Appendix A

Notification Letters

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8th GRADE NOTIFICATION LETTER

Dear Parent/Guardian,

You may be aware that in the near future your child will have the opportunity to participate in Healthy Futures, a health education program. A major component of this program is to provide an 8-day presentation to students in middle schools.

If you have a student in the 8th grade, the curriculum presents lessons focusing on relationship education and sexual health, which include the following topics:

- Healthy Relationships
- Achieving Life Goals and Dreams
- Physical and Emotional Risks of Sexual Activity as a Teenager
- Preventing Sexually Transmitted Infections (STIs)
- Preventing Teen Pregnancy
- Setting Limits in Relationships
- Making Informed Choices
- Sex and the Law
- Sexual Offenses
- Media Influences

Our goal is to support parents by reinforcing the messages that students are hearing at home. Our lessons are age appropriate and medically accurate and are presented in a way that is respectful of your values. We recognize that you are the primary educator of your child when it comes to these sensitive topics and that each family has a unique way of approaching these subjects. For these reasons, we offer resources to parents that are aimed at empowering you to speak openly about these issues.

If you have any further questions about the Nu-CULTURE curriculum or your child's involvement in the program, we would be happy to discuss them with you. We want you to feel comfortable with what we teach, and are confident that you will once any concerns you may have are clarified.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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Please sign below if you **DO NOT** wish for your child to participate. If we do not receive this form back from you, we will assume your child has permission to participate in this program.

8th GRADE NOTIFICATION LETTER

I do not wish to have my son/daughter _____ participate
Name of son/daughter

in the Healthy Futures Nu-CULTURE program.

_____
Parent/Guardian signature

8th GRADE NOTIFICATION LETTER

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Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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Please sign below and have your child return this form the next school day. If we do not receive this form back from you, your child will not be able to participate in the program.

8th GRADE NOTIFICATION LETTER

Would you like your child to participate in the Healthy Futures Nu-CULTURE program? ___ Yes ___ No

I do/do not *(circle one)* wish to have my son/daughter _____ participate
Name of son/daughter

in the Healthy Futures Nu-CULTURE program.

_____
Parent/Guardian signature

Appendix B

Handouts

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Achieving Your Goals and Dreams Starts Now!

…to travel.

…to start a family.

…a college degree.

…to own a business.

…to make a lot of money.

…to live in a beautiful house.

…to be surrounded by good friends.

…to make a difference in my community.

…to be in a health relationship with someone I love.

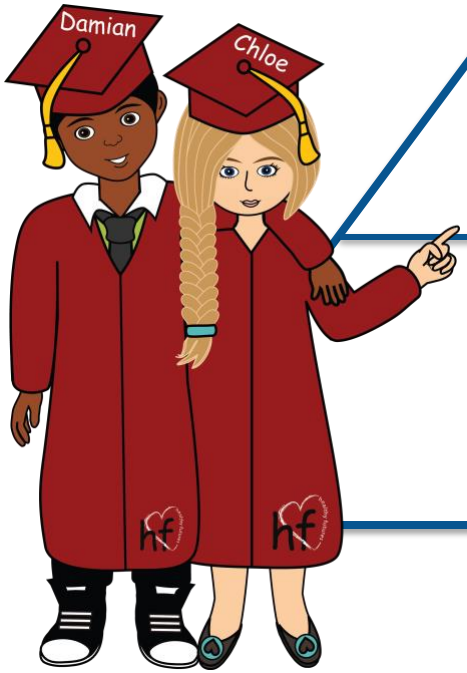
…a good job that allows me to do work that I think is meaningful.

…other _____

1. Take a moment to read through the statements at the top of the pyramid. Then circle 3-5 things that will be most important to you in the future!

In the next 10-15 years I want…

2. Come up with a list of things you will need to do when you're in high school. Think of the things that will help you on your path to success.



3. Come up with a list of things you can do right now at this point in your life. What can you do to help prepare you for a meaningful and positive future?

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Contraception

1. If 100 couples had vaginal sex for a year, and did not use any form of contraception (i.e., birth control), _____ % would become pregnant.

2. _____ is choosing not to have sex. Being able to communicate this with your partner is important. This method is 100% effective in preventing pregnancy and STIs.

3. This non-hormonal method fits over a male's penis. This acts as a barrier so that sperm or infections can't get passed between partners during sexual activity. This method is 82% effective at preventing pregnancy with typical use.

   What is it? _____

4. This hormonal method is taken each day and is 91% effective in preventing pregnancy. This can also be prescribed for acne and painful periods.

   What is it? _____

5. The _____ is worn on the lower abdomen, buttocks, or upper body of a female once a week for three weeks and releases the hormones progestin and estrogen in to the blood stream.

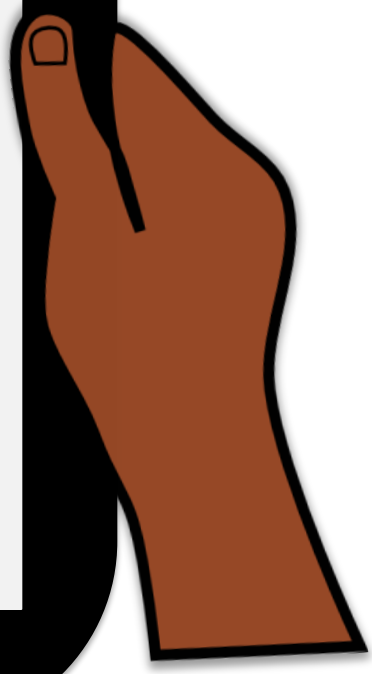
6. Depo Provera, or, _____ is when a female receives a dose of the hormone progestin in her buttocks or arm from a doctor and is 94% effective against pregnancy.

7. This non-hormonal or hormonal method is a small, T-shaped device that a doctor places inside a female's uterus to prevent pregnancy. The non-hormonal version is 99.2% effective in preventing pregnancy and the hormonal version is 99.8%-effective in preventing pregnancy.

   What is it? _____

8. This is an emergency form of contraception and taken up to five days after being sexually active if no birth control method is used or if the method failed. If a female is already pregnant this method does not work.

   What is it? _____



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Contraception Methods

Method	What's this?	How does it work?	How is it used?	Possible Benefits	Side effects/limitations
Abstinence is **100% effective** at preventing pregnancy.	Choosing not to have sexual intercourse.	If an egg and sperm do not meet, a pregnancy does not happen	Couples make a choice not to have sex.	Delays sex until a time when partners are prepared to handle the risks.	None.
Levonorgestrel Intrauterine Devices (LNG IUDs) are **99% effective** at preventing pregnancy.	Small t-shaped plastic device that is inserted into the uterus by a health care provider.	Releases a small amount of the hormone progestin to prevent pregnancy. Works by preventing the sperm from fertilizing the egg. May prevent the egg from leaving the ovaries. Makes the cervical mucus thicker to prevent the sperm from meeting the egg.	Inserted into the uterus by a health care provider. It is also removed by a health care provider.	Hormonal IUDs can be used 3-6 years, depending on the type. No daily routine. Nothing needs to be done at time of intercourse.	**No sexually transmitted infection/disease (STI/STD) protection**. May experience cramping after insertion, irregular bleeding or amenorrhea as well as increased risk of ectopic pregnancy.
Copper T Intrauterine Devices (Copper T IUDs) **99% effective** at preventing pregnancy.	Small t-shaped plastic device wrapped in copper inserted into the uterus by a health care provider.	Works by preventing the sperm from fertilizing the egg.	Inserted into the uterus by a health care provider. It is also removed by a health care provider.	The copper T IUD lasts for up to 10 years. No daily routine. Nothing needs to be done at time of intercourse.	**No STI/STD protection**. May experience cramping after insertion. The Copper T IUD may cause heavier periods, spotting, and/or increased cramping.
Depo-Provera shot is **94% effective** at preventing pregnancy.	Injection of progesterone hormone given in the arm/buttocks.	Prevents the ovaries from releasing an egg, thickens cervical fluid, and thins the uterine lining	A woman gets the shot from a health care provider once every 3 months (4 shots per year	The shot lasts for 3 months. Menstrual bleeding may stop while using the shot.	**No STI/STD protection**. May cause unpredictable menstrual bleeding, weight changes, mood changes, and headaches. May increase depression for some. A disadvantage of Depo-Provera is that it can potentially cause bone density loss if used long-term. Discuss with your healthcare provider.
Oral Contraceptives "The Pill" **91% effective** at preventing pregnancy.	There are two types of oral contraceptives: (1) estrogen/progestin combined; or (2) progestin only. Release hormones into bloodstream.	Works by preventing the sperm from fertilizing the egg by keeping the eggs from leaving the ovaries and making the cervical mucus thicker to prevent the sperm from meeting the egg.	A health care provider must write a prescription for the pills.	Less bleeding and cramping during period. May decrease acne.	**No STI/STD protection**. May cause nausea, breast tenderness, changes in mood, "spotting" (bleeding between periods).
The Patch is **91% effective** at preventing pregnancy.	A sticky patch that releases hormones into the skin, then into the bloodstream.	Works by preventing the sperm from fertilizing the egg by keeping the eggs from leaving the ovaries and making the cervical mucus thicker to prevent the sperm from meeting the egg.	A patch is worn for 1 week at a time for 3 weeks in a row. During the fourth week, no patch is worn. A health care provider must write a prescription for the patch.	Worn for 1 week at a time. Less bleeding and cramping during period. May decrease acne.	**No STI/STD protection**. May cause nausea, breast tenderness, changes in mood, "spotting" (bleeding between periods).
Male condoms are **87% effective** at preventing pregnancy	Male condom: A thin sleeve that fits over the penis and catches sperm.	Male condom: The semen is caught in the closed end of the condom when a male ejaculates.	Male condom: Unroll onto the erect penis. Pinch the tip of the condom so there is a place for the sperm to be captured.	**STI/STD protection.** Inexpensive, easy to use, can be purchased at grocery stores, drugstores, bodegas. Given out for free at many health centers.	Some people are allergic to latex; if this is the case, people can use a condom made from plastic (polyurethane). Must be put on before sex. Lambskin or natural condoms are not as effective in STI protection.
NuvaRing is 90% effective with typical use.	The ring is a small, flexible piece of plastic that's inserted into the vagina to provide birth control. Contains a combination of estrogen and progesterone. Does not provide protection against STIs.	The ring prevents your ovaries from releasing eggs or prevents sperm from getting to the egg.	Wear for 21 days, remove for 7 days, replace with a new ring.	More regular and lighter periods, fewer menstrual cramps, and less acne. Lower risk of ovary, endometrial (uterus), and colon cancers, pelvic inflammatory disease (PID), noncancerous ovarian cysts, and iron-deficiency anemia.	May cause weight gain, headaches, irregular bleeding, breast tenderness, mood changes, upset stomach, vaginal irritation and discharge, changes in your period, high blood pressure.
Implant is over 99% effective.	Implant contains progestin hormones. It does not provide protection against STIs.	The implant releases progestin, a hormone that keeps ovaries from releasing eggs. Progestin also thickens the mucus inside the body to prevent sperm from reaching eggs.	Available at some clinics. It needs to be inserted into the arm by a healthcare professional. Implant lasts up to 3 years, but can be removed.	Unlikely to affect weight.	My increase acne. Headache may occur for some people. **Menstrual** may become irregular especially during the first year.

Contraception Methods

Emergency Contraceptives (EC) can take up to six days for pregnancy to occur after sex. Emergency contraception works up to five days after unprotected sex by preventing the egg and the sperm from joining.

Method: Copper-T IUD is **99% effective** at preventing pregnancy if inserted by a doctor within 5 days of unprotected vaginal sex.

What's this? Small t-shaped plastic device wrapped in copper inserted into the uterus by a health care provider.

How does it work? Works by preventing the sperm from fertilizing the egg.

How is it used? Inserted into the uterus by a health care provider. It is also removed by a health care provider.

Possible benefits: Provided EC after if a couple wasn't using contraception with vaginal sex, if they forgot to take a pill/patch, if a condom breaks, or if someone is forced to have unprotected sex. May be left in as regular contraception moving forward.

Side effects/limitations: No STI/STD protection. May experience cramping after insertion. The Copper T IUD may cause heavier periods, spotting, and/or increased cramping.

Method: Ella is **85% effective** at preventing pregnancy if taken within 5 days of unprotected vaginal sex

What's this? Ulipristal acetate pills release hormone into bloodstream.

How does it work? Works by delaying or inhibiting the eggs from leaving the ovaries.

How is it used? Take 1 pill with a prescription from a health care provider.

Possible benefits: Provides EC after if a couple wasn't using contraception with vaginal sex, if they forgot to take a pill/patch, if a condom breaks, or if someone is forced to have unprotected sex.

Side effects/limitations: No STI/STD protection. May experience a period earlier or later than expected, breast tenderness, dizziness, headaches, and nausea or vomiting.

Method: Levonogestrel pills are **89% effective** at preventing pregnancy if one tablet is taken orally as soon as possible within 72 hours after unprotected intercourse. Efficacy is better if the tablet is taken as soon as possible after unprotected intercourse.

What's this? Levonogestrel pills release hormone into bloodstream.

How does it work? Works by delaying or inhibiting the eggs from leaving the ovaries.

How is it used? Take 1 or 2 pills depending on the type. Often available over the counter without a prescription.

Possible benefits: Provides EC after if a couple wasn't using contraception with vaginal sex, if they forgot to take a pill/patch, if a condom breaks, or if someone is forced to have unprotected sex.

Side effects/limitations: No STI/STD protection. Levonogestrel pills may not work as well for women who have a body mass index (BMI) of more than 25. The Copper-T IUD or ella are better EC options for overweight women. May experience a period earlier or later than expected, breast tenderness, dizziness, headaches, and nausea or vomiting.

Who are we?

Established in 2002, Healthy Futures is a non-profit organization dedicated to supporting positive youth development. Healthy Futures provides school-based classroom education and assemblies, after-school and summer programs, parent and community programs, and web-based resources designed to empower teens to make and sustain healthy choices.

Our mission is:
To empower adolescents to enjoy their lives, make healthy choices, and further their goals and dreams.

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www.healthy-futures.org

Contraception Methods

8th Grade Curriculum
Activity 8.3.2B: Contraception Methods Brochure

Rate the top 5 emotional needs for you

1 =most important

5=least important

Emotional Needs

Emotional Needs	What that looks/feels like	How important is that to me?
Affirmation	Positive statement from others	
Belonging	Acceptance, approval from others	
Guidance	Advice from others, direction	
Recognition	Attention or favorable notice from others	
Respect	Consideration from others and showing consideration to others	
Safety	Safe and secure from harm; feeling protected	
Support	Words & actions that let you know that others will help you and stand up for you	
Trust	Believing in or confidence in others	
Love	Love without judgment; both physical and emotional affection	

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Characteristics of Healthy and Unhealthy Relationships

Take a look at the word bank above. Choose words that describe the relationship from the presentation. Is this quality healthy, unhealthy, or are you unsure?

Anger	Disapproval	Jealousy
Yelling	Sex	Fun
Respect	Controlling	Honesty
Name-calling	Affection	Cheating
Loyalty	Pressure	Equality
Abuse	Love	Lying
Safety	Gossiping	Hitting
Support	Communication	Arguing

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All Falls Down

Write down words or phrases about each teen from the All Falls Down Video.

Nycole

Portia

Quiana

Sharod

Tyrone

Sean

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Jordon and Anne

Jordon and Anne have been dating since the beginning of the school year. They have been together for 2 months now. One day after school both Jordon and Anne were standing by a flagpole. Jordon wanted to kiss Anne but Anne did not want to be kissed in public.

Passive

Anne: stop Jordon I don't think we should do this in public (speaking softly)
Jordon: Come on baby it's just one kiss, besides everyone knows we're together.
Anne: I just don't feel right.
Jordon: you don't feel right kissing me?
Anne: No… that's not what I mean.
Jordon: (being pushy) Ok, then there's nothing wrong.
Anne: Well…I don't know…

Aggressive

Anne: (speaking firmly) Jordon NO! Get out of my face!
Jordon: Come on baby it's just one kiss, besides everyone knows we're together.
Anne: Keep it up and we're done!
Jordon: But…
Anne: Bye!

Assertive

Anne: You already know how I feel about this. I don't want to do that right now.
Jordon: Come on baby it's just one kiss, besides everyone knows we're together

Anne: _____

Jordon: _____

Anne: _____

Jordon: _____

Anne: _____

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Tim and Michelle

Tim and Michelle have recently started dating. Michelle told Tim that she needed to go straight home after school. That was her parents' rule. The only time her parents would allow her to stay after school was when there was an event, such as basketball, a rally, a concert ect. One day Tim asked Michelle to hang out with him at the park after school. He told her to just tell her parents that she would be staying after school for a basketball game. Lying to her parents is something Michelle did not want to do.

Passive

Michelle: I don't know, I don't think it's a good idea.

Tim: Trust me they won't find out.

Michelle: Uh…Well….I don't know…….

Tim: You know I like you a lot and all I want is to spend more time with you. Is that wrong?

Michelle: Well I don't know, I guess not…

Aggressive

Michelle: That's not a good idea.

Tim: Trust me they won't find out

Michelle: Do you think I would lie to my parents for you?? It's not worth it.

Tim: Never mind, **you're** not worth it

Michelle: Bye

Assertive

Michelle: That would be lying to my parents and I don't want to do that. (speaking firmly)

Tim: Trust me they won't find out.

Michelle: _____

Tim: _____

Michelle: _____

Tim: _____

Michelle: _____

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Sex and the Law

Fill in the blanks with the appropriate answers.

1. S____exual_____ A_____ctivity_____ as a teen can be against the law.

2. In my state, one must be ____16_____ years old to consent to have sex.

3. When someone is sexually active with someone under the age of 16, it is known as, ___statutory rape_____.

   This is a _____felony_____

4. It is risky behavior to leave a party with ___someone___ ___you___ ___don't___ ___know___

5. ____Forcing_____ sex on someone is always a crime.

6. Making ____good_____ _____decisions_____ about your sexual conduct will help you avoid getting in trouble with the law.

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Sex and the Law

Fill in the blanks with the appropriate answers.

1. S_____ A_____ as a teen can be against the law.

2. In my state, one must be _____ years old to consent to have sex.

3. When someone is sexually active with someone under the age of 16, it is known as,

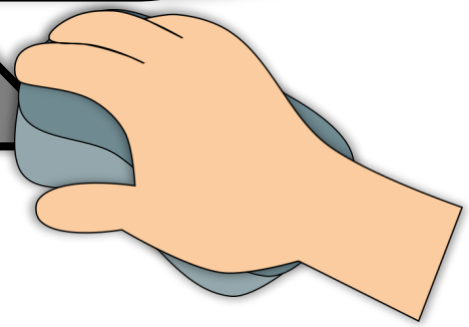
   _____.

   This is a _____

4. It is risky behavior to leave a party with _____ _____ _____ _____

5. _____ sex on someone is always a crime.

6. Making _____ _____ about your sexual conduct will help you avoid getting in trouble with the law.



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Appendix C

Parent Connection Forms

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PARENT CONNECTION FORM

Dear Parent or Guardian,

Today your teenager attended their first session of the 8th grade Healthy Futures Nu-CULTURE program. Our program is designed to equip young people to make informed decisions that will positively affect their futures. Throughout this program, your teen will receive Parent Connection Forms following each session. Please take a few moments to work through these with your teen and encourage him or her to discuss what he or she is learning. Even if your son or daughter doesn't seem to be listening, keep talking; not only will they remember your advice, but the more you discuss tough issues, the less likely they are to engage in risky behaviors (e.g. drugs, sexual activity, theft, etc.). Communication between you and your teen is a vital key to his or her health and success.

Once you have discussed the exercises below, please complete the bottom of the form and have your teen return it during the next session. Thank you.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. The choices you make **N**_____ will affect you **L**_____.
2. Our class discussed goal-setting and shared some of our dreams. These are a few of mine:
   - After I graduate high school I would like to:
   - In ten years, I see myself:
3. Some things that could make it harder to reach my goal are:
   - I might avoid these by:
4. **Parent:** some of the goals I had when I was your age were _____.
   - I was/was not able to achieve these because:

The Big 3:

- You need to stay focused on your goals and dreams if you are going to be successful.
- Choices have consequences. There are three risks associated with sex: pregnancy/fathering a child, sexually transmitted infections (STIs), and emotional heartache. Choosing to delay sexual activity will help you stay focused on your goals and dreams.
- The people you spend time with influence your decisions and your ability to achieve your goals and dreams. Choose to spend time with people that meet your needs in a healthy way.

Session 8.1: Goals and Dreams, Healthy Relationships, Emotional Needs

PARENT CONNECTION FORM

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

I authorize Healthy Futures (HF) to use, in whole or in part, my child's likeness, image, and performance during his/her participation in the program as HF shall determine in its sole discretion. HF and its successors and assigns, shall own all right, title and interest, including the copyright(s) of these images to be used without limitation as HF shall determine in its sole discretion. HF is not liable for unintentional misrepresentation of information derived from these images.

_____
Signature of Parent or Guardian

PARENT CONNECTION FORM

Dear Parent or Guardian,

The goal of today's Healthy Futures Nu-CULTURE session was to review the physical and emotional changes teens experience during puberty, including social stresses, emotional ups and downs, and sexual thoughts and feelings. We taught them that puberty brings the ability to become pregnant or father a child and we discussed the realities of the responsibilities that would come with parenthood. We emphasized how having a child as a teenager could limit their social, recreational, and educational opportunities. Please discuss this form with your teen to make sure he or she understands the seriousness of today's lesson. Once you have, **please sign the bottom** and have your son or daughter return it during the next session.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. Name one physical change that happens during puberty.

2. What are some ways that your emotions have changed as you go through puberty?

3. Why do you think some teens become pregnant?

4. Make a list of expenses related to taking care of a baby (ask a parent if you need help). Could you afford to pay for these right now?

The Big 3:

- **Puberty is** a time when there are physical, social and emotion changes.
- Unplanned pregnancy **is a risk of sex**. Think about it — **Are you** ready to be a parent?
- Choosing **not to have sex** can help you avoid the responsibilities of being a teen parent.

Session 8.2: Puberty, Pregnancy, and Abstinence

PARENT CONNECTION FORM

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

Session 8.3: Contraception

PARENT CONNECTION FORM

Dear Parent or Guardian,

Today's Healthy Futures Nu-CULTURE session identified a number of effective methods of contraception (i.e., birth control). While the majority of middle school students are not sexually active, it is important to share this information with teens to help them make informed decisions in the future. During today's session, we emphasized abstinence is the only method that is 100% effective in preventing pregnancy, STIs, and emotional heartache. At Healthy Futures, we believe this is the healthiest method for teens. Once you have reviewed this form with your teen, simply sign the bottom and have him or her return the form during the next session.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. What are the three risks and dangers of engaging in sexual activity?

