

Comprehensive Sexual Health Education Instructional Materials Review 2022

Teen Talk Middle School

Year Published/Revised: 2017

Publisher: Health Connected

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

Full or Supplemental: Full

Grade Level: Middle School (grades 7-8)

Student Population: General

Duration/Number of Lessons: 12 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 included.

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

Instructors would need to discuss laws regarding minor consent to reproductive health care and statutory rape laws in Washington State as this is a text written for California.

Clever use of Rubber Ducky and Scrambled Eggs, etc., to categorize types of birth control!

Excellent resources/citations.

Reviewer 224

This resource includes 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



- In the resource it says that minors must be at least 12 to consent to their own STI testing. In Washington this age is 14 (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 (50,81).
- 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 (50).
- According to *UpToDate.com*, the average menstrual cycle lasts 28-35 days, not 21-31 as the resource states (51).
- Citation is needed for all details about the development of the fetus in pregnancy. American college of obstetricians and gynecologists is an excellent resource for this. The resources listed are less authoritative and draw on research from >10 years ago. Discrepancies exist between the American College of Obstetricians and Gynecologists and the timeline described here (67,73, PowerPoint 2.4).
- The claim "the skin in the mouth and the throat, however, is especially at risk for contracting STIs because it is so absorbent" is like incorrect. According to the CDC, the risk of STI spread with oral sex as compared to other forms of sex is not well characterized but is less for HIV (116).
- 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 (175,186).

Incomplete/Unspecific Information:

- The statement that NO SEX is the only way to significantly reduce STI risk is inaccurate as condoms significantly reduce STI risk (104, 108, 115-116,118).
- Efficacy of Paragard (IUD) for emergency contraception is >99%, which is omitted from discussion of emergency contraception efficacy (141).
- Efficacy of methods in descending order should include Nexplanon with the IUD as both are 99% effective (143, 147).

Statistics/facts needing citation (not exhaustive list):

- 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" (49-51, 303).
- Citation needed for length of time it takes for egg to travel through fallopian tube (66).
- Citation needed for the claim that over 90% of students hear "that's so gay" or "no homo" once a day (100).
- Claims about the prevalence of sex in high schoolers come from a website with bias and are outdated. The stated values are below what the CDC reports. The repeated use of the claim that most teens do not have sex is misleading as it is close to 50% (109, 112).
- Citation needed for claim 8/10 teen parents don't stay in romantic relationship (126).



- The claim that most adolescents that have abortions do it with parental knowledge needs citation (164).
- Data about teen pregnancy are based on statistics from 2011 (165).
- Citations needed throughout section on STDs but especially on less well-known facts such as the fact that trichomonas is associated with an increased risk of HIV, the riskiness of different sexual activities in regard to contracting HIV, prevalence of trichomonas, prevalence of HPV, prevalence of STI in teens (175-189).
- Citations are needed on all statistics such as percentage of people with asymptomatic STIs and comparative statements such as “teens are more likely to STIs than adults” (299-303).

Changes in phrasing

- 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 (49).
- The prostate gland is anterior to the anus, not inside it. The wording in this resource makes it location confusing (49).
- The resource states that the zygote implants in the uterus. In fact, it is the blastocyst that implants (72).
- Nuance is lost in coloring in all branches of the tree to indicate that sexual touching spreads STIs. While some STIs can be spread this way, not all are. Similarly, the risk of pregnancy is MUCH less for non-vaginal intercourse (107, 108, 111, PowerPoint 4.2).
- Descriptions of categories are misleading. For instance, “scrambled eggs” implies that hormonal options permanently damage eggs which is inaccurate (139).
- With the patch, it only needs to be applied a different location than the last patch (153).

Full

Reviewer 206

This curriculum is engaging, has depth, and does a great job using neutral language when referencing bodies and identities. There are several learning activities that seem engaging and fun for middle school aged kids.

Reviewer 213

The content at times seems a bit advanced for 7th graders, however it is directly in line with the WA state learning objectives for 7th and 8th graders. Content includes STIs, birth control (including abstinence), sexual abuse, body image, pregnancy options, steps to using a condom and more. It is recommended to span a minimum of 10 days. All handouts and lesson plans have a copy in Spanish available. I think this curriculum does a good job of addressing multiple state learning standards and involving the family. The Power Points have adequate visuals, however I did not see many guiding talking points on them, so the instructor will want to make sure that they have the necessary materials.



Reviewer 214

Overall, I thought this curriculum was really good, at least from a teacher standpoint. The Teen Talk guide is easy to follow, and the publisher provided many assessments, supplemental materials, and even additional materials teachers can choose to use if they have the time. I thought the lessons were easy to follow and met the requirements of the WA state standards.

The only thing that I thought was a little strange was the lack of diversity in the lessons. It seems that each lesson starts with a lecture of some sort where students follow along with their own copy of the lecture slides. This may not be a great way to teach for all students. In my experience as a high school teacher, some students just can't pay attention to a lecture for EVERY topic that needs to be covered. I would hope that if this curriculum was being used for the Sexual Health unit, that other types of lessons would be used for other health curriculum areas. However, there is something to be said for consistency!

Reviewer 220

Most of the lesson plans have multiple options for implementation (small groups, teams, whole class, individual), which is nice for switching things up and encouraging different types of participation/assessment. Curriculum seemed genuinely engaging. The entire curriculum comes with Spanish handouts/quizzes/etc. to make things a bit more accessible for some ELLs, but no other suggestions are given for differentiating lessons. Curriculum is made specifically for California state standards, so there is an emphasis on sex trafficking, and some resources/laws provided may need to be changed.

