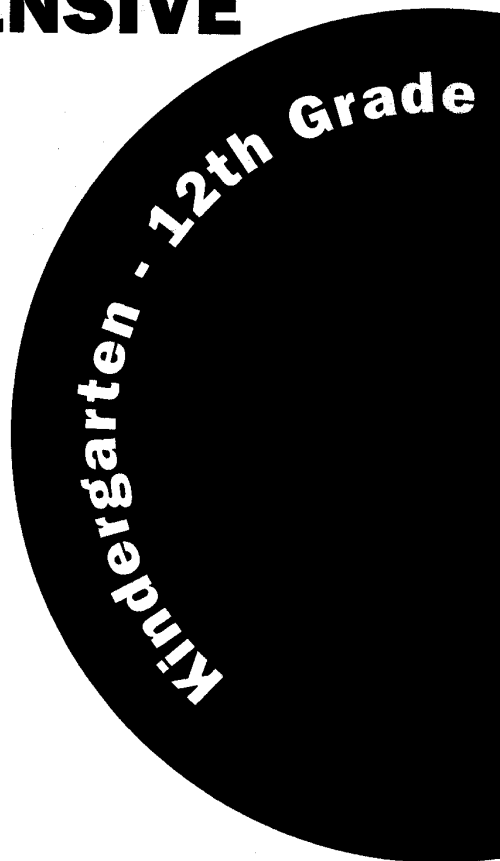


GUIDELINES FOR COMPREHENSIVE SEXUALITY EDUCATION

2nd Edition



National Guidelines Task Force

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ACKNOWLEDGMENTS

The Guidelines for Comprehensive Sexuality Education, Kindergarten -12th Grade, were developed in 1991 by a Task Force of leading health, education, and sexuality professionals. The Task Force members volunteered their time to participate in meetings, review documents, and offer feedback. The Task Force developed the concepts and subconcepts which represent the foundation of the *Guidelines*. This material emerged as consensus beliefs of the Task Force. The *Guidelines* could not have been prepared without their participation. The members of the original task force are listed in the appendix.

This updated version of the *Guidelines* was prepared by Debra W. Haffner and William L. Yarber. Many of the original members of the Task Force, as well as several members of the SIECUS staff, contributed to the updating of the *Guidelines*.

The format of the *Guidelines* is modeled after the landmark *School Health Education Study (SHES)*¹ published in the late 1960s. The SHES developed an innovative approach of structuring health knowledge through the identification of broad health areas and related subconcepts. The generalizations were arranged in a hierarchy from kindergarten through grade twelve. It remains an excellent model for curriculum development in health and sexuality education.

William L. Yarber, professor of health education at Indiana University and a member of the SIECUS Board of Directors, chaired the original National Guidelines Task Force. Professor Yarber spent numerous hours developing the *Guidelines* approach, chairing meetings, contributing content to the *Guidelines*, and revising the document. The *Guidelines* project could not have happened without his commitment.

Carol Hunter Geboy conducted much of the research for the *Guidelines* content and developed the preliminary draft of the developmental messages. We are grateful for her important contributions.

Debra Haffner, SIECUS president, was the project director. The *Guidelines* result from her vision to improve sexuality education. She provided direction, wisdom, and numerous hours developing the final version of the *Guidelines*. SIECUS staff members Yvette Adams, Shauna Croom, JoAnne Jurcic, Leslie Kantor, Erika Mathews, Monica Rodriguez, and Carolyn Patierno have all contributed to the *Guidelines* projects.

The Carnegie Corporation of New York provided the funding for the National Task Force and the development of the original *Guidelines* in 1991. This second edition was completed with support from SIECUS friends. The Carnegie Corporation is not responsible for the statements or views expressed in these *Guidelines*.

These guidelines are dedicated to the memory of Mary Lee Tatum, a member of the original Task Force, who died suddenly on June 1, 1991. She was an inspired trainer and educator as well as a champion of sexual information and sexual rights. We miss her.

¹ School Health Education Study. *Health Education. A Conceptual Approach Curriculum Design*. Minnesota; 3M Education Press, 1967.

FOREWORD TO THE SECOND EDITION

The *Guidelines* represent the first national model for comprehensive sexuality education. Since they were first published in 1991, they have become the most widely recognized and implemented framework for comprehensive sexuality education across the country. More than 20,000 copies have been distributed in the United States.

The *Guidelines* were designed to be a framework to assist local communities in designing new curricula or assessing existing programs. They have been used by local communities to plan new programs, evaluate existing programs, train teachers, educate parents, conduct research, develop peer programs, and write new materials. They are being used by schools, community agencies, and churches and synagogues to educate young people about these important topics. One of the most important uses of the *Guidelines* has been as a catalyst for community discussion about how sexuality education can be addressed in local schools.

It cannot be said often enough that the *Guidelines* are not a curriculum or lesson plans. They are only a starting point for teachers and curriculum designers. The community and the school must determine the lesson plans that are appropriate, and every community will need to decide which topics and which developmental messages are to be included.

The *Guidelines* have spread beyond the United States. SIECUS has worked with organizations in Brazil, Nigeria, Russia, the Czech Republic, and Iceland on adapting the *Guidelines* for these cultures. SIECUS is currently exploring adaptation projects with other countries. Of note, although some of the developmental messages have changed in other countries, in each country, the life behaviors of a sexually healthy adult have remained basically the same.

In 1995, SIECUS realized that it was time to update the *Guidelines*. We have learned a great deal from the international *Guidelines* projects as well as from the adaptation that we did for Latino/Hispanic communities in the United States. Communities have given us feedback on the *Guidelines*. We wanted to integrate these lessons into a second edition.

Societal issues impact on a culture's understanding of sexuality issues, and there have been several significant changes since 1991. Sexual harassment was barely mentioned in 1990; today it is an important topic for discussion and education in schools and the workplace. Online computer services scarcely existed in 1991; today, they are an important source of information as well as concern. There is increased openness as well as public debate about issues related to the rights of gay men and lesbians.

Technological advances and epidemiology have also changed some of the information that young people need. For example, during the past five years, Norplant, Depo Provera, and the female condom have become available as contraceptive options. There are new reproductive technologies for conception. The HIV pandemic continues to move into new populations.

And during the past five years, there has been increased community dialogue about the appropriate content of sexuality education. Public opinion polls in communities and states still demonstrate overwhelming support for sexuality education, and recent evaluations demonstrate the effectiveness of skill-based programs that promote abstinence and contraceptive and condom use.

We have tried to reflect these changes in this second edition. The basic content and structure of the first *Guidelines* has been retained. The life behaviors, values, key concepts, and topics remain essentially the same. Developmental messages have been added, deleted, or modified to reflect new understandings.

As we approach the end of this century, young people are still not receiving the sexuality education they need and deserve to become sexually healthy adults. We hope that these *Guidelines* help.

Debra W. Haffner
William L. Yarber

TABLE OF CONTENTS

Acknowledgments

Foreword to the Second Edition

Introduction

Sexuality Education: Goals and Values

National *Guidelines*: Structure and Utilization

Key Concept 1: Human Development

Key Concept 2: Relationships

Key Concept 3: Personal Skills

Key Concept 4: Sexual Behavior

Key Concept 5: Sexual Health

Key Concept 6: Society and Culture

SIECUS Resources for Sexuality Education

For More Information on Sexuality Education

Organizations That Endorsed the First Edition of the *Guidelines*

Members of the National *Guidelines* Task Force, 1991

National Coalition to Support Sexuality Education

Introduction

**Almost 9 in 10 parents want their children to have it.
23 states require it and 13 others encourage its teaching.
Over 90 national organizations believe that all children and youth should have it.
Yet, only 5% of children in America receive it.**

"It" is comprehensive sexuality education. The reasons for the discrepancy between public desires, official policies and actual practices are varied. One major reason is the lack of a broad based consensus on the program components. In 1990, the SIECUS staff conducted a thorough review of the professional literature and found that there were no published national guidelines for comprehensive sexuality education. In fact, a 1989 study had found that most teachers of sexuality education programs created their own curricular material, often without guidelines from the state or local school district.²

More than half of the states have developed guidelines for school sexuality and HIV/AIDS education programs, although in most cases these guidelines do not provide the foundation for truly comprehensive programs. Most sexuality and HIV/AIDS education programs in the U.S. do not begin until middle or high school, and few cover topics in elementary school. Although the states recommend addressing such topics as puberty, anatomy, families, parenting, and friendships, fewer than one third of the state guidelines include any sexual behavior topic other than abstinence. Many school programs often omit topics that might be considered controversial and often lack a balanced discussion about abstinence and safer sex at the upper grades. Few programs adequately address such personal skill development as refusal skills, negotiation, or assertiveness.³

Of course, there is no ideal curriculum that will meet the needs of every community in the United States. However, like other subject materials for school-based programs, there are key concepts and topics that should be presented to all children in a developmentally appropriate manner. This document establishes national guidelines for comprehensive sexuality education, kindergarten through grade 12.

THESE *GUIDELINES* ARE NOT A CURRICULUM OR A TEXTBOOK. The *Guidelines* provide a framework to create a new program or improve existing programs. They provide a starting point for curriculum development at the local level or may guide state policymakers and local school boards in evaluating existing or proposed programs. Classroom teachers may use them to provide a theoretical basis for daily programs. They can be used in teacher preparation or in-service education.

These Guidelines present a comprehensive approach to sexuality education. The presentation of these issues is based on a carefully constructed, scoped, and sequenced approach to the delivery of comprehensive sexuality education. Specific content have meaning only in the context of the total Guidelines, and should not be used out of context to illustrate the Guidelines.

² Donovan, P., *Risk and Responsibility: Teaching Sex Education in America's Schools Today*. New York: The Alan Guttmacher Institute, 1989, 5-6.

³ Alan E. Gambrell and Debra Haffner. "Unfinished Business: A SIECUS Assessment of State Sexuality Education Programs." New York: SIECUS, 1993.

Sexuality Education: Goals and Values

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological, and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioral domain (communication, decision-making, and other relevant personal skills).

Comprehensive school-based sexuality education that is appropriate to students' age, developmental level, and cultural background should be an important part of the education program at every age. A comprehensive sexuality education program respects the diversity of values and beliefs represented in the community and will complement and augment the sexuality education children receive from their families.

The primary goal of sexuality education is the promotion of sexual health. In 1975, the World Health Organization defined sexual health as "the integration of the physical, emotional, intellectual, and social aspects of sexual being in ways that are positively enriching, and that enhance personality, communication, and love...every person has a right to receive sexual information and to consider accepting sexual relationships for pleasure as well as for procreation."

Sexuality education seeks to assist people in understanding a positive view of sexuality, provide them with information and skills about taking care of their sexual health, and help them acquire skills to make decisions now and in the future. The life behaviors presented in Table 1 represent the desired outcomes of a sexuality education program.

These *Guidelines* are based on four primary goals for sexuality education:

Information: To provide accurate information about human sexuality, including: growth and development, human reproduction, anatomy, physiology, masturbation, family life, pregnancy, childbirth, parenthood, sexual response, sexual orientation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted diseases.

Attitudes, Values, and Insights: To provide an opportunity for young people to question, explore, and assess their sexual attitudes in order to understand their family's values, develop their own values, increase self-esteem, develop insights concerning relationships with families and members of both genders, and understand their obligations and responsibilities to their families and others.

Relationships and Interpersonal Skills: To help young people develop interpersonal skills, including communication, decision-making, assertiveness, and peer refusal skills, as well as the ability to create satisfying relationships. Sexuality education programs should prepare students to understand their sexuality effectively and creatively in adult roles. This would include helping young people develop the capacity for caring, supportive, non-coercive, and mutually pleasurable intimate and sexual relationships.

Responsibility: To help young people exercise responsibility regarding sexual relationships, including addressing abstinence, how to resist pressures to become prematurely involved in sexual intercourse, and encouraging the use of contraception and other sexual health measures. Sexuality education should be a central component of programs designed to reduce the prevalence of sexually-related medical problems; these include teenage pregnancies, sexually transmitted diseases, including HIV infection, and sexual abuse.

These *Guidelines* are based on specific values related to human sexuality. The Task Force has developed these *Guidelines* to be consistent with values that reflect the beliefs of most communities in a pluralistic society. Each community will need to review these values to be sure that the program is consistent with community norms and diversity.

