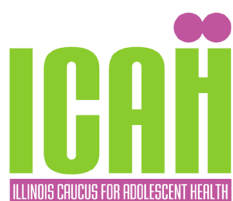




# Curriculum Content Review:

An in-depth look at sex education curricula in use in Illinois classrooms

A PARTNERSHIP BETWEEN



The Illinois Campaign for Responsible Sex Education is a statewide initiative to improve sex education in Illinois. The goal of the Campaign is to increase the number of youth who have access to comprehensive, age-appropriate sex education. The Campaign began through a formal partnership between the Illinois Caucus for Adolescent Health (ICAH), Planned Parenthood / Chicago Area (PP/CA), and the Illinois Planned Parenthood Council (IPPC) in February of 2004 with a public launch in March of 2005. The Campaign has an Advisory Board of 24 professionals and a growing network of organizations that have signed-on in support.

ICAH, the Campaign's fiscal sponsor and co-founder, was founded in 1977 and has a mission to promote a positive approach to adolescent sexual health and comprehensive support for young parents. Strategies to support the mission include development of young leaders, policy analysis and development, advocacy, and training of both youth and adults. ICAH believes that reproductive freedom must encompass the freedom to prevent pregnancy and disease through contraception and accurate information, the freedom to terminate a pregnancy, and the freedom to bring a pregnancy to term and parent. ICAH partners directly with youth, paying particular attention to marginalized youth populations, including immigrant youth, low-income youth, youth from communities of color, and Lesbian/Gay/Bisexual/Transgender/Questioning youth, to advance supportive policies and challenge discriminatory policies that undermine health, education, and quality of life.

PP/CA was incorporated as a locally governed health service affiliate of PPFA in 1947. PP/CA believes reproductive self-determination, with effective sex education and access to family planning and related services, is necessary to enhance the quality of life, preserve individual opportunity and serve the interests of the family. Based on this belief, PP/CA's mission is to provide effective reproductive health services, especially for those without adequate resources; provide education that ensures an understanding of sexuality and its implications for individuals, family and society; and advocate policies that guarantee reproductive self-determination and the services and resources necessary to it.

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# sex education

## **sex ed • u • ca • tion**

- contains a strong abstinence message in addition to age-appropriate, medically accurate information on basics of reproduction, human development (puberty), contraceptives and other barrier methods, HIV/AIDS, sexually transmitted infections (STIs), sexual orientation and gender, communication and behavior skills, information about access and/or condom availability, decision-making, values and responsibility, and self-esteem and body image.

# Executive Summary

The health of Illinois youth depends on their ability to make healthy choices and access the services and information they need. A comprehensive approach to sex education promotes adolescent sexual health by emphasizing abstinence and offering age-appropriate, medically-accurate information on basics of reproduction, human development (puberty), contraceptives and other barrier methods, HIV/AIDS, sexually transmitted infections (STIs), sexual orientation and gender, communication and behavior skills, information about access and/or condom availability, decision-making, values and responsibility, and self-esteem and body image.

Research on best practices in sex education indicates that sex education taught within a comprehensive program is most effective at delaying initiation of sexual activity and giving participants the skills and knowledge to protect themselves from STIs and prevent unintended pregnancy. Comprehensive sex education programs disseminate information and reinforce skills, and also include activities that address self-esteem, sexual decision making and the benefits of abstinence. Programs that only teach abstinence have not been proven effective and do not address the needs of youth who are already sexually active or considering sexual activity.

This curricula review project is unique in that it looks at the actual topics covered and the standards the curricula adhere to, rather than focusing exclusively on student behavioral outcomes as prior reports have done. The Illinois Campaign for Responsible Sex Education initiated this project to fill that gap and to help educators select the best tools for their students. Twenty-one panelists—leaders of the faith community, students, MDs, educators and other prominent community members—meticulously studied the content of curricula currently used in the state. The criteria used comes from recommendations by national medical organizations and legislation considered in the Illinois General Assembly. The findings of the review indicate that a select few curricula do an excellent job addressing the range of topics covered in a comprehensive approach to sex education. Many are merely supplemental and must be combined with other curricula. Others do a disservice by omitting or inaccurately conveying critical information to fit a particular ideology rather than meeting the needs of youth.

Independent research (see appendices) found that 83% of Illinois voters agree that students in Illinois should have information about contraception and disease prevention, and that age-appropriate facts about pregnancy and STIs are an important part of all sex education programs. Ninety-two percent of sex education teachers want to take a comprehensive approach to teaching sex education, but two-thirds are not. The greatest influences over what teachers teach are the curriculum and resources available to them. This report is an attempt to add to the resources available to schools as they seek to implement comprehensive programs.

Implementing sexuality education programs that address the needs of all youth is a crucial responsibility for all communities. Illinois youth, parents and educators deserve more. They deserve the resources to implement programs that will arm young people with the knowledge and skills needed to protect their sexual health and, in turn, their future.

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# What is age-appropriate?

Age-appropriate has a unique, subjective meaning for each community and classroom. Still, it is an important standard to consider when deciding the best way to disseminate information. Our expert panel concluded that information about sex is appropriate based on any number of factors, including but not limited to age. For the purposes of this curricula review project, a curriculum is deemed age-appropriate if it:

- o Contains information, skills and knowledge that are relevant and understandable for the intended audience.
- o Addresses issues in sync with the intended audience's current experience while also helping to prepare for future decisions.
- o Discusses issues with the language, breadth and depth necessary to effectively convey information and build on previous knowledge.
- o Is compatible with the values and behavior trends of the intended audience's community.

# Approaches to Teaching Abstinence

Stressing the value of abstinence is a commonality of all sex education programs. However, different approaches and perspectives inform the content of abstinence discussions. Research shows that teaching abstinence within a comprehensive program and not as a “stand alone” is most effective at delaying sexual activity and preventing unintended pregnancies and sexually transmitted infections (STIs).

## Abstinence-Only

Teaches that any sexual activity before marriage is premature without building critical thinking skills among students.

Example:

*“...there are emotional, social and physical reasons why sex belongs in marriage.... So if you’re mature enough for marriage, get married and you’re ready for its physical expression.”*

Sex Respect, pg 15

## Initiation of Sexual Activity

- Teaches that the decision to have sex should not be rushed into.
- One should consider the decision against personal values and discuss pregnancy or STI prevention methods. Builds critical thinking skills.
- Example:
- Sexual decision scenario: “...Tasha tells Seth that her parents are out of town and invites him to come over and watch a movie. What should Seth decide about Tasha’s invitation?” Students then list solutions, consequences of each solution and which solutions are consistent with Seth’s personal values.
- Health Smart (teacher guide), pg 48

## Comprehensive

## STI and Pregnancy Prevention

Promotes abstinence by inaccurately focusing on risks and failure rates of contraception.

Example:

*...the chemical forms of birth control damage the inside of a young girl’s body in ways that can affect her fertility later on, too.*

Sex Respect, pg 42 – accompanied by a letter from a 15-year-old girl entitled, “Birth Control Insulted Me.”

A.C. Green’s Game Plan offers a two-page section on everything condoms DO NOT do, designed to illustrate that “safe sex” isn’t “safe”.

- Promotes abstinence as the best option while providing information on additional methods to prevent pregnancy and STIs that participants can use when they engage in sexual activity later in life.
- Example:
- *Abstinence is a method without cost, medical side effects, or physical risks.... A person who has had sexual intercourse in the past may decide to abstain at any time in a relationship.*
- OWL 10-12, pg 74
- *Latex condoms help to protect against sexually transmitted infections, including HIV.... In order to be effective, condoms must be used every time a person has vaginal, anal, or oral sex and must be used correctly.*
- Healthy Sexuality, pg 57

## Pregnancy Options

Employs an ideological bias to exclusively promote adoption as the best option, even in cases of rape.

