APPRAISAL: SYNTHESIS

Title: Our Whole Lives. Sexuality Education for Grades 10-12

Type of document: Material for Trainers

Year of publication: 2000

Author/publisher: Eva S. Goldfarb & Elizabeth M. Casparian/Unitarian Universalist Association of Congregations

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Abstract:

"Our whole lives for grades 10-12" is a twelve sessions curriculum designed to provide responsible sexuality education for 12-14 years old learners. The overall goal is to create a positive and comprehensive lifespan educational program that helps participants gain the knowledge, values and skills to lead sexually healthy, responsible lives. It was published jointly by the Unitarian Universalist Association and the United Church of Christ in 2000. The curriculum consists 41 of 25-60 minutes workshops and contains twelve sessions divided into four themes: sexual health lifespan sexuality, building healthy sexual relationships and sexuality and social issues. The different sessions are 1) Learning About Our Bodies (language, body image and feelings), 2) Taking Care of Our Sexual Selves (sexual response cycle and sexual functioning, reproductive and sexual health care, AIDS and other STDs), 3) Making Safer Choices (contraception, condoms and negotiating for safer sex, sexy safe fantasy), 4) Exploring Our Sexual Development (gender roles, identity, roles and sexual orientation), 5) Becoming a Parent (conception, pregnancy and birth, parenting license, parenting alternatives), 6) Expressions of Sexuality (sexuality time line, sexuality and people with disabilities, sexual expressions and relationships), 7) Communication (verbal and nonverbal communication, what make a good relationship?, questions of the other gender), 8) Intimacy, Masturbation, and Lovemaking (defining intimacy, masturbation, myths and facts, sexual behaviour, image
of love and sex in music and video), 9) Recognizing Unhealthy Relationships (power and responsibility, power in relationships, breaking up and moving on), 10) Reproductive Rights (abortion, new reproductive choices), 11) Power and Control (sexual exploitation, sexual harassment and erotica, date rape, between consenting adults), and 12) Equality (gay pride parade, gender equality).

**Note:**

"Our Whole Lives: Sexuality Education for Grades 10-12" is one of the six programs in the Our Whole Lives Lifespan Sexuality Education series. The other of five programs are "Our Whole lives: Sexuality Education for Grades K-1", "Our Whole Lives: Sexuality Education for Grades 4-6", "Our Whole Lives: Sexuality Education for Grades 7-9", "Our Whole Lives: Sexuality Education for Young Adults, Ages 18-35" and "Our Whole Lives : Sexuality Education for Adults". For more information or to order a copies of these documents, please visit [http://www.uua.org/religiouseducation/curricula/ourwhole/](http://www.uua.org/religiouseducation/curricula/ourwhole/)

**Strengths**

1) Our Whole Lives: Sexuality Education for Grades 10-12 is a comprehensive and progressive program. In an inclusive and developmentally appropriate manner, it addresses sensitive topics that are usually excluded. Although the curriculum was developed by the Unitarian Universalist Association and the United Church Board for Homeland Ministry, United Church of Christ, it is completely secular and free of specific religious doctrine or reference. Even if the curriculum is designed to be relevant for young people from a wide range of family backgrounds and religious traditions, it is not value free: self-worth, sexual health, responsibility, justice and inclusivity are promoted. The program is developed to model and teach caring, compassion, respect, and justice. It addresses the attitudes, values, and feelings that youth have about themselves and the world.
2) The entire Our Whole Lives program clearly involves parents. It focuses on their role as the primary sexuality educators of their children. Therefore, this curriculum recommends a parent orientation session. Parents are invited to participate to an orientation session to gain an overview of the program, ask any questions and express their hopes and concerns for their children’s education. After that, they might provide a permission if they wish that their child not participate.

3) The program is designed for 15-18 years old teens. It is developed for groups from ten to fifteen participants, but it has been implemented successfully with groups as small as eight or as large as twenty-five. It states that it has been used successfully in a variety of community settings, including schools, youth-serving agencies and religious communities.

4) The curriculum clearly outlines clear goals which are presented at the beginning of each workshop. Each of them includes the following elements: rationale (a short narrative addresses to the facilitators to help set the context for the workshop; time required (it varies from 25 to 60 minutes); goals (clearly articulated purposes for the activities in each workshop); objectives (one or more observable learning objectives); materials; preparation (a detailed guide to any preparation needed for activities), and activities (one or more scripted and timed activities). The program is designed in a modular way to maximize its usefulness with senior high youth in a variety of settings. The workshops are organized into 2 hours sessions and 1 hour opening and closing session. But the viability of each workshop makes it possible to conduct the program in meeting time as short as 45 minutes.

