

Making a Sex Ed Learning Community

High School, Lesson 1

One Class Period

Student Learning Objectives

The student will be able to ...

1. list and explain at least four of the ground rules for the *FLASH* unit.
2. contribute to a serious and respectful class environment.

Agenda

1. Explain the purpose of the lesson and introduce the *FLASH* unit.
2. Use a case study to establish the need for ground rules and then set expectations for the *FLASH* unit.
3. Discuss slang vs. medical language.
4. Conduct journaling activity.
5. Introduce the anonymous box.
6. Introduce *FLASH* homework (optional).

This lesson was most recently edited on February 1, 2011.

Materials Needed

Student Materials

- Blank notebook paper for journaling activity
- **To Parents and Guardians: Introducing FLASH Family Homework** (one per student)
OPTIONAL: **Family Homework** packets for each student (Some teachers prefer to hand out an assignment with each lesson. Others prefer to hand them out all at once at the beginning of the unit.)

Classroom Materials

- Small pieces of scrap paper for the anonymous questions

Teacher Preparation

Well in advance ...

- Read the **Important Reading for Teachers** section of this binder (or online).

The day before the lesson ...

- Make copies of materials needed, listed above.

Standards

National Health Education Standard:

- **Standard 3:** Students will demonstrate the ability to access valid information, products, and services to enhance health.
Performance Indicator 3.12.1: Evaluate the validity of health information, products, and services.
Performance Indicator 3.12.2: Use resources from home, school, and community that provide valid health information.

Rationale

This lesson sets the classroom climate for the sexual health unit and builds additional safety. Even though a climate of mutual respect has hopefully already been growing during the year, this unit can be particularly stressful for students, even invoking fear of harassment if it isn't launched sensitively. The lesson sets up the sexual health unit in a way that makes all students in the room feel recognized, welcome, and respected. Through revisiting your classes' ground rules, and giving sexual health related examples of how they might be inadvertently violated and why that's unfair, you will create safety and vastly increase the chances students can actually be present and learn. These ground rules and your matter-of-fact tone can help to alleviate students' fears about what to expect both from you and from each other during the unit. The lesson also sets a tone of academic rigor, similar to all other academic units, thereby normalizing the topic of sexual health education and setting high expectations for learning.

Activities

1. Explain the purpose of the lesson and introduce the *FLASH* unit.

Say: Today we are beginning the FLASH unit, which stands for Family Life And Sexual Health. This unit will focus on sexual health, safety and well-being. We will cover topics such as healthy relationships, abstinence, pregnancy, birth control ... and a whole lot more. I'm really excited about this unit. You'll get to learn more about your bodies and about sex and gender, and you'll get better at making decisions that keep you safe and healthy.

I want to tell you a story about a class a couple of years ago that was doing their sexual health unit. Unfortunately, it didn't go very well. Then I'd like for us to figure out how our class can learn from what happened to them and do things differently.

2. Set ground rules / classroom expectations for the *FLASH* unit.

Read the following case study aloud:

CASE STUDY

A couple of years ago there was a sexual health education class that really bombed. On the very first day, they were talking about flirting and "being hit on". A student who I'll call "Rob" announced that he already knew how to handle someone hitting on him.

He said, "Girls don't hit on guys unless they're sluts, so they deserve what they get. And if a guy ever tried anything, I'd punch him out. The idea of someone being gay makes me sick."

After class, two people came up to the teacher and asked to be excused for the rest of the unit. They each sat down in private and had long talks with the teacher.

It turned out that one student (I'll call her "Ming") had been raped by her ex-boyfriend. She felt as if Rob was blaming her ... saying that it was her own fault for being raped. Of course it's never somebody's fault for being raped, and it's easy to feel that way when it's you. Ming couldn't stand to be in class with Rob after his comment. Also, calling people names or putting people down, like Rob did, freaked her out.

Similarly, the second student (I'll call him "Juan") was furious at Rob's violent outburst at the idea of a man hitting another man. Juan's father is gay and he refused to be in a class where people were putting down and making threatening comments about gay people.

Ask the class *what could have been done differently in this case study. How would you respond to Rob if you were the teacher?*

After class responds, give “Rob” the benefit of the doubt in order to invite those who have bullied to want to be more a part of the community you are creating:

Say: In fairness, you have to understand that Rob had no idea that Ming had recently been raped or that Juan’s father was gay. It never occurred to him that anyone would be hurt or offended by his remarks. Rob needed a little education. He needed to learn that there are ways to express his opinion without demeaning other people. He also needed to realize that he never knows the life experiences of most of the people around him. Of course, Ming and Juan have every right to excuse themselves from the classroom if they need to, but the incident should never have happened in the first place.

