171-2179.
- ⁹⁶ Baeten JM, Nyange PM, Richardson BA, et al. Hormonal contraception and risk of sexually transmitted disease acquisition: Results from a prospective study. *Am J Obstet Gynecol*. 2001:185(2):380-385.

```
<sup>97</sup> National Institute of Allergy and Infectious Diseases. Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention. June 12 - 13, 2000, Hyatt Dulles Airport, Herndon, Virginia. Bethesda, MD: National Institute of Allergy and Infectious Diseases; 2001. Available from:
```

http://www.niaid.nih.gov/dmid/stds/condomreport.pdf. Accessed 2005 Sept 3. ⁹⁸ Davis KR, Weller SC. The effectiveness of condoms in reducing heterosexual transmis-

⁹⁸ Davis KR, Weller SC. The effectiveness of condoms in reducing heterosexual transmis sion of HIV. *Fam Plann Persp.* 1999;31(6):272-279. Available at:

http://www.guttmacher.org/pubs/journals/3127299.html. Accessed 2005 Sept 10. ⁹⁹ Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and revalence estimates, 2000. *Perspect Sex Reprod Health*. 2004;36(1):6-10.

¹⁰⁰ Stebleton MJ, Rothenberger JH. Truth or consequences: dishonesty in dating and HIV/AIDS-related issues in a college-age population. *J Am Coll Health*. 1993;42(2):51-54.
¹⁰¹ Kalmuss DS, Namerow PB. Subsequent childbearing among teenage mothers: the determinants of a closely spaced second birth. *Fam Plann Perspect*. 1994;26(4):149-153. 159.

Albert B, Brown S, Flanigan CM, eds. Fourteen and Younger: The Sexual Behavior of Young Adolescents: Summary. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2003. Available at:

http://www.teenpregnancy.org/resources/reading/pdf/14summary.pdf. Accessed 2005 Sept 12.

¹⁰³ Santelli JS, Brener ND, Lowry R, Bhatt A, Zabin LS. Multiple sexual partners among U.S. adolescents and young adults. *Fam Plann Perspect*. 1998;30(6):271-275.

¹⁰⁴ Kaestle CE, Halpern CT, Miller WC, Ford CA. Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *Am J Epidemiol*. 2005;161(8):774-780.

¹⁰⁵ Centers for Disease Control and Prevention (US). HIV/AIDS Surveillance Report, 2004. Vol. 16. Atlanta: Dept of Health and Human Services (US), Centers for Disease Control and Prevention; 2005:1-46. Available from: http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/pdf/2004SurveillanceReport.pdf.

¹⁰⁶ Gerberding JL. Report to Congress. Prevention of Genital Human Papillomavirus Infection. Atlanta: Dept of Health and Human Services (US), Centers for Disease Control and Prevention; 2004. Available from:

http://www.cdcnpin.org/scripts/std/HPV%20ReportJan%202004.pdf. Accessed: 2006 Feb 24.

¹⁰⁷ Fitch J, Stine C, Hager WD, Mann J, Adam M, McIlhaney J. Condom effectiveness: factors that influence risk reduction. *Sex Transm Dis.* 2002;29(12):811-817.

Adapted from Fu H, Darroch JE, Haas T, Ranjit N. Contraceptive failure rates: new estimates from the 1995 National Survey of Family Growth. Fam Plann Perspect. 1999; 31(2):56-63. Available from: http://agi-usa.org/pubs/journals/3105699.pdf. Accessed 2005 Sept 10.

¹⁰⁹ Dinerman LM, Wilson MD, Duggan AK, Joffe A. Outcomes of adolescents using levonorgestrel implants vs. oral contraceptives or other contraceptive methods. *Arch Pediatr Adolesc Med*. 1995;149(9):967-972.

Grady WR, Hayward MD, Yagi J. Contraceptive failure in the United States: estimates from the 1982 National Survey of Family Growth. Fam Plann Perspect. 1986;18(5):200-209.
 Abma JC, Chandra A, Mosher WD, Peterson LS, Piccinino LJ. Fertility, family planning, and women's health: new data from the 1995 National Survey of Family Growth. Vital Health Stat 23. 1997;19:1-125. Available at:

http://www.cdc.gov/nchs/data/series/sr_23/sr23_019.pdf. Accessed: 2005 Sept 12.
¹¹² Eissa MA, Cromwell PF. Diagnosis and management of pelvic inflammatory disease in adolescents. *J Pediatr Health Care*. 2003;17(3):145-147.

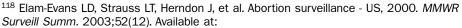
¹¹³ Gdoura R, Keskes-Ammar L, Bousizd F, Eb F, Hammami A, Orfila J. Chlamydia trachomatis and male infertility in Tunisia. *Eur J Contracept Reprod Health Care*. 2000;6(2):102-107.

¹¹⁴ Centers for Disease Control and Prevention (US). HIV/AIDS among African Americans [fact sheet on the Internet]. [Updated: February 2006; Cited 2006 May 10]. Available from: http://www.webcitation.org/5KMvrcarQ.

115 Office of Minority Health (US). HIV/AIDS among minority women. [fact sheet on the Internet]. Washington, DC: Department of Health and Human Services, Office of Minority Health; 2005 Dec. Available from: http://www.webcitation.org/5KMwjPla3. Accessed May 11, 2006.

¹¹⁶ Combs-Orme T. Health effects of adolescent pregnancy: implications for social workers. *Fam Soc.* 1993;74(6):344-354.

¹¹⁷ da Silva AA, Simoes VM, Barbieri MA, et al. Young maternal age and preterm birth. *Paediatr Perinat Epidemiol.* 2003;17(4):332-329.



http://www.cdc.gov/mmwr/PDF/ss/ss5212.pdf. Accessed September 23, 2005.
¹¹⁹ Kalil A, Kunz J. Teenage childbearing, marital status, and depressive symptoms in later life. *Child Dev.* 2002;73:1748-1760.

¹²⁰ Cunnington AJ. What's so bad about teenage pregnancy? *J Fam Plann Reprod Health Care*, 2001;27(1):36-41.

¹²¹ Alan Guttmacher Institute. *Facts in Brief: Teen Sex and Pregnancy*. New York: Alan Guttmacher Institute; 1999. Available at: http://www.agi-usa.org/pubs/fb_teen_ sex.pdf. Accessed September 13, 2005.

¹²² Roberts TA, Auinger P, Klein JD. Predictors of partner abuse in a nationally representative sample of adolescents involved in heterosexual dating relationships. *Violence Vict*. 2006;21(1):81-89.

¹²³ Collins RL, Ellickson PL, Orlando M, Klein DJ. Isolating the nexus of substance use, violence and sexual risk for HIV infection among young adults in the United States. *AIDS Behav.* 2005;9(1):73-87.

¹²⁴ Horvath MA, Brown J. The role of drugs and alcohol in rape. *Med Sci Law*. 2006;46(3):219-228.

¹²⁵ Stoner SA, George WH, Peters LM, Norris J. Liquid Courage: Alcohol Fosters Risky Sexual Decision-Making in Individuals with Sexual Fears. *AIDS Behav.* 2006; [Epub ahead of print]

¹²⁶ Martino SC, Collins RL, Ellickson PL. Substance use and vulnerability to sexual and physical aggression: a longitudinal study of young adults. *Violence Vict*. 2004:19(5):521-540.

¹²⁷ Escobar-Chaves SL, Tortolero SR, Markham CM, Low BJ, Eitel P, Thickstun P. Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*. 2005;116(1):303-326.

¹²⁸ Strasburger VC. Adolescent sexuality and the media. *Pediatr Clin North Am.* 1989;36(3):747-773.

¹²⁹ Brown JD, Childers KW, Waszak CS. Television and adolescent sexuality. *J Adolesc Health Care*. 1990 Jan;11(1):62-70.

¹³⁰ Wingood GM, DiClemente RJ, Harrington K, Davies S, Hook EW 3rd, Oh MK. Exposure to X-rated movies and adolescents' sexual and contraceptive-related attitudes and behaviors. *Pediatrics*. 2001;107(5):1116-1119.

¹³¹ Vandewater EA, Bickham DS, Lee JH. Time well spent? Relating television use to children's free-time activities. *Pediatrics*. 2006;117(2):e181-e191.

¹³² Strasburger VC, Donnerstein E. Children, adolescents, and the media: issues and solutions. *Pediatrics*. 1999;103(1):129-139.

¹³³ Gardiner PS. The African Americanization of menthol cigarette use in the United States. *Nicotine Tob Res.*, 2004;6(Suppl 1):S55-S65.

¹³⁴ Office of the Surgeon General (US). *Youth Violence: A Report Of the Surgeon General.* Washington, DC: Dept. of Health and Human Services; 2001: Appendix 4-B: Media Violence: Exposure And Content.

¹³⁵ Surgeon General's Committee on Television and Social Behavior (US). *Television and Growing Up: The Impact of Televised Violence*. Report to the Surgeon General, United States Public Health Service. Rockville, MD: National Institute of Mental Health; 1972.



9th - 12th Grade



Key Topic 1: Human Development

After learning the following concepts, the learner will be able to:

- Describe the relationships among physical, intellectual, emotional, social, and spiritual health and how they affect human development.
- Explain the importance of respecting your body and the bodies of others.
- List behaviors that improve personal health and support the health of others.
- Explain that sexual and reproductive health are maintained through healthy behaviors practiced throughout the stages of life.
- Explain how to avoid unhealthy behavior that can impair physical, intellectual, emotional, social, and spiritual, and sexual development.
- Discuss why it is important to respect the value and dignity of every human life.
- Explain that people change throughout the stages of life.

Subtopic 1: Human Body and Health

Concept to be Learned

People are unique and everyone can benefit from practicing habits of healthy living. These habits can affect a person's physical, intellectual, emotional, social, and spiritual development.

- Health is a state of physical, intellectual, emotional, social, and spiritual wellbeing – not just freedom from disease.¹
- Being healthy involves physical, intellectual, emotional, social, and spiritual wellbeing.
- Exercise, good nutrition, personal hygiene, adequate sleep, and regular medical checkups help people to remain healthy.
- It is important to perform monthly breast and testicular self-examinations.
- Although genetics influence body shape and type, habits such as eating right and exercising can also influence a person's appearance.

- People with a healthy body image recognize and accept variations in body shape and type.
- Physical and emotional stress can adversely affect health.
- Healthy sleeping, nutrition, and exercise habits can help manage stress.
- Alcohol, drug, inhalant, and tobacco use can harm a person's physical, intellectual, emotional, social, and spiritual development.^{2,3,4,5}
- Alcohol, drug, inhalant, and tobacco use adversely affects the health of the individual, family, community, and society.⁴
- Families play an important role in guiding the healthy development of adolescents.
- Communities and societies can promote healthy behaviors and choices.



Subtopic 2: Puberty Concept to be Learned

Puberty is a stage of human development that signals the ability of an individual to reproduce. It is a developmental process timed by each individual's genetic program and influenced by the environment. It usually begins sometime between 9-16 years of age and ends when the reproductive system is mature.

Developmental Messages:

- Adolescence is a time of many complex physical and emotional changes.
- Physical development is a natural process, while intellectual, emotional, social, and spiritual development benefit from focused effort and support.
- Physical and hormonal changes during puberty can affect but do not control emotions.
- Puberty is the stage of adolescence during which an individual becomes physiologically capable of sexual reproduction.
- Puberty marks the time when a girl begins to ovulate and a boy begins to produce sperm.
- During puberty, a girl begins to menstruate and a boy may begin to have nocturnal emissions (wet dreams).
- Girls usually go through puberty earlier than boys.
- Some people develop physical attraction for others during puberty.

Subtopic 3: Reproduction

Concept to be Learned

The ability to conceive and bear children is affected by healthy and unhealthy behaviors.

- The male's sperm and the female's eggs are called gametes.
- A girl is capable of becoming pregnant once her ovaries begin to release eggs. This is called ovulation.
- A boy is capable of fathering a child when his testicles produce sperm and he is able to ejaculate.
- Menstruation occurs when a released egg is not fertilized and the lining of the uterus is shed. Menstruation is a healthy and normal reproductive function.
- Human development is a continuous process that starts with fertilization.
- Conception occurs when an egg is fertilized by a sperm. They fuse to form a zygote – the first step in the life of a new baby.
- During the first 8 weeks of pregnancy the developing baby is called an embryo. After 8 weeks the growing baby is called a fetus.
- Pregnancy usually lasts about 9 months.
- A healthy pregnancy benefits from good nutrition and regular medical care. A pregnant woman also benefits from the care and support of the father.
- Alcohol, drug, inhalant, tobacco, and steroid use, as well as sexually transmitted infections (STIs) in pregnant mothers can adversely affect the health of both the mother and the child.⁶
- Female infertility can be caused by STIs. 7,8,9
- Unmarried adolescents who become pregnant face many difficult decisions.
- Menopause usually occurs around 40-50 years of age and signals the end of a woman's reproductive years.

