



Review of the “*Life Choice.Healthy Futures*” Curriculum

**An Abstinence-Only-Until-Marriage Curriculum
for Middle and High School Students in Sonoma County, CA**

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Table of Contents

Summary of Findings.....	2
Overview of the Curriculum.....	3
The Review Process.....	4
Findings	6
Age-Appropriateness	6
Accuracy.....	6
Objectivity and Bias	8
Fear and Shame	10
Omissions of Education Code Requirements.....	11
Teaching Methods	12
Conclusions	13
References	14

Summary of Findings

Life Choice.Healthy Futures is an abstinence-only-until marriage curriculum developed for middle and high school students in Sonoma County, CA. It was developed by Free to Be, a local non-profit organization which aims to “motivate and equip youth to live an abstinent life-style, encouraging healthy choices for a healthy future.” To accomplish its mission, Free to Be offers workshops, multi-session curricula, and teen panels to schools and community groups in the county. *Life Choice.Healthy Futures* is one of Free to Be’s four available multi-session curricula, and was designed for students in 7th through 12th grades. Its stated purpose is to provide teens with information and tools to help them abstain from sexual activity until marriage.

Positive aspects of the curriculum include: It is well-structured, allowing for its consistent use across classrooms by Free to Be’s young adult peer educators. Each of the seven sessions has clear learning objectives, preparation tools, materials, and descriptions of activities. The curriculum uses a variety of teaching methods to keep students engaged, including brainstorming activities, handouts to be completed in class and at home, small-group discussions, interactive games, overheads, and lectures. The curriculum content focuses not just on sexual activity, but also on decision-making, dealing with peer pressure, building healthy relationships, and making future plans.

Specific problems include the curriculum’s:

- Reliance on a strict abstinence-only-until-marriage approach that disregards the fact that many youth in this age group are already, or will become, sexually active
- Presentation of medically inaccurate and misleading information about sexually transmitted diseases (STDs)
- Presentation of misleading information about the effectiveness of condoms in reducing the risk of STD transmission and preventing unintended pregnancy
- Omission of any information on the effectiveness and safety of FDA-approved contraceptive methods to prevent pregnancy
- Misrepresentation of the physical and emotional consequences of sexual activity
- Focus on marriage as the universal committed relationship, failing to acknowledge other types of committed relationships, either homosexual or heterosexual
- Use of negative, fear-based tactics to discourage premarital sexual activity

Overall, this curriculum does not meet the California Education Code’s mandate for Comprehensive Sexual Health Education or the Required HIV/AIDS Prevention Education in its public schools. More than that, does not provide students with the comprehensive, unbiased information and skills they need to make informed decisions about their own sexual health.

Overview of the Curriculum

Life Choice.Healthy Futures is an abstinence-only-until marriage curriculum developed for middle and high school students in Sonoma County, CA. The curriculum was created by Sue Bisbee, the Founder and Executive Director of Free to Be, a non-profit, publicly funded, community-based organization with a mission to “motivate and equip youth to live an abstinent life-style, encouraging healthy choices for a healthy future.” Established in 1992, Free to Be was initially a program of Catholic Charities of the Santa Rosa Diocese; in 2007, it gained independent non-profit status.

Free to Be offers a range of activities – teen panels, multi-session curricula, one-time presentations, and parent education programs – to schools and community groups in Sonoma county. *Life Choice.Healthy Futures* is one of its four multi-session curricula, each developed for different age groups. Specifically, *Life Choice.Healthy Futures* was designed for students in 7th through 12th grade. The curriculum’s stated purpose is “to present accurate information to teens surrounding their sexual decision-making and to provide them with effective tools to remain abstinent until marriage” (p. 5).

