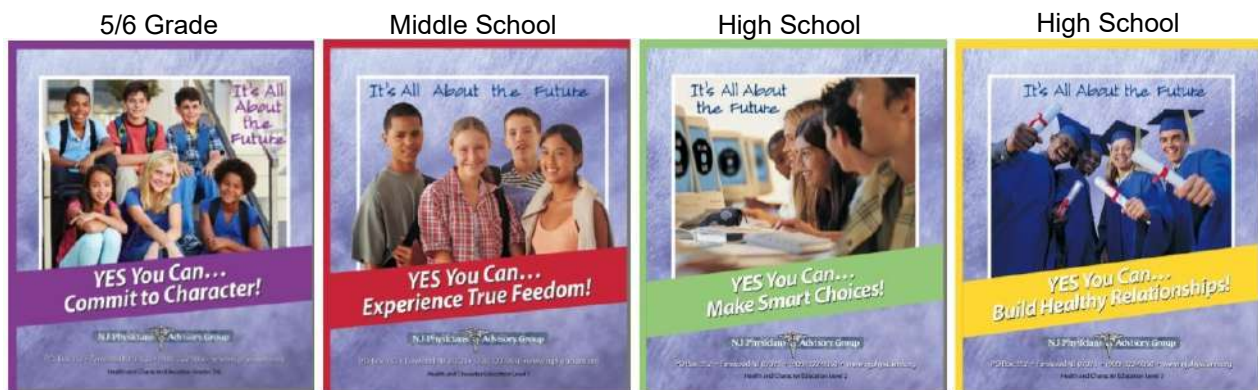


Curricula Grant Opportunity

Does Your School Have The *YES You Can!* Curricula Yet?
Which one is for you?



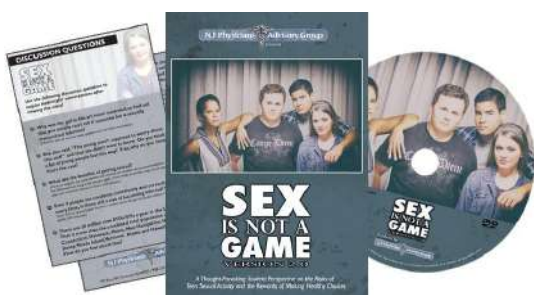
A *No, we do not have **YES You Can!** Curricula*

If your school **does not** already have **YES You Can! Curricula**, they are eligible to **apply for one (1) copy** of any of our four levels. Just fill out the attached grant application and return it by May 29, 2018!

B *Yes, we have **YES You Can!** Curricula*

If your school **does have** any level of **YES You Can! Curriculum**, we have a fabulous deal for you! You are eligible for a 20% discount on any additional orders placed by May 29, 2018! Just use the reference code NJAHPERD218.

Additional Resources Available



**Stop At Our Table
For Giveaways!**



YES You Can! Health and Character Curricula

Using the **YES You Can!** curricula assures schools that they have current, medically sound instruction in their classrooms. These curricula have a strong theoretical base, grounded in social-cognitive, social learning and protection motivation theory

- ◆ In over 285 NJ schools and in 11 other states
- ◆ Includes lesson-by-lesson teacher training videos
- ◆ Hands-on, developmentally appropriate lessons
- ◆ Assures compliance with AIDS Prevention Act
- ◆ Highlights the physical, emotional and social impact of early sexual activity
- ◆ Optional contraceptive lesson included for MS & HS
- ◆ Culturally and socially sensitive content

Relevant, medically accurate, interactive lessons developed specifically to address NJ's 2.1 - 2.4 Standards.

Evaluation Results:
Published: **Journal of School Health**
Oct. 2016
A national evaluator's 3 yr review designated this as an "Evidence-based Practice"
NJDOH review calls it, "very well done."

Easily meet 94% of 2.4 NJ CCCS
(Overall meeting 71% of 2.1-2.4)

Topics Covered Using YES You Can! Curricula By Level

Elementary – Commit to Character	MS – Experience True Freedom
HS – Make Smart Choices	HS – Build Healthy Relationships

Character Development		Disease	
Characteristics		STIs/STDs	
Life Skills		HIV/AIDS	
Decision-Making		Fetal Alcohol Syndrome	
Problem-Solving			
Goal-Setting		Relationships/Sexuality	
Refusal Skills		Building/Maintaining Relationships	
Social Influences		Healthy vs. Unhealthy Relationships	
Peer Pressure		Safe Dating	
Media and Technology		Marriage/Commitment	
		Family Relationships	
Risk Avoidance		Expressing Affection and Love	
Risky Behaviors		Delaying Sexual Activity	
Sexual Activity		Abuse	
Drugs/Alcohol		Sexual Abuse	
Consequences		Dating Violence	
Physical		Pregnancy	
Emotional		Prenatal Health/Development	
		Parenting	
Bullying/Harassment		Nutrition	
Awareness		Physical Aspects	
Prevention		Anatomy and Physiology	
Mediation		Growth and Development	
		Puberty	

Health Supervisors say:

"I believe that many lives have been positively affected by the content of this material." - "This information needs to start in middle school and continue until senior year."

