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Preface

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About the Curriculum

Health Connected strives to ensure all young people feel confident and supported to make informed decisions about their own sexual health. This requires honest, unbiased, medically accurate information. It also requires a safe place for teens to articulate their values and ample opportunities to engage with the adults in their lives about sexual health.

Importance of Comprehensive Sexuality Education

Without honest, unbiased, medically accurate information, young people are left vulnerable to sexually transmitted infections (STIs), including HIV; unintended pregnancy; sexual coercion; abuse; and exploitation. Young people are constantly bombarded with confusing and conflicting messages about sexuality, while adults are often unable or unwilling to discuss these important topics with them.

As with all of Health Connected's courses, this curriculum is medically-accurate, free of racial and ethnic biases, is designed to be in compliance with California Education Code requirements, and aligned with applicable California Health Education Content Standards. The Teen Talk Middle School (Teen Talk MS) course is designed to equip middle school students with the knowledge and skills necessary to make informed sexual health decisions as they progress through adolescence to explore their independence and personal growth.

Teen Talk MS lessons are consistent with youth culture today. The curriculum was designed for youth in diverse racial or ethnic groups. Teen Talk MS is appropriate for youth considered at "high risk" for STIs and/or pregnancy, as well as youth who live in counties with lower rates of STIs and teen pregnancy.

Goals and Objectives

Teen Talk MS allows students to integrate scientifically accurate information with their own personal, family, and community values about sexuality and healthy relationships.

The immediate goals of the Teen Talk MS course are to help participants:

- Increase knowledge and decision-making capacity all methods of STI and pregnancy prevention
- Increase knowledge about accessing clinical services
- Increase knowledge and communication skills about sexual safety and consent
- Increase skills to communicate with peers, partners, and trusted adults about sexual issues and behavior

Over the long-term, Teen Talk MS is intended to help participants:

- Build skills that will help them navigate complex personal decision-making as they mature, and
- Build a foundation for safe, healthy, and satisfying relationships in the future.

Theoretical Framework

Teen Talk MS is primarily based on the Health Belief Model and Social Learning Theory¹. Students are encouraged to examine what they believe are the benefits of and barriers to a given behavior as well as ways to overcome those barriers. They receive information that helps them expect positive outcomes for a given behavior, like using birth control or remaining abstinent. Additionally, participants look at ways to make responsible choices and work on increasing their feelings of self-efficacy, while recognizing that decisions that leave them vulnerable can have serious consequences.

Health Connected also recognizes that emotional skills and social skills are key to youth's healthy development. All Health Connected curricula incorporate Social and Emotional Learning (SEL), a pedagogical approach which aims to develop students' ability to understand and manage their emotions and social lives.² Students who are socially and emotionally competent can: form and maintain healthy relationships, solve everyday problems, work cooperatively, and communicate with others. They are aware of their own feelings, needs, attitudes, and values, and care about themselves and others.³ Health Connected recognizes that learning these skills is a lifelong process. As such, we provide opportunities for students to build their social and emotional competence by emphasizing respect for all identities and abilities, and by discussing healthy relationships and communication throughout the curriculum.

Teen Talk MS is also based on the large body of research by Douglas Kirby, who identified 17 key characteristics consistent among curriculum-based programs that are effective at preventing teen pregnancy and STIs⁴. Health Connected used Kirby's 17 Characteristics as a guide to develop Teen Talk MS.

Target Population & Need

Teen Talk MS has been developed over 28 years of working directly with middle school students in San Mateo County, a large socioeconomically and racially diverse county in the San Francisco Bay Area. In addition to ensuring that young people have access to medically accurate information that allows them to make life-long decisions about sexuality, Teen Talk MS seeks to address several important ongoing sexual health challenges:

- Nationally, 39.5% of high school students (grades 9-12) have ever had sex, and 3.4% had sex before age 13.⁵

¹ Rosenstock, I.M., Strecher, V.J. & Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education Quarterly*, 15(2), 175-183.