Subtopic 4: Stages of Life

Concepts to be Learned

- The new human individual formed at conception is called a zygote.
- Individuals progress from conception to death through various stages of development: infancy, childhood, adolescence, adulthood, and old age.

- Every human being, at every stage and in every condition of life, is unique and important.
- Family relationships play an important part in each stage of life, from birth to death.
- While an individual's range of choices and responsibilities increase throughout adolescence, guidance from parents and other trusted adults is still needed.
- Healthy behavior at any stage of life should be praised and encouraged.
- Unhealthy behavior at any stage of life should be discouraged.

- In general, the legal definition of an adult in the US is a person who is 18 years of age.
- Some people who reach the age of 18 are not mature adults.
- Although physical and mental maturity may be reached by the end of the teen years, cognitive maturity (the ability to make mature decisions) does not completely develop until the mid-20s.^{10,11,12}



Key Topic 2: Character Development

After learning the following concepts, the learner will be able to:

- Explain the importance of personal dignity and the value of self and others.
- Identify positive traits and habits that demonstrate universal values and promote healthy behaviors.*
- Identify ways to interact and communicate with people in a respectful manner.
- Differentiate between healthy and unhealthy behaviors.
- Discuss self-control, decision making, commitment, and goal setting.
- Explain how families who reinforce universal values provide a solid foundation for communities.
- Discuss the importance of communication, commitment, love, and trust within the family.

Subtopic 1: Universal Values

Concepts to be Learned

- Integrity, humility, justice, courage, self-control, compassion, respect, responsibility, fidelity, and perseverance are important to human relationships and are called universal values.
- Identifying and acting on universal values helps people develop character, make healthier decisions, and set and commit to short- and long-term goals.

Universal Values¹³

GRADE			
K-4	5-6	7-8	9-12
Honesty	Honesty	Integrity	Integrity
Modesty	Modesty	Humility	Humility
Fairness	Fairness	Justice	Justice
Courage	Courage	Courage	Courage
Self-control	Self-control	Self-control	Self-control
Kindness	Compassion	Compassion	Compassion
Respect	Respect	Respect	Respect
Responsibility	Responsibility	Responsibility	Responsibility
Fidelity	Fidelity	Fidelity	Fidelity
		Perseverance	Perseverance

^{*}Universal values remain the same throughout the grade levels but are demonstrated with higher level learning concepts in grades 7-12.

- Integrity, humility, justice, courage, self-control, compassion, respect, responsibility, fidelity, and perseverance are important to human relationships and are called universal values.
- Parents and family members help one another develop and maintain universal values.¹⁴
- Cooperation, respect, and responsibility can be learned within the family.
- Families provide an excellent place to reinforce and practice living out universal values and model healthy relationships.
- Communication among family members is essential to understanding family responsibilities.
- Practicing healthy behaviors is a form of positive social modeling for family members, peers, and the community.¹⁵
- Compassion and empathy are the ability to understand the viewpoints of other people-to see a situation as they see it, and imagine how they might think, react or feel.
- Every person should be treated with respect even if they have different views.
- Choices and actions have consequences, both negative and positive.
- People must learn to take responsibility for their actions.
- Maturity is the completeness of physical, cognitive, and emotional growth and development.
- Maturity is demonstrated by consistently choosing behaviors that are healthy, beneficial, and socially responsible.
- Accepting personal responsibility is a healthy part of character development.
- Emulating positive role models builds emotional maturity.
- Making positive contributions at home, at school, and in the community builds self-esteem.
- Involvement in service learning can help a person realize the importance of contributing to the lives of others.
- Humility involves the willingness to recognize and admit mistakes.
- People committed to universal values may find it easier to avoid unhealthy and inappropriate behavior.
- It takes courage to refrain from unhealthy behaviors.
- It takes courage to practice or regain sexual self-control.
- Practicing behaviors that reflect your spiritual beliefs and avoiding pressures to go against these beliefs can help build self-control.
- Practicing self-control can help people develop their talents, work toward their goals, and develop self-esteem. Practicing self-control can also help people delay immediate gratification, resist negative peer pressure, and avoid the risks associated with impulsive behaviors.^{16,17}
- A person's behaviors shape their habits.

Subtopic 2: Decision making

Concept to be Learned

Healthy decision making involves choosing the course of action consistent with universal values.

Developmental Messages:

- Parents, teachers, and other trusted adults can guide adolescents through difficult decision making.
- Parents, family, and trusted adults are positive and powerful resources for adolescents facing difficult decisions.
- Adolescents need guidance, support, and opportunities to make decisions regarding healthy risk-taking activities.¹⁸
- Adolescents need negotiation, communication, and critical-thinking skills.
- Decisions can affect relationships with family members and with people outside the family.
- Peers can support one another in their decisions to say "yes" to healthy behaviors such as maintaining a healthy diet, exercise, and sleeping habits.
- Peers can support one another in their decision to say "no" to unhealthy behaviors like adolescent sexual activity, alcohol, drug, inhalant, and tobacco use.
- Deciding to abstain from sexual activity can help adolescents develop character and personal efficacy.¹⁹
- In the sexual decision-making process, people should consider the consequences for themselves and others.
- Adolescents need to have the negative consequences of sexual involvement clearly explained and discussed with them.
- Adolescents need skills to identify coercive and manipulative relationships.
- People sometimes use coercion and manipulation to influence an adolescent to be sexually active.
- Sexual behaviors are the result of conscious decisions unless they involve abuse or coercion.
- Regaining sexual self-control provides new opportunities to enjoy the freedoms and benefits of abstinence.
- Alcohol, drug, and inhalant use interfere with healthy decision-making, problem solving, and negotiation skills.^{20,21,22,23}

Subtopic 3: Commitment and Goal Setting

Concept to be Learned

Character is essential for committing to and achieving healthy goals.

Developmental Messages:

 Families play an important role in helping adolescents set and achieve educational and life goals.

- The benefits of parental involvement in a child's education include improved academic achievement, reduced absenteeism, improved school behavior, greater academic motivation, and lower dropout rates.^{24,25,26}
- It is important for people to plan ahead and make healthy choices so they can achieve their goals.
- Personal responsibility helps people achieve their full potential in life and make a positive contribution to society.
- Controlling sexual desires can help a person achieve career objectives and other short- and long-term goals. 27,28,29,30,31,32,33
- Setting and committing to personal limits helps a person to avoid unhealthy behaviors.
- Being committed to sexual health has many benefits such as strengthening character and developing a lifetime commitment to healthy living.
- Significant health benefits can be achieved by avoiding early sexual activity and by delaying sexual activity until entering a lifelong, committed, mutually monogamous relationship such as marriage.^{34,35,36,37}
- Consequences of impulsive behavior such as adolescent sexual activity can disrupt the attainment of future goals.
- A lifetime commitment to another person can provide stability and a sense of belonging.
- Most people set life goals that include a healthy, stable, and satisfying marriage; children; and a healthy, loving family life.³⁸



Key Topic 3: Relationships

After learning the following concepts, the learner will be able to:

- Describe the differences between healthy and unhealthy relationships.
- · Describe healthy relationship building.
- List the elements of effective communication.
- Describe how to express love in healthy ways.
- Recognize that love is a conscious daily decision that is not based solely on feelings.
- Explain how family members can help one another reach their physical, intellectual, emotional, social, and spiritual potential.
- Explain how each individual contributes to the quality of family life in their home.
- Describe the joys and responsibilities of parenting children within a family.

Subtopic 1: Friendships

Concept to be Learned

Healthy friendships play an important role in human development.

Developmental Messages:

- Friends are an important social support system throughout life.
- Healthy friendships can help a person mature and accomplish life goals.
- Being a friend allows a person to serve as a role model for siblings and peers.
- Same sex friendships are important.
- A true friend may recommend help for a friend involved in unhealthy behaviors.
- True friends do not exploit each other.
- Friends encourage each other to avoid unhealthy behaviors, such as alcohol, drugs, inhalants, and tobacco use, or sexual activity.
- Friends do not socially isolate, gossip, name call, bully, or stigmatize.
- Both positive and negative habits developed in friendships may be carried over into dating relationships and marriage.

Subtopic 2: Dating

Concept to be Learned

The purpose of dating is to:

- Get to know yourself and others
- Learn to feel at ease in a healthy relationship
- Experience companionship
- Develop a sense of independence
- Choose a lifelong partner such as in marriage

- Dating can be fun and enjoyable.
- Friendship gives a dating relationship a strong and healthy foundation.
- Parents need to set and communicate dating standards and expectations.
- Parents and their adolescents can work together to establish dating guidelines.
- Dating responsibilities for adolescents include discussing with their parents whom they are dating, where they are going, and what time they will be home.
- A delayed onset of dating is related to a delayed onset of sexual activity.³⁹
- Dating relationships that involve large differences in age increase the likelihood for coercion, manipulation, isolation, violence, and sexual activity. 40,41,42,43
- Exclusively dating one person can lead to sexual involvement. 44,45,46,47,48,49
- The longevity of a desirable dating relationship is largely determined by the foundation on which it is built.
- Many adolescent couples break up, but sexually involved adolescent couples break up more quickly.⁵⁰
- Everybody that a person dates should be treated with all the dignity and respect a future spouse deserves.
- People involved in healthy, respectful dating relationships will not pres sure their partners to do anything inappropriate, unhealthy, or anything that their partners do not want to do.
- Some sexually active adolescents may fear that their dating relationships will end if they stop having sex. Although this may happen, it provides the opportunity for the relationship to grow and develop in other important ways.
- Sexually experienced adolescents can always choose not to have sex in a current or future relationship until they have established a life long, mutually monogamous relationship such as marriage.
- Characteristics of an abusive dating relationship include poor communication, coercion, manipulation, isolation, violence, and disrespect.
- Young people in unhealthy dating situations who need help ending the relationship should seek guidance from parents, teachers, counselors, and other trusted adults.
- Date rape drugs or the intentional use of alcohol, drugs, and inhalants can lead to sexual activity, harassment, violence, and rape.

Subtopic 3: Love

Concepts to be Learned

- Love is a strong attachment or devotion, a desire for the wellbeing of another.
- People demonstrate love through their behaviors.



- There are differences between crushes, infatuation, and love.
- Feelings of infatuation or being attracted to someone can come and go.
- Infatuation usually starts and ends quickly. It is based on emotions and external appearances.
- Love is more about what is given than about what is received. It is more than physical attraction and romantic infatuation.
- Love grows and develops over time.
- Love is strengthened through friendship, communication, understanding, and the practice of universal values.
- Being in love often means thinking of another before one's self.
- · Love can survive difficult situations.
- There are many ways of expressing love and affection other than through sexual activity.
- Sexual activity in and of itself is not always an expression of love.
- Many movies and television programs do not portray true love.

Subtopic 4: Marriage and Family

Concept to be Learned

Marriage is based on commitment, compatibility, effective communication, and expression of universal values.

- A marriage is based on commitment, respect, compatibility, effective communication, unselfish love, and trust.
- A stable marriage provides an optimal environment for the nurturing and development of children and gives a sense of meaning and purpose to life.⁵¹
- Healthy strong marriages contribute to healthy families and communities.^{52,53,54}
- According to the 1996 Welfare Reform Act, "A mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity." 55
- Most adults rate a happy marriage as one of their most important objectives in life.^{50,38}
- While lifelong marriages take hard work and commitment from both spouses, such marriages are worth the effort.
- Compatibility means not only "getting along" with someone but also a willingness to share difficult times together.
- According to the 1996 Welfare Reform Act, "Abstinence from sexual activity outside of marriage is the expected standard for all school age children." 55
- Practicing abstinence before marriage can facilitate fidelity during marriage.⁵⁶
- People who do not have sex until marriage are more likely to remain married. 50,57,58,59,60,61

- Married people are twice as likely as single or cohabiting couples to say that they are "very happy".62
- Relationships among couples who cohabit generally last fewer years than marriages.⁶³
- Couples who don't cohabit before marriage are more likely to stay married than cohabiting couples.^{50,57,58,59}
- Teenage pregnancy reduces the chance of marriage^{30,64,65,66} and financial security for adolescent parents.^{32,67}
- When a marriage is experiencing problems, spouses can seek help from family and community resources, such as a trained secular or faith community counselor.
- Family members can help one another achieve their full potential.
- Forming a healthy family is a skill that can be learned.
- Building healthy families helps build healthy communities and healthy societies.
- The family can provide an optimal learning environment for issues such as intimacy, sex, birth, and death.
- Family stability and connection is a strong deterrent to sexual activity. 68,69,70,71,72,73,74,75
- If the family environment is abusive, adolescents should seek guidance from trusted adults, such as teachers, school nurses, and counselors.
- With time or with help, family members can adjust to changes affecting family life.
- Some adolescents may feel stress related to the changes, such as divorce, that occur in some families.
- Public and private community resources can help people deal with major family problems, stresses, or changes.
- Two-parent families generally provide a stable and secure environment for children to grow and develop. 76,77,78,79,80,81
- A single-parent family can also provide a stable and secure environment for children to grow and develop.
- All people, whether they are married or single, can lead fulfilling, productive lives.