2. What is the only way to completely avoid these risks?

3. If someone was to engage in sexual activity, what could they do to reduce the risk of pregnancy?

The Big 3:

- The only 100% effective way to prevent pregnancy is to choose not to have sex.
- If you are sexually active, you need to use a dual method by choosing an effective method of birth control to prevent pregnancy and condoms to reduce the risk of STIs.
- If you want to learn more about these effective methods of contraception please talk to your doctor, parent or guardian, or other trusted adult.

Session 8.3: Contraception

PARENT CONNECTION FORM

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

PARENT CONNECTION FORM

Dear Parent or Guardian,

The goal of today's Healthy Futures Nu-CULTURE session was to make sure your teen understands that contracting a sexually transmitted infection (STI) is a risk of engaging in sexual activity. Some infections are permanent (meaning the carrier has them for life), and can seriously affect one's life. Many STIs spread quickly and without knowledge. Please discuss this form with your teen to make sure he or she understands the seriousness of today's lesson. Once you have, sign the bottom and have your son or daughter return it during the next session.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. Two types of STI's discussed today are infections caused by b_____ or **V**_____ and are spread by sexual activity.

   Which type is incurable (i.e., you have it for life)?

2. If left untreated, Gonorrhea and Chlamydia may cause **P**_____ **I**_____ **D**_____ in females, which can result in infertility or death.

3. Give two examples each of viral and bacterial STI's.

The Big 3:

- STIs spread quickly and easily.
- The most common symptom of an STI is no symptom. If you have been sexually active, get tested!
- Choosing not to have sex (vaginal, oral, anal, or outercourse) until you are in a faithful lifelong relationship is the only 100% way to protect yourself from STIs. If you are sexually active, or in a faithful lifelong relationship with someone who has an STI, it is important to use a condom every time to reduce the risk of spreading the STI.

Session 8.4: Sexually Transmitted Infections (STIs)

PARENT CONNECTION FORM

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

PARENT CONNECTION FORM

Session 8.5: Emotional Needs and Bonding

Dear Parent or Guardian,

During today's Nu-CULTURE session we discussed emotional needs such as respect, belonging, support, and love. We discussed how some teens may try to meet these needs through sexual activity without understanding the potential consequences (e.g. heartbreak, STIs, pregnancy). At Healthy Futures, we want teens to choose healthy relationships, where there is respect for the choice to delay sexual activity until a faithful, lifelong relationship. Please review the following exercises with your teen, then complete the bottom portion of this form and have your son or daughter return it the next school day.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. Why do people choose to be in relationships?

2. What are the three risks of sexual activity?

3. Name three emotional needs that are important to you.

The Big 3:

- We all have emotional needs that need to be met to be successful in life.
- It is important to meet our emotional needs in a healthy way.
- Sexual activity creates emotional bonds that lead to heartache if they are broken.

Session 8.5: Emotional Needs and Bonding

PARENT CONNECTION FORM

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

PARENT CONNECTION FORM

Session 8.6: Healthy and Unhealthy Relationships

Dear Parent or Guardian,

Healthy Futures recognizes that the greatest joys and sorrows of life come about through relationships. As a relationship education organization, we are committed to helping teens learn the difference between healthy and unhealthy relationships.

We cautioned students to realize that it takes time to know whether or not another person will be truly caring and supportive of their choices to pursue their goals and dreams.

We join you in wanting your children to develop skills to avoid emotionally unhealthy relationships and choose healthy relationships based on respect.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. Today we watched a movie called All Falls Down that was about _____ couples and the c_____ that they made.

2. Name 4 qualities of a healthy relationship:

   _____ _____ _____ _____

3. To know true qualities of a person you have to take time to _____

   _____ _____ _____.

The Big 3:

- A healthy relationship is one that **builds up both people emotionally and physically.**
- It is important to know the **characteristics of a healthy relationship** so that you can know if you are in one.
- Choosing a healthy relationship can help you avoid risky behaviors and achieve your goals and dreams.

PARENT CONNECTION FORM

Session 8.6: Healthy and Unhealthy Relationships

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

PARENT CONNECTION FORM

Session 8.7: Peer Pressure and Avoiding Risky Behavior

Dear Parent or Guardian,

Throughout the course of this program, Healthy Futures has encouraged students to recognize that choices have consequences. Being aware of consequences helps students make informed choices--but of course, choosing healthy behaviors will have no effect unless young people also learn how to defend those decisions.

Today's Healthy Futures session equipped students to set limits on sexual activity and provided some suggestions for defending those limits.

We believe the time you are spending working through these Parent Connection Forms together is important to your teen. Once you have worked through the following exercises, please complete the bottom portion and have your son or daughter return it to school during the next session.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. Today we talked about what it is called when someone your own age tries to get you to do something that you might not want to do. We call that p_____ p_____.
2. Some limits I have decided to set for myself in relationships are:
3. Three ways people respond to pressure are p_____, a_____, a_____.

The Big 3:

- It's important to respond to peer pressure with an assertive answer.
- Self-control is like a muscle, the more your exercise it, the stronger you will be. You need to exercise self-control to practice delayed gratification.
- It's important to set limits in relationships so that you stick with your healthy choices. Make decisions about limits before you're in a high pressure situation.

PARENT CONNECTION FORM

Session 8.7: Peer Pressure and Avoiding Risky Behavior

My child, _____ _____ and I discussed this handout.
First Name Last Name

_____ _____ _____
Signature of Parent or Guardian Date Email Address (Please Print Clearly)

_____ _____
Parent or Guardian (Print Name) School Name

I authorize Healthy Futures (HF) to use, in whole or in part, my child's likeness, image, and performance during his/her participation in the program as HF shall determine in its sole discretion. HF and its successors and assigns, shall own all right, title and interest, including the copyright(s) of these images to be used without limitation as HF shall determine in its sole discretion. HF is not liable for unintentional misrepresentation of information derived from these images.

_____
Signature of Parent or Guardian

PARENT CONNECTION FORM

Dear Parent or Guardian,

During today's Nu-CULTULRE session we discussed laws related to sexual activity as a teen and sexual assault. We also discussed how common sexual images are in media and how media shapes how we see the world, usually before we realize it. Please review the following form with your teen, and talk with him or her about the laws related to sexual activity and assault in your state as well as how the media influences him or her.

We hope you have enjoyed these discussions with your son or daughter, and we want to thank you for allowing your child to participate in our program.

Sincerely,

Rhea Gordon
Executive Director
Healthy Futures

_____
Principal/Facilitator

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1. In the eyes of the law, a person is guilty of sexual abuse of a minor if either party is under the age of _____, even if both parties gave permission for the action (also called "the age of consent.").

2. Think of the songs that you usually listen to, the TV shows that you watch and the advertisements that you see most often. Do these forms of media talk about or allude to sex? If so, what is the implied message? Do these messages talk about the consequences of sexual activity? How does this line up with the risks that we discussed in our program?

The Big 3:

- There can be legal consequences to sexual activity.
- Nobody has the right to demand sex. Forced sex is against the law.
- The media often uses sex to sell products. Be aware of the obvious and hidden messages in the media you use (television, music, magazines, social media, etc.) and the influence the media has on your decisions.

3. My favorite part of the Healthy Futures Program was _____

_____

_____

4. One thing that I learned was _____

_____

_____

5. I still have questions about _____

_____

_____

Appendix D

Feedback Forms

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Participant Feedback Form
8th Grade

Name: _____ Date: _____

What was your favorite part of the Nu-CULTURE program?

What was the most important thing that you learned?

Comments:

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Participant Feedback Form
8th Grade

Name: _____ Date: _____

What was your favorite part of the Nu-CULTURE program?

What was the most important thing that you learned?

Comments:

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Participant Feedback Form
8th Grade

School: _____ **Age:** _____

Sex *(Please circle one)*: **Male** or **Female**

Are you Hispanic or Latino? _____ **Yes** _____ **No**

What is your race? You may mark more than one answer.

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Other (please specify): _____

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Participant Feedback Form
8th Grade

School: _____ **Age:** _____

Sex *(Please circle one)*: **Male** or **Female**

Are you Hispanic or Latino? _____ **Yes** _____ **No**

What is your race? You may mark more than one answer.

_____ American Indian/Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

_____ Other (please specify): _____

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Teacher Feedback Form
8th Grade

Name: _____ Date: _____

School: _____

What section is this class (as assigned by Healthy Futures)? _____

Name(s) of presenter(s): _____

Please rate the material presented according to the following criteria:

	Strongly Agree (5)	(4)	Neutral (3)	(2)	Strongly Disagree (1)
Effective	○	○	○	○	○
Clear	○	○	○	○	○
Interesting	○	○	○	○	○
Relevant	○	○	○	○	○
Age-appropriate	○	○	○	○	○

Please rate the presenter according to the following criteria:

	Strongly Agree (5)	(4)	Neutral (3)	(2)	Strongly Disagree (1)
Effective	○	○	○	○	○
Knowledgeable	○	○	○	○	○
Confident	○	○	○	○	○
Clear	○	○	○	○	○
Engages students	○	○	○	○	○

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Teacher Feedback Form
8th Grade

What was your favorite part of the Nu-CULTURE program?

Why would you recommend the Nu-CULTURE program to others?

What reservations would you have about recommending the Nu-CULTURE program to others?

Other comments/suggestions:

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Appendix E

State and National Standards

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.1: (Re-)Introduction to Healthy Futures; Goals and Dreams; and Healthy Relationships	**D.8.DM.1** Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make. **HR.8.CC.1** Compare and contrast the characteristics of healthy and unhealthy relationships. **HR.8.CC.3** Analyze the similarities and difference between friendships and romantic relationships. **HR.8.IC.1** Demonstrate communication skills that foster healthy relationships. **HR.8.IC.2** Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others. **HR.8.INF.1** Analyze the ways in which friends, family, media, society and culture can influence relationships. **HR.8.SM.1** Establish the criteria for evaluating the health of a relationship. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation.	**5.7:** *Social and Mental Health* Identify and describe the experience of different feelings and how feelings affect daily functioning. **5.8:** *Social and Mental Health* Identify the causes and effects of depression and how to seek help. **5.9:** *Social and Mental Health* Describe the relationship among physical appearance, changes in the body, and self-concept and self-esteem. **5.10:** *Social and Mental Health* Describe the contribution of a personal support system to good mental health. **6.8:** *Family Life* Describe ways in which relationships among parents and children change during adolescence, and compare peer and parental influence. **7.3:** *Interpersonal Relationships* Describe the concept of friendship and contrast qualities that strengthen or weaken a friendship, including the importance of sound character in interacting with others. **7.7:** *Interpersonal Relationships* Recognize the positive contribution of character traits to relationships, the benefit to relationships, which include understanding and respecting individual difference, and the detrimental effect of prejudice on individual relationships and society as a whole.	

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

Nu-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.1: (Re-)Introduction to Healthy Futures; Goals and Dreams; and Healthy Relationships *(Continued)*		**7.8:** *Interpersonal Relationships* Describe the purpose of dating and acceptable attitudes and appropriate conduct.	

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.2: Puberty, Pregnancy, and Abstinence	**AP.8.CC.1** Describe male and female sexual and reproductive systems including body parts and their functions. **AP.8.AI.1** Identify accurate and credible sources of information about sexual health. **HR.8.INF.1** Analyze the ways in which friends, family, media, society and culture can influence relationships. **HR.8.IC.1** Demonstrate communication skills that foster healthy relationships. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation. **PD.8.CC.1** Describe the physical, social, cognitive, and emotional changes of adolescence. **PD.8.AI.1** Identify medically accurate sources of information about puberty, adolescent development, and sexuality. **PD.8.DM.1** Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make. **PR.8.CC.1** Define sexual intercourse and its relationship to human reproduction.	**1.6:** *Growth and Development* Identify the stages of human life cycle. **1.7:** *Growth and Development* Explain the function of the human body systems and how body systems work together. **1.8:** *Growth and Development* Describe the influence of health habits on growth and development. **1.9:** *Growth and Development* Apply skills that increase immediate peak functioning of body systems. **4.1:** *Reproduction/Sexuality* Identify components, functions, and processes of the reproductive system. **4.2:** *Reproduction/Sexuality* Identify the physical changes as related to the reproductive system during puberty. **4.5:** *Reproduction/Sexuality* Recognize the emotional and physical changes as related to the reproductive system during puberty. **4.6:** *Reproduction/Sexuality* Explain the benefits of abstinence, postponing sexual behavior, and setting limits on sexual behavior. **4.7:** *Reproduction/Sexuality* Describe short and long-term consequences of sexuality-related risk behaviors and identify barriers and supports for making health-enhancing decisions.	

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

Nu-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.2: Puberty, Pregnancy, and Abstinence *(Continued)*	**PD.8.AI.1** Identify medically accurate sources of information about sexuality, pregnancy prevention, and reproductive health care.		

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	_____ STATE STANDARD
Session 8.3: Contraception	**AP.8.AI.1** Identify accurate and credible sources of information about sexual health. **HR.8.IC.1** Demonstrate communication skills that foster healthy relationships. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation. **PD.8.CC.1** Describe the physical, social, cognitive, and emotional changes of adolescence. **PR.8.CC.3** Explain the health benefits, risks, and effectiveness rates of various methods of contraception including abstinence and condoms. **PD.8.AI.1** Identify medically accurate sources of information about puberty, adolescent development, and sexuality. **PD.8.DM.1** Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make. **PR.8.CC.1** Define sexual intercourse and its relationship to human reproduction.	**4.1:** *Reproduction/Sexuality* Identify components, functions, and processes of the reproductive system. **4.2:** *Reproduction/Sexuality* Identify the physical changes as related to the reproductive system during puberty. **4.6:** *Reproduction/Sexuality* Explain the benefits of abstinence, postponing sexual behavior, and setting limits on sexual behavior. **4.8:** *Reproduction/Sexuality* Describe behaviors and methods for pregnancy prevention, including abstinence. **7.9:** *Interpersonal Relationships* Explain the benefits of abstinence, postponing sexual behavior, and setting limits on sexual behavior.	

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

Nu-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
Session 8.3: Contraception *(Continued)*	**PD.8.AI.1** Identify medically accurate sources of information about sexuality, pregnancy prevention, and reproductive health care. **PR.8.SM.1** Describe the steps to using a condom correctly.		

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.4: Sexually Transmitted Infections (STIs)	**AP.8.AI.1** Identify accurate and credible sources of information about sexual health. **PD.8.DM.1** Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make. **HR.8.CC.1** Compare and contrast the characteristics of healthy and unhealthy relationships. **HR.8.IC.1** Demonstrate communication skills that foster healthy relationships. **HR.8.IC.2** Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation. **PD.8.AI.1** Identify medically accurate sources of information about sexuality, pregnancy prevention, and reproductive health care. **PR.8.SM.1** Describe the steps to using a condom correctly.	**4.6:** *Reproduction/Sexuality* Explain the benefits of abstinence, postponing sexual behavior, and setting limits on sexual behavior. **4.7:** *Reproduction/Sexuality* Describe short and long-term consequences of sexuality-related risk behaviors and identify barriers and supports for making health-enhancing decisions. **7.9:** *Interpersonal Relationships* Explain the benefits of abstinence, postponing sexual behavior, and setting limits on sexual behavior. **8.2:** *Disease Prevention and Control* Identify the common symptoms of illness and recognize that being responsible for individual health means alerting caretakers to any symptoms of illness. **8.3:** *Disease Prevention and Control* Apply skills to prevent and control the spread of disease, including those that help promote cleanliness. **8.5:** *Disease Prevention and Control* Identify ways individuals can reduce risk factors related to communicable and chronic disease. **14.5:** *Community and Public Health* Identify the origins and accuracy of facts in social messages that promote healthy and unhealthy behaviors.	

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.4: Sexually Transmitted Infections (STIs) *(Continued)*	**SH.8.AI.1** Identify medically accurate information about STDs, including HIV. **SH.8.AI.1** Identify local STD and HIV testing and treatment resources. **SH.8.CC.1** Define STDs, including HIV, and how they are and are not transmitted. **SH.8.CC.2** Compare and contrast behaviors, including abstinence, to determine the potential risk of STD/HIV transmission from each. **SH.8.CC.3** Describe the signs, symptoms, and potential impacts of STDs, including HIV. **SH.8.GS.1** Develop a plan to eliminate or reduce risk for STDs, including HIV. **SH.8.IC.1** Demonstrate the use of effective communication skills to reduce or eliminate risk for STDs, including HIV.		

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.5: Emotional Needs and Bonding	**HR.8.CC.1** Compare and contrast the characteristics of healthy and unhealthy relationships. **HR.8.CC.3** Analyze the similarities and difference between friendships and romantic relationships. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation.	**5.7:** *Social and Mental Health* Identify and describe the experience of different feelings and how feelings affect daily functioning. **5.8:** *Social and Mental Health* Identify the causes and effects of depression and how to seek help. **5.9:** *Social and Mental Health* Describe the relationship among physical appearance, changes in the body, and self-concept and self-esteem. **5.10:** *Social and Mental Health* Describe the contribution of a personal support system to good mental health. **7.7:** *Interpersonal Relationships* Recognize the positive contribution of character traits to relationships, the benefit to relationships which include understanding and respecting individual difference, and the detrimental effect of prejudice on individual relationships and society as a whole.	

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† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.6: Healthy and Unhealthy Relationships	**HR.8.IC.2** Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others. **HR.8.INF.1** Analyze the ways in which friends, family, media, society and culture can influence relationships. **HR.8.CC.1** Compare and contrast the characteristics of healthy and unhealthy relationships. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation. **PD.8.DM.1** Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make, including various sexual health decisions. **PR.8.IC.1** Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors. **PR.8.INF.1** Examine how alcohol and other substances, friends, family, media, society and culture influence decisions about engaging in sexual behaviors.	**6.7:** *Family Life* Describe those one can trust or turn to for help when needed, such as a support system that can include relatives, friends, neighbors, community organizations, and faith-based groups **7.5:** *Interpersonal Relationships* Apply attentive listening, feedback, and assertiveness skills to enhance positive interpersonal communications. **7.6:** *Interpersonal Relationships* Explain how peer pressure influences choices and apply strategies for managing negative peer pressure and encouraging positive peer pressure. **7.8:** *Interpersonal Relationships* Describe the purpose of dating and acceptable attitudes and appropriate conduct. **10.8:** *Tobacco, Alcohol, & Substance Use/Abuse Prevention* Demonstrate ways of refusing and of sharing preventive health information about tobacco, alcohol, and other drugs with peers. **11.4:** *Violence prevention* Identify helping resources regarding violence in the school and community.	

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.7: Peer Pressure and Avoiding Risky Behavior	**PD.8.DM.1** Demonstrate the use of a decision-making model and evaluate possible outcomes of decisions adolescents might make. **HR.8.CC.1** Compare and contrast the characteristics of healthy and unhealthy relationships. **HR.8.IC.2** Demonstrate effective ways to communicate personal boundaries and show respect for the boundaries of others. **ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation. **PR.8.IC.1** Demonstrate the use of effective communication skills to support one's decision to abstain from sexual behaviors.	**5.2:** *Mental Health* Apply methods to accommodate a variety of feelings in a constructive manner in order to promote well-being. **5.5:** *Mental Health* Explain and practice a model for decision-making that includes gating information, predicting outcomes, listing advantages and disadvantages, identifying moral implications, and evaluating decisions. **7.6:** *Interpersonal Relationships* Explain how peer pressure influences choices and apply strategies for managing negative peer pressure and encouraging positive peer pressure. **7.7:** *Interpersonal Relationships* Recognize the positive contribution of character traits to relationships, the benefit to relationships which include understanding and respecting individual difference, and the detrimental effect of prejudice on individual relationships and society as a whole. **7.8:** *Interpersonal Relationships* Describe the purpose of dating and acceptable attitudes and appropriate conduct.	

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Appendix F. 8th Grade Nu-CULTURE Content and Corresponding National and State Standards in Health and Sexuality Education

NU-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.8: Sex and the Law; Media Influence; Review Topics and Discuss Lessons Learned	**ID.8.IC.1** Communicate respectfully with and about people of all gender identities, gender expressions, and sexual orientation. **HR.8.INF.1** Analyze the ways in which friends, family, media, society and culture can influence relationships. **HR.8.SM.2** Describe strategies to use social media safely, legally, and respectfully **PS.8.AI.1** Identify sources of support such as parents or other trusted adults that they can go to if they are or someone they know is being bullied, harassed, abused, or assaulted. **PS.8.CC.3** Explain that no one has the right to touch anyone else in a sexual manner if they do not want to be touched. **PS.8.CC.4** Explain why a person who has been raped or sexually assaulted is not at fault. **PS.8.IC.1** Demonstrate ways to communicate with trusted adults about bullying, harassment, abuse or assault. **PS.8.SM.1** Describe ways to treat others with dignity and respect.	**4.10:** *Reproduction/Sexuality* Identify sexual discrimination and harassment. **9.4:** *Safety and Prevention* Describe safe, unsafe, and inappropriate touch. **9.5:** *Safety and Prevention* Demonstrate the use of assertive behavior, refusal skills, and actions intended for personal safety. **9.10:** *Safety and Prevention* Recognize sexual abuse and child abuse and how to get help. **11.6:** *Violence Prevention* Identify the social and emotional consequences of harassment. **11.10:** *Violence Prevention* Explain the signs of abuse in relationships and identify the available resources in schools and the local community.	

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Nu-CULTURE SESSION	NATIONAL STANDARD*	MASSACHUSETTS† STATE STANDARD	STATE STANDARD
8.8: Sex and the Law; Media Influence; Review Topics and Discuss Lessons Learned *(Continue)*	**PS.8.SM.2** Demonstrate ways they can respond when someone is being bullied or harassed. Describe situations and behaviors that constitute bullying, sexual harassment, sexual abuse, sexual assault, incest, rape, and dating violence.		

* National Sexuality Education Standards (Available Online at http://www.futureofsexed.org/fosestandards.html)
† Massachusetts Comprehensive Health Education Curriculum Framework (Available Online at http://www.doe.mass.edu/frameworks/current.html)

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Healthy Futures Alignment with K-12 Standards for Optimal Sexual Development:
Founded on Positive Character and Healthy Relationships

References: [29-45] **K-12 Standards for Optimal Sexual Development**

1. POSITIVE CHARACTER

A. Positive Character Strengths: Identifying and developing positive character strengths enable youth to make healthy decisions and set and commit to short-and long-term goals.

