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Choosing the Best: A Rhetorical Analysis and Discussion of an Abstinence-Centered Sexuality Education Curriculum

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Choosing the Best:

A Rhetorical Analysis and Discussion of an Abstinence-Centered Sexuality Education

Curriculum

By

Carolyn Buonomo

A capstone project submitted in partial fulfillment of the requirements for the degree of Master
of Arts in Professional Writing in the Department of English

In the College of Humanities and Social Sciences of Kennesaw State University

Kennesaw, Georgia

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Chapter 1

Introduction

Since 1997, the federal government has supplied more than \$1.5 billion to fund abstinence-centered sexuality education (Alford, 2007). According to Schmidt, Wandersman, and Hills (2015), “The Sexuality Information and Education Council of the United States (SIECUS) defines sexuality education as ‘the lifelong process of acquiring information about sexual behavior, and of forming attitudes, beliefs, and values about identity, relationships, and intimacy’” (p. 178). In order to receive federal funding, abstinence-centered sexuality education must also “adhere to a stringent eight-point definition of education [and operate with the] exclusive purpose of teaching the social, psychological, and health gains to be realized by abstaining from sexual activity” (Alford, 2007, p. 1).

In December of 2009, Barack Obama signed the *Consolidated Appropriations Act of 2010*, which allocated \$110 million of the first federal dollars to be utilized for comprehensive sexuality education in an effort to prevent teenage pregnancy (Sexuality Information and Education Counsel of the United States [SIECUS], n.d.). In fact,

for Fiscal Years 2010 and 2011, President Obama and Congress not only eliminated funding for two-thirds of previously existing abstinence-only-until-marriage programs, including the Community-Based Abstinence Education grant program and the abstinence-only funding granted as part of the Adolescent Family Life Act, but also provided nearly \$190 million in new funding for two new sex education initiatives to support both evidence-based programs and innovative approaches to prevent unintended teen pregnancy and STDs, including HIV. (SIECUS, n.d.)

However, in 2014, 76% of school in the United States still taught abstinence as the most effective method to avoid pregnancy, HIV and other STDs (Guttmacher Institute, 2016). Schmidt, Wandersman, and Hills (2015) suggested “educators and policy makers of school-based sexuality education tend to focus primarily on abstinence, or abstaining from sexual intercourse until marriage, and risks of sexual activity, in which adolescent sexuality is discussed only in terms of sexual acts that are seen as inherently risky or dangerous... despite mounting support among researchers for a comprehensive approach to sexuality education curricula” (p. 178).

As a self-proclaimed leader in abstinence-centered sexuality education curricula, Choosing the Best Publishing, LLC has been creating curricula that are utilized in middle and high school classrooms nationwide since 1992 (Choosing the Best Publishing, LLC, 2015). Despite mounting support among researchers for a more comprehensive approach to sexuality education curricula, Choosing the Best Publishing, LLC’s curricula are both medically accurate and necessary on the grounds that “too many teens continue to get pregnant and contract STDs,” according to the company itself (Choosing the Best Publishing, LLC, 2015). In fact, its website cites statistics from a 2011 study that found that by the twelfth grade, 63 percent of students will have had sexual intercourse (Centers for Disease Control and Prevention [CDC], 2012). Choosing the Best Publishing, LLC (2015) also acknowledged, “thirty one percent of teen girls aged 15-19 have been pregnant” and “40% of teen girls aged 14-19 have an STD.” The company used these numbers to create an exigency for a successful health curriculum that can be appreciated by proponents of abstinence-centered sexual education and comprehensive sexual education alike, as preventing teen pregnancies and the spread of STDs are goals of both abstinence-centered and comprehensive sexual education curricula.

Choosing the Best, LLC paints the number of pregnancies occurring to teen girls and the rate of STDs among teen girls as problematic, but what is just as problematic is the way the company appears to place the burden of sexual responsibility solely on teen girls. By only examining the ways that premarital sexual activity might affect young women in its promotional materials, the company is implicitly suggesting that not only are young women the ones who will encounter the consequences that are emphasized in abstinence-centered sexual education but also the ones who can and should have the sole responsibility of preventing them. The company's marketing materials raise the question of whether or not its curricula position women as both the ones who will encounter the consequences that are emphasized in abstinence-centered sexual education and the ones who can and should have the sole responsibility of preventing them.

Choosing the Best, LLC is clear in its purpose. Its curricula is comprised of five programs, each written for different grade levels spanning sixth through twelfth, that can be implemented in a health course's human growth and development unit. The programs are made up of a handbook for instructors, a handbook for students, and supplemental video lessons. Each of the curricula is working toward achieving the same goal: encouraging students to remain abstinent until marriage. If students adhere to the curricula's tenets from the time they are introduced, often as early as the sixth grade, until marriage, they should be able to avoid teen pregnancies, contracting STDs, and the stigmatization that accompanies both. Because the company appears to focus on young women's responsibility and burdens related to premarital sexual activity in its promotional materials, and because these promotional materials appear to ignore the responsibility and burdens related to premarital sexual activity for male students, a rhetorical analysis of the company's curricula could help identify the ways in which it positions

young women and upholds white, patriarchal power structures in its effort to encourage students from abstaining from sexual intercourse until marriage.

Conducting a rhetorical analysis of the company's curricula is feasible because its programs contain clear messages that are targeted at specific audiences. Simply attempting to measure whether or not the content is rhetorically effective would be a challenging task and would likely ignore the myriad factors that contribute to rates of both teenage pregnancy and STDs among teens. However, rhetorical analysis could illuminate the messages that students are receiving regarding gender roles and stereotypically gendered responsibilities that could shape the way they act and react when faced with decisions regarding issues related to sexual health. Specifically, in what way do the curricula position women? Because Choosing the Best, LLC implicitly places the burden of consequences of sexual activity before marriage on women in its statistics that create an exigency for its curricula, exploring the ways in which it positions women becomes important.

As a student myself, I experienced the ways in which the Choosing the Best, LLC curricula places the burden of consequences of sexual activity before marriage disproportionately on women. My first experience with a Choosing the Best, LLC curriculum is from the 6th grade at a middle school in Cobb County, Georgia, a state in which Choosing the Best curricula is widely used. I have memories of my parents signing a permission slip that allowed my teacher and special guest speakers to tell me anything they were instructed about human growth and development, the umbrella term under which sexuality education in schools falls.

I remember being split up from the boys one day during the unit and being sent to a room where a guest speaker was going to talk to the girls. She was a short, slim woman with wildly curly hair, and what she lacked in stature, she made up for in enthusiasm. I do not remember

much of what she said at the time, but I do remember her writing a progression of steps that could potentially lead to a sexual encounter on the whiteboard. Each one seemed to be imbued with a warning; even making eye contact with a member of the opposite sex could lead to holding hands. Holding hands was only one step away from a hug, or maybe it was a kiss on the cheek, but either way, “you don’t want to hug a boy for too long,” she warned us. She told us that boys are like microwaves and only take seconds to get warmed up. Girls, on the other hand, are crockpots. It was not clear what those analogies meant at the time, and I do not recall any further explanation.

What seemed even more interesting was when she pulled a package of Oreos out of her bag. She removed one from the package, handed it to a girl sitting in the front row, and instructed her to pass it around the class. She kept talking as it made its way down each of the rows and to the final student sitting on the other side of the room, who she addressed: “Eat the cookie.”

“No thanks,” the student replied.

The woman’s slight smile turned into a large grin. “Well, why not?” she questioned.

“Because everybody touched it, so now it’s gross,” the student responded.

“Exactly.”

If I had to guess why that scenario has stuck with me after all these years, it would probably be because of how confusing it was and how many questions it raised. I understood that she was making the comparison between a student touching the cookie and a sexual encounter. After all, our health teacher had told us all about the rose that had been passed around so much it lost all of its petals. He even showed us a Choosing the Best, LLC video that depicted a literal rose in comparison to the metaphorical one that loses a petal each time a person gives their heart

to someone by having sex with them. He also explained that no future husband wants a rose that is missing petals, a sentiment that was clearly targeted at the girls in the classroom, problematizing their sexuality instead of the boys', similarly to how the statistics featured on Choosing the Best, LLC's site focus on issues of sexuality related to young women.

The guest speaker and our health instructor were supposed to teach us about the dangers of sex at a time when many of us did not even understand what sex actually is. Our lack of basic understanding and context made it difficult, if not impossible, for us to comprehend all of the reasons why it was absolutely, without a doubt, imperative that we avoid sexual encounters until we are married.

However, the curriculum also seemed to implicitly problematize sexual encounters after marriage, too, with its emphasis on the inherent differences between men's and women's conceptions of sexuality and the expectation that all women would eventually marry a man, and all men would eventually marry a woman. By comparing men's sexuality to microwaves and women's sexuality to crockpots, the instructors were suggesting that men and women might actually not be compatible sexually, and they provided no indication of how a marriage would in any way change this dynamic. Despite lessons on finding a partner, expectations for future relationships did not seem to be very high.

Issues related to sex that the middle school curriculum did not address seemed to become a bit clearer in high school when some of the students became openly sexually active and shared their experiences with other students. They answered other students' questions authoritatively because of their experience, but their stories and suggestions were often dangerous in a way that seemed difficult to recognize at the time. They were learning about safety through trial and error, as all formal education provided by the school up to that point had treated only abstinence as a

viable option. While the curriculum had been clear about the potential pitfalls of sexual encounters, it had not touched other ways to avoid them. This left students who were sexually active, the approximately 63 percent that Choosing the Best Publishing, LLC recognizes, extremely vulnerable.

I did not take health in high school until my junior year. The only pieces of information that stick out to me from that time were pictures of disfiguring sexually transmitted diseases and more of the same language that shamed anyone who had a sexual encounter before marriage, consensual or not. There was hysteria the first time a girl from my graduating class got pregnant during our sophomore year, but that hysteria died down with every other girl who followed, and there were many more. While there were likely many students who contracted STDs, that issue related to sexuality seemed largely invisible in comparison to unplanned pregnancies. In a community where abortion is largely considered even more taboo than premarital sex, yet young and single motherhood are incredibly stigmatized, the conversations surrounding their situations put many young women in a seemingly impossible paradox:

Birth control not being accessible is not a significant factor because *they should not have been having sex.*

They should not need to get an abortion, so it does not matter that it is not accessible, either, because *they should not have been having sex.*

But they certainly cannot raise a baby, at least not the way a baby should be raised, because *they are too young to be mothers.*

The teen pregnancy rate in the United States has been “on a steep decline since the early 1990s...despite a brief uptick that began in 2006” (Patten & Livingston, 2016). However, Georgia had the thirteenth highest teen pregnancy rate in the country as of 2009, one year before

I graduated high school (Martin et al., 2011). Similarly, Georgia's overall STD rate is alarmingly high, too: "According to the Henry J. Kaiser Family Foundation, Georgia is ranked 21st for highest chlamydia rate in the United States, 11th for gonorrhea, 4th for Syphilis, and 9th in AIDS cases nationally" (Georgia Campaign for Adolescent Pregnancy Prevention [G-CAPP], n.d.). Choosing the Best, LLC noted a decline in teen pregnancy rates in Georgia, but it is also necessary to consider that its curriculum is used in counties such as Ware, in which the teen pregnancy and STD rates were as high as 70.7 and 65.5 per 1,000, respectively, in 2014, the most recent year that data is available (Choosing the Best Publishing, LLC, 2007; Ware County School District System, 2016; The Annie E. Casey Foundation, 2016).