Own your responsibility for making the classroom safe:

Say: The teacher in that class felt awful for what happened and felt responsible for the crisis. I want to prevent anything like that from happening in our classroom. Instead, I would like for us to come up with some ground rules or classroom expectations together that will help everyone feel safe about asking questions and expressing opinions. I also know that some of you may feel comfortable with the topics we’re going to cover in our FLASH unit. Other folks might feel anxious. I would like us to figure out some ground rules to help alleviate any anxiety, and so that you all know what to expect from me and from each other during this unit.

Ask the students to **come up with a list of classroom expectations** that the entire class can agree to for the rest of the *FLASH* unit. **Possibilities might include:**

- No put-downs.
- It is OK to agree or disagree.
- Begin statements of opinion with, “I believe...”
- It’s OK to keep your opinions and experiences private.
- Listen and be respectful of other people’s opinions.
- Get the facts; any question is OK.
- Protect people’s confidentiality. Don’t share private information publicly, or, if you do, skip the names. You are entitled to protect your own privacy, too. Students can frame it as “I know someone who”.
- Talk to the teacher in private, if you need to.

Write ground rules up on chart paper or some other paper to keep displayed throughout the **FLASH** unit.

After the students come up with a list of ground rules, if there are any missing that you would like to add, ask the students’ permission to add them to the list. In an effort to get students’ buy-in for these group agreements, you can do one of two things.

- a) Ask the students to raise their hands if they agree. Make sure that all students raise their hands and agree to these ground rules. If there is not agreement, have a

conversation regarding this.

- b) Any time a new student starts the class during the unit, have them review the ground rules.

When students are not acting in accordance to the group agreements, you can refer back to the fact that they agreed to these in the beginning of the unit.

Say: ***Remember, I have the right to privacy just as you do. I won't be asking you personal questions around your sexual health, and, in turn, I won't answer questions that feel too personal regarding these topics.***

If there are very personal concerns anyone wants to discuss with me, I will be available to talk in private. I can then refer you to the appropriate professional or resource. Tell them when and how they can set up a meeting with you, Also, you will learn about resources throughout this unit.

NOTE about CONFIDENTIALITY: Let students know that you want them to come to you. Also remind them that you are a mandatory reporter. This means that you are required to report physical or sexual abuse, neglect, imminent risk of serious harm, or when a student is suicidal or homicidal. Tell students that you are not sharing this with them to discourage them from talking to you and that otherwise you will be scrupulous about protecting their confidentiality. You just want them to know your legal responsibility as a teacher.

3. Discuss slang vs. medical language.

Say: ***I encourage you to ask questions during the unit. I expect that you'll use the medically accurate terminology (or "standard adult terms") as opposed to slang.***

However, if the only word you know for something is slang, it's OK to use the slang, and I'll teach you the medically accurate terminology. It is better to ask a question using slang than not ask the question at all.

Except for offensive words, we are not calling slang terms "inappropriate." Slang words are often just the common word ("have a period" vs. "menstruate" or "come" vs. "have an orgasm").

List the following medically accurate terms on the board and facilitate an open discussion regarding the terms they may see/hear during the unit. Provide a brief explanation of each if needed. Please note: more detailed information will be provided in future lessons.

- Penis
- Scrotum
- Vagina
- Condom
- Testis
- Ovum
- Sperm

- Uterus
- Pregnancy
- Anus
- Semen
- Clitoris

4. Conduct journaling activity.

Have the students do a journaling activity on a piece of notebook paper.

Say: ***you will be handing this writing activity in so I want them to take it seriously. Write a few sentences answering each of the following two questions:***

- a) Which sexual health topic do you think that you know the most about? List three facts that you know regarding that topic already.***
- b) What are you most excited to learn about in the upcoming unit? Why?***

After they have completed the journaling activity, ask for volunteers to share what they have written.

5. Introduce the Anonymous Question Box.

Give each student several slips of scrap paper and a pencil.

Say: ***Write at least one question or what they learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them five or ten minutes to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

6. Introduce FLASH homework.

Explain the homework assignment. Make clear that:

- ***Family Homework is really an important component of the unit.***
- Students may choose **any trusted adult** to do these assignments with – a parent, aunt, uncle, grandparent, a parent's partner, group home parent, best friend's parent.
- You understand that some families talk already about these issues and others never do. You realize that **different cultures and religions have different perspectives** on what conversations are appropriate between generations. But you want to **encourage students to try** these assignments even if they feel awkward at first. They will get easier with practice.
- That said, **you will always give students two options** when you assign homework: a *Family Homework Exercise* and an *Individual Homework Exercise*, in case it is really impossible to find time with a trusted adult, or if the student or family strongly prefers not to do that particular Family Homework assignment. The student will be able to earn the same credit through the *Individual Homework Exercise*. You don't want to penalize people who don't have an adult with whom they are close enough, or one with the time or ability to help out. You especially don't want to penalize

people for whom a particular topic is just very sensitive.

- Each *Homework Exercise* should take about **ten minutes**.

There is no homework assigned to this lesson. But if you prefer to hand out the whole Family Homework packet at the beginning of the unit, now is the time to do so. If not, send home just the letter entitled, *To Parents and Guardians: Introducing **FLASH** Family Homework*.