Concept to be Learned

Nurturing and involved parents and families build and sustain healthy families and communities.

- Parenting is a joyful part of being a family.
- Successful parenting requires a lifetime commitment to loving your children.
- Being a father or mother means more than just providing financial support.
- Parents teach universal values best through example, love, and discipline.





- Parents can facilitate adolescent development by providing opportunities for making sacrifices for others such as helping out at home, volunteering in the community, assisting the elderly, tutoring at school, and organizing positive peer groups.
- When parents set and explain rules about curfew, friends, dating children may feel more secure in the expected behaviors.
- Over time, relationships between parents and adolescents grow and change.
- In preparation for parenthood adolescents can learn to set priorities and clarify their future goals, and dreams.
- To prepare for parenthood, adolescents can be positive role models for siblings and peers.
- Parents can play an important role in guiding their children's decisions regarding sexual behavior.
- Adolescents, even as they grow older, need to continue to keep the lines of communication open with their parents.
- Adolescents can learn important lessons from extended family members.
- The family structure brings members of different generations together and helps them learn from one another.
- Family members serve as guides and guardians until adolescents are old enough to bear full responsibility as adults.
- In times of crisis, the family, including extended family members (aunts, uncles, and grandparents), can provide support and encouragement to one another.
- Most adolescent mothers have to find means of support from sources other than the father of their child.
- Adolescents who father a child or who become pregnant have responsibilities for the care and support of their children.







Key Topic 4: Sexuality

After learning the following concepts, the learner will be able to:

- Identify ways to express sexuality that respect self and others.
- Explain the benefits and value of healthy behaviors.
- Distinguish between needs and desires.
- Identify nonsexual ways of expressing intimacy.
- Explain the benefits of practicing sexual abstinence.
- Explain why responsible sexual behavior, based on fidelity and commitment, is an essential component of a lifelong, mutually monogamous relationship such as marriage.
- Describe effective refusal and cessation skills.

Subtopic 1: Human Sexuality

Concept to be Learned

Sexuality is not only sexual activity but is also physical, intellectual, emotional, social, and spiritual characteristics, feelings, and behaviors.

Developmental Messages:

- Sexuality can be influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.
- Sexuality is part of being human.
- Sexuality is sexual activity and also encompasses gender roles of males and females.
- Maintaining physical, sexual, and reproductive health today is a solid foundation for starting and maintaining a family in the future.
- Adolescents benefit physically, intellectually, emotionally, socially, and sexually when they avoid unhealthy behaviors such as alcohol, drug, inhalant, and tobacco use as well as sexual activity.⁴
- Responsible adolescents do not take risks with their own or anyone else's health and welfare.
- Sexually active adolescents are at risk for serious and long-term negative health consequences as well as for significant emotional health consequences. ^{7,82,83,84,85,86,87,88,89}
- Adolescents who engage in early sexual activity are also frequently involved in other risky behaviors such as alcohol, drug, inhalant, and tobacco use.^{4,90}

Subtopic 2: Sexual Desires

Concept to be Learned

Exercising self-control over physical and emotional desires helps maintain sexual health.

- Sexual desires can be expressed in nonsexual ways such as spending time together, open communication, and respecting one another.
- Sexual desires may be affected by visual cues or emotions.
- People should think about consequences for themselves and others before they act on their feelings and sexual desires.
- Not acting on sexual desires may help people reach future goals.
- Although sexual desires can be triggered by many things, these feelings do not need to lead to sexual behavior.
- It is important for people to refrain from manipulating others for personal gratification.
- While sexual desires are normal, sexual activity is a choice and therefore is under an individual's control (except in cases of abuse or coercion).
- Adolescents who practice abstinence from sexual activity can avoid the physical, intellectual, emotional, social, and spiritual consequences of sexual activity.
- Alcohol, drug, inhalant, and tobacco use as well as sexual activity may have long-term negative physical, intellectual, emotional, social, financial, and legal consequences.⁴



Subtopic 3: Intimacy

Concept to be Learned

Intimacy is emotional closeness, bonding, cooperation, trust, and harmony and can be strengthened over time. Intimacy can be physical, intellectual, emotional, social, and spiritual.

- The deepest intimacy is to be known and accepted for who you are.
- Adolescents may desire to establish a close, emotionally intimate relationship with a peer.
- Emotional intimacy means sharing your deepest feelings, hopes, dreams, pain, and suffering.
- Close intimate relationships and strong feelings for another can occur without sexual involvement.
- In a lifelong, mutually monogamous relationship such as marriage, sexual intimacy can be enjoyed throughout life and can strengthen the bond between spouses.
- Adolescent sexual activity seldom leads to long-term emotional intimacy.
- The breakup of close relationships is frequently accompanied by strong feelings that can be even more amplified when sexual activity is involved.^{91,92}

Subtopic 4: Fidelity

Concept to be Learned

Fidelity contributes to stable families and societies.

- Learning commitment and responsibility at home, in school, and at work helps develop the traits that a mature adult needs for fidelity in a lifelong, mutually monogamous relationship such as marriage.
- Learning about the value of a lifelong, mutually monogamous relationship such as marriage helps adolescents understand the importance of sexual fidelity.
- Adolescents who exercise control over their sexual behavior by choosing to practice abstinence can strengthen their ability to practice fidelity.
- Adolescents who are affected by infidelity can learn the value of fidelity and practice it in their own lives.
- Some media depictions glamorize infidelity without showing any of the negative consequences.



Key Topic 5: Sexual Behavior and Consequences

After learning the following concepts, the learner will be able to:

- Explain how sexual health is a state of physical, emotional, intellectual, social, and spiritual wellbeing related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.
- Explain that the healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable and occurs in the context of a lifelong, mutually monogamous relationship such as marriage.
- Explain that healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind-altering substances (alcohol and drugs), and transmission of infection.
- Describe the benefits of parent-child connectedness as a significant protective factor in maintaining health.
- Explain that a lifelong, mutually monogamous relationship such as marriage is the environment in which sexually active people have the least risk of HIV, STIs, and unintended pregnancy.
- Identify support mechanisms for practicing and maintaining sexual abstinence until a lifelong, mutually monogamous relationship is established.
- Describe the physical, intellectual, emotional, social, and spiritual consequences of adolescent sexual activity.
- Describe the benefits and risks of different contraceptive methods from 100% effective to least effective in preventing pregnancy.
- Describe the impact of teenage pregnancy on the mother, father, child, and society.
- Identify two 100% effective methods of HIV/STI prevention: abstaining from sexual activity and having sex with one uninfected partner in a lifelong, mutually monogamous relationship.
- Describe the effectiveness of correct and consistent use of a latex condom in reducing the risk of HIV, STIs, and pregnancy.
- Describe the effectiveness of incorrect and inconsistent use of a latex condom in reducing the risk of HIV, STIs, and pregnancy.
- Describe at least 5 common STIs and their sequelae (HIV, HPV, gonorrhea, chlamydia, and herpes).
- Identify manipulative, abusive, and coercive behaviors that impact sexual health.
- Describe the impact of sexual abuse or harassment and deal appropriately with sexually abusive, coercive, or harassing situations (Seek help and tell a trusted adult).
- Describe strategies for dealing appropriately with sexually abusive, coercive, or harassing situations.

Subtopic 1: Abstinence and Sexual Health

Concept to be Learned

Prior to establishing a lifelong, mutually monogamous relationship, adolescents and adults can protect their sexual health by practicing abstinence from sexual activity.

- The healthiest sexual activity is intentional, mutually agreeable, and mutually pleasurable and occurs between adults in the context of a lifelong, mutually monogamous relationship such as marriage.
- Healthy sexual activity is characterized by freedom from coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind-altering substances (alcohol and drugs), and transmission of infection.
- Abstinence means avoiding all sexual activity, including penile-vaginal, anal, and oral sex, and all other physical contact such as mutual masturbation, and mouth-to-breast contact intended for the specific purpose of sexual arousal.
- Abstinence is not periodic abstinence; serial monogamy; genital contact; vaginal, oral, or anal sex.
- According to the 1996 Welfare Reform Act, "Abstinence from sexual activity outside of marriage is the expected standard for all school age children."
- Abstinence outside of and fidelity within a lifelong mutually monogamous relationship such as marriage are the healthiest sexual health choices for individuals, families, and communities.⁹³
- Adolescents who remain abstinent from sexual activity have fewer lifetime sexual partners and less depression, suicide, single parenthood, and risk for maternal and child poverty.^{44,94}
- Adolescents who abstain from drugs and sexual activity have lower rates of depression and other emotional problems.^{46,95}
- People who do not have sex until marriage are more likely to remain married.^{30,32,38,64,65,66}
- A majority of adolescents agree they want a strong abstinence message, that sex is not acceptable for unmarried teens and that they are not embarrassed to admit they are virgins.^{96,97}
- Sexually active adolescents want information on "how to say no" without hurting other people's feelings. 72,73,98
- A majority of sexually active adolescents wish they had waited to have sex.⁹⁹
- The number of adolescents not having sex is increasing.¹⁰⁰
- Learning and practicing self-control and other universal values may help delay initiation of sexual activity.
- Sexual activity outside a lifelong mutually monogamous relationship such as marriage can have harmful physical, intellectual, emotional, social, and spiritual effects.

- The younger a person is at first sex, the greater the likelihood of having more lifetime sexual partners.^{36,101}
- Early sexual debut is associated with single parenthood: low educational attainment: alcohol, drug, inhalant, and tobacco use: poverty: and emotional trauma.^{4,36,102}
- Sexual activity puts people at risk for infections of the reproductive system that can cause infertility.^{7,8,9}
- Early sexual activity among adolescents is associated with other risk behaviors such as alcohol consumption; drug, inhalant, and tobacco use; and delinquency.^{37,103}
- Adolescents who report no substance use are less likely than those who use substances to have had sexual intercourse.^{37,103}
- Sexually active adolescents can benefit from returning to abstinence.
- Parent-child connectedness is a protective factor that contributes in delaying the age of sexual debut.^{60,68,69,70,71,72}
- Parents can assist youth in promoting abstinence and sexual health through open communication, setting limits, being actively involved, and monitoring their behaviors.
- It is important for adolescents to express their needs and to articulate their feelings to parents and trusted adults.
- At times it may be hard for some adolescents to adhere to their personal commitment to remain abstinent. Peers, parents, teachers, and other community members need to support adolescents in their decision to remain abstinent.
- Communities can support parents and promote abstinence and sexual health by limiting adolescent unsupervised time through their support of after-school and summer programs.
- Adolescents who have had vaginal, oral, or anal sex any sexual experience should seek medical attention and reestablish sexual abstinence.



Subtopic 2: Contraception

Concept to be Learned

Contraception is the use of mechanical devices, foams or creams, or medication for the purpose of reducing the risk of pregnancy. No contraceptive method is 100% effective.

Developmental Messages:

Table 1

Percentage of females who have an unintended pregnancy during the first year of typical use of contraception. 104

Contraceptive Method	% who experience unintended pregnancy		
None	85		
Withdrawal	27		
Male Condom	15		
Pill	8		
Patch	8		
Hormone ring	8		
Hormone shot	3		

Percentage of females under 20 yrs of age who have an unintended pregnancy during the first year of typical use of contraception. 105

	injectable	pill	condom	withdrawal
Living in poverty				
cohabiting	19	48	72	not shown
Living in poverty				
unmarried but not cohabiting	4	13	23	42
Not living in poverty				
cohabiting	not shown	31	51	not shown
Not living in poverty				
unmarried but not cohabiting	2	8	14	26

- Cohabiting couples are at particularly high risk of pregnancy, even if they use contraception.
- People living in poverty are at high risk of pregnancy, even if they use contraception.
- Abstinence from sexual intercourse is a 100% effective method of pregnancy prevention.
- Contraceptives can reduce but do not completely eliminate the risk of pregnancy.^{106,107,108,109,110}
- Contraceptive use will not prevent the emotional consequences that can be associated with sexual activity.^{82,83}
- Contraceptives work by interrupting ovulation, preventing fertilization, or preventing implantation.
- Knowledge and skills are required for correct and consistent contraceptive use.