Because the cornerstone of the curricula is "choice," as suggested by the title, it is important to examine the ways in which the curricula positions women while considering students who, either by choice or without their consent, do have a sexual encounter before marriage. According to the CDC (2016), and cited on the Choosing the Best, LLC site, "abstinence is the only one hundred percent effective way to prevent HIV, other STDs, and pregnancy." What Choosing the Best, LLC fails to mention is that the CDC also claims that quality sex education should "address the needs of youth who are not having sex as well as youth who are currently sexually active," and that Georgia's Health Education Performance Standards places an emphasis on disease prevention (CDC, 2016). On the Choosing the Best, LLC site, it is not immediately clear if its curriculum actually does cater to the needs of youth who are currently sexually active.

Despite the declining teen pregnancy rate, I noticed a disturbing trend among graduates of the high school I attended where this abstinence-centered sexuality education was the only resource provided to students. In keeping up with former classmates via Facebook and other

forms of social media, I noticed that an alarming number of young women shared information about their pregnancies. What makes the number alarming is not the women's ages, but how many of them willingly share that these pregnancies were unplanned. Many of these unplanned pregnancies occurred after high school; however, Choosing the Best Publishing, LLC touts abstinence until marriage, not abstinence until high school graduation. Were the program's efforts truly effective, these young woman would have been equipped with skills that would have served them beyond the years they spent at the school, and that simply does not appear to be the reality of their situations.

When people experience issues related to sexual behavior after high school, their struggles become invisible to educators. It might not be viewed as any less problematic by those who expect abstinence until marriage, but when they do not experience pregnancy while in their educators' care, it no longer seems to be the educator's responsibility or problem. The reality is that both teen pregnancy and STD rates among fifteen to nineteen year olds are decreasing, yet by many standards, including Choosing the Best, LLC's, the rates are still problematic. Equally problematic would be the curriculum placing the burdens they associate with these rates disproportionately on women. The reality is that a sexuality education curriculum will not ever cause an entire population to choose abstinence before marriage. Even if Choosing the Best, LLC becomes so persuasive in its curriculum that the majority of teenagers decide against becoming sexually active before marriage, and even if the curriculum developers accomplish their goal of further lowering rates of teen pregnancy and STDs among teens, these victories will come at the price of stigmatizing young women, should the curriculum itself position women in such a way that they are held disproportionately accountable for issues related to sexuality. The following review of the literature regarding teenage pregnancy, or chapter two, suggests that placing the

burden of issues related to premarital sexual activity entirely on women, as Choosing the Best, LLC appears to do in its promotional materials, upholds the patriarchal power structures currently in place that benefit the dominant group. Chapter three, the methodology, details the Choosing the Best, LLC curriculum that will be examined as part of this study and how the curriculum will be examined in the rhetorical analysis, or chapter four. Finally, chapter five draws conclusions about the way the curriculum positions women and details directions for future research.

Chapter 2

Literature Review

In order to understand the significance of abstinence-centered sexuality education curricula like those published by Choosing the Best, LLC and discuss both their merits and pitfalls, it is important to consider why teen pregnancy is considered problematic in the first place. STDs are generally accepted as problematic, regardless of a person's age, because they are detrimental to a person's physical health. However, problematizing teen pregnancy is more contingent on a person's age and stereotypes than physical health concerns. The results of teen pregnancy are much more visible than those of STDs, and they are discussed more often, especially in recent years, as observing real stories of teen pregnancy has become a form of entertainment, possibly because of high profile celebrity teen pregnancies. However, teen pregnancy is still highly taboo. While much has changed since the days before *Roe v. Wade* when teen mothers were quietly sent away to deliver and place their children for adoption, the stigmatization of young mothers has not.

In the introduction to her edited collection, *MTV and Teen Pregnancy: Critical Essays on 16 and Pregnant and Teen Mom*, Guglielmo (2013) discussed the high profile teen pregnancy of then vice presidential candidate Sarah Palin's daughter:

The September 2008 announcement of Bristol Palin's pregnancy...propelled the topic of teen pregnancy to the forefront of mainstream news media reports, prompting discussion on abstinence-only programs, conservative 'family values,' and the fiercely pro-life politics of the Republican vice presidential candidate."

Guglielmo (2013) also mentioned another high profile teen pregnancy and depictions of pregnant teens in the media that caused a stir: Jamie Lynn Spears, the star of a popular television show on

the network Teen Nick who became a teen mother in reality, and the fictitious character Juno, the protagonist in a popular movie by the same name about a pregnant teen. Since then there have been the popular MTV shows *16 and Pregnant* and *Teen Mom* that the network claimed tells the stories of young women who fell pregnant as teenagers and “offers a unique look into the wide variety of challenges young mothers can face” (Viacom, 2016).

These depictions of young mothers, despite being plentiful and making the issue more visible, have done little to negate negative stereotypes of young mothers. In order to understand how portrayals of young motherhood are problematized by these popular depictions, it is essential to understand the way in which current conceptions of motherhood in general are problematized. In *Rhetorics of Motherhood*, Buchanan (2013) explained “Richard Weaver’s notion of god and devil terms:”

Weaver contends that societies make sense of the world by discerning (I would say agreeing upon) rhetorical absolutes like good and evil; they then use these absolutes to sort objects and experiences to evaluate them and create hierarchies, and to systematize relationships between attractive and repulsive terms.

Weaver’s notion of god and devil terms comes into play regarding motherhood with Buchanan’s assertion that “Mother” and “Woman” are god and devil terms, respectively, which create a disastrous dichotomy that women, no matter their ages, must successfully balance and navigate. “The Mother,” Buchanan (2013) suggested, “operates as a god term within public discourse and connotes a myriad of positive associations, including children, love, protection, home, nourishment, altruism, morality, religion, self-sacrifice, strength, the reproductive body, the private sphere, and the nation.” “Meanwhile,” Buchanan (2013) continued, “its corresponding devil term, Woman, invokes negative attributes, such as childlessness, self-centeredness, work,

materialism, hysteria, irrationality, the sensual/sexual body, and the public sphere.”

A commercial for *Teen Mom 2* served as a demonstration of the rhetoric used to describe teen motherhood, or in this case, the rhetoric that is pieced together by television producers to promote their conceptions of teen motherhood, and allowed portrayals of teen mothers by the media to be measured on the Mother and Woman continuum. This rhetoric often presents these girls in terms associated with The Woman instead of The Mother. Although the young women featured on *Teen Mom 2* certainly have a child or even children, a positive term associated with The Mother, that is likely one of the few, if only, good terms that is regularly associated with teen motherhood through its portrayal by MTV’s shows. In fact, teen motherhood is often portrayed in these shows in terms associated with The Woman, like sex, self-centeredness, hysteria, and irrationality, and these are not unlike other portrayals in other popular media.

For example, the trailer for *Teen Mom 2* featured Jenelle Evans, a particularly controversial teen mother, screaming at her boyfriend, Nathan, “You constantly talk to girls, all the time!” a possibly irrational display of the hysteria associated with The Woman that Buchanan detailed (MTV, 2014). Even Kailyn Lowry, despite asserting at the beginning of the trailer that she is in the process of buying a home with her soon-to-be husband, might be viewed as an example of The Woman instead of The Mother because of the way the producers of the show choose to piece together clips to craft her identity as a teen mother. The assertion that she made about the home and what some would consider morality by marrying, and therefore legitimizing her children, is in fact overshadowed by the clip of her son begging her not to cry, again spotlighting terms like hysteria and irrationality while also making viewers sympathize with her son. In these ways, MTV producers have cast these young mothers as Women, not Mothers, in Buchanan’s terms. Although Buchanan (2013) advocated for a balance between Woman and

Mother by rhetors to create positive conceptions of women, in terms of *Teen Mom 2*, the scale is tipped in The Woman's favor.

Of course, MTV, like other media outlets, is a corporation that is out to garner a following, and therefore advertisement dollars, while attempting to educate viewers about the perils of teenage sexuality, so it makes sense that they would construct these mothers' lives in a dramatic way to keep viewers tuning in. However, these constructions become even more problematic within the framework of George Gerbner's "cultivation theory," which Talley (2013) explored in *The young and the pregnant: Edutainment, reality television, and the question of teen pregnancy prevention on 16 and pregnant and Teen mom*. "Cultivation Theory" detailed the phenomenon of the ways in which "television has saturated our media landscape to such an extent that it plays a large part in cultivating our understanding of, and our responses to, our lived experiences" (Tally, 2013). In other words, when the public, and even teen mothers themselves, view these programs, their perceptions of teen motherhood and their responses to teen mothers change, often for the worse. It is because of these stereotypes, in addition to previous legislation, that teen motherhood is often viewed as a societal problem that requires a solution and provides corporations like Choosing the Best Publishing, LLC a platform to try and solve it. What is more problematic about this, though, is that it reinforces oppressive power structures.

Luker (1997) explained just how teen pregnancy and teen mothers became such an issue to the public to begin with in *Dubious Conceptions: The Politics of Teenage Pregnancy*. When birth control first became accessible, a term that should, in this context, be used loosely, it was really only available to affluent, Caucasian women. Poor and minority women did not have access to birth control and abortions in the same way that more privileged women did, so while

pregnancies among these successful and affluent women began to drop, the rate of pregnancies among poor and minority women remained stable. Poverty, Luker (1997) explained, is a difficult situation to get out of, whether or not a woman has a child to take care of. Women who were poor before they had children likely remained poor after having children, while those who were affluent before having children didn't succumb to poverty simply by having children. In this way, it was poor mothers whom the public had a problem with, not necessarily young mothers.

In *Covering national concerns about teenage pregnancy: A visual rhetorical analysis of images of pregnant and mothering women*," Vinson (2012) clarified Luker's (1997) claim by explaining:

in the 1970s, political debates about funding contraceptives for minors shifted national attention to the age —as opposed to the socioeconomic status —of single pregnant women...During these debates, family planning advocates inverted the generally accepted claim that some lacked access to contraception because they were poor, to claim that teenagers were poor because they lacked access to contraception and thus could not protect themselves from unwanted pregnancies (67). Although illogical, this rhetorical move both secured minors' access to contraceptives and introduced the age of a woman's first pregnancy as a point of national intervention.

It is much more acceptable to find fault with a woman's pregnancy based on her age than it is her socioeconomic status or other descriptors that remain fairly stable throughout her lifetime. Dictating an acceptable age for a woman to bear a child, then, is a method of control over women's bodies. That is why Bristol Palin's and Jamie Lynn Spears's pregnancies are just as taboo as any other non-celebrity pregnancies; it does not matter that they are both affluent women who have the support of affluent families who will likely suffer no economic burden by

bringing a child or children into their lives. In fact, because of their celebrity statuses, they are both likely more equipped to bear the financial burdens that come with raising a child than many women will ever be in their lifetimes, no matter their ages. As evidenced by media hysteria surrounding their pregnancies, though, it becomes clear again that their age is the point of control that society holds over their bodies, supporting Luker's (1997) and Vinson's (2012) analyses.

If Luker's (1997) argument is correct, though, and women living in poverty are more likely to become young mothers, the reasons behind the evidence presented by the CDC regarding why teen pregnancy is problematic is lacking. According to the CDC (2016a):

Pregnancy and birth are significant contributors to high school dropout rates among girls.

Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school.

While it might be true that only fifty percent of teen mothers receive a high school diploma by the age of 22, the statistic does not take into account whether or not these women would have dropped out of high school regardless of a pregnancy. It is not clear whether they dropped out of school before or after a pregnancy, or, more importantly, whether their pregnancy actually had a significant impact on their decision to drop out of high school. The ninety percent of women who did not give birth during adolescence and graduated high school might have attended better quality schools, had easier access to birth control and abortion, or a host of other factors that the CDC does not acknowledge with these numbers.

The CDC (2016a) also made the claim that "children of teenage mothers are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment

as a young adult.” The connection between the mother’s age and the child’s educational achievement, and the connection between the mother’s age and the child’s ability to find gainful employment and likelihood of being incarcerated is unclear. These outcomes might actually be more influenced by the family’s socioeconomic status than the mother’s age at giving birth, and if so, rather than attempting to first curb the epidemic of teen pregnancy, efforts might be better focused on improving education opportunities for low income families. None of these assertions can be made without carefully considering the complex relationship between race, poverty, and power structures, and the numbers alone are incapable of taking any of these factors into consideration.