Values inherent in the Guidelines include:

- Sexuality is a natural and healthy part of living.
- All persons are sexual.
- Sexuality includes physical, ethical, social, spiritual psychological, and emotional dimensions.
- Every person has dignity and self worth.
- Young people should view themselves as unique and worthwhile individuals within the context of their cultural heritage.
- Individuals express their sexuality in varied ways.
- Parents should be the primary sexuality educators of their children.
- Families provide children's first education about sexuality.
- Families share their values about sexuality with their children.
- In a pluralistic society, people should respect and accept the diversity of values and beliefs about sexuality that exist in a community.
- Sexual relationships should never be coercive or exploitative.
- All children should be loved and cared for.
- All sexual decisions have effects or consequences.
- All persons have the right and the obligation to make responsible sexual choices.
- Individuals, families, and society benefit when children are able to discuss sexuality with their parents and/or other trusted adults.
- Young people develop their values about sexuality as part of becoming adults.
- Young people explore their sexuality as a natural process of achieving sexual maturity.
- Premature involvement in sexual behaviors poses risks.
- Abstaining from sexual intercourse is the most effective method of preventing pregnancy and STDs/HIV.
- Young people who are involved in sexual relationships need access to information about health care services.

Table 1. Life Behaviors of a Sexually Healthy Adult

The goal of a comprehensive sexuality education program is to facilitate sexual health. After learning the six key concepts and associated topics, subconcepts, and developmental messages, at an appropriate age the student will demonstrate certain life behaviors.

A sexually healthy adult will:

Human Development

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, that may or may not include reproduction or genital sexual experience.
- Interact with both genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientation of others.

Relationships

- View family as a valuable source of support.
- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.
- Understand how cultural heritage affects ideas about family, interpersonal relationships, and ethics.

Personal Skills

- Identify and live according to one's values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Communicate effectively with family, peers, and partners.

Sexual Behavior

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality in ways congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected against disease and unintended pregnancy.

Sexual Health

- Use contraception effectively to avoid unintended pregnancy.
- Prevent sexual abuse.
- Act consistent with one's own values in dealing with an unintended pregnancy.
- Seek early prenatal care.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.

Society and Culture

- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, religious, media, and societal messages on one's thoughts, feelings, values, and behaviors related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

National *Guidelines*: Structure and Utilization

The *Guidelines* answer several basic questions that educators, policy makers, and others must address when they design or evaluate a comprehensive approach to sexuality education. For example:

- What key concepts should be taught in sexuality education?
- What are the components of each major concept?
- At what ages or developmental stages should specific information be taught?
- Does the existing program cover the appropriate content?

Development Process: SIECUS, the Sexuality Information and Education Council of the United States, convened a National Task Force of leading educators, health professionals, and national organization representatives in 1990. Task Force members included representatives from the U.S. Centers for Disease Control and Prevention, the American Medical Association, the National School Boards Association, the National Education Association, the March of Dimes Birth Defects Foundation, the Planned Parenthood Federation of America, experienced school-based sexuality education teachers, and national program consultants and trainers.

The Task Force initially met in September 1990 to formulate the broad concepts of sexuality education as well as specific subconcepts. Life behaviors and developmental messages for each concept were also generated. Each member reviewed the material during the subsequent months. In March 1991, the Task Force met, refined the initial document and suggested additional content. The *Guidelines* were once again revised, disseminated to Task Force members for comments, and then finalized during the summer of 1991. The original *Guidelines* were published in October 1991; since that time, more than 18,000 copies of the *Guidelines* have been distributed.

The original members of the Task Force were asked to review the *Guidelines* again in the fall of 1995. SIECUS President Debra W. Haffner and Task Force Chair William L. Yarber then updated sections of the *Guidelines* based on their input to complete this second edition.

Guidelines Components: The *Guidelines* provided an organizational framework of the knowledge of human sexuality and family living within four development levels from kindergarten through senior high school. The *Guidelines* reflect an idealized model of a comprehensive approach to sexuality education.

The *Guidelines* are organized into six key concepts. Each key concept has associated life behaviors, topics, subconcepts, and age-appropriate developmental messages.

Key Concepts: Six key concepts represent the most general knowledge about human sexuality and family living. The key concepts encompass the components of the broad definition of sexuality. Table 2 presents the six key concepts.

Life Behaviors: Several life behaviors, or those desired actions that represent outcomes of instruction, were generated for each key concept. The behaviors reflect actions of students either following instruction or during adulthood.

Table 2. The Six Key Concepts in a Comprehensive Sexuality Education Program

Key Concept 1: Human Development

Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Key Concept 2: Relationships

Relationships play a central role throughout our lives.

Key Concept 3: Personal Skills

Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Key Concept 4: Sexual Behavior

Sexuality is central to being human, and individuals express their sexuality in a variety of ways.

Key Concept 5: Sexual Health

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Key Concept 6: Society and Culture

Social and cultural environments shape the way individuals learn about and express their sexuality.

Topics: Each key concept has specific topic areas. A topical outline for a comprehensive sexuality education program can be generated by listing the key concepts with their associated topics. Table 3 presents such an outline.

Subconcepts: Each key concept was further delineated into subconcepts connected to each specific topic.

Developmental Messages: The important content appropriate for different age groups was identified for each subconcept.

These developmental messages are defined at the level when they should first be discussed. A message cited for an early developmental level is not listed again. The *Guidelines* assume all developmental messages, once introduced, will be reinforced repeatedly at different levels through classroom activities. This also means that if a program begins at an upper level, such as the middle school/junior high school level, the educators need to incorporate learning activities that either reinforce or introduce the previous developmental messages.

The levels reflect four stages of development:

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; later elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Implementation: The *Guidelines* provide a framework for the development of new sexuality programs or for evaluation of existing ones. Because they are national *Guidelines*, the material can serve only as a "starting point" or comparison model for a local program and curriculum.

Table 3.
Key Concepts and Topics in a
Comprehensive Sexuality Education Program

<p>Key Concept-1: Human Development</p> <ul style="list-style-type: none"> Reproductive Anatomy and Physiology Reproduction Puberty Body Image Sexual Identity and Orientation 	<p>Key Concept 4: Sexual Behavior</p> <ul style="list-style-type: none"> Sexuality Throughout Life Masturbation Shared Sexual Behavior Abstinence Human Sexual Response Fantasy Sexual Dysfunction
<p>Key Concept 2: Relationships</p> <ul style="list-style-type: none"> Families Friendship Love Dating Marriage and Lifetime Commitments Raising Children 	<p>Key Concept 5: Sexual Health</p> <ul style="list-style-type: none"> Contraception Abortion Sexually Transmitted Diseases, including HIV Infection Sexual Abuse Reproductive Health
<p>Key Concept 3: Personal Skills Sexuality and Society</p> <ul style="list-style-type: none"> Values Decision-making Communication Assertiveness Negotiation Looking for Help 	<p>Key Concept 6: Society and Culture</p> <ul style="list-style-type: none"> Gender Roles Sexuality and the Law Sexuality and Religion Diversity Sexuality and the Arts Sexuality and the Media

The characteristics of the local situation determine the exact content of the local curriculum. Community attitudes, developmental differences in children, local socioeconomic influences, parent expectations, student needs and expectations, and religious and other cultural perspectives must be paramount in the design of the local sexuality education program. These local factors influence, for example, whether a developmental message is placed at the developmental level suggested by the *Guidelines*, or at an earlier or later level.

Strategies to implement a sexuality education program are beyond the scope of this document. The reader is referred to SIECUS' other publications for ideas and assistance to begin a new program. (See the Appendix.)

Assumptions: There are several assumptions that underlie the *Guidelines*:

(1) Sexuality education should be offered as part of an overall comprehensive health education program. Sexuality education can best address the broadest range of issues in the context of health promotion and disease prevention. Comprehensive health education programs should seek to integrate these *Guidelines* into the overall health education initiative.

(2) Sexuality education should only be taught by specially trained teachers. Professionals responsible for sexuality education must receive specialized training in human sexuality, including the philosophy and methodology of sexuality education. Ideally, teachers should graduate from academic courses or programs in schools of higher education that provide the professional with the most time-intensive and rich training. At a minimum, teachers should participate in extensive in-service courses, continuing education classes, or intensive seminars. Teachers must demonstrate cultural competency and review materials to assure that they represent the cultural diversity represented in the classroom.

(3) The community must be involved in the development and implementation of the program. School-based education programs must be carefully developed to respect the diversity of values and beliefs represented in the community. Parents and other important family members, teachers, administrators, community and religious leaders, and students should all be involved.

(4) *All* children and youth will benefit from comprehensive sexuality education, regardless of gender, ethnicity, community, and disability. These *Guidelines* form the basis of a program for young people in communities across the United States. They must, of course, be adapted to reflect the specific issues and concerns of the community and its culture. The materials used must represent the cultural diversity of the classroom. They must also be adapted to the special needs of the learners.

(5) The Task Force strongly endorses the value of addressing all three learning domains—cognitive, affective, and behavioral—in the sexuality education program. Sexuality education programs are most effective when young people not only receive information but also have the opportunity to explore their own values and attitudes and develop or strengthen social skills.

A wide variety of classroom activities foster learning: lectures, role plays, simulations, individual and group research, field trips, and group exercises. The Task Force believes that local conditions largely influence the nature of the local program; therefore, it chose not to suggest how each subconcept and developmental message should be addressed by using the learning domain approach. Local educators need to determine the instructional strategies and classroom activities.

These *Guidelines* are only a beginning. They represent the first national approach to specify information and comprehensive guidelines that will truly help the children of the 21st century become sexually healthy and happy adults.

If you need help in developing or implementing sexuality education programs, contact SIECUS for technical assistance. We would also like to hear from you if you adapt these Guidelines for your community.

Key Concept 1: HUMAN DEVELOPMENT

Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

Human Development Life Behaviors:

Having learned the human development subconcepts at the appropriate age, the learner will be able to:

- Appreciate one's own body.
- Seek further information about reproduction as needed.
- Affirm that human development includes sexual development, which may or may not include reproduction or genital sexual experience.
- Interact with both genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientation of others.

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; upper elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Topic 1: Reproductive Anatomy and Physiology

Subconcept: The human body has the capability to reproduce as well as to give and receive sexual pleasure.

Developmental Messages:

Level 1

- ❖ Each body part has a correct name and a specific function.
- ❖ A person's genitals, reproductive organs, and genes determine whether the person is male or female.
- ❖ Boys and men have a penis, scrotum, and testicles.
- ❖ Girls and women have a vulva, clitoris, vagina, uterus, and ovaries.
- ❖ Both girls and boys have body parts that feel good when touched.

Level 2

- ❖ The maturation of external and internal reproductive organs occurs during puberty.

Level 3

- ❖ The sexual response system differs from the reproductive system.
- ❖ Some of the reproductive organs provide pleasure as well as reproductive capability.

Level 4

- ❖ Sexual differentiation occurs early in prenatal development.
- ❖ Chromosomes determine whether a developing fetus will be male or female.
- ❖ For both sexes, hormones influence growth and development as well as sexual and reproductive function.
- ❖ A woman's ability to reproduce ceases after menopause; a man can usually reproduce throughout his life.
- ❖ Both men and women can experience sexual pleasure throughout their life.
- ❖ Most people enjoy giving and receiving pleasure.

Topic 2: Reproduction

Subconcept: Most people have both the capability and the ability to choose to reproduce.

Developmental Messages:

Level 1

- ❖ Reproduction requires both a man and a woman.
- ❖ Men and women have reproductive organs that enable them to have a child.
- ❖ Men and women have specific cells in their bodies that enable them to reproduce.
- ❖ Not all men and women decide to have children.
- ❖ When a woman is pregnant, the fetus grows inside her body in her uterus.
- ❖ Babies usually come out of a woman's body through an opening called a vagina.
- ❖ Some babies are born by an operation called a Caesarian Section.
- ❖ Women have breasts that can provide milk for a baby.
- ❖ Vaginal intercourse occurs when a man and a woman place the penis inside the vagina.

Level 2

- ❖ Sexual intercourse provides pleasure.
- ❖ Whenever vaginal intercourse occurs, it is possible for the woman to become pregnant.
- ❖ The union of a sperm and an egg is called conception or fertilization.
- ❖ The fetus begins to develop at fertilization.
- ❖ During pregnancy, the fetus develops during a 40-week cycle that ends at birth.
- ❖ Sperm determine the sex of a baby.
- ❖ Contraception can prevent pregnancy.

