



Curriculum Units by Fellows of the Yale-New Haven Teachers Institute
1998 Volume VII: The Population Explosion

There's More to Sex Education than AIDS Prevention

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The term "population explosion" describes the fact that human births are exceeding deaths on planet earth by about 85 million each year. This is the result of positive advances in health care and medical treatment of formerly fatal illnesses, rather than an increase in fertility. Even though people are having fewer babies, people are also living longer. There are several ways to think about the havoc this will cause. On the macro level, concerns are that people will destroy the world by destroying the environment and using up all the world's resources. In many underdeveloped countries, when there are too many people, the economy cannot grow. Basic subsistence for the population is a constant struggle. On the Micro level, concerns center on the quality of life, the personal misery and pain of never getting ahead economically and of watching children die of starvation. When women have unintended or unwanted children, the suffering of all parties intensifies. My unit will focus on one aspect of the micro or individual level. The individual I choose to concentrate on here is the American teenager and the issue I want to consider is unintended pregnancy. Teen mothers are more likely to have large families which contributes to growing population. When the children are unintended and unwanted, their lives and those of their parent(s) are miserable. It is with the intention of addressing the human rights of child and mother that I write this unit: the right of every child to be wanted and well cared for, the right of every mother to be able to have the children she wants and to be able to care adequately for them.

Even though its teen pregnancy rate has been declining in the last few years, the United States still has the highest rate among developed countries. Eighty-six percent of pregnancies in teenagers are unintended. In our current society, getting pregnant and becoming a parent as a teenager can result in enormous negative social consequences for the parent and the children. For the parent, these include completing less education, working at low-paying jobs, having a lower possibility for lifetime income, and not reaching one's full potential as a contributing parent and citizen. "When compared to children born to women aged 20 and older, babies born to mothers aged 15-17 have less supportive and stimulating home environments, poorer health, lower cognitive development, worse educational outcomes, higher rates of behavior problems, and higher rates of teen childbearing themselves." A shared goal of many educators and health care providers alike is to reduce the incidence of teenage pregnancy because it is bad for teens as individuals, bad for local and national communities (because of the financial costs of supporting young parents and babies, the medical costs for premature and low birth weight infants, and the costs to society of losing the potential contributions to society of the teens who drop out of school due to pregnancy), and bad for the world because it contributes to growing population.

Postponing the arrival of the first child and ensuring that every child is a wanted child is the goal. There is a need to convey this information to teenagers so that they will have unprotected sex less frequently which, in turn, will lead to a reduction in the number of teenage pregnancies. This can be good for the world by lowering the number of births, good for the country and for local communities by decreasing the number of children and adolescents who need support services, and good for the individual who consciously chooses when and how many children he or she wants to raise. The object here is to convince teenagers that it is better for them personally as well as better for the rest of the world for them not to get pregnant unintentionally.

This unit is designed to be taught at the same time as AIDS Education Week, an educational unit for all ninth grade classes in the New Haven Public Schools. The five day AIDS Week presents information about HIV and AIDS, its transmission, its effect on the immune system, its symptoms and treatments, its prevention and its epidemiology, with a special focus on the incidence among young people in the US and in Connecticut. AIDS Week targets students' motivation to protect themselves from this virus by attempting to increase their own sense of vulnerability. Individuals infected with HIV visit each class for discussion and students watch a film showing young people who got infected as teenagers. Another objective of AIDS Week is to teach behavioral skills needed to effectuate healthy decisions. These include relationship skills such as communication, negotiation and assertiveness skills; and materials skills such as where to get and how to use condoms correctly. The projected outcomes of AIDS Week are behaviors which prevent the transmission of disease as well as pregnancy: not having sexual intercourse or always using protection when having sexual intercourse.

AIDS Week is part of the Social Development curriculum, a comprehensive, sequential, skills-based kindergarten through 12th grade program. The goal of the Social Development Program is to prevent problem behaviors which lead to negative outcomes (like dropping out of school, becoming involved in violence, using drugs, getting pregnant or infected with a sexually transmitted disease). This is achieved by promoting positive, health-enhancing behaviors and encouraging the development of emotional and social skills (like being aware of one's own and others' feelings; handling anger, frustration and hurt in constructive ways; problem-solving; conflict management; accepting and appreciating differences; making decisions based on understanding consequences). Students learn that there are alternative ways of behaving which do not create problems in their lives. Knowing how to recognize signs of stress and then what to do to reduce that stress can help students better cope with their emotions in a constructive rather than destructive way. Understanding that controlling one's impulses to react to a stressful situation until calm and thoughtfulness return can help a student avoid getting suspended for fighting. Taking seriously the knowledge that sexual intercourse can lead to pregnancy, learning peer resistance and communication skills as well as how to prevent conception can mean that unintended pregnancy won't happen in their relationships. The high school curriculum is not being implemented currently (with a few exceptions), except for AIDS education. I am writing this unit to provide a broader educational experience surrounding AIDS Week for ninth graders.