In *Damned if you do: Culture, identity, privilege, and teenage childbearing in the United States*, Geronimus (2003) tackled the complexities related to teen childbearing with a focus on race, socioeconomic status, and power structures. Geronimus (2003) argued that

the broader society is selective in its attention to the actual life chances of urban African Americans and how these chances shape fertility timing norms, in part, because this selective focus helps maintain core values, competencies, and privilege of the dominant group.

In other words, perpetuating stereotypes about young motherhood upholds white, patriarchal power structures, as “Delayed childbearing *is* an adaptive practice for European Americans and an *intensely* salient goal they have for their children” (Geronimus, 2003). Geronimus (2003) acknowledged the significance of early-fertility timing norms for African Americans and how they are counter to the norms of the dominant group because they “may constitute adaptive practice for African American residents of high-poverty urban areas, in no small measure because they contend with structural constraints that shorten healthy life expectancy.” So, again, if a woman’s socioeconomic status is unlikely to change dramatically during her lifetime no

matter the timing of her pregnancy, then it would actually make sense for people living in particular communities to have children much younger than the age that the dominant group deems appropriate. For example, a young woman attending school in a high poverty area may decide to drop out of school, as graduating might not have a significant impact on her ability to find employment. Barriers to quality education, and higher education, might dictate that she settle for a low-paying job, one that is unlikely to cover the costs of childcare. Because living in poverty is likely to shorten healthy life expectancy, it might make sense for her to have children much younger than the dominant group deems appropriate, when she still has extended family members who are living and well enough to help her care for her child. If she does not, she might not be able to afford the exorbitant costs of daycare later in life.

Geronimus (2003) also detailed research that actually counters the narrative of poor outcomes for children of young mothers. In fact, “there is strong evidence to *refute* the idea that the association between teenage childrearing and poor infant or child outcomes is due to maternal age, per se,” Geronimus (2003) claimed. And actually, some research demonstrates that children born to teen mothers might have some advantages over other children:

Among African Americans, rates of low birth weight and infant mortality are *lowest* for babies whose mothers are in their mid to late teens...Even findings from multivariate, cross-sectional studies of child development indicators arrive at conflicting estimates of the magnitude of any effects of teen childbearing depending on the outcome, the maternal age groups compared, or whether the focus is on black or nonblack children. (Geronimus 2003)

Of course, these are controversial claims because they refute the narratives that uphold the power structures currently in place that benefit the dominant group. However, Geronimus (2003) continued:

among black children in [Moore et al.'s] national sample of 4-14 year olds, those whose mothers were 18 or 19 at their birth performed *better* in reading and math than those whose others had been in their early 20s... Those tests where statistically significant differences were estimated usually *avored* the children of teen mothers.

And despite the CDC's claim that "In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers," Geronimus (2003) cited Hotz et al., "who compared teen mothers to those who would have become teen mothers, but for the accident of miscarriage" (CDC, 2016a). Hotz et al. actually "estimated that if all current teen mothers delayed childbearing, 'the total expenditures on public assistance would *increase* slightly' because their "lifetime earnings would *decrease* if they delayed childbearing, and hence, so would their contribution to the tax base" (Geronimus, 2003). While it is not made immediately clear why exactly their lifetime earnings would decrease if they delayed childbearing, it can be hypothesized that mothers who give birth at an older age are less likely to return to work after having a child. Also, mothers who have already entered the workforce would need to at least temporarily take leave from their jobs where they are already earning money, as opposed to mothers who are still attending school, where they are likely not earning money. What is made clear, though, is that the same research and statistics that disrupt common narratives about young mothers have been twisted and used by groups whose goal is teen pregnancy prevention to promote their agenda.

This research is not included to argue that teenagers should be encouraged to plan early pregnancies or not use birth control methods if they are sexually active. This research does

suggest, however, that each young woman's situation should be viewed as unique; clearly, many young women's stories, mothers of the children who were included in these studies, disrupt the stereotypical narrative of teen mothers. It is noteworthy, too, that the idea that childbearing should be delayed until a more appropriate age is reached despite a particular woman's circumstances is perpetuated by both abstinence-centered and comprehensive sex education curriculum, seemingly without regard to the complexities of her situation that will influence her child's outcomes.

While abstinence-centered and comprehensive sex education curriculums are both controversial to different audiences, Alvaré (2011) summarized each and discussed the debate surrounding them both:

Another regular but inadequate response to news of soaring nonmarital birth rates is a bout of public sparring between supporters of "abstinence" sex education and supporters of "comprehensive" sex education." Speaking very generally, abstinence education does not recommend birth control to single women; it primarily offers information and skills related to avoiding sexual intercourse, although it sometimes describes birth control methods with an emphasis on their risks and shortcomings. Comprehensive sex education on the other hand, recommends abstinence to a greater or lesser degree, but tends more to emphasize the proper and consistent use of birth control, on the assumption that it is unrealistic to believe that young, single women and men will choose to remain abstinent until marriage. Proponents of either type regularly (and vehemently) blame the other for continuing high rates of births to single mothers.

When examined in light of the suggestion that poor women often bear children as teenagers, rather than affluent teenagers bearing children and then becoming poor, the National

Campaign to Prevent Teen and Unplanned Pregnancy's efforts do not seem substantial. There is still debate about which type of sex education, abstinence-centered or comprehensive, is more effective, and both likely need improvement. If poor women are more likely to become teenage mothers, promoting education and higher-paying jobs without addressing the fact that quality education is largely inaccessible and higher-paying jobs are inaccessible because quality education is inaccessible will not make a difference when these opportunities are largely unavailable to those born into poverty. An "accurate portrayal of the risks and consequences of nonmarital sex" relies on a rhetoric of fear. It is important to consider the impact these portrayals have on those who consider themselves as having experienced some sort of "consequence."

Planned Parenthood's sex education in the United States issue brief provided a thorough discussion of both the history of abstinence-centered and comprehensive sex education, and the document is well worth reading in its entirety (Knowles, 2012). However, one of the most significant aspects of the document is its discussion of the Sexuality Information and Education Council of the United States (SIECUS), which was formed in 1964 by the medical director for Planned Parenthood Foundation of America. "In 1990, SIECUS convened the National Guidelines Task Force, a panel of experts that constructed a framework within which local communities could design effective curricula and/or evaluate existing programs," and its most recent edition was published in 2004 (Knowles, 2012). Its framework focused on comprehensive sex education and claimed that effective sex education encourages sexual health in the following ways:

- It provides accurate information about human sexuality, including growth and development, anatomy, physiology, human reproduction, pregnancy, childbirth, parenthood, family life, sexual orientation, gender identity, sexual response,

masturbation, contraception, abortion, sexual abuse, HIV/AIDS, and other sexually transmitted infections.

- It helps young people develop healthy attitudes, values, and insights about human sexuality by exploring their community's attitudes, their family's values, and their own critical thinking skills so that they can understand their obligations and responsibilities to their families and society.
 - It helps young people develop communication, decision-making, assertiveness, and peer-refusal skills so they are prepared to create reciprocal, caring, non-coercive, and mutually satisfying intimacies and relationships when they are adults.
 - It encourages young people to make responsible choices about sexual relationships by practicing abstinence, postponing sexual intercourse, resisting unwanted and early sexual intercourse, and using contraception and safer sex when they do become sexually active.
- (Knowles, 2012)

The National Campaign to Prevent Teen and Unplanned Pregnancy published the work of Douglas Kirby, researcher and author of *Emerging Answers*, in which he details how medically accurate and research-based comprehensive sex education curriculums:

- helped teens delay first intercourse
- helped sexually active teens reduce the frequency of sex
- helped teens reduce the number of sex partners
- helped teens increase their use of condoms
- helped increase teens' use of other contraceptives
- helped sexually active teens reduce their sexual risk through changes in their behavior

Kirby found that “abstinence-only programs...were not effective in any of these ways” (Knowles, 2012).

Despite findings that suggest abstinence-centered curricula is largely ineffective, there is still debate because a tremendous amount of money has been spent on grants that support the development and adoption of abstinence-centered sex education programs:

In 1981, Congress passed the Adolescent Family Life Act (AFLA), also known as the ‘chastity law.’ It funded educational programs to ‘promote self discipline and other prudent approaches’ to adolescent sex, or ‘chastity education.’ Federal funds were granted to abstinence-only programs that were developed by churches and religious conservatives nationwide. (Knowles, 2012)

Despite the Supreme Court ruling in 1993 that abstinence-centered curriculum must omit references to religion and its relation to sexual activity, abstinence-centered sex education is still heavily funded because at the time of the ruling, they were already widely used in schools. And

In 1996, Congress attached a provision to welfare legislation that established a federal program to exclusively fund abstinence-only programs... Since the inception of the abstinence-only movement, more than \$1.5 billion has been spent on programs whose only purpose is to teach the social, psychological, and health benefits that might be gained by abstaining from sexual activity. (Knowles, 2012)

To be eligible for federal funding, abstinence-centered sex education programs are not permitted to use the federal funding to discuss birth control and must meet the following requirements:

- Has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity

- Teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children
- Teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems
- Teaches that a mutually faithful, monogamous relationship in context of marriage is the expected standard of sexual activity
- Teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects
- Teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society
- Teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
- Teaches the importance of attaining self-sufficiency before engaging in sexual activity

Kirby's wasn't the only report to find abstinence-centered sex education ineffective. At least four subsequent studies have come to similar conclusions, including one that suggests that *Choosing the Best* only has a short-term impact on teenager's behavior; the long-term impact is only on their attitude toward abstinence, not their long-term adoption of it (Lieberman & Su). Interestingly, Lieberman's and Su's research is featured on the *Choosing the Best* website.

When discussing timely issues, the date of the research a person is using to support their claims is significant. Research in certain fields and disciplines becomes outdated rather quickly, unless discussing something's historical significance. That is why it is rather

surprising to click on the “Research Results” tab on the Choosing the Best website and see that the most recent research regarding Choosing the Best was conducted in 2010. While six years might not necessarily be considered a long time, the time frame is particularly significant in light of the fact that the teen pregnancy rate has fallen in those six years, something that the company would seemingly want to highlight, if its curriculum had a significant impact on the decline. Other research listed on the site was conducted in 1995, 1996, 2001, and 2005. What is of particular importance in regard to the research conducted in 2010 is that Choosing the Best emphasizes that the research is from an independent study, and that the biggest takeaway was that “Students who received *Choosing the Best* were nearly 1.5 times more likely to delay the onset of sexual behavior than the control students at the end of 9th grade [and t]he more lessons a student received, the less likely that student was to initiate sex” (Lieberman & Su, 2012). These are the only pieces of information from the study that are initially highlighted on the site.

However, in the actual article itself, it becomes unclear where the funding for this research came from. While Choosing the Best claims that the study is independent, this suggestion was complicated by the article’s abstract: “CTB Inc., sought to determine if this popular program had an impact on abstinence attitudes, intentions, and behavior” (Lieberman & Su, 2012). Again, because the company itself was seeking the impact of its curriculum, it is important to note that it is unclear whether or not their findings were in any way influenced or incentivized, even if Lieberman and Su are independent of the company itself. It is also important to note that Choosing the Best Publishing, LLC does not acknowledge that there is no long-term impact on behavior.

The fact that Lieberman and Su (2012) found no long-term impact on behavior again suggests that pregnant teens and young mothers and those who contract STDs are only

problematic when they are visible to educators; when they experience unplanned pregnancy or health issues outside of the public school system, they are no longer that system's problem. Instead, because of their failure to control their sexuality, they are viewed as problematic to a much larger system that upholds the power of the dominant group. The following methodology serves as a justification for the choices made in the rhetorical analysis of a Choosing the Best, LLC curriculum.

