

Comprehensive Sexual Health Education Instructional Materials Review 2022

Teen Talk High School

Year Published/Revised: 2017

Publisher: Health Connected

Website: <https://www.health-connected.org/>

Full or Supplemental: Full

Grade Level: High School (grades 9-12)

Student Population: General

Duration/Number of Lessons: 11 Sessions, around an hour long each.

Format and Features: Print/Digital modules, Facilitator's Guide, PowerPoints, Homework assignments.

Available in Multiple Languages: Activities in English and Spanish.

Evidence-based/informed: Not indicated.

National Standards Alignment: National Sexuality Education Standards.

Consistent with WA Health Education Standards? Yes; developed for consistency with California law; would need some modification for use in Washington.

Consistent with Comprehensive Sexual Health Education Law? Yes, with modification – see accuracy comments and topics covered.

Consistent with AIDS Omnibus Act? Yes

Inclusive Materials/Strategies: Yes



Bias-Free Materials: Yes

Primary Subject Areas and Topics Required by Law:

- Anatomy and Physiology, Reproduction, and Pregnancy (Pregnancy for Grade 6+)
- Growth and Development/Puberty
- Self-Identity (gender stereotypes, gender identity, sexual orientation, etc.)
- Prevention (general)
 - HIV/AIDS Prevention
 - Pregnancy Prevention
 - STD Prevention
 - Health Care and Prevention Resources
- Healthy Relationships (general)
 - Affirmative Consent
 - Bystander Training
 - Intrapersonal and Interpersonal Communication Skills for Healthy Relationships
 - The development of meaningful relationships and avoidance of exploitative relationships
 - Understanding the influences of family, peers, community, and the media throughout life on healthy sexual relationships

Reviewer Comments:

Accuracy

Reviewer 223

Caveat: I do not speak/read enough Spanish to adequately review the Spanish language portion of the text. I am assuming that it is as accurate as the English language portion.

Very few minor issues that should be addressed.

Generally: This text is obviously written to address California law, so the instructor should have knowledge of Washington state laws that apply to minors accessing sexual health care as well as laws regarding statutory rape.

Should be emphasized that the presence or lack of a hymen is not evidence of virginity. There are a number of cultures that still believe this to be true.

Needs more complete discussion/description of HPV vaccines.

Does not mention mother-baby transmission of herpes during labor.



Needs clearer explanation that not having sex is often referred to as abstinence. Abstinence is clearly called out in Washington State law requirements for sexual health education and terminology should reflect.

Overall, an excellent text with reliable sources.

Reviewer 224

This resource includes many facts and statistics that are not cited. In addition, there are inaccurate medical and scientific claims that need correction. However, it should be noted that the frequency and magnitude of inaccurate medical claims is somewhat lower than similarly comprehensive sources.

Correction of Inaccurate Claims

- The growth of sperm tails is quite complicated and begins before the sperm reach the epididymis. It would be more correct to say sperm gain mobility in the epididymis (38).
- A biologic female is born with closer to 2 million eggs. A fraction of these die before puberty so that, at puberty women have about 400,000 eggs (39,77).
- The resource says that the uterus is the strongest muscle in the body. In fact, many other muscles are considered stronger and there are varying definitions of how to assess strength (39, 77).
- According to *UpToDate.com*, the average menstrual cycle lasts 28-35 days, not 21-31 as the resource states (41).
- Citation is needed for all details about the development of the fetus in pregnancy. American College of Obstetricians and Gynecologists (ACOG) is an excellent resource for this. The resources listed are less authoritative and draw on research from >10 years ago. Discrepancies exist between ACOG and the timeline described here (50-66, power point 2.4).
- Efficacy of sponge and diaphragm is overstated in this resource. Refer to most recent CDC data (104,138,140).
- According to *UpToDate.com*, most common side effects of IUD are bleeding/irregular menstruation, expulsion of IUD, infection at time of insertion. Other hormonal side effects are more theoretical and not well supported with evidence (107).
- Although the HPV vaccine is approved for patients up to the age of 45, it is very uncommonly given over the age of 27 as catch-up vaccination is not usually recommended (166,173).
- The recommended frequency of PAP smears is actually every 3 years according to ACOG (348).
- The statement that testicular cancer is the most common form of cancer among males 15-34 is false (351).

Incomplete/Unspecific Information:

- Efficacy of Paragard (IUD) for emergency contraception is >99% which is omitted from discussion of emergency contraception efficacy (115,139,336).



