

Positive
Prevention
Plus

Curriculum and
Teacher's Guide

Sexual Health Education for America's Youth

An Office of Adolescent Health (OAH)
Evidence-Based Curriculum

High School and
Community Settings



Sexual Health Education for America's Youth

for High School and Community Settings

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For the downloadable materials for this curriculum go to positiveprevention.com. Then go to Curriculum Downloads and enter this code:



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This publication was made possible by Grant number 6 TP2AH000007-01-02 from the Office of Adolescent Health.

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This curriculum meets the requirements as outlined in the California Education Code (EC) Section 51930-51939 pertaining to HIV/AIDS prevention education and comprehensive sexual health education.

Guidelines for Use of the Positive Prevention *PLUS* Curriculum

POSITIVE PREVENTION *PLUS* CURRICULA SHOULD BE PRESENTED ONLY:

- **to an audience of high school students**, including special education students;
- **in a school or alternative educational program site setting**;
- **as written, consistent with California Education Code §§ 51930-51939** and all applicable California Family Code and California Public Health and Safety Code provisions.

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Positive Prevention *PLUS* reminds you that your use of this curriculum is regulated by the California Education Code, particularly the **California Healthy Youth Act**. Therefore:

- School districts must ensure that students in grades 7-12 receive comprehensive sexual health education and HIV/AIDS prevention education from instructors **trained in the appropriate courses, which means instructors must have knowledge of the most recent medically accurate research on human sexuality, healthy relationships, pregnancy, HIV and other sexually transmitted infections**. Cal Ed Code §§ 51934(a), 51931(e);
- Instruction must include information about the effectiveness and safety of all FDA-approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted diseases. Cal Ed Code § 51934(a)(4);
- **Teaching or promoting of religious doctrine as part of comprehensive sexual health education is prohibited**. Cal Ed Code § 51933(i);

Related California Education Codes are posted on our website in Resources for Administrators.

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Preface

Adolescence is a critical period in life; a time for reinventing self-identity and renegotiating relationships with peers, family members, and the larger society. Personal, family, and cultural values are re-examined. Hopes and plans for the future are envisioned. Increasingly, adolescents are on their own to make critical life-altering decisions.

According to the California Health Framework (2018), “all adolescents develop at different rates, and some may feel awkward as hormonal changes continue to occur. Physiologically, some students are fully mature in high school while others continue to mature after high school. Some transgender students may be taking medications (puberty blockers or hormone therapy) to more closely align the physical characteristics of their body with their gender, while others may be transitioning socially without medical intervention. For all students, this is a period of great change (Bucher and Manning 2010).”

Healthy and rational choices regarding interpersonal relationships and sexual behavior are among the most important decisions facing adolescents. Pressures to conform to media messages regarding relationships, love, and sex may at minimum confuse teens, if not actually endanger them. However, confining or judgmental views may also confuse, alienate, or discourage adolescents from forming healthy self-images and healthy lifelong relationships with others.

Although it may seem students’ behaviors are well established, health education teachers continue to play a critical role in implementing standards-based instruction, applying evidence-based curriculum and programs, integrating medically accurate resources, and mentoring students to foster a lifetime of healthy behaviors. (Source: California Health Framework, 2018)

It is not the purpose of this curriculum to supplant parental instruction or cultural expectations regarding sexual relationships and behavior, but rather to complement these values and expectations with the knowledge and skills necessary to choose healthy relationships and self-protective behaviors.

To that end, we believe it is critically important to implement all aspects of this evidence-based curriculum, **with special emphasis on the interactive classroom activities.**

We recognize that a brief unit of study presented just once during upper elementary, middle school and/or high school will not by itself instill the knowledge, attitudes, or skills for a lifetime of healthy relationships and responsible sexual choices. But, *in combination with* informed parental, school, and community guidance and support, including access to valid health information and resources, *Positive Prevention PLUS Sexual Health Education for America’s Youth* will contribute to the mastery of this critical health content.



About the New *Positive Prevention PLUS: Sexual Health Education for America's Youth* (2018 ed.)

Positive Prevention PLUS Sexual Health Education for America's Youth focuses on specific protective behaviors using a variety of peer-based and interactive strategies. Follow-up lesson activities which further extend instruction and reinforce student learning are also featured in each lesson, including a daily interview assignment with a parent or trusted adult.

Updated features of the 2018 edition include:

- alignment with the new California Health Framework (2018)
- data and sexual health resource information for non-California classrooms
- the addition of a new lesson on human trafficking
- a supplemental lesson on teen suicide posted on our website
- new PowerPoint lesson slides (may be downloaded or streamed)
- animated stories at the beginning and ending of each lesson
- clear notation of the slide number associated with the lesson text
- availability of preprinted activity cards on multicolored card stock
- greater differentiation between the middle school and high school content and activities
- updated biomedical information, and
- URLs for accessing further information and updated statistics

Positive Prevention PLUS is published in three levels: Upper Elementary, Middle/Jr. High School, and High School and Community Settings. An online independent study version is also available for home-bound students and alternative settings, as well as *Positive Prevention PLUS for Special Populations* (Special Education) for moderate to low functioning students.

Information on ordering curriculum and additional support materials, including training information, may be found on the the web at **www.positiveprevention.com**.

For teacher trainings, please contact Cardea Services (510) 835-3700, or e-mail positive.prevention@cardeaservices.org.



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About Our Partners

Cardea Services

The mission of Cardea Services is to improve organizations' abilities to deliver accessible, high quality, culturally proficient, and compassionate services to their clients. Cardea staff are active and highly respected participants in teen pregnancy prevention research and demonstration projects in California and nationwide. As a partner in the *Positive Prevention PLUS* program, Cardea provides curriculum, teacher trainings, and technical assistance to school districts and agencies in California and out-of-state. For more information call (510)835-3700 or email positive.prevention@cardeaservices.org.

The American Red Cross

The American Red Cross has been working to prevent HIV infection since 1985. It continues to reach out to communities nationwide with information and resources about HIV and AIDS. The Orange County Chapter of the American Red Cross was instrumental in launching earlier versions of this curriculum.

Contact your local chapter of the American Red Cross for more information about HIV/AIDS prevention materials and trainings they provide or visit the worldwide web at www.redcross.org.

The California Department of Education

The California Department of Education first disseminated HIV/AIDS prevention education policy, curriculum, and resources through its network of Healthy Kids Regional Centers in the late 1980s. In 2004, the Comprehensive Sexual Health and HIV/AIDS Prevention Education Act added content guidelines for comprehensive sexual health education. **In 2016, the California Healthy Youth Act mandated that schools provide students with comprehensive sexual health education at least once in middle school and once in high school.** The California Healthy Youth Act also strengthened and updated content requirements for comprehensive sexual health education and HIV prevention education. Effective January 1, 2016, the California Healthy Youth Act updated Education Code 51930-51939 (see online Appendix A for the full text of this Act). The California Legislature also passed AB 1227 (new Education Code 51934 (C)10) requiring Human Trafficking Prevention Education, and AB 695 (new Education Code 51225.36) which mandates that instruction in progressive consent ("yes means yes") must be included in any health education course that is required for high school graduation. For further information visit: www.cde.ca.gov/ls/he/se.

Positive Prevention PLUS has also been created in response to the guidelines and mandates in the following documents:

- **California Health Framework** (2018)
- **Putting It All Together: Guidelines and Resources for State Mandated HIV/STD Prevention Education Programs** (2011) for school district administrators and board members.



Acknowledgements

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- Teacher Lesson Slides
- Selected Parent Materials in English and Spanish
- Supplementary Lesson on Puberty

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Introduction

Parents are confronted daily with facts and figures regarding the status of adult and adolescent health in the US. Accidents and suicide remain the leading causes of death in adolescents, and homicide is common in some young adult populations. HIV and AIDS continue to be serious health conditions in young adults, as do other sexually transmitted infections. Recent estimates reflect that these and other chronic diseases will cost the US economy over three trillion dollars by the year 2025, both in direct health care costs as well as lost productivity. Each one of these diseases involves a behavioral component which can be modified to prevent illness.

Following a ten-year period of downward trends in teen sexual activity in the US, coupled with increased self-reported condom use among those teens who are sexually active (Center for Disease Control and Prevention, 2013), recent Youth Risk Behavior Survey (YRBS) data indicates that during 1991-2015, a significant linear decrease occurred overall in prevalence of being currently sexually active (37.5%-30.1%). During 1991-2015, a significant linear increase occurred overall in the prevalence of having used a condom during last sexual intercourse (46.2%-56.9%). Still, the rate of teen pregnancy in the U.S. (as well as the homicide and suicide rates) are among the highest in the developed nations.

The CDC stated that in 2015, youth aged 13-24 made up 22% of all new cases. Half of those were among teens and young adults. In 2014, 249,078 babies were born to women aged 15-19 years, for a birth rate of 24.2 per 1,000 women in this age group; and in this age group, more than 4 out of 5 pregnancies were unintended. Nearly half of the 20 million new STDs each year were among young people, between the ages of 15 to 24.

For further information on trends in teen sexual health, see:

- *No Time for Complacency: Teen Births in California*
<http://teenbirths.phi.org/>
- *Teen Births: Examining the Recent Increase*
<http://www.thenationalcampaign.org>

Training Qualified Teachers

Crucial to the successful implementation of effective health instruction is the assignment of this responsibility to **credentialed and qualified health science teachers**. By California state law, teachers must have a credential in the subject area to which they are primarily assigned, i.e., a Single Subject Credential with authorization in Health Science. Biology or physical education teachers are not authorized to accept health education as their primary assignment, unless they hold an authorization in Health Science. School nurses must hold a Special Teaching Authorization in Health (STAH) to qualify to be a health instructor.