OBJECTIVES AND STRATEGIES

My thesis in this unit is that a major contributing factor to teenagers' having unprotected sex which results in unwanted pregnancy (and disease) is the schizophrenic attitude toward sexuality in the United States. The dictionary gives one definition of schizophrenia as a separation between thoughts and emotions. What I mean here is a separation between what adults, society, cultural mores say about sex and sexuality and what they actually do in their lives. We say, for instance, that sex should wait until marriage while most people have sex

before they get married. We say that it's too embarrassing or too private to talk about sexual matters, yet we include them publicly in every piece of media and entertainment. As a result, most young people receive no calm, rational, accurate education or thoughtful discussions about sexuality, but instead are bombarded constantly with sexually stimulating news, films, TV shows, music. This leaves them with a distorted and unrealistic idea of what sex and sexuality are all about. The objectives of this unit are threefold: to raise student awareness of this schizophrenic attitude by comparing teen sexual activity and teen pregnancy rates of several countries and analyzing the differences; to increase student understanding of sexuality as a natural and positive attribute of being human from the moment of birth throughout the rest of their lives; and to encourage their ongoing development as sexually healthy adolescents.

Raising Student Awareness

Students need to know that far too many teenagers are getting pregnant unintentionally in this country. One way to learn this is to compare the USA with other, similar countries. The book, "Teenage Pregnancy in Industrialized Countries," by Elise F. Jones, describes a study that attempted to understand the causes of teenage pregnancy in the USA and to identify means to prevent it by comparisons with the experience of other developed countries. When comparing five developed countries (Sweden, France, USA, Wales/England, and the Netherlands), it is clear that the percentage of young people who are sexually active by age 19 (defined as having sexual intercourse) is similar. According to statistics from Jones and presented by Advocates for Youth in Washington, DC, at a conference on Global Issues in Adolescent Health, the percentages for these countries in order of prevalence from highest to lowest are:

Sweden-88%, France-70%, USA-65%, Wales/England- 63%, Netherlands-55%

The median age (which is when 50% have had sex) of first intercourse, which is also similar in the five countries, is 16.2 years for girls and 15.7 years for boys. This can be as much as one to three years earlier if the following factors come into play: the teens live in a single parent household, their mothers or sisters gave birth as teens, their socio-economic status is low, they experience high residential turnover, they live in high poverty areas, they get low grades or have dropped out of school, they are heavy drug or alcohol users, they are members of a racial or ethnic minority, or they have low expectations for the future. Statistics from Connecticut (The Voice of Connecticut Youth) and from New Haven (the Social and Health Assessment - SAHA) support the fact that adolescents are becoming sexually active at young ages.

Assuming that unintended teen pregnancy is a problem, we can see by looking at these same countries' rates of teen pregnancies (number of pregnancies per 1000 population) that a significant problem exists in the US. The countries are arranged again in order of prevalence, highest to lowest.

USA-96, Wales/England:45, France-43, the Netherlands-14, Sweden-39.

What are some of the possible causes of this high incidence of pregnancy among US teens when there is so little difference in the percentage of teens who are having sex? What are the differences between what happens in the USA and what happens in the other countries when it come to adolescent sexuality? There is not a simple answer. There are the obvious differences in population makeup with its various cultural, family, religious and ethnic traditions. The book also devotes an entire chapter to each country with a special focus on describing and comparing the following:

attitudes toward sexuality, approaches to sex education, access to contraceptive services and sources of information about pregnancy prevention, differences of understanding about reproductive processes, how birth

control works and skill at obtaining and using it correctly.

It becomes clear that a fundamental difference in attitude between the other countries and the US can be summed up in this quote: "One notable difference between the American and Dutch attitudes is that the former feel that the value of the family would be violated by the open recognition of teenage sexual activity while the latter feel that the value of the family would be violated by not openly recognizing the sexual relationships of the teenage members."

Attitudes and beliefs about adolescent sexual activity are reflected in and reinforced by laws and regulations, and by medical, educational and media policies and practices. In many of the other countries, for example, family planning services are fully integrated into the practice of general practitioners, as opposed to being the domain of specialists as in the US. This means that contraceptive services are more available geographically and less costly. In another example, the US does not allow condoms to be advertised on television despite a constant stream of sexual situations and innuendoes in television programming. In the other countries, sexuality is openly discussed on TV and condoms are advertised and available everywhere. Whereas the United States attempts to reduce sexual activity among adolescents, the governments of the other countries see teenage pregnancy as the problem to be solved. The US government has recently made 50 million dollars available to the states only for education programs which promote abstinence from sexual intercourse until marriage. This is despite the data which are repeatedly collected showing that the majority of the US population no longer believes or acts in a way consistent with that position. Most have had sex before getting married. The Dutch (who have the lowest teen pregnancy rate and a very low abortion rate as well), in contrast, have a more liberal and open attitude allowing for freer and more pragmatic discussions in a less moralistic manner. The government there supports public information campaigns, school sex education, and more open and realistic media coverage. A national desire and commitment to reducing reliance on abortion as a birth control method led to widespread sex and birth control education, open discussions of sexuality in the media, and accessible family planning services. (More information about each of these and other industrialized countries can be found in the Jones book.)