To Parents & Guardians:

Introducing *FLASH Family Homework*

Dear Families,

We would like to explain the purpose of the *FLASH* Family Homework assignments. Your child's teacher may assign just one or two homework activities or all fourteen. Each one takes about 10 minutes. Your child can do alternative assignments without you, if necessary. But we hope that once you understand why they are included, you will use these Family Homework assignments with your child.

The writers of the *FLASH* program know that the family is the one who teaches children values about sexual health. Sexual health education in school can teach children about their bodies and about preventing pregnancy and diseases. But only families can teach children when and under what circumstances people should begin dating, or how they should treat their dating partner or spouse, or what sorts of behaviors are never okay. Research shows that when families have these discussions it helps children make healthier choices.

Some families are already talking about these things. For other families, it may be more difficult. *FLASH* Family Homework gives you a chance to talk with your child about many topics related to sexual health. It raises topics that might be difficult for you to bring up on your own. It lets you share your thoughts and beliefs with your child. We hope you will take the chance to do this.

Children are surrounded by messages in the media telling them how to behave sexually. Although the power of the media is huge, we know that family communication is also very powerful. One of the only ways to weaken the power of the media is to speak clearly and directly to your children about what you believe, why you believe it, and what your hopes are for them.

Research shows that when children hear clear expectations from their parents/guardians, they are much more likely to follow them. Whether they are boys or girls; masculine, feminine or neither; gay or straight, they all need to know you love them the way they are. The *FLASH* program educates children about sexual health. One of the most important pieces of this education is the learning and support they receive at home. Thank you for taking time each night to have these important conversations with your child.

Sincerely,
FLASH Program Authors

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Reproductive System & Pregnancy

High School, Lesson 2

One Class Period

Student Learning Objectives

The student will be able to ...

1. locate and name at least 80% of the parts of the male and female reproductive systems.
2. describe the path of an egg (ovum) during menstruation. Describe the path of a sperm during ejaculation.
3. understand there is a wide range of “normal” anatomy.
4. list several early symptoms of pregnancy.
5. describe the process of conception.
6. identify when a pregnancy test is needed and where people can access a confidential test.

Agenda

1. Answer question(s) from the anonymous question box.
2. Discuss the purpose of the lesson.
3. Brainstorm with the class about body parts.
4. Use *Reproductive System Visuals 1-5* to continue reviewing the male and female reproductive systems including the location and function of each part.
5. Briefly cover the process of conception using *Pregnancy Visuals 1-3*.
6. Discuss the common symptoms of pregnancy.
7. List local, credible, confidential resources for pregnancy testing that youth can access.
8. Facilitate the *Pregnancy Activity: Two Truths and a Lie*.
9. Anonymous Question Box.
10. Assign homework (optional).

This lesson was most recently edited on March 23, 2011.

Materials Needed

Student Materials

- **Reproductive System Worksheets** (1 copy per student)
- **Pregnancy Activity: Two Truths and a Lie** (one copy per student)
- **Individual Homework: Pregnancy** (1 copy per student)
- **Family Homework: Talking about the Reproductive System and/or Talking about Pregnancy** (1 copy per student)

Classroom Materials

- **Reproductive System Visuals 1-6**
- **Pregnancy Visuals 1-3**
- Labeled body parts for classroom activity, one set per class

Teacher Preparation

Well in advance ...

- **Review lecture notes** due to the large number of terms and definitions.

The day before the lesson ...

- **Make copies** of Materials Needed (see above)
- **Prepare visuals** for use on a SMART Board or projector. Note: When the lesson says “board,” use whatever is available in your classroom.

Standards

National Health Education Standard:

- **Standard 3:** Students will demonstrate the ability to access valid information, products and services to enhance health.
Performance Indicator 3.12.4: Determine when professional health services may be required.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Discuss the purpose of the lesson.

Say: ***This lesson is a review of information that many of you have learned in earlier grades. Being well-grounded in knowledge about the reproductive system will help you make sense of discussions later in the unit about pregnancy, birth control, and sexually transmitted diseases. Also, knowing body parts helps you to explain to a health provider what you think the problem may be.***

3. Brainstorm with the class about body parts.

Write on the board in three columns: Male / Female / Both. Ask students to name reproductive system body parts, both internal and external, in the three columns. Fill in from the Teacher Master List (below) and list the parts that students don't mention. As you list the parts on the board, briefly define each body part, where it is in the body and what it does.

4. Use ***Reproductive System Visuals 1-5*** to continue reviewing the male and female reproductive systems, including the location and function of each part.

Use a document camera (or SMART Board, overhead projector, etc) to project the images on the board.

Say: ***the parts labeled as male, female, or both are for most people, but when people are intersex (i.e., they have a disorder of sex development), there may be some differences ... differences that were present at birth.***

NOTE: Briefly review "what it does" (each part's function, below) if students are unfamiliar with the physiology, as you point to the visuals. Please do **not** feel that you must convey every bit of information in the Teacher Background chart, below.