In 2008, California's Adolescent Sexual Health Work Group (ASHWG) published a document entitled *Core Competencies for Providers of Adolescent Sexual and Reproductive Health*. Reviewed by experts in the field of adolescent sexual health education, the document identifies guiding principles for sexual health educators. For the full document, visit: http://www.californiateenhealth.org/CC_registration.php.



Training Qualified Teachers CONTINUED

ASHWG's **Guiding Principles and Assumptions** adapted from *Guidelines for Comprehensive Sexuality Education: Kindergarten – 12 Grade* (SIECUS, 2004) are:

- Every person deserves to be treated with dignity and respect.
- Sexuality is a natural and critical dimension of adolescent development.
- Sexuality includes physical, emotional, psychological, ethical, social and spiritual dimensions.
- Sexuality and sexual behavior are defined and shaped by genetics, culture, tradition, race/ethnicity, and religion.
- Youth explore their sexual identity as a natural process in achieving sexual maturity.
- Youth have a right to access sexual and reproductive health services.
- Youth have a right to medically accurate information about sexuality.
- Healthy sexuality is more than reproductive health or the avoidance of HIV/STIs, or unintended pregnancy.
- Sexual relationships should be reciprocal, based on respect, and should never be coercive or exploitative.
- Adolescent sexuality education should be comprehensive, holistic, grounded in a youth-centered approach, and based on youth development principles.

ASHWG's Guiding Principles and Assumptions are also reflected in the *National Teacher Preparation Standards for Sexuality Education* (Future of Sex Education, 2014).

The *National Teacher Preparation Standards for Sexuality Education* were created to provide guidance to programs within institutions of higher education in order to better prepare undergraduate pre-service students to deliver sexuality education.

The development of the *Teacher Preparation Standards* are part of the ongoing Future of Sex Education (FoSE) Initiative, which has as its goal that every young person in public school has high quality, comprehensive sexuality education that is developmentally, culturally, and age appropriate.

In the United States, sexuality education is most commonly taught within the health and/or physical education (PE) curriculum at the middle and high school levels. In the elementary grades, individual classroom teachers teach health in addition to every other subject area. So while the overall FoSE initiative is focused on instruction in Grades K-12, the *Teacher Preparation Standards* focus specifically on preparation programs that train health and PE teachers most likely to be teaching in middle and high school. For further information, visit www.FutureofSexEd.org.

According to California Education Code 51935, *school districts shall cooperatively plan and conduct in-service training for all school district personnel that provide HIV prevention education, through regional planning, joint powers agreements, or contract services. In developing and providing in-service training, a school district shall cooperate and collaborate with the teachers of the district who provide HIV prevention education and with the department. Furthermore, in-service training shall be conducted periodically to enable school district personnel to learn new developments in the scientific understanding of HIV. A school district may expand HIV in-service training to cover the topic of comprehensive sexual health education in order for school district personnel who provide comprehensive sexual health education to learn new developments in the scientific understanding of sexual health.*



Training Qualified Teachers CONTINUED

According to Education Code 51936, *school districts may contract with outside consultants or guest speakers, including those who have developed multilingual curricula or curricula accessible to persons with disabilities, to deliver comprehensive sexual health education and HIV prevention education or to provide training for school district personnel. All outside consultants and guest speakers shall have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction.*

For teacher trainings, please contact Cardea Services (510) 835-3700 or email positive.prevention@cardeaservices.org.

Rigor and Relevance: How Positive Prevention *PLUS* Supports Current Trends in Education

In recent years, a number of state and federal initiatives have provided guidelines and standards for higher quality sexual health education, including the National (and *California*) *Health Education Standards*, the *Next Generation Science Standards* (NGSS), and in California, the drive toward Local Control Accountability Planning (LCAP). *Positive Prevention PLUS* reflects these guidelines and initiatives in a number of ways, as described below.

National Health Education Standards.

On the heels of the publication of the revised *National Health Education Standards* (American Cancer Society, 2007), the California Department of Education adapted and expanded these guidelines with the publication of the *California Health Education Content Standards* (California Department of Education, 2008).

Guidelines for K-12 classroom health instruction are organized according to eight overarching standards (with examples of related *Positive Prevention PLUS* content listed in parentheses after each Standard. NOTE: Standards emphasized in each lesson are referenced on the chart in Appendix A in the Curriculum Downloads on the positiveprevention.com website using the code in the beginning of this curriculum).

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health. (Lessons include healthy relationships, avoiding relationship violence and abuse, protection from unplanned STIs and pregnancy, HIV/STI transmission, accessing health care, planning a healthy future.)

Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors. (Lessons include media analysis, assertiveness skills, refuting peer pressure.)

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health. (Lessons include seeking advice and guidance from trusted adults, identifying local health providers and resources for HIV/STI testing and reproductive health care.)

Standard 4: Students will demonstrate the ability to use interpersonal communication skills



Rigor and Relevance CONTINUED

to enhance health and avoid or reduce health risks. (Lessons include refuting peer pressure, assertiveness skills, condom negotiation skills.)

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health. (Lessons include protecting oneself from abusive relationships, selecting appropriate contraception, exploring reasons to abstain from sexual intercourse, and alternatives regarding an unplanned pregnancy.)

Standard 6: Students will demonstrate the ability to use goal setting skills to enhance health. (Lessons include life planning and goal setting, assessing personal readiness to take steps toward success.)

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce risks. (Lessons include protecting oneself from an unintended STI infection or pregnancy, protecting oneself from abusive relationships, including sex trafficking, using contraception if sexually active, accessing health services, seeking advice and guidance from trusted adults.)

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health. (Lessons include assertiveness and negotiation skills, normative modeling and discussion regarding sexual abstinence, and ways to avoid abusive relationships.)

Next Generation Science Standards

The goal of the *Next Generation Science Standards* (NGSS) is to move beyond content knowledge, i.e., to move from memorizing facts to “science literacy.” (NOTE: The concept of science literacy is similar to the concept of “health literacy” discussed in earlier health education frameworks.)

Although there is some content congruence between HIV/STI prevention and the NGSS contents (e.g. reproductive structure and function, bacterial and viral infections, and the immune system), it is the NGSS recommended instructional strategies that align so well with *Positive Prevention PLUS*.

Collaboration and problem-solving

Lessons include normative and brainstorming discussions surrounding group agreements, the advantages of delaying sexual activity, and suggesting individual and family responsibility for caring for self and others.

Applying and inferring

Lesson Previews emphasize the distinction between situational facts, and the subsequent interpretation of those facts.

Sorting

Lessons include ranking sexual risk behaviors, also categorizing STIs and contraceptive methods.

Formative and summative evaluation of student learning

Lessons include student worksheets and Lesson Wrap-ups, student engagement in class activities, and a curriculum pre-post test.

Again, it would not be appropriate to claim that *Positive Prevention PLUS* is aligned with the *Next Generation Science Standards*, but rather that this curriculum supports and complements the NGSS and the work of those educators and schools striving toward engaging students in applying their knowledge and skills in an authentic and relevant context.



Characteristics of Effective HIV/STI and Teen Pregnancy Prevention Programs

Based on a number of early and more recent program evaluations, it is now known that the most effective HIV/STI and teen pregnancy prevention programs share common characteristics. These programs:

- Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or sexually transmitted infections, including HIV.
- Deliver and consistently reinforce a clear message about abstaining from sexual activity or using condoms or other forms of contraception. This appears to be one of the more important characteristics distinguishing effective from ineffective programs.
- Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or to use methods of protection against pregnancy and sexually transmitted infections.
- Include activities that address social pressures that influence sexual behavior.
- Provide examples and practice with communication, negotiation and refusal skills.
- Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students.
- Employ teaching methods designed to involve participants and have participants personalize the information.
- Are based on theoretical approaches that have been demonstrated to influence other health related behaviors and identify specific antecedents to be targeted.
- Select teachers and peer leaders who believe in the program and then provide them with adequate training.
- Last a sufficient length of time (i.e.) more than a few hours. Generally speaking, short-term curricula, whether abstinence-only or sexuality education programs, do not have measurable impact on the behavior of teens.

From: Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001. (Source: Advocates for Youth, Updated May 2008)



Research Findings for Positive Prevention *PLUS*

In 2010 the federal Office of Adolescent Health (OAH) funded a 5-year research study to evaluate the impact of the *Positive Prevention PLUS* curriculum on sexual behaviors of high school freshman. Results of two independent randomized control trials (RCTs) involving 100 teachers and 3,000 students from six Southern California school districts indicated statistically significant improvements in:

- Delay in the onset of sexual activity
- Increase in contraceptive use among sexually active students
- Increase in access to reproductive health care services
- Increase in parent-child communication regarding sexual health

From: *LaChausse R. A Clustered Randomized Controlled Trial of the Positive Prevention PLUS Adolescent Pregnancy Prevention Program*. Washington, DC: American Journal of Public Health, Supplement 1, 2016, Vol. 106, No. 51

See also: Office of Adolescent Health <https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/evaluation/grantee-led-evaluation/reports/sbcs-final-abstract.pdf>

Trauma-Informed Instruction

Traumatic stress can arise from a variety of sources: bullying at school, school shootings, even the day-to-day exposure to events such as molest or assault, incest in the family, divorce or homelessness. Children and adults can be affected by traumatic stress. Having the tools to manage traumatic stress empowers the members of both students and staff.

Students who are being (re)traumatized may exhibit a wide range of behaviors, including emotional withdrawal, tears, disruptive behavior, or inability to focus. In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress, including students who have been bullied, assaulted or molested. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. This should apply to teachers as well as students.

A teacher note included in several of our lessons reads as follows:

NOTE: These topics could cause extreme discomfort or could “trigger” re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up.