The US has a heterogeneous population with many different attitudes towards sex. Some puritanical and moralistic traditions have led to an adult fear of adolescent sexuality, seeing it as dangerous and in need of control, rather than as a natural and normal progression of development and growth. We take a public (and I would argue, hypocritical) stance that adolescents should not be sexual, that sex should not happen until marriage. Adolescents watch adult behaviors and see the contradictions. I want students to analyze these conflicting attitudes and arrive at the conclusion that sexual development can be integrated into their total development.

One strategy I will use to achieve this is examining data from the five countries, and providing information about the various factors. Students will then try to identify the causes of teen pregnancy. Another strategy I will use throughout the lessons is having students read and report back to the class on what they read. Each student will then talk about his/her selection and how it relates to the general topic. The selections will be brief, in an adolescent's own voice, and pertaining to some aspect of adolescent sexuality, such as getting pregnant and sexual orientation. For the topic of teen pregnancy, students will read selections from the books "Going All The Way: Teenage Girls' Tales of Sex, Romance and Pregnancy" by Sharon Thompson, "When Children Want Children" by Leon Dash or "Young, Poor and Pregnant" by Judith Musick. Then each will lead a discussion of what influenced the choices made by the young people in the stories.

In summary, a first indication of the schizophrenic attitude towards sexuality in the US is evidenced by the

inordinately high rate of teen pregnancy. Although teenagers in other industrialized countries have similar rates of sexual activity, they don't get pregnant as often. Many policies and practices in fields as varied as health care and the media contribute to teens having or not having unprotected sexual intercourse which leads to pregnancy. Although we decry the terrible situation here, we are hindered in any effort to increase adolescent sexual responsibility by the blinders we refuse to take off, which leaves us able to believe that teens are not or should not be sexually active even though they have matured physically and most don't get married until years later.

A second indication of the schizophrenic attitude is evident in looking at the way the media depicts sexuality, and contrasting that to what teens are told about how to behave. Studies of daytime soap operas, television talk shows, movies and music lyrics demonstrate a pervasive reliance on sexual innuendoes, sexual situations and depictions of people having sex in every one of these media. Sex sells. All these media rely for their continued existence on people buying the sponsoring products. The more people watch, the more they're likely to buy the product. And the sexier the content, the more people watch. Students will analyze magazine ads, keep a log of television series, specials, soap operas, and talk shows for sexual messages. Students will watch a video entitled, "The Glitter: Sex, Drugs and the Media" and design their own ads/commercials for abstinence and safer sex practices.

The third indication to explore in raising student awareness about the schizophrenic attitude toward sexuality in the US is to identify and analyze the contradictory messages students receive about sexuality from society. It is possible to compare and contrast sex-positive and sex-negative messages. Some examples of conflicting messages are contained in the following opposing statements:

"Sex is dirty...vs...save it for the one you love,"

"I better not get an STD from him/her...vs...I won't tell her/him about this little rash I have,"

"Sex is wonderful, fantastic and one of the best things in life...vs...but we shouldn't talk about it,"

"My mother (or sister) is wonderful and deserves respect...vs...it's okay to force girls into having sex, they're chicks, it's okay to take advantage of them,"

"If you carry condoms, you're a slut...vs...If you're going to have sex, always use protection."

Students will participate in an exercise where they remember the messages they received in growing up, as toddlers, preschoolers, children and pre-adolescents. They will talk in small groups about how they learned about the changes of puberty, about sexual intercourse, about pregnancy and contraception. Students will dissect the messages they've received for the underlying values and attitudes, which the class as a whole will then discuss. Classes will watch the video, "Raising Healthy Children." Students will then write an essay describing their own values about sexuality for themselves and for their future children.

Increase the Understanding and Acceptance of Humans as Sexual Beings from Birth to Death

A second objective of this unit is to broaden the concept of sexuality in people's lives beyond the notion of sexual intercourse during adolescence and early adulthood. One can begin to consider this concept by looking

at the physiological operation of the sexual response system. Both male and female sexual response systems are operating in human babies when they are born. Boys have erections, girls have lubricated vaginas. Of course, these physiological attributes are not due to any overt sexual thoughts or actions, nor to any intent to reproduce. They are evidence, rather, that the systems are already intact and functioning from the moment of birth. From a very young age, both boys and girls express healthy curiosity by and derive pleasure from exploring their bodies, including their genitals. Whether children associate positive or negative feelings with these explorations depends upon how the adults around them react. Children learn that their bodies, including their genitals, are good and healthy when adults are open and accepting of such behavior as normal and when they acknowledge the existence of the good feelings which come from touching. Children learn there is something shameful about themselves and their bodies when adults react in a punishing and scolding way to such touching. Children already know that it does feel good, so they are confronted with a contradiction which can be confusing, to say the least. They also learn to associate feelings of shame or guilt with touching their bodies.