Example:

*“My biological mom, wherever she is, lived through some very difficult things—being raped, discovering she was pregnant, carrying her baby to term and then placing her baby with another family to love and to raise. It wasn’t easy—but it was a loving thing to do. My hope is that any girl who happens to find herself pregnant, whatever the circumstances, will carefully think about her decision and the benefits of adoption.”*

Navigator, pg 38

- Explores all options for pregnant youth including parenting, adoption and abortion, encouraging participants to explore personal, familial, and cultural values instead of promoting only one.
- Example:
- *Today you will each have a chance to examine your own values about abortion, adoption and parenthood. You will also practice trying to explain why someone might believe differently from you...[It] is intended to make you think about your own beliefs and really try to understand other people’s. It is not intended to change anyone’s opinion or to impose any one person’s opinion on others.*
- FLASH 11/12 lesson 11, pg 3

# Background

Sexuality education that addresses the needs of all youth, both abstinent and sexually active, is a crucial responsibility for all communities. This belief is the foundation of the Illinois Campaign for Responsible Sex Education, a statewide initiative of the Illinois Caucus for Adolescent Health (ICAH), Planned Parenthood/Chicago Area (PP/CA) and Illinois Planned Parenthood Council (IPPC). Launched in February 2004, The Campaign boasts an Advisory Board of 24 experts in the field and a growing network of over 100 supporting organizations. The Campaign's goal is to increase the number of youth who have access to comprehensive, age-appropriate sex education by:

1. Securing funding to support schools to implement responsible sex education programs
2. Helping communities create and pass positive sex education school board policies
3. Improving school and teacher practice on sex education

Evidence shows that Illinois youth are at considerable risk for unplanned pregnancy and sexually transmitted infections (STIs). Comprehensive sex education, which contains a strong abstinence message, medically accurate information on human reproductive systems and physiology, contraception, HIV/AIDS, sexually transmitted infections, as well as non-judgmental information about sexual orientation, marriage, and pregnancy and parenting options, has been proven effective at delaying initiation of sexual activity and preventing unintended pregnancy and STIs.

The Campaign commissioned two research studies—a survey of sex education teacher practices, beliefs, and attitudes conducted by the National Opinion Research Center at the University of Chicago (NORC), and a study gauging Illinois citizen attitudes on sex education from Lake, Snell, Perry and Associates—to deepen common understandings of sex education practice and opinions in Illinois and to help inform policy development and intervention. Both studies concluded that Illinois educators and voters overwhelmingly support a comprehensive approach to sex education, but lack of resources (i.e. funding and curricula content) continues to be an obstacle to implementation in schools.

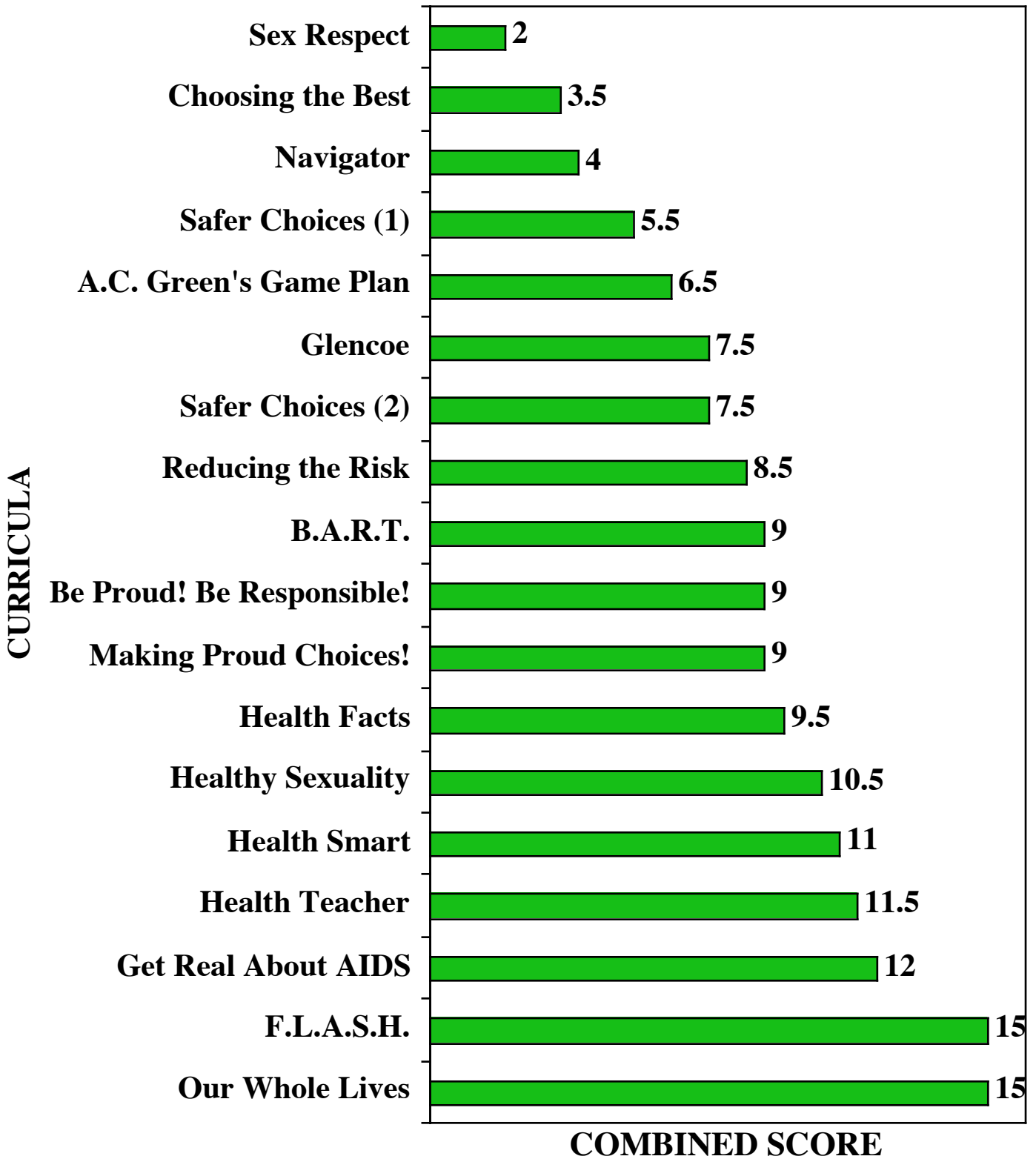
The Campaign seeks to support teachers' and parents' desire for a comprehensive approach to sex education and assist with finding available resources.

## Curricula Review Process

The Campaign initiated a curricula review project to get a deeper understanding of sex education in Illinois. A panel of 21 experts throughout the state reviewed 17 curricula currently in use in Illinois. The panel was divided into cohorts and each cohort was assigned a set of three to four curricula. Each curriculum was thoroughly reviewed within the cohorts and evaluated against a written tool based on the requirements in the Responsible Sex Education Program Act. Following the completion of the written evaluations, each cohort convened to discuss their findings.

The curricula were then graded based on how well they met the standards and components where the highest possible score was a 15/15. Each of the seven standards were worth one point. For the eight components, those that were discussed thoroughly were worth one point, those with limited discussion were worth a half point, those that were not discussed were worth zero points, and those that were discussed inaccurately were worth negative one point. The scores were used to create a spectrum of curricula, represented in the following pages from most comprehensive, or highest scoring, to least comprehensive, or lowest scoring.

# Curricula Scores



0 = Lowest Possible Score 15 = Highest Possible Score

# Standards of Sex Education

*This table illustrates how well the reviewed curricula met the standards for sex education*

	<i>Get Real about AIDS 9-12</i>	<i>Get Real about AIDS 6-9</i>	<i>Our Whole Lives 10-12</i>	<i>Our Whole Lives 7-9</i>	<i>Choosing the Best</i>	<i>EL.A.S.H. 11/12</i>	<i>EL.A.S.H. 9/10</i>	<i>EL.A.S.H. 7/8</i>
<b>Standard A: Age-appropriate.</b>	●	●	●	●		●	●	●
<b>Standard B: Medically accurate.</b>	●	●	●	●		●	●	●
<b>Standard C: Does not teach or promote religion.</b>	●	●	●	●	●	●	●	●
<b>Standard D: Stresses the value of abstinence while not ignoring those adolescents who have had or who are having sexual intercourse.</b>	●	●	●	●		●	●	●
<b>Standard E: Encourages family communication about sexuality among parents, other adult household members and children.</b>	●	●	●	●		●	●	●
<b>Standard F: Develops knowledge and skills necessary to ensure and protect young people with respect to their sexual and reproductive health.</b>		●	●	●		●	●	●
<b>Standard G: Develops healthy attitudes concerning growth and development, body image, gender roles, sexual orientation, etc.</b>			●	●		●	●	