- Under less risky for 10, it should be noted that HSV can be transmitted with skin/skin contact (195).

Statistics/facts needing citation (not exhaustive list):

- Citation needed that majority of HS students aren't having sex and/or prevalence of sex in this population (15, 114,289,336).
- It would be best to cite the source used for the anatomy descriptions. This is especially important less widely known facts such as the number of sperm per ejaculate and volume of semen, length of clitoris etc. Similarly, citations are needed for value claims such as "the uterus is the strongest muscle in the body". 38-41, 352
- Citation needed for length of time it takes for egg to travel through fallopian tube (50).
- Citations about determinants of sexuality should be updated. In particular, the effect of older siblings is not a contemporary theory (89)
- Citation needed for claim that spermicide can increase risk of STI transmission (104, 110)
- Citations needed throughout information on STD, but especially on less well-known facts such as the fact that trichomonas is associated with an increased risk of HIV and the riskiness of different sexual activities in regard to contracting HIV (166-168).
- Under mission no transmission for 25, citation needed for prevalence of STI in teens (195, 352).
- Statistics about this prevalence of sexual violence should be updated with more recent data (269).
- Claim that "75% of date and acquaintance rapes involve alcohol" needs citation as do the claims about % of rapes that are falsely reported (270).
- Claim that gay teens are twice as likely to commit suicide needs citation (348)

Changes in phrasing

- The prostate gland is anterior to the anus, not inside it. The wording in this resource makes it location confusing (38).
- Intersex is increasingly being replaced with the term differences in sexual development in medical literature (85,92,97,336).
- The statement that male bodied people don't need to go to clinics is misleading because although they don't HAVE to, they can for STI testing (205)

Full

Reviewer 201

I think this curriculum does a good job covering everything, and I appreciate the Spanish versions. I would have to change some of the language in the reproductive system lesson due to Washington laws around inclusive language, but I like the curriculum overall.

Reviewer 206

Very comprehensive curriculum. Lessons are well designed and are relevant for current times. The designers do a good job of using unique activities and approaches that teens might find



enjoyable. They go a little more in depth on the topic of healthy relationships and media influence on ideas around sex. These lessons are very applicable for high school kids.

Reviewer 216

The Teen Talk HS curriculum is a comprehensive and modern approach to teaching students crucial concepts related to sexual health and wellbeing. Of particular note the curriculum handled the following well: sexuality, sex, gender identity, sexual violence prevention/refusal skills, teen pregnancy, STI/pregnancy prevention, and harm reduction through in-depth reviews of contraceptive options and proper use of barrier methods. There is room to grow in this curriculum as with any curriculum. There should be explicit efforts from facilitators to find local sexual health clinical providers and to be up to date on your state's sexual health laws. Facilitator guides and lessons are only available in English- handouts and activities are available in Spanish/English.

Monogamy is cited as a preferred/safer relationship dynamic. Which may be exclusive to youth who experience polyamory or desire abundant love. Polyamory (not polygamy, which should still be respected), should be treated as a valid relationship style, and not pathologized by linking it to exclusively increased risky behavior. Polyamorous people can also practice safer sex and communication about sexual health as well as monogamous people. Additionally, not all polyamorous partners are sexual partners. The curriculum later discouraged the use of slang in a creative writing activity, which should be avoided. If scientific and medical accuracy is in question then reframe or rephrase the content, like the anonymous question box guidelines, do not colonize youth language in creative writing spaces by controlling youth language. Besides small ideological flaws that are demonstrated w/in teacher guidelines or activity guides, this curriculum is really quite well done.

Reviewer 222

Note that all the information about legal ages of consent, medical consent, etc. are based in California law and will need to be updated for WA law. The curriculum also requires school districts to develop a list of local sexual and reproductive healthcare providers, which may prove challenging in many areas of the state.

The curriculum is fully bilingual (English & Spanish). There is a parallel curriculum for youth with intellectual and developmental disabilities, but this main curriculum does not provide guidance for differentiated instruction.

The Pregnancy Options lesson asks students to brainstorm positive and negative outcomes of each option, including abortion. That activity - and the "No Easy Decision" activity - will likely be upsetting for some students, and will actively bring up values and beliefs about pregnancy, abortion, parenting, etc. Teachers should be prepared to establish firm discussion guidelines and offer resources for students who want some support outside of class if the conversation is upsetting.



The curriculum offers parent-engagement homework that is not optional and asks students to engage in topics that might be very uncomfortable or even unsafe for some students (and parents). I recommend making the homework assignments optional and offering alternative assignments.