The urge to have sexual contact with another is the natural result of the normal process of the physical and sexual maturation not begun but rather accelerated during puberty. Puberty occurs at a younger age now than 100 years ago, and society has set the age for marriage and childbearing at an older age than that of 100 years ago. This period of physical readiness but social restriction has shifted from one to three years then to ten to thirteen years now. So here is another contradiction for young people between what their bodies (and instincts?) are telling them, and what their parents, guardians, churches and society may be telling them. The urge to have sex is the species' way of carrying out the need to reproduce. What's instinctual is the sexual drive. Humans are capable of controlling their instincts. This is easier to understand and achieve when humans are consciously aware of which part of their drives are instinctive and then make a choice to follow or moderate these instincts.

The species' drive to reproduce itself is connected to the concept of survival of the fittest. This means that individuals who have the most offspring are the ones whose genetic characteristics are passed on to the most offspring. In almost all species, males produce abundant sperm while females produce few eggs. This leads to differing behaviors when it comes to sex. Males aim to inseminate as many eggs as possible, while females exercise choice over which male(s) will inseminate her eggs. Reading about the behavior of certain primates might offer insight to students about the ability of humans to control their own behavior. I will have the students read articles about chimpanzees, gorillas and bonobos to identify parallels and differences between animal behavior and that of humans.

In this context, it is appropriate and important to introduce a discussion about sexual attraction. The result of sexual maturation, it is a natural response. Feelings of sexual attraction can be caused by and felt towards the same, the other or both genders. One cannot control the feeling of being attracted. Humans can always control their behaviors but the feelings of attraction arise on their own (pardon the pun). One adult gay friend describes being surprised during high school to discover that he had gotten an erection while looking at another boy. The term sexual orientation is more accurate than sexual preference because it better describes the reality as the direction in which one is leaning or drawn. In his studies of human sexuality, Alfred Kinsey proposed thinking of sexual attraction along a continuum. Understanding this idea can illustrate for young people the concept of not necessarily fitting into one category or the other, meeting the requirements of one label or the other. According to Kinsey, the majority of people feel attracted to members of both sexes, to a lesser or greater degree according to where they fall along the continuum from heterosexual to homosexual. Here again, it may be instructive to read about other primates. The bonobos have sex with every other member of their group. Among the bonobos, homosexual sex serves the function not of reproduction but of

diluting or replacing aggression between males. Reading about the behavior of chimps, gorillas and bonobos is an interesting and less personal way to discuss sexual behaviors than talking directly about human beings. And it can allow students to begin discussing sensitive topics in a less embarrassing or threatening context.

Adolescents in US society have probably grown up with profoundly negative attitudes towards homosexuality, since that is the pervasive attitude in this society. Talking about what is known about homosexuality and personalizing the "issue" by reading stories may break down some taboos or barriers. Students will select one story to read and discuss from the book, "One Teenager in Ten: Writings by Gay and Lesbian Youth." As uncomfortable as it may be for students to talk about this issue, they will benefit from breaking down stereotypes and learning that discrimination or harassment of their fellow students due to the perception that they're gay is neither acceptable nor legal. They will read and discuss the new Connecticut legislation which prohibits discrimination against a public school student based on her or his sexual orientation. They will also read the article in the July 9, 1998 New Haven Advocate, called "They're Here, They're Queer - The Struggle to Make Connecticut Schools Safe for Gay Teens," by Leigh Bardugo. Discussion will elicit what students have heard or witnessed themselves regarding the treatment of homosexuals.

Another concept to emphasize is that lifelong pleasure can be derived from intimate relationships with others. Students will participate in an activity which has them placing sexual events along a timeline with many different ages demarcated from birth to death. Sex is not the only thing in life for adolescents, and adolescence is not the only time in life when sex plays a role. Helping adolescents to realize that people continue to engage in intimate sexual relationships throughout their lives might alleviate the pressure cooker feeling of being under the microscope with the whole world watching.

Development of Sexually Healthy Adolescents

The Sexuality Information and Education Council of the United States (SIECUS) published (in the August/September 1995 SIECUS Reports) an article describing sexual health for America's adolescents. It provides a checklist of several categories to think about in identifying what constitutes sexual health. These include characteristics about oneself (appreciates own body, takes responsibility for own behaviors, is knowledgeable about sexuality issues), about relationships with parents and family members (communicating effectively and understanding parents' and family values), about peers (interacting with both genders in appropriate and respectful ways), and about romantic partners (expressing love and intimacy appropriately and having the skills to evaluate readiness for mature sexual relationships). It is my contention that if society focused on raising sexually healthy adolescents, those adolescents would make choices about their sexual activity which would result in a decrease in unintended pregnancy and disease transmission. (See Whitehead in Resources for article and refutation about the failure of comprehensive sex education.)