For more information, see: <https://traumaawareschools.org/traumaInSchools>.



Respect for Differences, Gender Equity and Human Rights

Respect for Differences

According to the *California History-Social Science Framework* (2009), students must:

- Recognize that American society is and always has been pluralistic and multicultural, a single nation composed of individuals whose heritages encompass many different national and cultural backgrounds.
- Understand the American creed as an ideology extolling equality and freedom.
- Recognize the status of minorities and women in different times in American history.

In 2011, the California legislature passed the **Fair, Accurate, Inclusive, and Respectful Education Act**, also known as the FAIR Education Act (Senate Bill 48). This law compels the inclusion of the political, economic, and social contributions of persons with disabilities and lesbian, gay, bisexual, and transgender people into educational textbooks and the social studies curricula in California public schools by amending the California Education Code. It also revises the previous designation of “black Americans, American Indians, Mexicans, Asians, [and] Pacific Island people” in that list into “Native Americans, African Americans, Mexican Americans, Asian Americans, Pacific Islanders, and European Americans.”

The *History-Social Science Framework* further states that, in order to participate effectively in society, students need to:

Develop personal skills. Among the personal skills that students should develop are sensitivity to the needs, problems, and aspirations of others; expression of their personal convictions; recognition of personal biases and prejudices, such as the stereotyping of members of a particular group; understanding of people as individuals rather than as stereotypes; and the adjustment of one’s behavior to work effectively with others.

Develop group interaction skills. Among the group interaction skills that students should develop are willingness to listen to the differing views of others; ability to participate in making decisions, setting goals, ...and resolving conflicts; and the ability to confront controversial issues in ways that work toward reasoned solutions free of aggressions that destroy group relations.

Develop social and political participation skills. Among the social and political participation skills that students should embrace, include ...to accept social responsibilities associated with citizenship; ...to preserve and extend justice, freedom, equity, and human rights; ...and to accept the consequences of one’s own actions.



Respect for Differences CONTINUED

Gender Equity

Studies from both developing and developed countries confirm that young people who believe in gender equality have better sexual health outcomes than their peers. In contrast, those young people who hold less egalitarian attitudes tend to have worse sexual health outcomes. **For example, young people who believe that males should be “tough” and should hold more power than females are less likely to use condoms or contraception and more likely to have multiple sex partners. They are also more likely to be in intimate relationships that involve violence.**

Females in relationships with a high level of male control are also more likely to report HIV and unintended pregnancy.

Reflecting this constellation of gender inequality and poor sexual health are studies showing that intimate partner violence is associated with higher rates of unintended pregnancy, STIs, and HIV. These findings make clear that young people need chances to learn about gender. (*ref: It's All One Curriculum, p. 4*)

Human Rights

Why would sexuality and HIV education emphasize human rights? To enjoy safe and satisfying sexual lives, young people must be able to exercise their basic human rights. For example, everyone has a right to dignity, bodily safety, and access to health information and services. Only when people can exercise these rights can they really choose whether or not to have sex, negotiate condom and contraceptive use, and seek the services they need. Promoting sexual and reproductive rights also encourages young people to take responsibility for protecting the well-being and rights of others. (*ref: It's All One, p. 18*)

Every single person has a responsibility to respect the rights of every other person:

- When we grow up learning to respect every human being equally, we come to respect human rights.
- Often, when we grow up learning to hold negative attitudes toward certain groups of people, we may treat them unfairly and deny them their rights.
- Sometimes people attach a set of characteristics to a certain group of human beings. This is called “stereotyping.” Common examples of stereotyping include the attitudes that boys are naturally better than girls at math and that certain groups are lazy or unclean. Stereotypes are typically inaccurate or highly distorted. Stereotyping makes us less able to see others as fully human. It makes us more likely to condone unfair treatment of others.
- Some people may be subject to severe social disapproval because of their personal characteristics. This disapproval is called stigma. For example, in some places people may be subject to stigma because of their weight, their sexual behavior, their religion, their health status, or even their lack of ability in sports. When people are treated unfairly because of their presumed (or known) identity, such treatment is called “discrimination.” People have a right to live free of discrimination. Discrimination occurs in families, at school, at work, in the community, and in society at large.



Respect for Differences CONTINUED

- Discrimination is not only an individual matter. Governments and whole social systems (such as schools, religions, or the job market) also discriminate.
- Regardless of our personal attitudes, we all have a responsibility to respect people's human rights. (ref: *It's All One*, p. 26)

For further information on *It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education* (Population Council, 2009), see www.popcouncil.org/research/its-all-one-curriculum.

See also *Appendix A, Health and Safety Code 151002(5)(6)*.

Parent and Community Involvement

Critical to the successful implementation of effective health education programs is the **involvement of parents and community** in the review and approval of the course of study, as well as in the provision of supportive resources. An ideal mechanism for enhancing parent and community involvement is a school health advisory committee. The American Cancer Society has outlined how to establish a **school health advisory committee** in its publication entitled *School Health Councils* (ACS, 1998). Similar steps are also described in California Department of Education's document *Putting It All Together: Program Guidelines and Resources for State- Mandated HIV/AIDS Education in California Middle and High Schools* (CDE, 2011).

Positive Prevention PLUS Comprehensive Sexual Health Education deals with content which some might argue is better left to parental discussions within the context of diverse family or cultural values. We respect the right of parents or guardians to withdraw their child from instruction with the caveat that parents or guardians take an active and informed role in the sexual health education of their children. **Section 51937 of the Education Code reads:** *It is the intent of the Legislature to encourage pupils to communicate with their parents or guardians about human sexuality and HIV and to respect the rights of parents or guardians to supervise their children's education on these subjects. The Legislature recognizes that while parents and guardians overwhelmingly support medically accurate, comprehensive sex education, parents and guardians have the ultimate responsibility for imparting values regarding human sexuality to their children.*

To that end, *Positive Prevention PLUS Comprehensive Sexual Health Education* also includes parent or trusted adult student assignments to begin addressing sexual health topics with their child in each lesson. In addition, parent or other trusted adult background materials, discussion points, and other resources are provided in Appendix B.

For those parents who contend that limited, abstinence-only materials should be presented, note that abstinence-only materials are not permitted in CA public schools. We also refer them to the citations regarding research on effective HIV/STI and teen pregnancy prevention education featured on the National Campaign to Prevent Teen and Unplanned Pregnancy website, at: www.nationalcampaign.org.



Getting Started

NOTE:

Teacher lesson slides and all Appendices can be downloaded from the Curriculum Downloads tab on our website www.positiveprevention.com, using the code in the front of this curriculum.

NOTE:

See Appendix A for how these lessons are aligned with CHYA, NHES, and NSES.

NOTE:

Per California Ed Code, you will need to notify parents regarding these sexual health education lessons. See Appendix B for Sample Parent Letter.

NOTE:

If needed, you can find a lesson supplement on pubertal development in Appendix D.

NOTE:

Student Workbooks containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.

CONTENT

- Introduction
- Discussing Embarrassing Topics
- Group Agreements (W worksheet)
- The Sexual Health of Teens
- Gender and Sexual Orientation
- Imagining a Different Gender (A activity)
- Lesson Wrap-Up and Pre-Test (W worksheets)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify and follow class guidelines for appropriate behavior.
- Define and discuss the gender-related terms.
- Complete a self-assessment of pre-existing knowledge (Pre-Test) related to interpersonal relationships and sexual health.
- Identify facts about teen sexual health.

MATERIALS

- Teacher's slides for the lesson
- Student workbook, one per person, or duplicate the **Group Agreements, Web-Based Resources for Teens, and the Lesson Wrap-Up** worksheets and **Pre-Test**.
- Poster paper, markers, and tape

TERMS

male, female, masculine, feminine, androgynous, sexual orientation, gender role, gender expression, gender non-conformity, gender identity, cisgender, transgender, intersex, gender expansive, gender binary



Introduction

1 Let's get started.

Using the slides provided, display the title slide for this lesson before you begin instruction.

2 Meet Esther, Johnny, Aman, and their friends.

Play the animated lesson preview (Slide 2). Afterwards, ask the students to:

- Briefly summarize the facts of the story.
- Suggest ways for the character(s) to deal with the situation.

3 What will we be studying in this unit?

Explain to students that during the next few weeks you will be introducing a very important unit of instruction on “comprehensive sexual health education,” including:

- friendship, dating, love, and commitment
- human reproduction
- sexual abstinence and delayed sexual activity
- all FDA-approved contraceptive methods
- relationship abuse including sex trafficking
- HIV/AIDS and STI prevention

State that sexuality, including all these topics, is a normal part of human development. Yet these topics may be awkward for teachers and parents as well.

4 What are today's learning objectives?

Using the slide provided, display and review today's learning objectives.

NOTE:

Designate a bulletin board or area of the room for websites, helplines, phone numbers and addresses of agencies which provide reproductive-related services.

NOTE ALTERNATIVE:

Write today's objectives on the board.



5 What is today's evidence of achievement?

Using the slide provided, display and review today's evidence of achievement.

PART B

Discussing Embarrassing Topics

6 Why is it difficult to discuss sexuality and sexual health?

NOTE:

Encourage students to use a question box as needed throughout the lessons.

1. Ask why it is difficult for some people to discuss sexuality and sexual health, even though these are a normal part of human development. Responses may include:
 - These topics are personal or private.
 - These topics are sometimes associated with being “normal” or “not normal.”
 - These topics have to do with family, culture, or religious beliefs.
2. When talking about embarrassing topics, what types of behavior do you sometimes observe? Possible responses include:
 - laughter
 - silence
 - side comments
3. Assure students that, as the teacher, it is your intention to help them understand their changing social, emotional, and human relationships.