Chapter Three

Methodology

Rhetorical analysis allows those who study a text to gain a deeper understanding of the way in which it appeals to an audience. A surface-level reading of a text conveys a message that, if successful, demonstrates to its readers that it aligns with its purpose. Examining a text more critically, though, allows those who study it to better understand what messages are conveyed to readers implicitly. For example, *Choosing the Best, LLC* is clear in its intended purpose; if successful, a surface-level reading of its curricula should encourage students to remain abstinent until marriage. More than likely, students who are not studying the curricula critically will be aware that they are receiving the message that they should remain abstinent until marriage. However, rhetorical analysis of the curricula is likely to reveal much more. A rhetorical analysis can help uncover implicit messages that are being sent to students regarding gender and, more specifically the way the curricula positions women in relation to men and upholds white, patriarchal power structures in order to fulfill its purpose of encouraging students to remain abstinent until marriage. While students might not be aware of the implications of these implicit messages as they are studying the curricula, the implicit messages could subconsciously reinforce detrimental gender stereotypes and biases, should the curricula position women as those who both hold the responsibility for preventing and bearing the burden of premarital sexual activity.

Because “half of the nearly 20 million new STDs reported each year were among young people, between the ages of 15 to 24,” and the majority of teen pregnancies occur at the age of 15 or older, it makes the most sense to focus on the *Choosing the Best Journey* curriculum, as it is targeted at students who are approximately 15 years old (CDC, 2016b). Students who

experience the *Choosing the Best Journey* curriculum are in the age group that is most likely to face what the curriculum presents as potential issues resulting from premarital sexual activity as discussed in the curriculum. In other words, according to Choosing the Best, LLC's standards, students who are receiving its *Journey* curriculum are the audience who are most in need of its abstinence message.

I have chosen to frame the rhetorical analysis of Choosing the Best Journey through the lens of Georgia's Health Education Performance Standards, which define what the state expects students to learn from its health education program in eight standards that are broadly defined (see Appendix 1). Rather than measuring whether or not the curriculum meets the outcomes though, I am examining the ways in which the curriculum positions women while using the outcomes as a benchmark and organizational tool. I chose Georgia's standards, as Georgia is a state in which the curriculum is both widely used and deemed necessary by curriculum developers.

In order to conduct a rhetorical analysis of the *Choosing the Best Journey* student manual, or any text, it is important to consider its intended audience, context, and purpose. Choosing the Best Publishing, LLC is straightforward in its description of who the intended recipients of its *Journey* message are and the way in which it expects the content to move them: "Targeting lower high school students, this inspiring eight-lesson curriculum motivates students to set goals, make good decisions and develop healthy relationships. The benefits of sexual abstinence allow students to continue on their best Journey" (Cook, 2009). By "lower high school students," Choosing the Best Publishing, LLC specifies that the curriculum is developed for ninth and tenth grade students, and has other lessons that are targeted at students in grades six through twelve (Cook, 2009).

While the curriculum is straightforward in the way it targets a specific age group, it is important to note that it does not take into consideration the specific region in which a student attends school, which is significant. Attitudes about sexual education, and even gender and stereotypical gender roles, vary widely in different regions, and while conducting a rhetorical analysis of an abstinence-centered curriculum, it is important to take into consideration that an abstinence-centered curriculum would be considered less controversial than a comprehensive curriculum in a more conservative region.

In the rhetorical analysis of *Choosing the Best Journey* that follows, I have analyzed relevant portions of the student manual and organized them in relation to the standards with which they best align. Certain lessons contained in the student manual might work to meet multiple standards; however, for the sake of organizational clarity, I have only analyzed the relevant portions of each lesson in regard to one standard. After reading the *Choosing the Best Journey* student manual, I chose portions that aligned with the Georgia health education performance standards. Then, to focus the analysis of those portions, I asked the questions, “In what way does this content position women in relation to men? Does the curriculum position women as those who both hold the responsibility for preventing and bearing the burden of premarital sexual activity? In what way does this content work to reinforce gender stereotypes?” I define gender stereotypes as binary depictions of men and women that are commonly perpetuated and accepted. For example, women are stereotypically imagined as weak, both physically and emotionally, while men are stereotypically imagined as strong. Women are stereotypically imagined as unreliable and indecisive, while men are stereotypically imagined as reliable and decisive. Women are stereotypically imagined as unambitious, while men are stereotypically imagined as ambitious. I recognize that these stereotypes are unfounded and

largely ignore those who are genderqueer. However, the content of the *Choosing the Best Journey* curricula only portrays those who appear to identify as women and men. By rhetorically analyzing portions of the *Journey* handbook for the perpetuation of these binary depictions, I was able to draw conclusions about the way the curriculum positions women and whether it works to uphold patriarchal power structures while operating to encourage abstinence until marriage.

It is important to note that aside from some testimonials on the company's website, I only have access to and have only analyzed a student manual. Students experiencing the curriculum in the classroom are likely to have access to videos that are also part of the curriculum. It is also important to take into consideration that not all students are taught by the same educator; therefore, the material contained in the *Choosing the Best Journey* curriculum is likely delivered in different ways by different educators, even though the material remains the same in all classrooms. While all educators in Georgia are expected to deliver the content in a way that meets "Georgia's Health Education Performance Standards," their delivery method, and even their tone while speaking and interacting with students, has a significant impact on the way students accept the information presented to them in a way that cannot be assessed by simply looking at the student manual. However, I contend that the manual in itself is sufficient in allowing me to make a suggestion about the way the curriculum positions women, as it contains the majority of the content of the curriculum, and the videos are supplementary to the lessons. The student manual serves as a tangible artifact that students interact with during each lesson, filling in answers to questions and reading stories and statistics related to sexual behavior. They are also expected to keep the student manual after they complete the curriculum, making it the piece of the curriculum that is most likely to stay with them as they navigate the scenarios described within it in their own lives. In the rhetorical analysis of some Choosing the Best, LLC

promotional materials and excerpts from the *Choosing the Best Journey* student manual that follows, I examine the implicit gender stereotypes they perpetuate in an effort to determine whether the curriculum upholds white, patriarchal power structures to encourage students to remain abstinent until marriage.

Chapter Four

Rhetorical Analysis

In the rhetorical analysis that follows, I examine whether or not promotional materials on the Choosing the Best, LLC website and portions of the *Choosing the Best Journey* student manual uphold white, patriarchal power structures by determining the way in which the content positions women in relation to men, whether or not the curriculum positions women as those who both hold the responsibility for preventing and bearing the burden of premarital sexual activity, and whether or not the content works to reinforce gender stereotypes.

Promotional Materials

Choosing the Best, LLC's website links to testimonials written by parents, educators, and students, who, according to Choosing the Best, adore the curriculum. Several are noteworthy and worth examining in relation to the *Choosing the Best Journey* student manual in that they, too, implicitly suggest that the burden of premarital sexual behavior is disproportionately placed on women:

[The most important thing I learned was] “that girls think differently about sex than guys and the best way is to wait until marriage to avoid getting yourself hurt.”

— *10th grader*

[I learned] “It is better to stay abstinent than use birth control because you can still get pregnant or get a sexually transmitted disease.”

— *8th grader*

The language used in these testimonials suggests that the students who wrote them are not currently sexually active, which means that Choosing the Best, LLC has accomplished its goal, at least at the time they were written. It is unclear what would happen should these students choose to engage in sexual activity or have a sexual encounter, whether they are still in school or not, before marriage, or what would happen if one of these students has a sexual encounter

before marriage without their consent. When examined critically, there are several troubling aspects of both of these testimonials, both because of their content and what these students have omitted. There is no way to tell what constraints these anonymous students had when writing their thoughts about the curriculum or the ways in which they might have been influenced by what they thought their instructors or the curriculum designers wanted to hear. However, the way they have phrased their praises suggests that what they learned, or did not learn, should be considered critically.

For example, in the first testimonial written by a 10th grade student, it is clear that the curriculum reinforces gender stereotypes; boys' feelings about sex differ from girls'. Stereotypically, it is boys who are interested in sexual activity, and it is girls who are uninterested and submissive and only give in to fulfill a boy's desires. The testimonial suggests that sex is not ever, or should not ever be, pleasurable to women. It calls into question dynamics of future marriages and gendered power relations.

The second part of this student's statement is equally as troubling: "the best way is to wait until marriage to avoid getting yourself hurt." The words "avoid getting yourself hurt" is victim blaming. It is not a partner's fault should a student get hurt physically or emotionally; it would be the student's own fault. Because the testimonial suggests that boys and girls have different attitudes toward sex, it suggests that husbands and wives will too.

The second testimonial almost suggests that the student who wrote it believes birth control is marketed as being able to prevent sexually transmitted diseases because the language is unclear: "It is better to stay abstinent than use birth control because you can still get pregnant or get a sexually transmitted disease." It is unclear what kind of birth control the student is referring to, and the lack of clarity is problematic. The words "birth control" typically refer to the hormonal

pill that is taken by women, which places the burden of preventing potential issues resulting from premarital sexual activity entirely on women.

There is also a troublesome testimonial from a school nurse:

After incorporating the *Choosing the Best* series into our middle school and high school, our district has seen a very dramatic decrease in student pregnancy and STD rates. Our teen pregnancy numbers have dropped from 16-19 each semester down to 1-5 over the past four years. Although one is too many as it changes a young girl's life forever, the information presented is making a real difference in the lives of our children. Keep up the good work and thank you.

— *School Nurse, Mississippi*

The school nurse is suggesting that the burden of an unplanned pregnancy falls entirely on the mother, despite girls being the ones who are presented as being uninterested in sexual activity. This is particularly interesting, and unsettling, given that women are the ones who are commonly sexualized, or seen as sex symbols, in the media, but expected to abstain from sex. While this nurse claims that the reduction in the teen pregnancy rate at the school is due to the introduction of the *Choosing the Best*, LLC curriculum, the language used in the testimonials positions women as those who both hold the responsibility for preventing and bearing the burden of premarital sexual activity.

Choosing the Best Journey Student Handbook

In the following section, I organize the analysis of portions of the *Choosing the Best Journey* student handbook in relation to the Georgia health education performance standard with which it best aligns. I have analyzed portions of the *Choosing the Best Journey* student handbook for

evidence that the curriculum working to uphold a patriarchal power structure by sending implicit messages to students through the use of gender stereotypes.

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Description: Students will be able to acquire basic personal health concepts that help maintain healthy behaviors and prevent disease. High school students will demonstrate patterns of healthy behaviors to prevent or reduce the risk of injury and/or illness throughout their lifespan. Students will describe the interrelationships of emotional, physical, social, and intellectual health and how each aspect of health can be impacted by their surroundings. Students will evaluate established health behavior theories and models.

The lesson that best aligned with the first standard is lesson four, “Avoiding STDs.” The lesson opens with a picture of a young, white man sitting in shadows, his head in his hands. His posture suggests that he is in distress, although his face is not visible. The image suggests that this young man is bearing a burden that abstinence-centered sexuality education attributes to premarital sexual encounters; the text’s audience can assume that he has contracted an STD. In this way, the *Journey* curriculum is not placing the consequences of premarital sexual activity solely on women.