The first step is helping young people to know, accept and acknowledge their own sexuality, from their biological identity (what their genitals look like) to accepting their sexual orientation as an integral part of their identity. When this step is not taken, young people are likely to feel it is okay to "be swept off their feet" but it's not okay to plan on having sex. Carrying condoms because you want to have sex and you want to do it responsibly and safely should be seen as the act of a mature, trustworthy and reliable individual. Too often it is seen instead as the behavior of a slut. The primary goals of sex education should be to help young people develop a healthy lifetime sexuality, to have healthy values regarding their sexuality, to evaluate and look for positive relationships, to gain competency in life management skills, to delay the onset of first intercourse, to prevent unintended pregnancies and sexually transmitted diseases. Notice how far down the list preventing problems is placed. It is easily acceptable to most people to provide education which scares or threatens young people with dire outcomes and terrible consequences if they have sex. It is much harder to

find support for an education program which presents a positive, accurate and comprehensive view of human sexuality.

Studies have identified the characteristics of effective sex education programs. These studies define "effective" as reducing the incidence of problems like unintended pregnancy and disease acquisition. They are important to keep in mind while teaching about human sexuality, as proven ways to enable adolescents to act responsibly in their sexual lives.

Effective sex education programs:

- * have a narrow focus on reducing sexual risk taking, specifically delaying intercourse initiation and using protection.
- * use social learning and social influence theories as a foundation for program development. Social learning theory recognizes that learning is an interactive process between the learner and his/her environment. It occurs not merely within the learner but also in a particular social context. Learners are influenced by the actions of others, by their expectations about outcomes and by beliefs about their own ability to act. Social influence theory emphasizes the role of social norms in influencing individual behavior. If an individual perceives that certain behaviors are acceptable within his or her peer group, s/he is more willing to engage in them. The successful programs focus on recognizing social influences, changing individual values, changing group norms, and building social skills.
- * provide basic, accurate facts about the risks of unprotected sex and the methods of avoiding unprotected sex. They include lessons which provide experiential activities such as small groups, games, simulations, and role plays designed to personalize the information.
- * address social and media influences on sexual behavior.
- * reinforce clear and appropriate values in order to strengthen individual values and group norms against unprotected sex.
- * model communication and negotiation skills and provide training for teachers and/or peer leaders who teach the programs.

The expected outcomes of an effective sex education program are young people who know and accept themselves for who they are, and who make responsible decisions about their sexual behavior. They communicate with partners, are able to differentiate high and low risk behaviors, protect themselves and their partners from unwanted pregnancy and disease, and know how to gain access to and use health care information and services.

To reduce the incidence of teenage pregnancy (and the rate of reproduction, thus confronting the crisis of global overpopulation on the personal, individual level), and to lower the incidence of sexually transmitted diseases among young people, we have to acknowledge that adolescents are sexual beings just as all humans are throughout their lives. We need to accept sexuality as a positive feature in our and their lives that is neither evil nor unclean. We need to realize that the period from puberty to marriage is too long for most

people to abstain. We need to quit expecting behavior from young people that we don't really expect from ourselves or even believe in anymore. We need to address sexuality issues openly and honestly, and not only by means of innuendoes, jokes and the fantasy life of movies.

CLASSROOM ACTIVITIES

First Lesson Plan: Compare and Analyze Teen Sexual Activity and Teen Pregnancy in the United States and other Developed Nations.

Objectives: To introduce the concept of overpopulation and link it to individual behavior by focusing on the personal costs of teenage pregnancy. To compare and analyze the differences and similarities of statistics on sexual activity and teen pregnancy in several countries, and to discuss what contributes to the statistics.

Materials Needed: Videotape, "World Population" by Zero Population Growth, TV/VCR, handouts for each student of statistics table, newsprint, markers and tape

Procedure: I. Show the video, "World Population." Have each student respond in writing to it, stating his/her reaction to the video and what they see as the point of it. After discussing their reactions, make the transition to the situation in the US, where teenagers' getting pregnant unintentionally contributes to this population explosion.

II. In small groups, have students brainstorm lists of problems associated with teenage pregnancy and parenting. Remind them to think of the present, the near future and later. Each group will take a different person to focus on: the teen mother, teen father, child born to teen parents, grandparents. Post and discuss the importance of avoiding these problems by avoiding pregnancy as a teenager.

III. Introduce this part with a statement: "In the USA more teens get pregnant than in other, similar countries. Let's try to figure out why this happens."