- Contraceptive methods are often used inconsistently and incorrectly.^{105,111,112,113}
- When contraceptives are used incorrectly, their ability to prevent pregnancy is reduced. 105,112,114,115
- It is important to understand the failure rates of contraceptive methods for typical use versus perfect use.
- Condoms provide some risk reduction for STIs and HIV while other contraceptive methods such as the pill or the patch provide no risk reduction for STIs or HIV^{106,107,108,109,110,116,117,118,119,120,121}
- Sexually active adolescents should seek advice about contraception from a health care provider.



Subtopic 3: Sexually Transmitted Infections (STIs)

Concepts to be Learned

- Sex outside of a lifelong, mutually monogamous relationship such as marriage is inherently risky.
- The only safe sex is sex between two mutually monogamous, uninfected partners.
- Sexually experienced persons need testing and may need treatment if they are diagnosed with a sexually transmitted infection.

- People who develop positive and healthy habits will be at a lower risk for many illnesses and disease.
- About half of new cases of STIs are reported in youth 15-24 years old.¹²²
- Young African American and Hispanic females are the fastest growing group of people being infected with HIV in the US.^{123,124,125}
- Having most common STIs may increase the risk of being infected with HIV.
- Some STIs are caused by viruses. Although your body may clear itself of many viral infections, your body cannot clear certain viral infections, such as HIV or herpes.
- STIs such as HIV can infect people of any sex, race, age or economic status. These diseases are transmitted through vaginal, anal, and oral sex; and any act where blood, semen, or vaginal secretions are exchanged.
- In a lifelong, mutually monogamous relationship such as marriage, people do not risk being infected by STIs if both people are free of STIs and they remain faithful to one another.
- There is no risk of getting an STI through casual contact such as playing sports, sharing meals, riding the bus, shaking hands, giving hugs, using the toilet, or from insect bites.
- There is a risk of contracting STIs with each sexual contact outside of a lifelong, mutually monogamous relationship, even if a condom is used.

- Having multiple sexual partners increases the risk for all STIs including HIV.
- Serial monogamy does not prevent the transmission of HIV and other STIs.
- So-called "safe or "safer" sex practices; limiting the number of sexual encounters and partners, and the use of barriers, such as condoms, may reduce but do not eliminate the risk for acquiring HIV or STIs.
- Skin-to-skin contact in the genital area can spread several STIs, especially HPV and herpes. Condoms offer limited protection from exposure to diseases spread in this way since they do not cover the entire genital area.^{126,127}
- Consistent 100% use of latex condoms can significantly reduce but does not eliminate the risk of transmitting or acquiring HIV infection. 106,107,108,109
- Consistent 100% use of latex condoms reduces the risk of some common STIs, such as gonorrhea and chlamydia, by about 50%.
 Consistent and correct condom use is essential to achieve risk reduction.^{106,107,108,109}
- Knowledge and skills are required for correct and consistent condom use. Most adolescents do not use condoms both correctly and consistently. 128,129,130,131
- Inconsistent condom use may provide some risk reduction HIV, herpes, and HPV.^{109,116,117,119}
- Inconsistent condom use may actually increase risk for chlamydia and gonorrhea.¹⁰⁶
- Many people who have STIs including HIV do not have any visible symptoms.
- Some people with an STI, including HIV, have symptoms. These can include genital itching, genital discharge, sores on or in the genitals or mouth, abdominal pain, painful urination or burning with urination, and rashes.
- Chlamydia and gonorrhea infections of the female internal reproductive system can lead to pelvic inflammatory disease (PID) if left untreated. Therefore, it is very important that people get tested and treated.⁸
- PID can lead to infertility, ectopic pregnancy, and chronic pain.8
- Human papillomavirus (HPV) can lead to cervical, penile, oral, and anal cancer.^{127,132}
- Although treatment can cure some STIs such as chlamydia and gonorrhea, it cannot undo any damage that has already occurred.
- If left untreated, STIs such as chlamydia and gonorrhea can reduce or destroy female fertility (the ability to conceive).^{7,8,9}
- Anyone who has been sexually active outside of a lifelong, mutually
 monogamous relationship with an uninfected partner should be
 instructed to consult with a healthcare provider about being screened
 for STIs including HIV. If sexual activity involves abuse or coercion or
 occurs in individuals below the age of consent, the proper authorities
 must be notified.

- There is no way to tell by looking at someone whether or not they have an STI.
- The only way for someone to know if they are infected with an STI is to be tested by a healthcare provider.
- Some people lie about their STI status to get sex.
- Anyone suspecting that they may have an STI should stop having sex and consult a healthcare provider.
- Anyone who has an STI has a responsibility to disclose this to their sex partner.
- When a person is diagnosed with an STI all their sexual partners need to be screened and possibly treated.
- People can get tested for STIs at public clinics, private doctors, family planning clinics, and the health department.
- People with any disease, including an STI, need to be treated with compassion.
- · Vaccinations are available for hepatitis B.
- Vaccinations are available for some types of HPV.

Subtopic 4: HIV/AIDS

Concepts to be Learned

- Sex outside of a lifelong, mutually monogamous relationship such as marriage is inherently risky for sexually transmitted infections such as HIV.
- The only safe sex is sex between two mutually monogamous, uninfected partners.
- Sexually experienced persons need testing and may need treatment if they are diagnosed with a sexually transmitted infection such as HIV.

- · HIV stands for human immunodeficiency virus.
- People with HIV are sometimes referred to as being HIV positive.
- HIV causes AIDS.
- AIDS stands for acquired immune deficiency syndrome.
- AIDS is a worldwide disease affecting all kinds of people.
- AIDS has no cure; without lifelong treatment, it is usually fatal.
- People who have HIV and AIDS are more susceptible to illnesses called opportunistic infections.
- Currently there is no cure for HIV.
- There is medicine that people with HIV and AIDS can take to help them feel better and live longer.
- It can take several years for someone who has HIV to develop AIDS.
- Teenagers who get infected with HIV may not develop AIDS until they are much older but they can pass HIV to others once they have it.
- Young African American and Hispanic females are the fastest growing group of people being infected with HIV in the US.^{123,124,125}

- HIV is present in blood, semen, vaginal secretions, and breast milk.
- HIV can be transmitted through intimate sexual contact where body
 fluids are exchanged, through intravenous drug use when contaminated
 needles are shared, through body piercing and tattooing if unsterilized
 equipment is used, and can also be transmitted from an infected
 mother to her child.
- There is a risk of contracting HIV with each sexual contact outside of a lifelong, mutually monogamous relationship, even if a condom is used.
- There is no risk of getting HIV though casual contact such as playing sports, sharing meals, riding the bus, shaking hands, giving hugs, using the toilet, or from insect bites.
- Since donated blood is screened for HIV, there is almost no risk of contracting HIV through blood transfusions in the United States or other developed countries.
- There is no way to tell by looking at someone whether or not they are HIV positive.
- The only way for someone to know if they are infected with HIV is to be tested by a healthcare provider.
- Some people lie about their HIV status to get sex.
- Anyone who is HIV positive has a responsibility to disclose their status to their sex partner.
- Minors can usually get HIV testing without parental consent.
- People with any disease including AIDS need to be treated with compassion.



Subtopic 5: Teenage Pregnancy

Concepts to be Learned

- There are physical, emotional, social, and educational consequences of teenage and nonmarital pregnancy.
- Despite the correct and consistent use of contraceptives, vaginal sex may result in pregnancy.
- Contraceptive failure rates vary according to the method of contraception used.

- Knowledge and skills are required for correct and consistent contraceptive use.
- Choosing to practice sexual abstinence eliminates the risk of pregnancy.
- The earlier the age of sexual debut, the more likely people are to have an unintended teenage pregnancy and become a single parent.^{34,105}
- Adolescent parents have to face difficult decisions about their future.
- Female adolescents who have had one pregnancy are at increased risk for a second.⁴¹

- Compared to children born in wedlock, those born out of wedlock are at risk for harmful consequences. These include low birth weight, drug use, and teenage pregnancy, as well as increased risk for incarceration.^{30,77,133,134,135,136,137,138}
- Unmarried teenage parents are at increased risk for depression and suicide, low educational attainment, decreased probability of marriage, and increased probability of divorce.¹³⁶
- Teenage pregnancy may have harmful consequences for society.
 The majority of unwed teen mothers are abandoned by the father of the baby and most receive public assistance within one year of giving birth.^{28,29}



Subtopic 6: Abuse/Sexual Abuse

Concepts to be Learned

- Abuse and sexual abuse are characterized by coercion, exploitation, transactions, oppression, discrimination, violence, the influence of mind altering substances (drugs and alcohol), and transmission of infection.
- Abuse can and should be prevented, stopped, and dealt with appropriately.

- It is important to respect the personal space and boundaries of others.
- Everyone has the right to tell others not to touch or look at their body or be forced to touch or look at another person's genitals.
- There may be times when it is necessary and appropriate for a parent or health practitioner to examine the genital area.
- Inappropriate touches should be reported to a parent or trusted adult.
- Physical, emotional, or sexual harm as well as sexual exploitation are all forms of abuse.
- It is important to know the warning signs of an unhealthy or harmful relationship that may be abusive; anger, control, jealousy, isolation, manipulation, lying, and threat of harm.
- Verbal coercion, lying, and other manipulative behaviors are sometimes used to obtain sex and are forms of abuse.
- Both males and females can be victims of sexual harassment, abuse, or coercion.
- Sexual harassment can occur at home, in school, at work, or anywhere.
- Serious physical, intellectual, emotional, social, or spiritual problems may follow sexual abuse.
- A person who has been a victim of sexual violence, rape, or sexually abuse should immediately tell a parent or other trusted adult in order to obtain appropriate medical attention, counseling, and get help in reporting the crime to the police.

- There is an increased risk of child abuse in a home where a non-related male resides. An unmarried resident or nonresident sex partner is more likely to abuse an adult, adolescent, or child.¹³⁹
- Sexual activity often precedes dating or intimate partner abuse.¹⁴⁰
 Alcohol use is often associated with violent and abusive situations.¹⁴¹
 Drinking alcohol or taking drugs knowingly or unknowingly (the date rape drug) is a risk factor for rape or sexual violence.
- The incidence of date or acquaintance rape and sexual violence is significant among students in high school and college.¹⁴²
- Laws have been established to protect people from those who abuse or neglect minor children.
- People who have been abused can heal physically and emotionally with support and treatment.
- Community resources can help people who have been abused.

Subtopic 7: Refusal and Cessation Skills

Concept to be Learned

Developing and using skills to refuse or cease unhealthy behavior can facilitate positive health, self-esteem, and goal achievement.

- Learning how to resist negative peer pressure and avoid dangerous situations is one way to practice making healthy decisions.
- Changing unhealthy habits may take sustained effort and a lot of hard work.
- Ceasing unhealthy behavior and maintaining healthy behavior requires self-control.
- Adolescents can choose not to engage in risk behaviors such as sexual activity, alcohol, drug, inhalant, and tobacco use.
- Avoiding inappropriate settings and potentially compromising situations can help people avoid unhealthy behavior.
- Refusing to participate in and ceasing unhealthy behaviors may build character and resiliency.
- Refusal skills can be used to say "no" assertively to unhealthy behaviors such as alcohol, drug, tobacco, and inhalant use.
- Abstaining from sexual activity and avoiding sexual advances may help increase a person's level of respect and dignity.
- Adolescents who have engaged in risky behaviors such as sexual activity, alcohol, drug, inhalant, and tobacco use can choose to stop. They can get assistance to help them stop unhealthy behaviors.
- Alcohol, drug, or inhalant use increases a person's vulnerability to sexual advances.^{143,144,145}
- Family, friends, and other supportive people are valuable partners in helping individuals to stop unhealthy behaviors and maintain healthy behavioral changes. People need courage to stand up to their friends and peers when making a decision.



Key Topic 6: Media and Society

After learning the following concepts, the learner will be able to:

- · Define media literacy.
- · Identify and discuss media literacy skills.
- Distinguish between healthy and unhealthy media messages.
- Recognize that violence and sexual content in the media can lead to unhealthy attitudes and behavior.
- Recognize that pornographic materials objectify human beings.
- Describe Internet dangers and protective factors.
- Describe how media consumption affects physical, intellectual, emotional, social, and spiritual development.
- Identify and discuss selective media use strategies.

Subtopic 1: Media Literacy

Concept to be Learned

Media literacy is an important skill to develop.

- The term "media" includes electronic and print media television, radio, movies, music, the Internet, computer and video games, advertising, newspapers, and magazines.
- The media can be a useful source of educational information.
- Developing media literacy skills helps build critical thinking skills.
- Media literacy skills include accessing, analyzing, and evaluating information to distinguish between valid information and information intended to manipulate or influence.
- Media messages can influence most people to some degree.
- Choices and actions are rarely traced through to their natural consequences in the media.¹⁴⁶
- Learning how to tell the difference between real life and fantasy is an important evaluation skill to develop.
- Misleading media messages can be especially harmful for young people who are in the process of developing their own set of healthy behavioral standards.¹⁴⁷
- Media depictions do not always trace choices and actions through to their probable consequences.
- Media portrayals of successful relationships are seldom realistic.
- Parents have a responsibility to establish and maintain media standards in the home.
- Adolescent Internet use should be monitored and supervised by parents.
- Posting photos and personal information in online profiles can be dangerous for adolescents.