The curriculum consists of seven sessions:

- ❖ Looking Toward the Future
- ❖ Building Healthy Relationships
- ❖ Discussing the Consequences
- ❖ Understanding Sexually Transmitted Diseases
- ❖ Making Healthy Decisions
- ❖ Living an Abstinent Life-Style
- ❖ Experiencing the Freedoms

Life Choice.Healthy Futures was designed to be taught by peer presenters – young adults who implement the curriculum activities, share their own reasons for remaining abstinent until marriage, and aim to serve as role models for the students in the course.

The Review Process

This review focuses on the April 2009 version of the *Life Choice.Healthy Futures* curriculum, obtained from the Petaluma City Schools in September 2009. All curriculum materials that were made available to Public Health Institute researchers were systematically reviewed, including the instructions for presenters, learning objectives, activities, overheads and worksheets. Some materials (e.g., the Parent-Teen Connection homework assignment, the “Lowdown on Jenny” video clip, and the Peer Educators’ “Boundaries” video) were not made available, and therefore could not be assessed by the reviewers. Moreover, it is important to note that this review focuses solely on curriculum materials, and it is not an observation of the “real world” implementation of the activities that would best represent the experience of youth participants.

The curriculum was reviewed for medical accuracy and objectivity per the California Education Code, California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (§§ 51930-51939). The Act has two primary purposes:

1. To ensure that sexual health and HIV/AIDS prevention education provide a pupil with the knowledge and skills necessary to protect his or her sexual and reproductive health from unintended pregnancy and sexually transmitted diseases (STDs);
2. To ensure that sexual health and HIV/AIDS prevention education encourage a pupil to develop healthy attitudes concerning adolescent growth and development, body image, gender roles, sexual orientation, dating, marriage, and family.

Other than a requirement that HIV/AIDS prevention education be taught once in high school and once in middle school, California public schools are *not* required to teach sexual health education. If a school chooses to do so, however, the program must comply with specific criteria set out in the Education Code (see *Figure 1*). Certain provisions apply only to programs for students in 7th grade and above. Given the target population of *Life Choice.Healthy Futures*, as indicated by Free to Be (7th through 12th grade), this curriculum must, by state law, comply with all requirements when implemented in public school settings.

The curriculum was also reviewed for appropriateness of teaching methods. The curriculum was not comprehensively reviewed for age or developmental appropriateness. Future reviews may want to address this issue specifically given that the *Life Choice.Healthy Futures* curriculum was developed for and is being implemented with such a broad grade range of youth.

Figure 1. Key Provisions of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act.

If a school district elects to offer comprehensive sexual health education, instruction and materials must:

- ✓ Be **age-appropriate**, using messages and teaching methods suitable to the cognitive, emotional and behavioral capacity of the students' age
- ✓ Be **medically accurate**, using information supported by research in compliance with scientific methods and recognized as accurate and objective by experts in the field
- ✓ Be appropriate for students of **all races, genders, sexual orientations, ethnic and cultural backgrounds, and disabilities**
- ✓ Be made equally **available to English language learners**, and accessible to **students with disabilities**
- ✓ Encourage students' **communication about sexuality with their parents or guardians**
- ✓ Teach **respect for marriage and committed relationships**
- ✓ **Not teach or promote religious doctrine**
- ✓ **Not reflect or promote bias** against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation
- ✓ Be taught by **instructors trained in the most recent, medically accurate research** on human sexuality, pregnancy and STDs

Additionally, for classes taught in 7th grade and above, instruction and materials must:

- ✓ Teach that **abstinence from sexual activity is the only certain way** to prevent unintended pregnancy and STDs, while also teaching about other methods of preventing pregnancy and STDs
- ✓ Provide **information on STDs**, including modes of transmission, FDA-approved methods to reduce risk of transmission, and local resources for testing and care
- ✓ Provide information on the **effectiveness and safety of all FDA-approved contraceptive methods**
- ✓ Teach **skills for making responsible decisions** about sexuality
- ✓ Provide information on **surrendering physical custody of a newborn child** at designated sites without legal penalty

Source: §§ 51930, 51931, 51933. California Education Code, as of October 2009.