Teacher Background

Male Part	What it Is / What it Does
penis (made up of shaft, glans, and sometimes foreskin)	<ul style="list-style-type: none"> • allows passage of urine and of semen • provides sensation (has many nerve endings) • the average penis measures 3-4" when it's not erect (flaccid) and 5-7" when erect¹
foreskin	<ul style="list-style-type: none"> • protects the glans of the penis • provides sensation • males who've been circumcised don't have one
scrotum	<ul style="list-style-type: none"> • muscular sac which is shorter when cold, longer when warm • holds testes • controls temperature • provides sensation

testes (also called testicles) singular = testis	<ul style="list-style-type: none"> produce sperm and sex hormones (androgens, testosterone) each is made of 500-1,200 feet² of tightly coiled tubes
epididymis (plural = epididymes)	<ul style="list-style-type: none"> allows maturation of sperm
spermatazoan (plural = spermatozoa)	<ul style="list-style-type: none"> cell from a man (commonly called “sperm”) they carry strings of genes (called “chromosomes”) or DNA instructions in case the sperm cell meets with an egg cell and fertilizes it
spermatic cords	<ul style="list-style-type: none"> suspend the testis supply blood to the testis provide sensation carry sperm from the testis
vas deferens (plural = vasa deferentia ... also called sperm ducts)	<ul style="list-style-type: none"> provides storage for sperm allow passage of sperm as big around as sewing thread they lead into the abdomen, where (behind the bladder) they widen into storage sacs
seminal vesicles	<ul style="list-style-type: none"> contribute fructose (sugar) to semen for nourishing the sperm
semen	<ul style="list-style-type: none"> helps sperm live longer and travel better about a teaspoon full per ejaculation
prostate gland	<ul style="list-style-type: none"> produces most of the fluid that makes up semen
Cowper’s glands (also called bulbourethral glands)	<ul style="list-style-type: none"> pair of glands produce fluid called pre-ejaculate or “pre-cum” that cleanses the urethra of acid (from urine) to protect the sperm

Female Part	What it Is / What it Does
uterus (made up of muscular walls, a lining called the endometrium, and a cervix. The uterus is also called “womb”)	<ul style="list-style-type: none"> houses and protects embryo/fetus/baby allows nutrient & waste exchange with placenta nourishes an embryo, before a placenta grows
cervix	<ul style="list-style-type: none"> the bottom section of the uterus produces fluids to help sperm travel produces a mucous plug to keep germs out during pregnancy
vagina	<ul style="list-style-type: none"> allows passage of sperm produces fluids to cleanse and lubricate itself and to help sperm travel allows passage of shed endometrium during menstruation allows passage of baby provides sensation (has many nerve endings especially in the outer third) a collapsed tube, like a deflated balloon

	<ul style="list-style-type: none"> • 3" long when not aroused, 5-6" when aroused,³ but very stretchy • is the middle of female's three openings
hymen	<ul style="list-style-type: none"> • membrane partly covering vaginal opening • some girls are born without a hymen • may be stretched during sexual intercourse or by using a tampon or with fingers
ova (singular = ovum ...also called egg cell)	<ul style="list-style-type: none"> • carry strings of genes called chromosomes which mix with chromosomes of sperm to direct fetal development if fertilized and implanted in the uterus • they dissolve in the Fallopian tube after about 24 hours if not fertilized⁴
ovaries (singular = ovary)	<ul style="list-style-type: none"> • provide storage for ova • allow maturation of ova • produce sex hormones (estrogen, progesterone, androgens)
Fallopian tubes	<ul style="list-style-type: none"> • allow passage of ova toward uterus • allow passage of sperm from uterus
fimbria (plural = fimbriae)	<ul style="list-style-type: none"> • guides a mature ovum, when it is released from an ovary, into a Fallopian tube • fringe-like or finger-like outer ends of the Fallopian tube
Skene's glands	<ul style="list-style-type: none"> • area of firm tissue anterior (towards the front) to the wall of the vagina, surrounding the urethra • responds to pressure sometimes causing orgasm⁵ and sometimes produces fluid (it is not urine) • also known as Graffenberg-spot or the female prostate gland
vulva (made up of labia majora, labia minora, and clitoris)	<ul style="list-style-type: none"> • protect openings of urethra and vagina, as eyelids protect eyes • provide sensation (has many nerve endings) • labia are folds of skin • outer labia (labia majora) have pubic hair
clitoris (made up of shaft, crura [internal branches], glans and hood)	<ul style="list-style-type: none"> • provides sensation (has many nerve endings) • each internal branch of erectile tissue is about 3½" long • the glans (the visible part of the clitoris) is usually ¼-½" long, comparable in size to a pearl at front of vulva, where the labia meet⁶
clitoral hood	<ul style="list-style-type: none"> • protects the glans of the clitoris • provides sensation (has many nerve endings) • like a cap, mostly covers the clitoris, when it isn't erect