5) The workshop “AIDS and Other STDs” provides factual information about sexually transmitted diseases (STDs), including AIDS and helps participants understand the importance of protecting themselves. The workshop also invites adolescents to reconsider some of the myths, stereotypes and prejudices that surround the topic of HIV/AIDS.
6) The curriculum contains a short HIV/AIDS quiz which is very useful. It represents a basic knowledge that all youth should acquire or review at this grade. It provides short and clear information about the modes of transmission, window period, testing issues, latency period, and current rates of adolescent infection regarding HIV and AIDS. The aim is to give youth with a sense of responsibility for their own health. By this way, they should be able to assess their own risk for infection, based on their personal behaviours.

7) The documents explore the issue of STDs in a very interactive way and based on realistic case studies that might happen in an adolescent’s current life. It shows that, even for somebody who knows all the information and is aware of the risks, a good decision might be difficult to take, because of the complexity of the situations or peers pressure. Therefore, it is crucial for youth to practice their skills in imaginary but concrete situations so they can explore their own reactions and choose the options that best suits their interests, values and health in the real life.

8) The document argues that young people not only need to know academic facts about contraception. They also need to know the available methods, how they work, and their effectiveness, cost, and proper use, as well as how to select the method that fits their individual lifestyles. The aim is to guarantee an effective use of contraception in order to prevent unintended pregnancy and STDs. For this purpose, abstinence is suggested and promoted as the most reliable method. As other contraceptives, the manual introduces and provides information (how the contraceptive works, how it is used, how to obtain it, how effective it is and myth about it) on the male condom, the contraceptive foam, the vaginal contraceptive film, the female condom, the oral contraceptive (pills), the diaphragm, the intrauterine device, the Depo-Provera (injectable contraceptive) and the natural family planning.

9) The use of condom is correctly and completely developed. A whole workshop develops the topic “condoms and negotiating for safer sex”. It states that condom (for males and females) is the best defence against STDs and unwanted pregnancies for adolescents
who engage in sexual intercourse. The workshop aims to help youth feel comfortable with all aspects of condom use and to use it in their life, even with an unwilling partner. Amongst others, it suggests an activity where a condom is distributed to each participant in order to learn concretely the appropriate way to put a latex condom (checking expiration date, open the packet without damaging the condom, placing and withdrawing the condom on a penis model and throwing it after use). Even though, since an illustration is often more understandable and completes very well an explication, it would have been useful to add an illustration to show more clearly how to place a condom.

10) The curriculum emphasizes that sexual health is a part of an individual’s overall health and that maintaining sexual health is crucial. Therefore, it focuses on the importance of having medical support or counselling if needed. The workshop, “Reproductive and Sexual Health Care” aims to help participants prevent problems and feel positive about taking good care of them. It tries to help participants become aware of the need to consult a health-care professional if they suspect they have a sexually transmitted infection and learn where they might seek such help.

11) The curriculum challenges gender stereotypes. It demonstrates that cultural ideals for male and female bodies are unrealistic for most people and can result in poor body image in people who make their own goals. The manual aims to provide individuals with the freedom to experience their sexuality without being limited to a predefined or stereotypical set of response that may not reflect their true needs, desire or capabilities and may affect their lives in the present and for the future. Therefore, it tries to help to break down some of the barriers to open communication and empathy among young women and men. It encourages the acceptance of individual differences and diversity in the expression of sexual orientation and gender. Participants are also invited to speak with a panel of speakers who have identified themselves as gay, lesbian or bisexual so they can confront their misconceptions, face prejudices they may have caused and realize that these people are very similar to them.
12) The workshop “Images of Love and Sex in Music and Video” encourages participants to examine the portrayals of love, sex, and relationships in popular music and music videos with critical eyes. The capacity to think how these messages relate to their own values is particularly important since they are daily confronted to music videos that tend to be sexiest and misogynist. Lyrics music and videos often equate to violence against women with sex and love, are heterosexist, and tend to explore negative aspects of relationships. The manual helps youth to recognize unhealthy relationships and to reconsider power relation between men and women. It is designed to give men the experience of giving up control and women the feeling of both power and responsibility.

13) The section, “Power and Control” develops the issues of sexual exploitation, harassment or date rape. It defines sexual exploitation, harassment and suggests examples of such behaviors. The curriculum encourages participants to open their eyes to the prevalence of sexual exploitation and sexual harassment in everyday life and in the mainstream media. It also encourages youth to think about their body image, in order to improve self-esteem and self-confidence. It aims to avoid adolescents to be in exploitative and violent sexual situations, by identifying strategies that reduce the risk of misinterpreting another person or being misinterpreted.

14) The manual contains a session named “Becoming a parent”, which introduces the issues of conception, pregnancy, birth and values adolescents consider important for becoming parents. The manual clearly encourages an active participation of the male partner after conception, throughout the woman’s pregnancy, during childbirth and afterwards as a parent. It also provides information about two alternatives kinds of families: adoptive families and child-free marriages.