Subtopic 2: Sexuality and the Media

Concept to be Learned

The media can influence a person's attitudes and behaviors.

Developmental Messages:

- The joys and benefits of sexual activity in a lifelong, mutually monogamous relationship such as marriage are seldom seen in media offerings except in unrealistic or stereotypic ways.
- Adolescent exposure to sexually stimulating media is associated with sexual risk behaviors.¹⁴⁸
- The media do not often show or discuss the negative physical, intellectual, emotional, social, or spiritual consequences of sexual activity.
- The media tends to address sexuality in a stereotypic, limited, or unrealistic fashion.^{149,150}
- Some song lyrics are degrading to women and men.
- Some song lyrics portray sex as fun and exciting but do not address the potential negative consequences.
- Pornography is sexually explicit material designed and used for sexual arousal.
- Pornography graphically portrays demeaning and degrading sexual behavior.
- Watching television takes time away from play and social interaction. 151
- Internet use should be monitored and supervised by parents.
- Adolescents who use the Internet need to be aware of Internet predators.
- Adolescents should never give their names, addresses, or telephone numbers to anyone on the Internet unless they have parental permission.
- Adolescents who receive unwanted communication over the Internet should tell a parent or trusted adult immediately.²⁹

Subtopic 3: The Influence of Media

Concept to be Learned

The media attempts to persuade people with their messages.

- Many movies, television shows, books, magazines, and advertisements are designed to capture adolescents as consumers.
- Advertising often uses sexual messages and images to sell products and services.
- Heavy exposure to televised violent images is correlated with aggressive behavior, crime, and violence in society.^{152,153}
- Media images of sex and violence can influence people's attitudes and behavior.^{146,152,153}
- Advertising is designed to manipulate behavior but being manipulated by advertising is a personal choice.¹⁵⁴



- The media has the potential to influence decision-making and their beliefs about what is normal and acceptable behavior.¹⁵⁵
- Media depictions of graphic violence have a negative influence on children.^{153,156,157}
- Pornography perpetuates myths that men, women, and children like to be humiliated and physically hurt and that women like to be dominated and treated aggressively.
- Pornographic material can have a significant negative impact on sexual health attitudes and behaviors.¹⁴⁸
- Parents should monitor media use and supervise media content.
- Parents can help their children learn how to evaluate what they see, hear, or read by using and discussing media together.

References

- ¹ Adapted from: World Health Organization. Sexual health–a new focus for WHO. *Progress*. 2004;67:1-8.
- ² Department of Health and Human Services (US). *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services (US), Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004. Available from: http://www.cdc.gov/Tobacco/sgr/sgr_2004/index.htm
- ³ Brook JS, Richter L, Rubenstone E. Consequences of adolescent drug use on psychiatric disorders in early adulthood. *Ann Med.* 2000;32(6):401-407.
- ⁴ Pergamit MR, Huang L, Lane J. *The Long Term Impact of Adolescent Risky Behaviors and Family Environment*. Chicago, IL: National Opinion Research Center (NORC), University of Chicago; 2001. Available from: http://aspe.hhs.gov/hsp/riskybehav01. Accessed 2005 Sept 12.
- ⁵ Sindelar HA, Barnett NP, Spirito A. Adolescent alcohol use and injury. A summary and critical review of the literature. *Minerva Pediatr*. 2004;56(3):291-309.
- ⁶ Centers for Disease Control and Prevention. STDs and pregnancy fact sheet [fact sheet on the Internet]. [Content reviewed 2004 May]. Available from: http://www.webcitation.org/5KNAHYm5t. Accessed: 2006 May 10.
- ⁷ Donovan PA. *Testing Positive: Sexually Transmitted Disease and the Public Health Response*. New York: Alan Guttmacher Institute; 1993.
- ⁸ Eissa MA, Cromwell PF. Diagnosis and management of pelvic inflammatory disease in adolescents. *J Pediatr Health Care*. 2003;17(3):145-147.
- ⁹ Gdoura R, Keskes-Ammar L, Bousizd F, Eb F, Hammami A, Orfila J. Chlamydia trachomatis and male infertility in Tunisia. *Eur J Contracept Reprod Health Care*. 2000;6(2):102-107. ¹⁰ Sowell ER, Thompson PM, Holmes CJ, Jernigan TL, Toga AW. In vivo evidence for post-adolescent brain maturation in frontal and striatal regions. *Nat Neurosci*. 1999;2(10):859-861.
- ¹¹ Weinberger DR, Elvevag B, Giedd JN. *The Adolescent Brain*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2005.
- ¹² Giedd JN, Blumenthal J, Jeffries NO, et al. Brain development during childhood and adolescence: a longitudinal MRI study. *Nat Neurosci*. 1999; 2(10): 861-863. Available at: http://www.nature.com/neuro/journal/v2/n10/ pdf/nn1099_861.pdf. Accessed 2005 Sept 22.
- ¹³ Adapted from Loges WE, Kidder RM. *Global Values, Moral Boundaries: A Pilot Survey*. Camden, MA: Institute for Global Ethics; 1997.
- ¹⁴ Berkowitz MW, Bier MC. Character education: Parents as Partners. *Educ Leadership*. 2005;63(1):64-69.
- Berkowitz MW, Bier MC. What Works In Character Education: A Report For Policy Makers And Opinion Leaders. Washington, DC: Character Education Partnership, 2005.
 Baumeister RF, Gailliot M, Dewall CN, Oaten M. Self-regulation and personality: how interventions increase regulatory success, and how depletion moderates the effects of traits on behavior. J Pers. 2006;74(6):1773-1802.
- ¹⁷ Brown BR Jr, Baranowski MD, Kulig JW, Stephenson JN, Perry B. Searching for the Magic Johnson effect: AIDS, adolescents, and celebrity disclosure. *Adolescence*. 1996;31(122):253-264.
- ¹⁸ Wyatt TJ, Peterson FL. Risky business: Exploring adolescent risk-taking behavior. *J Sch Health*. 2005;75(6):229-231.
- ¹⁹ Lerner R. Can abstinence work? An analysis of the best friends program. *Adolesc Fam Health*. 2004;3(4):185-192.
- ²⁰ Grant S, Contoreggi C, London ED. Drug abusers show impaired performance in a laboratory test of decision making. *Neuropsychologia*. 2000;38(8):1180-1187.

- ²¹ Scheier LM, Botvin GJ. Effects of early adolescent drug use on cognitive efficacy in early-late adolescence: a developmental structural model. *J Subst Abuse*. 1995;7(4):379-404.
- ²² Lenz BK. Tobacco, depression, and lifestyle choices in the pivotal early college years. *J Am Coll Health*. 2004;52(5):213-219.
- ²³ Martinez JA, Mota GA, Vianna ES, Filho JT, Silva GA, Rodrigues AL Jr. Impaired quality of life of healthy young smokers. *Chest*. 2004;125(2):425-428.
- ²⁴ Colker LJ. Family involvement: A key ingredient in children's reading success. RIF Exchange Show #403 "Literacy a Family Matter" [article on the Internet]. [2003]. Available from: www.rif.org/coordinators/articles/FamInvolvement.mspx. Accessed 2006 May 10.
- ²⁵ Henderson AT, Mapp KL. *A New Wave Of Evidence: The Impact Of School, Family, and Community Connections On Student Achievement*. Austin, TX; Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/evidence.pdf. Accessed May 10, 2006.
- ²⁶ Jordan C, Orozco E, Averett A. *Emerging Issues In School, Family, And Community Connections*. Austin, TX: Southwest Educational Development Laboratory, 2002. Available from: www.sedl.org/connections/resources/emergingissues.pdf. Accessed May 10, 2006.
- ²⁷ Passarel S. *Adolescent childbearing and educational and economic attainment* [fact-sheet on the Internet; Compiled 1995 Oct]. Washington, DC: Advocates for Youth. [Compiled 1995 Oct; Cited 2004 May 6]. Available from:
- http://www.webcitation.org/5KFGkM8ZC. Accessed 2004 May 6.
- ²⁸ General Accounting Office (US). Teen Mothers: Selected Socio-Demographic Characteristics and Risk Factors: Report to the Honorable Charles B. Rangel. Washington, DC: US General Accounting Office;1998 Jun. Publication GA/HEHS-98-141. Available from: http://www.gao.gov/archive/1998/he98141.pdf. Accessed 2006 Mar 28.
 ²⁹ Alan Guttmacher Institute. Sex and America's Teenagers. New York: Alan Guttmacher Institute: 1994.
- ³⁰ Maynard RA, ed. *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: Urban Institute Press: 1996.
- ³¹ Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S. Births: final data for 2004. *Natl Vital Stat Rep.* 2006 September 29;55(1):1-101. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf. Accessed 2006 Oct 1. ³² Annie E.Casey Foundation. *When Teens Have Sex: Issues and Trends*. Baltimore, MD: The Annie E. Casey Foundation; 1998. Html version available from: http://www.aecf.org/kidscount/teen/.
- ³³ Pirog-Good MA. The family background and attitudes of teen fathers. *Youth & Society*. 1995;26(3):351-376.
- ³⁴ Kalmuss DS, Namerow PB. Subsequent childbearing among teenage mothers: the determinants of a closely spaced second birth. *Fam Plann Perspect*. 1994;26(4):149-153. 159.
- ³⁵ Santelli JS, Brener ND, Lowry R, Bhatt A, Zabin LS. Multiple sexual partners among U.S. adolescents and young adults. *Fam Plann Perspect*. 1998;30(6):271-275.
- ³⁶ Kaestle CE, Halpern CT, Miller WC, Ford CA. Young age at first sexual intercourse and sexually transmitted infections in adolescents and young adults. *Am J Epidemiol*. 2005;161(8):774-780.
- ³⁷ Lowry R, Holtzman D, Truman BI, Kann L, Collins JL, Kolbe LJ. Substance use and HIV-related sexual behaviors among US high school students: are they related? *Amer J of Pub Health*. 1994;84(7):1116-1120.
- ³⁸ Carroll JS, Doherty WJ. Evaluating the effectiveness of premarital prevention programs: a meta-analytic review of outcome research. *Family Relat*. 2003;52(2):105-118.
- ³⁹ Cooksey EC, Mott FL, Neubauer SA. Friendships and early relationships: Links to sexual initiation among American adolescents born to young mothers. *Perspect Sex Reprod Health*, 2002;34(3):118-126.
- ⁴⁰ Kaestle CE, Morisky DE, Wiley DJ. Sexual intercourse and the age difference between adolescent females and their romantic partners. *Perspect Sex Reprod Health*. 2002;34(6):304-309.
- ⁴¹ Smith AM, Alsi P. *Age of risk behavior debut: Trends and implications*. IYD Youth Facts 1999; January: 1-17.
- ⁴² VanOss Marin B, Coyle KK, Gomez CA, Carvajal SC, Kirby DB. Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents. *J Adolesc Health*. 2000;27(6):409-418.
- ⁴³ VanOss Marin B, Kirby DB, Hudes ES, Gomez CA, Coyle KK. Youth with older boyfriends and girlfriends: Associations with sexual risk. In: Albert B, Brown S, Flanigan CM, eds. *Fourteen And Younger: The Sexual Behavior Of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2003:83-90.
- ⁴⁴ Edgardh K. Sexual behavior and early coitarche in a national sample of 17 year old Swedish girls. *Sex Transm Inf.* 2000;76(2):98-102.