STUDENTS WILL BE ABLE TO:	
1.A.1. Define and give examples of positive character strengths, such as honesty, fairness, courage, self-control, kindness, respect and responsibility.	Session 6.4 Interpersonal interactions and Romantic Relationships Session 7.2 Basic Human Needs, Levels of Friendship
1.A.2. Describe the importance of positive character strengths and how they promote healthy behaviors and empower youth to avoid risky and unhealthy behaviors.	Session 6.5 Healthy Relationships with Family and Peers Session 7.4. Stress, Positive Character Traits, Peer Pressure
1.A.3. Explain the importance of personal dignity and the value of self and others.	Activity 6.7.4 Dollar Bill Activity
1.A.4. Acknowledge that all people deserve respect regardless of whether their views agree with or differ from the student's own.	Session 6.4 Interpersonal interactions and Romantic Relationships
1.A.5. Recognize that all people have inherent value and dignity and can contribute much in life, regardless of differences, disabilities or medical conditions.	Session 6.3 Gender Reflections, Emotional Needs, Identity and Self-Concept
1.A.6. Explain how practicing self-control can build confidence, self-respect and self-esteem.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.7 Peer Pressure and Avoiding Risky Behavior
1.A.7. Discuss how fulfilling responsibilities and making positive contributions at home, at school, and within the community can build character and self-esteem.	Session 6.5 Healthy Relationships with Family and Peers Session 7.1 Introduction to Healthy Futures, Keys to Success Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
1.A.8. Cite examples of how courage and grit/resilience help people develop self-respect when they resist social pressure to do things that may be harmful or unhealthy.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure
1.A.9. Define why maturity requires the attainment of cognitive, social, and emotional growth and development.	Session 6.1 can be easily expanded to include this objective. Session 7.4 can be easily expanded to include this objective.
1.A.10. Discuss how people progress and mature by learning from mistakes, delaying immediate gratification, and being life-long learners.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.2 can be easily expanded to cover this objective.

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1.A.11. Identify ways in which the media, social media and technology influence values, community norms and behavior.	Session 6.7 Conflict Resolution skills; Sexual Abuse and Cyber Assault Activity 7.2.6 can be expanded to include this full objective. Session 8.8 Sex and the Law, Media Influence

B. **Decision-Making:** Healthy decision-making involves choosing the course of action that leads to optimal health and positive outcomes. *References: [46-59]*

STUDENTS WILL BE ABLE TO:	
1.B.1. Explain how parents, family members and members of the community can serve as positive role models and resources for advice and guidance when making decisions.	Activity 6.1.5 Mission Possible Session 7.1 Introduction to Healthy Futures, Keys to Success Session 8.1 Introduction to Healthy Futures, Goals and Dreams and Healthy Relationships
1.B.2. Explain how maturity is developed and demonstrated by consistently choosing behaviors that are healthy, beneficial and socially responsible, and by learning from past mistakes.	Session 6.5 Healthy Relationships with Family and Peers Session 7.1 Introduction to Healthy Futures, Keys to Success Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships Activity 8.2.2 Puberty Review, Activity 8.2.3 Pregnancy Review
1.B.3. Acknowledge that cognitive maturity is not fully reached until the late 20s; therefore, guidance from parents, family members or other trusted adults is beneficial and should be sought for healthy decision-making.	Can be easily added to Activity 6.1.6 Decision Making And Activity 6.1.7 Decision Making Scale
1.B.4. Discuss how healthy decision-making includes reasoning, problem-solving, self-control, and establishing and adhering to personal boundaries (i.e., self-determined limits or standards for personal behavior).	Can be easily added to Activity 6.1.6 Decision Making And Activity 6.1.7 Decision Making Scale Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks
1.B.5. State that healthy decisions are not based primarily on emotions, but on accurate information, positive intentions, and goals, in addition to advice and guidance from parents, family members and other trusted adults.	Can be easily added to Activity 6.1.6 Decision Making And Activity 6.1.7 Decision Making Scale Session 7.1 Introduction to Healthy Futures, Keys to Success
1.B.6. Compare and contrast the positive and negative consequences, both short- and long-term, for self and others of common choices.	Can be easily added to Activity 6.1.6 Decision Making And Activity 6.1.7 Decision Making Scale Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks, 7.6. Consequences of Sexual Activity- STIs
1.B.7. Give examples of how a person's decisions can be positively or negatively influenced by others, including peers.	Can be easily added to Activity 6.1.6 Decision Making And Activity 6.1.7 Decision Making Scale
1.B.8. Explain how abuse of alcohol, drugs and other substances negatively impacts healthy decision-making, problem-solving and refusal skills.	Activity 6.1.6 & 6.1.7 Decision Making and Decision-Making Scale Session 6.6 Abstinence and Developing Refusal Skills Session 8.7 Peer Pressure and Avoiding Risky Behavior

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1.B.9. Describe positive and negative ways that media, social media and technology can influence decision-making.	Can be easily added to Activity 6.1.6 Decision Making And Activity 6.1.7 Decision Making Scale Can be easily added to Session 7.7 Session 8.8 Sex and the Law, Media Influence

C. COMMITMENT AND GOAL SETTING

Character is essential for committing to and achieving healthy goals. Every student should be encouraged to plan for a positive future and accomplish personal goals. *References: [38, 60-66]*

STUDENTS WILL BE ABLE TO:	
1.C.1. Define and give examples of short- and long-term personal goals.	Session 7.1 Introduction to Healthy Futures, Keys to Success
1.C.2. Describe the steps of setting and accomplishing goals including intentionality, gathering information, planning ahead, using time effectively and revising goals and strategies as needed.	Session 7.1 Introduction to Healthy Futures, Keys to Success
1.C.3. List character strengths that help individuals achieve goals, including hard work, determination, and grit/resilience.	Activity 6.1.3 Qualities of a good friend Session 7.4 Stress, Positive Character Traits and Peer Pressure
1.C.4. Discuss how keeping promises and fulfilling responsibilities help develop the character strength of commitment.	Activity 6.1.3 Qualities of a good friend Session 7.4 Stress, Positive Character Traits and Peer Pressure
1.C.5. Provide examples of delaying immediate or short-term gratification in order to achieve a more important future goal.	Session 8.7 Peer Pressure and Avoiding Risky Behavior
1.C.6. Explain how good friends who bring out the best in each other achieve positive goals.	Activity 6.1.3 Qualities of a good friend
1.C.7. Analyze how setting and committing to personal boundaries help a person avoid unhealthy behaviors.	Activity 7.5.3 Session 8.7 Peer Pressure and Avoiding Risky Behavior
1.C.8. Discuss the sequential steps necessary to accomplish future life goals, in areas such as education, work, marriage and family.	Session7.1 Introduction to Healthy Futures, Keys to Success Session 8.1 Introduction to Healthy Futures, Optional Success Sequence Activity

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D. REFUSAL AND CESSATION SKILLS

Developing and using skills to refuse or cease unhealthy behaviors will promote optimal health, self-esteem, and goal achievement. *References: [67-70]*

STUDENTS WILL BE ABLE TO:	
1.D.1. List the benefits of practicing self-control, such as delaying immediate gratification, resisting negative peer pressure and avoiding the risks of impulsive behaviors.	Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
1.D.2. Cite examples of setting and articulating personal boundaries, including avoiding situations, people, places and things that can negatively influence decisions.	Activity 7.4.8 Peer Pressure and Refusal Skills Activity 7.4.9 Refusal Scenarios Activity 7.5.3 Rules, Limits and Boundaries Activity 7.5.5 Pregnancy Scenario Session 8.7 Peer Pressure and Avoiding Risky Behaviors
1.D.3. Give examples of how someone can stop unhealthy behaviors and replace them with healthy behaviors.	Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
1.D.4. Explain how positive peer pressure can help a person make healthy choices and encourage others to do the same.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Activity 7.4.9 Refusal Scenarios Session 7.5 Consequences of Sexual Activity – Pregnancy and Emotional Risks Session 8.7 Peer Pressure and Avoiding Risky Behaviors
1.D.5. Model resisting negative peer pressure and avoiding dangerous situations, including saying "no" assertively.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Activity 7.4.9 Refusal Scenarios Session 7.5 Consequences of Sexual Activity – Pregnancy and Emotional Risks Session 8.7 Peer Pressure and Avoiding Risky Behaviors
1.D.6. Elaborate on how connectedness to family, friends and other supportive people can be helpful in making healthy decisions and stopping unhealthy behaviors.	Session 6.5 Healthy Relationships with Family and Peers Session 7.1 Introduction to Healthy Futures, Keys to Success Session 7.2 Basic Human Needs and Levels of Friendship
1.D.7. List character strengths that help individuals resist or cease unhealthy behaviors, including courage, hard work, perseverance, self-control and self-respect.	Sessions 7.5, 7.6, 8.2, 8.3, 8.4 address sexually transmitted infections, contraception and the benefits of choosing abstinence even if someone has been sexually active in the past. Session 6.1 Introduction to Healthy Futures, Understanding Qualities of a Good Friend and Positive Personal Character Traits. Session 7.4 Stress, Positive Character Traits, Peer Pressure

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2. HEALTHY RELATIONSHIP SKILLS

A. FAMILY

Members of a family can be the most important sources of love, support and guidance to promote personal health and well-being and create healthy communities. *References: (39,65, 71-81)*

STUDENTS WILL BE ABLE TO:	
2.A.1. Identify Factors that contribute to the success and legacy of the family, such as empathy, kindness, honesty, respect, trust, overcoming adversity, patience and forgiveness.	Session 6.5 Healthy Relationships with Family and Peers Session 7.2 Basic Human Needs, Levels of Friendships Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
2.A.2. Explain how healthy families typically share values, provide love and emotional support, set boundaries and limits, and help members achieve their full potential.	Session 6.5 Healthy Relationships with Family and Peers Session 7.2 Basic Human Needs, Levels of Friendships Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
2.A.3. Identify parents, family members and trusted adults with whom to discuss the life cycle, (i.e., birth, growing, aging, and death).	Not directly addressed but can be easily added to Session 6.5 and Session 7.2 Basic Human Needs, Levels of Friendships and in 8.1 Introduction to Healthy Futures
2.A.4. Explain the importance of relationships with parents, family members, and trusted adults for guidance and support in discussing sexual topics.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risk
2.A.5. Describe ways in which media, social media, and technology can both strengthen and threaten family relationships.	Not directly addressed but can be easily added to Session 6.6 and 7.2, and 8.1.
2.A.6. Discuss how those from difficult family backgrounds can make healthy decisions and achieve healthy marriages and families of their own in the future.	Session 6.1 Introduction to Healthy Futures: Understanding Qualities of a Good Friend and Positive Personal Character Traits. Session 7.2 , and 8.1 can be expanded to include this objective.
2.A.7. Report on research regarding family structure and how it contributes to optimal health and well-being of children, adults and communities.	Not directly addressed but can be easily added to Session 6.5 Session 7.2 , and 8.1 can be expanded to include this objective
2.A.8. Compile research on the negative effects of adverse childhood experiences (ACEs), such as emotional and physical abuse and how they can be overcome.	Not directly addressed but can be easily added to Session 6.5 and Session 7.2 and 8.1.

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B. FRIENDSHIPS

Healthy friendships play an important role in human development and healthy decision-making. *References: (82-89)*

STUDENTS WILL BE ABLE TO:	
2.B.1. List characteristics of healthy friendships, including empathy, sharing, kindness, honesty, respect, trust, cooperation, patience and forgiveness.	Session 6.1 Introduction to Healthy Futures: Understanding Qualities of a Good Friend and Positive Personal Character Traits Session 7.2 Basic Human Needs, Levels of Friendship Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
2.B.2. Identify benefits of healthy friendships and social supports for physical, intellectual, emotional social and spiritual well-being, including encouragement to make healthy choices and achieve one's full potential.	Session 6.1 Introduction to Healthy Futures: Understanding Qualities of a Good Friend and Positive Personal Character Traits Session 7.2 Basic Human Needs, Levels of Friendship Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional Needs
2.B.3. Demonstrate effective communication skills that will help make and sustain healthy friendships, including listening and using respectful language and sharing emotions and opinions.	Session 6.4 Interpersonal Interactions and Romantic Relationships Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.7 Peer Pressure and Avoiding Risky Behavior
2.B.4. Explain why good friends don't encourage unhealthy choices, exploit each other, socially isolate, gossip, name call, bully or stigmatize.	Session 6.1 Introduction to Healthy Futures: Understanding Qualities of a Good Friend and Positive Personal Character Traits Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.6 Healthy and Unhealthy Relationships Session 8.7 Peer Pressure and Avoiding Risky Behavior
2.B.5. Define and discuss positive strategies to address bullying, resolve conflict and provide positive peer support.	Session 6.7 Conflict Resolution Skills; Sexual Abuse and Cyber Assault Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.7 Peer Pressure and Avoiding Risky Behavior
2.B.6. Describe how character strengths practiced in friendships, such as honesty and respect, contribute to healthy dating relationships and healthy marriages in the future.	Session 6.4 Interpersonal interactions and Romantic Relationships Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.6 Healthy and Unhealthy Relationships Session 8.7 Peer Pressure and Avoiding Risky Behavior

C. DATING

Healthy and safe dating/romantic relationships, delayed until older adolescence, benefit from maturity, guidance and support. *References: (90-94)*

STUDENTS WILL BE ABLE TO:	
2.C.1. Explain why healthy friendships are the best foundation for romantic relationships.	Session 6.1 Introduction to Healthy Futures: Understanding Qualities of a Good Friend and Positive Personal Character Traits Session 7.2 Basic Human Needs, Levels of Friendship Session 8.5 Emotional Needs and Bonding

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	Session 8.6 Healthy and Unhealthy Relationships
2.C.2. Compare and contrast characteristics of healthy romantic relationships (respect, consideration, kindness, encouragement, giving) with those of unhealthy relationships (disrespect, selfishness, exploitation, control, dishonesty).	Session 6.5 Healthy Relationships with Family and Peers Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to include this objective. Session 8.6 Healthy and Unhealthy Relationships
2.C.3. Analyze factors to be considered in preparing for dating and marriage, including setting personal boundaries, respecting family guidelines, sharing values, exploring compatibilities and marriage partner selection.	Most of this objective is addressed in Session 6.4 Interpersonal Interactions and Romantic Relationships Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.6 Healthy and Unhealthy Relationships can be expanded to include this full objective
2.C.4. Discuss different reasons for dating and how it can positively or negatively influence short-and long-term life goals.	Session 6.4 Interpersonal Interactions and Romantic Relationships Session 7.4 Stress, Positive Character Traits, Peer Pressure can be easily expanded to include this objective.
2.C.5. Compare and contrast advantages and disadvantages of one-on-one dating and group dating.	Not directly addressed but can be easily added to Session 6.4, and Session 8.5 Emotional Needs and Bonding
2.C.6. Outline healthy strategies for dating such as setting boundaries, dating in groups of trusted friends, delaying individual dating until older adolescence, and dating someone of similar age.	Session 6.6 Abstinence and Developing Refusal Skills can be easily expanded to include this full objective. Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.6 Healthy and Unhealthy Relationships can be easily expanded to include this full objective.
2.C.7. Compare and contrast love and infatuation (lasting commitment to the well-being of another person vs. emotional attraction that is usually fleeting, intense and often irrational).	Session 6.4 Interpersonal Interactions and Romantic Relationships Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.5 Emotional Needs and Bonding
2.C.8. List examples of verbally and nonverbally expressing affection in healthy non-sexual ways.	Session 6.4 Interpersonal Interactions and Romantic Relationships Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.5 Emotional Needs and Bonding
2.C.9. List specific personal boundaries for healthy, nonsexual physical contact, and strategies for communicating then early in dating relationships to help prevent sexual activity and dating violence.	Session 6.6 Abstinence and Developing Refusal Skills can be easily expanded to include this full objective. Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.7 Peer Pressure and Avoiding Risky Behavior
2.C.10. Identify characteristics of unhealthy relationships which can lead to dating violence,	Session 6.5 Healthy Relationships with Family and Peers Session 6.7 Conflict Resolution Skills; Sexual Abuse and Cyber Assault. Session 7.7 Sexual Offences

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coercion and abuse, and describe strategies for seeking help and support.	Session 6.5 Healthy Relationships with Family and Peers can be easily expanded to cover this objective. Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.8 Sex and the Law
2.C.11. Explore safe and respectful ways to end an unhealthy or unwanted romantic relationship.	Session 6.7 Conflict Resolution Skills; Sexual Abuse and Cyber Assault. Session 7.2 Basic Human Needs, Levels of Friendship Session 8.7 Peer Pressure and Avoiding Risky Behavior
2.C.12. Cite examples of how social media and cultural influences impact dating.	Session 6.4 Interpersonal Interactions and Romantic Relationships can be easily expanded to include this objective. Session 8.8 Sexual and the Law, Media Influence
2.C.13. Present research showing that delayed dating is related to delayed onset of sexual activity.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks can be easily expanded to include this objective. Session 8.5 Emotional Needs and Bonding can be easily expanded to include this objective.

D. MARRIAGE

Healthy, strong marriages contribute to healthy families and communities. *References: (95-110)*

STUDENTS WILL BE ABLE TO: **2.D.1.** Define a healthy marriage as the mutually committed, monogamous union of a couple, intended to be lifelong, that is granted rights and responsibilities by law.	Session 6.5 Healthy Relationships with Family and Peers can be easily expanded to cover this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.6 Healthy and Unhealthy Relationships
2.D.2. Name qualities of a healthy marriage, such as mutual commitment, fidelity, respect, trust, compatibility, giving, service, effective communication, ability to resolve conflict, and sharing values and goals.	Session 6.5 Healthy Relationships with Family and Peers can be easily expanded to cover this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.6 Healthy and Unhealthy Relationships can be easily expanded to include this objective.
2.D.3. Identify the characteristics needed to sustain a marriage relationship through difficult times including commitment, compromise, forgiveness, effective communication,	Not addressed directly but Session 8.6 could be easily expanded to include this objective.

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perseverance, and seeking counseling when needed.	
2.D.4. Specify the benefits of a healthy marriage including a lifelong, committed caring relationship for the couple; increased financial stability, personal happiness, and life satisfaction; and a safe and stable environment for raising children and building healthy communities.	Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.D.5. List the elements of a healthy marriage that encourage intimacy and bonding, including trust, vulnerability, and sexual fulfillment.	Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Optional Success Sequence Lesson in Session 8.1 can be easily expanded to include this objective.
2.D.6. State that a healthy marriage is supportive of a person's physical, intellectual, emotional, social, spiritual, and financial health and well-being; and therefore, is the optimal context for sex.	Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Optional Success Sequence Lesson in Session 8.1 can be easily expanded to include this objective.
2.D.7. Analyze how making healthy marriage can be learned and applied, regardless of family experience.	Session 6.4 Interpersonal Interactions and Romantic Relationships can be easily expanded to include this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.D.8. Affirm that attributes of a healthy marriage can be learned and applied, regardless of family experience.	Session 6.4 Interpersonal Interactions and Romantic Relationships can be easily expanded to include this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.D.9. Discuss research that shows healthy marriage can be a protective factor against poverty, violence, and abuse.	Not addressed
2.D.10. Explore research that suggests that healthy marriage is a better predictor of long-term commitment and stability than cohabitation.	Not addressed

E. PARENTHOOD

Nurturing and involved parents provide love and support for the healthy development of children. *References: (111-120)*

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STUDENTS WILL BE ABLE TO:	
2.E.1. List responsibilities of parents, including providing food, shelter, love, protection, education, and guidance for their children.	Session 6.5 Healthy Relationships with Family and Peers can be easily expanded to cover this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.E.2. Discuss ways that parents teach values, most effectively through love, example, and discipline.	Session 6.5 Healthy Relationships with Family and Peers Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.E.3. Describe how parent-child connectedness can help children and adolescents make healthy choices as they mature, including decisions that foster healthy relationships and optimal sexual development.	Session 6.6 Abstinence and Developing Refusal Skills can be easily expanded to include this full objective. Session 7.4 Stress, Positive Character Traits, Peer Pressure can be easily expanded to include this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.E.4. List family responsibilities that can be shared by parents through teamwork such as household chores, childcare and financial obligations.	Session 6.5 Healthy Relationships with Family and Peers can be easily expanded to cover this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.E.5. Identify those who may fulfill parenting roles in addition to biological, adoptive, single and stepparents, such as grandparents, extended family members and foster parents.	Session 6.5 Healthy Relationships with Family and Peers Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.
2.E.6. Discuss social science research about optimal outcomes for children raised in a family structure headed by two married parents.	Session 6.6 Abstinence and Developing Refusal Skills can be easily expanded to meet this objective. Session 7.1 Introduction to Healthy Futures, Keys to Success can be easily expanded to cover this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this objective.

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3. OPTIMAL SEXUAL DEVELOPMENT

A. PUBERTY

Puberty is a natural biological process that produces important physical and emotional changes and is influenced by various factors, such as each individual's genetic profile and the environment. *References*: *(17, 121-130).*

STUDENTS WILL BE ABLE TO:	
3.A.1. Define puberty as a stage of human growth that signals the developing ability of an individual to reproduce.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence
3.A.2. Describe the physical and emotional changes of puberty for both males and females, and how they can vary for each person.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence
3.A.3. Identify basic components of the male and female reproductive systems and describe their function, including how girls begin to ovulate and boys begin producing sperm.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence
3.A.4. Explain how the physical and hormonal changes during puberty, including experiencing physical attraction, can affect but need not control emotions and actions.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence
3.A.5. Explain the importance of respecting individual variations in development, including body size and shape.	Session 6 .3 Gender Reflection, Emotional Needs, Identity and Self-Concept Session Session 7.Stress, Positive Character Traits, Peer Pressure can be easily expanded to include this objective. Session 8.5 Emotional needs and Bonding can be easily expanded to meet this objective.
3.A.6. Identify key relationships that provide support and guidance through puberty, including those with parents, family members and trusted adults.	Session 6.5 Healthy Relationships with Family and Peers Session 7.4 Stress, Positive Character Traits, Peer Pressure can be easily expanded to include this objective. Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs

B. HUMAN REPRODUCTION

Reproduction is the biological process by which a sperm and an egg are joined to form a unique human life. *References:(131-135)*

STUDENTS WILL BE ABLE TO:	
3.B.1. Define reproduction as the biological process by which a unique human life begins.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence
3.B.2. Define fertilization as the initiation of reproduction by joining the sperm and an egg, which results in the complete and distinct genetic profile of a unique individual.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence

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3.B.3. Define sexual intercourse and its role in fertilization.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.3 Puberty and Pregnancy Session 8.2 Puberty, Pregnancy and Abstinence
3.B.4. Describe the physical changes that occur in fetal development from fertilization through birth, e.g., heartbeat, brain development, and fingerprints.	Session 7.3 Puberty and Pregnancy can be expanded to include this full objective. Session 8.2 Puberty, Pregnancy and Abstinence
3.B.5. Discuss the importance of prenatal care and how it contributes to a healthy pregnancy.	Session 7.3 Puberty and Pregnancy can be expanded to include this full objective. Session 8.2 Puberty, Pregnancy and Abstinence
3.B.6. Explain how fertility can be affected by age, environment, and physical health.	Session 7.3 Puberty and Pregnancy can be expanded to include this full objective. Session 8.2 Puberty, Pregnancy and Abstinence.