	Health Teacher	Sex Respect	Health Smart	B.A.R.T.	Navigator	Be Proud! Be Responsible!	Making Proud Choices!	Reducing the Risk	Healthy Sexuality	Glencoe Health	Health Facts	Safer Choices Level 1	Safer Choices Level 2	Game Plan
	●	●	●	●		●	●	●	●	●	●	●	●	
	●		●	●		●	●	●		●	●	●	●	
	●		●	●		●	●	●	●	●	●	●	●	
	●		●			●		●	●		●	●	●	
	●	●	●	●				●					●	●
			●				●	●	●		●	●	●	
			●						●	●				

# Components of Sex Education

*This table illustrates how well the reviewed curricula met the components of sex education*

	Discussion Thorough	Discussion
<b>1. Teaches that abstinence is the only sure way to avoid pregnancy or sexually transmitted diseases.</b>	Be Proud! Be Responsible! Choosing the Best F.L.A.S.H. Game Plan Get Real About AIDS Glencoe Health Facts Health Smart	Health Teacher Healthy Sexuality Navigator Our Whole Lived Reducing the Risk Safer Choices Sex Respect
<b>2. Teaches skills to make responsible decisions about sexuality, including how to avoid unwanted verbal, physical, and sexual advances.</b>	B.A.R.T. F.L.A.S.H. Get Real About AIDS (6-9) Health Teacher	B.A.R.T. Making Proud Choices!  Choosing the Best Game Plan Get Real About AIDS (9-12) Health Smart Healthy Sexuality Making Proud Choices!
<b>3. Teaches how alcohol and drug use can affect responsible decision making.</b>	B.A.R.T. Be Proud! Be Responsible! F.L.A.S.H. Get Real About AIDS (6-9) Glencoe Navigator	Our Whole Lives (10-12) Sex Respect Game Plan Get Real About AIDS (9-12) Glencoe Health Facts Health Teacher
<b>4. Helps young people to gain knowledge about the physical, biological and hormonal changes of adolescence and subsequent stages of human maturation.</b>	F.L.A.S.H. Glencoe Health Facts Health Teacher Healthy Sexuality Making Proud Choices! Our Whole Lives	Game Plan Sex Respect
<b>5. Provides information about the health benefits, side effects, and proper use of all contraceptives and effectiveness, as a means to prevent pregnancy, HIV/AIDS, and other diseases.</b>	F.L.A.S.H. Game Plan Health Facts Healthy Sexuality Our Whole Lives Reducing the Risk	B.A.R.T. Be Proud! Be Responsible! Health Smart Health Teacher Get Real About AIDS Making Proud Choices!
<b>6. Assists young people in gaining knowledge about the specific involvement and responsibility of both males and females in sexual decision making.</b>	Be Proud! Be Responsible! Get Real About AIDS (9-12) F.L.A.S.H. Health Smart Healthy Sexuality Our Whole Lives	Choosing the Best Game Plan Get Real About AIDS (6-9) Health Teacher Making Proud Choices!
<b>7. Encourages young people to practice healthy life skills, including goal setting, decision making, negotiation, communication, and stress management.</b>	B.A.R.T. F.L.A.S.H. Game Plan Get Real About AIDS Health Teacher Healthy Sexuality	Making Proud Choices! Navigator Our Whole Lives Reducing the Risk Be Proud! Be Responsible! Choosing the Best Health Smart

Limited	Discussion Inaccurate	Does Not Discuss
Navigator Reducing the Risk Safer Choices		Health Facts Be Proud! Be Responsible! Sex Respect
Making Proud Choices! Safer Choices Level 2		Choosing the Best Health Smart Healthy Sexuality Our Whole Lives (7-9) Reducing the Risk Safer Choices Level 1
		B.A.R.T. Be Proud! Be Responsible! Choosing the Best Get Real About AIDS Health Smart Navigator Reducing the Risk Safer Choices
	Choosing the Best Navigator Safer Choices Sex Respect	Glencoe
Navigator Reducing the Risk	Sex Respect	B.A.R.T. Glencoe Health Facts Safer Choices
	Sex Respect	Glencoe Health Facts Safer Choices

## ***F.L.A.S.H. - Family Life and Sexual Health***

**Score: 15/15**

**Publisher:** Seattle-King County Department of Public Health, Family Planning Program  
[www.metrokc.gov/health/famplan/flash](http://www.metrokc.gov/health/famplan/flash)

**Grades:** 7-8, 9-10, 11-12

In this curriculum, the lessons for each grade level build on those of the previous grade level. Each session begins with very specific, measurable learning objectives (i.e., List at least two effective ways to reduce STIs). For grades 7-8 and 9-10, class discussions, readings, worksheet activities and knowledge games are used to disseminate information. The homework exercises and family activities were described as “excellent”. Each lesson also contains optional family homework assignments. This curriculum was found to do a particularly excellent job of discussing adolescent growth and development, and also includes brief, factual discussion of masturbation. For the 11-12 grade level, lessons use critical thinking exercises, objective questions and videos to disseminate information and assess attitudes and beliefs. This level includes more discussion of subjective, controversial issues (such as gender roles, sexual orientation and pregnancy options). It also explores the social justice aspect of these topics including equitable treatment and stereotyping. The lessons for each grade level abbreviate discussion on biology as grade levels advance. Abstinence and communication are strongly emphasized throughout.

This curriculum may be best applied in a community where access to health care resources and service are readily available and parents express strong approval and participation in adolescent education. Some of the activities exploring attitudes and beliefs do not acknowledge the impact of ethnicity or culture. Teachers in settings with predominantly non-white participants may need to adjust the discussion accordingly. Training or previous experience teaching sex education is highly recommended. The publisher offers training for individual school districts or educators.

## ***Our Whole Lives - Sexuality Education***

**Score: 15/15**

**Publisher:** Unitarian Universalist Association, United Church Board for Homeland Ministries

**Grades:** 7-9, 10-12

This curriculum thoroughly delves into the physical, social and emotional aspects of sexuality, while grounding the information in the science of reproductive biology. It heavily depends on interactive exercises to explore participants’ attitudes, beliefs and levels of knowledge. Though the curriculum provides detailed information to prepare educators and group leaders for each session, a formal training session before beginning the program is strongly recommended. It is flexible enough to be implemented according to the informational needs of the participants, though the lessons are designed to be completed sequentially. This curriculum does explore controversial topics, including sexual fantasy and masturbation, and an orientation for parents to become familiar with the goals and rationale for the program is strongly encouraged and included with the curriculum. This curriculum was found to do a particularly good job of discussing healthy, non-judgemental attitudes about sexuality towards self and others, but was lacking in discussion of the influence of drugs and alcohol on sexual decision making at the 7-9 grade level. This curriculum can be used in a school or community organization setting with groups as large as 25 students. It is adaptable for groups with a variety of cultural backgrounds, sexual identities and experience levels.

## ***Get Real About AIDS***

**Score: 12/15 and 13/15**

**Publisher:** Comprehensive Health Education Foundation

**Grades:** 6-9, 9-12

This curriculum focuses primarily on HIV/AIDS. It contains a very detailed description of the immune system and HIV. Students are asked to do projects such as visit an HIV/AIDS resource center or write persuasive or expository essays on issues around HIV/AIDS and how they affect people living with the virus. This curriculum also thoroughly discusses social justice issues around HIV/AIDS, such as access to treatment and discrimination. Panelists felt that this curriculum assumes that participants are not engaging in sexual intercourse and is lacking in discussion of pregnancy prevention, body image, gender roles, sexual orientation and reproductive biology.

Included in this curriculum is detailed instructions for teachers. In-depth exercises, such as role-plays and dialogue analysis, are used to build refusal skills. This curriculum would be most appropriate for students who have had previous education in reproductive biology and sexuality. Parental involvement is strongly encouraged and integrated into the curriculum. It also includes videos, objective tests (called Student Measures), and written vocabulary drills to disseminate information and evaluate students' progress.