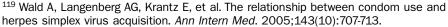


- Meschke LL, Zweig JM, Barber BL, Eccles JS. Demographic, biological, psychological, and social predictors of the timing of first intercourse. *J Res Adolesc*. 2000;10(3):315-338.
 Halpern CT, Joyner K, Udry JR, Suchindran C. Smart teens don't have sex (or kiss much either). *J Adolesc Health*. 2000;26(3):213-225.
- ⁴⁷ Blum RW, Beuhring T, Rinehart PM. Protecting Teens: Beyond Race, Income, and Family Structure. Minneapolis, MN: Center for Adolescent Health, University of Minnesota; 2000. ⁴⁸ Rosenthal SL, Burklow KA, Lewis LM, Succop PA, Biro FM. Heterosexual romantic relationships and sexual behaviors of young adolescent girls. *J Adolesc Health*. 1997;21(4):238-243.
- ⁴⁹ Lewin B. The adolescent boy and girl: first and other early experiences with intercourse from a representative sample of Swedish school adolescents. *Arch Sex Behav*. 1982;11(5):417-428.
- ⁵⁰ Michael RT, Gagnon JH, Layman EO, Kolata G. Sex in America: A Definitive Survey. New York: Little, Brown and Company; 1994.
- ⁵¹ Wilcox WB, Doherty WJ, Fisher H, et al. *Why Marriage Matters: Twenty-six Conclusions From the Social Sciences: A Report From Family Scholars*. 2nd ed. New York: Institute for American Values: 2005.
- ⁵² Nock SL. *Marriage in Men's Lives*. New York: Oxford University Press, 1998.
- ⁵³ Stanley SM, Whitton SW, Markman HJ. Maybe I do: Interpersonal commitment and premarital or nonmarital cohabitation. *J Fam Issues*. 2004;25(4):496-519.
- ⁵⁴ Waite LJ. Does marriage matter? *Demography*. 1995;32(4):483-507.
- ⁵⁵ Separate program for abstinence education 42 USC 710 §§ (b)(2)(A)-(H) Definition of abstinence education (2004).
- ⁵⁶ Turner LW, Sizer SS, Whitney EN, Wilks BB. *Life Choices Health Concepts and Strategies*. 2nd ed. St. Paul, MN: West Publishing Company; 1992.
- ⁵⁷ Parke M. Are married parents really better for children? What research says about the effects of family structure on child well-being. *CLASP Couples and Marriage Policy Brief Series*. 2003;3:1-8. Available from:
- http://www.clasp.org/publications/Marriage_Brief3.pdf. Accessed: 2005 Sept 19.
 ⁵⁸ Scommegna P. Increased cohabitation: changing children's family settings. *Today's Issues*. 2002;13:(Sept). Available from:
- http://www.nichd.nih.gov/publications/pubs/upload/ti_13.pdf. Accessed: 2005 Sept 17.
 ⁵⁹ Bramlett MD, Mosher WD. Cohabitation, marriage, divorce, and remarriage in the United States. *Vital Health Stat 23*. 2002;(22):1-93. Available from:
- http://www.cdc.gov/nchs/data/series/sr_23/sr23_022.pdf. Accessed: 2005 Sept 19. ⁶⁰ Kahn JR, London KA. Premarital sex and the risk of divorce. *J Marriage Fam.* 1991;53(3):845-855.
- ⁶¹ Heaton TB, Kahn JR, London KA. Comment on "Premarital Sex and the Risk of Divorce" *J Marriage Fam.* 1993;55(1):240-241.
- ⁶² Waite LJ, Gallagher M. *The Case for Marriage: Why Married People are Happier, Healthier, and Better Off Financially*. New York: Doubleday; 2000.
- ⁶³ Lichter DT, Qian Z, Mellott LM. Marriage or dissolution? Union transitions among poor cohabiting women. *Demography*. 2006;43(2):223-240.
- Raley RK. Increasing fertility in cohabiting unions: evidence for the second demographic transition in the United States? *Demography*. 2001;38(1):59-66.
 Ryan S, Manlove J, Moore KA. The relationship between teenage motherhood and
- marriage. Science Says. 2004;11:1-9. Available from:
- http://www.teenpregnancy.org/works/pdf/TeenMothersMarriage.pdf. Accessed 2006 Nov 14.
- ⁶⁶ Graefe DR, Lichter DT. Marriage among unwed mothers: whites, blacks and Hispanics compared. *Perspect Sex Reprod Health*. 2002;34(6):286-293.
- ⁶⁷ Congressional Budget Office (US). *Sources of Support for Adolescent Mothers*. Washington, DC: Congressional Budget Office (US); 1990 Sept. Available from:
- http://www.cbo.gov/ftpdocs/76xx/doc7666/90-CB0-045.pdf. Accessed: 2006 Nov 14. ⁶⁸ Inazu JK, Fox GL. Maternal influence on the sexual behavior of teen-age daughters: Direct and indirect sources. *J Fam Issues*. 1980;1(1):81-99.
- ⁶⁹ Danziger S. Family life and teenage pregnancy in the inner-city: Experiences of African-American youth. *Child Youth Serv Rev.* 1995;17(1/2):183-202.
- ⁷⁰ Rodgers K. Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *J Marriage Fam.* 1999;61(1):99-109.
- ⁷¹ Miller K, Forehand R, Kotchick B. Adolescent sexual behavior in two ethnic minority samples: The role of family variables. *J Marriage Fam.* 1999;61(1):85-98.
- ⁷² Nelson BV, Patience TH, MacDonald DC. Adolescent risk behavior and the influence of parents and education. *J Am Board Fam Pract*. 1999;12(6):436-443.
- ⁷³ Whitaker DJ, Miller KS, May DC, Levin ML. Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. *Fam Plann Perspect*. 1999;31(3):117-121

- ⁷⁴ Crosby RA, Diclemente RJ, Wingood GM, Cobb BK, Harrington K, Davies SL, et al. HIV/STD-protective benefits of living with mothers in perceived supportive families: a study of high-risk African American female teens. *Prev Med.* 2001;33(3):175-178.
- ⁷⁵ Markham CM, Tortolero SR, Escobar-Chaves SL, Parcel GS, Harrist R, Addy RC. Family connectedness and sexual risk-taking among urban youth attending alternative high schools. *Perspect Sex Reprod Health*. 2003;35(4):174-179.
- ⁷⁶ Fields J. *Children's Living Arrangements and Characteristics: March 2002*. Current Population Reports, P20-547. Washington, DC: Census Bureau (US); 2003 Jun. Available from: http://www.census.gov/prod/2003pubs/p20-547.pdf.
- ⁷⁷ Fagan P, Rector R, Johnson K, Peterson A. *The Positive Effects of Marriage: A Book of Charts*. Washington, DC: The Heritage Foundation; 2002. Available from: http://www.heritage.org/Research/Features/Marriage/
- ⁷⁸ Snell TL, Morton DC. *Survey Of State Prison Inmates, 1991: Women In Prison.*Washington, DC: Department of Justice (US), Bureau of Justice Statistics; 1994. Bureau of Justice Statistics Special Report , No. NJC-145321. Available from:
- http://www.ojp.usdoj.gov/bjs/pub/pdf/wopris.pdf. Accessed: 2005 Jan 15.
- Marsiglio W. Adolescent fathers in the United States: their initial living arrangements, marital experience and educational outcomes. Fam Plann Perspect. 1987;19(6):240-251.
 McLanahan S, Sandefur G. Growing Up With a Single Parent: What Hurts, What Helps.
- McLanahan S, Sandefur G. Growing Up With a Single Parent: What Hurts, What Hel Cambridge: Harvard University Press; 1994.
 Garfinkel I, McLanahan SS. Single Mothers and Their Children: A New American
- *Dilemma*. Washington DC: The Urban Institute Press; 1986.

 82 Shrier LA, Harris SK, Beardslee WR. Temporal associations between depressive symptoms and self-reported sexually transmitted disease among adolescents. *Arch Pediatr Adolesc Med.* 2002;156(6):599-606.
- ⁸³ Salazar LF, DiClemente RJ, Wingood GM, Crosby RA, Lang DL, Harrington K. Biologically confirmed sexually transmitted infection and depressive symptomatology among African-American female adolescents. *Sex Transm Infect.* 2006;82(1):55-60.
- ⁸⁴ Brown GW, Moran PM. Single mothers, poverty and depression. *Psychol Med*. 1997;27(1):21-33.
- ⁸⁵ Simms I, Stephenson JM. Pelvic inflammatory disease epidemiology: what do we know and what do we need to know? *Sex Transm Infect*. 2000;76(2):80-87.
- ⁸⁶ Wolner-Hanssen P. Pelvic inflammatory disease incidence and diagnosis. In: Mead PB, Hager WD, Faro S, eds. *Protocols For Infectious Diseases In Obstetrics and Gynecology*. 2nd ed. Malden, Mass: Blackwell Science; 2000:394-399.
- ⁸⁷ Westrom L, Eschenbach D. Pelvic inflammatory disease. In Holmes KK, Sparling PF, Mardh PA, et al, eds. *Sexually Transmitted Diseases*. 3rd ed. New York: McGraw Hill; 1999:783-809.
- ⁸⁸ Goldner TE, Lawson HW, Xia Z, Atrash HK. Surveillance for ectopic pregnancy United States. 1970-1989. *MMWR*. 1993;42(SS-6):73-85.
- ⁸⁹ Centers for Disease Control and Prevention. Current trends: Ectopic pregnancy United States, 1990-1992. *MMWR*. 1995;44(3):46-48.
- ⁹⁰ Leigh BC, Stall R. Substance use and risky sexual behavior for exposure to HIV Issues in methodology, interpretation, and prevention. *Am Psychol.* 1993;48(10):1035-1045.
- ⁹¹ Donald M, Dower J, Correa-Velez I, Jones M. Risk and protective factors for medically serious suicide attempts: a comparison of hospital-based with population-based samples of young adults. *Aust N Z J Psychiatry*. 2006;40(1):87-96.
- ⁹² Monroe SM, Rohde P, Seeley JR, Lewinsohn PM. Life events and depression in adolescence: relationship loss as a prospective risk factor for first onset of major depressive disorder. *J Abnorm Psychol.* 1999;108(4):606-614.
- ⁹³ Halperin DT, Steiner MJ, Cassell MM et al. The time has come for common ground on preventing sexual transmission of HIV. *Lancet*. 2004;364(9449):1913-1915.
- ⁹⁴ Rector RE, Johnson KA, Noyes LR. *Sexually Active Teenagers Are More Likely To Be Depressed and To Attempt Suicide*. Washington, D.C.: The Heritage Foundation; 2003. Report No.: CDA03-04. Available from:
- http://www.heritage.org/Research/Family/upload/43062_1.pdf. Accessed 2005 Sept 12. ⁹⁵ Hallfors DD, Waller MW, Bauer D, Ford CA, Halpern CT. Which comes first in adolescence—sex and drugs or depression? *Am J Prev Med.* 2005;29(3):163-170.
- ⁹⁶ National Campaign to Prevent Teen Pregnancy. *With One Voice: America's Adults and Teens Sound Off About Teen Pregnancy: An Annual National Survey.* Washington, DC: National Campaign to Prevent Teen Pregnancy; 2003. Available from: http://www.teen-pregnancy.org/resources/data/pdf/WOV2002_fulltext.pdf. Accessed 2005 Sept 20.