Both Male and Female	What it Is / What it Does
navel	<ul style="list-style-type: none"> allows passage of oxygen and nourishment before birth after birth, it serves no purpose not part of the reproductive system
abdomen (also called the belly)	<ul style="list-style-type: none"> contains most of our internal organs the part of the body between the rib cage and the pelvis
buttocks	<ul style="list-style-type: none"> provides cushion for tail bone and aids in walking and standing contains muscles for movement not part of the reproductive system
pelvis (the “pelvic region” the lower abdomen)	<ul style="list-style-type: none"> bowl shaped bone structure that supports and protects the internal reproductive organs men’s and women’s pelvises are shaped differently so that women can give birth
cilia (singular=cilium)	<ul style="list-style-type: none"> hair-like structures which line the Fallopien tubes and the epididymes, sweep an ovum down the Fallopien tube sweep sperm cells through the epididymes
bladder	<ul style="list-style-type: none"> provides storage for urine not part of the reproductive system
urethra	<ul style="list-style-type: none"> allows passage of urine in males allows passage of semen it's the tube inside the penis in females, it is below the clitoris but above the opening of the vagina not part of the reproductive system some females ejaculate a clear fluid that is not urine from their urethra during orgasm this is normal and natural and women should not think they are peeing during sex if it happens⁷
anus	<ul style="list-style-type: none"> allows passage of bowel movement (feces) provides sensation (has many nerve endings) the opening from the rectum and lower intestines not part of the reproductive system

5. Discuss the pregnancy lesson.

Say: We will now continue to build on knowledge learned about reproduction and focus on pregnancy. While we could spend a whole week on this subject, we will cover some of the basics about pregnancy including how pregnancy happens, symptoms, and where to go for a pregnancy test.

6. Briefly cover the process of conception.

Using a document camera, (projector, etc) **project and discuss *Pregnancy Visuals 1-3.***

Visual 1: Spermatozoon and Ovum

Say: The ovum, or egg cell, is the largest cell of the human body, about the size of a grain of sand ... visible but only barely. The spermatozoon – or sperm cell for short – is much smaller. The human body is made of billions of cells (brain cells, blood cells, muscle and bone cells as well as eggs and sperm). Most cells in your body contain 23 pairs of chromosomes (for a total of 46). Each chromosome is a chain of genes. Unlike other human cells, sperm and egg cells contain 23 individual chromosomes each, rather than 23 pairs. When sperm and egg meet, they form 23 pairs of chromosomes for a total of 46 like other body cells. These chromosomes determine physical traits, personality, etc.

Visual 2: Fertilization

Say: Usually, during intercourse (vaginal sex), when the man ejaculates, he releases about a teaspoon of semen, containing about 300 million sperm, into the woman's vagina. The semen contains millions of sperm, which begin to swim towards the cervix. Many sperm eventually die. However, thousands quickly enter the uterus, with assistance from the cervical fluid, and travel toward the Fallopian tubes. It takes the fastest ones two days to reach a Fallopian tube. Others hang out and gradually, over a few days, begin their journey through the uterus into a tube. When they get there, if there happens to be an ovum waiting, many sperm will try to penetrate its outer layers. Only one may finally enter it, forming a fertilized egg. Fertilization is complete. But she is not yet pregnant. The fertilized egg contains a unique combination of genes: the blueprint for a new individual. Appearance, health and even aspects of personality are determined by that genetic blueprint.

By the way, notice where it says "EGG AND SPERM MAGNIFIED" on the picture? A human egg is actually about 1/4 the size of a grain of salt or the period at the end of a sentence. A sperm is much smaller and can be seen only with a microscope.¹

Visual 3: The First Week

Say: Over half of all fertilized eggs die for various reasons.^{2,3} If the egg doesn't die, then within 12 hours it begins to divide, becoming 2 cells, then 4, then 8. In the meantime, it travels down the tube. By the fourth or fifth day, it enters the uterus and burrows into the rich endometrium, the lining of the uterus. It is still just the size of a grain of sand. This nesting process is called implantation. Now conception is complete

Note: There are different opinions on the word *conception*; some people (and some states) equate it with fertilization. But the federal government and the American College of Obstetricians and Gynecologists define **conception as “a woman is pregnant only when a fertilized egg has implanted in the wall of her uterus.”**⁴ For the purposes of describing pregnancy and later when birth control and Plan B are discussed, we define conception in this way.

Before moving on,

Say: ***Who can define the term fertilization?*** Call on student. Ensure students provide correct definition. ***Who can define the term implantation?*** Call on student. Ensure students provide correct definition. ***Who can define the term conception?*** Call on student. Ensure students provide correct definition. Ensure understanding of concepts and correct any misconceptions.

7. **Discuss common early symptoms of pregnancy.** Ask students to brainstorm common early symptoms of pregnancy. Write the symptoms on the board as people suggest them and then go back and explain a little about each one and any that were not mentioned (scripted below).