Level 3

- ❖ People should use contraception during vaginal intercourse unless they want to have a child.
- ❖ Conception is most likely to occur midway between a woman's menstrual periods.
- ❖ Predicting ovulation accurately can be difficult.
- ❖ Ovulation can occur any time during the month; therefore, a woman may become pregnant at any time.
- ❖ Once a girl has menstrual periods, she can become pregnant.
- ❖ When a boy produces sperm and can ejaculate, he can cause a pregnancy.
- ❖ An important first sign of pregnancy is a missed menstrual period.
- ❖ Sexual intercourse is usually safe during pregnancy.

Level 4

- ❖ Reproductive functioning is different from sexual functioning.
- ❖ Conception unites the genetic material of a man and a woman.
- ❖ Menopause is when a woman's reproductive capacity ceases.
- ❖ Some people are unable to reproduce due to physiological reasons.
- ❖ Medical procedures can help some people with fertility problems.
- ❖ People who cannot reproduce can choose to adopt children.
- ❖ New reproductive technologies allow people with fertility problems to have children.

Topic 3: Puberty

Subconcept: Puberty is a universally experienced transition from childhood to adulthood that is characterized by physical and emotional changes.

Developmental Messages:

Level 1

- ❖ Bodies change as children grow older.
- ❖ People are able to have children only after they have reached puberty.

Level 2

- ❖ Puberty begins and ends at different ages for different people.
- ❖ Everyone's body changes at its own pace.
- ❖ Most changes in puberty are similar for boys and girls.
- ❖ Girls often begin pubertal changes before boys.
- ❖ Young teenagers often feel uncomfortable, clumsy, and/or self-conscious because of the rapid changes in their bodies.
- ❖ The sexual and reproductive systems mature during puberty.
- ❖ During puberty, girls begin to ovulate and menstruate, and boys begin to produce sperm and ejaculate.
- ❖ During puberty, emotional changes occur.
- ❖ During puberty, many people begin to develop sexual and romantic feelings.

Level 3

- ❖ Some people will not reach full puberty until their middle or late teens.

Topic 4: Body Image

Subconcept: People's image of their bodies affect feelings and behaviors.

Developmental Messages:

Level 1

- ❖ Individual bodies are different sizes, shapes, and colors.
- ❖ Male and female bodies are equally special.
- ❖ Differences make us unique.
- ❖ All bodies are special, including those that are disabled.
- ❖ Good health habits, such as diet and exercise, can improve the way a person looks and feels.
- ❖ Each person can be proud of the special qualities of his/her body.

Level 2

- ❖ A person's appearance is determined by heredity, environment, and health habits.
- ❖ The way a body looks is mainly determined by the genes inherited from parents and grandparents.
- ❖ The media portray "beautiful" people but most people do not fit these images.
- ❖ Standards of beauty change over time and differ among cultures.
- ❖ The value of people is not determined by their appearance.
- ❖ Eating disorders are one result of poor body image.

Level 3

- ❖ Bodies grow and change during puberty.
- ❖ The size and shape of the penis or breasts do not affect reproductive ability or the ability to be a sexual partner.
- ❖ The size and shape of a person's body may affect how others feel about and behave toward that person.
- ❖ People with physical disabilities have the same feelings, needs, and desires as people without disabilities.

Level 4

- ❖ Physical appearance is only one factor that attracts one person to another.
- ❖ A person who accepts and feels good about his or her body will seem more likeable and attractive to others.
- ❖ People are attracted to different physical qualities.

Topic 5: Sexual Identity and Orientation

Subconcept: As people grow and develop, they begin to feel romantically and sexually attracted to other people.

Developmental Messages:

Level 1

- ❖ Everyone is born a boy or a girl.
- ❖ Boys and girls grow up to be men and women.
- ❖ Human beings experience different kinds of loving.
- ❖ Most men and women are heterosexual, which means they will be attracted to and fall in love with someone of the other gender.
- ❖ Some men and women are homosexual, which means they will be attracted to and fall in love with someone of the same gender .
- ❖ Homosexuals are also known as gay men and lesbian women.

Level 2

- ❖ Sexual orientation refers to whether a person is heterosexual, homosexual, or bisexual.
- ❖ A bisexual person is attracted to both men and women.
- ❖ Why a person has a particular sexual orientation is not now known.
- ❖ Homosexual, heterosexual, and bisexual people are alike except for their sexual attraction.
- ❖ Homosexual and bisexual people are often mistreated, called hurtful names, or denied their rights because of their sexual orientation.
- ❖ Some people are afraid to admit they are bisexual or homosexual because they fear they will be mistreated.
- ❖ Homosexual love relationships can be as fulfilling as heterosexual relationships.
- ❖ Gay men and lesbians can adopt children or have their own children.

Level 3

- ❖ Theories about what determines sexual orientation include genetics and prenatal influences, socio-cultural influence, psychosocial factors, and a combination of all these factors.
- ❖ Homosexual couples behave sexually in many of the same ways as heterosexual couples.
- ❖ Many young people have brief sexual experiences (including fantasies and dreams) with the same gender, but they mainly feel attracted to the other gender.
- ❖ Some young people have brief sexual experiences (including fantasies and dreams) with the other gender but they mainly feel attracted to their own gender.
- ❖ When a homosexual person accepts his/her sexual orientation, gains strength and pride as a gay or lesbian person, and tells others, it is known as "coming out."
- ❖ Talking about feelings about sexual orientation can be difficult.
- ❖ "Coming out" can be difficult because people fear negative reactions.
- ❖ Some people feel attracted to both men and women.
- ❖ Every culture and society has some people who are homosexual.
- ❖ People do not choose their sexual orientation.
- ❖ Sexual orientation cannot be changed by therapy or medicine.
- ❖ Understanding one's sexual orientation can be difficult.
- ❖ Gay men, lesbian women, and bisexuals can lead fulfilling lives.
- ❖ Gay men and lesbian women can establish lifelong committed relationships.
- ❖ Some religious groups oppose homosexuality.
- ❖ Peoples' beliefs about homosexuality are based on their religious, cultural, and family values.

Level 4

- ❖ Sexual orientation is determined by a combination of a person's attractions, fantasies, and behavior.

- ❖ Gender identity is determined by a person's feelings of maleness or femaleness.
- ❖ The understanding and identification of one's sexual orientation may change during life.
- ❖ Some people who engage in same gender sexual behavior do not identify as bisexual, gay, or lesbian.
- ❖ Teenagers who have questions about their sexual or gender orientation should consult a trusted and knowledgeable adult.
- ❖ Family members, teachers, guidance counselors, physicians, religious leaders, and gay and lesbian community centers may offer support and resources for young people who have concerns about their sexual or gender orientation.
- ❖ The telephone number of the gay and lesbian center in this community is _____(fill in).

Key Concept 2: RELATIONSHIPS

Relationships play a central role throughout our lives.

Relationships Life Behaviors:

Having learned the relationships subconcepts at the appropriate age, the learner will be able to:

- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Exhibit skills that enhance personal relationships.

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; upper elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Topic 1: Families

Subconcept: People are raised in families and most live in families as adults.

Developmental Messages:

Level 1

- ❖ A family consists of two or more people who care for each other in many ways.
- ❖ There are different kinds of families.
- ❖ Children may live with one parent, two biological parents, step parents, foster parents, adoptive parents, grandparents, godparents, friends, or other combinations of adults and children.
- ❖ Every family member has a role and individual needs.
- ❖ Individual families change over time.
- ❖ Families have rules to help people live together and children develop.
- ❖ Family members take care of each other.
- ❖ Many adults may help care for children.
- ❖ All the members of a family may not live in the same place.
- ❖ Family members show love for each other.
- ❖ When a baby is born or a child is adopted into a family, some parts of life will change for family members.

Level 2

- ❖ Family members have rights and responsibilities.
- ❖ Adult family members usually decide the child's rights and responsibilities.
- ❖ Families teach values to children.
- ❖ Members of a family sometimes disagree but continue to love each other.
- ❖ Families change when birth, adoption, divorce, separation, employment changes, moving, disability, illness, or death happens.
- ❖ Change in a family may make its members happy or sad.
- ❖ Communication in families is important.
- ❖ Raising a child is one of the most important roles of a family.
- ❖ People with disabilities can have and care for children.

- ❖ People in families can move away but they are still members of that family.
- ❖ Families play an important role in personality development.

Level 3

- ❖ Family members are also individuals, each with a unique personality .
- ❖ The responsibilities of family members may change as they grow older.
- ❖ As children become more independent, they become more responsible for themselves and others.
- ❖ Teenagers are beginning a process of developing independence and preparing to be on their own.
- ❖ Love, cooperation, and mutual respect are necessary for good family functioning.
- ❖ Family relationships may become difficult when the family structure is changed.
- ❖ People of different generations may have different values and ideas about family life.
- ❖ Families sometimes need counseling in order to function well.
- ❖ Conflicts sometimes occur between parents and children, especially during adolescence.
- ❖ Adolescents begin to experience love with, and feel responsible for, people outside their immediate family.
- ❖ Relationships between parents and children often change as children grow older

Level 4

- ❖ When a family crisis occurs, family members need to support each other.
- ❖ One purpose of the family is to help its members reach their fullest potential.
- ❖ Community agencies and health professionals can assist families with problems.
- ❖ Many aspects of family life have changed during the past several generations.

Topic 2: Friendship

Subconcepts: Friendships are important throughout life.

Developmental Messages:

Level 1

- ❖ People can have many friends.
- ❖ A person can have different types of friends.
- ❖ Friends spend time together and get to know each other.
- ❖ Friendship depends on honesty.
- ❖ Friends can feel angry with each other.
- ❖ Friends sometimes hurt each other's feelings.
- ❖ Friends forgive each other.
- ❖ Friends share feelings with each other.
- ❖ Friends can help each other.
- ❖ Friends can be either male or female.
- ❖ Friends can be younger and older.

Level 2

- ❖ Friendships help people feel good about themselves.
- ❖ Many skills are needed to begin, continue, and end friendships.
- ❖ Friends respect and appreciate each other.
- ❖ Choosing friends well is important.

Level 3

- ❖ Young people benefit from interacting with many friends of both genders.
- ❖ Group activities allow teenagers to learn about others without the awkwardness or embarrassment of dating.
- ❖ Friends can influence each other both positively and negatively.

Level 4

- ❖ Friendships sometimes evolve into romantic relationships.
- ❖ Men and women can be friends without being romantically involved.

Topic 3: Love

Subconcepts: Loving Relationships of many types are important throughout life.

Developmental Messages:

Level 1

- ❖ Love means having deep and warm feelings about oneself and others.
- ❖ Love involves rewards and responsibilities.
- ❖ People can experience different types of love.
- ❖ People express love differently to their parents, families, and friends.
- ❖ People experience loving relationships throughout their lives.

Level 2

- ❖ A person can show love for another person in many ways.
- ❖ Liking yourself enhances loving relationships.
- ❖ People are capable of giving and receiving love.

Level 3

- ❖ Love is not the same as sexual involvement or attraction.
- ❖ The feelings of "falling in love" are different from those in a continuing relationship.
- ❖ In a love relationship, people encourage each other to develop as individuals.
- ❖ "First love" is often one of life's most intense experiences.
- ❖ Love is a difficult concept to define.
- ❖ Knowing for sure if you're in love can be difficult.
- ❖ People may confuse love with other intense motions such as jealousy and control.

Level 4

- ❖ Love requires understanding oneself as well as one's partner.
- ❖ Loving oneself improves one's ability to love another person.
- ❖ Love often changes and grows during a long term relationship.
- ❖ Loving another person can be one of life's greatest joys.
- ❖ Adult love relationships involve shared values, commitment, and intimacy.

Topic 4: Dating

Subconcept: Dating enables people to experience and learn about companionship and intimacy.

Developmental Messages:

Level 1

- ❖ When two teenagers or unmarried adults spend their leisure time with one another, it is often called dating.
- ❖ When children become teenagers, they spend more time with their friends and may begin to date.
- ❖ Sometimes single parents date.