Educators say:

"Excellent message for teens." - "Students respond incredibly well to hearing the truth about how risky teen sex is while at the same time being encouraged that they can make smart choices."

Students say:

"I learned that sex and love are not the same thing." Other students unfortunately say: "I wish I had heard this sooner."

Teen Sexual Activity and Its Consequences

Physical Risks At a Glance:

- ✧ 1 out of 4 teenage girls in the US has a sexually transmitted disease.¹
- ✧ 30 years ago there were two major STDs, syphilis and gonorrhea, both bacterial & curable.
- ✧ Today there are more than 20 STDs, over half of which are viral, incurable and life-long.
- ✧ STDs are transmitted by oral-genital contact, vaginal intercourse and anal sex.

Chlamydia

- Infects between 5-10% of sexually active adolescents and frequently has no symptoms.²
- Teens are disproportionately represented in Chlamydia statistics. 15-19 year old account for 35.5% of cases but represent only 6.8% of the state's population.³
- This disease is a major cause of pelvic inflammatory disease (PID), infertility and ectopic pregnancies.

HPV – Human Papilloma Virus

- Responsible for 99.7% of all cervical cancer.⁴
- Some strains cause genital warts.
- Most infections are short-lived and self-resolve, but approx. 10% of women remain infected at 5 years.⁵
- 1998 Rutgers study showed that, of 608 females followed for 3 years, nearly 60% had HPV infections.⁶
- HPV is spread by skin-to-skin contact in the entire genital region, condoms give little to no protection.⁷

Herpes

- 1 out of 5 Americans over the age of 12 has genital herpes.⁸
- Is viral and causes painful genital blisters.
- Can be spread by skin-to-skin contact for which condoms give little protection.
- Both oral herpes (HSV1) and genital herpes (HSV2) can be transmitted through oral-genital contact.

HIV – Human Immunodeficiency Virus

- Causes AIDS which is incurable.
- Risk of being infected with HIV increases when other STDs are present.
- Condom effectiveness for preventing heterosexual HIV transmission is approximately 85%.⁹

Teen Pregnancy

- Each year, 16% of sexually active teen girls become pregnant.¹⁰
- Nationally, 32% of all pregnancies among 15 to 19 year-olds end in abortion, but in NJ the rate is 61%.¹¹
- Gross cost of adolescent childbearing and resultant social problems calculated at \$29 billion annually.¹²

Life Consequences:

The consequences are more than physical. Impact on the emotions and life in general has been documented:

- Sexually active teens are 2 to 3 times more likely to be depressed than teens who are not sexually active.¹³
- Girls who are sexually active are nearly 3 times more likely to attempt suicide than those who are not; boys are 8 times more likely.¹⁴
- It is recommended that sexually active girls be screened for mental health risks.¹⁵
- Columbia University (National Center on Addiction and Substance Abuse, www.casacolumbia.org) found that teens, who report that half or more of their friends are sexually active, are themselves:
 - More than 6.5 times likelier to drink
 - 22.5 times likelier to have tried marijuana
 - 31 times likelier to get drunk
 - More than 5.5 times likelier to smoke

What We Know About Condom Protection:

- **FOR PREGNANCY PROTECTION** In studies of *actual use*, 18% of all women who use condoms for pregnancy prevention become pregnant over the course of the first year.”¹⁶ For girls under the age of 18 using condoms, 25.8% will experience a pregnancy in the first two years of use.¹⁷

It is disingenuous to teach the theoretical rate (quoted as 98-99%) as the actual protection rate against pregnancy when studies show that, in actual use, the protection received is far less.

- **FOR DISEASE PROTECTION** Condoms give about 80% protection against the transmission of HIV/AIDS.¹⁸ While some studies have shown correct and consistent condom use can provide about 50% risk reduction against Chlamydia, Gonorrhea, Genital Herpes and Syphilis,¹⁹ other studies demonstrated few or no significant positive effects with respect to preventing STIs.²⁰ Condom effectiveness against STDs such as HPV, syphilis and herpes is low because they are spread by skin-to-skin contact throughout the entire genital region, not just the area a condom covers. Disease transmission can occur prior to intercourse, during intimate sexual contact.

Conclusion: The promotion of condoms to teens for disease and pregnancy prevention is not a primary prevention message. A strategy of risk reduction is far inferior to risk avoidance. Studies show condoms protect far less than originally expected. Reliance on them can lead to a false sense of security.