Group Agreements

NOTE:

If your school has purchased the **Student Workbooks**, you can direct students to the correct workbook page instead of distributing the worksheet.

NOTE:

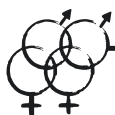
This would be a good time to explain your responsibility as a “mandated reporter.” For example: “We will certainly try to maintain confidentiality in and out of our classroom, just in case someone shares a personal story or accidentally discloses another’s name. But I want you to know that if I suspect that any of you are being harmed or endangered by anyone, it is my job as your teacher to help you get help.”

7 What group agreements should we follow?

W

1. Distribute a **Group Agreements** worksheet to each student.
2. With the class’s assistance, create and post a set of group agreements which will help the students act respectfully and appropriately during this unit of instruction. Group agreements may include:
 - One person speaks at a time.
 - No name calling or put downs.
 - Respect differences.
 - Use proper language.
 - All questions are okay.
 - No personal stories.
 - Protect privacy.
3. Post the **Group Agreements** for everyone to see. You may want to review them each day and encourage students to observe these agreements in and out of class.





Group Agreements

1.

2.

3.

4.

5.

6.

7.

8.

**I agree to follow
these Group Agreements
during our lessons on Sexual Health.**

SIGNATURE _____ DATE _____



The Sexual Health of Teens

NOTE:

Digital sexual contact involves the insertion of the finger(s) into vagina or anus.

NOTE:

For national teen health data go to www.cdc.gov/healthyouth. Local California data is available from: www.cde.ca.gov/ishe/se or www.cdph.ca.gov/data/statistics.

8 How sexually healthy are teens in the US?

1. Clarify for students that vaginal sex can lead to pregnancy, but references to “sexual contact” include vaginal, oral, digital, and anal sex as well, all of which can lead to STIs (sexually transmitted infections.)
2. First ask students to guess the percentages of each of the student behaviors; then review the actual data on the slide related to teen sexual activity, the use of condoms and other birth control methods, teen births, and cases of STIs.

9 How can teens improve their sexual health?

1. Explore with the students some ideas about how to improve teen sexual health. Possible responses include:
 - Increase sexual health knowledge for teens.
 - Have parents speak more openly to their children about sex.
 - Make health and counseling services more available to teens.
 - Limit the amount of irresponsible sex in the media.
 - Develop personal attitudes and skills that support healthy sexual behaviors for self and others.
 - Examine gender roles that lead to sexual assault and promiscuity.
2. Remind students that these are the topics and issues we are going to discuss during the next 13 lessons. Encourage them to have good attendance, to pay attention, and to take personal responsibility for incorporating what they learn into their daily lives and relationships.



NOTE:

For more information on minors' access to services, see Appendix A in Curriculum Downloads on the Positive Prevention PLUS webpage: www.positiveprevention.com.

10 What are some web-based resources for teens?

1. Caution students that random sex-related web searches may result in inaccurate and offensive content, and even the possibility of their becoming vulnerable to sex predators. **PROCEED WITH CAUTION!**
2. Explain that there are many web-based resources for teens that safely and accurately discuss reproductive health. Note the slide features hyperlinks for each of the sites listed so you can select a few sites to explore or highlight.
3. When reviewing the teensource.org and familypact.org websites, emphasize that in California, minors of any age can access free and confidential reproductive services without parental consent (including pregnancy, contraception, and abortion-related services); minors age 12 and over can also access STI diagnosis and treatment services without parental consent.
4. Also encourage students to speak honestly and openly with with their parent(s), trusted adult, adult care providers, or youth leaders about these topics.



Gender and Sexual Orientation

11 What is the difference between sex, gender, and sexual orientation?

Define the following terms, and explain that variations are normal in how we see ourselves as sexual beings, and to whom we are attracted sexually.

NOTE:

The usage of LGBTQ+ throughout this document is intended to represent an inclusive and ever-changing spectrum and understanding of identities. Historically, the acronym included lesbian, gay, and bisexual, but has continued to expand to include queer, questioning, intersex, asexual, allies, and alternative identities (LGBTQQIAA), as well as expanding concepts that may fall under this umbrella term in the future. (Source: California Health Framework, 2018)

NOTE:

Avoid using “sexual preference,” as it implies a choice, or “homosexual,” as it is a dated term that focuses only on sex rather than love and relationships.

NOTE:

It is not the purpose of this lesson to explore various theories on the reasons behind a person’s sexual orientation or gender identity.

- **Sex:** A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant’s genitals, but may also involve chromosomes and gonads (testicles or ovaries).
- **Intersex:** A general term used for a variety of conditions where a person is born with biological conditions (such as hormones, chromosomes, reproductive or sexual anatomy) that don’t seem to fit the typical definitions of female or male.
- **Sexual Orientation:** A person’s enduring romantic or sexual attraction to people of another and/or same gender. Common terms used to describe sexual orientation include, but are not limited to: heterosexual, lesbian, gay, and bisexual.
- **Gender:** Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as “masculine” or “feminine.”
- **Gender Role:** Socially-constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.
- **Gender Non-Conformity:** Behavior or appearance that does not conform to expected gender role.
- **Gender Identity:** A person’s internal, deeply-felt sense of being male or female, or something other or in-between.
- **Gender Expression:** Each of us expresses a particular gender every day – by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.
- **Cisgender:** People whose gender identity is the same as their assigned or presumed sex at birth.
- **Transgender:** People whose gender identity differs from their assigned or presumed sex at birth.
- **Gender Binary:** A social system that constructs gender



NOTE:

Students should learn in this lesson that it is NORMAL for a girl to be assertive, good at sports, and/or good at math, just as it is NORMAL for a boy to be a dancer, to be a nurse, or to show emotion. There is not one way to express gender roles.

according to two distinct and opposite categories - male or female.

- **Gender Expansive:** Refers to wider, more flexible range of gender identities and expressions than those typically associated with the binary gender system.

12 What are the dimensions of human sexuality?

1. Explain that human sexuality is composed of four key dimensions, including:
 - sex (e.g., male, female, intersex)
 - gender expression (e.g., masculine, feminine, androgynous, gender non-conforming)
 - gender identity (e.g., cisgender, transgender)
 - sexual orientation (e.g., straight, gay, bisexual)
2. Remind students that gender expression, gender identity, and sexual orientation vary with each individual. It is important to respect differences and appreciate diversity.

13 Imagining a Different Gender

A

Display the slide listing a variety of gender identities and sexual orientations. Direct students to silently select a term which DOES NOT APPLY TO THEM at this point in their life. Select just **one** term from the list (and if needed write it down):

- | | |
|------------|-------------------------|
| • male | • masculine |
| • female | • feminine |
| • intersex | • androgynous |
| • straight | • gender non-conforming |
| • gay | |
| • bisexual | |



NOTE:

See the results of GLSEN's National School Climate Survey, plus additional LGBTQ+ information and support materials, at www.glsen.org.



14 How would your life be different?

1. Ask students to think about how their lives would be different if this term **really did apply** to their life. For example,
 - What harmful biases or stereotypes might they encounter?
 - What social or professional opportunities might now become available to them? Which opportunities might they now lose?
 - How do they wish others would treat them?
2. Invite students to voluntarily share their thoughts and responses to this exercise.
3. Emphasize that biases or stereotypes based on sex or gender are unfair, limiting, and in some circumstances illegal.

15 What are the effects of LGBTQ+ bias?

Display and discuss the following:

1. **Most LGBTQ+ students have experienced harassment and discrimination at school.**
 - Over eight in 10 experienced verbal harassment based on a personal characteristic, and nearly two-thirds experienced LGBTQ+-related discrimination at school.
 - Due to feeling unsafe or uncomfortable, nearly a third of LGBTQ+ students missed at least one day in the last month, and over a third avoided bathrooms and locker rooms.
2. **Hostile school climates negatively affect LGBTQ+ students' educational outcomes and mental health.**
 - LGBTQ+ students who experienced high levels of anti-LGBTQ+ victimization were twice as likely to report they did not plan to pursue post-secondary education.
 - Also, LGBTQ+ students who experienced high levels of anti-LGBTQ+ victimization and discrimination had lower GPAs, lower self-esteem, and higher levels of depression.
3. **The majority of LGBTQ+ students report hearing biased remarks from school staff, and those same school staff often fail to intervene when they hear others making these remarks at school.**
 - Most LGBTQ+ students report that they've heard homophobic remarks and negative remarks about gender expression from school staff.
 - There was also a decrease in school staff's frequency of intervention in these types of remarks from 2013 to 2015.

16 Don't judge!

Remind students that many people in our community, and even in our own families or on campus, feel demeaned and excluded from full participation in our society because of not fitting the stereotypical “gender binary” system.

- Gender role, gender identity, and sexual orientation vary with EVERY individual.
- Each of us differs in some way(s) from everyone else.
- It is important to respect differences and appreciate diversity.

PART F

Lesson Wrap-up and Pre-Test

17 Do you remember the story from the beginning of the lesson?

Ask students to describe the story seen at the beginning of this lesson.

Continuing the story.....Play the remainder of the story.

18 How did the story end?

Ask students the following questions:

1. What happened in the second half of the story?
2. What can you learn from this?

19 Time for a quiz!

W

Distribute the **Lesson Wrap-Up** worksheets, and direct the students to complete the true-false questions in Part I.

20 Ask a friend.

Direct students to turn to a partner and tell her/him the most interesting or important thing you learned in today's lesson.

ALTERNATIVE:

Ask several students to share with the class the most interesting or important thing they learned in today's lesson.



**NOTE ON
CULTURAL
SENSITIVITY:**

Openly discussing this topic may be difficult for some families due to cultural and religious reasons. In classroom discussions, be sure not to hold one belief over all others.