Findings

Age-Appropriateness

As noted earlier, it is beyond the scope of this review to assess comprehensively the appropriateness of the *Life Choice.Healthy Futures* curriculum according to established criteria of adolescent cognitive, emotional and behavioral development. Nevertheless, the fact that the curriculum is designed for such a broad age span (7th through 12th grade students) raises the question of its universal appropriateness. Early and middle adolescence are marked by great biological, cognitive and social transitions, which may make the effectiveness of a “one size fits all” approach uncertain.¹

In particular, *Life Choice.Healthy Futures’* sole message of abstinence-only-until-marriage **masks the variability in sexual experience across this age group**. The curriculum repeatedly emphasizes that 52% of teens have not had sex, using national data from the CDC’s Youth Risk Behavior Surveillance System. Only in one instance does the curriculum acknowledge the great variation in the data by age, and that sexually activity becomes the normative behavior as teens grow older (p. 31). In fact, by 11th grade, more than half (56%) of students have already had vaginal intercourse; in 12th grade, nearly two-thirds (65%) are sexually experienced.² While the curriculum does refer to the concept of “renewed abstinence” at times (primarily in Session 5), it does not acknowledge that its core message may not be sufficient for students who have already chosen to engage, or will choose to engage, in sexual activity outside of marriage. By not providing information on how sexually active teens can protect themselves from unintended pregnancy and STDs, the curriculum places young people at unnecessary risk.

Accuracy

At the outset, the *Life Choice.Healthy Futures* curriculum announces its purpose as presenting “accurate information to teens surrounding their sexual decision-making” (p. 5). There are multiple instances, however, where this goal is not met and, at times, fully disregarded. Various medical and other types of inaccuracies can be noted in the curriculum, in violation of Education Code § 51933(b)(2), which requires that all information in comprehensive sexual health education programs be medically accurate. These inaccuracies are due to reliance on incorrect information, use of outdated sources, and errors of omission, as well as misleading interpretations of research evidence.

Inaccuracies are most notable in the curriculum sessions on sexually transmitted diseases, their transmission and their treatment. During Session 4, an overhead listing 29 bacterial, viral, parasitic and other infections is shown to students. The list is both **misleading and medically inaccurate in its classification of these infections as being sexually transmitted**. Many infections can be passed on through intimate activity, including the common cold; the number of infections that are recognized as sexually transmitted by CDC surveillance are much more limited.⁴ This distinction is not made clear by the developers of the *Life Choice.Healthy Future* curriculum. In some cases, they disregard the primary routes of transmission for infections. For example, both campylobacteriosis and salmonellosis are considered by the CDC to be primarily foodborne diseases.^{5,6} The list also disregards the risk of acquiring these infections, likely creating confusion and fear. Donovanosis, for example, is extremely rare in the United States.^{7,8} In contrast, Epstein Barr virus is extremely common, with as many as 95% of U.S. adults between the ages of 35 to 40 having been infected at one point in time.⁹ Other infections, such as bacterial vaginosis (BV) and vulvovaginal candidiasis, are misclassified. The role of sexual activity in developing BV is not clearly understood by researchers; women who have never had sexual intercourse

may also develop BV.¹⁰ Vulvovaginal candidiasis, or vaginal yeast infection, is not a sexually transmitted disease. It occurs when there is an imbalance of the number of *Candida albicans* microorganisms in the vagina; its causes include using antibiotics, being pregnant and having diabetes.¹¹