15) The manual suggests a very lively program which encourages young people to participate as actively as possible in the discussions. Therefore, activities such as role play or creative expressions are suggested. The program tries to create a climate of comfort
with activities designed to create a spirit of fun and excitement while reassuring youth that his is a safe place to talk about sexuality, even the toughest subjects.

16) The manual presentation is attractive, clear, simple and readable. The paper is in a standard quality so the material can be quite durable and be reproduced economically. The content is well-designed and it generally makes good use of the available space. A clear overview is available at the beginning of the manual in order to facilitate its use.

**Weakness / aspects to be improved**

1) The document clearly states that there are 4 body fluids that can hold and transmit HIV: blood, semen, vaginal fluid and breast milk. Nevertheless, it also states that saliva may be a transmitter of HIV which might be confusing for adolescents.

**Suggestions for improvement**

→ According to UNAIDS "no evidence has been found that the virus is spread through saliva by kissing”. Indeed, no case of HIV transmission by saliva has ever been listed. The presence of the virus in saliva, as well as in sweat, tears or urine is very low (concentration not high enough) so HIV cannot be transmitted by these ways. Therefore, there are no risks of transmission by doing daily life activities such as kissing, shaking hand, sharing things (utensils, meal, clothes...), using toilets or taking bath with a person living with HIV for example. It is important to state that saliva in itself in not an HIV transmitter, but the blood that might be present in the saliva. And even though, a great amount of blood should be present in the mouth for transmission to occur, which is quite unlikely for a kiss. Stating that saliva can transmit HIV might confuse young people and complicate the issue of risky behaviours. Furthermore it may conduce to stigmatization by spreading the wrong belief that it is dangerous to get in touch with somebody living with HIV.
2) The document mentions condom-protected sex and abstinence as the two sexual behaviours to avoid getting an STD. It forgot to promote the faithful behaviour with a non-infected partner.

Suggestions for improvement

→ "Abstinence - Behaviour faithful - Condom use" is the approach that should be generally explained to youth. Indeed, the risk of HIV transmission could be reduced, in having sexual intercourse only with a mutually faithful uninfected partner. This aspect is particularly important when the subject of marriage is introduced.

3) It is correct to say that the length of time between becoming infected and getting sick depends on factors such as age, general health, stress, access to medical care. Nevertheless, stating that it also depends on mode of transmission, gender or race is wrong.

Suggestions for improvement

→ No evidence has ever shown that the latency period for developing AIDS is related to the gender, the way the virus was transmitted or the race. Depending on general health condition, and not on the mode of transmission, a drug user who contracted HIV through infected needles might develop AIDS sooner than somebody living with HIV who has a very healthy lifestyle. It is important to clearly state that the mode of transmission in itself has no incidence at all on the development of AIDS. Similarly, some populations are suffering more than others from HIV and AIDS but this has absolutely nothing to do with race. Lack of information, medical access or political reactions as well as the virulence of the virus (there is not only one type of HIV) can often explain the high prevalence of the infection in some region. Stating that sex, race or ways of transmission are factors for reducing the latency period before contracting AIDS is irrelevant and might conduct to discrimination, stigmatization, racism and inequalities of treatment.
4) The document states that HIV cannot be cured, because it is a virus and the only protection against virus is vaccination.

_Suggestions for improvement_

→ This statement is absolutely correct, but should be completed by the fact that there is still no vaccination for HIV. Consequently, the virus cannot be cured.

5) The whole manual promotes equality, freedom for all people to pursue sexually healthy lives, diversity, responsibility, empowerment, and proactive caring for one another. Participants are invited to express their thoughts and feelings in a open and non-judgmental environment. This is definitively a good point for the manual. Nevertheless, it doesn’t expressly address the question of Human Rights.

_Suggestions for improvement_

→ The contents should be more precise on the fact that each person has rights and duties due to the simple fact that she/he is a human being. Teachers and learners should understand human rights and learn to respect his/her and others’ rights. Also in the context of HIV and AIDS, a learner should know how to overcome stigma and discrimination, show empathy and respect, support families and communities affected by HIV & AIDS and contribute to their wellbeing. It is important to develop human right theme because it serves undoubtedly as a firm foundation to the learning process in general.

_Internal consistency_

The first introductory pages provide many information and guidance for the use of the entire curriculum. The target group of the manual is clear and activities are adapted to young children. Both language and images are gender sensitive. The contents of the manual are in line with the learning objectives/outcomes.
Transferability issues and more suggestions for adapting the manual

The document is appropriate to the society and context of United Sates (names and cases studies are more related to North American society). Even though, Our Whole Lives is a generic manual and it is not specifically addressed to children from United States. The program states that it has been used successfully in a variety of community setting, including schools, youth-serving agencies, and religious communities. The document promotes age and developmentally appropriate, positive, honest and open discussions regarding sexuality education with children. Sexuality is considered as a natural and healthy part of living. This approach doesn't reflect the whole United Sates conception about sexuality education for children, in particular conservative one.