***Health Teacher (www.healthteacher.com)***

***Teaching Health Concepts and Skills***

**Score: 11.5/15**

**Publisher:** Relegent LLC

**Grades:** Middle school and high school

Health Teacher is an online general health curriculum that covers Family Health and Sexuality and Mental and Emotional Health as two of its content areas. It offers lessons for middle school and high school students as well as K-6 students. The middle school lessons focus on puberty, abstinence, STIs and developing solid interpersonal communication skills. The high school lessons focus on developing communication and decision-making skills, and preventing pregnancy and STIs. This curriculum is limited in its discussion of body image, gender roles and sexual orientation. While it does an excellent job of discussing methods to prevent pregnancy, it does not discuss abortion. Supplementary materials would be necessary to cover these areas.

Story and dialogue analysis and reflection activities (similar to case studies) are heavily used to reinforce skill-building at both middle school and high school levels. Small group exercises, research activities and class discussions are used to give information and allow students to share their thoughts and feelings. Though designed for a classroom setting, this curriculum is versatile enough to be used in community settings as well. It can be used with participants in varying risk levels, ethnic backgrounds, and knowledge levels. Activities are appropriate for those in urban, suburban or rural areas.

***Health Smart – HIV, STD and Pregnancy Prevention***

**Score: 11/15**

**Publisher:** ETR Associates

**Grades:** 6-8

The Health Smart curriculum builds on a previous Health Smart program for elementary school, which discusses reproductive biology, puberty and abstinence. The goal of this curriculum is to give students a solid understanding of sexual relationships, decision-making skills and an articulated set of values regarding sexuality. It thoroughly explores sexual decision-making and relating to peers on sexual issues such as sexual orientation, romantic relationships and negotiating protection. While this curriculum is focused on preventing pregnancy and STIs, it offers limited information about contraception. It thoroughly covers condoms as a method of protection, including how to use them and where to get them, but does not mention other forms of contraception. However, other methods are thoroughly outlined in the Health Facts Reference books.

This curriculum is flexible enough in content and language to be used in a variety of settings: high risk or low risk, high or low literacy, culturally diverse. Lessons are reinforced with reflective questions and introspective-thinking exercises. A section is dedicated to parents who want to follow along with this curriculum. It also offers activities and talking points for parents to initiate discussions about sex.

***Healthy Sexuality***

**Score: 10.5/15**

**Publisher:** Planned Parenthood / Chicago Area

**Grades:** Middle school and high school

This curriculum uses a variety of activities to keep participants engaged and meet the needs of multiple learning styles. It provides talking points and questions to prompt discussion and encourage exploration of personal values. This curriculum was found to be very effective at emphasizing abstinence, including what it means to be abstinent and strategies to remain abstinent. It also offers in-depth

coverage of contraceptives and barrier methods, including rates of effectiveness, advantages and disadvantages, and how and where to get them. This curriculum was found to be lacking in discussion of the impact of drug and alcohol use on sexual decision-making.

This curriculum was generally quite strong, but would benefit from updating its information on circumcision and HIV/AIDS to reflect the most current available data.

***Health Facts: HIV and STD Prevention  
Reproductive Health and Pregnancy Prevention***

**Score: 9.5/15**

**Publisher:** ETR Associates

**Grades:** High school

This curriculum is intended to accompany the Health Smart curriculum. The books were designed to serve as additions to a school health library or for reference in a school nurse's office. The content of this curriculum delves deeply into intricate facts about STI and pregnancy prevention, and would be most appropriate for an audience with a high literacy level and a solid foundation of pregnancy and STI information. Reproductive Health and Pregnancy Prevention offers a thorough discussion of contraceptive methods and would be most useful in a class that focused specifically on sexual health, especially STI and pregnancy prevention, rather than a general health class where sexuality is one among many topics. While this curriculum offers very detailed information, it contains no discussion prompts, skill-building activities or exploration of attitudes and beliefs. It also does not discuss surgical abortion.

***B.A.R.T. - Becoming a Responsible Teen***

**Score: 9/15**

**Publisher:** ETR Associates

**Grades:** 9-12

This curriculum focuses solely on HIV prevention by offering facts on HIV transmission and stressing condom use and safe sex negotiation skills. The emphasis on abstinence as the best way to avoid unwanted pregnancy or contraction of STIs was found to be inadequate. Games and role-play activities are heavily used to reinforce knowledge and communication/negotiation skills. It also includes two videos and a graduation ceremony at the end of the eight sessions.

This curriculum was originally designed for implementation in a community organization setting for African American youth, ages 14-18. However, the content is applicable for any heterosexual audience already engaging in sexual activity or considering having sexual relationships.

***Be Proud! Be Responsible!***

**Score: 9/15**

**Publisher:** Select Media, Inc.

**Grades:** High school (ages 13-18)

This curriculum focuses solely on HIV and condom use. Informational videos and illustrations from pop culture (music videos, song lyrics, etc) are used as discussion starters. Role-plays are heavily relied upon to build condom negotiation skills and address myths about the severity or possibility of contracting HIV through risky behavior. This curriculum was found to do a particularly good job of emphasizing the responsibilities involved with sexual activity while still portraying sex as a positive and natural act, including a discussion about how to make condoms fun and pleasurable.

This curriculum would be best used in communities where students are likely already engaging in sexual activity or facing pressure to do so, or in a school or community setting with small groups of no more than 12 participants.

### ***Making Proud Choices!***

**Score: 9/15**

**Publisher:** Select Media, Inc.

**Grades:** 6-8

This curriculum was designed for a school or community setting and assumes that participants are already sexually active or experiencing pressure to have sex. Each lesson consists of several 10-30 minute activities such as small group discussions, role-plays, brainstorming session and games. Several of the activities also include viewing and discussing video clips. Teachers are given very explicit talking points to disseminate information. It goes into great detail about contraception and condom use, more so than some may find appropriate for the intended grades (i.e., How to Make Condoms Fun, Birth Control Methods Demonstration, etc.), and heavily emphasizes condom use, negotiation skills and distinguishing myths from facts about STIs and pregnancy.

This curriculum was found inadequate at stressing the value of abstinence. While it does thoroughly cover dealing with pressure to have sex, it scantily discusses the benefits of abstaining from sex. It is also lacking in discussion of self-esteem, body image and other psychosocial aspects of sexuality.

### ***Reducing the Risk (4th Edition) -***

### ***Building Skills to Prevent Pregnancy, STD and HIV***

**Score: 8.5/15**

**Publisher:** ETR Associates

**Grades:** 9-12

This curriculum was found to do a particularly good job of reinforcing abstinence, even while exploring options for contraception and STI prevention. It is very dependent on a solid, experienced facilitator. This curriculum heavily uses role-plays, most of which attempt to be gender neutral, as skill-building exercises, where students are asked to either re-enact or analyze a dialogue. Participants who do not favorably respond to role-play activities will need to find other skill-building activities. Behavioral risk assessment is done with group activities and introspective-thinking exercises. Discussions and short lectures, guided by clear talking points, are used to give information. Each session begins with a quick review of the previous session, although the sessions can be conducted out of sequence. It is flexible enough to participants of varying cultural backgrounds and sexual orientations. It can also be applied in high or low-risk groups.

This curriculum does not discuss how drugs and alcohol may affect decision making. While it offers thorough discussion of refusing sexual advances, it does not discuss how to not pressure someone for sex or make sexual advances. It also does not delve into psychosocial aspects of sexuality, such as self-esteem, media images and gender identity.

### ***Glencoe Health***

**Score: 7.5/15**

**Publisher:** McGraw Hill Inc.

**Grades:** 9-12

This curriculum is a general health textbook with several chapters dedicated to topics related to sexuality such as Family Relationships and Skills for Healthy Relationships. There is a very thorough lesson on healthy pregnancy, fetal development and childhood. This curriculum was found to be limited in accommodating different learning styles. It does not utilize skill-based activities and relies heavily on text, elaborate illustrations and graphics to give information, with some reflective questions sprinkled throughout the text. At the end of each lesson there are information recaps and critical thinking exercises and/or activities to apply what was learned. These activities are a marginal and not a central part of the curriculum.

This curriculum teaches abstinence as the only prevention method. The only other discussion of prevention methods is a brief description of how barrier methods are not 100% effective. It does not discuss self-esteem, sexual orientation, or gender roles. Adoption is the only parenting option discussed briefly in the Marriage and Parenting lesson for married couples wishing to start a family. It does not offer opportunities for parental or family discussions. Discussions assume that all participants are considering heterosexual marriage. It is most appropriate for teens who are not sexually active or considering sexual activity.