Additionally, the curriculum presents **incorrect and misleading information regarding the human papillomavirus (HPV)**, and is misleading in its discussion of the vaccine that has been made available to young women to prevent HPV transmission. In a large chart on STDs, HPV is described as having “no cure” (p. 45) and that it “can lead to death” (p. 41). Among the more than 40 strains of genital HPV, only four are associated with the development of cervical cancer. Additionally, the CDC states that “in 90% of cases, the body’s immune system clears the HPV infection naturally within two years. This is true of both high-risk [potentially cancer-causing] and low-risk [wart-causing] types.”¹² The incorrect information provided by the curriculum hides the importance of regular screening that can identify and treat pre-cancerous changes early. The curriculum also states that HPV can be spread during pregnancy or through childbirth. In fact, HPV can be passed only during vaginal delivery and this occurs very rarely, with fewer than 2,000 children a year acquiring HPV-related complications.¹² While the curriculum is factually correct in stating that “it is not yet known how long lasting the vaccine is” (p. 48), both the CDC and the United Kingdom’s National Health Service cite research that suggests vaccine protection against HPV will last a long time. Both entities have noted that ongoing studies have shown high levels of protection for at least five to six years, with no evidence of decreasing immunity.^{13,14}

The curriculum also **relies on misleading information about the effectiveness of condoms in preventing transmission of various STDs**. It describes a report from the federal National Institute of Allergy and Infectious Diseases (NIAID) that states “there is ‘insufficient evidence’... to draw definite conclusions about the effectiveness of the latex male condom in reducing the transmission of most common STDs, including HPV, herpes, chlamydia, and syphilis” (p. 30). It is true that NIAID and other federal agencies formed a workshop panel and released a report in 2001 assessing the published epidemiology literature on condom effectiveness. While they did conclude that the available information was inadequate, their reservations were focused on the need for more robust or prospective study designs.¹⁵ Since then, the preponderance of evidence has shown that condoms are highly effective at reducing the risk of STD infection when used consistently and correctly.^{16,17} The wording used by the curriculum is misleading, as it may cause youth to think that the federal government does not support condom use. For each of the four diseases listed, NIAID recommends the male latex condom as a means of prevention.¹⁸⁻²¹

Similarly, the curriculum presents **incorrect and misleading information regarding the effectiveness of condoms in preventing pregnancy**. Citing the reputable text *Contraceptive Technology*, the curriculum states, “The percentage of females who become pregnant during the first year of typical condom use is 15%” (pp. 30, 41). While this is factually true, it is also deceptive. *Contraceptive Technology* notes that the perfect-use failure rate (or method failure rate) of condoms is actually about 2%. That is, if condoms are used consistently and correctly over an entire year, 2 couples out of 100 will experience a pregnancy.²² The curriculum fails to clarify that the higher rate of pregnancy for “typical use” includes circumstances when couples might not have used a condom during every act of intercourse or might not have used the condom correctly. In fact, the curriculum inaccurately defines “typical use” rates as “the degree to which the majority of people use them consistently and correctly,” thus confusing typical and perfect use rates and leaving students with the false impression that condoms are less effective than they actually are. The curriculum thus misses an opportunity to educate young people about the correct and consistent use of condoms.

This mention of condoms is the only mention of a specific contraceptive method for pregnancy prevention throughout the curriculum. The curriculum **omits all medically accurate information on the effectiveness and safety of FDA-approved contraceptive methods**. Education Code § 51933(b)(10) requires that all methods be addressed, and yet in the curriculum there is no mention of the varied hormonal and barrier methods available to teens. Rather, in an activity titled as “The Bridge,” in which a net symbolizes contraceptive effectiveness, educators are called on to “point out the holes in the net and ask the class if the net is 100% safe” (p. 29). At no point does the curriculum describe the safety and effectiveness of each method available to prevent unintended pregnancy, as mandated by Education Code § 51934(b)(3).