Level 2

- ❖ Many teenagers and adults have romantic relationships.
- ❖ Before people commit themselves to a relationship, they want to be friends, spend time together, and get to know one another well.
- ❖ The term "dating" has different expressions among young people.

Level 3

- ❖ Dating includes sharing recreational activities, learning about new things, and practicing social skills.
- ❖ Parents usually decide the age when children can begin dating.
- ❖ Different families and cultures may have varied values about dating.
- ❖ Families may have different standards for boys and girls about dating.
- ❖ When couples spend a lot of time together alone, they are more likely to become sexually involved.
- ❖ In some cultures, two unmarried people are allowed to spend time together only when accompanied by another person.
- ❖ People date in different forms such as couple dating, double dating, and group dating.
- ❖ People date for different reasons such as companionship, to share an experience with someone, friendship, and love.
- ❖ Not all teenagers or adults date.
- ❖ Readiness and interest in dating vary among individuals.
- ❖ When dating involves expenses, either partner or both can pay.
- ❖ Paying for a date or giving gifts does not entitle one to any type of sexual activity.
- ❖ Gay and lesbian youth, like heterosexual youth, may or may not date.
- ❖ People of different races, ethnic background and religions sometimes date each other.

Level 4

- ❖ Dating can be a way to learn about other people, about romantic and sexual feelings and expression, and about what it is like to be in a loving relationship.
- ❖ Dating partners do not have to have prescribed gender roles.
- ❖ Dating relationships are enhanced by honesty and openness.
- ❖ A dating partner can not meet all the needs of another person.
- ❖ Responsibility for the quality of the relationship is shared by both dating partners.

Topic 5: Marriage and Lifetime Commitments

Subconcept: Marriage is a legal commitment that two people make to share their lives and responsibilities.

Developmental Messages:

Level 1

- ❖ Two people decide to marry or make a lifetime commitment to each other because they love each other and want to share their lives together.
- ❖ Most men and women will marry.
- ❖ Many people live in lifetime committed relationships, even though they may not be legally married.
- ❖ Most people who marry intend it to be in a lifelong relationship.
- ❖ People who are married may get divorced when they decide they do not want to be together anymore.
- ❖ When parents divorce, children may live with one or both of them or with other family members.
- ❖ Divorce is usually difficult for families.
- ❖ After a divorce, parents and children continue their lives in new ways and can be happy again.

Level 2

- ❖ In the United States, people usually choose the person they want to marry.
- ❖ In some cultures, parents choose the marriage partners for their children.

- ❖ In the different cultures in the United States, there are varying values about marriage, divorce, living together, and parenthood.
- ❖ Most married women and men work outside of the home, even after their children are born.
- ❖ Children are not to blame for their parents' divorce.
- ❖ Children are not able to get their separated or divorced parents back together regardless of how much they want it to happen.
- ❖ Children dealing with separation or divorce need to talk with an adult about their feelings.

Level 3

- ❖ Marriage is a legal contract between two people and the state.
- ❖ Marriage is considered a commitment by two people to love one another, live together, and help and support one another.
- ❖ Committed partners must decide how to share the roles and responsibilities in their lives.
- ❖ Marriage may include a religious ceremony.
- ❖ In some families, there are different standards for men and women about sexual relationships before marriage.
- ❖ Divorce is the legal ending of a marriage.
- ❖ In a divorce, decisions about the family, including custody of children and financial resources, may be decided by the couple or the legal system.
- ❖ In some religions, marriage is considered a lifelong commitment with divorce prohibited.
- ❖ Teenagers who marry are more likely to divorce than couples who marry when they are older.
- ❖ Two people who cohabit can have the same commitment and responsibility toward one another as married people.
- ❖ Marriage and lifetime commitments require characteristics such as friendship, shared values, commitment, similar interests and goals, mutual support, and sexual attraction.
- ❖ When couples marry, they decide if they want to have children and how many.

Level 4

- ❖ Marriage and lifetime commitments require mutual effort.
- ❖ Relationships change with parenthood.
- ❖ When married committed partners have difficulty in their relationship, they can seek counseling.
- ❖ Marriage and life time commitments require understanding of extended family relationships.
- ❖ When a couple divorces, there are several options for custody of children.
- ❖ When two people are contemplating marriage, they need to be realistic, honest with one another, and accepting of their partner as a person.
- ❖ People's needs often change as they grow and as their family develops.
- ❖ Same-gender marriages are currently being debated in the United States.
- ❖ A marriage changes over time.

Topic 6: Raising Children

Subconcept: Raising children can be one of life's most rewarding responsibilities.

Developmental Messages:

Level 1

- ❖ People who have or adopt children are responsible for loving and taking care of them.
- ❖ Most people want to be parents.
- ❖ Raising children is an adult role.
- ❖ Raising children can be a wonderful experience.
- ❖ Raising children requires great effort.
- ❖ Parents who adopt children love their children as much as biological parents.

Level 2

- ❖ Adults become parents in several ways.
- ❖ People who have children need to provide for them.
- ❖ Sometimes other family members raise children instead of the mother and father.
- ❖ Children need a home, food, clothing, love, support, time, education, and adults to help them grow and develop.
- ❖ Men and women have important parental responsibilities.
- ❖ People need information and skills in order to be good parents.
- ❖ People have different ideas about what makes a good parent.
- ❖ Parents sometimes may not be able to do a good job of raising children because they are having difficulties in their own lives.
- ❖ Some couples do not have children.
- ❖ Adults can have happy lives without raising children.

Level 3

- ❖ Balancing job and parenting responsibilities can be difficult.
- ❖ Raising a child can be rewarding.
- ❖ Children of different ages require different types of parenting.
- ❖ Methods of raising children vary among cultures, but all parents must provide for their children's development.
- ❖ Family members and community agencies can help parents to be better parents or deal with problems.
- ❖ Being a teenage parent can be extremely difficult.
- ❖ For a teenager, parenting responsibilities can interrupt schooling, employment plans, social and family life.
- ❖ The children of teenage parents often have more problems than the children of adults.
- ❖ Teenagers can manage better with the support of their families and community services.

Level 4

- ❖ Deciding not to be a parent may be difficult because of societal and cultural pressure to have and raise children.
- ❖ Infant children are dependent on their families for their well-being and growth.
- ❖ As children grow, the nature of the family/child relationship changes.
- ❖ Raising a child with special needs can be especially rewarding and challenging.

Key Concept 3: PERSONAL SKILLS

Healthy sexuality requires the development and use of specific personal and interpersonal skills.

Personal Skills Life Behaviors:

Having learned the personal skills subconcepts at the appropriate age, the learner will be able to:

- Identify and live according to one's values.
- Take responsibility for one's own behavior.
- Practice effective decision-making.
- Communicate effectively with family, peers, and partners.

Topic 1: Values

Subconcept: Values guide our behavior and give purpose and direction to our lives.

Developmental Messages:

Level 1

- ❖ Values are strong feelings or beliefs about important issues.
- ❖ Individuals and families have different values.

Level 2

- ❖ Values help people decide how to behave and interact with others.
- ❖ Most parents want their children to develop values similar to their values.
- ❖ Parents and other adults teach values to children by example.
- ❖ Children learn most of their values from parents, other family members, community, cultural and religious teachings, and their peers.

Level 3

- ❖ Values should be freely chosen after the alternatives and their consequences are evaluated.
- ❖ Values are an important part of people's lives.
- ❖ Exploring one's values can be confusing.
- ❖ Sometimes the values one learns in society conflict with the values one has learned in one's family.
- ❖ People who try to behave according to their values feel good about themselves.
- ❖ A person who behaves contrary to his or her values may feel guilty or uncomfortable.
- ❖ Values influence a person's most important decisions about friends, sexual relationships, family, education, work, and money.

Level 4

- ❖ People who feel strongly about their values often share and affirm them publicly.
- ❖ Having values different from one's family can be difficult.
- ❖ A person may accept one's family's values and not always agree with all of them.
- ❖ To behave according to one's values can be difficult but usually results in feelings of pride.
- ❖ Knowing the consequences of behaving according to or against one's values is important.
- ❖ Relationships are usually stronger if the two people share similar values.
- ❖ Respecting the diversity of values and beliefs of other people is important.

Level 1: middle childhood, ages 5 through 8; early elementary school
Level 2: preadolescence, ages 9 through 12; upper elementary school
Level 3: early adolescence, ages 12 through 15; middle school/junior high school
Level 4: adolescence, ages 15 through 18; high school

Topic 2: Decision-making

Subconcept: Making responsible decisions about sexuality is important because those decisions affect ourselves and others.

Developmental Messages:

Level 1

- ❖ Everybody has to make decisions.
- ❖ Small children make many decisions such as what clothes to wear, toys to play with, or who to have as friends.
- ❖ All decisions have consequences.
- ❖ Decision-making is a skill that can be improved.
- ❖ Children need help from adults to make some decisions.

Level 2

- ❖ To make a good decision means that one must consider all the possible consequences, good and bad, and choose the action that one believes will have the best outcome.
- ❖ Individuals are responsible for the consequences of their decisions.
- ❖ Decisions often have more options than seem obvious at first.
- ❖ Family members can help with important decisions.
- ❖ Friends often try to influence each other's decisions.
- ❖ Many decisions affect other people.
- ❖ Parents and other adults can help children with decisions.
- ❖ People make decisions in different ways: by impulse, by making the same decision friends make, by putting off making a decision, by letting someone else decide, and by testing the choices.

Level 3

- ❖ People should carefully evaluate the consequences, advantages, and disadvantages of each possible choice when they make a major decision.
- ❖ Some young people face difficult decisions about sexuality, including whether to have a sexual relationship and the limits on the relationship.
- ❖ To make wise decisions, people need accurate information about each choice.
- ❖ Once a decision is made, there may be barriers to implementing the decision.
- ❖ Barriers to acting on a decision can often be overcome with careful planning.
- ❖ Evaluating past decisions can help individuals learn from their experiences and not repeat mistakes.
- ❖ The best decision is usually one that is consistent with one's values and does not involve risking one's or another person's health or breaking the law.
- ❖ Decisions about sexuality are sometimes difficult because of sexual feelings and pressure from the partner and peers.
- ❖ Decisions about sexuality can affect one's future health and life plans.
- ❖ Establishing sexual limits before one is in a sexual situation is wise.
- ❖ Teenagers who decide to have sexual intercourse must also decide about pregnancy and STD/HIV prevention.
- ❖ Alcohol and other drugs often interfere with good decision-making.
- ❖ Talking to a close friend, parent, other family member, religious leader, or counselor during the decision-making process can be helpful.

Level 4

- ❖ Teenagers and adults make decisions that result in positive and negative consequences.
- ❖ Some decisions have legal implications.
- ❖ Decisions about sexual relationships continue throughout life.

Topic 3: Communication

Subconcept: Communication includes sharing information, feelings, and attitudes with one another.

Developmental Messages:

Level 1

- ❖ People communicate in many ways.
- ❖ People speak, write, sign, or show how they feel by facial expressions.
- ❖ Communication is necessary in human relationships.

Level 2

- ❖ Sometimes when two people talk, they don't understand each other.
- ❖ People often communicate their feelings with nonverbal messages.
- ❖ Many of the disagreements in families and among friends occur because of poor communication.
- ❖ Young people who speak more than one language can be proud of this special skill.
- ❖ People can learn to communicate more effectively.
- ❖ Words related to sexuality that may be appropriate with friends may not be appropriate at school, home, or work.

Level 3

- ❖ Communication requires careful listening and clear speaking by both people.
- ❖ Using messages that begin with "I" to indicate the person is speaking for himself/herself is best.
- ❖ Asking for clarification in communication doesn't show a lack of respect.
- ❖ Men and women in our society may communicate differently which may cause miscommunication.
- ❖ Speaking one language at home and another at school can be challenging.
- ❖ Communication may be improved by: (a) listening well, (b) making eye contact, (c) stating feelings, (d) trying to understand the other person's point of view, (e) offering possible solutions to problems, and (f) giving positive nonverbal messages such as a smile or touch.
- ❖ Some cultures teach that it is disrespectful to make eye contact with a person in authority or to ask for more information.
- ❖ Behaviors that impair communication include (a) not listening, (b) yelling or talking loudly, (c) blaming, criticizing or name calling, (d) making the other person feel guilty, (e) giving negative nonverbal messages, such as frowning or scowling, and (f) interrupting.
- ❖ Verbal and nonverbal communication do not always convey the same message.
- ❖ Verbal and nonverbal communication have different meanings depending on the person, family, gender, cultural background, and situation.
- ❖ People are often uncomfortable discussing sexuality in an open manner.
- ❖ Many families are often uncomfortable discussing sexuality in an open manner.
- ❖ Talking openly about sexuality enhances relationships.