C. OPTIMAL SEXUAL ATTITUDES AND BEHAVIORS

Optimal sexual development is achieved by cultivating healthy attitudes and behaviors focused on the benefits of avoiding nonmarital sexual activity. *References: (136-142).*

STUDENTS WILL BE ABLE TO: **3.C.1.** Define optimal sexual development as a process toward achieving health and well-being, influenced by sexual attitudes and behaviors.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.1 Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships, and Emotional needs can be easily expanded to cover this full objective.
3.C.2. Discuss how a healthy self-image and strong sense of self-worth can promote optimal sexual development and empower youth to make healthy decisions about sexual behavior.	Session 6 .3 Gender Reflection, Emotional Needs, Identity and Self-Concept Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.1 can easily be expanded to cover this full objective.
3.C.3. Explain how exercising self-control over attraction and sexual desires helps promote optimal sexual development.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.7 Peer Pressure and Avoiding Risky Behavior
3.C.4. Discuss how there are many influences that positively or negatively impact sexual behavior, including biological, psychological, social, economic, cultural, political, ethical, legal, religious, and spiritual factors.	Session 6.2 Puberty, Anatomy and Reproduction Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.1 can easily be expanded to cover this full objective.
3.C.5. Explain how peer pressure, whether negative or positive, can have a significant impact on sexual attitudes and behavior.	Session 6.5 Healthy Relationships with Family and Peers Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.7 Peer Pressure and Avoiding Risky Behavior Session 6.5 Healthy Relationships with Family and Peers

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3.C.6. Identify parents, family members or trusted adults who can provide guidance and support to discuss sensitive sexual health topics.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.1 can easily be expanded to cover this full objective.
3.C.7. Demonstrate the ability to evaluate and analyze information related to optimal sexual development, considering factors such as its source, validity, medical accuracy, bias or potential financial gain, and whether it aligns with personal values.	Session 6.6 Abstinence and Developing Refusal Skills can be easily expanded to include this objective. Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks and Session 7.6 Consequences of Sexual Activity- STIs can be easily expanded to include this objective. Session 8.4 Sexually Transmitted infections can be easily expanded to cover this full objective.
3.C.8. Cite examples of how media, social media, and technology can positively or negatively influence sexual attitudes and behavior.	Session 6.7 Conflict Resolution Skills: Sexual Abuse and Cyber Assault Session 7.2 Basic Human Needs, Levels of Friendship Session 8.8 Sex and the Law, Media Influence
3.C.9. Summarize research on the physical and emotional benefits of avoiding nonmarital sexual activity.	Session 6.6 Abstinence and Developing Refusal Skills can be easily expanded to include this objective. Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks and Session 7.6 Consequences of Sexual Activity- STIs can be easily expanded to include this objective. Session 8.5 Emotional Needs and Bonding

4. SEXUAL RISKS

A. AVOIDING SEXUAL RISKS

Sexual activity outside of marriage can have harmful physical and emotional consequences.

References: (19, 93, 143-174)

STUDENTS WILL BE ABLE TO: **4.A.1.** (Middle School) Explain that sexual activity incudes physical contact between individuals involving intimate/private areas of the body that can potentially result in pregnancy, STDs/STIs and/or emotional risks.	Session 6.6 Abstinence and Developing Refusal Skills 7.6 Consequences of Sexual Activity- STIs 8.4 Sexually Transmitted Infections, Session 8.5 Emotional Needs and Bonding
4.A.2. Discuss how avoiding nonmarital sexual activity eliminates the associated negative physical, intellectual, emotional, social, spiritual and financial risks.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.5 Emotional Needs and Bonding
4.A.3. Compare and contrast sexual risk avoidance versus sexual risk reduction as they relate to pregnancy, STDs/STIs and other risks.	Session 7.6 Consequences of Sexual Activity- STIs can be easily expanded to include this objective. Session 8.4 Sexually Transmitted Infections
4.A.4. Describe the concept of the "Success Sequence" and how avoiding early sexual activity has the potential to protect against negative life outcomes, including maternal and child poverty.	Optional Lesson on Success Sequence provided in Session 8.1

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4.A.5. Analyze why many sexually active adolescents wish they had waited to have sex and how they can choose to avoid nonmarital sexual activity going forward.	Session 6.6 Abstinence and Developing Refusal Skills and Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault can be expanded to include this full objective. Sessions 7.5, 7.6, 8.2, 8.3, 8.4 address sexually transmitted infections, contraception and the benefits of choosing abstinence even if someone has been sexually active in the past.
4.A.6. Describe the value of setting, communicating and respecting boundaries to avoid sexual activity.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity - Pregnancy and Emotional Risks Session 8.7 Peer Pressure and Avoiding Risky Behavior
4.A.7. Discuss refusal skills and behaviors that are required for avoiding nonmarital sexual activity, such as mutual respect, communication and assertiveness skills, impulse control, and the ability to maintain boundaries.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.7 Peer Pressure and Avoiding Risky Behavior
4.A.8. Explain how adolescent alcohol and illegal drug use increases vulnerability toward early sexual activity.	Session 6.1 Introduction to Healthy Futures: Understanding Qualities of a Good Friend and Positive Personal Character Traits Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.7 Peer Pressure and Avoiding Risky Behavior
4.A.9. Present research on (1) addictive nature of pornography and how it can be avoided or overcome, and (2) the negative impact of viewing pornography can have on the brain and potentially on sexual behavior.	Not directly addressed but can be easily added to Session 6.7, Session 7.4, and Session 8.7.
4.A.10. Review applicable state laws governing the age of consent and how violating such laws can lead to serious consequences.	Session 8.8 Sex and the Law, Media Influence.

B. TEEN PREGNANCY

Teens who face a pregnancy before they are married encounter a number of physical, emotional, social, educational and financial challenges. *References: (11, 175-190)*

STUDENTS WILL BE ABLE TO: **4.B.1.** Explain how avoiding sexual activity is the only 100% effective way to avoid teen pregnancy.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 7.6 Consequences of Sexual Activity- STIs can be easily expanded to include this objective. Session 8.2 Puberty, Pregnancy and Abstinence Session 8.3. Contraception Session 8.4 Sexually Transmitted Infections
4.B.2. Discuss the emotional, social, educational and financial impact of teen pregnancy on teen parents and their children.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.2 Puberty, Pregnancy and Abstinence

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4.B.3. State why contraception, when used consistently and correctly, can reduce but not completely eliminate the risk of pregnancy or STDs/STIs.	Session 7.6 Consequences of Sexual Activity- STIs can be easily expanded to include this objective. Session 8.3 Contraception
4.B.4. Describe different methods of contraception comparing their effectiveness, limitations, and potential side effects with typical human use.	Session 8.3 Contraception
4.B.5. List the legal options for those facing a teen pregnancy and their associated challenges.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks can be expanded to include this objective. Session 8.2 Puberty, Pregnancy and Abstinence can be expanded to cover this full objective.
4.B.6. Investigate the rights and responsibilities of teen fathers, including legal, financial, and relational aspects.	Session 8.2 Puberty, Pregnancy and Abstinence can be expanded to cover this full objective.
4.B.7. Explain how a parent, family member, or trusted adult can be a valuable resource and support for a teen facing an unplanned pregnancy.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks can be expanded to include this objective. Session 8.2 Puberty, Pregnancy and Abstinence can be expanded to cover this full objective.
4.B.8. Explain what is needed to help teens who face a pregnancy overcome challenges, plan for a positive future and accomplish personal goals.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks can be expanded to include this objective. Session 8.2 Puberty, Pregnancy and Abstinence can be expanded to cover this full objective.

C. STDs/STIs

Sexually Transmitted Diseases/Sexually Transmitted Infections can have harmful physical, emotional, and social consequences and can be prevented by avoiding nonmarital sexual activity. *References: (17, 19, 191-217)*

STUDENTS WILL BE ABLE TO: **4.C.1.** State that avoiding sexual activity is the only 100% effective way to prevent STDs/STIs .	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.2 Puberty, Pregnancy and Abstinence
4.C.2. Define STDs/STIs as infections or illnesses transmitted through sexual activity that can have short-and long-term health consequences and in some cases, be life-threatening.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.3. List the major STDs/STIs, including HIV/AIDS, and describe their mode of transmission, symptoms, testing and treatment.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.4. Discuss how most STDs/STIs, when first contracted, are asymptomatic and can be spread unknowingly through sexual activity, and describe the associated health implications.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections

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4.C.5. Explain the reasons why sexually active teens are at greater risk for STDs/STIs than adults, such as greater likelihood of more partners over a lifetime and biological vulnerability of young females.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.6. Identify the potential negative impact of STDs/STIs including infertility, STD/STI related cancer, mother-to-infant transmission, and emotional or relational distress.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.7. Discuss reasons why rates of risk reduction, even with consistent and correct condom usage, vary for certain STDs/STIs, including whether they are transmitted by skin-to-skin contact or body fluid.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.8. Explain the limitations of condoms in reducing the risk of STDs/STIs, such as inconsistent or incorrect use, not covering infected areas, breaking or tearing, etc.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.9. List other factors that may increase risk of contracting STDs/STIs, such as multiple partners, pre-existing STDs/STIs, alcohol or drug use, sexual abuse or violence.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.10. Identify STDs/STIs for which vaccinations or preventative medications are currently available, (e.g., HPV, Hepatitis B, HIV) and that require parental and/or medical consultation.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.11. State the importance of seeking advice from parents, family members or trusted adults for adolescents considering or involved in sexual activity.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections
4.C.12. Explain the importance for sexually activity teens of (1) regular STD/STI screening, (2) understanding diagnostic and treatment limitations, (3) communicating with their partners regarding their STD/STI status, and, (4) avoiding future sexual activity.	Session 7.6 Consequences of Sexual Activity- STIs Session 8.4 Sexually Transmitted Infections

D. EMOTIONAL RISKS

Nonmarital sexual activity can have negative emotional consequences. *References: (218-224)*

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STUDENTS WILL BE ABLE TO:	
4.D.1. Explain the emotional benefits of avoiding nonmarital sexual activity.	Session 6.6 Abstinence and Developing Refusal Skills Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.2 Puberty, Pregnancy and Abstinence
4.D.2. Articulate how the breakup of romantic relationships is frequently accompanied by strong feelings that can be amplified when sexual activity is involved.	Session 6.4 Interpersonal Interactions and Romantic Relationships, Session 7.4, Session 8.6 can be expanded to include this objective.
4.D.3. Explain how teen sexual activity can lead to significant emotional health consequences, such as disappointment, regret, depression, suicidal ideation and suicide.	Session 6.4 Interpersonal Interactions and Romantic Relationships can be easily expanded to include this objective Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.5 Emotional Needs and Bonding
4.D.4. State that condom and contraceptive use will not prevent emotional consequences that can be associated with sexual activity.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks Session 8.3 Contraceptives, Session 8.4 Sexually Transmitted Diseases
4.D.5. Identify other key relationships that can be negatively impacted when teens are involved in sexual activity, such as family, school and faith community connectedness.	Session 7.5 Consequences of Sexual Activity- Pregnancy and Emotional Risks can be easily expanded to include this objective. Session 8.2 Puberty, Pregnancy, and Abstinence
4.D.6. State the importance of seeking support from a parent or trusted adult, or counselor if needed, for those who experience negative emotional consequences of sexual activity or related issues.	Session 7.4 Stress, Positive Character Traits, Peer Pressure Session 8.5 Emotional Needs and Bonding
4.D.7. Explain that a person who has had nonmarital sexual activity can decide at any time to avoid it, receive the physical and emotional benefits of that choice and should not be shamed by others.	Session 6.4 Interpersonal Interactions and Romantic Relationships can be easily expanded to include this objective Session 6.6 Abstinence and Developing Refusal Skills Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Sessions 7.5, 7.6, 8.2, 8.3, 8.4 address sexually transmitted infections, contraception and the benefits of choosing abstinence even if someone has been sexually active in the past.

E. SEXUAL ABUSE

Sexual abuse can and should be prevented, stopped, and dealt with appropriately. *References: (49, 106, 225-258)*

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STUDENTS WILL BE ABLE TO:	
4.E.1. State that all individuals have the right to not have another person look at, photograph, or touch the intimate/private areas of their bodies, and should not be forced to look at (in person or digitally) or touch another person's intimate/private areas.	Session 6.6 Abstinence and Developing Refusal Skills Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.2 Basic Human Needs, Levels of Friendship Session 8.8 Sex and the Law, Media Influence
4.E.2. Define sexual abuse as (1) any adult sexual contact with a minor below the legal age of consent, or (2) sexual contact between adults or minors involving coercion, threat, or force or (3) taking advantage of an individual's inability or ignoring their unwillingness to give consent.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.3. Describe how imbalances of power within sexual relationships due to, for instance, age, position, status, and ability to give consent, could be potentially used in a sexually abusive way.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.4. List ways that different forms of sexual abuse (e.g., coercion, exploitation, sexual grooming, sex trafficking, transactions, oppression, harassment, and violence) can physically, and mentally or emotionally harm a person.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.5. Discuss typical characteristics of sexual abusers that can include familiarity to one's circle of family or friends, insistence on secrecy, use of pornography, threats of harm, and their own history of being sexually abused.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.6. Affirm that anyone who has experience sexual abuse is not at fault and is not to be blamed or shamed.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.7. Explain the importance of reporting actual or suspected sexual abuse of self or others to a parent, trusted adult, or local authority.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.8. Discuss situations and behaviors that increase one's vulnerability to sexual assault and abuse such as alcohol and illegal drug use, unsafe environments, and not communicating or respecting boundaries.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence
4.E.9. Identify state and federal laws related to age of consent, sexting, sexual harassment, sexual assault, rape and sex trafficking.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault can be easily expanded to include this objective. Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence

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4.E.10. Identify harmful cultural messages conveyed in music, movies, print media, social media, sexting and pornography that objectify or sexualize people, normalize sexual violence and exploitation, encourage teenage sex, and ignore negative consequences.	Session 8.8 Sex and the Law, Media Influence
4.E.11. Discuss potential negative consequences of sharing sexually explicit content (such as public embarrassment; bullying; exploitation; legal consequences; compromise of future college, career or relationship opportunities).	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault can be easily expanded to include this objective. Session 7.7 Sexual Offenses can be easily expanded to include this full objective. Session 8.8 Sex and the Law, Media Influence can be expanded to include this full objective.
4.E.12. Identify the appropriate action to take when sexually explicit content is received, such as immediately informing a parent or trusted adult, and/or a school official.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence can be expanded to include this full objective.
4.E.13. Explain how receiving payment or gifts for sex is harmful to a young person and can lead to physical violence and sex trafficking.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault can be easily expanded to include this objective. Session 7.7 Sexual Offenses can be easily expanded to include this objective. Session 8.8 Sex and the Law, Media Influence can be expanded to include this full objective.
4.E.14. Identify trusted adults and professional resources to help those who have been sexually abused to heal physically, mentally, and emotionally.	Session 6.7 Conflict Resolution: Sexual Abuse and Cyber Assault Session 7.7 Sexual Offenses Session 8.8 Sex and the Law, Media Influence can be expanded to include this full objective.

REFERENCES

1. International Health Conference. Constitution of the World Health Organization. 1946. *Bull World Health Organ*. 2002;80(12):983 – 984. Accessed March 31, 2021. https://apps.who.int/iris/handle/10665/268688
2. Centers for Disease Control and Prevention. National Health Education Standards (NHES). Published 2019. Updated 2019. Accessed March 31, 2021. https://www.cdc.gov/healthyschools/sher/standards/index.htm
3. Bradley BJ, Greene AC. Do health and education agencies in the United States share responsibility for academic achievement and health? A review of 25 years of evidence about the relationship of adolescents' academic achievement and health behaviors. *J Adolesc Health.* 2013;52(5):523-532.
4. Busch V, Loyen A, Lodder M, Schrijvers AJP, van Yperen TA, de Leeuw JRJ. The effects of adolescent health-related behavior on academic performance. *Rev Educ Res.* 2014;84(2):245-274.
5. Michael SL, Merlo CL, Basch CE, Wentzel KR, Wechsler H. Critical connections: health and academics. *J Sch Health.* 2015;85(11):740-758.
6. O'Donnell MP. Definition of health promotion 2.0: embracing passion, enhancing motivation, recognizing dynamic balance, and creating opportunities. *Am J Health Promot.* 2009;24(1):iv.
7. Office of Population Affairs. Optimal health. U.S. Department of Health & Human Services. Accessed March 31, 2021. https://opa.hhs.gov/adolescent-health/optimal-health#Overview

© 2013, 2023 Healthy Futures

8. SUNY Cortland. Center for the 4th and 5th Rs. Accessed March 31, 2021. https://www2.cortland.edu/centers/character/
9. Thompson T, Kreuter MW, Boyum S. Promoting health by addressing basic needs: effect of problem resolution on contacting health referrals. *Health Educ Behav.* 2016;43(2):201-207.
10. Lindberg L, Santelli J, Desai S. Understanding the decline in adolescent fertility in the United States, 2007-2012. *J Adolesc Health.* 2016;59(5):577-583.
11. Martin JA, Hamilton BE, Osterman MJK, Driscoll, AK. Births: final data for 2018. *Natl Vital Stat Rep.* 2019;68(13):1-46.
12. Centers for Disease Control and Prevention. Youth risk behavior surveillance system (YRBSS). Published 2020. Accessed March 31, 2021. https://www. cdc.gov/healthyyouth/data/yrbs/index.htm
13. Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2018. *NCHS Data Brief.* 2019(346):1-8.
14. Chesson HW, Spicknall IH, Bingham A, et al. The estimated direct lifetime medical costs of sexually transmitted infections acquired in the United States in 2018. *Sex Transm Dis.* 2021;48(4):215-221.
15. Kreisel KM, Spicknall IH, Gargano JW, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2018. *Sex Transm Dis.* 2021;48(4):208-214.
16. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2019.* U.S. Department of Health and Human Services; 2021. Accessed November 3, 2021. https://www.cdc.gov/std/statistics/2019/default.htm
17. Mojtabai R, Olfson M, Han B. National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics.* 2016;138(6).
18. Reap VJ. Sex trafficking: a concept analysis for health care providers. *Adv Emerg Nurs J.* 2019;41(2):183-188.
19. Lavoie GR, Fisher JF. Receptive anal intercourse and HIV infection. *World J AIDS.* 2017;7(4):269-278.
20. Adams NE. Bloom's taxonomy of cognitive learning objectives. *J Med Libr Assoc.* 2015;103(3):152-153.
21. Centers for Disease Control and Prevention. Health Education Curriculum Analysis Tool (HECAT). Published 2019. Updated 2019. Accessed March 31, 2021. http://cdc.gov/healthyyouth/hecat
22. U.S. Department of Health and Human Services. Healthy people 2030. Published 2021. Accessed March 31, 2021. https://health.gov/healthypeople
23. U.S. Department of Health and Human Services. Adolescents: overview and objectives. Published 2021. Accessed March 31, 2021. https://health.gov/ healthypeople/objectives-and-data/browse-objectives/adolescents
24. The Center for Relationship Education. SMARTool. Published 2021. Accessed March 31, 2021. https://www.myrelationshipcenter.org/smartool
25. Search Institute. The developmental assets framework. Accessed March 31, 2021. www.search-institute.org/our-research/development-assets/developmental-assets-framework/
26. Harvard University. Human flourishing program at Harvard's Institute for Quantitative Social Science. Accessed March 31, 2021. https://hfh.fas.harvard.edu/measuring-flourishing
27. VanderWeele TJ. On the promotion of human flourishing. *Proc Natl Acad Sci U S A.* 2017;114(31):8148-8156.
28. U.S. Department of Education. Laws & guidance. Accessed March 31, 2021. https://www2.ed.gov/policy/landing.jhtml?src=image
29. Canadian Pediatric Society. Impact of media use on children and youth. *Paediatr Child Health.* 2003;8(5):301-306. doi:10.1093/pch/8.5.301
30. Arain M, Haque M, Johal L, et al. Maturation of the adolescent brain. *Neuropsychiatr Dis Treat.* 2013;9:449-461.
31. Duckworth AL, Seligman ME. Self-discipline outdoes IQ in predicting academic performance of adolescents. *Psychol Sci.* 2005;16(12):939-944.
32. Gagne JR, Nwadinobi OK. Self-control interventions that benefit executive functioning and academic outcomes in early and middle childhood. *Early Educ Dev.* 2018;29(7):971-987.
33. Ghaemi SN. Digital depression: a new disease of the millennium? *Acta Psychiatr Scand.* 2020;141(4):356-361.
34. Joshi SV, Stubbe D, Li ST, Hilty DM. The use of technology by youth: implications for psychiatric educators. *Acad Psychiatry.* 2019;43(1):101-109.
35. Kann L, McManus T, Harris WA, et al. Youth risk behavior surveillance - United States, 2017. *MMWR Surveill Summ.* 2018;67(8):1-114.
36. Lee Y-H, Cheng C-Y, Lin SSJ. A latent profile analysis of self-control and self-esteem and the grouping effect on adolescent quality of life across two consecutive years. *Soc Indic Res.* 2013;117(2):523-539.
37. Proctor C, Linley PA. *Research, Applications, and Interventions for Children and Adolescents: A Positive Psychology Perspective.* Springer; 2013.
38. Lipkin PH, Okamoto J, Council on Children with Disabilities, Council on School Health. The Individuals With Disabilities Education Act (IDEA) for Children With Special Educational Needs. *Pediatrics.* 2015;136(6):e1650-e1662. doi:10.1542/peds.2015-3409
39. Liu M, Wu L, Yao S. Dose-response association of screen time-based sedentary behaviour in children and adolescents and depression: a meta-analysis of observational studies. *Br J Sports Med.* 2016;50(20):1252-1258.
40. Ma M, Kibler JL, Dollar KM, et al. The relationship of character strengths to sexual behaviors and related risks among African American adolescents. *Int J Behav Med.* 2008;15(4):319-327.
41. Malin H, Liauw I, Damon W. Purpose and character development in early adolescence. *J Youth Adolesc.* 2017;46(6):1200-1215.
42. Peng P, Kievit RA. The development of academic achievement and cognitive abilities: a bidirectional perspective. *Child Dev Perspect.* 2020;14(1):15-20. 43. Rashid T, Anjum A, Lennox C, et al. *Assessment of Character Strengths in Children and Adolescents.* In Proctor C, Linley PA (eds.). *Research, Applications, and Interventions for Children and Adolescents: A Positive Psychology Perspective.* Springer; 2013, 81-115.
44. Trzesniewski KH, Donnellan MB, Moffitt TE, Robins RW, Poulton R, Caspi A. Low self-esteem during adolescence predicts poor health, criminal behavior, and limited economic prospects during adulthood. *Dev Psychol.* 2006;42(2):381-390.
45. Wu G, Feder A, Cohen H, et al. Understanding resilience. *Front Behav Neurosci.* 2013;7:10.
46. Office of Population Affairs, U.S. Department of Health & Human Services. Trends in teen pregnancy and childbearing. Accessed March 31, 2021. https://opa.hhs.gov/adolescent-health/reproductive-health-and-teen-pregnancy/trends-teen-pregnancy-and-childbearing
47. Anderson J. The teenage brain: under construction. American College of Pediatricians. May 2011. Updated May 2016. Accessed November 4, 2021. https://acpeds.org/position-statements/the-teenage-brain-under-construction
48. Armour S, Haynie DL. Adolescent sexual debut and later delinquency. *J Youth Adolesc.* 2006;36(2):141-152.
49. Bulot C, Leurent B, Collier F. Pornography sexual behaviour and risk behaviour at university. *Sexologies.* 2015;24(4):e78-e83.
50. Doremus-Fitzwater TL, Varlinskaya EI, Spear LP. Motivational systems in adolescence: possible implications for age differences in substance abuse and other risk-taking behaviors. *Brain Cogn.* 2010;72(1):114-123.
51. Giedd JN. The digital revolution and adolescent brain evolution. *J Adolesc Health.* 2012;51(2):101-105.
52. Haslip MJ, Allen-Handy A, Donaldson L. How do children and teachers demonstrate love, kindness and forgiveness? Findings from an early childhood strength-spotting intervention. *Early Childhood Educ J.* 2019;47(5):531-547.
53. O'Donnell L, Myint UA, Duran R, Stueve A. Especially for daughters: parent education to address alcohol and sex-related risk taking among urban young adolescent girls. *Health Promot Pract.* 2010;11(3 Suppl):70S-78S.