The *Life Choice. Healthy Futures* curriculum also **misrepresents the consequences of sexual activity**. Although it begins by noting “the POSSIBLE consequences of having sex now” (p. 29, capitalization in the original), the curriculum then states that it is a fallacy that the only consequences of sexual activity are physical and that “other serious consequences could be emotional, social, spiritual and intellectual/mental” (p. 41). The curriculum also provides a list of such consequences – including eating disorders, death, infertility, loss of concentration, depression, suicidal thoughts, loss of faith, and legal issues – while also instructing the educator to “be sure to point out to the class that not all teens experience these consequences” (p. 35). While many researchers have recommended a discussion of social and emotional consequences of sexual activity as part of comprehensive sexual health education, there has been no study to date to determine to what extent adolescents experience nonphysical outcomes.²³ It is misleading to suggest that there is a factual basis to the statement, and confusing to provide such contradictions to students within each activity. Moreover, adolescence is a time of risk generally, leading to many of the consequences described. To imply that sexual activity is the exclusive or most important cause is stigmatizing for those students who are not engaging in sexual activity but are experiencing these feelings.

In other circumstances, the curriculum **cites reputable studies but interprets the findings incorrectly**. For example, a Session 7 activity addresses some “recent data on marriage.” Here, the curriculum cites a RAND Corporation study as having “found that sexually-charged television programs definitely influence teens to have more sex,” confusing correlation with causality (p. 85). The authors of the research study note clearly that “the present analysis cannot establish definitively how much, if any, of the observed association between exposure to sexual content and pregnancy is causal.”²⁴ Further, they explicitly stated that no cause-and-effect relationship should be drawn from their study.

Objectivity and Bias

Education Code § 51933(b)(2) requires that all factual information presented in comprehensive sexual health education programs be objective. There are a number of ways in which *Life Choice. Healthy Futures* does not meet these criteria.

Abstinence vs. Sexual Activity

The *Life Choice. Healthy Futures* curriculum is shaped around the message that choosing abstinence from sexual activity until marriage is “a positive and powerful choice for [a teen’s] future” (p. 5) and that such an effort gives teens the “freedom to live a healthy and fulfilling life” (p. 8). While Education Code § 51933(b)(8) fully supports teaching abstinence as the only certain way to prevent unintended pregnancy and STDs, it also requires that curricula provide information on other methods of prevention. As noted

previously, this curriculum does not provide that balance, thus **violating the Education Code's requirements that instruction be objective.**

As part of an activity known as "The Bridge," the curriculum asks students to brainstorm possible consequences for choosing to be sexually active and for choosing abstinence (pp. 29, 34, 35). While the curriculum makes clear in its materials to educators that these are *possible* consequences that are not experienced by all teens, the list provided to guide the discussion is not objective. The peer educators are instructed to "ask leading questions in this discussion" (p. 35); the list of **suggestions includes only the negative consequences of choosing sex and positive consequences of choosing abstinence.** No information is offered regarding the possible benefits of sexual activity (whether perceived or actual) or challenges of abstinence. The Bridge activity as a whole presents a fear-based, negative image of teen sexual activity, with an unstable, dilapidated bridge portraying "the decision to have sex now" marked by a large "WARNING" sign, with rocky cliffs below shown as "the possible consequences of having sex now" (pp. 29, 34).

Elsewhere, the curriculum presents the "Freedoms" of abstinence (p. 86). This activity implies that students who become sexually active before marriage do not get to enjoy certain freedoms that their abstinent peers do, including the freedom from STDs, freedom to develop respect for self, freedom from exploitation by others, and the freedom from guilt, doubt, disappointment, worry and regret. These messages **create an underlying dichotomy**, portraying those who wait until marriage to have sex as smart, virtuous, responsible and worthy, and those who do not as unhealthy, weak, irresponsible, flawed and unworthy. There is no evidence that premarital sex leads to these negative outcomes, nor is there evidence that abstinence until marriage can protect individuals from negative psychological states and conditions.

In this activity and elsewhere in the curriculum, the fact that many teens have already engaged in sexual activity is acknowledged through the phrase "renewed abstinence." Educators are instructed to tell students that "past mistakes can be overcome" (p. 9). While the curriculum does attempt to reach out to sexually experienced students in this way, it does not do so comprehensively. No specific skills or tools are addressed to support this audience in their choices.