- ⁹⁷ National Campaign to Prevent Teen Pregnancy. *The Cautious Generation? Teens Tell Us About Sex, Virginity, and "The Talk"*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2000. Available from: http://www.teenpregnancy.org/resources/data/pdf/cautious.pdf. Accessed 2005 Sept 20.
- ⁹⁸ Roper Starch Worldwide. *Teens Talk About Sex: Adolescent Sexuality in the 90s*. New York: Sexuality Information and Education Council of the United States, 1994.
- ⁹⁹ National Campaign to Prevent Teen Pregnancy. *Not Just Another Thing to Do: Teens Talk About Sex, Regret, and the Influence of Their Parents*. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2000. Available from:
- http://www.teenpregnancy.org/resources/data/pdf/teenwant.pdf. Accessed 2005 Sept 20. ¹⁰⁰ Brener N, Kann L, Lowry R, Wechsler H, Romero L. Trends in HIV-related risk behaviors among high school students United States, 1991-2005. *MMWR*. 2006;55(31):851-854. ¹⁰¹ Albert B, Brown S, Flanigan CM, eds. *Fourteen and Younger: The Sexual Behavior of Young Adolescents: Summary.* Washington, DC: National Campaign to Prevent Teen Pregnancy; 2003. Available from:
- http://www.teenpregnancy.org/resources/reading/pdf/14summary.pdf. Accessed 2005 Sept 12.
- ¹⁰² Cushman J, McNamara M. Adolescent pregnancy and childbearing in the U.S. [Population Resource Center website]. [Updated: 2004]. Washington, DC: Population Resource Center; 2004. Available from: http://www.webcitation.org/5KPuW3uPt. Accessed: 2005 Sept 12.
- Mott FL, Fondell MM, Hu PN, Kowaleski-Jones L, Menaghan EG. Determinants of first sex by age 14 in a high-risk adolescent population. Fam Plann Perspect. 1996;28(1):13-18.
 ¹⁰⁴ Adapted from: Trussell J. Contraceptive efficacy. In: Hatcher RA, Trussell J, Stewart F, et al., eds. Contraceptive technology eighteenth revised edition. New York: Ardent Media, 2004.
- Adapted from: Fu H, Darroch JE, Haas T, Ranjit N. Contraceptive failure rates: new estimates from the 1995 National Survey of Family Growth. Fam Plann Perspect. 1999 March;31(2):56-63. Available from: http://agi-usa.org/pubs/journals/3105699.pdf. Accessed 2005 Sept 10.
- ¹⁰⁶ Ahmed S, Lutalo T, Wawer M, et al. HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda. *AIDS*. 2001;15(16):2171-2179.
- ¹⁰⁷ Baeten JM, Nyange PM, Richardson BA, et al. Hormonal contraception and risk of sexually transmitted disease acquisition: Results from a prospective study. *Am J Obstet Gynecol*. 2001;185(2):380-385.
- ¹⁰⁸ National Institute of Allergy and Infectious Diseases. *Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention.*June 12-13, 2000, Hyatt Dulles Airport, Herndon, Virginia. Bethesda, MD: National Institute of Allergy and Infectious Diseases; 2001 Available from:
- http://www.niaid.nih.gov/dmid/stds/condomreport.pdf. Accessed 2005 Sept 3. ¹⁰⁹ Davis KR, Weller SC. The effectiveness of condoms in reducing heterosexual transmission of HIV. *Fam Plann Persp.* 1999;31(6):272-279. Available from:
- http://www.guttmacher.org/pubs/journals/3127299.html. Accessed: 2005 Sept 10.
 ¹¹⁰ Manhart LE, Koutsky LA. Do condoms prevent genital HPV infection, external genital warts, or cervical neoplasia? A meta-analysis. *Sex Transm Dis.* 2003;29(11):725-735.
- ¹¹¹ Dinerman LM, Wilson MD, Duggan AK, Joffe A. Outcomes of adolescents using levonorgestrel implants vs. oral contraceptives or other contraceptive methods. *Arch Pediatr Adolesc Med.* 1995;149(9):967-972.
- ¹¹² Grady WR, Hayward MD, Yagi J. Contraceptive failure in the United States: estimates from the 1982 National Survey of Family Growth. *Fam Plann Perspect*. 1986;18(5):200-209 ¹¹³ Abma JC, Chandra A, Mosher WD, Peterson LS, Piccinino LJ. Fertility, family planning, and women's health: new data from the 1995 National Survey of Family Growth. *Vital Health Stat*. 23. 1997;19:1-125. Available at: http://www.cdc.gov/nchs/data/series/sr_23/sr23_019.pdf. Accessed 2005 Sept 12.
- ¹¹⁴ Jones RK, Darroch JE, Henshaw SK. Contraceptive use among U.S. women having abortions in 2000-2001. *Perspect Sex Reprod Health*. 2002;34(6):294-303.
- ¹¹⁵ Trussell J, Vaughan B. Contraceptive failure, method-related discontinuation and resumption of use: results from the 1995 National Survey of Family Growth. *Fam Plann Perspect*. 1999;31(2):64-72, 93.
- ¹¹⁶ Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev.* 2002;(1):CD003255.
- ¹¹⁷ Pinkerton SD, Abramson PR. Effectiveness of condoms in preventing HIV transmission. *Soc Sci Med.* 1997;44(9):1303-1312.
- ¹¹⁸ Shlay JC, McClung MW, Patnaik JL, Douglas JM Jr. Comparison of sexually transmitted disease prevalence by reported level of condom use among patients attending an urban sexually transmitted disease clinic. *Sex Transm Dis.* 2004;31(3):154-160.



¹²⁰ Vaccarella S, Franceschi S, Herrero R, et al.; for the IARC HPV Prevalence Surveys Study Group. Sexual behavior, condom use, and human papillomavirus: pooled analysis of the IARC human papillomavirus prevalence surveys. *Cancer Epidemiol Biomarkers Prev.* 2006;15(2):326-333.

¹²¹ Winer RL, Hughes JP, Feng Q, et al. Condom use and the risk of genital human papillomavirus infection in young women. *N Engl J Med*. 2006;354(25):2645-2654.

¹²² Weinstock H, Berman S, Cates W Jr. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspect Sex Reprod Health*. 2004;36(1):6-10.

¹²³ Centers for Disease Control and Prevention (US). *HIV/AIDS among African Americans* [fact sheet on the Internet]. [Updated: February 2006; Cited 2006 May 10]. Available from: http://www.webcitation.org/5KMvrcarQ.

¹²⁴ Office of Minority Health (US). *HIV/AIDS among minority women*. [fact sheet on the Internet]. Washington, DC: Department of Health and Human Services, Office of Minority Health; 2005 Dec. Available from: http://www.webcitation.org/5KMwjPla3. Accessed May 11, 2006.

¹²⁵ Centers for Disease Control and Prevention (US). HIV/AIDS Surveillance Report, 2004. Vol. 16. Atlanta, GA: Department of Health and Human Services (US), Centers for Disease Control and Prevention; 2005:1-46. Available from: http://www.cdc.gov/hiv/top-ics/surveillance/resources/reports/2004report/pdf/2004SurveillanceReport.pdf ¹²⁶ Fitch J, Stine C, Hager WD, Mann J, Adam M, McIlhaney J. Condom effectiveness: factors that influence risk reduction. *Sex Transm Dis.* 2002;29(12):811-817.

¹²⁷ Gerberding JL. *Report to Congress. Prevention of genital human papillomavirus infection.* Atlanta, GA: Dept of Health and Human Services (US), Centers for Disease Control and Prevention, 2004. Available from:

http://www.cdc.gov/std/HPV/2004HPV%20Report.pdf. Accessed: 2006 Feb 24.

128 Bunnell RE, Dahlberg L, Rolfs R et al. High prevalence and incidence of sexually transmitted diseases in urban adolescent females despite moderate risk behaviors. *J Infect Dis.* 1999;180(5):1624-1631.

¹²⁹ Crosby RA, DiClemente RJ, Wingood GM, Lang D, Harrington KF. Value of consistent condom use: a study of sexually transmitted disease prevention among African American adolescent females. *Am J Public Health*. 2003;93(6):901-902.

¹³⁰ Sonenstein FL, Ku L, Lindberg LD, Turner CF, Pleck JH. Changes in sexual behavior and condom use among teenaged males: 1988 to 1995. *Am J Public Health*. 1998;88(6):956-959.

¹³¹ Grunbaum JA, Kann L, Kinchen SA et al. Youth risk behavior surveillance–United States. 2001. *MMWR Surveill Summ*. 2002;51(SS-4):1-64.

¹³² Centers for Disease Control and Prevention. Genital HPV Infection Fact Sheet. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; December 2003. Available from: http://www.webcitation.org/5KQCjXQgL. Accessed: 2004 Apr 14.

¹³³ Combs-Orme T. Health effects of adolescent pregnancy: implications for social workers. *Fam Soc.* 1993;74(6):344-354.

¹³⁴ da Silva AA, Simoes VM, Barbieri MA, et al. Young maternal age and preterm birth. *Paediatr Perinat Epidemiol.* 2003;17(4):332-329.

¹³⁵ Elam-Evans LD, Strauss LT, Herndon J, et al. Abortion surveillance - US, 2000. *MMWR Surveill Summ*. 2003;52(12). Available from:

http://www.cdc.gov/mmwr/PDF/ss/ss5212.pdf. Accessed: 2005 Sept 23.

¹³⁶ Kalil A, Kunz J. Teenage childbearing, marital status, and depressive symptoms in later life. *Child Dev.* 2002;73:1748-1760.

¹³⁷ Cunnington AJ. What's so bad about teenage pregnancy? *J Fam Plann Reprod Health Care.* 2001;27(1):36-41.

¹³⁸ Alan Guttmacher Institute. *Facts in Brief: Teen Sex and Pregnancy*. New York:Alan Guttmacher Institute; 1999. Available at: http://www.agi-usa.org/pubs/fb_teen_ sex.pdf. Accessed: 2005 Sept 13.

¹³⁹ Stiffman MN, Schnitzer PG, Adam P, Kruse RL, Ewigman BG. Household composition and risk of fatal child maltreatment. *Pediatrics*. 2002;109(4):615-621.

¹⁴⁰ Roberts TA, Auinger P, Klein JD. Predictors of partner abuse in a nationally representative sample of adolescents involved in heterosexual dating relationships. *Violence Vict*. 2006;21(1):81-89.

¹⁴¹ Collins RL, Ellickson PL, Orlando M, Klein DJ. Isolating the nexus of substance use, violence and sexual risk for HIV infection among young adults in the United States. *AIDS Behav.* 2005;9(1):73-87.

¹⁴² Decker MR, Silverman JG and Raj A. Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females. *Pediatrics*. 2005;116:272-276.



- ¹⁴³ Horvath MA, Brown J. The role of drugs and alcohol in rape. *Med Sci Law*. 2006;46(3):219-228.
- 144 Stoner SA, George WH, Peters LM, Norris J. Liquid Courage: Alcohol Fosters Risky Sexual Decision-Making in Individuals with Sexual Fears. AIDS Behav. 2006; [Epub ahead of print]
- ¹⁴⁵ Martino SC, Collins RL, Ellickson PL. Substance use and vulnerability to sexual and physical aggression: a longitudinal study of young adults. *Violence Vict*. 2004;19(5):521-540.
- Escobar-Chaves SL, Tortolero SR, Markham CM, Low BJ, Eitel P, Thickstun P. Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*. 2005;116(1):303-326.
 Collins RL, Elliott MN, Berry SH, et al. Watching sex on television predicts adolescent initiation of sexual behavior. *Pediatrics*. 2004;114(3):e280-e289.
- ¹⁴⁸Wingood GM, DiClemente RJ, Harrington K, Davies S, Hook EW 3rd, Oh MK. Exposure to X-rated movies and adolescents' sexual and contraceptive-related attitudes and behaviors. *Pediatrics*. 2001;107(5):1116-1119.
- ¹⁴⁹ Strasburger VC. Adolescent sexuality and the media. *Pediatr Clin North Am.* 1989;36(3):747-773.
- ¹⁵⁰ Brown JD, Childers KW, Waszak CS. Television and adolescent sexuality. *J Adolesc Health Care*. 1990 Jan;11(1):62-70.
- ¹⁵¹ Vandewater EA, Bickham DS, Lee JH. Time well spent? Relating television use to children's free-time activities. *Pediatrics*. 2006;117(2):e181-e191.
- ¹⁵² Strasburger VC, Donnerstein E. Children, adolescents, and the media: issues and solutions. *Pediatrics*. 1999;103(1):129-139.
- ¹⁵³ Office of the Surgeon General (US). *Youth Violence: A Report Of the Surgeon General.* Washington, DC: Dept. of Health and Human Services; 2001: Appendix 4-B: Media Violence: Exposure And Content.
- Gardiner PS. The African Americanization of menthol cigarette use in the United States. *Nicotine Tob Res.* 2004;6(Suppl 1):S55-S65.
- ¹⁵⁵ Austin EW, Chen MJ, Grube JW. How does alcohol advertising influence underage drinking? The role of desirability, identification and skepticism. *J Adolesc Health*. 2006;38(4):376-384.
- ¹⁵⁶ Surgeon General's Committee on Television and Social Behavior (US). *Television and Growing Up: The Impact of Televised Violence*. Report to the Surgeon General, United States Public Health Service. Rockville, MD: National Institute of Mental Health; 1972. Available from: http://profiles.nlm.nih.gov/NN/B/C/G/X/_/nnbcgx.pdf. Accessed 2006 Oct 27.
- ¹⁵⁷ Bruckner H, Bearman, P. Dating behavior and sexual activity of young adolescents: Analyses of the National Longitudinal Study of Adolescent Health. In: Albert B, Brown S, Flanigan CM, eds. *Fourteen and Younger: The Sexual Behavior of Young Adolescents*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2003:31-56.



Glossary

Glossary

Abstinence The calculated decision and deliberate action of a person to refrain from sexual activity.

Abstinence means avoiding all sexual activity, including penile-vaginal, anal, and oral sex. Abstinence also means avoiding other physical contact, such as mutual masturbation or

mouth-to-breast contact, intended for the specific purpose of sexual arousal.

Adolescence The period of time between childhood and adulthood during which a person grows from

puberty to cognitive maturity. Cognitive maturity does not usually reach completion until the

mid-twenties.

Adolescent Youth in the stage of adolescence. Synonyms: teen, teenager.

Age of Consent The age at which an individual is considered old enough to decide to have sexual

intercourse or the age at which a person is deemed legally capable of giving consent to

sexual interactions.

ADS A virus-induced immune disease caused by HIV (see HIV). HIV damages the cells in the

immune system and can live in an infected person's body for many years before any signs of illness appear. As the virus multiplies, the immune system becomes less able to protect against illness. Certain life-threatening infections and cancers can then invade the body, causing serious illness and, potentially, death. Medications can slow the progress of the

disease. Synonym: acquired immunodeficiency syndrome.

And Sex

Any sexual act involving the anus, anal cavity, sphincter, or rectum such as anal stimulation

or penetration with a finger, penis, object, lips, mouth, or tongue. It is more specifically used to describe the insertion of the erect penis into the rectum through the anus.