² Elias, J. M., et. al. (1997). *Promoting Social and Emotional Learning: Guidelines for Educators*. Alexandria, VA: Association for Supervision and Curriculum Development.; What is SEL? (2017). In CASEL: *Educating Hearts. Inspiring Minds*. Retrieved from www.casel.org.

⁴ Kirby, D. (2007). *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.

⁵ Kann, L., McManus, T., Harris, W., et al. Youth Risk Behavior Surveillance – United States, 2017. *MMWR Surveill Summ* 2018;67(No. 8)

- Nationally, among currently sexually active students (those who have had sexual intercourse in the past 3 months), only 53.8% reported that they used a condom the last time they had sex, while 13.8% reported not using any method of birth control the last time they had sex.⁶
- Also, among currently sexually active students nationwide, 18.8% had consumed alcohol or used drugs before their last sexual intercourse.⁷

Information for Instructors

Curriculum Overview

Teen Talk MS uses participatory teaching methods that actively involve the students and allow for discussion and reflection. Teen Talk MS was designed for students 12-14 years old to:

- Increase knowledge and decision-making capacity about pregnancy prevention, STI protection, and birth control
- Reduce misinformation and myths about sexual health topics
- Increase comfort communicating with parents or other trusted adults
- Teach tolerance and respect
- Increase refusal and negotiation skills
- Clarify personal values
- Increase self-efficacy to engage in protective sexual health behaviors
- Increase knowledge about accessing clinical services

Appropriate Group Size, Frequency, Age Groups, and Demographics

Teen Talk MS is designed to be implemented with 7th or 8th grade students in a school or community-based organization classroom setting and can be provided to diverse demographic groups. Teen Talk MS follows a similar outline to the next curriculum in Health Connected's sexual health series, Teen Talk High School, providing a foundation in these topics for high school students. It was not designed for small group settings or one-on-one teaching, although many of the activities can be modified to reach smaller groups if necessary.

Implementation

Teen Talk MS consists of 12 sessions and 43 activities. Although Teen Talk MS is broken down into separate topics, most of the lessons are interdisciplinary and span several topic areas. For instance, abstinence is addressed in most of the lessons even if a specific lesson is focused on a different topic.

The curriculum gives instructors flexibility in addressing the different topic areas by allowing them to choose between several activities for each lesson, as well as sometimes offering alternate approaches to the activity (e.g., lecture vs. group activity). For example, in Lesson 4, Not Having Sex: Abstinence, instructors can choose between the activities "What is Sex?" or "Abstinence Posters." Instructors can base their decisions on the classroom personality (e.g., quiet vs. more vocal), classroom structure (e.g., small vs. large groups), instructor comfort level or expertise, student maturity, and other factors.

Duration

Depending upon how instructors choose lessons, **the course should be delivered over a minimum of 10 hours.** It is strongly recommended that the program spans at least 10 days (approximately an hour a day), rather than

⁶ Kann, L., McManus, T., Harris, W., et al. Youth Risk Behavior Surveillance – United States, 2017. *MMWR Surveill Summ* 2018;67(No. 8)

⁷ Ibid.

several hours a day for a shorter period of time. Of course, the instructor's speed in covering these lessons, as well as the students' speed in completing them, will vary greatly. The times given should be used as a guide.

The lessons are laid out in a logical sequence and should be conducted in the order provided. It is recommended (for credit) to reinforce the messages given in class.

Mixed Gender Groups

It is strongly recommended that Teen Talk MS be taught in **mixed gender groups**. The advantage of teaching in a mixed gender environment is that it models and helps students practice effective communication among different genders. Most young people will need to be able to discuss these sensitive topics with peers and parents/guardians of another gender. Mixed gender classes foster mutual respect and understanding among all genders. Single gender groups can sometimes create a feeling of secretiveness and mystery between the genders and one gender may be left feeling confused and curious about what another gender is learning.

In addition, delivering the content in separate gender environments can create significant challenges for students who either do not identify with a specific gender or who are transitioning from one gender to another. California Education Code requires that school-based sexual health education programs be accessible to students of all orientations and gender identities. Providing the course in a mixed gender environment helps students of all gender identities feel included in the experience.