Say: ***Not all pregnant women experience the same symptoms to the same degree. And these symptoms aren't unique to pregnancy. Some can indicate that a woman is getting sick or that her period is about to start. Likewise, someone can be pregnant without experiencing any of these symptoms. But if someone misses a period and / or notices any of these other symptoms after having unprotected intercourse (penis-vagina sex with no condom or other birth control), it would be a good idea to make an appointment at a clinic to find out for sure if she is pregnant.***

- ***Missing a period: About two weeks after an egg is fertilized the woman's body may be releasing enough progesterone to stop what would have been her next period. Some women do have a lighter than usual period rather than stopping altogether at this point. But many stop having periods starting at the very beginning of the pregnancy.***
- ***Tender, swollen breasts: As early as two weeks after conception, hormonal changes may make a woman's breasts feel tender, sore, fuller or heavier.***
- ***Fatigue: Hormonal changes during pregnancy can make a woman feel sleepy and less energetic.***
- ***Nausea with or without vomiting: Sometimes called “morning sickness.” This feeling can begin in pregnant women as early as two weeks after conception. This also comes from the hormonal changes in pregnancy. Pregnant women also have a heightened sense of smell, so odors like certain foods cooking, perfume, or cigarette smoke may cause nausea in pregnancy.***
- ***Frequent urination: The feeling of having to go to the bathroom a lot can also be a symptom of pregnancy. This sensation sometimes stops and then recurs later in the pregnancy.***

8. List local credible, confidential resources for pregnancy testing that students can access.

Hand out local resource brochures, flyers, and/or a *Local Pregnancy Resource List*. Briefly discuss each clinic.

9. Play “2 Truths and a Lie” Activity.

Invite two students to act as an Emcee and a Scorekeeper. Divide the rest of the class into teams of three to four people and have each choose a name and a Captain.

Explain: ***The Emcee will read the first three statements aloud. Each team will huddle to decide which of the three statements they think is the “lie.” Their designated Captain will raise one to three fingers to show which one they chose. The Emcee will read the answer aloud using the Answer Key. The Scorekeeper will give ten points to all the teams with the right answer. The team with the most points at the end of the game will be the winner. But everyone will mark the correct answer on their own copy to turn in at the end of the game for credit.***

10. Anonymous Question Box.

Give each student several slips of scrap paper and a pencil.

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

11. Assign homework.

- a. *Individual Homework: Pregnancy*
- b. **Optional:** *Family Homework: Talking about the Reproductive System and/or Talking about Pregnancy*

Optional: Related Activities for Integrated Learning

ART

Look for illustrations of the reproductive system online or in books. Bring examples to class of those you think are the most artistic, the easiest to understand, or the most confusing.

FAMILY AND CONSUMER SCIENCE

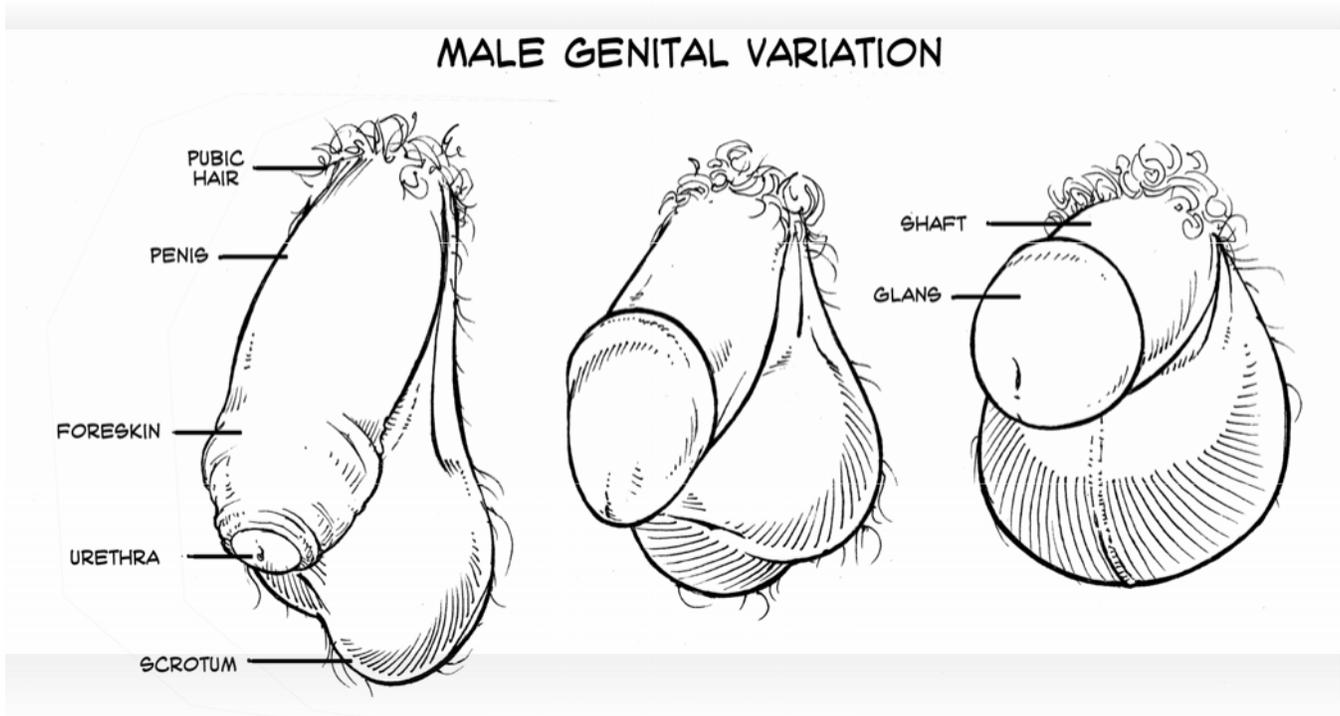
Research steroids that have been used by athletes. Write a paragraph about why these can be harmful to the reproductive system, especially for teens. What is the effect of steroids on both males and females? What steroids do doctors prescribe for people with medical problems? How are they different from steroids to improve athletic performance?