***Safer Choices***  
**Score: 5.5/15 and 7.5/15**

**Publisher:** ETR Associates  
**Grades:** Level one (9-10), Level two (11-12)

This curriculum is designed for participants who have already had basic sexuality education in the biology of human growth and development; therefore, these topics are not included. It does include a thorough discussion on sexual decision-making, including brainstorming sessions about influences on sexual behavior. Group activities (such as discussions, creating posters and completing worksheets) are a main strategy used to disseminate information. The curriculum uses gender-neutral terms and pronouns, making it accessible to audiences of varying sexual orientations, and parental involvement is an integral piece. Maintaining abstinence and practicing refusal skills are reinforced through dialogue analysis and role-plays. A manual is offered as part of the curriculum to prepare peer leaders who are then used as models during role-plays and discussion facilitators.

Panelists expressed concern that this curriculum took a sex-negative approach and that its information on contraceptives was significantly out of date.

***A.C. Green's Game Plan***  
**Score: 6.5/15**

**Publisher:** Project Reality  
**Grades:** 7-9

This curriculum focuses exclusively on promoting abstinence until marriage. It does a good job of discussing media messages about sex. It only discusses the potential negative emotional effects of sexual activity. The curriculum relies on a question and answer format to give information, by completing worksheets or participating group discussions and brainstorming sessions. Sexually active adolescents or teens considering sexual activity are offered no skills or information about preventing pregnancy or STIs. The curriculum uses a sports theme throughout, which may be lost on some participants.

Condoms are discussed in such a way as to deter use rather than encouraging it when sexual activity is initiated by stating that the spread of STIs has increased with increased condom usage, thereby making an unfounded correlation. The discussion of STIs is misleading in stating that HPV is incurable. It is true that it cannot be cured, but in the majority of cases it has been found to spontaneously clear, and thus one does not always have it for the rest of their lives. Generally, facts and statistics were found to be dated and may need to be replaced with more current data.

This curriculum does not meet the needs of youth who are raped or are already sexually active, or lesbian/gay/bisexual/transgender youth. Because its focus is limited to abstinence, this curriculum is most appropriate for students who do not need information about sexual activity. Because of the heavy use of abstract and critical thinking exercises, it was found to be most appropriate for an older audience with a high literacy level and advanced cognitive abilities. It is adaptable for culturally diverse audiences in urban, rural or suburban communities.

***Project Reality's Navigator:  
Finding Your Way to a Healthy Successful Future***  
**Score: 4/15**

**Publisher:** Project Reality  
**Grades:** 9-12

This curriculum does an excellent job of using critical thinking exercises to prompt self-reflection and instill decision-making and goal-setting skills, but geared only towards one outcome. Moreover, it unevenly emphasizes the negative emotional, psychological and health consequences of sexual activity. Anecdotal stories and factual information all focus on the negative aspects of sexual experiences, which may create confusion for participants who have had positive experiences. The only discussion of contraception or STI prevention methods focuses on failure rates, discouraging use of contraceptive methods when participants become sexually active. It emphasizes adoption as the best way to handle unplanned pregnancy even in cases of rape. It does not explore the negative consequences of adoption the way it explores those of parenting and abortion. This curriculum was found to approach sexual activity outside of marriage in a negative, judgmental manner, which could be offensive or harmful to participants who are sexually active. Also, it was found to inadequately accommodate the needs of culturally diverse audiences, particularly Latino or African American participants.

***Choosing the Best***  
**Score: 3.5/15**

**Publisher:** Choosing the Best Publishing, LLC  
**Grades:** High school

This curriculum focuses exclusively on abstinence until heterosexual marriage. Rather than exploring the benefits of abstinence in a positive way, it contains dated and inaccurate information about STIs that is intended to scare participants into abstinence. There is no discussion of contraception and how to prevent pregnancy or STIs other than condoms, and the discussion of condoms is limited to failure rates. This curriculum was found to be harmfully negative and judgmental and lacking in real-life situations and how to deal with them.

This curriculum did little to prompt thoughtful discussion and was found to be inadequate in accommodating the needs of audiences diverse in culture or sexual orientation, or those who are already sexually active.

***Sex Respect - The Option of True Sexual Freedom***  
**Score: 2/15**

**Publisher:** Respect Incorporated, LLC  
**Grades:** 7-12

This curriculum focuses exclusively on heterosexual relationships and maintaining abstinence until marriage. It contains no discussion of pregnancy and STI prevention methods. It was found to approach sexual activity outside of marriage in a negative, judgmental manner, which could be offensive or harmful for participants who are sexually active or will become sexually active later in life.

This curriculum relies heavily on anecdotes, hypothetical dialogues and reflective questions to prompt discussion and reinforce learning objectives. Optional videos, branded paraphernalia, and other workbooks are also available as part of the curriculum. It was designed for implementation in either a classroom or community-organization setting, and was found to be inadequate in accommodating the needs of a culturally diverse audience. It is most appropriate for participants who have not initiated sexual activity.

# Panel Members

*Carrie Neff Andrews, MS, CHES – Director of Health Education and Promotion, Knox County Health Dept., Galesburg IL*  
Andrews started her career in health education in 1997 after becoming a Certified Health Education Specialist and completing her Bachelor's degree in Community Health Education at Western Illinois University. Andrews decided to be a part of ICAH's curricula review project because she believes the school setting is the most efficient, and sometimes the only, place to give unbiased information about sex. She has held her current post since 2002 and was previously the HIV/AIDS Health Educator for the Peoria City/County Health Department. There she conducted HIV testing and counseling and lectured on HIV prevention to a wide range of audiences from student to senior to incarcerated populations.

*Sean Black - Communications Coordinator for the Illinois Coalition Against Sexual Assault, Springfield IL*  
Black brings to the panel an expertise in communicating health information to the consumer audiences through print, broadcast and online media. In his current role, Black oversees production of public relations materials, edits and designs publications and helps facilitate media coverage for ICASA and its 34 member centers. He has overseen the production of ICASA's Your Voice, Your View media contest. He was also instrumental in the development of Inside the Classroom, a sexual assault prevention education curriculum kit used by Illinois rape crisis centers in schools and other community organizations. Black became involved in this project because he believes in providing quality, reality-based education programs to teenagers.

*Kevin Brown – Senior, Jones High School, Chicago IL*  
Brown is a member of ICAH's citywide youth group, which advocates for comprehensive sex ed in all Chicago Public Schools, and participated in Lobby Day in April 2006 in support of SB 2267. His experience taking sex education in grades 6-9 lead him to see how much improvement is needed in some curricula. Brown's future academic and career goals include advocating for sexuality education based on empowerment, responsibility and, most importantly, uncensored, factual information.

*Reverend Walter B. Carlson – Minister at Melrose Chapel United Methodist Church, Quincy IL*  
Rev. Carlson has been a full-time United Methodist minister for 31 years, beginning with six years as an associate youth pastor. He received his graduate degree in divinity from Vanderbilt University in 1975 after studying speech as an undergraduate at Illinois Wesleyan University. Rev. Carlson is the chair and a founding member of the Clergy Committee of Planned Parenthood of Decatur, Illinois and has served as a board member of Planned Parenthood of Bloomington, Illinois. Currently, he sits on the Board of Religious Coalition for Reproductive Choice in Illinois and the Family Planning Board of Quincy, Illinois. In 2000, he was honored with the Volunteer of the Year Award from Planned Parenthood-Springfield Area and in 2003 he received the Cramer-Heuerman Award for social justice ministries, predominantly in recognition for his work as an advocate for women's health.

*Maurice S. Chapman – Program Administrator, Hektoen Institute-Cook County Westside Health Center, Chicago IL*  
Chapman has a wealth of experience and knowledge in social services, counseling and program at both international and community-based HIV/AIDS organizations. In addition to his current post, Chapman is pursuing a Master of Social Service Administration at the University of Chicago. He has previously worked at the Chicago Department of Public Health, The AIDS Foundation of Chicago and served as Co-chair of the Westside HIV/AIDS Regional Planning Council (WHARP). Chapman is an ordained deacon at Trinity United Church of Christ and served as Co-chair of its HIV/AIDS support ministry. He has been a recipient of the Sherry L. Luck Humanitarian Award from the Southside HIV/AIDS Resource Providers and the AIDS Legal Council of Chicago's Advocate of the Year Award.