21 Ask yourself again.

Direct students to indicate how committed they are to participating fully in this unit of study.

22 Ask a parent or trusted adult.

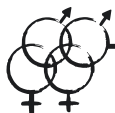
1. Pass out the **Pre-Test** to all students to take home and complete with a parent or trusted adult.
2. Remind students to share/discuss with their parent(s) or trusted adult(s):
 - (1) their worksheets and Pre-Test from this lesson, and
 - (2) in what grade did they receive sex education.
 - (3) Optional: Interview a grandparent (or someone of that generation) about gender roles and norms when s/he was young, and discuss how gender roles have changed.

23 Remember to do your homework!

W

Remind students to complete their homework.





NAME _____

Lesson Wrap-Up

Part I. Ask Yourself

DIRECTIONS Check your understanding of today's lesson by answering the following True-False questions.

- | | | |
|---|---|---|
| T | F | "Sexual orientation" and "gender identity" mean the same thing. |
| T | F | It can be difficult to talk about sexual health, even though sexuality is a normal part of human development. |
| T | F | According to national surveys, less than half of all US teens have ever had sex. |
| T | F | Group agreements include respect for others and maintaining confidentiality. |

Part II. Ask a Friend

DIRECTIONS Turn to a partner and tell her/him the most interesting or important thing you learned during this lesson.

Part III. Ask Yourself Again

DIRECTIONS How committed are you to participating fully in this unit of study? Circle your answer below.

Not Committed

Very Committed

1 2 3 4 5

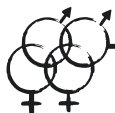
Part IV. Ask a Parent or Trusted Adult

DIRECTIONS Share your Group Agreements, Lesson Wrap-Up, and Pre-Test with your parent(s) or trusted adult, and discuss with your parent(s) or trusted adult in what grade s/he received sex education in school.

OPTIONAL: Interview a grandparent (or someone from that generation) about gender roles and norms when s/he was young and discuss how gender roles have changed.

SIGNATURE OF PARENT OR TRUSTED ADULT _____





NAME _____

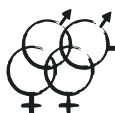
ANSWER KEY

Positive Prevention *PLUS* Student Pre-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

<input checked="" type="radio"/> True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	<input checked="" type="radio"/> False	2. The terms gender identity and sexual orientation mean the same thing.
<input checked="" type="radio"/> True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
<input checked="" type="radio"/> True	False	4. Love involves passion, commitment, and/or intimacy.
True	<input checked="" type="radio"/> False	5. Intimacy with another person can only be achieved by having sexual intercourse.
<input checked="" type="radio"/> True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
<input checked="" type="radio"/> True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
<input checked="" type="radio"/> True	False	8. Planning if and when you have children is part of planning your life.
True	<input checked="" type="radio"/> False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
<input checked="" type="radio"/> True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
<input checked="" type="radio"/> True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
<input checked="" type="radio"/> True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
<input checked="" type="radio"/> True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to his/her sexual partner(s).





ANSWER KEY

<input type="radio"/> True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	<input type="radio"/> False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	<input type="radio"/> False	16. HIV can enter a person's body only through the penis or vagina.
<input type="radio"/> True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
<input type="radio"/> True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
<input type="radio"/> True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
<input type="radio"/> True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	<input type="radio"/> False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
<input type="radio"/> True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
<input type="radio"/> True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	<input type="radio"/> False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
<input type="radio"/> True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What are some things you would like to learn in this unit?

SIGNATURE OF PARENT OR TRUSTED ADULT _____



LESSON 1

Life Planning

NOTE:

See Appendix A for how these lessons are aligned with CHYA, NHES, and NSES.

NOTE:

Student Workbooks containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.

CONTENT

- Introduction
- Visualizing Your Future (A activity)
- Creating a Life Plan (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify their personal life plans and goals.
- Visualize themselves achieving their life plans and goals.
- Identify several steps they need to take now to reach their goals.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **My Lifeline** and **Lesson Wrap-Up** worksheets

TERMS

goal, plan, alternatives, consequences, visualization



Healthy Relationships

CONTENT

- Introduction
- Love and Intimacy (A activity)
- Healthy Relationships (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify three components of love.
- Identify eight types of intimacy.
- Identify non-sexual ways to achieve intimacy.
- Identify the qualities of a healthy relationship.
- Assess their own relationship skills.

MATERIALS

- Teacher's slides for the lesson
- **Intimacy** activity cards
- Student workbooks, one per person, or duplicate the **Healthy Relationships** and **Lesson Wrap-Up** worksheets.

TERMS

love, passion, intimacy, commitment, relationship

NOTE:

Student Workbooks

containing all worksheets in Spanish and English may be ordered from www.positiveprevention.com.

NOTE:

Activity cards can be purchased at www.positiveprevention.com



LESSON 3

Relationship Abuse

NOTE:

These topics could cause extreme discomfort or could “trigger” re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: <https://traumaawareschools.org/> or go to Cardea’s guide to Trauma-informed Sex Education, <http://www.cardeaservices.org/resourcecenter/guide-to-trauma-informed-sex-education>

NOTE:

***Activity cards** can be purchased at www.positiveprevention.com*

CONTENT

- Introduction
- Consent
- Relationship Violence and Abuse (A activity)
- Protect Yourself (A activity and W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Explain why consent is an important aspect of healthy relationships.
- Commit to end inappropriate sexual behavior in self and others.
- Identify risky sex-related behaviors such as sex trafficking, sexting, and meeting strangers online.
- Demonstrate a variety of ways to protect himself/herself.
- Identify how to respond to inappropriate sexual behaviors.

MATERIALS

- Teacher’s slides for the lesson
- Video clip of teen dating abuse (embedded in slides)
- Student workbooks, one per person, or duplicate **Protect Yourself** and **Lesson Wrap-Up** worksheets
- **Wheel of Power and Control** and **Protect Yourself** activity cards

TERMS

sexual, emotional, physical and verbal abuse, sexual harassment, bullying, non-verbal communication, sexting, sex trafficking, consent, militant



Human Trafficking

CONTENT

- Introduction
- Human Trafficking
- Sex Trafficking
- What Would You Do? (W worksheet)
- Resources and Services
- Lesson Wrap-Up(W worksheet)

INSTRUCTIONAL OBJECTIVES

By the end of this lesson, students will be able to:

- Define human trafficking, including sex trafficking.
- Describe how common human trafficking is in the US.
- Identify populations that are vulnerable to human trafficking.
- Identify the warning signs of human trafficking.
- Identify resources for reporting and escaping human trafficking.

MATERIALS NEEDED

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate the **What Would You Do?** and the **Lesson Wrap-Up** worksheets

RELATED VOCABULARY

human trafficking, sex trafficking, labor trafficking, trafficker, fraud, coercion, victim, perpetrator, venue, grooming



Preventing an Unplanned Pregnancy

CONTENT

- Introduction
- Family Planning
- Contraception and Community Services
- Sexual Abstinence (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify reasons for planning for a family.
- Describe a range of contraceptive methods, including their effectiveness in preventing pregnancy and sexually transmitted infections.
- Identify sexual abstinence as the only certain way to prevent unintended pregnancy or sexually transmitted infections.
- Identify community family planning and contraception services.
- Identify the benefits of delaying or abstaining from sex.

MATERIALS

- Teacher's slides for the lesson
- List of community resources (if available)
- Poster paper and markers
- Sample contraceptives (if available and permitted)
- Student workbooks, one per person, or duplicate the **Birth Control Guide** and the **Lesson Wrap-Up** worksheet

TERMS

abstinence, barrier method, hormonal method, over-the-counter (OTC), prescription, male condom, female condom, spermicidal foam or gel, birth control pill, hormonal implant, intrauterine device (IUD), diaphragm, sterilization, cervical cap, patch, emergency contraception (Plan B)



Teen Pregnancy: Choices and Responsibilities

NOTE:

These topics could cause extreme discomfort or could “trigger” re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: <https://traumaawareschools.org/>

CONTENT

- Introduction
- Prenatal Care and Parenting
- Alternatives (safe surrender, adoption, abortion)
- Decision-Making (W worksheet)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- List the key components of prenatal care and responsible parenting.
- Identify key components of their state’s Safe Surrender (or Safe Haven) Law.
- Describe the key components of adoption and abortion.
- Demonstrate how to make an important decision.

MATERIALS

- Teacher’s slides for the lesson
- Downloadable brochures and posters in English and Spanish available at: <http://www.babysafe.ca.gov>
- Student workbooks, one per student, or duplicate the **Making Healthy Decisions** and **Lesson Wrap-Up** worksheets.

TERMS

options, consequences, confidential, voluntary, surrender, cooling off period, prenatal, adoption, abortion, paternity



Myths and Stereotypes about HIV Infection

NOTE:

These topics could cause extreme discomfort or could “trigger” re-traumatization in some students due to their personal experiences. Be ready to identify and discretely refer such students to a counselor for follow-up. For more information, see: <https://traumaawareschools.org/>

CONTENT

- Introduction
- Persons Infected/Affected by HIV
- Friends, Family, and HIV (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify myths or stereotypes regarding persons infected with HIV.
- Describe the impact of HIV/AIDS on individuals and their family life.
- Express concern for persons with disabilities or illness, including those infected with HIV.