Level 4

- ❖ Good communication is essential to personal and work relationships.
- ❖ Communication can be enhanced by being sure that the other person's feelings and meanings are understood.
- ❖ Communication about sexual feelings, desires, and boundaries improves sexual relationships.
- ❖ Communication is necessary to assure consent for a sexual relationship and any sexual behavior.

Topic 4: Assertiveness

Subconcept: Assertiveness is communicating feelings and needs, while respecting the rights of others.

Developmental Messages:

Level 1:

- ❖ Everyone, including children, has rights.
- ❖ Telling trusted people about one's feelings and needs is all right.
- ❖ Asking is the first step to having needs met.
- ❖ Children sometimes have to do things they don't want to do because their parents say so.

Level 2

- ❖ Being assertive means speaking up for what one wants or saying how one feels.
- ❖ Assertiveness is a skill that can be learned and improved.
- ❖ Assertiveness is different from aggressiveness, which interferes with the rights of others.
- ❖ Being assertive includes repeating one's position, offering a compromise, and walking away.
- ❖ Being assertive does not ensure that people will always get what they want.

Level 3

- ❖ In the past, females in our society were taught not to be assertive.
- ❖ Some cultures teach women it is better for them not to be assertive within the family or with men.
- ❖ Today, girls and women and boys and men can be assertive.
- ❖ In some cultures, asking directly for what one wants is still considered disrespectful or inappropriate.
- ❖ People have the right to (a) say how they feel even if others disagree, (b) refuse a request, and (c) expect to be treated fairly and not be intimidated.
- ❖ Sometimes people must choose between actions they believe are best or behaviors their friends pressure them to do.
- ❖ Behaviors that help people be more assertive include: (a) being honest, (b) being direct, (c) being spontaneous, communicating feelings and needs as they come up instead of waiting, (d) using assertive body language, (e) speaking for oneself, and (f) taking responsibility for one's feelings and needs.
- ❖ Behavior that is viewed as aggressive in one culture may be viewed as assertive and appropriate in other cultures.
- ❖ Being assertive in sexual situations may be especially difficult.
- ❖ People always have the right to refuse any person's request for any type of sexual behavior.
- ❖ Failure to be assertive may cause one to feel angry or shameful, and, as a result, to act aggressively at some future time.

Level 4

- ❖ Sexual partners need to communicate clearly about their needs and limits.
- ❖ Successful adults are often assertive in their personal and work relationships.

Topic 5: Negotiation

Subconcept: Negotiation allows people to solve a problem or resolve a conflict.

Developmental Messages:

Level 3

- ❖ Negotiation is a way to get one's needs met without using guilt, anger, or intimidation.
- ❖ Negotiation requires give and take on the part of both persons.

- ❖ Negotiation works best when a problem or conflict is addressed in its early stages.
- ❖ Good negotiation can enhance relationships.
- ❖ There are many different negotiation techniques.
- ❖ Effective negotiation requires certain skills, such as (a) careful observation of the other person, (b) use of positive body language, (c) good verbal communication, (d) imagining oneself in the other person's position, (e) identifying all the options in a situation, and (f) reaching a mutual agreement.

Level 4

- ❖ Teenagers who date need to learn to negotiate decisions about sexual behaviors and limits.
- ❖ Many relationship and sexual concerns can be resolved through negotiation.
- ❖ To negotiate, one must decide what trade-offs can be accepted and what issues cannot be compromised.

Topic 6: Looking For Help

Subconcept: People with problems can seek help from family, friends, or a professional.

Developmental Messages:

Level 1

- ❖ Family members and friends usually try to help one another.
- ❖ If parents can't help, one could ask a teacher, religious leader, guidance counselor, friend's parent, or another trusted adult.

Level 2

- ❖ Children may be able to help someone who has a problem.
- ❖ Sometimes the best help comes from someone who is a good listener.
- ❖ Asking for help is usually a wise decision.
- ❖ Problems with alcohol, drugs, money, violence, health, and abuse are examples of problems that some families face.
- ❖ Sometimes things happen in families that require professional help.
- ❖ There are community agencies and people that can provide help.

Level 3

- ❖ Teenagers sometimes need to talk with an adult other than their parents.
- ❖ People who can help others include other family members, counselors, religious leaders, health/mental health practitioners, and teachers.
- ❖ There are often community agencies that specialize in working with young people of color.
- ❖ It is often difficult for people to admit they need help.
- ❖ Some agencies provide services for teenagers that do not require parental permission, are confidential, and cost little or no money.
- ❖ Most communities have a telephone crisis line so people can talk to someone about a problem. The local community crisis line telephone number is _____ (fill in).
- ❖ Teenagers need to learn where they can go for help.
- ❖ The local health department can usually refer people to agencies for help with specific problems and issues.
- ❖ Before calling a community service, one needs to think about what questions to ask.

Level 4

- ❖ Professional help is sometimes necessary.
- ❖ To seek professional help can be a sign of strength.
- ❖ Sometimes people need to solve their problems themselves.

Key Concept 4: SEXUAL BEHAVIOR

Sexuality is central to being human and individuals express their sexuality in a variety of ways.

Sexual Behavior Life Behaviors:

Having learned the sexual behavior subconcepts at the appropriate age, the learner will be able to:

- Enjoy and express one's sexuality throughout life.
- Express one's sexuality always congruent with one's values.
- Enjoy sexual feelings without necessarily acting on them.
- Discriminate between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Express one's sexuality while respecting the rights of others.
- Seek new information to enhance one's sexuality.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and protected.

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; upper elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Topic 1: Sexuality Throughout Life

Subconcept: Sexuality is a natural and healthy part of life.

Developmental Messages:

Level 1

- ❖ Bodies can feel good when touched.
- ❖ Most children are curious about their bodies.

Level 2

- ❖ All people are sexual beings.
- ❖ Children become more curious about their sexuality as they become older.
- ❖ Talking to parents and other trusted adults about sexuality can be helpful.
- ❖ Exploring feelings about sexuality is common.

Level 3

- ❖ Sexual feelings, fantasies, and desires are natural, and they do not need to be acted upon.
- ❖ Sexual feelings, fantasies, and desires occur throughout life.
- ❖ Sexuality is more rewarding and positive when expressed in a sharing, enhancing, and non-exploitative way.

Level 4

- ❖ Healthy sexuality enhances total well-being.
- ❖ Sexuality is one component of total well-being to be expressed in harmony with other life needs.
- ❖ Sexuality is multifaceted, having biological, social, psychological, spiritual, ethical, and cultural dimensions.
- ❖ Sexuality is an integral, joyful, and natural part of being human.
- ❖ American society tends to equate sexual functioning with reproductive ability, especially for women, and sexual prowess for men.

- ❖ The traditional gender roles about sexuality in our society are becoming more flexible.
- ❖ Middle age may result in some changes in physiological sexual responses but most men and women still desire sexual contact and remain orgasmic.
- ❖ People who are sexually active in middle age have less decline in sexual expression as they age.
- ❖ Elderly people can be sexually active and have intimate relationships.
- ❖ Barriers to sexual fulfillment in later life are often psychosocial.

Topic 2: Masturbation

Subconcept: Masturbation is one way human beings express their sexuality.

Developmental Messages:

Level 1

- ❖ Touching and rubbing one's own genitals to feel good is called masturbation.
- ❖ Some boys and girls masturbate and others do not.
- ❖ Masturbation should be done in a private place.

Level 2

- ❖ Masturbation is often the first way a person experiences sexual pleasure.
- ❖ Many boys and girls begin to masturbate for sexual pleasure during puberty.
- ❖ Some boys and girls never masturbate.
- ❖ Masturbation does not cause physical or mental harm.
- ❖ Some families and religions oppose masturbation.

Level 3

- ❖ How often a person masturbates varies for every individual.
- ❖ A person worried about masturbation might talk to a trusted adult.
- ❖ Most people have masturbated at some time in their lives.
- ❖ Masturbation, either alone or with a partner, is one way a person can enjoy and express their sexuality without risking pregnancy or an STD/HIV.
- ❖ Many negative myths exist about masturbation.
- ❖ A few boys engage in a very dangerous and sometimes fatal form of masturbation that involves limiting their air supply.

Level 4

- ❖ People who are single, married, or in committed relationships may masturbate.
- ❖ Masturbation may be an important part of a couple's sexual relationship.

Topic 3: Shared Sexual Behavior

Subconcept: Individuals express their sexuality with a partner in diverse ways.

Developmental Messages:

Level 1

- ❖ Adults often kiss, hug, touch and engage in other sexual behavior with one another to show caring and to share sexual pleasure.

Level 2

- ❖ Couples have different ways to share sexual pleasure with each other.
- ❖ Being sexual with another person usually involves more than sexual intercourse.

Level 3

- ❖ When two people express their sexual feelings together, they usually give and receive pleasure.
- ❖ Sexual relationships are enhanced when a couple communicates with one another about what forms of sexual behavior they like or dislike.
- ❖ Sexual relationships can be more fulfilling in a loving relationship.
- ❖ Being sexual with another person usually involves different sexual behaviors.
- ❖ A person has the right to refuse any sexual behavior.
- ❖ Some sexual expressions are prohibited by law and disapproved of by certain religions and families.
- ❖ People with disabilities have sexual feelings and the same need as all people for love, affection, and physical intimacy.

Level 4

- ❖ For most people, sharing a sexual experience with a partner is a satisfying way to express sexuality.
- ❖ Couples and individuals need to decide how to express their sexual feelings.
- ❖ Some sexual behaviors shared by partners include kissing, touching, talking, caressing, massaging, sharing erotic literature or art, bathing/showering together, and oral, vaginal or anal intercourse.
- ❖ Many sexual behaviors that are pleasurable do not put an individual at risk of an unintended pregnancy or STD/HIV.
- ❖ Individuals are responsible for their own sexual pleasure.

Topic 4: Sexual Abstinence

Subconcept: Abstinence from sexual intercourse is the most effective method of preventing pregnancies and STDs/HIV.

Developmental Messages:

Level 2

- ❖ Intercourse is a pleasurable activity for most adults.
- ❖ Children are not ready for sexual intercourse.

Level 3

- ❖ Young teenagers are not mature enough for a sexual relationship that includes intercourse.
- ❖ Abstinence from sexual intercourse is the best method to prevent pregnancy and STDs/HIV.
- ❖ Teenagers who date need to discuss sexual limits with their dating partner.
- ❖ People need to respect the sexual limits set by their partners.
- ❖ Teenagers in romantic relationships can express their feelings without engaging in sexual intercourse.
- ❖ There are many ways to give and receive sexual pleasure and not have intercourse.
- ❖ Teenagers considering sexual intercourse should talk to a parent or other trusted adult about their decisions, contraception, and disease prevention.
- ❖ Most adults believe school-age teenagers should not have sexual intercourse.
- ❖ Most religions teach that sexual intercourse should only occur in marriage.
- ❖ Abstinence from intercourse has benefits for teenagers.
- ❖ Teenagers who have had sexual intercourse can choose to be abstinent.

Level 4

- ❖ Many American teenagers have had sexual intercourse and many have not.
- ❖ Sexual intercourse is not a way to achieve adulthood.
- ❖ Teenagers in romantic relationships can express their sexual feelings without engaging in sexual intercourse.

- ❖ Many adults experience periods of abstinence.

Topic 5: Human Sexual Response

Subconcept: Male and Female bodies respond both similarly and differently to sexual stimulation.

Developmental Messages:

Level 1

- ❖ Male and female bodies are more alike than different.
- ❖ Both boys and girls may discover that their bodies feel good when touched.

Level 2

- ❖ Human beings have a natural physical response to sexual stimulation.
- ❖ Boys and girls become capable of more complete response to sexual stimulation during adolescence and adulthood.