*Tiffany Chiang – Grant Writer, Alternatives, Inc., Chicago IL*  
Chiang has worked with youth in after-school and community service organizations for the past five years. In addition to conducting research and writing grants to gain support for Alternatives, Inc.—a family and youth service organization, she serves as a board member for the Girl's Best Friend Foundation. She decided to participate in the curricula review project due to her belief in the benefits of having medically accurate sex education in schools. Chiang recently completed a Master of Science in Community Economic Development at New Hampshire University.

*Terry Christensen – Health Chairman, Illinois Parent Teacher Association (PTA), Springfield IL*

In addition to her current post with the PTA, Christensen drew on her experience as a mother of three teenage boys and as a registered nurse for over 20 years to contribute to the curricula review project. Everyday she observes the need for youth to have accurate, unfiltered health information. As the PTA's health chair she helps advocate for legislation that promotes adolescent health and educates parents, teachers, and students on adolescent health issues through public speaking engagements, workshops and the PTA bulletin.

*Sara L. Cole, Ph.D., CHES – Assistant Professor of Health Education, Illinois State University, Normal IL*

Dr. Cole has been a health educator and researcher at several posts throughout the Midwest. She completed her doctorate in Health Behavior and Human Sexuality at Indiana University after earning her Master's degree in Health Promotion and Program Management at Central Michigan University. Dr. Cole is currently on the Board of Trustees of the Society for Public Health Education (SOPHE) and is the National Delegate for the Illinois Chapter of SOPHE. She is also a member of the American Public Health Association and the Cornbelt Health Educators Association. Dr. Cole has published articles in various professional journals, including the *Journal of Sex Research*. She has also given numerous presentations at national and international professional conferences. Dr. Cole's belief that young people have a right to medically and scientifically accurate information led her to participate in the curricula review project.

*Sarah C. (Sally) Conklin, Ph.D. – Professor of Health and Sexuality Education, Northern Illinois University, DeKalb IL*

Dr. Conklin brings over 30 years of experience in sexuality education to the panel and has held her current post, preparing students to be health educators, for six years. Before coming to Illinois, she taught at the University of Wyoming. Her tenure began as a middle and high school teacher in Minnesota, where for 10 years she taught sexuality education and disease prevention to 7th, 8th and 9th grade students. Dr. Conklin has been published in numerous refereed publications, most recently an article on sexuality education in theological schools in the *International Encyclopedia of Sexuality*. She has recently served as a health education reviewer for NCATE and on the Northern Illinois University committee on Initial Teacher Certification. Her expertise has been used to develop sexuality education materials for curricula including *Human Sexuality, 8th edition* published by McGraw Hill and *Exploring the Dimensions of Human Sexuality* published by Jones and Bartlett. Her personal experience as a sexuality education teacher spurred her desire to participate in this project and advocate for full support of future health and sexuality education.

*Miranda Elliot – 2006 Graduate, University of Chicago Laboratory High School, Chicago IL*

Elliot is a recent graduate of the University of Chicago High Laboratory School and is currently working for the Institute for Research on Women and Gender at Columbia University. She recently began her first semester at Columbia, but prior to that Elliot spent her summer working on the curricula review project because ensuring that teens are getting the right information about sexual health is important to her. She was a part of ICAH's youth committee to rally support for comprehensive sex education in Chicago Public Schools. She is a contributing writer for the teen newsletter *Sex, Etc* and was featured in the June issue of *Curve* magazine for her activism in sex education.

*Lisa M. Henry-Reid, MD – Chair, Division of Adolescent and Young Adult Medicine at Stroger Hospital, Chicago IL*

For 15 years, Dr. Reid has provided primary medical care to hundreds of young people ages 12-25 at the largest hospital in Cook County. A significant component of this care includes talking about reproductive health with patients. She is dedicated to doing this based on factual, unbiased information that welcomes open, frank discussion. In addition to being a member of ICAH's advisory committee, she also serves on the American Academy of Pediatric's AIDS Committee and on the Institutional Review Board for the Alan Guttmacher Institute, a national think-tank on reproductive health issues. Her research in the field has been repeatedly published in several prestigious, peer-reviewed publications including the *Journal of Adolescent Health*. Dr. Reid decided to lend her expertise to this project as part of her larger motivation to ensure the information young people receive about sexuality is comprehensive and factual.

*Neusa Gaytan – Program Director, Mujeres Latinas en Accion (Latina Women in Action), Chicago IL*

Gaytan has advocated for women's reproductive rights for 19 years through different posts at Mujeres Latinas en Accion. The mission of the organization is to improve the overall quality of life for Latina women by helping them achieve independence and access to health care resources. As the program director for the last five years, Gaytan has paid particular attention to the rates of teen pregnancy among young Latina women, which continue to be higher than those of any other ethnicity. Previously, Gaytan worked as a therapist where she encountered many teenage women who became parents not because they chose to, but because they did not have access to reproductive health care or information about preventing pregnancy. Gaytan is also a member of Chicago Foundation for Women and the Illinois Coalition Against Sexual Assault.

*Mal Goldsmith, Ph.D. – Professor and Coordinator of Health Education, Southern Illinois University, Edwardsville IL*

Over the past 30 years, Dr. Goldsmith has provided leadership and direction to both state and national professional organizations within public health and health education. He has served on the Board of Directors of the American School Health Association, the American Association for Health Education and the National Professional Honor Society in Health Education. Presently, he serves on the Board of Commissioners of the National Commission for Health Education Credentialing. He has written numerous journal articles, several book chapters and is the lead author of “Step by Step Guide to Developing Peer Health Education Programs.” In Illinois, he guided the development of the Academic Standards for Teaching Health in Public Schools. He has also conducted numerous workshops training teachers to be more comfortable with the topic. Dr. Goldsmith received his Ph.D. from Southern Illinois University in Carbondale, his Master’s degree from Indiana State University, and his Bachelor’s degree from the State University of New York at Brockport.

*Sandhya Krishnan – Project Coordinator at the Asian Health Coalition of Illinois, Chicago IL*

Krishnan has focused her work on creating a healthy world for youth. Her past projects has been girl-focused programming and curriculum development with an emphasis on healthy body image and self-esteem. Her present work at the Asian Health Coalition of Illinois includes working with Asian American youth doing tobacco control in Chicago’s Uptown community. She is also coordinating a community survey examining health disparities in Chicago neighborhoods. Krishnan received her Master’s degree in Community & Prevention Research at the University of Illinois at Chicago focusing on issues of violence against women. Krishnan’s work for and commitment to educating youth brought her to the Illinois Campaign for Responsible Sex Education.

*Patricia (Tricia) Ann Moehring, BS – Clinic Director for Southern Seven Health Department, Jonesboro IL*

Moehring’s career has focused on helping teens make healthy decisions about their sexuality for over 20 years. Since 2000, she has been Clinic Director for Southern Seven Health Department. She is also the program coordinator for the Teen Pregnancy Prevention Program and the Coordinated School Health Program where she supervises health educators in implementing sex education programs. She has also taught Family Life Education in secondary schools, which included emphasizing abstinence as the best choice for teens. The next three years she served pregnant teens and women through the Women, Infants, and Children (WIC) program and case management. She has received numerous awards for her dedication to teens and sex education and currently serves on several community organizations including the Reaching for Kids and Youth of Massac County Community Advisory committee in Alexander County, and is co-chair of the Health and Prevention Coalition in Union County.

*Julie A. Pryde, MSW, LSW – Director, Division of Infectious Disease Management and Prevention for Champaign-Urbana Public Health District, Champaign IL*

Since 2001, Pryde has managed a staff of nurses, social workers, health educators and counselors who work to educate people on HIV prevention. She regularly encounters middle and high school students struggling with misinformation regarding their sexuality and parents who are equally misinformed. Pryde, who is a mother of three elementary school students, believes comprehensive sex education is an effective way to fill that void. She has been awarded numerous grants to provide HIV prevention services. Prior to her current post, Pryde monitored and evaluated HIV prevention, counseling and testing programs for the Champaign-Urbana Public Health District. She received her Master of Social Work from the University of Illinois and is a state-licensed social worker.