Marriage and Committed Relationships

Education Code § 51933(b)(7) requires that instruction and materials teach respect for marriage and committed relationships. The *Life Choice. Healthy Futures* curriculum, however, focuses on marriage as *the* only possible committed relationship, **failing to acknowledge other types of committed relationships**, either homosexual or heterosexual.

In various sessions, the curriculum discusses the importance of marriage and family. Early in the curriculum, male and female students are separated to "make a list of the qualities they would want their future marriage partner to have – physically, emotionally, spiritually, etc." (p. 21). The final session of the curriculum has a specific emphasis on marriage, with one of its goals stated as: "Students will discover the significant benefits of marriage for individuals, children and communities" (p. 79). **Here the tie between abstinence and success in marriage becomes explicit.** The curriculum states, "Many teens feel that marriage and parenthood are meaningful and important goals for their future. Living an abstinent life-style helps teens to reach this significant goal" (p. 82). Data are then presented about the benefits of marriage, including that "married couples live longer, are happier, have better physical and emotional health, earn more, and save more for the future" (p. 85). While this may be the case, the

curriculum misleads students by implying these benefits are a result of abstinence from sexual activity until marriage. Not only does this incorrectly imply that abstinence is required in order to build a successful marriage, it is likely to be particularly alienating to students who have already had sex.

These lessons are also based on the **assumption that all students are heterosexual**. In doing so, the curriculum discounts gay and lesbian students who are unable to marry in many states, including California. By limiting the scope of the discussion to marriage, the curriculum ignores those students who may never marry, including those who are gay and lesbian. Asking these students to undertake a lifetime of abstinence is unfair and unrealistic. These teens need viable and effective methods to protect their reproductive health.

Gender, Race or Ethnicity, and Sexual Orientation

Education Code § 51933(b)(4) requires that instruction and materials be appropriate for use with students of all backgrounds. Overall, the *Life Choice. Healthy Futures* curriculum is free of bias with regard to gender and race/ethnicity. Role play scenarios include examples of both male and female students who wish to delay sexual intercourse (p. 75). No specific mention of race or ethnicity is mentioned or shown.

On the other hand, **sexual orientation bias is evident throughout the curriculum**. Role-play scenarios to help practice the skills needed to maintain abstinence include only examples of male/female couples (p. 75). In another activity, boys and girls are separated to discuss desirable marriage partners, implying that opposite sex partners are the only acceptable option for a long-term commitment (p. 21). As noted in the previous subsection of this review, contrary to the Education Code's provisions on respect for both marriage and other committed relationships, the curriculum promotes marriage as the only acceptable committed relationship, therefore isolating students not of heterosexual orientation and expecting them to engage in a lifetime of abstinence.

Fear and Shame

Education Code §§ 51930(b)(1-2) state that the purpose of sexual health and HIV/AIDS prevention education is "to provide a pupil with knowledge and skills necessary to protect his or her sexual and reproductive health from unintended pregnancy and sexually transmitted diseases" and "to encourage a pupil to develop healthy attitudes concerning adolescent growth and development, body image, gender roles, sexual orientation, dating, marriage and family." As described through previous examples in this review, a failure to promote knowledge, skills and healthy attitudes among students permeates the *Life Choice. Healthy Futures* curriculum. While the curriculum largely takes a positive, supportive tone in its discussions of character and relationships, **it relies on fear when addressing the issue of teens' choice to engage in or abstain from sexual activity**.

The curriculum's reliance on fear is evident in both the **exaggerated negatives attributed to premarital sexual activity and methods to reduce the risk of pregnancy and STDs, and the exaggerated positives attributed to abstinence**. "The Bridge" activity is a clear example (p. 34). As conveyed in both images and text, teens who choose to become sexually active are crossing a shaky bridge, with only birth control as a poor safety net. The sharp rocks down below display the consequences of sexual activity before marriage, with the words "sad," "lonely," "stress," "guilt," "feel used," "lose goals," and "parents disappointed" as the seemingly inevitable results. The abstinent path is long and winding, but filled with "healthy relationships: "no diseases," "no regrets," and "future dreams." The consequences of choosing

to have sex are described as physical, intellectual, emotional, spiritual, and social – although no evidence is presented to support these claims.