The image is followed by discussion questions, and because of the way the first discussion questions of the lesson are phrased, it seems as though students are being asked to respond to a video that they have been shown before the lesson began. The way one of the questions is phrased is problematic: “Why are young people especially vulnerable to contracting an STD?” (Cook, 2009). While what curriculum developers consider to be acceptable answers to this question are unknown without the instructor manual, the way this question is phrased could

be considered problematic because the emphasis of this sentence is placed on the phrase “young people.” This could suggest to some students that age is a factor in contributing to a person’s vulnerability to contracting STDs *regardless* of outside circumstances. Even if young people are especially vulnerable to contracting an STD, it can be assumed that it is because of lack of education or access to condoms. If this is the case, it would make sense for at least a portion of the rest of the lesson to focus on education about preventing STDs regardless of a student’s choice to remain abstinent or not, given that the title of the curriculum suggests they have a choice, and how they can acquire access to condoms or testing for STDs. It does not. However, the language employed in this portion does not read as inherently gendered, as it does not rely on the use of gender stereotypes to relay its message of abstinence and implicates all young people as vulnerable.

One of the strengths of this lesson is that the fill-in-the blank statements are accompanied by endnotes that direct students to outside sources of information on the subject of STDs. For example, the sections “STDs –An Epidemic” and “Most Common STDs,” which prompt students to fill in an answer related to facts about STDs, direct them to sources that are mostly produced by the CDC, which is widely considered reputable. However, it is the phrasing of these fill-in-the blank statements that are problematic. “Most Common STDs” discusses chlamydia, gonorrhea, trichomoniasis, HPV, genital herpes, and HIV/AIDS in-depth; the focus of the statements is on the prevalence of these diseases, and not how they can be prevented. In the discussion of gonorrhea, for example, students are prompted to complete the following statement: “Gonorrhea can be transmitted to either partner through vaginal, anal, or _____ sex and is diagnosed by lab tests...Gonorrhea can be cured with antibiotics, but remains a common cause of _____, which can lead to infertility and life-threatening ectopic pregnancies

(fertilized egg grows outside the uterus)” (Cook, 2009). Treatment for the disease is discussed, but again, prevention is not.

Discussing treatment without discussing prevention does not make much sense rhetorically, and the curriculum’s discussion of gonorrhea is gendered in its emphasis on the disease’s impact on pregnancy and future pregnancy. The abstinence-centered curriculum suggested that abstinence is the only way to avoid contracting such diseases; however, the author conceded that there is treatment available. The first Georgia health education performance standard required that students be taught *prevention*. While abstinence is a way to totally prevent the diseases discussed in this lesson, it is not the only way, and jumping to cures, while still touting the inherent dangers of contraction, does not immediately appear effective; the text takes a leap, and the idea of “choosing” implies that there are other “journeys,” even if one is inherently better. Therefore, discussion of other preventative measures would be helpful to students and allow the curriculum to better align with Georgia’s health education performance standards. Still, focusing its discussion of treatment in relation to issues usually experienced by women, like pregnancy, places the burden of issues associated with premarital sexual activity disproportionately on women.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Description: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. High school students will analyze a variety of positive and negative influences within society. Students will identify the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs, and

perceived norms. Students will analyze how policies and regulations influence health promotion and risk reduction.

Lesson seven, “Overcoming the Pressure,” details the influence of media and peer pressure in regard to students’ conceptions of sexuality and sexual behavior. The lesson opens with a blurry image of what appears to be a male and female student talking in a hallway. Only the female student’s face is visible, and she appears to be smiling. Her expression and body language suggest she is happy; however, as she is the focus of the picture, it implies that it was her burden to “overcome the pressure,” as the title suggests, and the picture of the smiling girl on the next page, who is being watched from behind by two boys, again suggests that it is a girl’s burden to overcome the pressures the lesson details.

One of the first sections of the lesson is called “Media Pressure,” and it requires students to “Read [segments of] “an imaginary plot from a fictional TV series...and identify the ‘false’ messages” (Cook, 2009). They then need to “correct each one by writing in the ‘fact’ messages” (Cook, 2009). While the fictional TV series remains unnamed throughout the exercise, the characters’ names are Monica, Chandler, Joey, and Phoebe, the names of characters from the iconic show *Friends*. Although it would be difficult to argue against the popularity of the show, it is not likely one that today’s high school students, regardless of gender, are intimately familiar with, as the series ended in 2004. The curriculum might be more successful if it made use of a television show that today’s high school students might be more familiar with. Even though today’s high school students, regardless of gender, are more likely to connect with a television show that premiered more recently, the fact that it is dated is less problematic than the fact that the curriculum is employing examples from a show whose primary audience is stereotypically imagined as women.

Another section of this lesson that appears dated and more targeted at female students than male students is “Teen Magazine Pressure.” It prompts students to examine a magazine cover and the messages it sends to readers. Most of the messages contained on the cover are inherently sexual: “How to be a Great Kisser,” “Condom Reviews,” “145 Ways to Look So Sexy!” and “Hallway Make-Out Sessions: Do’s and Don’ts” (Cook, 2009). While humorous, they are not too dissimilar from realistic magazine covers. The message of this section of the lesson could be considered valuable, but it fails in its delivery, again, because it appears that the curriculum developers do not understand their target audience and their access to other forms of media. While it would be difficult to argue that teenagers never read magazines, many teenagers have smartphones and access to magazine content digitally. Focusing specifically on a print magazine and asking true / false questions such as “Most teens do read a magazine on a typical day,” an assumption curriculum developers believe to be true, could make their message lost on a typical member of their audience (Cook, 2009). The content in this lesson, in particular, appears dated, despite the manual being most recently updated in 2009. At the very least, this lesson highlights the need for developers to update the content of the curriculum so that they can better connect with their intended audience. Stereotypically, reading magazines is considered to be a girl’s pastime, and with the image of the young woman on the front of the magazine, it appears that young women are its target audience. This suggests that this portion of the lesson is specifically aimed at young women, and the section does not have an equivalent that is aimed at young men. Therefore, the section “Overcoming the Pressure” presents pressures related to sexuality as a female burden without any discussion of patriarchal structures that influence the pressures girls face or how men can help alleviate them.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Description: The students will be able to access valid health information and health-promoting products and services. High school students will critique the validity of health information, health promoting products, and services to prevent and detect health problems. Using critical thinking and analysis skills, high school students will be able to assess the validity of health information, products and services used in the prevention, early detection and treatment of health problems.

Lesson three, “Avoiding Pregnancy,” has a connection to students’ ability to access valid information and products and services to enhance health. In the section “What If…” at the beginning of the lesson, students are introduced to Athena, Daniel, and Amy, who tell their stories about the effects of unplanned pregnancies on their lives and how they have created nearly insurmountable obstacles. The tone of their stories and deliberate word choice makes them appear hopeless. Athena, for example, “had a great voice and had been the star of the middle school play. However, at age 15 she got pregnant. Her boyfriend left her and she was faced with raising the child as a single parent. She dropped out of high school and took a job making minimum wage” (Cook, 2009). The lack of information in Athena’s story leaves a lot to readers’ imaginations: there is an abrupt transition between the first and second sentence of her story despite the use of the word “however.” The connection between Athena giving birth and her great voice is unclear, and the use of the anecdote about her being the star of the middle school play almost signifies what her bright future could have been. The immediate leap to her unplanned pregnancy, though, suggests that she has lost something that she cannot get back. In this way, she is portrayed stereotypically. Singing in a middle school play is not usually taken

seriously outside the context of a school's drama department, unlike more stereotypically significant academic pursuits. Her child's father is only mentioned in passing: "Her boyfriend left her" (Cook, 2009). She is left to bear the burden of her premarital sexual activity alone.

Daniel's story is similar, but leads students to believe that it is a woman's responsibility to physically look after children, and a man's responsibility to provide for them financially, a theme that recurs throughout the manual and is further reinforced by the use of stereotypical gender roles. He "planned to go to college. His outgoing personality, honesty, and work ethic would be the basis for a successful career. However, Daniel found out that his ex-girlfriend was pregnant. He had to drop out of school to support his son" (Cook, 2009). The striking similarities between Athena's and Daniel's stories are traits that have somehow been lost by the occurrence of an unplanned pregnancy. Just as it is unclear how a pregnancy would affect Athena's voice, it is unclear how an unplanned pregnancy would affect Daniel's personality in any way, particularly regarding his work ethic. What his story fails to take into account is that many students are forced to work full time as they attend college, just as many of the students reading the manual who do go off to college will be required to do. It is unclear how Daniel attending college is out of the question if his only responsibility is to provide for his child financially and not physically. Students are not given any details about the mother of Daniel's child. However, it can be assumed that she is the parent who is tasked with caring for their child physically, as Daniel is only providing financial support. The burden of parenthood does not fall entirely on Daniel as it appears to fall on Athena.

Amy's story parallels both Athena's and Daniel's, in that it starts with her positive personality traits, abruptly shifts when she becomes pregnant, and concludes with goals that she is no longer able to accomplish. Just like Athena, it is her responsibility to physically care for her

child. Rather than examining her story in-depth, though, it is important to examine the questions students are asked after reading these three stories. Following Athena's and Amy's stories is the question, "What could [Athena's and Amy's lives] have looked like at age 30 if [they] had waited until marriage to have sex and not become pregnant?" (Cook, 2009). Following Daniel's story is the question, "What could Daniel's life have looked like at age 30 if he had waited until marriage to have sex?" (Cook, 2009). These questions imply that their journeys will lead them to entirely different places in their life had they chosen the best: abstinence. What is noticeably absent, however, is any discussion of how any of them could have been sexually active without facing the burdens and losses the curriculum associates with unplanned pregnancy. None of their stories discuss whether or not they were using contraception at the time they either became or got someone pregnant. There is a theme of loss of positive personality traits being associated with unplanned pregnancy. Not only did these young people go off course but they ominously and abruptly lost the traits that made them themselves. Their stories do nothing to demonstrate proper contraceptive use to students, and they do not enable them to recognize how to access products and services to enhance their health. Their stories do, however, reinforce gendered stereotypes when it comes to a person's role in caring for his or her child.

The next section is "Reducing the Risk." Above a table that lists contraceptive and STD prevention methods are the words, "The following list of contraceptive methods shows the percentages of unplanned pregnancies during the first year of using the method, based upon typical use" (Cook, 2009). What is significant, though, is that the table lists the method's "failure rate," not the method's success rate. Curriculum developers' choice in words is important, here. Rather than highlighting the positive use of contraception, they have chosen to highlight dismal statistics. Furthermore, under the table are the words, "Typical use failure rates reflect

effectiveness of contraceptive methods for the average person whose typical use of these methods is not always consistent and correct” (Cook, 2009). The numbers they provide students are not related to people engaging in sexual activity who are using these methods consistently and correctly each time, which anyone who is attempting to avoid pregnancy or contracting an STD should be doing. Neither does this part of the lesson, or any, demonstrate how students might gain access to these products or services, inhibiting the manual’s ability to effectively meet the standard. While the language employed in this section is not inherently gendered, its focus on failure rates of contraception methods is implicitly gendered. The only contraceptive method that is stereotypically imagined as a man’s responsibility is the male condom, but there are five other stereotypically female methods of contraception that are highlighted for their failure rate. Not only are women the ones who have the responsibility of acquiring methods of contraception such as a diaphragm, the birth control pill, or an IUD, but they are also the ones who will have to face the consequences when these methods ultimately fail.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Description: The student will be able to use effective communication skills to enhance personal, family, and community health. High school students will demonstrate effective verbal and nonverbal communication skills to develop and maintain healthy relationships. Students will demonstrate the ability to organize and convey information and feelings as the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Lesson five, “Developing the Best Relationships,” and lesson eight, “Being Assertive,” correlate most strongly with standard four. One of the first exercises in “Developing the Best Relationships” is called “What Are You Looking for?” and asks “guys” to list their top five

qualities in girls, and girls to list their top five qualities in guys; then, the guys and girls are supposed to guess what is on each other's lists. The strengths of this assignment can be found in its potential to engage students. Not only are they thinking beyond the classroom, but they are engaging in discussion with other students. However, there are several inherent problems. The premise of this exercise is that "guys" are interested in finding girl partners and that girls are interested in finding "guy" partners. This binary is not only stereotypical, but it silences the voices of LGBTQ students, another way of upholding current patriarchal power structures, while assuming that "guys" and girls' conceptions of desirable qualities are inherently different from each other's. The assumption that "guys" and girls have different conceptions of desirable qualities in their partners works to solidify gendered stereotypes, and hearing classmates' answers might encourage impressionable students to work to change themselves rather than looking for a partner who values them as they are. Also, as students mature, their desired qualities are likely to mature, too, calling into question how helpful such an activity might be beyond graduation. The exercise has a loose connection to strengthening interpersonal interactions by prompting communication, yet the exercise leaves it entirely up to the instructor to facilitate in a way that ensures that the conversations between the "guys" and the girls are positive and productive, and again, it seems difficult to anticipate how, exactly, students will receive and react to the responses they receive from the opposite gender.