Prepare and distribute a handout with the statistics and follow up questions below. Explain that they represent sexual activity and teen pregnancy in five countries which have much in common. They are all highly developed nations. They all share the benefits and problems of urban, industrialized societies. They are generally similar to the US in cultural heritage and stage of economic growth. They are consumer societies. Their populations are widely exposed to the influence of the media.

	Sweden	France	USA	Wales/England	Netherlands
% of teenagers who have had intercourse by age 19	88%	70%	65%	63%	55%
Rate of teen pregnancies (number of pregnancies per 1000 females aged 13-19)	39%	43%	98%	45%	14%

Follow-up Questions:

1. What is the difference between per cent and per 1000?
2. Convert the teen pregnancy rate (which is per 1000) to per cent
e.g., 39 per 1000 = 3.9%
3. Round all per cents to the next whole number

e.g., 3.9% = 4%

4. Redo the table so that both categories are in whole number percentages.
5. What fraction of those having intercourse are getting pregnant in each country?
e.g., 3.9% rounded to 4% over 88% = 1/22nd

Discuss what the students notice about the statistics, both what's similar among all countries (e.g., many adolescents are sexually active in all these countries), and what the differences are (e.g., the US teen pregnancy rate is much higher than all the others). Ask what some of the possible causes might be for this high incidence of pregnancy among US teens when there is not much difference in the percentage of teens who are having sex? Solicit suggestions from students and list them on the board under the following categories: approaches to sex education, access to contraceptive services, access to information (about pregnancy prevention, how the reproductive system works), skill at obtaining and using birth control, attitudes and beliefs about adolescent sexuality.

Provide information from the text here and from the Jones book on how other countries provide easier access to health care, including contraception. Families, schools and the media have freer and more pragmatic discussions about sex and contraception in a less moralistic way. Survey students to find out their ethnic and religious backgrounds. Ask them to describe the attitudes towards sex which they have been taught. Show how attitudes are reflected in government policies: in the Netherlands, for example, the government supports public information campaigns, school sex education, more open and realistic media coverage, and accessible family planning services. In the US, the Congress recently approved funding for sex education only if it teaches that abstinence is the only good option for adolescents until marriage. The media in the US is not permitted to advertise or portray the use of contraception, and government-funded health insurance for the poor (Medicaid) does not pay for contraception.

IV. As a final activity, students will read selections from three books about teenagers' decisions to have sex and/or get pregnant. Each will present a summary of what influenced the choices made by the young people in the stories. The three books are, "Going All The Way: Teenage Girls' Tales of Sex, Romance and Pregnancy" by Sharon Thompson, "When Children want Children" by Leon Dash, and "Young, Poor and Pregnant, The Psychology of Teenage Motherhood" by Judith Musick. (See Resources) In summarizing the lesson, point out

the need for conscious decision-making on the part of teenagers regarding their sexual activity.

Concepts to Strengthen: Population explosion is happening because too many people are born while too few die. One solution on the individual, personal level, is to ensure that every pregnancy is the result of conscious choice.

Second Lesson Plan: Exploring Conflicting Messages about Sex

Objectives: To raise student awareness of the "schizophrenic" attitudes of our society toward sexuality and to increase their critical and analytical skills when watching television, movies, music videos, etc.

Materials Needed: Log book for each student, lots of magazines, video "The Glitter-Sex, Drugs and the Media" and TV/VCR.

Procedure: I. Briefly introduce the lesson with a discussion about how men, women and sex are portrayed in the movies, on television, on talk shows, in commercials, in popular music, and in print advertising. Ask students for specific programs they've seen and their reaction to the portrayals of men, women, and sexual relationships. Display examples of advertising in magazines and ask for reactions to what is portrayed as beautiful. Ask how many of the students feel they match this standard of beauty.

II. Explain that students will be monitoring the media and exploring its influence on sexual attitudes. They will need to keep a logbook of everything they watch on TV or see at the movies. Hand out to each student a blank logbook on which they write their name. Discuss how they are to complete it, how long they'll be keeping their log, how much to write for each entry, what kinds of things to write about, how often they will be turned in. Once a week for the course of this unit, students will report on what they've seen and the class as a whole group will analyze the messages about sex which are in the media. Solicit from students how these media messages differ from what they have been taught and what they believe.

III. Watch the video, "The Glitter - Sex, Drugs and the Media" (see resources). After discussion, explain that it is possible to advertise positive and health-promoting messages about sex. Divide students into working groups to create their own commercials for abstinence, for safer sex and for respectful relationships between the sexes. The commercials or public service announcements (PSA's) will be videotaped and played back to the class. The class will vote on which of these commercials should be shown on the "in school" television news.

Concepts to Strengthen: One needs to be consciously aware of, and critical of the constant stimulation about sex in the media and not blindly accept that definition of what's normal, healthy, pleasurable or satisfying. Positive and realistic messages are important.

Third Lesson Plan: What message do you want to give?