The Good News:

- Less than half of today’s high school students, have ever had sexual intercourse. The June, 10, 2016, MMWR, CDC YRBS reported of 9th – 12th graders, only 41.28% of students, 39.2% of females and 43.2% of males.
- 93% of adults and 91% of teens believe that teens should be given a strong message from society not to be sexually active until they are at least out of high school.²¹
- Parental involvement is a critical factor associated with delayed sexual initiation and a reduced risk of teen pregnancy. The factors are: strong parental relationship quality, communication, monitoring and awareness of adolescents’ activities.²²

The Solution To the Negative Consequences of Teen Sexual Activity:

Encourage and empower teens to make the healthiest and safest choices for their lives now and their futures.

- ✓ Honor the concept of *full disclosure* by giving teens accurate information on the effectiveness of disease and pregnancy prevention.
- ✓ Strengthen students with educational programs that empower them to eliminate risk-taking behaviors.
- ✓ Help those who are sexually active to understand the risks and choose a healthier lifestyle by adopting the option of secondary virginity.
- ✓ Teach the setting of personal boundaries, self-restraint and refusal skills needed to achieve these goals.

¹ Forhan, SE, et al. “Prevalence of Sexually Transmitted Infections Among Female Adolescents Aged 14 to 19 in the United States,” *Pediatrics*, 2009;124:1505-1512.

² Medical Institute, Sex, Condoms and STDs: What We Now Know, 2003:11.

³ Reporting from NJ Dept of Health and Senior Services and Population Division, US Census Division

⁴ Walboomers JM; Jacobs MV, et al. “Human Papillomavirus is a Necessary Cause of Invasive Cervical Cancer Worldwide,” *Journal of Pathology*, Sept. 1999, 189:12.

⁵ Wright TC; Schiffman M, “Adding a Test for Human Papillomavirus DNA to Cervical-Cancer Screening,” *New England Journal of Medicine*, 2003; 348:518-527.

⁶ Ho GYF; Bierman R, et al. “Natural History of Cervicovaginal Papillomavirus Infection in Young Women,” *New England Journal of Medicine*, 1998;338(7):423.

⁷ Sedlacek TV, “Clinical Options in Dealing with Minor Cytologic Abnormalities,” *The Colposcopist*, Vol. XXIV, No. 4, Fall 1992.

⁸ Fleming DT; McQuillan GM, et al. “Herpes Simplex Virus Type 2 in the United States, 1976 to 1994,” *New England Journal of Medicine*, Oct.16, 1997.

⁹ Health and Human Services, Workshop Summary: Scientific Evidence on Condom Effectiveness for STD Prevention; July 20, 2001, www3.niaid.nih.gov/about/organization/dmid/PDF/condomReport.pdf. Accessed 4/22/2014.

¹⁰ Finer, LB, “Unintended Pregnancy Among US Adolescents: Accounting for Sexual Activity,” *Journal of Adolescent Health*, 2010;47(3):312-314.

¹¹ Guttmacher, U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, January 2010, Table 3.1.

¹² National Campaign to Prevent Teen Pregnancy, “By the Numbers, The Public Costs of Teen Childbearing”

¹³ Rector R; Johnson JK, et al. Sexually Active Teenagers Are More Likely To Be Depressed and To Attempt Suicide, Heritage Foundation. June 2003.

¹⁴ Hallfors DD; Waller MW, et al. “Which Comes First In Adolescence – Sex and Drugs or Depression?” *American Journal of Preventive Medicine*, 2005;29(3).

¹⁵ Trussell J, Contraceptive Failure in the United States, *Contraception* 2011, 83:397-404.

¹⁶ Family Planning Perspectives, Contraceptive Failure in the first Two Years of Use: Differences Across Socioeconomic Subgroups, Ranjit N, Bankole A, Darroch J, Singh S. Table 6: www.guttmacher.org/tables/3301901t.html#t1. Accessed April 28, 2014.

¹⁷ Weller, SC; Davis-Beaty, K, “Condom Effectiveness in Reducing Heterosexual HIV Transmission,” *Cochrane Database of Systematic Reviews* 2002, Issue 1. Accessed April 27, 2014 at: www2.cochrane.org/reviews/en/ab003255.html

¹⁸ Shlay JC; McClung MW, Patnaik JL, Douglas JM Jr., Comparison of Sexually Transmitted Disease Prevalence By Re-reported Level of Condom Use Among Patients Attending An Urban Sexually Transmitted Disease Clinic, *Sexually Transmitted Diseases* 31(3), 2004, 154-160.

¹⁹ Wetmore, CM, et al. Randomized Controlled Trials of Interventions to Prevent Sexually Transmitted Infections: Learning From the Past to Plan for the Future, *Epidemiologic Reviews* 2010;32:121-136.

²⁰ National Campaign to Prevent Teen Pregnancy, With One Voice 2007.

²¹ Ikramullah E; et al. “Parents Matter: The Role of Parents in Teens’ Decisions About Sex” Research Brief, Child’s Trends, November 2009, publication #2009-45.