MATH

Find statistics on the number of sperm cells that males produce in a lifetime. Find comparable statistics on the number of egg cells that females are born with. Were these numbers higher or lower than what you expected? Create a graph or chart or table showing the difference in these numbers.

Reproductive System Visual 1:

External Male Views

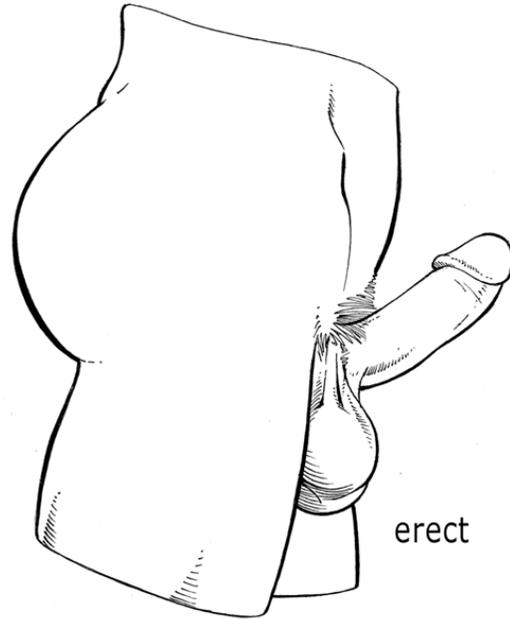
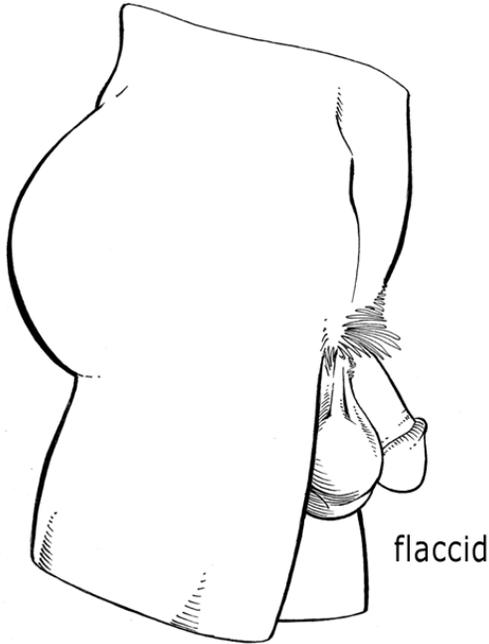


NOTE ABOUT THESE PICTURES AND THE ONES ON THE NEXT FEW PAGES: These illustrations do not represent all people's bodies, including people who have not yet reached puberty, people with certain disabilities, and some people who are intersex or transgender. Also, the shapes and sizes of people's bodies and body parts vary greatly from person to person.