Objectives: To understand the confusing messages our society sends about sexuality, and to focus on the messages students want to give.

Materials Needed: Video, "Raising Healthy Children" and letter writing paper. Procedure: I. Begin with an introduction of how cultures determine people's attitudes and behaviors, especially in the area of sexuality. Our attitudes and values about sexuality influence and direct our sexual behaviors. Many of these attitudes and values derive from the cultures we live in. It is not always in the best interests of the people to continue to follow the cultural rules, such as in Uganda where HIV prevention education confronted cultural mores that

had led to behaviors which were high risk for HIV transmission, and in some poverty-stricken, overpopulated parts of the world where women have many children despite not wanting any more because of cultural pressures. People live in cultures which determine a large part of what is acceptable in terms of sexual behavior and reproduction. In the US, there is often confusion and conflict surrounding communication about sexuality. Young people may have to confront received attitudes about sexuality in order to develop healthier ones. II. Ask the class for examples of confusing messages they've received, such as, "Sex is dirty...save it for the one you love." (See text above for more examples.) In small groups, students will discuss how they learned about sex and what messages they received about puberty, adolescence, relationships and sex when they were children and since.

III. As a whole group dissect several of these messages, analyzing them for the underlying values and attitudes they convey.

IV. Students will read a selection from "Teenage Sexuality: Opposing Viewpoints" (see resources) and explain, if not debate, the issues presented in their selections.

V. Have the class watch the video called, "Raising Healthy Children" and then each student will write a letter to their future child(ren) about their own values concerning sex, both for themselves and for their children.

Concepts to Strengthen: Positive messages about sexuality will encourage healthy choices.

Fourth Lesson Plan: Sexuality throughout our lives

Objectives: To understand sexuality as more than intercourse, as a healthy part of being human from birth until death. To discuss sexual attraction and the unacceptability of discrimination and harassment.

Materials Needed: Several cards with sexual events over the course of a lifetime written on them, a 25 foot long piece of string or rope with various ages marked on it from birth to 90 years, masking tape, a copy for each student of Connecticut's new legislation prohibiting discrimination against a public school student based on sexual orientation, a copy for each student of the Advocate article, "They're Here, They're Queer: the Struggle to make Connecticut Schools Safe for Gay Teens."

Procedure: I. Hang the string up across a long wall. (Or draw a line across an entire blackboard). Mark spots along it with ages: birth, 1 year, 5 years, 10 years, 15 years, 20 years, 25, 30, 40, 50, 60, 70, 80, 90 years. Hand out large index cards with an event in the sexual life of a human written on it. Have students get up and attach their card to the lifeline with tape at the age where it usually fits, in their opinion. When all events are placed, go over the placement and ask for explanations, disagreements, and discussion. Point out that many of the "events" happen at many different times. Debrief the activity by asking students what was the purpose of this activity and what they learned. Point out that sexuality is an ongoing quality of being human for all humans and they needn't feel it is something they have to act on right now. They will be sexual and making decisions about sex for the rest of their lives.

The cards should include but not be limited to these events: first erection, first vaginal lubrication, first time touching own genitals for pleasure, first menstrual period, first ejaculation, first date, first crush, falling in love, first kiss, first intercourse, long-term relationship, marriage, children, menopause, sexually intimate relationship, divorce, remarriage, first grandchild, feel sexual attraction for another (same or different gender), know own sexual orientation, know gender identity, massage partner, decide to be celibate, and so on.

II. Expand on the events related to sexual attraction with the following discussion points. Sexual attraction

comes with the increase of hormones at puberty. Some are attracted to the same sex, some to the opposite sex, some to both. The feelings are natural, they arise on their own. What an individual does with the feelings is under his or her control. Introduce the topic of homophobia and acts of discrimination against individuals because of their perceived sexual orientation. Read the new Connecticut legislation and the Advocate article. Elicit experiences students have had, what they've witnessed or heard about and conclude with a strong statement that discrimination is not okay.

Concepts to Strengthen: Sexuality is a natural attribute of the human species. It is instinctual but does not control us. We can derive pleasure and intimate human contact through our sexuality throughout our lives.

Fifth Lesson Plan: Conception and Contraception

Objectives: To reinforce the accuracy of student knowledge about how conception happens and how contraception works.

Materials Needed: Big charts of male and female reproductive anatomy, cards with one word on each. The words include the parts of male and female anatomy. Masking tape. "Birth Control Bag" from Planned Parenthood Library (865-5158) which contains a sample of each method of contraception.

Procedure: Put the anatomy charts up at the front of the room. Distribute the cards. Each student will locate and identify the part on his card and tape the card on the board. He will then say at least two things about that body part and its function. He can ask for help from the other students. Teacher ensures that basic and complete information is delivered about how the reproductive system works, and exactly when conception can happen. Playing on the words, conception and contraception, solicit from the students all the methods of birth control they have ever heard about. List them on the board. Divide them into categories: hormonal, barrier, permanent, and don't work. Briefly discuss how each works, show the sample and point out pertinent facts like expense, whether a doctor needs to be involved, how easy it is to use, etc.