Level 3

- ❖ Orgasm is an intense pleasurable release of sexual feelings or tension experienced at the peak of sexual arousal.
- ❖ Men and women may be sexually aroused by thoughts, feelings, sights, smells, sounds, and touches.
- ❖ Men get erections and women experience vaginal lubrication during sexual arousal.
- ❖ Some adolescent boys may ejaculate while they are asleep, which is called nocturnal emissions.
- ❖ Sexual response is experienced differently by individuals.
- ❖ Sexual response varies from experience to experience and throughout life.

Level 4

- ❖ Most women need clitoral stimulation to reach orgasm.
- ❖ Women often need more time than their male partner to achieve orgasm with a partner.
- ❖ Most couples do not experience simultaneous orgasm during vaginal intercourse.
- ❖ As two sexual partners become more comfortable with each other, the nature of their sexual responses may change and may become more rewarding.
- ❖ Men and women have the capacity to respond sexually throughout life.

Topic 6: Sexual Fantasy

Subconcept: Sexual fantasies are common.

Developmental Messages:

Level 3

- ❖ Many people experience sexually erotic thoughts called fantasies.
- ❖ Fantasies are one type of sexual expression.
- ❖ People may fantasize while they are alone or with a partner.

Level 4

- ❖ Some people use erotic photographs, movies, or literature to enhance their sexual fantasies when alone or with a partner.
- ❖ Some sexual fantasies involve mysterious or forbidden things.
- ❖ Many people's sexual fantasies include behaviors not actually acted upon or even desired in real life.

- ❖ Sexual fantasies that involve hanging oneself or another person should never be acted upon.

Topic 7: Sexual Dysfunction

Subconcept: Sexual dysfunction is the inability to express or enjoy sexuality.

Developmental Messages:

Level 3

- ❖ The way a person feels about self and sexuality affects their ability to function sexually.
- ❖ Some people have sexual problems, commonly called sexual dysfunctions.

Level 4

- ❖ Common sexual dysfunctions include lack of desire, inadequate lubrication, erectile difficulties, and difficulties attaining orgasm.
- ❖ Most sexual dysfunctions can be effectively treated through therapy with a specially trained professional.
- ❖ What is perceived as sexual dysfunction varies among individuals.
- ❖ Sexual dysfunctions may result from guilt, fear, anger, anxiety, depression, medical problems, medicine, or relationship difficulties.
- ❖ Some sexual dysfunctions may indicate undiagnosed medical problems or relationship difficulties.
- ❖ For some couples, honest communication can solve sexual problems.
- ❖ At one time or another, nearly everyone will experience a sexual concern or dysfunction.
- ❖ A person concerned about sexual functioning can talk to a trusted adult or mental health professional.

Key Concept 5: SEXUAL HEALTH

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

Sexual Health Life Behaviors:

Having learned the sexual health subconcepts at the appropriate age, the learner will be able to:

- Use contraception effectively to avoid unintended pregnancy.
- Prevent sexual abuse.
- Act consistently with one's own values in dealing with an unintended pregnancy.
- Seek early prenatal care.
- Avoid contracting or transmitting a sexually transmitted disease, including HIV.
- Practice health-promoting behaviors, such as regular check-ups, breast and testicular self-exam, and early identification of potential problems.

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; upper elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Topic 1: Contraception

Subconcept: Contraception enables people to have sexual intercourse and avoid an unintended pregnancy.

Developmental Messages:

Level 1

- ❖ All children should be wanted.
- ❖ Some people have children and others do not.
- ❖ Each family can decide how many children to have, if any.

Level 2

- ❖ When a man and woman want to have vaginal intercourse without having a child, they can use contraception to prevent pregnancy.
- ❖ Some religions teach that contraception is acceptable whereas some religions do not approve of the use of contraception.
- ❖ Decisions about having children are based on personal wishes, cultural traditions, income, and other factors.

Level 3

- ❖ There are several different methods of contraception.
- ❖ Young people can buy some contraceptives in a drug store, grocery market, or convenience store without a doctor's prescription.
- ❖ Nonprescription methods include condoms, foam, gels, and suppositories.
- ❖ Some contraceptives require a visit to a health provider and a prescription.
- ❖ Prescription methods include implants, Depo-Provera, IUDs, the birth control pill, diaphragm, and cervical cap.
- ❖ Sterilization is a permanent method of contraception.

- ❖ Abstinence, withdrawal, and natural family planning are reversible methods of contraception that are always available and free.
- ❖ Each contraceptive method has advantages and disadvantages.
- ❖ Young people who are considering sexual intercourse should talk to a parent or another adult about their decision and contraception.
- ❖ Talking to one's partner about using contraception is important.
- ❖ There are ways a sexual partner can help with each method of contraception.
- ❖ Some contraceptive methods can also help prevent the transmission of STDs/HIV.
- ❖ Methods of contraception that prevent pregnancy best, such as the Pill, Norplant, and Depo-Provera, do not help prevent the transmission of STDs/HIV.
- ❖ Couples who want to avoid both pregnancy and STDs/HIV need to use a male or female condom along with another effective contraceptive method.

Level 4

- ❖ A person whose religious teachings prohibit contraception may have to decide between those teachings, the risk of unwanted pregnancy or STDs/HIV, and their decision to have intercourse.
- ❖ When choosing a contraceptive method, people must weigh its advantages and disadvantages against the risk of pregnancy and/or STDs/HIV.
- ❖ People should choose a method that they will use effectively and consistently.
- ❖ People can find creative and sensual ways of integrating contraception into their sexual relationship.
- ❖ Women whose contraceptives fail or who do not use one at mid-cycle can consult with a health provider for emergency contraception.

Topic 2: Abortion

Subconcept: When a woman becomes pregnant and chooses not to have a child, she has the option of having a legal abortion.

Developmental Messages:

Level 1

- ❖ Sometimes women become pregnant when they do not want to be or are unable to care for a child.

Level 2

- ❖ A woman faced with an unintended pregnancy can carry the pregnancy to term and raise the baby, place the baby for adoption, or have an abortion to end the pregnancy.
- ❖ Abortion is legal in the United States.
- ❖ Abortion must be performed by a physician or other licensed health provider.
- ❖ A legal abortion is very safe.
- ❖ A pregnant woman who does not want a child or an abortion, can place her baby for adoption when it is born.
- ❖ Some people believe abortion is morally wrong whereas others believe a woman has a right to choose abortion.

Level 3

- ❖ An early abortion can be done in a clinic, doctor's office, or hospital.
- ❖ Most women report no problems after having an abortion.
- ❖ People's beliefs about abortion are based on their religious, cultural, and family values.
- ❖ Some religions support the right to an abortion.
- ❖ Some religions oppose abortion.
- ❖ Deciding whether or not to have an abortion is difficult.
- ❖ The right of a woman to have a legal abortion is guaranteed by the Supreme Court, although there are restrictions in some states.
- ❖ Having an abortion rarely interferes with a woman's ability to become pregnant or give birth in the future.

- ❖ No one can force a woman to have an abortion against her will.
- ❖ Abortions are safest when performed in the first 12 weeks of pregnancy.
- ❖ After 24 weeks of pregnancy, an abortion is done only when the mother's life is in danger or the fetus has extreme medical problems.
- ❖ State laws vary on teenagers' right to an abortion.
- ❖ Some states require teenagers to obtain parental consent or to have a waiting period before the abortion.
- ❖ The law regarding teenagers and abortion in this state is _____ (fill in).
- ❖ Teenagers with an unplanned pregnancy can talk with their parents, other family members, religious leaders, health providers, or other trusted adults.

Level 4

- ❖ Abortion is not a method of contraception.
- ❖ The right of a woman to have a legal abortion is being challenged in United States courts.
- ❖ Men who are the sexual partners of women considering an abortion can express their feelings and desires.
- ❖ Women have the legal right to make the final decision about whether or not to have an abortion.
- ❖ New procedures are being developed as an alternative to surgical abortion.

Topic 3: Sexually Transmitted Diseases, including HIV Infection

Subconcept: Sexually transmitted diseases, including HIV infection, can be avoided by individual preventive behavior.

Developmental Messages:

Level 1

- ❖ Sexually transmitted diseases, including HIV, are caused by small organisms such as bacteria and viruses.
- ❖ People who do not engage in certain behaviors do not get STDs/HIV.
- ❖ Children do not need to worry about becoming infected with HIV or STDs.
- ❖ A small number of children are born with STDs/HIV from an infected mother.
- ❖ HIV and other sexually transmitted diseases are usually acquired by teenagers and adults during sexual behavior or by sharing injecting drugs with an infected person.
- ❖ A person cannot become infected with HIV by being around or touching someone who has AIDS.

Level 2

- ❖ There are many types of sexually transmitted diseases.
- ❖ STDs include diseases such as gonorrhea, syphilis, HIV infection, chlamydia, genital warts, and herpes.
- ❖ To have AIDS means that HIV has done enough damage to the body that certain serious diseases have been acquired.

Level 3

- ❖ Many teenagers who have intercourse will become infected with an STD.
- ❖ STDs/HIV are most commonly passed during sexual contact, but some can also be passed by sharing drug injection equipment, from an infected mother to her fetus, during birth, and during breast-feeding.
- ❖ STDs/HIV organisms are usually found in the semen, vaginal fluids, and blood of an infected person.
- ❖ STDs/HIV can be passed during vaginal, oral, and anal intercourse.
- ❖ STDs/HIV can be transmitted even if the infected person does not have signs of infection.
- ❖ Anyone, regardless of age or sexual orientation, can get STDs/HIV by practicing risky behaviors.
- ❖ A person can have more than one STD at a time and can get an STD more than once.
- ❖ HIV is not spread by casual, social, or family contact, by insects, or by donating blood.
- ❖ Deep, open-mouth kissing has not been found to cause HIV infection.
- ❖ One should discuss concerns about STDs/HIV with any sexual partner.
- ❖ Abstinence from sexual intercourse and not sharing drug injection equipment are the surest ways to avoid STDs/HIV .

- ❖ An uninfected couple can avoid STDs/HIV by practicing mutual monogamy and not sharing drug injection equipment.
- ❖ Sexual behavior such as masturbation and hugging that do not involve exposure to semen, vaginal fluids, or blood pose no risk for my infection.
- ❖ Proper use of latex condoms, along with water-based lubrication, can greatly reduce, but not eliminate, the chance of getting STDs/HIV.
- ❖ One cannot determine who has STDs/HIV by just looking at the person.
- ❖ The only sure way to know if someone is infected with STDs/HIV is from testing and a medical examination.
- ❖ The symptoms of STDs/HIV are sometimes bidden, absent, or unnoticed, especially in women.
- ❖ The major symptoms of most STD include genital discharge, sores on the genitals, abdominal pain, painful urination, skin changes, genital itching, and flu-like symptoms.
- ❖ The first symptoms of HIV infection are similar to common minor illnesses and include tiredness, swollen lymph glands, fever, loss of appetite and weight, diarrhea, persistent yeast infections, and night sweats.
- ❖ It sometimes takes several years after becoming infected with HIV before symptoms of disease appear.
- ❖ Teenagers who become infected with HIV will probably not develop AIDS until their 20s.
- ❖ Persons suspecting an STDs/HIV infection should stop having sexual intercourse and injecting drugs, promptly go to a clinician, and refer sexual partners to a doctor.
- ❖ Public STDs/HIV clinics, private doctors, family planning clinics, and hospitals are places for STDs/HIV counseling and medical care.
- ❖ Some STDs can be cured and some cannot.
- ❖ Some communities have support groups for people with HIV infection, people with AIDS, and individuals with other STDs.
- ❖ Professional counseling and support can be helpful for persons infected with STDs/HIV .
- ❖ Teenagers can get confidential testing and treatment for STDs/HIV without parental consent.
- ❖ Some health departments have anonymous testing for my infection.
- ❖ Sexual partners can reinfect each other with an STD unless both get proper treatment.
- ❖ Persons infected with STDs/HIV should encourage their partner to seek medical care.
- ❖ People who have an STD, HIV infection, or AIDS need the support of family and friends.
- ❖ Persons infected with STDs/HIV can lead satisfying and productive lives.
- ❖ In this community, call for STDs/HIV information (fill in) and medical services _____ (fill in).
- ❖ Hepatitis B is the only STD that can be prevented by vaccination.

Level 4

- ❖ One can help fight STDs/HIV by serving as an accurate source of STD/HIV information, by being a responsible role model, and by encouraging others to protect themselves.

Topic 4: Sexual Abuse

Subconcept: Sexual abuse can be prevented or stopped.