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54. Steinberg L, Icenogle G, Shulman EP, et al. Around the world, adolescence is a time of heightened sensation seeking and immature self-regulation. *Dev Sci.* 2018;21(2):e12532.
55. Suleiman AB, Galvan A, Harden KP, Dahl RE. Becoming a sexual being: the 'elephant in the room' of adolescent brain development. *Dev Cogn Neurosci.* 2017;25:209-220.
56. Thamotharan S, Grabowski K, Stefano E, Fields S. An examination of sexual risk behaviors in adolescent substance users. *Int J Sex Health.* 2014;27(2):106-124.
57. Voisin DR, Hotton A, Tan K, Diclemente R. A longitudinal examination of risk and protective factors associated with drug use and unsafe sex among young African American females. *Child Youth Serv Rev.* 2013;35(9):1440-1446.
58. Widman L, Golin CE, Kamke K, Burnette JL, Prinstein MJ. Sexual assertiveness skills and sexual decision-making in adolescent girls: randomized controlled trial of an online program. *Am J Public Health.* 2018;108(1):96-102.
59. Zatorre RJ, Fields RD, Johansen-Berg H. Plasticity in gray and white: neuroimaging changes in brain structure during learning. *Nat Neurosci.* 2012;15(4):528-536.
60. Ho CY. Better health with more friends: the role of social capital in producing health. *Health Econ*. 2016;25(1):91-100. doi:10.1002/hec.3131
61. Levine, LE, Munsch J. *Child Development - An Active Learning Approach.* Third edition. SAGE Publications, Inc; 2017.
62. Centers for Disease Control and Prevention. Sexual risk behaviors. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/healthyyouth/sexualbehaviors/
63. Rasberry CN, Tiu GF, Kann L, et al. Health-Related Behaviors and Academic Achievement Among High School Students—United States, 2015. *MMWR Morb Mortal Wkly Rep*. 2017;66(35):921–927.
64. Smith BW, Ford CG, Erickson K, Guzman A. The effects of a character strength focused positive psychology course on undergraduate happiness and well-being. *J Happiness Stud.* 2020;22(1):343-362.
65. Tsehay M, Necho M, Mekonnen W. The role of adverse childhood experience on depression symptom, prevalence, and severity among school going adolescents. *Depress Res Treat.* 2020;2020:Article ID 5951792.
66. Wolfe DA, Crooks CV, Chiodo D, Hughes R, Ellis W. Observations of adolescent peer resistance skills following a classroom-based healthy relationship program: a post-intervention comparison. *Prev Sci.* 2012;13(2):196-205.
67. Basch CE. Healthier students are better learners: high-quality, strategically planned, and effectively coordinated school health programs must be a fundamental mission of schools to help close the achievement gap. *J Sch Health.* 2011;81(10):650-662.
68. US Preventive Services Task Force. Behavioral counseling interventions to prevent sexually transmitted infections: US Preventive Services Task Force recommendation statement. *JAMA.* 2020;324(7):674-681.
69. Henderson JT, Henninger M, Bean SI, et al. *Behavioral counseling interventions to prevent sexually transmitted infections: a systematic evidence review for the US Preventive Services Task Force*. Agency for Healthcare Research and Quality; 2020.
70. Maxwell KA. Friends: the role of peer influence across adolescent risk behaviors. *J Youth Adolesc.* 2002;31(4):267-277.
71. Ainsworth MD. Attachments beyond infancy. *Am Psychol.* 1989;44(4):709716.
72. Anda RF, Brown DW, Felitti VJ, Dube SR, Giles WH. Adverse childhood experiences and prescription drug use in a cohort study of adult HMO patients. *BMC Public Health.* 2008;8(1):198.
73. Chen Y, Haines J, Charlton BM, VanderWeele TJ. Positive parenting improves multiple aspects of health and well-being in young adulthood. *Nat Hum Behav.* 2019;3(7):684-691.
74. Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health.* 2017;2(8):e356-e366.
75. Kar SK, Choudhury A, Singh AP. Understanding normal development of adolescent sexuality: A bumpy ride. *J Hum Reprod Sci.* 2015;8(2):70-74.
76. McDonald NM, Messinger DS. The development of empathy: how, when, and why. In Sanguineti JJ, Acerbi A, Lombo JA, *Moral behavior and free will: a neurobiological and philosophical approach.* IF Press; 2011:333-359.
77. Murray DW, Rosanbalm K, Christopoulos C, Hamoudi A. *Self-regulation and toxic stress report 1: foundations for understanding self-regulation from an applied perspective (OPRE Report #2015-21).* Office of Planning, Research and Evaluation, Administration for Children and Families, Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2015.
78. Navalta CP, McGee L, Underwood J. Adverse childhood experiences, brain development, and mental health: a call for neurocounseling. *J Ment Health Couns.* 2018;40(3):266-278.
79. Guinosso S. *Adolescent self-regulation*. Administration on Children, Youth and Families, Family and Youth Services Bureau; 2018.
80. Strasburger VC, Jordan AB, Donnerstein E. Children, adolescents, and the media: health effects. *Pediatr Clin North Am.* 2012;59(3):533-587, vii.
81. Vandeleur CL, Jeanpretre N, Perrez M, Schoebi D. Cohesion, satisfaction with family bonds, and emotional well-being in families with adolescents. *J Marriage Fam.* 2009;71(5):1205-1219.
82. Amati V, Meggiolaro S, Rivellini G, Zaccarin S. Social relations and life satisfaction: the role of friends. *Genus.* 2018;74(1):7.
83. Ford R, King T, Priest N, Kavanagh A. Bullying and mental health and suicidal behaviour among 14- to 15-year-olds in a representative sample of Australian children. *Aust N Z J Psychiatry.* 2017;51(9):897-908.
84. Gladden, RM, Vivolo-Kantor, AM, Hamburger, ME, Lumpkin, CD. *Bullying surveillance among youths: uniform definitions for public health and recommended data elements, version 1.0.* National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and U.S. Department of Education; 2014.
85. Gremmen MC, Berger C, Ryan AM, Steglich CEG, Veenstra R, Dijkstra JK. Adolescents' friendships, academic achievement, and risk behaviors: same-behavior and cross-behavior selection and influence processes. *Child Dev.* 2019;90(2):e192-e211.
86. Hertz MF, Everett Jones S, Barrios L, David-Ferdon C, Holt M. Association between bullying victimization and health risk behaviors among high school students in the United States. *J Sch Health.* 2015;85(12):833-842.
87. Huang GC, Soto D, Fujimoto K, Valente TW. The interplay of friendship networks and social networking sites: longitudinal analysis of selection and influence effects on adolescent smoking and alcohol use. *Am J Public Health.* 2014;104(8):e51-59.
88. Huang GC, Unger JB, Soto D, et al. Peer influences: the impact of online and offline friendship networks on adolescent smoking and alcohol use. *J Adolesc Health.* 2014;54(5):508-514.
89. Kaltiala-Heino R, Rimpela M, Marttunen M, Rimpela A, Rantanen P. Bullying, depression, and suicidal ideation in Finnish adolescents: school survey. *BMJ.* 1999;319(7206):348-351.
90. Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. *Intimate partner violence surveillance: uniform definitions and recommended data elements, version 2.0*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2015.

© 2013, 2023 Healthy Futures

91. Foshee VA, Reyes HL, Gottfredson NC, Chang LY, Ennett ST. A longitudinal examination of psychological, behavioral, academic, and relationship consequences of dating abuse victimization among a primarily rural sample of adolescents. *J Adolesc Health.* 2013;53(6):723-729.
92. Martino SC, Collins RL, Elliott MN, Kanouse DE, Berry SH. It's better on TV: does television set teenagers up for regret following sexual initiation? *Perspect Sex Reprod Health.* 2009;41(2):92-100.
93. Rotz D, Goesling B, Redel N, Shiferaw M, Smither-Wulsin C. *Assessing the benefits of delayed sexual activity: a synthesis of the literature.* Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; 2020.
94. Vagi KJ, Olsen EO, Basile KC, Vivolo-Kantor AM. Teen dating violence (physical and sexual) among US high school students: findings from the 2013 National Youth Risk Behavior Survey. *JAMA Pediatr.* 2015;169(5):474-482.
95. Amato PR, Cheadle J. The long reach of divorce: divorce and child well-being across three generations. *J Marriage Fam.* 2005;67(1):191-206.
96. Baumeister RF, Leary MR. The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychol Bull.* 1995;117(3):497-529.
97. Campos B, Ullman JB, Aguilera A, Dunkel Schetter C. Familism and psychological health: the intervening role of closeness and social support. *Cultur Divers Ethnic Minor Psychol.* 2014;20(2):191-201.
98. Coombs RH. Marital status and personal well-being: a literature review. *Family Relations.* 1991;40(1):97-102.
99. Copen CE, Daniels K, Mosher WD. First premarital cohabitation in the United States: 2006-2010 National Survey of Family Growth. *Natl Health Stat Report.* 2013; 64:1-15.
100. Gardner J, Oswald A. How is mortality affected by money, marriage, and stress? *J Health Econ.* 2004;23(6):1181-1207.
101. Green RG, Harris RN, Jr., Forte JA, Robinson M. Evaluating FACES III and the circumplex model: 2,440 families. *Fam Process.* 1991;30(1):55-73.
102. Hu YR, Goldman N. Mortality differentials by marital status: an international comparison. *Demography.* 1990;27(2):233-250.
103. Kaplan RM, Kronick RG. Marital status and longevity in the United States population. *J Epidemiol Community Health.* 2006;60(9):760-765.
104. Kiecolt-Glaser JK, Newton TL. Marriage and health: his and hers. *Psychol Bull.* 2001;127(4):472-503.
105. Kim HK, McKenry PC. The relationship between marriage and psychological well-being. *J Fam Issues.* 2016;23(8):885-911.
106. Perry SL, Schleifer C. Till porn do us part? A longitudinal examination of pornography use and divorce. *J Sex Res.* 2018;55(3):284-296.
107. Stack S, Eshleman JR. Marital status and happiness: A 17-nation study. *J Marriage Fam.* 1998;60(2):527-536.
108. Regnerus M, Uecker J. *Premarital Sex in America: How Young Americans Meet, Mate, and Think about Marrying*. Oxford University Press; 2011.
109. Wilson CM, Oswald AJ. How does marriage affect physical and psychological health? A survey of the longitudinal evidence. *Warwick Economic Research Papers.* 2005;728.
110. Wright PJ, Tokunaga RS, Bae S. More than a dalliance? Pornography consumption and extramarital sex attitudes among married U.S. adults. *Psychol Pop Media Cult.* 2014;3(2):97-109.
111. Diiorio C, Kelley M, Hockenberry-Eaton M. Communication about sexual issues: mothers, fathers, and friends. *J Adolesc Health.* 1999;24(3):181-189.
112. Fan W, Williams CM. The effects of parental involvement on students' academic self-efficacy, engagement and intrinsic motivation. *J Educ Psychol.* 2009;30(1):53-74.
113. Glick GC, Rose AJ, Swenson LP, Waller EM. Associations of mothers' friendship quality with adolescents' friendship quality and emotional adjustment. *J Res Adolesc.* 2013;23(4).
114. Herbst CM, Ifcher J. The increasing happiness of US parents. *Rev Econ Househ.* 2015;14(3):529-551.
115. Lo Cricchio MG, Costa S, Liga F. Adolescents' well-being: The role of basic needs fulfilment in family context. *Br J Dev Psychol.* 2021;39(1):190-204.
116. McLanahan S, Sawhill I. Marriage and child wellbeing revisited: introducing the issue. *Future Child.* 2015;25(2):3-9.
117. National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Positive parenting tips. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/ncbddd/childdevelopment/ positiveparenting/index.html.
118. Ross TR. The differential effects of parental involvement on high school completion and postsecondary attendance. *Educ Policy Anal Arch.* 2016;24:30.
119. Schmeer KK. The child health disadvantage of parental cohabitation. *J Marriage Fam.* 2011;73(1):181-193.
120. Widman L, Choukas-Bradley S, Noar SM, Nesi J, Garrett K. Parent-adolescent sexual communication and adolescent safer sex behavior: a meta-analysis. *JAMA Pediatr.* 2016;170(1):52-61.
121. Barrett K. *Ganong's Review of Medical Physiology.* New York: McGraw-Hill Education; 2019.
122. Biro FM, Greenspan LC, Galvez MP. Puberty in girls of the 21st century. *J Pediatr Adolesc Gynecol.* 2012;25(5):289-294.
123. Dye F. *Dictionary of Developmental Biology and Embryology, 2nd Edition.* Wiley-Blackwell; 2012.
124. Dye F. *Dictionary of Stem Cells, Regenerative Medicine, and Translational Medicine.* John Wiley & Son; 2017.
125. Hall J. *Guyton & Hall Physiology Review 2nd Edition.* Elsevier; 2011.
126. Joel D, Berman Z, Tavor I, et al. Sex beyond the genitalia: The human brain mosaic. *Proc Natl Acad Sci U S A.* 2015;112(50):15468-15473.
127. Bright Futures/American Academy of Pediatrics. *Recommendations for preventive pediatric health care.* 2021. https://downloads.aap.org/AAP/PDF/ periodicity_schedule.pdf
128. Robert M. Kliegman MaJSG, MD *Nelson Textbook of Pediatrics.* Elsevier; 2019.
129. Sperling M. *Sperling Pediatric Endocrinology.* Vol 5th Edition: Elsevier; 2020.
130. Weitzman C, Wegner L, Section on D, et al. Promoting optimal development: screening for behavioral and emotional problems. *Pediatrics.* 2015;135(2):384-395.
131. Achache H, Revel A. Endometrial receptivity markers, the journey to successful embryo implantation. *Hum Reprod Update.* 2006;12(6):731-746.
132. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Contraception. Centers for Disease Control and Prevention. Published 2020. Accessed March 31, 2021. https://www.cdc. gov/reproductivehealth/contraception/index.htm
133. Georgadaki K, Khoury N, Spandidos DA, Zoumpourlis V. The molecular basis of fertilization (review). *Int J Mol Med.* 2016;38(4):979-986.
134. Jameson JL, Kasper, D. L., Fauci, A. S., Hauser, S. L., Longo, D. L., Loscalzo, J., & Harrison, T. R. . *Harrison's Principles of Internal Medicine.* McGraw-Hill Education; 2018.
135. Marcdante KJ, Kliegman RM. *Nelson Essentials of Pediatrics.* Elsevier; 2018.
136. Akers AY, Gold MA, Bost JE, Adimora AA, Orr DP, Fortenberry JD. Variation in sexual behaviors in a cohort of adolescent females: the role of personal, perceived peer, and perceived family attitudes. *J Adolesc Health.* 2011;48(1):8793.
137. Albright JM. Sex in America online: an exploration of sex, marital status, and sexual identity in internet sex seeking and its impacts. *J Sex Res.*

© 2013, 2023 Healthy Futures

2008;45(2):175-186.
138. Weed SE. Sex education programs for schools still in question: a commentary on meta-analysis. *Am J Prev Med.* 2012;42(3):313-315.
139. Ericksen I, Weed A. Re-examining the evidence for school-based comprehensive sex education: a global research review. *Issues Law Med*. 2019;34(2):161-182.
140. Oddone-Paolucci E, Genuis M, Violato C. A meta-analysis of the published research on the effects of pornography. In: Violato C, Oddone-Paolucci E,
Genuis M, eds. *The Changing Family and Child Development.* Ashgate Publishing Ltd; 2000:48-59.
141. Svedin CG, Akerman I, Priebe G. Frequent users of pornography. A population based epidemiological study of Swedish male adolescents. *J Adolesc.*
2011;34(4):779-788.
142. Weed SE, Ericksen IH, Lewis A, Grant GE, Wibberly KH. An abstinence program's impact on cognitive mediators and sexual initiation. *Am J Health Behav.* 2008;32(1):60-73.
143. Alexy EM, Burgess AW, Prentky RA. Pornography use as a risk marker for an aggressive pattern of behavior among sexually reactive children and adolescents. *J Am Psychiatr Nurses Assoc.* 2009;14(6):442-453.
144. Brem MJ, Garner AR, Grigorian H, et al. Problematic pornography use and physical and sexual intimate partner violence perpetration among men in batterer intervention programs. *J Interpers Violence.* 2018;36(11-12):NP6085NP6105.
145. Bridges AJ, Sun CF, Ezzell MB, Johnson J. Sexual scripts and the sexual behavior of men and women who use pornography. *Sex. Media Soc.* 2016.
Published October 24, 2016. Accessed November 5, 2021. https://doi. org/10.1177%2F2374623816668275
146. Calvert WJ, Keenan Bucholz K, Steger-May K. Early drinking and its association with adolescents' participation in risky behaviors. *J Am Psychiatr Nurses Assoc.* 2010;16(4):239-251.
147. Centers for Disease Control and Prevention. Ways HIV can be transmitted. Published 2021. Accessed March 31, 2021.
https://www.cdc.gov/hiv/basics/ hiv-transmission/ways-people-get-hiv.html.
148. Centers for Disease Control and Prevention. Sexually transmitted diseases (STDs). Published 2021. Accessed March 31, 2021.
https://www.cdc.gov/std/ default.htm
149. Centers for Disease Control and Prevention. Sexually transmitted disease surveillance 2018. U.S. Department of Health and Human Services; 2019.
DOI:10.15620/cdc.79370
150. de Alarcon R, de la Iglesia JI, Casado NM, Montejo AL. Online porn addiction: what we know and what we don't-a systematic review. *J Clin Med.* 2019;8(1):91.
151. Delmonico DL, Griffin EJ. Cybersex and the e-teen: what marriage and family therapists should know. *J Marital Fam Ther.* 2008;34(4):431-444.
152. Josh McDowell Ministry. *The porn phenomenon: the impact of pornography in the digital age.* Barna Group; 2016.
153. Hallfors D, Waller M, Ford C, Halpern C, Brodish P, Iritani B. Adolescent depression and suicide risk: association with sex and drug behavior. *Am J Prev Med.* 2004;27(3):224-231.
154. Harden KP. True love waits? A sibling-comparison study of age at first sexual intercourse and romantic relationships in young adulthood. *Psychol Sci.*
2012;23(11):1324-1336.
155. Heywood W, Patrick K, Smith AM, Pitts MK. Associations between early first sexual intercourse and later sexual and reproductive outcomes: a systematic review of population-based data. *Arch Sex Behav.* 2015;44(3):531-569.
156. Kastbom AA, Sydsjo G, Bladh M, Priebe G, Svedin CG. Sexual debut before the age of 14 leads to poorer psychosocial health and risky behaviour in later life. *Acta Paediatr.* 2015;104(1):91-100.
157. Korkeila J, Kaarlas S, Jaaskelainen M, Vahlberg T, Taiminen T. Attached to the web--harmful use of the Internet and its correlates. *Eur Psychiatry.*
2010;25(4):236-241.
158. Kugler KC, Vasilenko SA, Butera NM, Coffman DL. Long-term consequences of early sexual initiation on young adult health: A causal inference approach.
J Early Adolesc. 2017;37(5):662-676.
159. Love T, Laier C, Brand M, Hatch L, Hajela R. Neuroscience of internet pornography addiction: a review and update. *Behav Sci* 2015;5(3):388-433.
160. Magnusson BM, Masho SW, Lapane KL. Early age at first intercourse and subsequent gaps in contraceptive use. *J Womens Health* 2012;21(1):73-79.
161. Magnusson BM, Nield JA, Lapane KL. Age at first intercourse and subsequent sexual partnering among adult women in the United States, a cross-sectional study. *BMC Public Health.* 2015;15:98.
162. Mendle J, Ferrero J, Moore SR, Harden KP. Depression and adolescent sexual activity in romantic and nonromantic relational contexts: a genetically-informative sibling comparison. *J Abnorm Psychol.* 2013;122(1):51-63.
163. Morgan EM. Associations between young adults' use of sexually explicit materials and their sexual preferences, behaviors, and satisfaction. *J Sex Res.*
2011;48(6):520-530.
164. Paik A. Adolescent sexuality and the risk of marital dissolution. *J Marriage Fam.* 2011;73(2):472-485.
165. Sandberg-Thoma SE, Kamp Dush CM. Casual sexual relationships and mental health in adolescence and emerging adulthood. *J Sex Res.* 2014;51(2):121130.
166. Sandfort TG, Orr M, Hirsch JS, Santelli J. Long-term health correlates of timing of sexual debut: results from a national US study. *Am J Public Health.*
2008;98(1):155-161.
167. American Cancer Society. Risk factors for anal cancer. Updated September 2020. Accessed March 31, 2021.
https://www.cancer.org/cancer/anal-cancer/causes-risks-prevention/risk-factors.html
168. Spriggs AL, Halpern CT. Timing of sexual debut and initiation of postsecondary education by early adulthood. *Perspect Sex Reprod Health.* 2008;40(3):152-161.
169. Sun C, Bridges A, Johnson JA, Ezzell MB. Pornography and the male sexual script: an analysis of consumption and sexual relations. *Arch Sex Behav.*
2016;45(4):983-994.
170. Tubman JG, Windle M, Windle RC. The onset and cross-temporal patterning of sexual intercourse in middle adolescence: prospective relations with behavioral and emotional problems. *Child Dev.* 1996;67(2):327-343.