Concepts to Strengthen: This is called the "reproductive system." If you use it, it will work unless you take action to prevent conception. It is crucial for your own and the world's best interests to consciously choose pregnancy and not to let it happen to you by accident.

RESOURCES

(An * indicates the resource is especially appropriate for students.)

Print

Albee, George W. and Gordon and Leitenberg, editors. Promoting Sexual Responsibility and Preventing Sexual Problems. Hanover and London, University Press of New England, 1983. Papers written as a result of the Seventh Vermont Conference on the Primary Prevention of Psychopathology. Dash, Leon. When Children Want Children. An engrossing book full of stories told by adolescents about why they got pregnant. * Bardugo, Leigh. "They're Here, They're Queer: The struggle to make schools safe for gay teens." The New Haven Advocate, (July 9-15, 1998) 14-22. Gordon, Sol and Craig W. Snyder. Personal Issues in Human Sexuality, A Guidebook for Better Sexual Health. Boston, Allyn and Bacon, 1986. Focus is on the personal, philosophical and ethical issues in peoples' lives and the significant medical and research data about human sexuality. Treats sexuality not as a gymnastic performance but as the loving and caring and intimacy that comprise the heart of people's sexual relationships. See

especially, "It's Not Okay to be Antigay" pages 66 to 85. Hamilton, Jane. The Short History of a Prince. New York, Random House, 1998. This is a terrific novel about growing up gay in the Midwest. It's beautifully written, tells a good story and is very insightful.

Hedgepeth, Evonne and Joan Helmich. Teaching About Sexuality and HIV, Principles and Methods for Effective Education. New York and London, New York University Press, 1996. Focuses on the "how" and "why" of sexuality and HIV education, rather than the "what."

* Heron, Ann, Editor. One Teenager In Ten, Writings by Gay and Lesbian Youth. Boston, Alyson Publications, Inc., 1983. Twenty-six young men and women from all parts of the country briefly describe how they discovered and came to terms with their homosexuality and discuss their coming out experiences.

Musick, Judith S. Young, Poor, and Pregnant, The Psychology of Teenage Motherhood. New Haven and London, Yale University Press, 1993. The author runs a successful program for teen mothers. She describes how psychological pressures of adolescence interact with the problems of being poor to create a situation in which early sexuality, pregnancy and childbearing - often repeat childbearing - seem all but inevitable. She looks at the family and community problems that accompany poverty and shows how they influence the psychological development of young girls, examines the sexual socialization and exploitation of disadvantaged girls, and analyzes the role played by the mother-daughter relationship. There are many individual stories which students can read and discuss.

Reynolds, Susan and Gary Remafedi, John Yoakam, and Kevin Cwayna. Surviving AIDS: Simple Answers to Complex Questions About AIDS and Adolescent Homosexuality. Youth and AIDS Project, University of Minnesota. Good resource for teachers.

* Skerker, Roni. "Silence No More: New Law Protects Homosexual Youth," Primary Prevention , Winter, 1998, p.2. A short and useful review of the new Connecticut law with some facts about why it is needed.

* Swisher, Karen L., editor. Teenage Sexuality: Opposing Viewpoints. San Diego, Greenhaven Press, 1994. Short essays presenting opposing viewpoints on many topics related to this issue. Good tool for students to read and debate various issues.

Thompson, Sharon. Going All The Way: Teenage girls' tales of sex, romance, & pregnancy. New York, Hill and Wang, of Farrar, Straus the late 70' s and early 80's.

Another good source for personal stories in adolescents' voices about getting pregnant.

Whitehead, Barbara Dafoe. "The Failure of Sex Education," The Atlantic Monthly , October, 1994. (www.theatlantic.com) Raises important and thought-provoking questions and issues about comprehensive sex education. Be sure to also read "Responding to "The Failure of Sex Education"" by Kantor and Haffner in SIECUS Report, Volume 23, Number 3, Feb-Mar, 1995.

Videos:

* The Glitter: Sex, Drugs and the Media. Human Relations Video (800-431-2050). 23 minutes. Explores the powerful effects that various media have on young people.

* Raising Healthy Kids: Families Talk About Sexual Health, Media Works. Available from Advocates for Youth, 1025 Vermont Avenue NW, Suite 200, Washington, D.C. 20005. Two 30 minute videos, the first for parents of young children, the second for parents of preadolescents and adolescents. Excellent tool for discussing what messages young people have received and want to communicate.

* World Population. A very short, graphic simulation of the history of human population growth. From Zero Population Growth, Inc. 1400 16th Street, NW, Suite 320, Washington, D.C. 20036 (202)332-2200.

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