The final three activities of the lesson, "I am Unique, One-of-a-Kind," "Building Self-Esteem," and "Self-Respect," are all admirable in that they provide the illusion of encouraging students to think highly of themselves. For example, in the exercise "I Am Unique, One-of-a-Kind," students are prompted to "place checkmarks in each box to identify what [they] do well" (Cook, 2009). While they are also prompted to "Include other activities [they] are good at that

are not listed,” such an exercise might hurt the self-esteem of those students who might not immediately recognize their positive qualities, especially considering the exercise’s placement after the one that prompts them to list qualities that they look for in *others* (Cook, 2009). Rather than viewing the list as traits that they already possess, students with low self-esteem are likely to view the list as traits that they wish they possessed, and does nothing to demonstrate to them that they already do.

The way some of the qualities are phrased is problematic, too. For example, when questioned “What I really want from life:” students have the option to check off “To be liked by others,” and “To improve my body” (Cook, 2009). The language of the items on the checklist is not inherently gendered; however, they are imbued with gendered stereotypes. For example, while many young men struggle with body image issues, it is stereotypically young women who are associated with having issues related to body image. The phrase “improve my body” has a very different connotation than the phrase “become healthy,” and young women might be more likely to check that item.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Description: Students will use decision-making skills to identify, apply, and maintain health-enhancing behaviors. High school students must be able to apply comprehensive decision-making processes in a variety of situations to enable them to collaborate with others to improve their quality of lives now and in the future.

The section “Overcoming Peer Pressure” contained in lesson seven encourages students to “establish boundaries...give a verbal response...[and] be assertive” in order to avoid sexual encounters (Cook, 2009). The lesson tells the story of Jamar and Amber, students who had

unplanned sex and were left feeling “they had lost something very important” (Cook, 2009).

Their story, which is called “We Just Couldn’t Stop!” starts with background information about their relationship and their attitudes about premarital sex:

Jamar and Amber started dating in their freshman year of high school. Amber was pretty sure she wanted to wait to have sex until she was married, but she didn’t feel comfortable talking about it with Jamar so she never told him how she felt. Jamar had also decided to wait, having seen an older cousin struggle through a teen pregnancy. (Cook, 2009)

In the first paragraph of their story, Amber is portrayed as being indecisive and diffident, while Jamar is portrayed as confident and logical. Amber is unsure what she wants, but Jamar is decided, and his decision to abstain from sex before marriage is based on empirical evidence. He has seen what could be perceived as a negative consequence that resulted from his cousin’s experience, and he has decided that he is not going to make the same mistake. There is no mention, however, of contraceptives, should Amber decide that she does want to have sex, and Jamar’s decision to abstain from sex before marriage because of his cousin’s pregnancy suggests that he views abstinence as the only viable option to prevent unplanned pregnancies. There is no mention of contraceptives or the teenagers’ attitudes about contraceptive use. It is unclear whether they have been taught about proper contraceptive use or have even considered using them at all. Their story continued:

They spend a lot of time hanging out at Jamar’s house after school. Each time they were together they would go a little further. They each assumed they could stop if things went too far. But one afternoon, in the heat of the moment, they ended up having sex. Amber was really upset and blamed Jamar. He worried about pregnancy and began to feel

differently about Amber. They broke up several weeks later, each feeling they had lost something very important. (Cook, 2009)

The phrases “a little further” and “too far,” are initially vague, but the meaning of “too far” is clarified in the sentence that reveals, “they ended up having sex” (Cook, 2009). As in the first paragraph, there is no mention of contraceptive use, and based on Jamar’s concern, it can be assumed that they did not use a condom, or did not have any, despite regularly “hanging out at Jamar’s house after school” and going “a little further” each time. Because Amber and Jamar had not discussed having or not sex, neither of them were prepared for the possibility of it happening, regardless of whether or not they had initially made the decision to remain abstinent. Their story suggests that despite making the decision to remain abstinent, it is helpful and important to be educated about contraceptive use and be prepared should anything unplanned happen “in the heat of the moment” (Cook, 2009).

In this paragraph, too, Amber is portrayed in a more stereotypically negative way than Jamar. Students know that Amber was “really upset and blamed Jamar,” but it is unclear what, exactly, she was upset about. This could be construed as her reacting irrationally, a stereotypically imagined female trait. Jamar had concern about unplanned pregnancy, but it seems as though Amber is really only upset about the act of having sex itself and not any of the consequences, such as unplanned pregnancy and STDs, that Choosing the Best Publishing, LLC presents as going along with it. Jamar remains logical; he “worried about pregnancy,” an actual effect of intercourse that could have an impact on their lives. Aside from reinforcing stereotypes that girls are compliant and submissive and boys are smart and rational, Amber and Jamar’s story is problematic in that it decries the act of sex itself rather than what Choosing the Best Publishing, LLC touts as its consequences; sex caused Jamar to feel differently about Amber, but

students are not sure why, exactly, this change occurred. Despite Amber blaming Jamar for them having sex, the blame for their breakup is ultimately placed on Amber. The only real consequence for their actions in this case is a lost relationship and Amber feeling like she did something wrong by succumbing to the pressure to have intercourse.

Amber and Jamar were unable to collaborate with each other by using decision-making skills to successfully navigate sexual terrain in their relationship, which ultimately failed as a result. In this way, Amber and Jamar's story can be read as a cautionary tale that fulfills the fifth standard. Because they did not communicate with each other, they were unable to abstain from sex or have a positive sexual encounter. After their story, the curriculum questions, "What could have prevented this?" (Cook, 2009). Because there is no mention of contraceptive in this lesson it can be assumed that the correct answer would be "Talking about and making the decision to remain abstinent," or "establishing boundaries." Had Amber felt comfortable establishing boundaries with Jamar, they could have prevented their encounter and possibly kept their relationship. However, because of the way that Amber is portrayed and what this suggests to students about relationship dynamics, the story is still problematic despite meeting the fifth standard.

Another problematic aspect is the upside down "Sexual Progression" triangle that is included on the same page. It lists "holding hand, kissing, touching, 'other stuff', and intercourse," from top to bottom (Cook, 2009). The triangle has no context, and it is up to the educator to explain its meaning. However "other stuff," just like "go a little further" in Amber and Jamar's story, is vague, unclear, and could be defined differently by different educators. While Amber and Jamar's story problematizes pregnancy, there is no mention of STDs, and it does not problematize going "a little further." STDs can be spread in ways other than

intercourse, though. By failing to mention this or make it part of the important conversations that students should have with their partners, it leaves students vulnerable.

One lesson that implicitly works against the goals of standard five is lesson two, “Making the Best Decisions.” Although it is not obvious given the title of the lesson, the majority of it focuses on alcohol and rape, and the relation between the two. Decision-making is explicitly discussed, but collaboration with others to improve quality of lives now and in the future is not; parts of the curriculum suggest that it is victims of rape or sexual assault that should reconsider their decisions, rather than perpetrators.

The section “Barriers to Making Good Decisions” tells the story of Nicole, a ninth grader who wants to make friends after transferring schools. Nicole gets invited to a party, and she quickly takes advantage of the opportunity, as it will likely help her meet new people. When she arrived, she saw that “Some of the older students were drinking and seemed to be having a good time. When they encouraged her to have a drink with them, she was tempted to join in” (Cook, 2009). Students are then presented with two questions regarding Nicole’s situation: “What decision-making barrier is Nicole experiencing? What should she consider before making her decision?” (Cook, 2009). After answering these questions, students are informed that Nicole does decide to drink: “After Nicole had several drinks, she was tempted to go upstairs with a boy she didn’t really know.” Ominously, her story concludes here, and the section of the lesson concludes with two more questions: “What decision-making barrier is Nicole experiencing? How well do you think Nicole can reason through this decision while she is drinking?”

The text never explicitly states that Nicole had a sexual encounter with the boy she accompanied upstairs; however, because older students “encouraged her to have a drink with them, [and] she was tempted to join in,” it can be assumed that she did in fact accompany the

boy upstairs. The way the questions regarding her situation are phrased are problematic. For example, rather than teaching students that those who are under the influence are unable to give their consent, it is Nicole who carries the burden of a decision-making barrier. The way the questions are phrased imply that Nicole is not able to decide whether or not to go upstairs, and rather than suggesting that the boy should not lure her there, the text suggests that Nicole should not have been drinking. This would be a good place in the text for curriculum developers to take the opportunity to convey the significance of communicating consent; they do not.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Description: Students will use goal-setting skills to identify, apply, and maintain health-enhancing behaviors. Short-term and long-term health goals will be constructed based on personal needs. High school students will design, implement, and evaluate critical steps to achieve these goals.

Choosing the Best Journey's first lesson, "Setting Goals," is the lesson that best aligns with Georgia's sixth standard. The first lesson begins with a "Goal Setting" activity that encourages students to engage with the following discussion questions: "What is a goal? Why are goals important? What can keep you from reaching your goals?" (Cook, 2009). This lesson appears to be the most simple; the initial discussion questions are straightforward and general, and seem to be an effective way to encourage students to engage with the curriculum by avoiding subjects that might be overwhelming or uncomfortable. For example, a person familiar with the manual's purpose, encouraging sexual abstinence, might assume that an acceptable answer to the question "What can keep you from reaching your goals?" would be a problem caused by engaging in sexual activity—an unintended pregnancy or acquiring a sexually transmitted disease (Cook, 2009). While these answers are in themselves problematic in that they simplify the issues

related to unintended pregnancies and sexually transmitted diseases, students might be far more likely to answer with issues that have prevented them from reaching their goals in the past, or any number of obstacles that are in no way related to sexual activity. However, these questions are not inherently gendered.

On the next page of the manual, the question “what is a goal?” is answered for students: “A goal is something you desire in the future that you are willing to work towards in the present” (Cook, 2009). What follows are the stories of Erik Weihenmayer, a man who accomplished his goal of climbing Mt. Everest despite being blind, and Oprah Winfrey, who became the “first African-American woman to reach billionaire status” despite “physical, sexual, and mental” abuse as a child (Cook, 2009). Following each of their stories are questions related to the obstacles each person faced and how they overcame them to accomplish their goals. By asking students how these people “over[came] barriers in reaching” their goals, it suggests that these stories are supposed to be inspirational; if there is an obstacle, there is a way around it (Cook, 2009). It would make sense, then, for the lesson to offer solutions to students should they encounter obstacles in their futures, or inspire them to move past traumatic events in their past. The discussion of “physical, sexual, and mental” abuse could be triggering for students who have experienced or are experiencing it currently, and at this point in the manual, there is no mention of resources that could assist students in dealing with issues that are widely unreported. Again, though, this section does not present men’s and women’s goals as inherently different or gendered.