Developmental Messages:

Level 1

- ❖ A person's body belongs to him or her.
- ❖ Everyone, including children, has the right to tell others not to touch their body when they don't want to be touched.
- ❖ Some good reasons for adults to look at or touch children's bodies include a medical person examining a child or a family member giving a child a bath.
- ❖ No adult should touch a child's sexual parts except for health reasons.
- ❖ Sexual abuse occurs when an older, stronger, or more powerful person looks at or touches a child's genitals for no legitimate reason.
- ❖ A person who is sexually abusing a child may tell the child to keep the behavior secret.

- ❖ If unwanted or uncomfortable touching happens, the child should tell a trusted adult.
- ❖ If a stranger tries to get a child to go with him/her, the child should leave quickly and tell a parent(s), teacher, neighbor, or other adult.
- ❖ A child is never at fault if an adult—even a family member—touches him/her in a way that is wrong or uncomfortable.
- ❖ Most adults and adolescents would never abuse children.
- ❖ Both boys and girls can be sexually abused.

Level 2

- ❖ Professionals at schools and in the community can help children who are sexually abused.
- ❖ Sexual abuse is very common even though many people do not want to talk about it.
- ❖ Sexual abuse is most often committed by someone known to the child.
- ❖ Children and teenagers should not give their real name and addresses on computer online services.

Level 3

- ❖ Teenagers can be sexually abused by adults and other teenagers.
- ❖ Rape is a person forcing another person to have any type of intimate sexual contact.
- ❖ Rape can occur with physical or psychological force.
- ❖ The victim often knows the rapist.
- ❖ Men can be raped.
- ❖ People who are raped are never at fault for the rape.
- ❖ Acquaintance and date rape are not uncommon.
- ❖ It is never appropriate to force someone to have any kind of sexual behavior.
- ❖ Rape is a crime.
- ❖ A person who is raped must decide whether to report the attack to the police.
- ❖ People can help protect themselves against rape by learning self defense, assessing situations that may be dangerous, avoiding alcohol and other drugs, and developing assertiveness skills.
- ❖ Not all rapes can be prevented.
- ❖ Sexual harassment is unwanted and uninvited sexual attention in a school or workplace.
- ❖ Sexual harassment is against the law.
- ❖ Domestic violence is physical or sexual violence against one's spouse or partner.
- ❖ Victims of rape, sexual abuse, and domestic violence should seek prompt medical attention.

Level 4

- ❖ An investigation of rape and the trial can be difficult experiences for the victim.
- ❖ Special community resources can help a person recover from rape.
- ❖ In many states, it is illegal to force one's spouse to have intercourse.
- ❖ Many sexual abusers were abused as children.
- ❖ People who are sexually abused may suffer serious emotional difficulties and usually need support and treatment.
- ❖ In this community, call for sexual abuse, domestic violence and sexual assault information.
_____ (fill in)

Topic 5: Reproductive Health

Subconcept: Men and women must care for their reproductive health to assure their own health and their future children's health and development.

Developmental Messages:

Level 1

- ❖ Girls and boys need to care for their bodies during childhood and adolescence.
- ❖ Like other body parts, the genitals need care.

- ❖ A pregnant woman must take extra care of her health with exercise, healthy foods, and frequent visits to her health practitioner.
- ❖ Most babies are born healthy.
- ❖ Smoking, drinking alcohol, and using other drugs can hurt a fetus before it is born.
- ❖ Medical care during pregnancy helps women have healthy babies.

Level 2

- ❖ Birth defects may cause lifetime health or developmental problems.
- ❖ A girl should keep her genitals clean, healthy, and free from injury.
- ❖ A boy should keep his genitals clean, healthy, and free from injury.

Level 3

- ❖ After a girl's breasts have developed, she needs to examine them each month using the correct breast self-examination procedure.
- ❖ After a boy's genitals begin growing, he needs to begin to examine them regularly using the correct testicular self-examination procedure.
- ❖ Drug use during adolescence can be especially dangerous to a boy or girl's future reproductive capability and the health of a fetus.
- ❖ STDs/HIV during pregnancy can result in infant damage or death.
- ❖ Men and women should be examined for STDs/HIV prior to conception.
- ❖ When a woman decides to try to become pregnant or becomes pregnant, she should begin routine prenatal care, follow nutrition guidelines, avoid all drugs, and consider being tested for STDs/HIV.
- ❖ If a woman suspects she is pregnant, she should consult a health practitioner.
- ❖ Whether a woman decides to terminate a pregnancy or carry it to term, early discussions and medical care are important.
- ❖ Childbirth is a natural process that is usually safe for the mother and the baby.
- ❖ The father can help during labor and delivery.
- ❖ Pregnant teenagers need special medical care and support.
- ❖ Regardless of the mother's or father's age, health status, diet, or genetic background, some babies are born with medical problems or die in infancy.
- ❖ Parents whose baby dies can get special counseling to help them manage their grief.
- ❖ Some genetic disorders can cause birth defects.
- ❖ Young men and women should find out if there are genetic disorders in their family.
- ❖ Some genetic disorders are so serious that men and women who are carrying them often decide to adopt a child instead of risking having a baby with the disorder.
- ❖ Most major medical centers have genetic counselors who can help people with family genetic disorders make decisions about having children.

Level 4

- ❖ Some women with serious diseases may decide not to continue a pregnancy because of the risk to the fetus or to themselves.
- ❖ Couples with genetic disorders or infertility problems who desire to have children have several medical options.
- ❖ Pregnant women and their partners can consider many options for delivering a baby.
- ❖ Women and men in the workplace should be informed regarding any environmental hazards that could harm their reproductive systems and the precautions necessary to avoid the hazards.
- ❖ Miscarriages may result from a maternal infection but most often occur because of genetic abnormalities in the fetus.
- ❖ Women and couples who unsuccessfully attempt to become pregnant can seek infertility counseling, diagnosis, and treatment.

Key Concept 6: SOCIETY AND CULTURE

Social and cultural environments shape the way individuals learn about and express their sexuality.

Society and Culture Life Behaviors:

Having learned the society and culture subconcepts at the appropriate age, the learner will be able to:

- Demonstrate respect for people with different sexual values.
- Exercise democratic responsibility to influence legislation dealing with sexual issues.
- Assess the impact of family, cultural, media and societal messages on one's thoughts, feelings, values and behaviors related to sexuality.
- Promote the rights of all people to accurate sexuality information.
- Avoid behaviors that exhibit prejudice and bigotry.
- Reject stereotypes about the sexuality of diverse populations.
- Educate others about sexuality.

Level 1: middle childhood, ages 5 through 8; early elementary school

Level 2: preadolescence, ages 9 through 12; upper elementary school

Level 3: early adolescence, ages 12 through 15; middle school/junior high school

Level 4: adolescence, ages 15 through 18; high school

Topic 1: Sexuality and Society

Subconcept: Society influences what people believe and how they feel about sexuality.

Developmental Messages:

Level 3

- ❖ Every culture communicates norms and taboos about sexuality.
- ❖ In the United States, people from many different cultural backgrounds have a wide range of views about sexuality.
- ❖ In a pluralistic society, the individual's right to hold different opinions is valued.
- ❖ Holding values which are different from one's family and culture is often difficult.
- ❖ American societal messages about sexuality are often confusing and contradictory.
- ❖ Messages received about sexuality from one's home and culture may be different from the general societal messages.
- ❖ In most schools, there are unwritten norms about sexuality for teenagers.
- ❖ Individuals need to examine messages received from different sources and establish guidelines for their own behavior.

Level 4

- ❖ Understanding the diversity of views about sexuality is important.
- ❖ Because of the wide range of sexual values and beliefs, people need to communicate their views to their friends and partners in order to negotiate behaviors that are acceptable.

Topic 2: Gender Roles

Subconcept: Cultures teach what it is to be a man or a woman.

Developmental Messages:

Level 1

- ❖ Girls and boys and men and women are capable of doing the same jobs.
- ❖ Boys and girls can do the same chores at home.
- ❖ Both mothers and fathers have important roles as parents.
- ❖ Boys and girls have many similarities and a few differences.
- ❖ Almost all adult jobs and careers are open to men and women.
- ❖ People often expect boys and girls to behave in a certain way.

Level 2

- ❖ Believing that all boys or all girls are or should be alike is a stereotype.
- ❖ Boys and girls share equal talents, characteristics, strengths, and hopes for their future.
- ❖ Individuals have different talents, strengths, and hopes for their future.
- ❖ Boys and girls receive messages about how they should behave from their family, friends, the media, and society.
- ❖ People often expect boys and girls to behave stereotypically.
- ❖ Some families have different expectations at home for their boy and girl children.
- ❖ Girls and boys can be friends and respect each other.
- ❖ Sometimes girls and women receive unequal or negative treatment because they are female.
- ❖ Sometimes boys and men receive unequal or negative treatment because they are male.
- ❖ Certain laws and rules protect women's and men's rights.

Level 3

- ❖ Attitudes about proper behaviors for men and women differ among families, cultures, and individuals.
- ❖ Accepting gender role stereotypes can limit a person's life.
- ❖ Young women and young men should be given the same opportunities.
- ❖ Laws protect a young woman's or young man's right to participate equally in athletic activities.
- ❖ Laws protect women's and men's rights to hold jobs and be paid fairly.
- ❖ Both boys and girls can begin to show they would like to date a person.
- ❖ In some families and cultures, there is a double standard about sexual practices.

Level 4

- ❖ Individuals can make their own choices about appropriate roles for themselves as men and women.
- ❖ Gender role stereotypes are harmful to both men and women.
- ❖ Sexual harassment is harmful to both men and women.
- ❖ Some people are still denied equal treatment on the basis of gender even though laws prohibit this.
- ❖ Gender role stereotypes can lead to such problems as low aspirations, low paying jobs, sexual harassment, date rape, and stress-related illnesses.

Topic 3: Sexuality and the Law

Subconcept: Certain laws govern sexual and reproductive rights.

Developmental Messages:

Level 3

- ❖ The Supreme Court has led that people have the right to make personal decisions concerning abortion, sterilization, contraception, and other reproductive matters.

Some states have passed laws that restrict abortion, in that they require parental notification and/or consent for a minor to have an abortion.

- ❖ There are state laws concerning the age of consent for sexual behavior.

- ❖ The law in this state concerning the age of consent is _____(fill in).
- ❖ Incest is illegal in all states.
- ❖ Laws prohibit sexual harassment.

Level 4

About half of the states have laws that protect any sexual behaviors between consenting adult partners.

- ❖ About half of the states have laws that restrict some types of sexual behaviors.
- ❖ Public nuisance behavior such as exhibitionism and voyeurism are viewed as unlawful acts in most states.
- ❖ Prostitution is illegal in all states except Nevada.
- ❖ Court cases have provided guidelines for determining what is obscene, including whether the material portrays sexual conduct in an offensive way and is without value, and if a "reasonable" person finds the work possessing no social value.
- ❖ People have different view points on what is obscene.
- ❖ Child pornography is illegal.
- ❖ Laws are currently being developed to govern new reproductive technologies.
- ❖ Some states and cities have passed laws banning discrimination on the basis of sexual orientation.
- ❖ Many states have laws requiring HIV and sexuality education.

Topic 4: Sexuality and Religion

Subconcept: Religions views about sexuality affect people’s sexual attitudes and behaviors.

Developmental Messages:

Level 1

- ❖ Religions teach people how to love each other, how to behave, not to hurt others, and what is right or wrong.
- ❖ Some families go to a church, mosque, or synagogue to worship; some families do not.
- ❖ Different religions may teach similar or different values.

Level 2

- ❖ Many religions teach that sexual intercourse should occur only in marriage.

Level 3

- ❖ Views about sexuality and sexual behavior are culturally determined.
- ❖ All world religions have views about sexuality and its place in the human experience.
- ❖ Many religions today acknowledge that human beings were created as sexual beings and that their sexuality is good.
- ❖ Conflicts may result in teenagers and adults who have been raised in a religion that does not fully accept human sexuality.
- ❖ One’s religious values can play an important role in sexual decision-making.

Level 4

- ❖ Some people continue to respect their religious teachings and traditions but believe that some views are not personally relevant.
- ❖ Partners with very different religious backgrounds may have difficulty reaching an agreement about their sexual relationship.
- ❖ Contemporary religions struggle with many issues related to sexuality and reproduction.
- ❖ There are a growing number of congregations that welcome openly gay men and lesbians.