*Kimberly S. Rice, MSW, LSW – Sexual Health and Peer Education Coordinator, University of Illinois, Urbana IL*

As a sex educator and counselor for college students, Rice regularly sees where sexuality education in high school and elementary school has not met the informational needs of students in Illinois. She has encountered many college students who do not understand basic reproductive anatomy and STI transmission. Rice, who is certified as a sex educator and counselor, has worked as a counselor to U of I students on reproductive health issues and provides health information to the student body through workshops, classes and campus events. She also trains students to become peer educators on sexual and reproductive health and conducts HIV pre- and post-test counseling. Previously, she coordinated sex education programs at the University of Buffalo, where she received her Master of Social Work. Rice is dedicated to disseminating scientific, evidence-based information about sexuality to young people in Illinois. She is a state-licensed social worker. She is also a member of the Community Campaign for Comprehensive Sex Education in Champaign and a member of the American Association of Sex Educators, Counselors and Therapists.

*Glenn Steinhausen, Ph.D. – Principal Education Consultant, Illinois State Board of Education, Springfield IL*

Dr. Steinhausen began his career teaching sexuality education in 1977 at Southern Illinois University as he was earning a doctorate in school and community health education. At his current post, he directs HIV education programs in Illinois elementary schools and coordinates comprehensive school health education throughout the state. Throughout his career he has received numerous grants from federal and state agencies to implement health programs focused on sexual health and STI prevention. Previously, he has served as a member of the Illinois Consortium on Adolescent Pregnancy Prevention and the Illinois Department of Human Services School Health Advisory Group. He is a current member of the American Public Health Association and the American Association of Sex Educators, Counselors and Therapists.

*Katherine S. Stepleton – Candidate for M.A. in Social Administration, University of Chicago, Chicago IL*

Stepleton is a second year graduate student at the University of Chicago, studying child and family policy. She holds a Bachelor's degree in Sociology from Barnard College in New York City. Her research on feminist groups considering transgender inclusion was published in the 2006 issue of *Advocate's Forum*, an academic social work journal. Her previous work in diversity education, sexual health and sexual violence, as well as her interest in child welfare and public policy brought her to ICAH, where she is currently assisting with public policy and sex education projects. Prior to coming to ICAH, she worked for the National Association of Social Workers-Illinois Chapter and Catholic Charities Extended Family Support Program. She has also worked for Columbia University's School of Social Work, the Family Support Network in St. Louis, Missouri, and Free Arts for Abused Children of New York City.

*Carlos Villasenor – Senior, Curie Metropolitan High School, Chicago IL*

Villasenor is a member of Forefront, a leadership program at his high school. He first got involved with ICAH through his friends who were involved in the citywide effort to support sex education in the Chicago Public Schools. Villasenor began sitting in on the citywide meetings, and as he became aware of the current state of sex education, he knew things had to change. Villasenor sees that students are not taught about sex and sexuality in a positive way or taught to respect sex, and believes that until that changes, we will not see decreases in unwanted pregnancies and STIs. According to Villasenor, "When we, not just ICAH but the community, start to teach the youth to respect sex, I believe we will see decreases in unwanted pregnancies and STIs, therefore more students will be able to continue with their education."

*Katie Watson, J.D. – Lecturer, Medical Humanities and Bioethics Program, Northwestern University Medical School, Chicago IL*

Watson's participation in this project stems from her strong belief that democracy cannot flourish without an informed citizenry, particularly in subjects as central to individual autonomy as health, sexuality and reproduction. Her professional background has focused on women's rights and public interest law since graduating from New York University School of Law. At NYU, she began her career with the Hays Civil Liberties Fellowship in Reproductive Freedom, which supported internships at Montefiore Hospital in Bronx, NY, where she helped draft obstetric policy, and The Center for Constitutional Rights, where she contributed to a Supreme Court amicus brief in the pivotal abortion case of *Casey v. Pennsylvania*. At her current post, she develops and teaches an ethics curriculum for medical students and sits on the Hospital Ethics Committee. Previously, she worked as an associate at Ross and Hardies, representing Planned Parenthood and other medical care providers.

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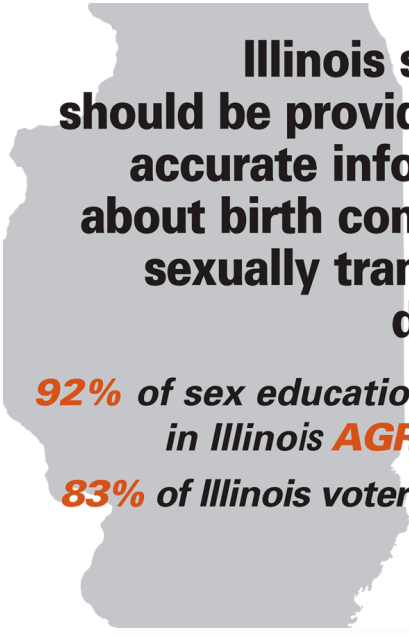
# Illinois Campaign for Responsible Sex Education

## Illinois Voter Opinion Poll Summary of Findings

The Illinois Campaign for Responsible Sex Education, a joint project of the Illinois Caucus for Adolescent Health and Planned Parenthood/Chicago Area, commissioned the firm of Lake, Snell, Perry & Associates to conduct a statewide survey in December 2004 of 600 registered voters regarding their feelings about school-taught sex education programs.

**Illinois voters overwhelmingly agree – comprehensive, age-appropriate sex education programs are needed to inform our youth about the prevention of pregnancy and protection from diseases including HIV and STDs.**

- 83% agree that students in Illinois should have information about contraception and disease prevention, and that age-appropriate facts about pregnancy and STDs are an important part of all sex education programs.
- Nearly three quarters (73%) of Illinois voters prefer comprehensive sex education programs where abstinence is a component but is not the only method of protection and prevention discussed.
- Almost two thirds of voters (64%) say they oppose teaching abstinence-only sex education in Illinois schools.



**Illinois students should be provided with accurate information about birth control and sexually transmitted diseases.**

**92% of sex education teachers in Illinois AGREE**

**83% of Illinois voters AGREE**

**Voters in Illinois want accountability. There are currently no state standards and there is no set funding to teach sex education in Illinois schools.**

- 88% of voters agree that teachers in sex education programs should have to meet state standards and be held accountable for what their students learn, just like they do in other subjects like reading or math.
- A majority (55%) of voters think children and teens are not learning enough about sex education in public schools today.
- 73% of voters say they would be worried if they found out comprehensive sex education was not required in Illinois public schools.

**The public overwhelmingly supports responsible sex education in public schools. This support is consistent throughout the state – support is strong in rural and urban areas, as well as in Chicago, central, and southern Illinois.**

# Illinois Campaign for Responsible Sex Education

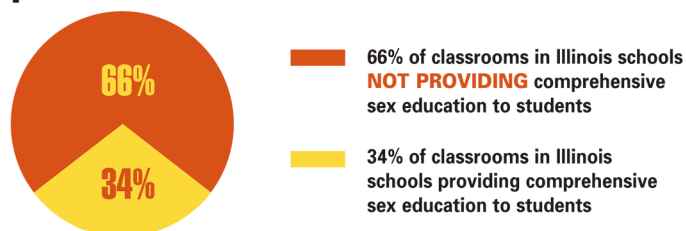
## National Opinion Research Center Summary of Findings

The Illinois Campaign for Responsible Sex Education, a joint project of the Illinois Caucus for Adolescent Health and Planned Parenthood / Chicago Area, commissioned the National Opinion Research Center of the University of Chicago (NORC) to conduct a groundbreaking study of Illinois sex education teachers to build knowledge on teacher practice, beliefs and influences. The study was released in March 2005.