MATERIALS

- A brief video of a person(s) whose life is impacted by HIV (embedded in the slide)
- Teacher’s slides for the lesson
- Duplicate the **Friends Family and HIV** activity cards (one per student)
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet

TERMS

myth, stereotype, PLWA (Person Living With AIDS), PWA (Person With AIDS), compassion



HIV / AIDS Epidemic

CONTENT

- Introduction
- HIV/AIDS Epidemic (W worksheet)
- Mismatch (A activity)
- HIV Disease and AIDS
- The Treatment of HIV Disease
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Describe the magnitude of the AIDS epidemic.
- Identify the fluids and body openings for HIV transmission.
- Identify behaviors that will and will not put a person at risk for HIV transmission.
- Describe the effectiveness of PrEP, PEP, and ART in the prevention and treatment of an HIV infection.

MATERIALS

- Teacher's slides for the lesson
- **Mismatch** activity cards, one per person
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheets

NOTE:

Activity cards can be purchased at www.positiveprevention.com

TERMS

epidemic, antibody, T-cell, immune system, incubation, window period, semen, vaginal fluids, antiretrovirals (ARV), pathogen, antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP), and PEP (post-exposure prophylaxis), viral load



Preventing Sexually Transmitted Infections

CONTENT

- Introduction
- Overview of Sexually Transmitted Infections (W worksheet)
- STI Testing
- STI Game Show (optional A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of the lesson, each student will be able to:

- Identify and describe common STIs and their symptoms.
- Describe ways that STIs can be transmitted.
- Identify community resources for STI testing and treatment.

MATERIALS

- Teacher's slides for the lesson
- STI brochures or STI informational handouts
- Local teen clinic information
- STI PowerPoint available from WebMD website
- **STI Game Show** cards (optional)
- Student workbooks, one per person, or duplicate the **STI Summary Grid** (optional), **STI and Lesson Wrap-Up** worksheets.

TERMS

sexual contact, digital intercourse, sexually transmitted, incubation period, symptoms, asymptomatic, confidential testing, viral, bacterial, parasite

NOTE:

A brief set of slides is available from: www.webmd.com/sexual-conditions/ss/slideshow-STD-pictures-and-facts.



Protection and Communication

CONTENT

- Introduction
- Using Condoms Correctly and Consistently (D demonstration)
- External and Internal Condom Use (A activity and W worksheets)
- Condom Success and Failure Rates
- Condom Negotiation Skills (A activity)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify **abstinence** as the only 100% effective method to avoid an unplanned pregnancy, HIV, and STIs.
- Identify the success and failure rate of latex condoms in preventing pregnancy and the spread of HIV/STIs.
- Describe the proper use of a latex condom.
- Demonstrate condom negotiation skills.

MATERIALS

- Teacher's slides for the lesson
- Latex and/or polyurethane condoms (per district policy)
- **Steps in Condom Use** activity cards (one set, brightly colored, laminated if possible)
- **Condom Token** cards
- Student workbooks, (one per person), or duplicate the **Steps in Condom Use** (internal and external) and the **Lesson Wrap-Up** worksheets.

TERMS

universal (standard) precautions, abstinence, latex, polyurethane, deteriorate, oil-based lubricant, water-based lubricant, internal and external condoms



Media and Peer Pressure

CONTENT

- Introduction
- Media and Peer Pressures
- Assertiveness and Negotiation Skills (A activity and W worksheets)
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify pressures from peers, media, or society to engage in high-risk behaviors.
- Recognize that not all students participate in high-risk behaviors.
- Demonstrate skills to refuse/avoid the pressure to engage in high-risk behaviors.

MATERIALS

- Teacher's slides for the lesson
- Student workbooks, one per person, or duplicate **Pressure Situations** (#1 and #2), and **Lesson Wrap-Up** worksheets.

TERMS

assertive, analysis, media, negotiation, impair



Accessing Community Resources

CONTENT

- Introduction
- How Diseases are Spread (A activity)
- Testing and Community Resources
- Lesson Wrap-Up (W worksheet)

OBJECTIVES

By the end of this lesson, students will be able to:

- Describe how an HIV infection can spread through a population.
- Identify resources for HIV/STI testing, counseling, and information.

MATERIALS

- Teacher's slides for the lesson
- Small plastic cups (1 per student), water, clear plastic wrap, several rubber bands, 1 cup of weak sodium hydroxide (NaOH) solution, 1 dropper bottle of phenolphthalein, colored markers
- Brochures listing local antibody testing and related AIDS/STI services
- Student workbooks, one per person, or duplicate the **Lesson Wrap-Up** worksheet.

TERMS

confidential testing, HIV antibody test, window period

NOTE:

Consult with your chemistry teacher on the availability of the sodium hydroxide and phenolphthalein solutions. An "Exchanging Body Fluids" Chemical Kit may be purchased from:

*Flinn Scientific
P.O. Box 219
Batavia, IL 60510
1-800-841-3164
www.flinnsci.com*

NOTE:

Liquid starch and iodine may be used, though results are less predictable.



Steps to Success

CONTENT

- Introduction
- Lifeline Review
- Steps to Success (A activity)
- Personal Contract (W worksheet)
- Lesson Wrap-Up and Post-Test (W worksheets)

OBJECTIVES

By the end of this lesson, students will be able to:

- Identify behaviors and choices that move them closer to, or further away from, their life plans and goals.
- Specify several next steps they need to take toward accomplishing their life plans and goals.
- Create and sign a Personal Contract affirming their commitment to avoiding HIV/STI infection or an unplanned pregnancy.
- Assess what they learned in this unit.

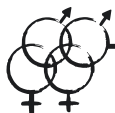
MATERIALS

- Teacher's slides for the lesson
- Each student's **Lifeline** from Lesson One
- Student workbooks, one per person, or duplicate the **My Personal Contract**, and **Lesson Wrap-Up** worksheets, and the **Post-Tests**.

TERMS

goal, plan, choices, consequences, steps, progress





NAME _____

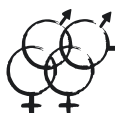
ANSWER KEY

Positive Prevention *PLUS* Student Post-Test

DIRECTIONS Read each statement and circle whether it is True (T) or False (F).

<input checked="" type="radio"/> True	False	1. According to national surveys, less than half of all US teens have ever had sex.
True	<input checked="" type="radio"/> False	2. The terms gender identity and sexual orientation mean the same thing.
<input checked="" type="radio"/> True	False	3. Knowing your plans and goals for the future may help you make safe and healthy decisions now.
<input checked="" type="radio"/> True	False	4. Love involves passion, commitment, and/or intimacy.
True	<input checked="" type="radio"/> False	5. Intimacy with another person can only be achieved by having sexual intercourse.
<input checked="" type="radio"/> True	False	6. Warning signs in a relationship include put-downs, dishonesty, and (threats of) physical harm.
<input checked="" type="radio"/> True	False	7. Using PEP and PrEP can reduce the chances of becoming infected for a person exposed to HIV.
<input checked="" type="radio"/> True	False	8. Planning if and when you have children is part of planning your life.
True	<input checked="" type="radio"/> False	9. Latex condoms and spermicidal foam can be purchased only with a doctor's prescription.
<input checked="" type="radio"/> True	False	10. Birth control comes in two forms: hormonal methods that prevent the release of an egg, and barrier methods that prevent the sperm from coming into contact with an egg.
<input checked="" type="radio"/> True	False	11. In many states, a young person can safely surrender her/his newborn to a hospital or a fire department, no questions asked.
<input checked="" type="radio"/> True	False	12. Being infected with HIV can cause emotional, social, and physical problems.
<input checked="" type="radio"/> True	False	13. Antiretroviral therapy (ART) can keep an HIV-infected person healthy for many years, and greatly reduces the chance of transmitting the virus to his/her sexual partner(s).





ANSWER KEY

<input type="radio"/> True	False	14. Families facing a serious medical problem may need help and support from their friends and neighbors.
True	<input type="radio"/> False	15. Body fluids that can spread HIV include blood, semen, saliva, and urine.
True	<input type="radio"/> False	16. HIV can enter a person's body only through the penis or vagina.
<input type="radio"/> True	False	17. Sex trafficking involves forcing a minor to have sex for money and/or other benefits, and is illegal.
<input type="radio"/> True	False	18. Partners must agree to the sexual behaviors they engage in ("yes means yes").
<input type="radio"/> True	False	19. Assertive communication includes making eye contact, using a firm voice, and stating your limits and expectations.
<input type="radio"/> True	False	20. In order to sell their products, some advertisers actually portray unhealthy or risky behaviors.
True	<input type="radio"/> False	21. You can tell if a person is infected with HIV or STIs by looking at him or her.
<input type="radio"/> True	False	22. To avoid an unplanned pregnancy, it is important to abstain from sexual activity, or to use birth control consistently and correctly.
<input type="radio"/> True	False	23. There are clinics where you can get confidential, low-cost, or free HIV/STI and pregnancy tests.
True	<input type="radio"/> False	24. Experiencing an unplanned pregnancy or becoming HIV/STI infected would have no impact on your overall life plans and goals.
<input type="radio"/> True	False	25. Gender role, gender identity, and sexual orientation vary with each individual.

What did you LIKE MOST about this unit on communication, relationships, teen pregnancy, HIV and STIs?

How could this unit be IMPROVED?

SIGNATURE OF PARENT OR TRUSTED ADULT _____



Glossary of Terms

For teacher reference only – not to be distributed directly to students.

Abstinence – Refraining from any behavior which places a person at risk for transmitting HIV; choosing not to have sexual intercourse (anal, oral or vaginal); choosing not to use drugs or share needles; abstinence is the only 100% effective method to prevent teen pregnancy and the sexual spread of HIV and other STDs.

Acne – A disease of the oil-secreting glands of the skin that often affects adolescents, producing blackheads and pimples on the face, neck, and shoulders that can leave pitted scars.

Acquired Immunodeficiency Syndrome (AIDS) – A result of human immunodeficiency virus (HIV) infection, which makes the immune system less able to fight infection.