Topic 5: Diversity

Subconcept: Our society has a diversity of sexual attitudes and behaviors; some people are unfairly discriminated against because of the way they express their sexuality.

Developmental Messages:

Level 1

- ❖ Individuals differ in the way they think, act, look, and live.
- ❖ Talking about differences helps people to improve their understanding of each other.
- ❖ A stereotype generalizes the behavior of all members of a group.
- ❖ Stereotypes hurt people.
- ❖ All people should receive fair and equal treatment.
- ❖ People who are different are often treated negatively or unequally.

Level 2

- ❖ People are sometimes discriminated against because of race, culture, ethnicity, language, socio-economic class, and disability.
- ❖ People are sometimes discriminated against because of sexuality factors such as gender, appearance, sexual orientation, family, and living arrangements.
- ❖ Discrimination can lead to lower self-esteem, unequal opportunities, and physical and emotional problems.
- ❖ Discrimination limits a society's ability to use the full capabilities of its members.
- ❖ Discrimination has negative consequences for the individual, family, group, and society.

Level 3

- ❖ People have the right to speak up when they encounter discrimination and when they see others being discriminated against.
- ❖ Laws, policies, and procedures can help someone fight discrimination.
- ❖ People's lives are enriched when they understand and celebrate diversity.

Level 4

- ❖ Examining one's views about diversity occurs throughout life.
- ❖ Workplaces benefit from having employees from diverse backgrounds.
- ❖ Confronting one's own biases and prejudices can be difficult.

Topic 6: Sexuality and the Arts

Subconcept: The media have a profound effect on sexual information, values, and behavior.

Developmental Messages:

Level 3

- ❖ Sexual images are often depicted in the arts, such as music, films, drama, and literature.

Level 4

- ❖ The nature of sexual images in art has changed through time.
- ❖ Erotic images in art reflect society's views about sexuality and help people understand sexuality.
- ❖ Art with sexual images that reflect a culture's norms may be considered obscene in another culture.
- ❖ Some people try to regulate or eliminate sexual images in art.
- ❖ No evidence exists that erotic images in the arts cause inappropriate sexual behavior.

Topic 7: Sexuality and the Media

Subconcept: the media have a profound effect on sexual information, values, and behavior.

Developmental Messages:

Level 1

- ❖ Some of the material on television, in the movies, in books and magazines, on radio, and on the Internet is true and some is not.
- ❖ Some commercials try to make people and things look different and better than they really are.
- ❖ Some television programs, movies, and computer forums are not appropriate for young children.

Level 2

- ❖ People can refuse to watch, read, and/or listen to anything that offends them.
- ❖ Parents have the right to determine what is appropriate viewing material for their own children.
- ❖ No one really looks as perfect in real life as certain actors and actresses appear in the media.
- ❖ The media often present an unrealistic image of what it means to be male or female, what it means to be in love, and what parenthood and marriages are like.
- ❖ The media sometimes negatively portrays certain cultural groups.
- ❖ The media can influence the way people think and behave.
- ❖ A parent or trusted adult can help when media messages are confusing.

Level 3

- ❖ Media usually do not portray sexuality realistically.
- ❖ The media sometimes portrays stereotypes about the sexuality of certain cultural groups.
- ❖ The media sometimes portrays stereotypes about men and women.
- ❖ Some television shows and movies provide positive models of relationships and sexuality.
- ❖ Soap operas and talk shows may give inaccurate and unrealistic information and portrayals of sexuality.
- ❖ Real relationships require more effort than is often portrayed in the media.
- ❖ Teens and adults have a responsibility to help younger children avoid or deal effectively with negative media influences.
- ❖ Communicating one's reactions to the media about the portrayal of sexual issues is important.

SIECUS RESOURCES FOR SEXUALITY EDUCATION

SIECUS, the Sexuality Information and Education Council of the United States, provides numerous services to help communities design and implement sexuality and HIV/AIDS programs. Below is a listing of additional resources that are available at SIECUS.

Services

SIECUS Library

With over 5,000 volumes, 7 000 articles, 750 curricula and 150 newsletters and journals, the Mary S. Calderone Library offers the largest collection of sexuality information and education resources open to the public in the United States. Database searches can be ordered by telephone. The library is available by appointment.

SIECUS Membership

SIECUS members are part of a growing network of professionals and concerned individuals dedicated to promoting the delivery of comprehensive sexuality and HIV/AIDS education and information and to protecting individual sexual rights. Members of SIECUS receive a year's subscription to the bimonthly journal, the *SIECUS Report*, free use of the Mary S. Calderone Library and free searches of the SIECUS database, and a 10 percent discount on all SIECUS publications and educational consultations.

SIECUS Web Site

Log on to obtain the latest information on sexuality education and sexual rights, including downloading SIECUS publications. The SIECUS Web site is: <http://www.siecus.org>

Technical Assistance

Experienced educators are available to help communities design and implement programs. Initial consultations are provided at no charge.

Publications Available

GUIDELINES Fact Sheet

A four page fact sheet on the *Guidelines* for use in communities. Free upon request.

CURRICULA GUIDE

A review of readily available curricula. \$ 3.00.

COMMUNITY ACTION KIT

A collection of materials including strategies for community organizing to support comprehensive sexuality education. \$19.95

GUIA PARA UNA EDUCACION SEXUAL INTEGRAL PARA LA JUVENTUD HISPANA/LATINA

The *Guidelines* adapted for Spanish-speaking communities in the United States. The adapted *Guidelines* appear in Spanish and English. \$7.95.

RIGHT FROM THE START

Guidelines for pre-schools and child care centers on handling sexuality issues. \$7.95.

SEXUALITY EDUCATION FOR THE 21ST CENTURY

This 16 minute video explains and makes the case for comprehensive sexuality education. \$9.95.

Additional publications and annotated bibliographies are also available. Write for a free SIECUS publications catalog.

For more information, contact:

SIECUS

130 West 42nd Street, Suite 350

New York, NY 10036

212/819-9770

E-mail: siecus@siecus.org

FOR MORE INFORMATION ON SEXUALITY EDUCATION

American Association for Health Education
1900 Association Drive
Reston, VA 22091
703/476-3437

American School Health Association
7263 State Route 43
P. O. Box 708
Kent, OH 44240
216/678-1601

American Social Health Association
P. O. Box 13827
Research Triangle Park, NC 27709-9940
919/361-8400

CDC National AIDS Clearinghouse
P. O. Box 6003
Rockville, MD 20849
800/458-5231

ETR Associates
P. O. Box 1830
Santa Cruz, CA 95061-3146
800/321-4407

National AIDS Hotline
P. O. Box 13827
Research Triangle Park, NC 27709
800/344-7432

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
212/261-4629

SIECUS
Sexuality Information and Education Council of the United States
130 West 42nd Street, Suite 350
New York, NY 10036
212/819-9770

ORGANIZATIONS THAT ENDORSED THE FIRST EDITION OF THE GUIDELINES

- Advocates for Youth
- American Association of Sex Educators, Counselors and Therapists
- Association of Reproductive Health Professionals
- Coalition on Sexuality and Disability
- Girls Incorporated
- Midwest School Social Work Council
- National Asian Women's Health Organization
- National Coalition of Advocates for Students
- National Council of the Churches of Christ
- National Education Association
- National Lesbian and Gay Health Foundation
- National Network of Youth Services
- Planned Parenthood Federation of America
- Sexuality Information and Education Council of the United States
- Society for Behavioral Pediatrics

MEMBERS OF THE NATIONAL GUIDELINES TASK FORCE, 1991

Peggy Brick, M.Ed. — Planned Parenthood of Greater Northern New Jersey
Maureen Corry, M.P.H. — March of Dimes Birth Defects Foundation
Brenda Greene — National School Boards Association
Debra Haffner, M.P.H. — Sexuality Information and Education Council of the United States
Marian Hamburg, Ed. D. — New York University
Carol Hunter Geboy — Independent Sexuality Education Consultant
Richard Jimenez, M.Ed. — U.S. Centers for Disease Control and Prevention
Robert Johnson, M.D. — New Jersey Medical School
Michael McGee, C.S.T. — Planned Parenthood Federation of America
JoAnne Pereira — Sexuality Information and Education Council of the United States
Martha Roper, M.S. — St. Louis, Missouri, Public Schools
Claire Scholz, M.A. — Irvington, New Jersey, Public Schools
Robert Selverstone, Ph.D. — Westport, Connecticut, Public Schools
Stanley Snegroff, Ed. D. — American School Health Association
Mary Lee Tatuni, M.S. — Independent Sexuality Education Consult
Trish Moylan Torruella, M. S. — Planned Parenthood Federation of America
Katherine Voegtle, Ph.D. — American Medical Association
James Williams — National Education Association
Pamela Wilson, M.S.W. — Independent Sexuality Education Consultant
William L. Yarber, H.S.D. — Indiana University

* Affiliations are listed for identification purposes only. They were current in 1991.

National Coalition to Support Sexuality Education

- Advocates for Youth
- AIDS Action Council
- American Academy of Child and Adolescent Psychiatry
- American Association of Family & Consumer Sciences
- American Association for Health Education
- American Association for Marriage and Family Therapy
- American Association on Mental Retardation
- American Association of School Administrators
- American Association of Sex Educators, Counselors and Therapists
- American College of Obstetricians and Gynecologists
- American Counseling Association
- American Jewish Congress, Commission on Women's Equality
- American Library Association
- American Medical Association
- American Nurses Association
- American Orthopsychiatric Association
- American Psychiatric Association
- American Psychological Association
- American Public Health Association
- American School Health Association
- American Social Health Association
- Association of Reproductive Health Professionals
- Association for Sexuality Education and Training
- Association of State and Territorial Directors of Public Health Education
- Association of State and Territorial Health Officials
- ASTRAEA National Lesbian Action Foundation
- AVSC, International
- Blacks Educating Blacks about Sexual Health Issues
- B'Nai B'Rith Women
- Catholics for a Free Choice
- Center For Policy Alternatives
- Center for Sexuality and Religion
- Child Welfare League of America
- Children's Defense Fund
- Coalition on Sexuality and Disability
- Commission on Family Ministries & Human Sexuality, National Council of the Churches of Christ
- Education Development Center, Inc.
- ETR Associates
- Federation of Behavioral, Psychological and Cognitive Sciences
- Gay and Lesbian Medical Association
- Girls Incorporated
- Hetrick-Martin Institute for Gay and Lesbian Youth
- Human Rights Campaign
- Latina Roundtable on Health & Reproductive Rights
- Midwest School Social Work Council
- Mother's Voices
- National Abortion Federation
- National Abortion and Reproductive Rights Action League
- National Asian Women's Health Organization

- National Association of Counties
- National Association of County & City Health Officials
- National Association for Equal Opportunity in Higher Education
- National Association of School Psychologists
- National Center for Health Education
- National Coalition of Advocates for Students
- National Council on Family Relations
- National Council of State Consultants for School Social Work Services
- National Education Association Health Information Network
- National Family Planning and Reproductive Health Association
- National Gay and Lesbian Task Force
- National Information Center for Children and Youth with Disabilities
- National League for Nursing
- National Lesbian and Gay Health Association
- National Medical Association
- National Mental Health Association
- National Minority AIDS Council
- National Native American AIDS Prevention Center
- National Network of Youth
- National Organization on Adolescent Pregnancy, Parenting and Prevention
- National Resource Center for Youth Services
- National School Boards Association
- National Urban League
- National Women's Law Center
- Parents, Families and Friends of Lesbians and Gays (P-FLAG)
- People for the American Way
- Planned Parenthood Federation of America
- Population Communications International
- Presbyterians Affirming Reproductive Options (PARO)
- Religious Coalition for Reproductive Choice
- Sexuality Information and Education Council of the United States
- Society for Adolescent Medicine
- Society for Behavioral Pediatrics
- Society for Public Health Education
- Society for the Scientific Study of Sexuality
- The Alan Guttmacher Institute
- The Institute for Advanced Study of Human Sexuality Alumni Association
- Unitarian Universalist Association
- United Church Board for Homeland Ministries
- United States Conference of Mayors
- University of Pennsylvania Graduate School of Education
- YWCA of the U.S.A.
- Zero Population Growth