© 2013, 2023 Healthy Futures

171. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy people 2020.* 2010. https://www.healthypeople.gov/2020
172. Vessey J, Finger R, Thelen T, Mohn J, Mann J. Association of virginity at age 18 with educational, economic, social, and health outcomes in middle adulthood. *Adolesc Fam Health.* 2004;3:164-170.
173. Wang W, Wilcox WB. *The millennial success sequence: marriage, kids, and the "success sequence" among young adults.* American Enterprise Institute and Institute for Family Studies; 2017.
174. Wright PJ, Randall AK. Internet pornography exposure and risky sexual behavior among adult males in the United States. *Comput Hum Behav.* 2012;28(4):1410-1416.
175. Hoffman SD, Maynard RA. *Kids having kids: economic costs and social consequences of teen pregnancy.* 2nd ed. Urban Institute Press; 2008.
176. Bull S, Hogue CJ. Exploratory analysis of factors associated with teens' repeated childbearing. *J Health Care Poor Underserved.* 1998;9(1):42-61.
177. Centers for Disease Control and Prevention. Reproductive health: teen pregnancy. Published 2020. Updated 06/24/2020. Accessed March 31, 2021. https://www.cdc.gov/teenpregnancy/index.htm
178. Centers for Disease Control and Prevention. Before pregnancy. Published 2020. Updated 02/26/2020. Accessed March 31, 2021. https://www.cdc.gov/ preconception/index.html
179. Copen CE, Daniels K, Vespa J, Mosher WD. First marriages in the United States: data from the 2006-2010 National Survey of Family Growth. *Natl Health Stat Report.* 2012;49:1-21.
180. Fitch JT, Stine C, Hager WD, Mann J, Adam MB, McIlhaney J. Condom effectiveness: factors that influence risk reduction. *Sex Transm Dis.* 2002;29(12):811-817.
181. Guterman K. Unintended pregnancy as a predictor of child maltreatment. *Child Abuse Negl.* 2015;48:160-169.
182. Jatlaoui TC, Eckhuas L, Mandel MG, et al. Abortion surveillance — United States, 2016. *MMWR Surveill Summ.* 2019;68(11):1-41.
183. Maddow-Zimet I, Kost K. *Pregnancies, births and abortions in the United States, 1973–2017: national and state trends by age.* Guttmacher Institute; 2021. https://www.guttmacher.org/report/pregnancies-births-abortions-inunited-states-1973-2017
184. Maddow-Zimet I, Kost K. *Pregnancies, births and abortions among adolescents and young women in the United States, 2013: national and state trends by age, race and ethnicity.* Guttmacher Institute; 2017. Accessed March 31, 2021. https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013#
185. Kim CR, Martinez-Maza O, Magpantay L, et al. Immunologic evaluation of the endometrium with a levonorgestrel intrauterine device in solid organ transplant women and healthy controls. *Contraception.* 2016;94(5):534-540.
186. Kortsmit K, Jatlaoui TC, Mandel MG, et al. Abortion surveillance - United States, 2018. *MMWR Surveill Summ*. 2020;69(7): 1-29. https://www.cdc.gov/ mmwr/volumes/69/ss/ss6907a1.htm
187. Perper K, Peterson K, Manlove J. Diploma attainment among teen mothers. *Child Trends.* 2010.
188. Pazol K, Kramer MR, Hogue CJ. Condoms for dual protection: patterns of use with highly effective contraceptive methods. *Public Health Rep.* 2010;125(2):208-217.
189. Shanmugasundaram U, Hilton JF, Critchfield JW, et al. Effects of the levonorgestrel-releasing intrauterine device on the immune microenvironment of the human cervix and endometrium. *Am J Reprod Immunol.* 2016;76(2):137148.
190. Studnicki J, Fisher JW, Reardon DC, Craver C, Longbons T, Harrison DJ. Pregnancy outcome patterns of medicaid-eligible women, 1999-2014: a national prospective longitudinal study. *Health Serv Res Manag Epidemiol.* 2020;7:2333392820941348.
191. Bernstein DI, Bellamy AR, Hook EW, 3rd, et al. Epidemiology, clinical presentation, and antibody response to primary infection with herpes simplex virus type 1 and type 2 in young women. *Clin Infect Dis.* 2013;56(3):344-351.
192. Centers for Disease Control and Prevention. HIV risk reduction tool. Published 2019. Accessed March 31, 2021. https://hivrisk.cdc.gov/
193. Centers for Disease Control and Prevention. HIV risk and prevention. Published 2019. Updated 2020. Accessed March 31, 2021. https://www.cdc.gov/ hiv/risk/index.html.
194. Centers for Disease Control and Prevention. HIV and youth. Published 2020. Accessed March 31, 2021. https://www.cdc.gov/hiv/group/age/youth/index. html
195. Centers for Disease Control and Prevention. Pre-exposure prophylaxis (PrEP). Published 2020. Updated 2020. Accessed March 31, 2021. https://www.cdc. gov/hiv/risk/prep/index.html
196. Centers for Disease Control and Prevention: US Public Health Service. *Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline.* Published March 2018. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf
197. Crosby RA, Charnigo RA, Weathers C, Caliendo AM, Shrier LA. Condom effectiveness against non-viral sexually transmitted infections: a prospective study using electronic daily diaries. *Sex Transm Infect.* 2012;88(7):484-489.
198. Crosby RA, Graham CA, Milhausen RR, Sanders SA, Yarber WL. Condom use to prevent sexually transmitted infections: a global perspective. *Sex Health.* 2012;9(1):vii.
199. DiClemente RJ, Salazar LF, Crosby RA. A review of STD/HIV preventive interventions for adolescents: sustaining effects using an ecological approach. *J Pediatr Psychol.* 2007;32(8):888-906.
200. Flagg EW, Torrone EA. Declines in anogenital warts among age groups most likely to be impacted by human papillomavirus vaccination, United States, 2006-2014. *Am J Public Health.* 2018;108(1):112-119.
201. US Preventive Services Task Force. Preexposure prophylaxis for the prevention of HIV infection: US Preventive Services Task Force recommendation statement. *JAMA.* 2019;321(22):2203-2213.
202. KFF (Kaiser Family Foundation). The global HIV/AIDS epidemic fact sheet. Published 2020. Accessed March 31, 2021. https://www.kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/
203. Freedman MS, Ault K, Bernstein H. Advisory committee on immunization practices recommended immunization schedule for adults aged 19 years or older - United States, 2021. *MMWR Morb Mortal Wkly Rep.* 2021;70(6):193196.
204. Gannon-Loew KE, Holland-Hall C. A review of current guidelines and research on the management of sexually transmitted infections in adolescents and young adults. *Ther Adv Infect Dis.* 2020;7:1-16.
205. Garland SM, Kjaer SK, Munoz N, et al. Impact and effectiveness of the quadrivalent human papillomavirus vaccine: a systematic review of 10 years of real-world experience. *Clin Infect Dis.* 2016;63(4):519-527.

© 2013, 2023 Healthy Futures

206. Haggerty CL, Gottlieb SL, Taylor BD, Low N, Xu F, Ness RB. Risk of sequelae after Chlamydia trachomatis genital infection in women. *J Infect Dis.* 2010;201 Suppl 2(S2):S134-155.
207. Hawes SE. HPV vaccination: increase uptake now to reduce cancer. *Am J Public Health.* 2018;108(1):23-24.
208. Koenig LJ, Hoyer D, Purcell DW, Zaza S, Mermin J. Young people and HIV: a call to action. *Am J Public Health.* 2016;106(3):402-405.
209. Martin ET, Krantz E, Gottlieb SL, et al. A pooled analysis of the effect of condoms in preventing HSV-2 acquisition. *Arch Intern Med.* 2009;169(13):12331240.
210. Meites E, Szilagyi PG, Chesson HW, Unger ER, Romero JR, Markowitz LE. Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2019;68(32):698-702.
211. Oliver SE, Unger ER, Lewis R, et al. Prevalence of human papillomavirus among females after vaccine introduction—National Health and Nutrition Examination Survey, United States, 2003-2014. *J Infect Dis.* 2017;216(5):594603.
212. Paz-Bailey G, Koumans EH, Sternberg M, et al. The effect of correct and consistent condom use on chlamydial and gonococcal infection among urban adolescents. *Arch Pediatr Adolesc Med.* 2005;159(6):536-542.
213. Petrosky E, Bocchini JA, Jr., Hariri S, et al. Use of 9-valent human papillomavirus (HPV) vaccine: updated HPV vaccination recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep.* 2015;64(11):300-304.
214. Sanders SA, Yarber WL, Kaufman EL, Crosby RA, Graham CA, Milhausen RR. Condom use errors and problems: a global view. *Sex Health.* 2012;9(1):81-95.
215. Traeger MW, Schroeder SE, Wright EJ, et al. Effects of pre-exposure prophylaxis for the prevention of human immunodeficiency virus infection on sexual risk behavior in men who have sex with men: a systematic review and meta-analysis. *Clin Infect Dis*. 2018;67(5):676-686.
216. UNAIDS. Global HIV & AIDS statistics — 2020 fact sheet. Published 2020. Accessed March 31, 2021 https://www.unaids.org/en/resources/factsheet
217. Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev.* 2002(1).
218. Daneback K, Cooper A, Mansson SA. An internet study of cybersex participants. *Arch Sex Behav.* 2005;34(3):321-328.
219. Donenberg GR, Kendall AD, Emerson E, Fletcher FE, Bray BC, McCabe K. IMARA: A mother-daughter group randomized controlled trial to reduce sexually transmitted infections in Black/African-American adolescents. *PLoS One.* 2020;15(11):e0239650.
220. Kramer A. *What young adults say about sex, love, relationships, and the first time.* The National Campaign to Prevent Teen and Unplanned Pregnancy; 2014.
221. Rector R, Johnson K, Noyes L. *Sexually active teenagers are more likely to be depressed and to attempt suicide.* Heritage Foundation; 2003.
222. Spriggs AL, Halpern CT. Sexual debut timing and depressive symptoms in emerging adulthood. *J Youth Adolesc.* 2008;37(9):1085-1096.
223. Field T. Romantic breakup distress, betrayal and heartbreak: a review. *Intl J Phys Beh Res.* 2017:217-225.
224. VanderWeele TJ. Measures of community well-being: a template. *Int J Community Wellbeing.* 2019;2(3-4):253-275.
225. National Institute of Mental Health. Help for mental illness. National Institutes of Health (NIH), U.S. Department of Health and Human Services. Accessed March 31, 2021. https://www.nimh.nih.gov/health/find-help/index.shtml
226. Substance Abuse and Mental Health Service Administration (SAMHSA) SAMHSA. Find treatment for substance abuse & mental health. U.S. Department of Health and Human Services. Accessed March 31, 2021. https://www.samhsa. gov/find-treatment
227. Walters ML, Chen J, Breiding MJ. *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2013.
228. Bonar EE, Ngo QM, Philyaw-Kotov ML, Walton MA, Kusunoki Y. Stealthing perpetration and victimization: prevalence and correlates among emerging adults. *J Interpers Violence*. 2019;886260519888519.
229. Braun-Courville DK, Rojas M. Exposure to sexually explicit web sites and adolescent sexual attitudes and behaviors. *J Adolesc Health.* 2009;45(2):156162.
230. Carroll JS, Padilla-Walker LM, Nelson LJ, Olson CD, Barry CM, Madsen SD. Generation XXX: Pornography acceptance and use among emerging adults. *J Adolesc Res.* 2008;23(1):6-30.
231. National Coalition to Prevent Child Sexual Abuse and Exploitation. *National plan to prevent the sexual abuse and exploitation of children.* 2012. http:// www.preventtogether.org/Resources/Documents/NationalPlan2012FINAL.pdf
232. Finkelhor D, Hotaling G, Lewis IA, Smith C. Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse Negl.* 1990;14(1):19-28.
233. Fisher BS, Cullen FT, Turner MG. *The sexual victimization of college women.* U.S. Department of Justice, Office of Justice Programs; 2000.
234. Hanson RF, Resnick HS, Saunders BE, Kilpatrick DG, Best C. Factors related to the reporting of childhood rape. *Child Abuse Negl.* 1999;23(6):559-569.
235. U.S Department of Justice, Office of Justice Programs. AMBER alert: America's Missing: Broadcast Emergency Response. Accessed March 31, 2021. https://amberalert.ojp.gov/
236. Latimer RL, Vodstrcil LA, Fairley CK, et al. Non-consensual condom removal, reported by patients at a sexual health clinic in Melbourne, Australia. *PLoS One.* 2018;13(12):e0209779.
237. Vibrant Emotional Health. National Suicide Prevention Lifeline. Substance Abuse and Mental Health Services Administration (SAMHSA). Accessed March 31, 2021. https://suicidepreventionlifeline.org/
238. Meerkerk GJ, Van Den Eijnden RJ, Garretsen HF. Predicting compulsive internet use: it's all about sex! *Cyberpsychol Behav.* 2006;9(1):95-103.
239. RAINN (Rape, Abuse & Incest National Network). Safety and prevention. Accessed March 31, 2021. https://www.rainn.org/safety-prevention.
240. Roberts TA, Klein JD, Fisher S. Longitudinal effect of intimate partner abuse on high-risk behavior among adolescents. *Arch Pediatr Adolesc Med.* 2003;157(9):875-881.
241. Rudolph J, Zimmer-Gembeck MJ. Parents as protectors: a qualitative study of parents' views on child sexual abuse prevention. *Child Abuse Negl.* 2018;85:28-38.
242. Rudolph J, Zimmer-Gembeck MJ, Shanley DC, Hawkins R. Child sexual abuse prevention opportunities: parenting, programs, and the reduction of risk. *Child Maltreat.* 2018;23(1):96-106.
243. Saul J, Audage NC. *Preventing child sexual abuse within youth-serving organizations: getting started on policies and procedures.* Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.
244. Sedlak, AJ, Mettenburg J, Basena M, et al. *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress.* U.S. Department of Health and Human Services, Administration for Children and Families; 2010.

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245. Shope JH. When words are not enough. *Violence Against Women.* 2016;10(1):56-72.
246. Stack S, Wasserman I, Kern R. Adult social bonds and use of internet pornography. *Soc Sci Q.* 2004;85(1):75-88.
247. Stith SM, Liu T, Davies LC, et al. Risk factors in child maltreatment: a meta-analytic review of the literature. *Aggress Violent Behav.* 2009;14(1):13-29.
248. Townsend C, Rheingold, AA. *Estimating a child sexual abuse prevalence rate for practitioners: A review of child sexual abuse prevalence studies.* Darkness to Light; 2013.
249. U.S. Department of Education. Student privacy at the U.S. Department of Education. Accessed March 31, 2021. https://studentprivacy.ed.gov/
250. U.S. Department of Justice. Citizen's guide to U.S. federal law on child pornography. Published 2020. Accessed March 31, 2021. https://www.justice.gov/ criminal-ceos/citizens-guide-us-federal-law-child-pornography
251. U.S. Department of Justice. Citizen's guide to U.S. federal law on child sex trafficking. Published 2020. Accessed March 31, 2021. https://www.justice. gov/criminal-ceos/citizens-guide-us-federal-law-child-sex-trafficking
252. U.S. Department of Justice. Citizen's guide to U.S. federal law on child sexual abuse. Published 2020. Accessed March 31, 2021. https://www.justice.gov/ criminal-ceos/citizens-guide-us-federal-law-child-sexual-abuse
253. U.S. Department of Justice. Citizen's guide to U.S. federal law on the extraterritorial sexual exploitation of children. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-extraterritorial-sexual-exploitation-children
254. U.S. Department of Justice. Citizen's guide to U.S. federal law on obscenity. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-obscenity
255. U.S. Department of Justice. Keeping children safe online. Published 2020. Accessed March 31, 2021. https://www.justice.gov/coronavirus/keeping-children-safe-online
256. U.S. Department of Justice. 18 U.S.C §§ 2257- 2257A certifications: Recordkeeping for visual depictions of actual and simulated sexually explicit conduct. Published 2020. Accessed March 31, 2021. https://www.justice.gov/criminal-ceos/18-usc-2257-2257a-certifications
257. Wright PJ, Tokunaga RS. Men's objectifying media consumption, objectification of women, and attitudes supportive of violence against women. *Arch Sex Behav.* 2016;45(4):955-964.
258. Wright PJ, Tokunaga RS, Kraus A. A meta-analysis of pornography consumption and actual acts of sexual aggression in general population studies. *J Commun.* 2016;66(1):183-205.

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Appendix F

Fidelity Checklists

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Appendix G. NU-CULTURE Daily Fidelity Checklist – 8th Grade

The purpose of this checklist is to assess the fidelity or quality of implementation of the Healthy Futures NU-CULTURE 8th grade curriculum.

Please complete this checklist during or immediately after you teach each of the session in the curriculum to minimize recall error.

For each of the activities in the session, please indicate whether the (1) content was taught using the designed materials and activities, (2) content was presented but delivery was modified, (3) content was presented but modified, (4) content was not presented.

If there were any modifications to the curriculum (content not presented, content modified, or delivery modified), please describe in the box provided.

Session Taught

☐ **Session 8.1:** (Re-) Introduction to Healthy Futures, Goals and Dreams, Healthy Relationships

☐ **Session 8.2:** Puberty, Pregnancy, and Abstinence

☐ **Session 8.3:** Contraception

☐ **Session 8.4:** Sexually Transmitted Infections (STIs)

☐ **Session 8.5:** Emotional Needs and Bonding

☐ **Session 8.6:** Healthy and Unhealthy Relationships

☐ **Session 8.7:** Peer Pressure and Avoiding Risky Behavior

☐ **Session 8.8:** Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned

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Session 8.1: Goals and Dreams, Healthy Relationship, and Emotional Needs

1. Educator Name(s):

_____

_____

2. Date of Implementation:

_____

3. Name of School/Organization Checklist is Being Completed For:

_____

4. Name of Section/Class Checklist is Being Completed For:

_____

5. (Re-)Introduction to Healthy Futures
The educator(s) provided a brief overview of Healthy Futures and discussed its purpose and goals.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Group Rights and Responsibilities
The educator(s) discussed the importance of group rights and responsibilities for creating a safe and comfortable learning environment; explained each right; and solicited suggestions for other rules from participants. Participants have the right (1) to be heard, (2) to express your opinion, (3) to ask any questions, (4) to be respected, (5) to confidentiality and privacy. The educator(s) posted rights and responsibilities.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. Question Cards & the Question Box
The educator(s) acknowledged that there may be questions that participants feel shy, uncomfortable or embarrassed to ask out loud and explained the process of submitting these questions on index cards at the end of each session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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Session 8.1: Goals, Dreams, and Emotional Needs/Abstinence

1. Yardstick Activity
The educator(s) led an activity that encouraged participants to think about ways that success in life can be achieved. The educator(s) explained the illustration and encouraged the participants to think of ways to stay focused on their goals and dreams. The activity concluded with the participants brainstorming ways that they can be successful in life.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Goals and Dreams
The educator(s) led a discussion that helped participants brainstorm a list of things that will either make it easier or harder for them to achieve their dreams in life. The educators asked for a participant volunteer to share their list and then emphasized that forming the right relationships will help them make healthy decisions to achieve their dreams.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Healthy Relationships
The educator(s) led a review of qualities of good friends and the important role family, friends, boyfriends, girlfriends, and other people play in helping us make good choices

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

4. Emotional Needs
The educator(s) reviewed the emotional needs covered in 7th grade and discussed the important role relationships play in meeting emotional needs. The educator(s) reminded participants Healthy Futures believes the healthiest choice for teens is to delay sexual activity until a faithful lifelong relationship and reviewed the three risks associated with early sexual activity.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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5. Train Track Activity
The educator(s) led the train track activity to illustrate the two choices people are faced with when they get "off track" from their plan: choose to stay off track or choose to get back on track. Educator(s) emphasized that everyone face

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

Session 8.1: Conclusion and Wrap Up

1. Session 8.1 Conclusion and Wrap Up
The educator(s) summarized Session 8.1 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Parent Connection Forms
The educator(s) handed out and explained the purpose of parental connection forms. Participants were advised to review activities and topics with parents after each session and ask their parent/guardian to sign and return the bottom portion of sheet.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

Session 8.1: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

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2. Please indicate the level of participant engagement during the session.

☐ None
☐ 10%
☐ 20%
☐ 30%
☐ 40%
☐ 50%
☐ 60%
☐ 70%
☐ 80%
☐ 90%
☐ 100%

Session 8.1: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program.

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

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_____

2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

_____

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_____

3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

_____

_____

_____

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4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

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5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

_____

_____

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Session 8.2: Puberty, Pregnancy, and Abstinence

1. Educator Name(s):

_____

_____

2. Date of Implementation:

_____

3. Name of School/Organization Checklist is Being Completed For:

_____

4. Name of Section/Class Checklist is Being Completed For:

_____

5. The Big 3 Review & Introduction
The educator(s) collected signed parental connection forms, reviewed the previous session using The Big 3, and introduced today's session on the social and emotional changes that occur during puberty and the connection between their sexual behavior choices and the potential consequences.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Puberty Review
The educator(s) showed the Changes in Puberty PowerPoint and reviewed: (1) the physical, emotional, and mental changes people experience during puberty and (2) the impact these changes have on one's body, friends, family, and interests.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. Pregnancy Review
The educator(s) showed the Pregnancy PowerPoint reviewing conception and pregnancy.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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8. Egg Activity
The educator(s) led an activity to illustrate a teen pregnancy scenario and asked the participants to write how they would feel if they were to receive either a positive or negative pregnancy test. The educator(s) then broke the participants up into groups of 3-5 and gave each group the reproductive process steps to put together to in the correct order.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

9. Abstinence
The educator(s) reviewed the definition of abstinence, explained that sex is good and pleasurable, and reminded participants that Healthy Futures believes choosing to abstain from sexual activity is the safest and healthiest lifestyle for teenagers.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

Session 8.2: Conclusion and Wrap Up

1. Session 8.2 Conclusion and Wrap Up
The educator(s) summarized Session 8.2 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Parent Connection Forms
The educator(s) handed out the parent connection forms, and reminded participants to review and talk about today's activities with their parents/guardian using the parent connection form and to return the signed slip during the next session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

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4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

---

5. Were any of the activities from previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

Session 8.2: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

2. Please indicate the level of participant engagement during the session.

☐ None	☐ 40%	☐ 80%
☐ 10%	☐ 50%	☐ 90%
☐ 20%	☐ 60%	☐ 100%
☐ 30%	☐ 70%	

Session 8.2: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

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2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

_____

_____

_____

3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

_____

_____

_____

4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

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5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

_____

_____

_____

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Session 8.3: Contraception

1. Educator Name(s):

_____

_____

2. Date of Implementation:

_____

3. Name of School/Organization Checklist is Being Completed For:

_____

4. Name of Section/Class Checklist is Being Completed For:

_____

5. Introduction
The educator(s) collected signed parental connection forms, reviewed the previous session using The Big 3, and introduced the current session on contraception.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Contraception PowerPoint
The educator(s) showed the Contraception Powerpoint and discussed the different effective methods of contraception and provided the participants with a fact sheet to take home. The educator(s) then divided participants into small groups to play a contraception review game. The educator(s) reminded participants to use the fact sheet as a resource to answer the questions.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

Session 8.3: Conclusion and Wrap Up

1. Session 8.3 Conclusion and Wrap Up
The educator(s) summarized Session 8.3 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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2. Parent Connection Forms
The educator(s) handed out the parent connection forms, and reminded participants to review and talk about today's activities with their parents/guardian using the parent connection form and to return the signed slip during the next session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

_____

5. Were any of the activities from the previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

_____

_____

Session 8.3: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

2. Please indicate the level of participant engagement during the session.

☐ None
☐ 10%
☐ 20%
☐ 30%
☐ 40%
☐ 50%
☐ 60%
☐ 70%
☐ 80%
☐ 90%
☐ 100%

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Session 8.3: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

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5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

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Session 8.4: Sexually Transmitted Infections (STIs)

1. Educator Name(s):

_____

_____

2. Date of Implementation:

_____

3. Name of School/Organization Checklist is Being Completed For:

_____

4. Name of Section/Class Checklist is Being Completed For:

_____

5. Introduction
The educator(s) collected signed parental connection forms, reviewed the previous session using The Big 3, and introduced the current session on sexually transmitted infections (STIs).