Teaching Students with Disabilities

According to California Education Code, instruction and materials must be appropriate for students with disabilities and be accessible to them. This includes, but is not limited to, "the provision of a modified curriculum, materials and instruction in alternative formats and auxiliary aids." "Disability" refers to the inability to perform an activity because of some mental or physical disorder. Individuals with disabilities have the same needs, desires, and sexual feelings as people without disabilities. It is important that instructors acknowledge that individuals with disabilities are sexual people with sexual needs. Please modify Teen Talk MS where necessary to meet the needs of all of your students. Alternatively, Health Connected offers the Teen Talk Adapted for All Abilities (Teen Talk AAA) curriculum designed for students with moderate to severe learning differences. Contact us for more information about bringing Teen Talk AAA to your school or program.

Available in Spanish

All of the Teen Talk MS activities that contain either a handout, written visual component, or a statement that needs to be read out loud to students have been translated into Spanish. **The entire curriculum can be taught in Spanish** as long as the instructor can read the instructor guidelines in English. According to California Education Code, instruction must be made available on an equal basis to English learners. Please be sure all of your students are being reached.

Teaching Tolerance and Respect

Teen Talk MS is based on the belief that every person is valuable in society. The curriculum, as well as the instructor, must teach that making fun of, discriminating against, and bullying others is harmful. Teen Talk MS emphasizes empathy for those who are often discriminated against, such as persons living with HIV, transgender individuals, or those who identify as gay, lesbian, or bisexual. Teen Talk MS follows the guidelines of the American Psychological Association, which state that people do not choose their sexual orientation or gender identity.

Throughout the curriculum, we use the pronoun "they" instead of "he/she." Until recently, this was not grammatically correct, however it is now recognized as a generally accepted pronoun to ensure students of all gender identities feel included and respected.

Parent Notification

Per the California Healthy Youth Act (adopted on October 1, 2015), as of January 1, 2016, California requires comprehensive sexuality education be taught at least once in middle school and once in high school.

In California, parents/guardians must be notified if their child is going to receive sexuality education at the beginning of the school year or at least 14 days before instruction begins, allowing parents time to review all curricula/teaching materials and decide if their child will participate. If a parent does not want their child to participate, it is the responsibility of the parent to notify the school and the child should be given an alternative assignment. The law states that districts/schools may not send out a permission slip or “opt-in” letter. A sample parent/guardian notification letter that you may adapt is located in the Appendix.

Minors' Sexual and Reproductive Rights in California

At the printing of this edition of Teen Talk MS, minors of **ANY AGE** in California may consent for medical care related to the prevention or treatment of pregnancy (California Family Code Section 6925). That includes consenting to birth control and abortion services. However, minors must be 12 years of age or older in order to consent to their own STI testing and treatment (California Family Code Section 6925). Additionally, public schools in California may **not** require parent permission to excuse a minor during the school hours for confidential services, which include appointments for sexual and reproductive services. (66 Ops. California Atty. Gen. 244 (1983); 87 Ops. California Atty. Gen. 168 (2004).)

Teen Talk MS includes information on youth sexual and reproductive health resources and clinics for the different geographic regions of the San Francisco Bay Area in California (Peninsula, San Francisco, East Bay, and South Bay). It is an essential part of any good comprehensive sexuality education program to provide students with information on where to obtain sexual and reproductive health care, such as birth control, pregnancy testing, STI testing and treatment, etc. If you live outside of the Bay Area, please create your own list of local sexual and reproductive health services (including name, location, phone number, and website if available), while paying close attention to teen-friendly clinics or clinics that are tailored to the specific needs of adolescents.

In California, teens qualify for Family Planning, Access, Care and Treatment or Family PACT. Family PACT is state-sponsored insurance that provides no-cost family planning services. Be sure to tell your students not only where to obtain these services but that these services are often free, confidential and do **not** require parental consent.