AIDS – See acquired immunodeficiency syndrome.

Alternatives – Two or more things that serve as other possible choices.

Ambiguous Genitalia – A set of medical conditions that feature congenital anomalies of reproductive and sexual systems. That is, people who are born with sex chromosomes, external genitalia, or internal reproductive systems that are not considered “standard” for either male or female (formerly referred to as inter-sex). For more information, go to the Intersex Society of North America www.isna.org

Amenorrhea – Absence of menstrual cycles.

Anal Intercourse – Sexual intercourse in which the penis enters the rectum.

Androgynous – A person neither male nor female in appearance but having both conventional masculine and feminine traits.

Antibody – A substance in the blood that defends the body against invading disease agents.

Anus – The ring of muscle that allows release of solid food waste or feces (i.e., a bowel movement) from the body.

Asymptomatic – Showing no signs or symptoms of infection.

Bacteria – Infectious microorganism, germ; can be cured with antibiotics.

Barrier Method – Contraception methods that prevent pregnancy by physically preventing sperm from entering the uterus through the penis in the cervix.

Bartholin's Glands – Either of two small glands on either side of the lower vagina that secrete a lubricating mucus during sexual stimulation.



Basal Body Temperature Method – An unreliable method of contraception which involves predicting a “safe period of time” for sexual intercourse based on changes in the woman’s basal body temperature during her menstrual period.

Birth Control – Voluntary limitation or control of the number of children conceived, especially by planned use of contraceptive techniques.

Birth Control Pill – A pill, typically containing estrogen and progesterone, that inhibits ovulation which prevents conception. There are also pills containing progestin only used in some instances.

Bisexual – Being sexually attracted to persons of the same sex and of the opposite sex. Men and women who have sexual and romantic attraction to both men and women. Depending on the person, his or her attraction may be stronger to women or men, or they may be approximately equal.

Bladder – A triangular shaped, hollow organ or other body part for storing a liquid or gas, especially the sac that stores urine (urinary bladder) or the sac that stores bile (gallbladder).

Bloodborne disease – An infection carried in the bloodstream.

Blood-to-blood contact – The mixing together of blood from two or more people. The primary ways HIV is spread through blood-to-blood contact are the use of shared needles and syringes, blood transfusions, receipt of blood components or clotting factors, and organ transplants (all rare since 1985), and transmission from mother to child during birth.

Bullying – Intimidating another by means of force or coercion.

Calendar Method – An unreliable method of contraception which involves predicting a “safe period” for intercourse derived from the dates of a woman’s menstrual cycle (aka rhythm method).

Castration – Removal of a male’s testicles.

Casual contact – Ordinary social contact, such as being around someone; sharing utensils, office space, bathrooms, phones and swimming pools; shaking hands; and kissing on the cheek. People cannot get HIV from casual contact.

CD4+ cell – See T-cell.

Celibacy – Not having sexual intercourse for a long period of time for religious or personal choice.

Cervix – Narrow lower opening into the uterus.

Child Abuse – Mistreatment of a child by a parent, guardian, or other adult responsible for his



or her welfare, including physical violence, neglect, sexual assault, or emotional cruelty.

Clitoris – A small body of spongy tissue that is highly sensitive located between the top of the labia minora and the clitoral hood.

Co-infection – Having two or more infections simultaneously.

Commitment – The act of committing, pledging, or engaging oneself.

Condom – A sheath made of latex, polyurethane, or lamb intestine, that fits over an erect penis. When used correctly and consistently, latex condoms have been shown to greatly reduce the risk of HIV infection. See also Female Condoms.

Confidential – Done or communicated in confidence; secret.

Confidential testing – Testing in which name and results are recorded, but are not given out without permission of the person tested, except as required by state law.

Consequences – Something that follows logically or naturally from an action or condition.

Cooling Off Period – A period arranged by agreement to allow for negotiation and an abatement of tension between disputing parties.

Cowper's Gland – During sexual arousal, the tiny Cowper's glands, or **Bulbourethral Glands**, secrete a small amount of pre-ejaculate fluid (also called "pre-cum") into the urethra, which appears on the tip of the penis. This fluid neutralizes the acidity within the urethra in preparation for ejaculation.

Domestic Partner – One who lives with another person and who is emotionally and financially connected in a supportive manner with another.

EIA (enzyme immunoassay) – A standard test used to detect the presence of HIV. When an EIA detects antibodies to HIV, the result must be confirmed by the Western Blot test or Immunofluorescence Assay (IFA) before a person is considered to have HIV. Formerly referred to as ELISA.

Ectopic pregnancy – A pregnancy that occurs outside of the uterus, usually in the fallopian tube (oviduct) often due to infection-related scarring of the tube.

Emergency Contraception (Plan B) – Contraceptive measures, that if taken after sex, may prevent pregnancy.

Endemic – Common to a population.

Endometriosis – An irregularity of the endometrium (lining of the uterus) that can result in pain and possible infertility.



Epidemic – *The rapid spreading of a disease so that many people in a region have it at the same time.*

Epididymitis – *Inflammation of the sperm ducts (tubules) on the surface of the testicle.*

Erection – *The stiffening and engorgement with blood of the penis or clitoris during sexual arousal.*

Fallopian tube – *Oviduct connecting the ovary with the uterus.*

Family Planning – *Contraception; birth control.*

Female condom – *A tube made of polyurethane, with a ring at each end, that lines the vagina and covers part of the labia. Some people use the female condom for anal sex, although it has not been officially approved or recommended for this use.*

Foreskin/Prepuce – *A roll of skin that covers the head of the penis in uncircumcised men. Also, is the hood on the clitoris.*

Friendship – *A friendly relation or intimacy.*

Gay – *A man whose primary romantic and sexual attraction is to other males. Gay is also used as an inclusive term encompassing gay men, lesbians, and people who identify as bisexual.*

Gender: *Attitudes, feelings, characteristics, and behaviors that a given culture associates with being male or female and that are often labeled as “masculine” or “feminine.”*

Gender Expression: *Each of us expresses a particular gender every day – by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel – and wish to be understood – as masculine or feminine, or something other or in-between.*

Gender Identity: *A person’s internal, deeply-felt sense of being male or female, or something other or in-between.*

Gender Non-Conformity: *Behavior or appearance that does not conform to expected gender role.*

Gender Role: *Socially-constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.*

Glans – *The head of the penis, or the head of the clitoris.*



Goal – *An objective or desired outcome.*

Gynecologist – *A doctor who specialized in diseases of the female reproduction system.*

Harassment – *To disturb persistently, bother continually, or pester.*

Healthy – *A condition of physical, mental, and social well-being and of absence of disease or other abnormal condition.*

Heterosexual – *Being sexually attracted to persons of the opposite sex.*

HIV – *See human immunodeficiency virus.*

HIV/AIDS – *Human Immunodeficiency Virus attacks the T cells of the immune system with debilitating effects, causing a syndrome called Acquired Immune Deficiency Syndrome.*

Homophobia – *Hatred or fear of homosexuals.*

Homosexual – *Being sexually attracted to persons of the same sex. Generally, the term 'gay' and 'lesbian' are seen as being less laden with negative implications than 'homosexual.'* (ref – www.overt.org)

Human immunodeficiency virus (HIV) – *The virus that causes AIDS. HIV weakens several body systems and destroys the body's immune system, making it easier for life-threatening opportunistic infections and cancers to invade the body.*

Human Papilloma Virus (HPV) – *A virus that infects the genital areas, anus, mouth, throat, or have no symptoms at all for both men and women.*

Hymen – *The hymen is a very thin membrane that partially covers the opening to the vagina. While considered the "hallmark of virginity" in girls and women, the hymen can be torn by vigorous exercise or the insertion of a tampon, finger, or other object into the vagina.*

Hysterectomy – *An operation to remove a woman's uterus.*

Immune system – *A system of the body that helps it resist germs.*

Impotence – *The inability of a male to get an erection or to have an orgasm.*

Incest – *Sexual intercourse between two people too closely related to be legally married, e.g. father/daughter, uncle/niece, brother/sister. In many countries, including the U.S., incest is illegal and the law also applies to step relations and foster families.*

Incubation – *Used here to describe the period from the point of infection with HIV to the onset of symptoms of AIDS.*



Infertility – *The inability to have children.*

Injection drug use – *The use of a needle and syringe to inject drugs into the body.*

Intercourse – *Any sexual act that can result in pregnancy or disease.*

Intersex: *a general term used for a variety of conditions where a person is born with biological conditions (such as hormones, chromosomes, reproductive or sexual anatomy) that don't seem to fit the typical definitions of female or male.*

Intimacy – *A close, familiar, and usually affectionate or loving personal relationship with another person or group.*

Intrauterine Device (IUD) – *A birth control device, such as a plastic or metallic loop, ring, or spiral, that is inserted into the uterus to prevent implantation.*

Labia Majora – *The two thick outer folds of skin that surround the clitoris, the opening of the urethra, and the opening of the vagina of women and girls.*

Labia Minora – *The two small folds of skin that lie immediately inside the labia majora of women and girls and join at the front to form the hood of the clitoris.*

Lesbian – *A woman who is sexually attracted to other women. However, many women who are attracted to other women may choose to use the terms “gay” or “queer” to call themselves.*

LGBTQ+ – *A commonly used acronym for the Lesbian, Gay, Bisexual, Transgender and questioning community.*

Like – *To feel attraction toward or take pleasure in.*

Love – *An intense feeling of tender affection and compassion.*

Male Condom – *A sheath worn over the penis, which offers some protection against pregnancy and sexually transmitted diseases.*

Masturbation – *Rubbing or massaging genitals for sexual pleasure*

Masculinity/Femininity – *Gender role stereotypes, differing from culture to culture. Across cultures, these roles are not innate to sexual orientation or gender-identity.*

Men Who Have Sex with Men (MSM) – *Men who engage in same-sex behavior, but who may not necessarily self-identify as gay.*

Menstruate – *To discharge blood and other matter from the womb as part of the menstrual cycle.*



Molest – To force unwanted sexual attentions on somebody, especially a child or physically weaker adult.