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Beads and Bracelet Activity
The educator(s) led an activity in which they passed out bags of different colored beads. The educator(s) emphasized three main points: (1) STIs can spread quickly, (2) most people with an STI don't know they have it, and (3) choosing not to be sexually active protects you 100% from STIs.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. Sexually Transmitted Infections (STIs)
The educator(s) presented the STIs PowerPoint to review the various activities that count as sexual activity, the definitions and difference between sexually transmitted diseases (STDs) and STIs, information about different STIs, and ways to reduce the risk of STIs (abstinence, condoms).

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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Session 8.4: Conclusion and Wrap Up

1. Session 8.4 Conclusion and Wrap Up
The educator(s) summarized Session 8.4 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Parent Connection Forms
The educator(s) handed out the parent connection forms, and reminded participants to review and talk about today's activities with their parents/guardian using the parent connection form and to return the signed slip during the next session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

_____

5. Were any of the activities from the previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

_____

_____

Session 8.4: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

© 2013, 2023 Healthy Futures

2. Please indicate the level of participant engagement during the session.

☐ None
☐ 10%
☐ 20%
☐ 30%
☐ 40%
☐ 50%
☐ 60%
☐ 70%
☐ 80%
☐ 90%
☐ 100%

Session 8.4: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program.

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

_____

_____

_____

2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

_____

_____

_____

3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

_____

_____

_____

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4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

_____

_____

_____

5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

_____

_____

_____

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Session 8.5: Emotional Needs and Bonding

1. Educator Name(s):

_____

_____

2. Date of Implementation:

_____

3. Name of School/Organization Checklist is Being Completed For:

_____

4. Name of Section/Class Checklist is Being Completed For:

_____

5. Introduction
The educator(s) collected signed parental connection forms, reviewed Sessions 8.1-8.4 using The Big 3, and introduced the current session on emotional needs and bonding.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Emotional Needs Revisited
The educator(s) led a review of emotional needs, emphasizing its connection with building and maintaining healthy relationships.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. Emotional Needs Poster Activity
The educator(s) handed out a worksheet on emotional needs and relationship building. The educator(s) then led a discussion on healthy ways to fulfill emotional needs and the ways that these healthy decisions will help them achieve their dreams and goals. At the end of this activity, the educator(s) asked if any participants would like to present their poster to the group.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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8. Hearts Activity (Bonding)
The educator(s) led an activity representing the emotional impact romantic relationships have on our heart and how bonds are formed within romantic relationships.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

9. Healthy Ways to Meet Emotional Needs
The educator(s) handed out the Emotional Needs worksheet, broke participants up into small groups, and asked them to answer the following questions: (1) How could that need emotional need be filled for you? (2) How could you fill that emotional need for someone else? The educator(s) then had each small group present their solution to the larger group.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

Session 8.5: Conclusion and Wrap Up

1. Session 8.5 Conclusion and Wrap Up
The educator(s) summarized Session 8.5 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Parent Connection Forms
The educator(s) handed out the parent connection forms, and reminded participants to review and talk about today's activities with their parents/guardian using the parent connection form and to return the signed slip during the next session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

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4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

---

5. Were any of the activities from the previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

Session 8.5: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

2. Please indicate the level of participant engagement during the session.

☐ None
☐ 10%
☐ 20%
☐ 30%
☐ 40%
☐ 50%
☐ 60%
☐ 70%
☐ 80%
☐ 90%
☐ 100%

Session 8.5: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program.

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

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2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

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3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

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4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

_____

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_____

5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

_____

_____

_____

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Session 8.6: Healthy and Unhealthy Relationships

1. Educator Name(s):

_____

_____

2. Date of Implementation:

_____

3. Name of School/Organization Checklist is Being Completed For:

_____

4. Name of Section/Class Checklist is Being Completed For:

_____

5. Introduction
The educator(s) collected signed parental connection forms, reviewed the previous session using The Big 3, and introduced the current session on healthy and unhealthy relationships.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Conversations Activity
The educator(s) led a discussion using the Characteristics of Healthy and Unhealthy Relationships handout and Conversations PowerPoint. Participants were asked to classify the conversations as either a healthy or unhealthy relationship for an 8th grade romantic/dating relationship.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. All Falls Down Video
The educator(s) presented the 'All Falls Down' video in three segments. The educator(s) led a discussion after each segment and asked participants to think about the characters' decisions and brainstorm whether or not the characters' recognized the signs that lead to healthy or unhealthy relationships.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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Session 8.6: Conclusion and Wrap Up

1. Session 8.6 Conclusion and Wrap Up
The educator(s) summarized Session 8.6 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Parent Connection Forms
The educator(s) handed out the parent connection forms, and reminded participants to review and talk about today's activities with their parents/guardian using the parent connection form and to return the signed slip during the next session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

_____

5. Were any of the activities from the previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

_____

_____

Session 8.6: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

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2. Please indicate the level of participant engagement during the session.

☐ None
☐ 10%
☐ 20%
☐ 30%
☐ 40%
☐ 50%
☐ 60%
☐ 70%
☐ 80%
☐ 90%
☐ 100%

Session 8.6: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program.

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

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2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

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3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

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4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

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5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

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Session 8.7: Peer Pressure and Avoiding Risky Behavior

1. Educator Name(s):

---

2. Date of Implementation:

---

3. Name of School/Organization Checklist is Being Completed For:

---

4. Name of Section/Class Checklist is Being Completed For:

---

5. Introduction
The educator(s) collected signed parental connection forms, reviewed the previous session using The Big 3, and introduced the current session on peer pressure and avoiding risky behavior.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Self-Control
The educator(s) went through the Kisses Activity and handed each participant one candy kiss chocolate. The educator(s) told the participants they would receive three more candies if they did not eat the first candy by the end of the session. The educator(s) showed the Delayed Gratification video, discussed the definitions of delayed gratification and self-control, and then asked the participants to think of times in the past when they had to exercise self-control. The educator(s) then connected the theme of self-control to the choices one makes in relationships.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. Setting Limits
The educator(s) asked students to back to the goals and dreams they identified in Session 8.1 and linked self-control and delayed gratification to the risks associated with sexual activity as a teen (pregnancy/fathering a child, STIs, and emotional heartache). The educator(s) then used the Limits PowerPoint to illustrate the importance of limits in dating/romantic relationships.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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8. Refusal and Negotiation Skills
The educator(s) briefly reviewed refusal skills from 7th grade (speak up, stand up, and walk away) and then asked participants to brainstorm reasons why it can be difficult to resist peer pressure. Next, the educator(s) discussed the three ways that people respond to pressure and had participants act out scenarios for passive, aggressive, and assertive responses to peer pressure.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

Session 8.7: Conclusion and Wrap Up

1. Session 8.7 Conclusion and Wrap Up
The educator(s) summarized Session 8.7 topics using The Big 3.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Parent Connection Forms
Next, the educator(s) handed out the parent connection forms, and reminded participants to review and talk about today's activities with their parents/guardian using the parent connection form and to return the signed slip during the next session.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

_____

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5. Were any of the activities from the previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

_____

_____

Session 8.7: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

2. Please indicate the level of participant engagement during the session.

☐ None	☐ 40%	☐ 80%
☐ 10%	☐ 50%	☐ 90%
☐ 20%	☐ 60%	☐ 100%
☐ 30%	☐ 70%	

Session 8.7: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program.

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

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2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

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3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

_____

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4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

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5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

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Session 8.8: Sex and the Law, Media Influence, Review Topics and Discuss Lessons Learned

1. Educator Name(s):

---

2. Date of Implementation:

---

3. Name of School/Organization Checklist is Being Completed For:

---

4. Name of Section/Class Checklist is Being Completed For:

---

5. Introduction
The educator(s) collected signed parental connection forms, reviewed the Sessions 8.1-8.7 using The Big 3, and introduced the current session on sex and the law and media influence.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

6. Sex and the Law Handout and PowerPoint
The educator(s) passed out the Sex and the Law Handout and presented the Sex and the Law PowerPoint on the legal consequences of sexual activity and sexual assault. The educator(s) reminded the participants to fill out the handout as they review the slides.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

7. Media Influence
The educator(s) led a discussion about media (i.e., television, music, movies, advertisements, social media etc.) and the influence media has on decisions and perspectives. To begin, the educator(s) led participants in a critical thinking activity about advertising in magazines and on television. The educator(s) presented the What Are They Really Trying to Sell? PowerPoint to help the participants think of ways that advertisements influence the way they think about themselves and others. The educator(s) then asked the participants to think of ways that social media may influence their ability to develop healthy relationships with their peers.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

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8. The Big 3 Review Game
The educator(s) led participants in The Big 3 review game to review the topics covered during the 8th grade sessions.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

9. "Wait" Music Video
The educator(s) played a music video by Lukus Simari titled, "Wait". The educator(s) then reminded participants of the Healthy Futures slogan (the choices you make NOW will affect you LATER).

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

Session 8.8: Final Wrap Up

1. Session 8.8 Final Conclusion and Wrap Up
The educator(s) summarized the Nu-CULTURE themes from 6th-8th grade, emphasizing that participants are on a journey to success in their life and whatever their dream may be, they are capable of achieving it if they make the right choices NOW. Participants repeated the Healthy Futures slogan ("The choices you make NOW will affect you LATER").

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

2. Participant Evaluations
Participants were provided with the final Parent Connection Form, evaluation forms, and incentives.

☐ Content Was Not Presented
☐ Content Was Presented but Modified
☐ Content Was Presented but the Delivery Was Modified
☐ Content Was Taught Using the Designed Materials and Activities

3. Were Participant Questions (Verbal & Question Box) Answered?

☐ There was no time for questions
☐ There was time, but the participants did not have any questions
☐ There was some time, but not enough to answer all of the participants' questions
☐ There was time and all of the participants' questions were answered

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4. Please indicate the number of completed and signed parent connection forms that were returned during this session.

---

5. Were any of the activities from the previous sessions implemented today due to time limitations? If so, please indicate which activities below. If you did not implement any activities from the previous sessions, please type "NA".

Session 8.8: Atmosphere

1. Positive Reinforcement of Participant Participation in Curriculum
The educator(s) continuously reinforced and encouraged participants' participation in activities throughout the session and respected participants' input.

☐ Yes
☐ No

2. Please indicate the level of participant engagement during the session.

☐ None
☐ 10%
☐ 20%
☐ 30%
☐ 40%
☐ 50%
☐ 60%
☐ 70%
☐ 80%
☐ 90%
☐ 100%

Session 8.8: Modifications and Adaptions

For the next few questions, please consider the following:

"**Modifications**" to the program include any change to the content or delivery of a core component or section of the program.

"**Adaptations**" to the program include any change to the overall program as a whole (rather than just a component or section).

1. If you selected "content was not presented" for any of the questions above, please provide a brief explanation describing why the content was not implemented and areas for improvement. If you did not select "content was not presented", please type "NA".

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2. If you selected "content was presented but modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but modified", please type "NA".

_____

_____

_____

3. If you selected "content was presented but the delivery was modified" for any of the questions above, please provide a brief description of the modifications that were made. If you did not select "content was presented but the delivery was modified", please type "NA".

_____

_____

_____

4. Please provide a description of any additional adaptations (changes to the overall program) that needed to be made during the session. If additional adaptations were not needed, please type "NA".

_____

_____

_____

5. Please provide a description of any challenges that were encountered during the session. If there were no challenges during this session, please type "NA".

_____

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Appendix G

Adaptation Guidance

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Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum

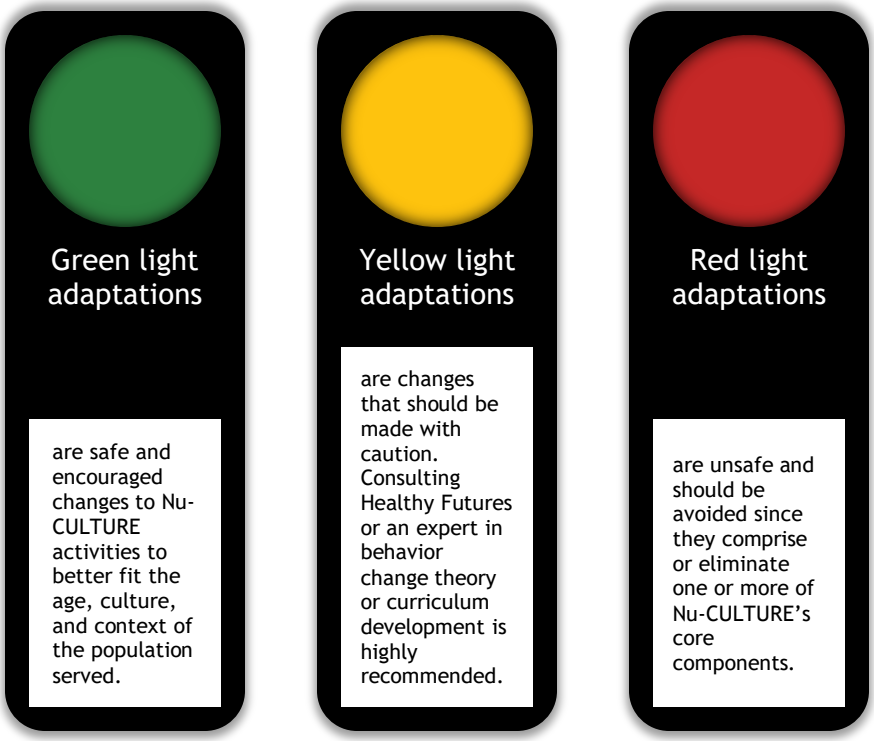
What is the purpose of the Nu-CULTURE Curricula Adaptation Guide?

Educators often make adaptations to curricula in order to have the activities resonate better with the youth they are serving. Please use the following guidance to inform any adaptations you make to the implementation of the Nu-CULTURE curricula.

This guidance was developed using the 2012 adaptation guidelines published by ETR Associates in partnership with the Centers for Disease Control and Prevention Division of Reproductive Health.[1]

Key Terms

Adaptations are changes to the Nu-CULTURE curricula in order to make it more suitable for the youth you serve and/or your organization's capacity.



[1] Firpo-Triplett R and Fuller TR. General Adaptation Guidance: A Guide to Adapting Evidence-Based Sexual Health Curricula. ETR Associates and CDC Division of Reproductive Health. Spring 2012.

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Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum

Core components are the key elements or defining characteristics of the Nu-CULTURE curricula. To maintain Nu-CULTURE's effectiveness, its core components must be kept intact when it is replicated or adapted. For a list of the Nu-CULTURE core components, please see the *Introduction*.

> **Core content components** are *what* is being taught, specifically the knowledge, attitudes, values, norms, skills, etc. that are addressed in the programs' learning activities and are most likely to change sexual behaviors.
>
> **Core pedagogical components** are *how* the content is taught, such as teaching methods, strategies and interactions that contribute to the program's effectiveness.
>
> **Core implementation components** are the *logistics* that are responsible for an experience conducive to learning, such as program setting, educator/youth ratio, sequence of sessions.

Fidelity is the faithfulness with which Nu-CULTURE is implemented; that is, how well Nu-CULTURE is implemented without comprising its core components which are essential for the program's effectiveness. For fidelity monitoring tools, please see *Appendix G. Fidelity Checklists*.

Risk factors increase the chance of teen pregnancy (e.g., early sexual debut).

Protective factor decrease the chance of teen pregnancy (e.g., parent-child communication).

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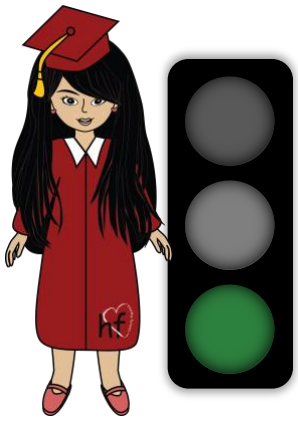
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Green Light Adaptations[1]

Green Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Updating and/or **customizing statistics**, resources to access health services, and other information specific to your community.	Health statistics, technology, and services change quickly. Using the most up-to-date, relevant information will help your students make the most informed decisions about their sexual and reproductive health.	**Session 8.3** • Including the latest contraception information. **Session 8.4** • Including the latest information on sexually transmitted infections (STIs). **Activity 8.8.2** • Including state laws on sexual activity as a teen. **Sessions 8.2, 8.3, 8.4** • Including resources available in your community.
Customizing Nu-CULTURE role play scenarios (e.g., using wording more reflective of the youth culture).	As long as the skill being practiced and the topics being addressed stay the same (e.g., refusal and negotiation skills.), changing the wording, names, and setting of a role play so it's more relevant to the youth you serve can help them participate more fully and personalize the session.	**Activities 8.2.4, 8.5.4, 8.7.4, 8.7.5** • Using local terminology • Using Latino names in a predominately Latino community. • Changing setting to a local hangout.

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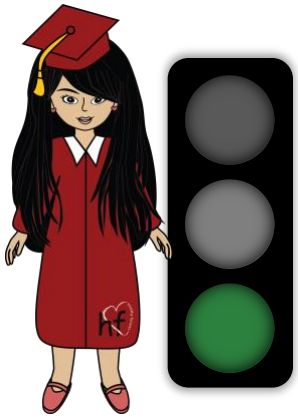
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Green Light Adaptations[1]

Green Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Making **Nu-CULTURE activities more interactive**, appealing to different learning styles.	As long as the information remains medically accurate and includes everything that would be covered in a session, interactive activities are a good opportunity for youth to practice what they are learning. Also, because individuals learn in different ways – seeing, hearing, and doing – including a variety of teaching methods will maximize and reinforce learning for all participants.	**Session 8.2, 8.3, 8.4** • Adding or substituting an information-gathering field trip to a local health center to learn about and available sexual and reproductive health resources.
Tailoring aspects of Nu-CULTURE instructional approaches or activities to youth culture, developmental stage, gender, sexual orientation.[2]	Students can be distracted or turned off by words and images that don't feel familiar or inclusive of them, which can interfere with learning. Customizing an activity so it is more relevant to youth or more inclusive can help them participate more fully, but it is important that the purpose of the activity remains the same.	**Activities 8.2.4, 8.5.4, 8.7.5** • Using non-gender specific names like Pat, Lee, or Dylan so the activity is inclusive of gay, lesbian, bisexual, and transgender students. **Activity 8.2.4** • Changing pregnancy scenario activity to role play to customize lesson. **Sessions 8.2, 8.3, 8.4, 8.5** Add contemporary words/slang like "hooking up" to descriptions of sex.

[2] Kirby D, Laris B, Rolleri L. Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics. Washington DC: Healthy Teen Network. 2006.

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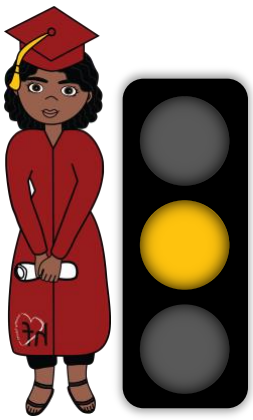
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Yellow Light Adaptations[1]

Yellow Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Changing the order of Nu-CULTURE sessions or **sequence** of activities.	The Nu-CULTURE sessions and activities are presented in a particular, logical order, with each session building on previous ones. Changing the order of sessions or sequence of activities could decrease youths' ability to understand and master the information and skills being covered. It is important that youth receive basic information, perceive that they are at risk, and develop supporting attitudes, norms, and motivations **before** learning new skills.	Teaching decision-making skills early in a program to groups that may need more practice time. • Implementing **refusal and negotiation skills (Session 8.7) in an earlier lesson.** Switching the order of a risk perception activity and a basic information activity. • Implementing **Activity 8.8.2 Sex and the Law in an earlier lesson.**
Adding activities to Nu-CULTURE sessions to **reinforce** learning.	Nu-CULTURE provides a variety of activities that help to convey, reinforce, and personalize learning. Adding activities to reinforce messages may be possible. Although it can be helpful to include additional activities to meet the specific needs of your community, activities should reinforce positive behaviors. Adding too many activities could make Nu-CULTURE too long and create implementation problems.	Adding a short follow up activity in which youth briefly name one thing they learned. Adding a review quiz after a long break. • Using relevant topics from **Activity 8.8.4 to do a review game after a school vacation.** After **Activity 7.4.8** when students practice refusal skills, asking each student to jot down one thing they will do differently next time they are resisting pressure to have sex.

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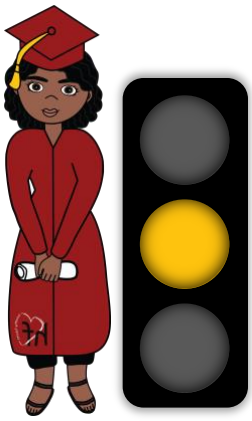
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Yellow Light Adaptations[1]

Yellow Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Adding activities to Nu-CULTURE sessions to address additional **risk and protective factors**.	Every community is different and there might be a particular risk or protective factor that is important for your population that is not addressed in Nu-CULTURE.	Adding activities that address additional determinants such as "appropriate uses of technology" in a community with youth who are experiencing high levels of sexting or "power in relationships" in a community with youth who are experiencing a high level of dating violence.
Replacing or supplementing Nu-CULTURE videos with other videos. **Replacing or supplementing Nu-CULTURE activities** with videos.	If a video does not seem appropriate, relevant, or current for your students or the circumstances do not permit viewing, another video or interactive activity may be substituted or added. Care must be taken that the new video or activity is culturally appropriate and addresses the same skills/topics as the original.	**Activity 8.6.3** Replacing videos with newer, more culturally relevant version. • Including a follow up discussion that updates outdated content or asks students to make suggestions about how a video could be updated. **Activity 8.2.4** • Using a video about perception of risk associated with sexual activity that's instead of a scenario read aloud.