What follows in the lesson is a discussion of “How to Set a Goal.” After a three part explanation that contains examples such as “I ‘see’ myself attending a great college in the future,” “I want to make an ‘A’ in math this semester,” and “Start studying for an hour each day

after school,” the manual encourages students to “List three mental pictures of what [they] would like to accomplish sometime in the future,” “Select one mental picture and turn it into a goal that you are willing to work towards this year,” and answer the question, “What can you do right now to get started on reaching your goal?” (Cook, 2009). There is no mention of engaging in sexual activity and the ways in which sexual behavior might result in obstacles to achieving a student’s goals –this comes abruptly in the next part of the lesson. Significantly, though, the examples assume that the majority of students’ goals, if not all of them, are entirely academic. The examples might inspire significant goals in students who have aspirations, and more importantly the means, to attend a traditional college after graduation. For many students, however, especially those living in impoverished areas, college is not in their future, and it might be difficult to see the value of traditional education beyond obtaining a high school degree. This section also calls into question why female students would set goals to obtain higher education if their future job will be to stay at home with their children, as the curriculum suggests throughout.

The curriculum begins employing gender stereotypes to deliver its message of abstinence in the next part of the lesson, “Avoiding Detours.” It contains the pictures and stories of three young adults who are unable to achieve their goals because of decisions they made regarding sexual activity. The tone of this part of the lesson is much more ominous than the positive and inspiring tone found on the first three pages. Students hear the stories of Amy and Daniel, whose lives have changed drastically due to unplanned pregnancies. Amy writes about how she “was going to go to college and have [her] dream job...[but her] life is not about [her] anymore” (Cook, 2009). After Daniel became a father “Everything about [him] changed...[like] the way [he has] to save money” (Cook, 2009). Amy’s and Daniel’s stories reinforce stereotypical gender

roles: it is a woman's job to stay home and take care of a child, while it is a man's job to enter and remain in the workforce in order to support a child financially.

Interestingly, neither story makes mention of a partner, which leaves readers to assume that they are both single parents. More significantly, neither story mentions overcoming the obstacles that come along with childbearing and how a person who experiences an unplanned pregnancy might work to overcome associated obstacles to reach their goals. For example, Amy "was going to college and have [her] dream job and [she] really could have done those things" (Cook, 2009). However, her use of the past tense suggests that she is no longer able to achieve those goals. Similarly, Daniel's path is irrevocably changed; fatherhood "impacts [his] future in every way," including his ability to accomplish his goals (Cook, 2009). The discussion questions ask what Amy's and Daniel's goals were, again using the past tense to signify that any goals they might have held before becoming sexually active are unobtainable. Again, it is unclear how either of their current circumstances have an impact on their health.

Kevin's story ties in with health-related goals better than Amy's and Daniel's, but again, the connection still is not strong. In his story, he explains how he "didn't know that the way [he] was living would lead to [him] contracting HIV" (Cook, 2009). Kevin's story has the potential to be the most powerful of the three featured in the "Avoiding Detours" portion of the lesson given that his has the strongest implicit tie to the theme of health; however, it is unsuccessful given that it is unclear how, exactly, his status inhibits him from playing football, which he identified as his goal. Also, the phrase "the way I was living" is vague, and might leave students wondering how, exactly, he was living, that caused him to contract HIV. The abrupt shift in tone in this part of the lesson seems purposeful and suggests that these three stories are meant as cautionary tales, but with the focus on what these three people have lost instead of how exactly they lost it, students

do not have a clear idea of how these “detours” are ones that they can avoid other than through abstinence. Despite the series being called “Choosing the Best,” students are not exactly given a choice.

The “Avoiding Detours” section concludes with the question, “What is the only way to avoid detours resulting from sexual activity?” (Cook, 2009). With the curriculum’s purpose in mind, the only acceptable answer is clear. The use of the word “only” suggests that there is not a choice; students must abstain from sexual activity. Given that this is an abstinence-centered curriculum, it is not surprising that this question is not followed by others regarding means of protection. However, students really are not given a choice in ways to protect themselves, and this can be read as contradictory to the series’ title. “Avoiding Detours” is a problematic title, too. A detour suggests that there are other feasible paths to these young adults accomplishing their goals despite the obstacles they have encountered along the way, yet the tone of their stories are hopeless.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Description: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. High school students will model health-enhancing behaviors to prevent injuries, diseases, and disorders. Students will practice strategies for reducing harmful and risk taking behaviors now and in the future.

“What about ‘safe sex’?” in lesson four is perhaps one of the most important sections of the entire *Choosing the Best Journey* curriculum. The section features multiple fill-in-the blank statements regarding condom use to prevent pregnancy and transmission of STDs. In fact, it is one of the very few pages of the entire student manual in which condoms are discussed at all.

Despite glossing over some of the benefits of correct and consistent condom use, the section is largely ineffective in enabling students to practice strategies for reducing harmful and risk taking behaviors because of the rhetorical effect of particular choices in the language used and the layout of the page.

The first fill in the blank statement reads

‘Safe Sex’ means using a male _____ when having sex. To be most effective against pregnancy and STDs, condoms must be used _____ (every single time), and _____ (put on after erection but before genital contact, leave no trapped air, be withdrawn while still erect, and held onto during withdrawal). (Cook, 2009)

An endnote following the statement directs students to the “Birth Control Health Center: Condoms” page on *WebMD*. The correct answers for this statement are “condom,” “consistently,” and “correctly,” respectively. In relation to the rest of the student manual, it is almost shocking that curriculum developers make this concession and arm students with this information. While the information about what makes condom use effective is helpful for students, the language used in the rest of the section trivializes condom use.

After warning students that “a large proportion of condom users do [not] use them consistently and correctly,” the curriculum begs the question, “How well do condoms work for birth control?” (Cook, 2009):

Condoms are made of rubber, so they can [break], slip off, be affected by heat and cold, and deteriorate over time. Studies show that slippage or breakage occurs 1-4% of the time. Typical couples who use condoms for birth control experience a first year failure rate of _____ percent in preventing pregnancies. (Cook, 2009)

None of the information that Cook (2009) presents in this excerpt about condoms is untrue; however, there is no mention of what a person should do should they experience a condom breaking during sex, such as taking an emergency contraceptive pill, or antiretroviral medication after potentially being exposed to HIV. By highlighting the failure rate of condoms rather than the success rate, condom use is portrayed as trivial; students might wonder if they are even worth using if they have intercourse “in the heat of the moment,” as Cook (2009) acknowledges happens, or not keep them even though they engage in “other stuff” (Cook, 2009).

After the curriculum asks students to consider how well “condoms reduce the risk of contracting STDs,” the issues with the language in the other statements are similar: “According to the Centers for Disease Control (CDC), condom use cannot guarantee absolute protection against any STD. Is ‘safe sex’ safe enough? _____” (Cook, 2009). The answer that Cook (2009) is looking for is that no, it is not. According to Choosing the Best Publishing, LLC, safe sex does not exist, as evidenced by the use of quotation marks around the phrase itself each time it appears in the student manual. Following the question is a final statement that appears in red: “[Abstinence] provides the only 100% effective protection against contracting an STD” (Cook, 2009). Because the statement appears in red and the rest of the text on the page is either green or black, it reads as a warning. Students might be given a choice when it comes to whether or not they engage in sexual activity before marriage; however, their options are limited. They can abstain from intercourse and be guaranteed protection from unplanned pregnancies and STDs. If they choose not to, their risk of unplanned pregnancy and STDs is likely higher than it would be if the language of the curriculum better supported the standard by highlighting the positive outcomes associated with condom use. While the language used in this section is problematic, it is not inherently gendered.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Description: The students will demonstrate the ability to advocate for personal, family, and community health by creating health-enhancing messages and encourage others to adopt healthy behaviors. High school students will act as a health resource by communicating valid information about health issues. Students will demonstrate advocacy skills to encourage others to acquire health-enhancing behaviors.

When reading through the student manual, there is little to no evidence of its content working to meet standard eight. The curriculum is near silent on personal, family, and community health. While curriculum developers and some educators might argue that the sections “Reducing the Risk,” “STDs –An Epidemic!,” “How STDs are Spread,” “Most Common STDs,” work to educate students about health risks associated with sexual activity, the phrasing discussed in regard to standard one is largely ineffective, and the element of advocacy is missing. For example, particular voices are excluded from conversations in the manual. LGBTQ students are not addressed at all; the curriculum treats these students as if they simply do not exist. Not including information that is relevant to this population of students makes it difficult for students to have the ability to advocate for community health.

The end of the student manual contains “Parent Interview” questions in a section that also holds lesson quizzes and homework assignments. The picture on the first page of that section features a young woman who appears to be lounging on a bed, with a pencil in hand. Her head is propped up by her other hand, and rather than looking down at what she is writing, she is looking off into the distance. Her facial expression suggests that she is frustrated and annoyed; her eyes are focused upward, but not as if she is in thought. It looks as if she is about to roll them.

Because this is the section that should encourage open dialogue between students and their parents, it would make sense for the image to feature a student interacting positively with an adult as a way to encourage students to take the discussion seriously.

The parent interview questions correspond to the lessons taught throughout the manual. While the questions are open-ended, the way they are phrased encourage answers that would be considered acceptable throughout the manual, too, and they might not encourage honesty. For example, in the parent interview questions that correspond with lesson two, “Making the Best Decisions,” parents are asked to answer the question, “Are there any big decisions you regret?” (Cook, 2009). It might be unlikely that a parent would respond to their child in a way that relates to their sexual behavior, not only because such discussions are taboo outside of the fictitious examples contained in the lessons, but because pregnancy is touted as one of the biggest “consequences” that can result from not remaining abstinent, and their children themselves could be considered “consequences” by Choosing the Best LLC’s standards. In this way, the parent interview questions do not encourage advocacy for family health, either. Because the parent interview questions correspond to the lessons taught throughout the manual, the questions could be considered implicitly gendered, just like the lessons themselves.

Chapter Five

Findings and Future Work

A review of the literature regarding the ways in which society problematizes teen pregnancy, coupled with an analysis of Choosing the Best, LLC's testimonials and *Journey* curriculum, provides a snapshot of the ways in which the company relies on gender stereotypes and places both the responsibility for preventing and the burden of bearing issues related to premarital sexual activity disproportionately on women in an effort to encourage students to remain abstinent until marriage. Regardless of whether or not it is intentional, reliance on gender stereotypes and the positioning of women as both those who are responsible for preventing and those who bear the burdens related to premarital sexual activity works to uphold white, patriarchal power structures. Perpetuating stereotypes about the struggles of young motherhood, as the *Journey* curriculum does in its stories of Athena and Amy, operate to uphold white, patriarchal power structures, as "Delayed childbearing *is* an adaptive practice for European Americans and an *intensely* salient goal they have for their children" (Geronimus, 2003). As Geronimus (2003) explained, early-fertility timing norms "may constitute adaptive practice for African American residents of high-poverty urban areas, in no small measure because they contend with structural constraints that shorten healthy life expectancy."

The curriculum's lack of discussion of preventative methods other than abstinence suggests that Choosing the Best, LLC's curricula also works to uphold white, patriarchal power structures more than it does to ensure students' health. In the fictional narratives presented in the *Journey* student manual, women are stereotypically imagined as uninterested in sexual activity, or indecisive at best, as evidenced by Amber and Jamar's story, but they are also stereotypically imagined as the ones who have the responsibility of warding off sexual advances made by men,

as evidenced by Nicole's story. Geronimus (2003) articulated the sentiment best in the title of their work, "Damned if you do: culture, identity, privilege, and teenage childbearing in the United States." Women are damned if they do and damned if they do not, because if they do, they are not equipped with the tools necessary to bear or prevent what the curriculum presents as burdens, and if they do not, male students are implicitly made to feel justified in expressing their premarital sexual desires, as they are stereotypically imagined as interested and aggressive but not to blame.