### KEY FINDING:

**While 93% of sex education teachers surveyed in Illinois offer some component of sex education, two thirds of Illinois sex education teachers omit critical elements of responsible and comprehensive sex education; curriculum is key.**

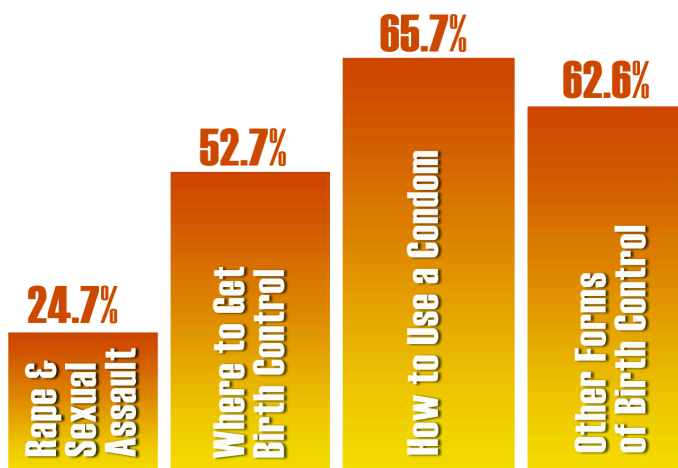
### Comprehensive Sex Education in Illinois Classrooms



**92% of teachers – an overwhelming majority – say that their curriculum has a great deal or some influence on what topics they cover.** Currently, there are no statewide standards and no state funding for comprehensive sex education programs that teach both abstinence and factual information. 38.9% used donated or free materials.

### What Illinois sex education classes DO NOT COVER

- **24.7 % DO NOT COVER** what action a student can take regarding rape and sexual assault
- **52.7 % DO NOT COVER** where to get birth control and health related services
- **65.7 % DO NOT COVER** how to use a condom
- **62.6 % DO NOT COVER** how to use other forms of birth control



### Sex education teachers believe in giving students information to aid in prevention and promote responsibility.

92% of teachers who teach sex education believe that whether or not young people are sexually active, they should be given accurate information about birth control and safe sex in school. 82.5% of teachers who teach sex education do not believe that giving accurate information about birth control and safe sex to young people encourages them to have sex. Teaching a strong abstinence message in concert with information on contraception is considered a "best practice" in teen pregnancy prevention.

### Sex education teachers want and need better preparation, more time.

29.8% of those sex education teachers were not trained to do so. Of those who have been trained, 29.5% feel that they have not received enough training. Sex education teachers spent on average 12 contact hours teaching sex education, but nearly a quarter of teachers spent 5 or fewer contact hours. 44.8% of teachers believe that too little classroom time is spent in their school to properly cover sex education.

# Campaign Timeline

## March 2005

The Illinois Campaign for Responsible Sex Education announces its launch at a press conference.

The findings of two ground-breaking studies are released, both concluding that Illinois voters and educators support sex education. The Illinois Health Curriculum Survey conducted by the National Opinion Research Center at the University of Chicago reveals that while 92% of sex education teachers want to teach comprehensive sex education, two-thirds are not - primarily because they do not have the curriculum and resources.

Senator Carol Ronen unveils The Responsible Sex Education Program Act, SB 457, a bill that creates a grants program for comprehensive sex education.

The Comprehensive Sex Education Program Act passes out of the Senate Health and Human Services Committee with a 7-3 YES vote.

## April 2005

Over 250 youth and adults convene at the State Capitol to advocate passage of Responsible Sex Education Program Act. Local coalitions in Chicago and Urbana-Champaign launch efforts to change local sex education policies and practices. Youth activists led the Chicago effort.

## June-August 2005

Advocates for the Responsible Sex Education Program Act collect thousands of petition signatures at county fairs throughout the state, including the Illinois State Fair Republican and Governor's days.

## October 2005

The Campaign's roster grows to 75 organizational partners including the American Academy of Pediatrics Illinois Chapter, the Illinois Parent-Teacher Association, Protestants for the Common Good, and five local public health departments.

## January 2006

The Responsible Sex Education Program Act is re-introduced in the Senate as SB 2267.

## February 2006

SB 2267 passes out of the Senate Health and Human Services committee with a 7-2 yes vote and over 30 organizations slipping in support of the bill. Planned Parenthood launches a television ad in the Champaign/Springfield and Chicago media markets.

The largest gathering of sex education advocates in Springfield, IL includes 500 people representing 50 of the state's 59 senate districts and 300 high school students. Advocates deliver over 3,900 petition signatures to legislators.

## April 2006

The Urbana-Champaign school board accepts recommendations to improve sex education guidelines for teachers in 5th through 12th grades.

The Chicago Public Schools Board of Education passes The Family Life and Comprehensive Sexual Health Education Policy with no objections. The new policy mandates age-appropriate comprehensive sex education for students in 6th through 12th grades, requires training for all teachers in the schools, and adds a student representative to the curriculum review committee. Youth from the Illinois Caucus for Adolescent Health lead this successful effort.

## July 2006

The Campaign commences the sex education curricula review project. Twenty experts in medicine, health education and adolescent development serve as panelists, evaluating sex education curricula currently used in Illinois.

## August 2006

The Campaign organizational partners grows to exceed 100 members including the YWCA, Asian Human Services, the AIDS Foundation of Chicago, and the Illinois Coalition of School Health Centers.

## October 2006

The winners of the "Real Teens. Real Life." video contest are announced. The videos involved 13-19 year old students from around Illinois documenting the realities of teen relationships, sexuality and sex education.

## March 2007

Analysis of the curricula review projects is completed. More information on the findings follow.

# Partners of the Illinois Campaign for Responsible Sex Education

Access Living  
 Advocates for Reproductive Freedom  
 Advocates for Youth  
 African American Women Evolving  
 Agape Missions – Joliet  
 AIDS Foundation of Chicago  
 AIDS Legal Council of Chicago  
 American Academy of Pediatrics, Illinois Chapter  
 American Association of University Women, Illinois Chapter  
 Amigas Latinas  
 Asian Human Services  
 Better Existence with HIV  
 Brighton Park Neighborhood Council  
 Center on Halsted  
 Champaign-Urbana Public Health District  
 Chicago Foundation for Women  
 Chicago Metropolitan Battered Women’s Network  
 Chicago Women’s Health Center  
 Chicagoland Youth Against AIDS  
 Citizen Action/Illinois  
 Coalition for Education on Sexual Orientation  
 Cook County Department of Public Health  
 DuPage Unitarian Universalist Church  
 Evanston Hospital  
 F.I.R.E. Ministries  
 Females United for Action (FUFA)  
 Friends of People with AIDS – Peoria  
 Girl’s Best Friend Foundation  
 Global Girl’s, Inc.  
 Health And Media Policy Research Group  
 Healthy Albany Park Coalition  
 Hope Clinic for Women  
 Howard Brown Health Center  
 Illinois Caucus for Adolescent Health (cofounder)  
 Illinois Choice Action Team  
 Illinois Coalition for School Health Centers  
 Illinois Maternal and Child Health Coalition  
 Illinois National Organization for Women  
 Illinois Parent-Teacher Association  
 Illinois Planned Parenthood Council (cofounder)  
 Illinois Public Health Association  
 Interfaith Alliance, Central Illinois Chapter  
 Jewish Children’s Bureau  
 Jewish Federation of Metropolitan Chicago  
 Jo Daviess County Health Department  
 Korean American Women in Need  
 Lake County Health Department & Community Health Center  
 Lambda Legal Defense & Education Fund  
 League of Women Voters of Illinois  
 Lee County Health Department  
 Lesbian Community Cancer Project  
 McHenry County Citizens for Choice  
 Mikva Challenge  
 Mujeres Latinas en Acción  
 National Council of Jewish Women - Illinois  
 State Public Affairs Network  
 National Organization for Women – Champaign County, DuPage County, Chicago, & University of Illinois Chapters  
 Northern Illinois Public Health Consortium  
 Northwest Chicago Choice  
 Northwestern Medical Students for Choice  
 Northwestern Univ. School of Law ACLU  
 Personal PAC  
 Physicians for Reproductive Choice and Health  
 Planned Parenthood Heart of Illinois  
 Planned Parenthood of Decatur  
 Planned Parenthood of East Central Illinois  
 Planned Parenthood Springfield Area  
 Planned Parenthood/Chicago Area (cofounder)  
 Project Exploration  
 Protestants for The Common Good  
 Rape Victim Advocates  
 Religious Coalition for Reproductive Choice of Illinois  
 Roger Baldwin Foundation of ACLU  
 Sargent Shriver National Center on Poverty Law  
 Sex Education Activists, Univ. of Chicago  
 Sierra Club, Illinois Chapter  
 Society for Public Health Education - Illinois Chapter  
 Southern Seven Health Department  
 Southwest Youth Collaborative  
 Student ACLU - Urbana-Champaign  
 The Response Center  
 Vital Bridges  
 West Suburban Chicago Chapter of Americans United  
 Will County Community Health Department  
 YWCA of Metropolitan Chicago