Monogamy – Having sex with only one partner. Describes an HIV prevention strategy in which two people, who do not have HIV or inject drugs, have sex only with each other over a period of time.

Mons Pubis/Veneris – A prominence caused by the pad of fat that overlies the junction of the pubic bones in women and girls. The mons is usually covered with pubic hair after puberty, and is sexually sensitive in women.

Mucous membranes – Moist lining of the body openings, susceptible to small abrasions and infections.

Mutually monogamous relationship – A sexual relationship between two individuals who are committed to a long-term relationship with each other, and have no other sexual partners.

Natural condoms – Condoms made from the intestinal lining of sheep. Adequate for birth control, but not for disease prevention.

Nocturnal Emission – The involuntary ejaculation of semen during sleep.

Non-barrier Method – Contraception methods that prevent pregnancy other than by physically preventing sperm from entering the uterus through the penis in the cervix. Includes birth control pills and intrauterine devices.

Options – Two or more things that serve as other possible choices.

Oral Sex – Sexual activity that involves using the mouth to stimulate a partner's genitals.

Orgasm – The involuntary neuro-muscular contractions of the genitals during sexual stimulation.

Ovaries – Either of the two female reproductive organs that produce eggs and, in vertebrates, also produce the sex hormones estrogen and progesterone.

Over the Counter (OTC) – Medications that can be legally bought without a physicians prescription.

Ovum – An egg produced by the ovary.

Partner – Either member of an established couple in a relationship either gay, heterosexual or bisexual.



Passion – Strong amorous feeling of desire, love, or lust.

Penetrative Sex – Vaginal or anal intercourse.

Pandemic – Spreading over the entire continent or the whole world.

Penis – The male sex organ through which urine is eliminated and semen is ejaculated.

Pelvic inflammatory disease (PID) – infection of the female upper reproductive organs (uterus, fallopian tubes, ovaries) which can cause inflammation and scarring.

Perineum – The area between the anus and opening of the vagina (or the base of the scrotum, in males). The perineum is sensitive to touch.

Phallus – An image of an erect penis. If something is described as phallic, it resembles an erect penis.

Plan – A program of action.

Platonic – A non-sexual relationship.

PLWA – Person living with AIDS.

Premature Ejaculation – A male orgasm reached too quickly.

Prescription – An order, especially by a physician, nurse practitioner, or physician assistant, for the preparation and administration of a medicine, therapeutic regimen, assistive or corrective device, or other treatment.

Promiscuity – Sexual intercourse with several different casual acquaintances over a short period of time.

Prostate Gland – A sex gland in males, which surrounds the neck of the bladder and urethra. The prostate gland secretes a slightly alkaline fluid that forms part of the seminal fluid, a fluid that carries sperm.

Puberty – The stage of pre-teen physical development during which increased production of sex hormones results in secondary sex characteristics, as well as changes in emotions and social relationships.

PWA – Person with AIDS.

Protozoa – Microorganisms resembling a one-celled plant or animal.

Queer – Some, gay, lesbian, bisexual and transgender young people use the word queer as an umbrella term to embrace all the members of the community including the children of LGBTQ+ parents and other allies. There are still plenty of people in the community who find this term offensive or degrading.



Rape – *The crime of forcing someone to have sexual intercourse against their will.*

Rectum – *The lower end of the large intestine, leading to the anus.*

Re-infection – *Getting another infection with the same or similar microorganism after being treated.*

Replicate – *Used here to describe the ability of HIV to make copies of itself.*

Reproduction – *The production of offspring of the same kind.*

Rhythm Method – *A method of birth control in which the couple abstain from sexual intercourse during the period when ovulation is most likely to occur (aka calendar method).*

Safe Haven Site – *A location where a parent may legally surrender a newborn infant without having to face any criminal prosecutions. A hospital, police station, or manned fire station.*

Safe Surrender – *A state of law that permits a parent, within 72 hours of birth, to legally and confidentially surrender a newborn infant without the fear of arrest or prosecution of child abandonment.*

Safer Sex – *Sexual practices (anal, oral, or vaginal) that involve no exchange of blood, semen, or vaginal fluid; often characterized by correct and consistent condom use.*

Scrotum – *The external pouch of skin and muscle containing the testes.*

Semen – *Whitish fluid containing sperm and white blood cells, which is pre-ejaculated/ejaculated from the penis during orgasm. HIV can be spread through semen that is infected.*

Seminal Vesicles – *In men, the sac-like glands that lie behind the bladder and release fluid that forms part of the semen. The seminal vesicles produce a high-fructose fluid that mixes with fluid and sperm to create semen.*

Seminiferous Tubules – *The organs that generate sperm, within each testes.*

Sex: *A term used to denote whether an individual is male or female, as determined by a physician or other medical professional at the time of birth. This designation is often made solely based upon an examination of an infant's genitals.*

Sex (also sexual activity) – *Oral, genital, or digital contact between individuals; contact with a partner's vagina, penis, or anus (male-female, female-female, or male-male). A biological and physiological term dividing a species into male or female, usually based on sex chromosomes; hormone levels, secondary sex characteristics, and internal and external genitalia may also be considered criteria. Also, another term for sexual intercourse.*



Sexual Contact – *The touching of another person's intimate parts, or the intentional touching of the clothing covering the immediate area of a person's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification.*

Sexual Harassment – *Making unwanted sexual advances to someone; causing sex-related discomfort in another through words or actions.*

Sexual Orientation: *A person's enduring romantic or sexual attraction to people of the other and/or same gender. Common terms used to describe sexual orientation include, but are not limited to, heterosexual, lesbian, gay, and bisexual.*

Sexuality – *The complex range of components which make us sexual beings; includes emotional, physical, and sexual aspects, as well as self-identification (including sexual orientation and sex), behavioral orientations and practices, fantasies, and feelings of affection and emotional affinity.*

Sexually Transmitted – *Spread during sex, or through genital or close body contact between people.*

Sexually transmitted disease (STD) – *A disease that is spread during sex, or through genital or close body contact between people. STD's include but are not limited to diseases such as gonorrhea, syphilis, HIV infection (which in advanced stages leads to AIDS), Chlamydia, HPC, herpes, pubic lice, Hepatitis B and C, and Trichomonas.*

Shaft – *The external portion of the penis leading from the body to the head (but not including the head). The clitoris also has a shaft.*

SIV (simian immunodeficiency virus) – *A virus similar to HIV that infects monkeys and other primates in West and Central Africa.*

Sperm – *The male reproductive cells, produced in the testicles from puberty throughout the male life cycle.*

Spermicidal Foam/Gel – *An agent that kills spermatozoa, especially as a contraceptive.*

Standard precautions – *Guidelines that combine universal precautions and body substance isolation procedures in hospitals*

STD – *See sexually transmitted disease.*

Sterilization – *A surgical procedure that prevents reproduction by total or partial removal or modification of the reproductive organs.*

Strategy – *A plan of action intended to accomplish a specific goal.*

Symptom – *An indication of a disorder or disease, such as pain, nausea or weakness. Symptoms may be accompanied by objective signs of disease such as abnormal laboratory test results or findings during a physical examination.*



Syndrome – *Used here to describe a group of related medical problems or symptoms.*

T-cell – *A type of white blood cell essential to the body's immune system.*

T-cell count (CD4+) – *A marker that measures the effect of HIV infection on a person's immune system.*

T-helper cell – *See T-cell.*

Testes/Testicles – *The male gonad or sperm-producing gland (testes) usually with its surrounding membranes, particularly in humans or other higher vertebrates.*

Transgender: *people whose gender identity differs from their assigned or presumed sex at birth.*

Transmission – *The spread of a microorganism from one person to another.*

Transsexual – *A person who has undergone surgical and hormonal treatment to change his or her anatomical sex.*

Tubal Ligation – *A sterilization technique in which a woman's fallopian tubes are tied to prevent ova entering the uterus.*

Urethra – *The tube which transports urine from the bladder to the outside; in males, the urethra also transports semen.*

Uterus – *Womb; pear-shaped organ in which a developing fetus grows.*

Vagina – *The passageway from the uterus to the outside of a woman's body through which a baby is born; the penis enters the vagina during vaginal intercourse.*

Vaginal fluid – *Fluid that provides moisture and lubrication in the vagina; vaginal fluid of an HIV-infected woman can spread HIV.*

Vas deferens – *The tube that carries the sperm out of the scrotal sac located between the epididymis and urethra.*

Vasectomy – *A male sterilization technique, in which the vas deferens are cut and cauterized.*

Viral – *Caused by or related to a virus.*

Viral load – *The amount of HIV RNA in the blood; as viral load increases, the chance of illness increases.*

Virgin – *Someone who has never had sexual intercourse (oral, anal, or vaginal).*

Virus – *A germ, much smaller than a bacterium, whose survival depends on cells in the host; a virus such as HIV destroys host cells.*



Voluntary – *Proceeding from the will or from one's own choice or consent.*

Vulva – *The external female genitals.*

Western Blot – *A blood test that detects antibodies to HIV; used to confirm EIA results.*

Window Period – *The early period of infection before antibodies can be detected (3 weeks to 6 months).*

Withdrawal Method – *An unreliable method of contraception in which the man withdraws his penis from the vagina before he ejaculates.*