Future work regarding any of the Choosing the Best, LLC's curricula might examine the implications of largely silencing particular voices from conversations regarding sexual education and the ways in which this silence works to uphold current white, patriarchal power structures. LGBTQ students might have unique health concerns, both physical and mental, that are totally ignored by the current curriculum. To an LGBTQ student who is struggling with issues of identity and belonging, the *Choosing the Best Journey* curriculum creates no space for acceptance. Curriculum developers could argue that dedicating attention to this population might be widely unaccepted in more conservative areas where the curriculum is used and that the content is applicable to all students, regardless of gender or sexual orientation. Not including information specific to this population of students, however, is dismissive at best. Silencing them in the curriculum does not mean that they are not members of the community and student population, and it places the burden of handling these students' concerns entirely on educators, who may or may not be prepared to have helpful and relevant conversations with them. Lack of representation in the curriculum might also make particular students feel as though they are unable to approach educators about concerns they might have regarding their health; students might assume that educators teaching the curriculum are proponents of it and might have

difficulty understanding the complexities related to curriculum adoption. In order to ensure that the content is generalized enough so that it is applicable to all students, it is imperative that even abstinence-centered curriculum developers employ those with marginalized voices when creating and revising content.

Interviews of actual student experiences that are unbiased and not commissioned by the curriculum developers themselves would be a helpful way for educators and school district administrators to understand the effects that the curriculum might actually have on students and their families. While students might feel influenced to answer questions regarding Choosing the Best, LLC's curricula in a particular way while sitting in a classroom with an educator administering the questionnaire, anonymous, take-home surveys, or anonymous surveys that students *and* their families can access digitally, might be a good way to encourage more honest responses and open up a dialogue regarding sexual health that both students and parents might feel uncomfortable initiating otherwise. Opponents of this idea might argue that creating survey buy-in from busy families might be a difficult task, or that students might feel influenced to answer questions in a particular way with a family member present. They might also point to the "Parent Interview" questions that accompany each lesson in an appendix at the end of the student manual as a way to open up dialogue. I argue, however, that prefacing such a survey with statistics regarding the number of unintended teen pregnancies and teenagers who have contracted STDs would be alarming to families living in largely conservative communities that value the practice of abstinence. Survey developers might also consider designing a portion of the survey that students are encouraged to access and answer privately and think critically about the way they phrase their questions. Because the "Parent Interview" questions in the student manual are entirely tied in with the *Choosing the Best Journey* curriculum, they do not actually

evaluate the curriculum itself and are phrased in particular ways that are likely to evoke responses similar to those that mirror the content of the rest of the manual. This might limit the dialogue regarding sexual health between students and parents and reinforce gender stereotypes.

Because the number of unintended pregnancies, while on the decline, and the number of teenagers contracting STDs each year still remain high, future researchers will find it informative to conduct more in-depth interviews with students who experienced any Choosing the Best, LLC curricula and chose not to remain abstinent. Specifically targeting teens who have experienced an unintended pregnancy or contracted an STD could be considered unethical in that it might make them feel stigmatized, something that Choosing the Best, LLC does not appear to attempt avoiding; however, getting students to remain abstinent is the overall goal of the program, and avoiding unintended pregnancies and STDs simply go along with that. Building an option into the survey that would allow interviewers to discretely contact those students who have identified the curriculum as being ineffective or not influential in regard to their sexual behavior might encourage students to tell their own stories and could help amplify realistic voices that are currently largely absent from the curriculum.

In largely conservative states, and with the incentive of funding for abstinence-centered programs, districts are unlikely to consider entirely revamping their sexual education programs by adopting comprehensive curriculum that actually educates students about the use of birth control and condoms; however, abstinence-centered curriculum developers might consider revamping their curriculum in a way that allows more realistic voices to enter conversations about sexual health. For example, each of the stories of teenagers who have faced tremendous obstacles and are unable to obtain their goals because of their sexual behavior are highly dramatized and suggest that there is no possibility of them being able to overcome the struggles

they face. That is highly unrealistic. While I concede that both unintended pregnancies and STDs do, in fact, do create obstacles for people of all ages, these obstacles are not insurmountable; should students face them, whether it is when they are still in the classroom or after they have graduated, it is imperative that they understand how to deal with them. Asking students to remain abstinent while they are still in high school or have access to these materials is much more realistic than demanding that they remain abstinent until marriage. Choosing the Best, LLC touts statistics that suggest their curriculum has caused the decline in teen pregnancy rates and STDs; however, rhetorical analysis of the Choosing the Best Journey student manual suggests the lessons contained in the curriculum largely position women as both those responsible for preventing and those who bear the burden of issues that abstinence-centered sexuality education associate with premarital sexual activity. Regardless of whether or not the curriculum is effective in preventing teen pregnancies and STDs among teens, this implicit positioning is harmful.

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Appendix

Georgia Health Education Performance Standards

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

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| High School | High school students will demonstrate patterns of healthy behaviors to prevent or reduce the risk of injury and/or illness throughout their lifespan. Students will describe the interrelationships of emotional, physical, social, and intellectual health and how each aspect of health can be impacted by their surroundings. Students will evaluate established health behavior theories and models |
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Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

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| High School | High school students will analyze a variety of positive and negative influences within society. Students will identify the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs, and perceived norms. Students will analyze how policies and regulations influence health promotion and risk reduction. |
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Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health

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| High School | High school students will critique the validity of health information, health promoting products, and services to prevent and detect health problems. Using critical thinking and analysis skills, high school students will be able to assess the validity of health information, products and services used in the prevention, early detection and treatment of health problems. |
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Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks

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| High School | High school students will demonstrate effective verbal and nonverbal communication skills to develop and maintain health enhancing relationships. Students will demonstrate the ability to organize and convey information and feelings as the basis for strengthening interpersonal interactions and reducing or avoiding conflict. |
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Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

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| High School | High school students must be able to apply comprehensive decision-making processes in a variety of situations to enable them to collaborate with others to improve their quality of lives now and in the future. |
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Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

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| High School | Short-term and long-term health goals will be constructed based on personal needs. High school students will design, implement, and evaluate critical steps to achieve these goals. |
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Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

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| High School | High school students will model health-enhancing behaviors to prevent injuries, diseases, and disorders. Students will practice strategies for reducing harmful and risk taking behaviors now and in the future. |
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Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

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| High School | High school students will act as a health resource by communicating valid information about health issues. Students will demonstrate advocacy skills to encourage others to acquire health-enhancing behaviors. |
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See detailed descriptions

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Description: Students will be able to acquire basic personal health concepts that help maintain healthy behaviors and prevent disease. High school students will demonstrate patterns of healthy behaviors to prevent or reduce the risk of injury and/or illness throughout their lifespan. Students will describe the interrelationships of emotional, physical, social, and intellectual health and how each aspect of health can be impacted by their surroundings. Students will evaluate established health behavior theories and models.

Elements:

HE H.S. 1.1 Predict how health behaviors can affect health status.

HE H.S. 1.2 Describe the interrelationships of emotional, intellectual, physical, and social health.

HE H.S.1.3 Analyze how environment and personal health are interrelated.

HE H.S.1.4 Analyze how genetics and family history can affect personal health.

HE H.S.1.5 Propose ways to reduce or prevent injuries and health problems.

HE H.S.1.6 Analyze the relationship between access to health care and health status.

HE H.S.1.7 Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.

HE H.S.1.8 Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.

HE H.S.1.9 Analyze the potential severity of injury or illness or death if engaging in unhealthy behaviors.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Description: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors. High school students will analyze a variety of positive and negative influences within society. Students will identify the diverse internal and external factors that influence health practices and behaviors among youth including personal values, beliefs, and perceived norms. Students will analyze how policies and regulations influence health promotion and risk reduction.

Elements:

HE H.S.2.1 Analyze how the family influences the health of individuals.

HE H.S.2.2 Analyze how the culture supports and challenges health beliefs,

HE H.S.2.3 Analyze how peers influence healthy and unhealthy behaviors.

HE H.S.2.4 Evaluate how the school and community can affect personal health practices and behaviors.

HE H.S.2.5 Evaluate the effect of media on personal and family health.

HE H.S.2.6 Evaluate the impact of technology on personal, family, and community

HE H.S.2.7 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.

HE H.S.2.8 Analyze the influence of personal values and beliefs on individual health

HE H.S.2.9 Analyze how some health risk behaviors can influence the likelihood of engaging in additional unhealthy behaviors.

HE H.S.2.10 Analyze how public health policies and government regulations can influence health promotion and disease prevention.

Standard 3: Students will demonstrate the ability to access valid information and products and services to enhance health.

Description: The students will be able to access valid health information and health-promoting products and services. High school students will critique the validity of health information, health promoting products, and services to prevent and detect health problems. Using critical thinking and analysis skills, high school students will be able to assess the validity of health information, products and services used in the prevention, early detection and treatment of health problems.

Elements:

HE H.S.3.1 Critique the validity of health information, products, and services

HE H.S.3.2 Investigate the accessibility of products and services that enhance health.

HE H.S.3.3 Utilize resources from school and community that provide valid health information.

HE H.S.3.4 Determine when professional health services may be required.

Standard 4: Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Description: The student will be able to use effective communication skills to enhance personal, family, and community health. High school students will demonstrate effective verbal and nonverbal communication skills to develop and maintain healthy relationships. Students will demonstrate the ability to organize and convey information and feelings as the basis for strengthening interpersonal interactions and reducing or avoiding conflict.

Elements:

HE.H.S.4.1 Use skills for communicating effectively with family, peers, and others to enhance health.

HE.H.S.4.2 Demonstrate strategies to prevent, manage, or resolve conflicts without harming self or others.

HE.H.S.4.3 Summarize how to ask for and offer assistance to enhance the health of self and others.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

Description: Students will use decision-making skills to identify, apply, and maintain health-enhancing behaviors. High school students must be able to apply comprehensive decision-making processes in a variety of situations to enable them to collaborate with others to improve their quality of lives now and in the future.

Elements:

HE H.S.5.1 Determine the barriers to making a positive healthy decision.

HE H.S.5.2 Develop and apply a decision-making process to a health-related situation.

HE H.S.5.3 Justify when individual or collaborative decision making is appropriate.

HE H.S.5.4 Describe alternative choices to health-related issues or problems.

HE H.S.5.5 Analyze the potential short-term and long-term impact of each decision on self and others.

HE H.S.5.6 Justify the health-enhancing choices when making decisions.

HE H.S.5.7 Compare and contrast the effectiveness of health-related decisions.

Standard 6: Students will demonstrate the ability to use goal-setting skills to enhance health.

Description: Students will use goal-setting skills to identify, apply, and maintain health-enhancing behaviors. Short-term and long-term health goals will be constructed based on personal needs. High school students will design, implement, and evaluate critical steps to achieve these goals.

Elements:

HE H.S.6.1 Evaluate personal health and health practices.

HE H.S.6.2 Design a personal health plan that addresses personal strengths, needed improvements, and risky behaviors.

HE H.S.6.3 Monitor personal progress in achieving short-term and long-term personal health goals.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

Description: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks. High school students will model health-enhancing behaviors to prevent injuries, diseases, and disorders. Students will practice strategies for reducing harmful and risk taking behaviors now and in the future.

Elements:

HE H.S.7.1 Demonstrate individual responsibility for improving personal health

HE H.S.7.2 Choose a variety of healthy practices and behaviors that will maintain or improve health

HE H.S.7.3 Model behaviors to avoid or reduce health risks

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

Description: The students will demonstrate the ability to advocate for personal, family, and community health by creating health enhancing messages and encourage others to adopt healthy behaviors. High school students will act as a health resource by communicating valid information about health issues. Students will demonstrate advocacy skills to encourage others to acquire health-enhancing behaviors.

Elements:

HE H.S.8.1 Demonstrate accurate peer and societal norms to create a health-enhancing message.

HE H.S.8.2 Model how to influence and support others to make positive health choices. :

HE H.S.8.3 Coordinate with others to advocate for improving personal, family, and community health.