Session 7 aims to help students “discover the benefits and freedoms gained by choosing abstinence until marriage” (p. 79). By describing the “Freedoms” of abstinence in one of its final activities, **the curriculum implies that those who choose to remain abstinent will face a clear path to a successful marriage**. By contrast, it also implies that those who become sexually active will not get to enjoy benefits in their future lives, but rather will face lack of control, loss of goals, unhealthy relationships, disease, exploitation, guilt, doubt and regret.

Information is couched in fear to benefit the curriculum’s end goal of promoting abstinence until marriage. The inaccuracies in the descriptions of condom and contraceptive effectiveness are noted earlier in this review. In another example, the curriculum emphasizes the legal consequences of having sex. It notes: “Sex under 18 is considered ‘unlawful sexual intercourse’ and can be prosecuted” (p. 29). Rather than teaching students about the breadth of personal and policy issues related to teen sexual activity, **the curriculum relies on fear-based tactics in attempting to scare students into abstinence**.

Omissions of Education Code Requirements

The *Life Choice. Healthy Futures* curriculum is in violation of the California Education Code by not addressing two of its provisions for comprehensive sexual health education in grades 7th and above. To comply with the Education Code, the curriculum must:

- Provide information about the **effectiveness and safety of all FDA-approved contraceptive methods** in preventing pregnancy, including, but not limited to, emergency contraception. As noted earlier in this report, no methods other than condoms are described to students.
- Provide information on the law on **surrendering physical custody of a newborn child** at designated sites without legal penalty. No information on this topic is presented in the curriculum.

Additionally, this curriculum *may* be in violation of other provisions, which could not be fully assessed through the materials provided in this review. To comply with the Education Code, the curriculum:

- Must be taught by **instructors trained in the most recent, medically accurate research** on human sexuality, pregnancy and STDs. It is unclear from the curriculum the extent of training received by the young adult peer educators.
- Must be made **available on an equal basis to students who are English language learners**. Such accommodations are not addressed explicitly in the curriculum.
- Must be made **accessible to students with disabilities**, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids. Such accommodations are not addressed explicitly in curriculum.

- Must encourage students' **communication with their parents or guardians about human sexuality**. While a homework assignment and introduction letter to parents are mentioned in the curriculum (p. 12), no specific materials are included as part of the curriculum.
- Must include information on **local resources for testing and medical care** for STDs. While a space to provide this information is noted on one worksheet (p. 47), no specific information about local resources is provided that could be assessed in this review.

Teaching Methods

The curriculum's sessions are well-structured, in that each has stated learning objectives, preparation tools, outlines of activities, and materials included. The curriculum uses a variety of teaching methods, including brainstorming activities, handouts to be completed in class and at home, small-group discussion, interactive games, overheads, and lectures. The peer educators who teach the curriculum have clear guidelines to follow, and are also given the opportunity to share their personal experiences with the class.

Overall, however, the curriculum does not provide sufficient opportunities for critical thinking and skill development. The values and beliefs of the developers serve as the basis for many of the activities. For example, students are asked to discuss varied consequences of sexual activity before marriage, on the assumption that premarital sex is inevitably harmful.

Conclusions

It is important, as well as required by State law, for sexual health education programs in public schools to respect the diversity of California's students and provide them with medically accurate and unbiased information. *Free to Be's Life Choice. Healthy Futures* curriculum fails to adhere to this standard. By presenting biased and medically inaccurate information about adolescent sexual activity and STDs, and by withholding critical information on contraception through blatant omissions, this curriculum does not teach students how to make informed, personal decisions that are consistent with their own values and the values of their families. In addition to a message of abstinence, students need unbiased, comprehensive information about their options whether or not they choose to become sexually active during their adolescence.

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