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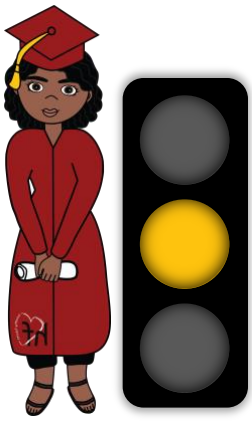
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Yellow Light Adaptations[1]

Yellow Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Implementing Nu-CULTURE with a **different population** (i.e., ethnic or cultural group).	Nu-CULTURE was developed for a diverse population of White, Hispanic, Asian, and Black youth in Northeastern Massachusetts. Nu-CULTURE can be adapted for use with only one of these groups or other cultural groups, but care must be taken that each activity is reviewed and potentially adapted to be appropriate for the new population.	Adapting activities for a predominantly Native American population. Turning a case scenario set in an urban environment into one set in a rural environment.
Implementing Nu-CULTURE in a **different setting** (i.e., clinical setting, community organization)	Nu-CULTURE was developed for implementation in the middle school classroom setting. Each session is designed to be completed in 50 minutes with approximately 30 students. It can be adapted for other settings and size groups. Take care that each activity is reviewed and potentially adapted to be appropriate for the new setting and group size.	Combining sessions to fit a longer period in a community setting or substituting similar activities designed to meet the same objectives with a larger group.

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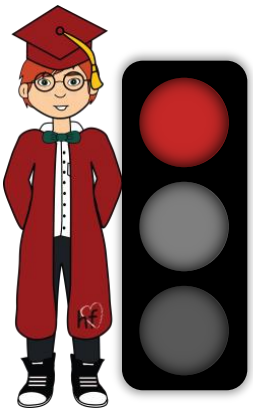
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Red Light Adaptations[1]

Red Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Shortening the Nu-CULTURE program.	Each risk and protective factor addressed in Nu-CULTURE is addressed by multiple activities. Reducing the number of activities may have a negative effect on behavioral outcomes.	Shortening the Nu-CULTURE program to less than 8 days or the sessions to less than 50 minutes would not give youth sufficient time to absorb the information and practice new skills.
Reducing or eliminating Nu-CULTURE activities that allow youth to **personalize risk**.	Nu-CULTURE has activities that help youth personally understand the risks they face. Personalization of topics are key components of the health behavior change theories on which Nu-CULTURE is based. Reducing or eliminating these activities would undermine one of the main ways Nu-CULTURE achieves positive outcomes.	Removing **Activity 8.6.2** which allows youth to explore characteristics of healthy relationships.
Reducing or eliminating opportunities for **skill practice**.	Knowledge alone is not enough to change behavior. Behavior change requires repeated practice, often with the support and feedback of the educator.	**Removing role play Activity 8.7.5** designed to give youth an opportunity to practice skills.
Contradicting, competing with, or diluting **Nu-CULTURE goals.**	Nu-CULTURE is designed to address specific health goals. If you add additional goals, they may start to compete with, or in some cases, contradict, Nu-CULTURE's goals.	Adding a goal to reduce gang violence to the Nu-CULTURE program designed to delay sexual activity and reduce teen pregnancy. While reducing gang violence is a significant goal on its own, it is not a modest addition to Nu-CULTURE.

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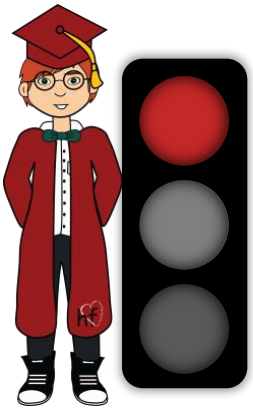
Adaptation Guidance for the 8th Grade Nu-CULTURE Curriculum



Red Light Adaptations[1]

Red Light Adaptation	*Explanation*	*Examples of Appropriate Adaptations*
Minimizing or eliminating strategies built into the Nu-CULTURE curriculum that promote effective **classroom management**.	One of the characteristics of Nu-CULTURE is that it includes activities and strategies that promote youth to get and stay on task (e.g., Group Rights and Responsibilities). Managing the classroom is critical to creating a safe environment and keeping the lessons moving in a timely manner.	**Eliminating Activity 8.1.2. Group Rights & Responsibilities.**
Replacing **interactive Nu-CULTURE activities** with lectures or individual work.	Interactive activities such as group discussion, games, role plays, and small group work are an integral reaching component of Nu-CULTURE and should not be replaced by more passive, individual activities.	Eliminating **Activities 8.1.3, 8.5.4, 8.7.5** or substituting them with written assignments. Assigning discussion questions as homework. Lecturing instead of leading a discussion.

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Appendix H

Optional Activities:
Optimal Health Supplements

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Session 8.3

Contraception

Session Overview:

1. Review Session 8.2.
2. Pass out blank question cards.
3. Show the Contraception Optimal Health PowerPoint (8.3.2).
4. Show Pregnancy video.
5. Collect completed question cards.
6. Pass out Parent Connection Form Session 8.3: Contraception.

Learning Objectives:

- Participants will understand the common methods of contraception.

Materials Needed:

- Computer, projector, and speakers
- Jar of Now and Later candy
- Contraception Optimal Health PowerPoint (8.3.2)
- A, B, C Cards (8.3.2)
- Big 3 Review Video (Session 8.3)
- Handouts:
  - Contraception (Handout 8.3.2A)
  - Contraception Methods Brochure (Handout 8.3.2B)
  - Parent Connection Form Session 8.3: Contraception
- Question cards
- Question bag

Classroom Planning:

- Review Optimal Health Supplement Session 8.3 curriculum.
- Make copies of handouts.

The Standards:

- See Appendix E for a list of state and national standards met in this session.

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Educator states:
Before we begin today's session, let's review the "Big 3" from the last session:

The BIG 3:

- Puberty is the process of changing from a child to an adult and a time when there are physical, social and emotional changes.
- Unplanned pregnancy is a risk of sex. Think about it – Are you ready to be a parent?
- Choosing not to have sex can help you avoid the responsibilities of being a teen parent.

Notes:

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Educator states:
Last time we talked about puberty and how pregnancy occurs. We also talked about the huge responsibility that raising a child is and the challenges teen parents face.

Educator highlight: If a participant suggests withdrawal* as a method of contraception explain that the types discussed in this activity are "effective methods" and withdrawal has the highest failure rate of any other method of birth control. Women whose partners use withdrawal typically have a 22% chance, or about 1 in 5 chance of getting pregnant within a year. This method takes a lot of self - control and most couples do not do it perfectly all the time. This method is especially ineffective for teens who are sexually inexperienced and the male may not know the exact moment he is about to ejaculate. Furthermore, withdrawal is not as reliable a method because a male may eject pre-ejaculate fluid while he is aroused and still inside the vagina – this fluid can contain as many as 300,000 sperm (and it only takes 1 to fertilize an egg) and if the male ejaculates outside of the vagina, sperm can swim, so semen anywhere near the vagina can still lead to pregnancy. Finally, withdrawal does not protect against sexually transmitted infections (STIs).

[Show Contraception Optimal Health PowerPoint (8.3.2).]

PPT Slides: Contraception

[Slide 1]

Educator states:
Today we are going to talk about methods of contraception, also known as birth control. We are going to give you the facts so you can make informed choices in the future.

* For quality improvement purposes, withdrawal was removed from the final curriculum package due to its ineffectiveness, especially for teens. The evaluated curriculum presented withdrawal as a contraception method.

Notes:

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[**Slide 2**]

Educator states:
Most middle school participants choose not to have sex. But it is important for someone to know the facts about contraception for when someone becomes sexually active in the future and wants to prevent pregnancy. This information is extremely important now if someone or someone they know is currently sexually active or thinking about becoming sexually active. Even if someone chooses to wait to become sexually active until a faithful lifelong relationship, this is important if someone wants to prevent pregnancy. The information we talk about today could also help your friends or family members.

[**Slide 3**]

First, let me ask you a question. If a hundred couples had vaginal intercourse (penis inserted into vagina) for a year without any type of contraception, how many couples would have a pregnancy?

[Most of them: about 85%.]

If a couple is sexually active and doesn't take steps to prevent pregnancy they most likely will become pregnant. This is important because many teens who choose to be sexually active think that they won't become pregnant. But you can see by this number that eventually, they will most likely become pregnant.

Notes:

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[Slide 4]

Educator states:
Let's take some time to brainstorm the different types of contraceptive methods you know about.

[Allow time for participants to respond. Once a few suggestions have given, click the PowerPoint to bring up the list of contraceptive methods.]

Great job! Today we are going to talk about a number of contraceptive methods, some of which you named. We're going to give you information on effective contraceptive methods so you can make informed choices in the future.

[Slide 5]

Today we are going to talk about seven contraceptive methods effective at reducing or eliminating the risk of pregnancy: abstinence, implant, intrauterine devices (IUDs*), progestin injection ("the shot"), oral contraceptive ("the pill"), the birth control patch, condoms, and emergency contraception (e.g., Plan B). We will review each type and recommend you take notes on the Contraception handout in your folder.

* For quality improvement purposes, IUDs were added to the final curriculum package. The evaluated curriculum did not include information on IUDs.

Notes:

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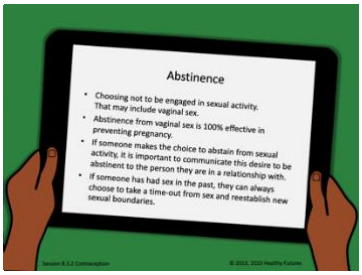
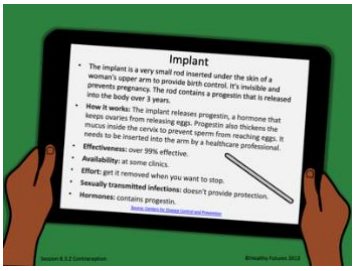


[**Slide 6**]

Educator states:
As we discussed in 6th and 7th grade, sexual abstinence is defined as refraining from all forms of sexual activity and genital contact such as vaginal, oral, or anal sex. If someone makes the choice to abstain from sexual activity, it is important to communicate this desire to be abstinent to the person they are in a relationship with. At Healthy Futures, we believe abstinence is the healthiest choice for teens because it protects you from all three risks associated with early sexual activity. Can anyone remind us what those three risks are?

[Pregnancy/Fathering a child, sexually transmitted infections, and emotional heartache.]

Yes!



[**Slide 7**]

The implant is a very small rod inserted under the skin of a woman's upper arm to provide birth control. It's invisible and prevents pregnancy. The rod contains a progestin that is released into the body over 3 years.

Progestin is a hormone that keeps ovaries from releasing eggs. Progestin also thickens the mucus inside the cervix to prevent sperm from reaching eggs. It needs to be inserted into the arm by a healthcare professional.

As we mentioned before, since Implants do not protect against STIs, if someone is sexually active, they should stop having sex to avoid the risk of acquiring an STI. If someone chooses to continue having sex, and use the implant, it is recommended they also use a condom every time they have sex. However, adults who are sexually active that use dual protection can still get pregnant.

Notes:

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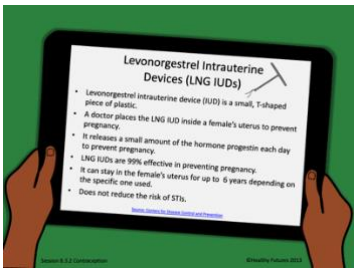
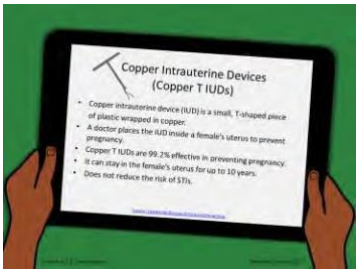


[Slide 8]

Educator states:
The levonorgestrel intrauterine device (LNG IUD) is a small, T-shaped piece of plastic like the Copper T IUD without the copper. A doctor places the LNG IUD inside a female's uterus to prevent pregnancy. It releases a small amount of the hormone progestin each day to prevent pregnancy. LNG IUDs are 99% effective in preventing pregnancy. It can stay in the female's uterus for up to 6 years depending on the specific one used.

As we mentioned before, since IUDs do not protect against STIs, if someone is sexually active, they should stop having sex to avoid the risk of acquiring an STI. If someone chooses to keep having sex and use an IUD, it is recommended they also use a condom every time they have sex. However, adults who are sexually active that use dual protection can still get pregnant.



[Slide 9]

Educator states:
A copper intrauterine device (IUD) is a small, T-shaped piece of plastic wrapped in copper. A doctor places the IUD inside a female's uterus to prevent pregnancy. Copper T IUDs are 99.2% effective in preventing pregnancy. It can stay in the female's uterus for up to 10 years.

Since IUDs do not protect against STIs, If someone is sexually active, they should stop having sex to avoid the risk of acquiring an STI. If someone is sexually active and chooses to use an IUD, it is recommended they also use a condom every time they have sex. This is called dual protection. However, adults who are sexually active that use dual protection can still get pregnant.

Notes:

Facilitators should encourage sexually active teens to return to a risk free status. One question to ask is, "If someone is sexually active, is it possible for them to say 'No' to having sex?

If someone feels they cannot say no, then they're possibly in a coercive relationship. Please come and talk to me after class.

Or, you can encourage someone who is sexually active to take the "Love Test." Stop having sex and observe what happens to the relationship. Does the relationship end because the sex is gone? Then that person didn't have a relationship at all, all they had was sex.

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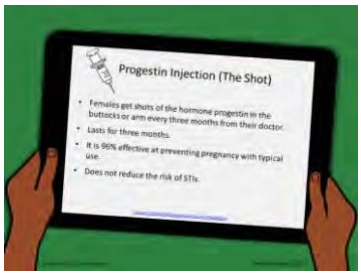

[Slide 10]

Educator states:
Women get shots of the hormone progestin in the buttocks or arm every three months from their doctor. It lasts for three months and is 96% effective at preventing pregnancy with typical use.

Since the shot doesn't protect against sexually transmitted infections (STIs). If someone is sexually active, they should stop having sex to avoid the risk of acquiring an STI. If someone is sexually active and chooses to use the shot as a contraception method, it is recommended they also use a condom every time they have sex. However, adults who are sexually active that use dual protection can still get pregnant.

[Slide 11]

Oral contraceptives contain hormones. There are two types of oral contraceptives: (1) either estrogen and progestin combined or (2) progestin only prescribed by a doctor. The pill is 91% effective at preventing pregnancy when taken every day at about the same time. The pill sometimes may be prescribed for acne or painful periods, not just as a contraceptive.

Since the pill doesn't protect against sexually transmitted infections (STIs). If someone is sexually active, they should stop having sex to avoid the risk of acquiring an STI. If someone is sexually active and chooses to use the pill as a contraception method, it is recommended they also use a condom every time they have sex. However, adults who are sexually active that use dual protection can still get pregnant.

Notes:

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[**Slide 12**]

Educator states:

The patch releases hormones progestin and estrogen. It is worn on a female's lower abdomen, buttocks, or upper body (but not on the breasts). It is prescribed by a doctor. A new patch is worn each week for three weeks. During the fourth week, the patch is not worn to allow the period to happen. The patch is 93% effective at preventing pregnancy with typical use (but may be less effective in women who weigh more than 198 pounds).

Since the patch doesn't protect against STIs, if someone is sexually active, they should stop having sex to avoid the risk of acquiring an STI. If someone is sexually active and chooses to use the patch as a contraception method, it is recommended they also use a condom every time they have sex. This is called dual protection. However, adults who are sexually active that use dual protection can still get pregnant.

[**Slide 13**]

Condoms are another non-hormonal contraceptive method. A condom is a latex/rubber sleeve that fits over a male's penis. Condoms are made to be a barrier so that sperm or infections can't get passed between partners during sexual activity. The consistent and correct use of latex (or polyurethane or polyisoprene if allergic to latex) condoms can reduce (though not eliminate) the risk of STI transmission.

Condoms are 87% effective at preventing pregnancy with typical use. That means if 100 people use condoms as their only contraception method for a year, at least 13 of them will become pregnant/father a child.

Notes:

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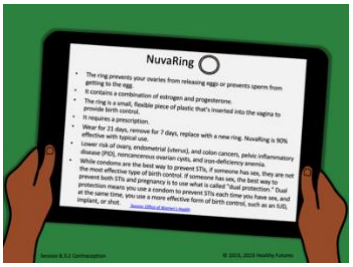
Notes:

Educator states:
Typical use means the way most people use condoms. Occasionally, condoms might break or slip off. Or the condom might not be put on correctly. So, it is important to read condom instructions, follow the directions, and use a condom correctly every time partners have sex. Condoms can only be used once and should never be used after the expiration date or doubled up (using 2 condoms) as they might be more likely to break.

"Natural" or "lambskin" condoms also help prevent pregnancy, but may not provide protection against STIs, including HIV. Natural or lambskin condoms are not recommended for teens.

In addition to reducing the risk of pregnancy, condoms also reduce the risk of sexually transmitted infections (STIs), including HIV. We will talk more about this when we discuss STIs in the next session. A lot of times people refer to using condoms as having safe sex or using protection. It's more accurate to say "safer sex" or using "some" protection- as we will see there are still risks when condoms are used.

Using a condom in addition to another effective method of contraception is known as a "dual method."



[Slide 14]

Educator states:
The ring prevents your ovaries from releasing eggs or prevents sperm from getting to the egg. It contains a combination of estrogen and progesterone. The ring is a small, flexible piece of plastic that's inserted into the vagina to provide birth control. It requires a prescription. You wear it for 21 days, remove it for 7 days, and replace with a new ring. NuvaRing is 90% effective with typical use. Lower risk of ovary, endometrial (uterus), and colon cancers, pelvic inflammatory disease (PID), noncancerous ovarian cysts, and iron-deficiency anemia.

While condoms are the best way to prevent STIs if someone has sex, they are not the most effective type of birth control. If someone has sex, the best way to prevent both STIs and pregnancy is to use what is called "dual protection." Dual protection means you use a condom to prevent STIs each time you have sex, and at the same time, you use a more effective form of birth control, such as an IUD, implant, or shot.

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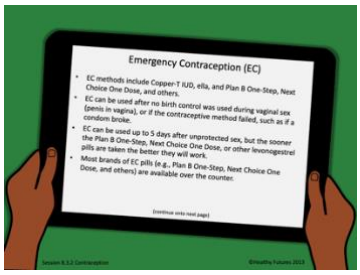

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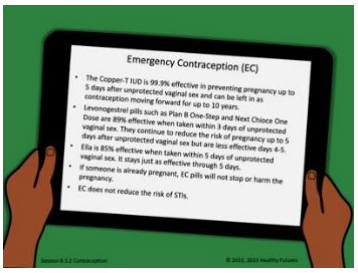

[Slide 16]

Educator states:

Emergency Contraception (EC) is not a regular method of birth control. EC can be used after vaginal sex during which no birth control was used, or if the contraceptive method failed (such as if a condom broke). There are a number of EC option including the Copper-T IUD, ella pill, levonogestrel pills (e.g., Plan B). The Copper-T IUD is 99.9% effective in preventing pregnancy up to 5 days after unprotected vaginal sex and can be left in as contraception moving forward, for up to 10 years. Levonogestrel pills, such as Plan B One-Step and Next Choice One Dose, are 89% effective when taken within 3 days of unprotected vaginal sex. They continue to reduce the risk of pregnancy up to 5 days after unprotected vaginal sex but are less effective days 4-5. Efficacy is better if the tablet is taken as soon as possible after unprotected intercourse. The ella pill is 85% effective when taken within 5 days of unprotected vaginal sex. It stays just as effective through 5 days.

If someone is already pregnant, EC pills will not stop or harm the pregnancy.

EC is not a regular method of birth control and doesn't protect against STIs. If someone is sexually active, using dual protection — an effective method of birth control (e.g., IUDs, the pill) and a condom every time they have sex — is the best way to prevent pregnancy and reduce the risk of STIs.

In your folder please pull out the Contraception Methods brochure. Next we are going to divide you into small groups. Each group is going to have a packet of flash cards that say "A", "B", or "C" on them. After you see the question on the screen, we will give you a few seconds to talk to your group. Then I will say "final answers please." You will have one person lift up the card that is your answer. Now we know that you are in 8th grade and have the maturity to talk about these questions and come up with some good answers. Again, you can use your Contraception Methods brochure to find the answers if someone don't remember.

Educator highlight: Divide participants into small groups. Give each group a packet of flash cards. As each question appears on the Contraception PowerPoint, give the participants about 5 seconds to deliberate over the answers. Discuss answers and emphasize key points. If this activity is done as a competition, have the other educator keep score by noting which team came up with the most correct answers. Give prizes for winner(s).

Notes:

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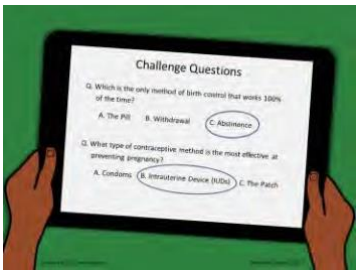
[Slide 17]



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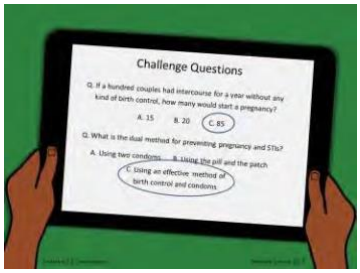

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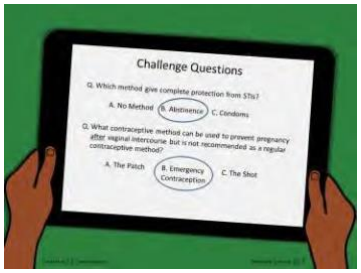

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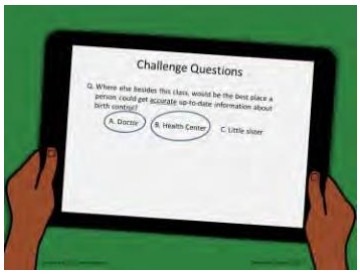

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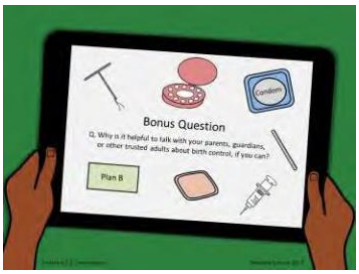

[Slide 22]

Notes:

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Educator states:
Each group did a good job with the questions. We want to emphasize the main points from today's session.

The BIG 3:

- The only 100% effective way to prevent pregnancy is to choose not to have sex.
- Teenagers who are sexually active should stop having sex to avoid the risk of pregnancy and acquiring an STI. If someone chooses to have sex they need to use a dual method by choosing an effective method of birth control to prevent pregnancy and condoms to reduce the risk of sexually transmitted infections (STIs).
- If someone wants to learn more about these effective methods of contraception please talk to your doctor, parent or guardian, or other trusted adult.

At Healthy Futures we believe abstinence is the healthiest lifestyle for teens but we want you to know the facts about contraception to be able to make informed decisions at some point in your future. Ideally after you finish school, get a full time job, and get married or establish a life time relationship. Again, it is all about your choices.

The choices you make…NOW Will affect you…LATER!

[Remind participants of the question cards and to place them in the question bag. Pass out Parent Connection Form Session 8.3: Contraception and collect completed parent connection forms from session 8.2.]

Notes:

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