Arousal State of increased excitement, function, action, or interest.

Body Image Attitudes and feelings about one's own body and appearance.

Breasts Mammary glands on the chest of a female. Breasts are often sexually sensitive and may

inspire sexual desire. They produce milk during and after pregnancy. Males also have

breast tissue.

Character The inherent complex of fixed personality traits, habitual modes of response, and other

attributes that determine a person's moral and ethical actions and reactions.

Child Abuse, Sexual behaviors that violate or exploit a child. Sexual

Chlamydia An infection caused by the bacterium Chlamydia trachomatis. Despite being one of the

most common STIs in females, it is often asymptomatic. If undetected and untreated,

chlamydia can lead to serious complications in females such as infertility.

Coercion Exploitation of authority, threats of force, or intimidation to gain cooperation or compliance.

Conditation Living together in a sexual relationship.

Conceive To become pregnant.

Conception

The fertilization of an egg by a sperm that forms a zygote (human life with unique DNA).

Condom

A device usually made of latex (a type of rubber), plastic, or animal membrane used to reduce the risk of pregnancy and sexually transmitted infections. Male condoms are fitted

over the erect penis. Female condoms are inserted into the vagina.

Contraception

The use of mechanical devices, foams or creams, or medication to reduce the risk of pregnancy.

Culture

The shared beliefs, values, heritage, customs, norms, art, food, language, and rituals of a community.

Depression

A mental state of depressed mood characterized by feelings of sadness, despair, and discouragement. Depression ranges from normal feelings of "the blues" through dysthymic disorder to major depressive disorder. There are often feelings of low self-esteem, guilt, and self-reproach, withdrawal from interpersonal contact, and somatic symptoms such as eating and sleep disturbances. Clinical depression is a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning or activities of daily living. Although a low mood or state of dejection that does not affect functioning is often referred to as depression, clinical depression is a clinical diagnosis and may be different from the everyday meaning of "being depressed." Many people identify this feeling as "being blue," "feeling sad for no reason," or "having no motivation to do anything."

Desire

The first stage of the sexual response cycle, characterized by a strong wanting for sexual intimacy or satisfaction.

Developmental Stages, Human

Stages from infancy through childhood and adolescence to adulthood characterized by different levels of physical, intellectual, emotional, social, and spiritual maturity and competency.

Egg

The female reproductive cell; the largest cell in the human body. The egg develops in the ovary. A fertilized egg grows into an embryo.

Ejaculate

To have an orgasm with expulsion of seminal fluid from the penis. Also used as an alternative term for the fluid itself (semen).

Embryo

The organism that develops from a zygote. A form of life with unique human DNA between the second and eighth week after conception.

Exploitation, Sexual

Act of coercing another person to participate in sexual activities.

Fantasy, Sexual A sexually arousing thought or mental image.

Fertilization

The joining of an egg and sperm to form a zygote.

Fetus

The organism that develops from the embryo starting in the eighth week of pregnancy and receives nourishment through the placenta.

Gonorrhea

An infection caused by the bacterium Neisseria gonorrhoeae. Despite being a common STI, it is often asymptomatic. If undetected and untreated, gonorrhea can lead to serious complications, such as infertility, arthritis, and heart problems. Symptoms include abnormal genital discharge and burning during urination. Males may suffer swelling or pain in the testicles.

Herpes

An infection caused by either of two types of herpes virus, HSV-1 or HSV-2. HSV-1 is the usual cause of herpes around the mouth or face ("cold sores" or "fever blisters"). Both HSV-1 and HSV-2 can cause genital herpes. Herpes can be sexually transmitted and can cause a recurring rash with clusters of blisters in and around the vagina or anus, on the cervix, penis, mouth, buttocks, or elsewhere.

HIV

A virus that causes acquired immunodeficiency syndrome (AIDS). The virus can be spread through the blood, semen, vaginal secretions, or breast milk of an HIV-infected person. Both males and females can pass HIV to a sex partner. Many STIs increase the risk of acquiring HIV. The virus can also be passed from person to person by sharing contaminated needles. HIV-infected mothers can pass the virus to their babies during pregnancy and childbirth. There is no evidence that HIV can be spread through other body fluids such as saliva, feces, urine, tears, and sweat or by casual contact (eg, hugging or shaking hands) or by mosquitoes. Synonym: human immunodeficiency virus.

Hormone

A substance produced by one tissue and transported by the blood to another to affect physiological activity, such as growth or metabolism.

Human Papillomavirus (HPV)

There are more than 100 different types of human papillomavirus. About 40 of these cause genital infections. HPV is usually spread by direct, skin-to-skin contact during sexual activity. 70% of HPV infections are asymptomatic. About half of the 40 types are considered "low risk". Some low-risk types cause genital warts, which may affect the vulva, vagina, anus, cervix, penis, or scrotum. These warts may be raised or flat, single or multiple, small or large. About half of the 40 types of HPV are considered "high risk" because they can cause cancer of the cervix, penis, or anus. Routine Pap smears can detect the abnormal cell growth caused by HPV that may progress to cervical cancer.

Infatuation

An intense, foolish, and usually extravagant passion, love, or admiration for somebody or something.

Intercourse

Sexual activity in which insertion of the penis occurs. This includes vaginal intercourse, oral intercourse, and anal intercourse.

Intimacy

The closeness and familiarity experienced as private and personal thoughts and feelings that are shared with another.

Lactation

The production and secretion of milk in the breasts.

love

A strong caring for someone else. There can be love for romantic partners and also for close friends, for parents and children, or for humankind.

Maturity

The completeness of physical, cognitive, and emotional growth and development.

Media Literacy

Framework to access, analyze, evaluate, and communicate information in a variety of formats including print and nonprint (eg, television, radio, video, Internet). Media literacy skills allow a person to distinguish between valid information and information intended to manipulate or influence. These skills go beyond merely recognizing and comprehending information and involve higher order critical thinking skills. Developing media literacy skills teaches people to analyze factors such as the motives, funding and values behind media productions and to be aware of how these factors influence content.

Menopause

The time when the ovaries stop producing hormones due to the limited number of remaining eggs. The time at "midlife" when menstruation stops, usually occurs between the ages of 45 and 55.

Modeling

The process of learning behavior through the observation of others.

Monogamy

An exclusive sexual relationship between two persons. This is sometimes called mutual monogamy.

Negotiation Skills

Ability to communicate, discuss, and agree on something among people who may have differing objectives. In this process people search for terms to obtain what they want from somebody.

Oral-Genital Sex Oral contact with the genitals. Cunnilingus is oral contact with the female genitals; fellatio is oral contact with the male genitals; anilingus is oral contact with the anus.

Outercourse

Any form of sexual stimulation that does not include insertion of the penis into the vagina, anus, or mouth. Although promoted as "safe sex" by some, sexual contact of this type is not abstinent behavior and may expose a person to STIs.

Ovaries

Organs located at the end of each fallopian tube that produce the ova (eggs). The ovaries also produce sex hormones responsible for the development of secondary female sex characteristics, sexual function, and genital tract integrity.

Ovulation

The release of an egg from the ovaries.

Peer

An age-mate.

Peer Pressure

The efforts of a group of equals to maintain conformity to the group's social norms.

Pelvic Inflammatory Disease (PID)

A disease resulting from infection of the female internal reproductive system that can lead to infertility, ectopic pregnancy, and chronic pain. It is often caused by sexually transmitted infections such as chlamydia or gonorrhea.

Perfect Use

The contraceptive effectiveness for use that is consistent and always correct. An estimate of how well a method should perform if it were used exactly as instructed.

Period. Menstrual

The days during menstruation.

Pornography

The presentation of sexually explicit material in photographs, literature, art, videos, or movies. Pornography displays explicitly physical, depersonalized, and often exaggerated sexual acts.

Prevention

Anticipatory action taken to prevent the occurrence of an event or to minimize its effects after it has occurred. Prevention aims to minimize the occurrence of disease or its consequences. It includes actions that reduce susceptibility or exposure (primary prevention), detect and treat disease in early stages (secondary prevention), and alleviate the effects of disease and injury (tertiary prevention).

Puberty

The physical changes involved in the transition from childhood to sexual maturity. These physical changes occur at the same time as changes in intellectual, social, and emotional development. Hormones control the physical changes of puberty, including development of the gonads (male testes and female ovaries), reproductive organs, and secondary sex characteristics; skeletal growth; and fat distribution. The gonads prepare to produce hormones and sex cells (sperm and eggs). Completion of the physical changes that accompany puberty signal that an individual is capable of participating in the process of reproduction. Nevertheless, because mental and emotional maturation continues into the mid-twenties, many young persons capable of having children are unprepared for parenthood.

Rape

Sexual intercourse (vaginal, anal, oral) or other sexual contact without consent. This may include sexual penetration by force, threat, or incapacitation, or sexual molestation of someone who is unable to give consent, such as a younger child or incompetent person. This is illegal sexual behavior as defined by the relevant state rape statute. Family members, acquaintances, dates, gangs, and strangers can commit rape.

Risk Behavior Conduct, such as alcohol, drug use, and sexual activity that exposes an individual to

hazards or dangers, such as STIs or nonmarital pregnancy.

"Safe" Sex A phrase that refers to the use of barrier contraceptives to reduce the risk for HIV or STI

transmission and pregnancy. The only safe sex is between two mutually monogamous,

uninfected partners.

Self-Fsteem The feelings of self-worth and self-respect stemming from an individual's positive or

> negative beliefs about being valuable and capable. It is linked to family traditions, language, social customs, economic background, and other aspects of one's cultural environment.

Semen The alkaline fluid containing sperm that is ejaculated by the male during sexual excitement.

Semen is composed of seminal fluid from the seminal vesicles, fluid from the prostate,

and fluid from the Cowper's glands.

Serial Monogamy

Having multiple sexual partners over a lifetime, in a sequence of committed relationships. An increasingly common form of dating and marriage in which a person mates with just one other person at a time but then ends that relationship and forms another. Unlike

lifelong monogamy, serial monogamy increases the risk of HIV and STIs.

Sex Refers to the biological characteristics that define humans as female or male. In many

languages, the term "sex" is often used to mean "sexual activity".

Sexual Abuse Sexual behaviors that violate or exploit another person; sexual behavior without consent,

without equality, or with coercion.

Sexual Activity Engaging in sexual behaviors.

Sexual Actions (touching, kissing, and other stimulation of the body) related to the expression

Behaviors of sexuality.

Sexual Debut First act of sexual intercourse. Synonyms: coitarche, sexual initiation.

Sexual Desire

A strong physically arousing attraction.

Sexual Unwanted abusive, intrusive, offensive, or coercive sexual propositions, language, or Harassment innuendo towards another. The use of status or power to obtain sex.

Sexual Health A state of physical, intellectual, emotional, social, and spiritual well-being in relation to

> sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health is a basic human right. All persons of all ages can be healthy sexual beings. Sexual health is

a positive, honest, and respectful approach to sexuality.

Sexuality The physical, intellectual, emotional, social, and spiritual characteristics, feelings, and

behaviors that encompass gender, gender role, gender identity, sexual orientation, sexual

preference, and social norms.

Sexually Explicit Material that graphically depicts sexual activities.

Material

Sexually Transmitted Disease (STD)

A disease caused by a sexually transmitted infection.

Sexually Transmitted Infection (STI)

An infection passed from person to person through sexual activity.

Sperm Male reproductive cells produced in the seminiferous tubules of the testes.

Stress Being made to feel threatened or challenged in some way.

Iransmission The spread of disease from one person to another.

Typical Use Contraceptive effectiveness for use is that is not consistent or always correct; refers to

how well a contraceptive method performs in studies of real people.

Uterus The hollow, thick-walled, pear-shaped, muscular organ located between the bladder and

rectum in the female. It is the site for implantation of the fertilized egg, the location where the fetus develops during pregnancy, and the structure that sheds its lining monthly

during menstruation.

Vagina The tube that joins the cervix (the lower part of uterus, or womb) to the outside of the

female body. It also is known as the birth canal. The tube-shaped muscular organ in the female into which the penis is inserted during intercourse and through which a baby

passes during birth.

Vaqinal Sex Inserting the penis into the vagina. Synonym: coitus

Values Ideas of what is right, worthwhile, or moral.

Victim Any person harmed or made to suffer; object of a crime or offense.

Virgin A person who has never engaged in sexual intercourse.

Viruses Small living particles that can infect cells and change how they function. Infection with a

virus can cause a person to develop symptoms. The disease and symptoms that are

caused depend on the type of virus and the type of cells that are infected.

Wet Dream Erotic imaging during sleep that causes ejaculation. Slang term for nocturnal emission.

2000 A form of life with unique human DNA originating as a fertilized ovum that has not yet been

implanted in the uterus.