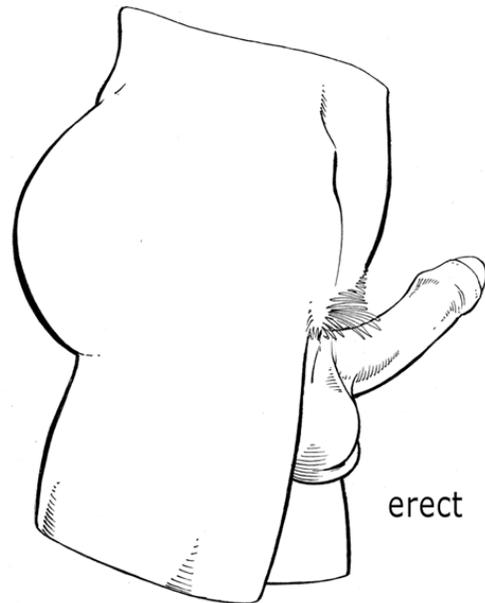
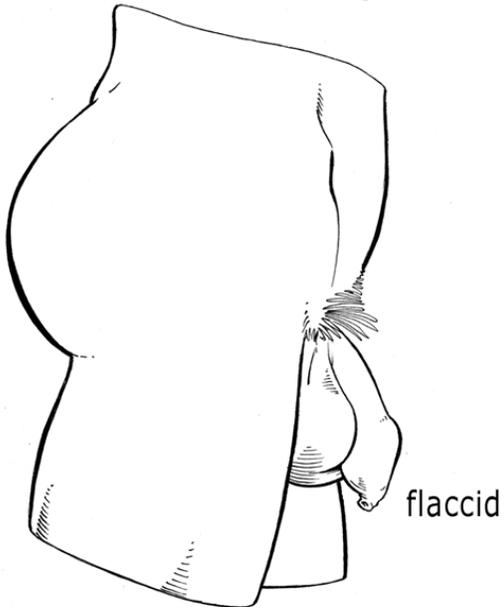
Reproductive System Visual 2:

More External Male Views

circumcised penis

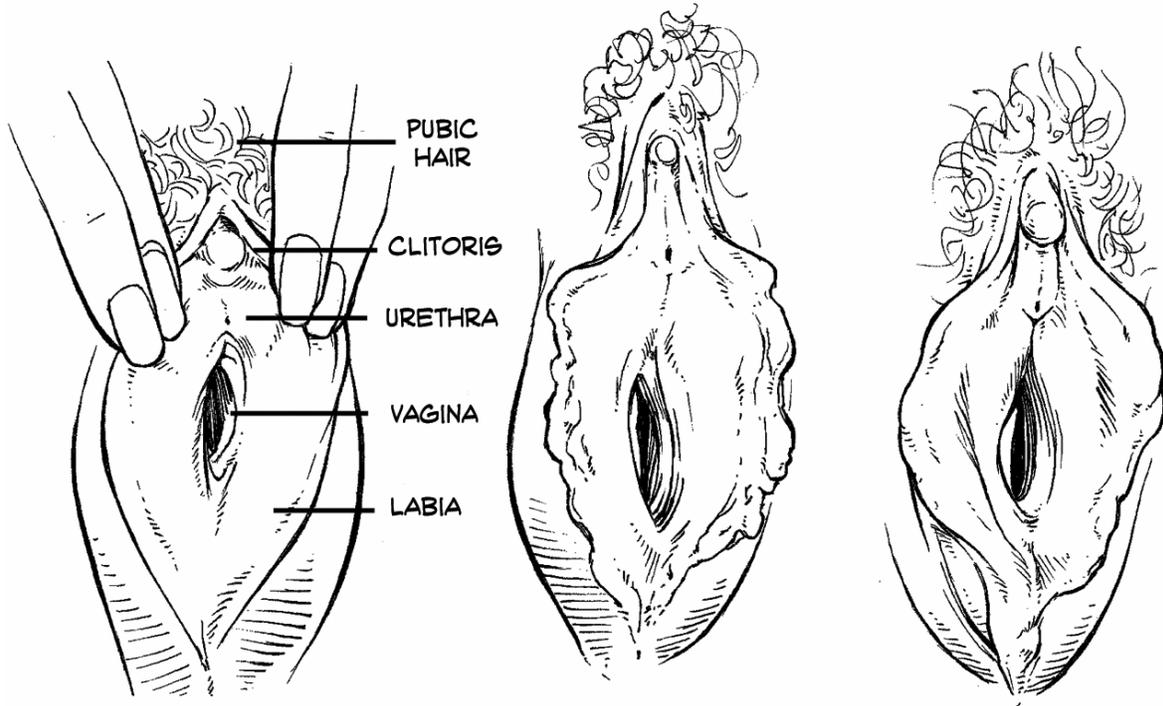


uncircumcised penis

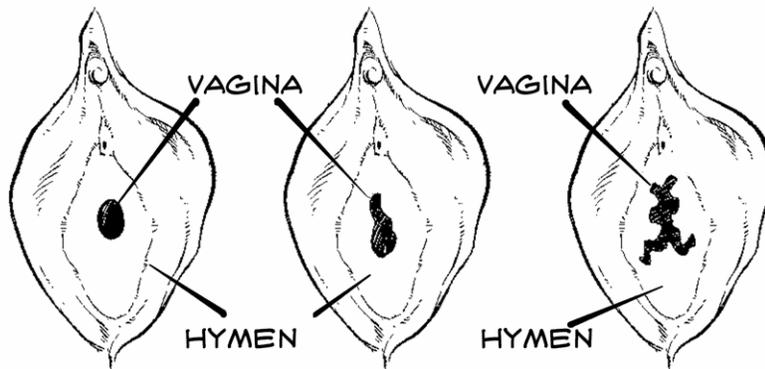


Reproductive System Visual 3: External Female Views

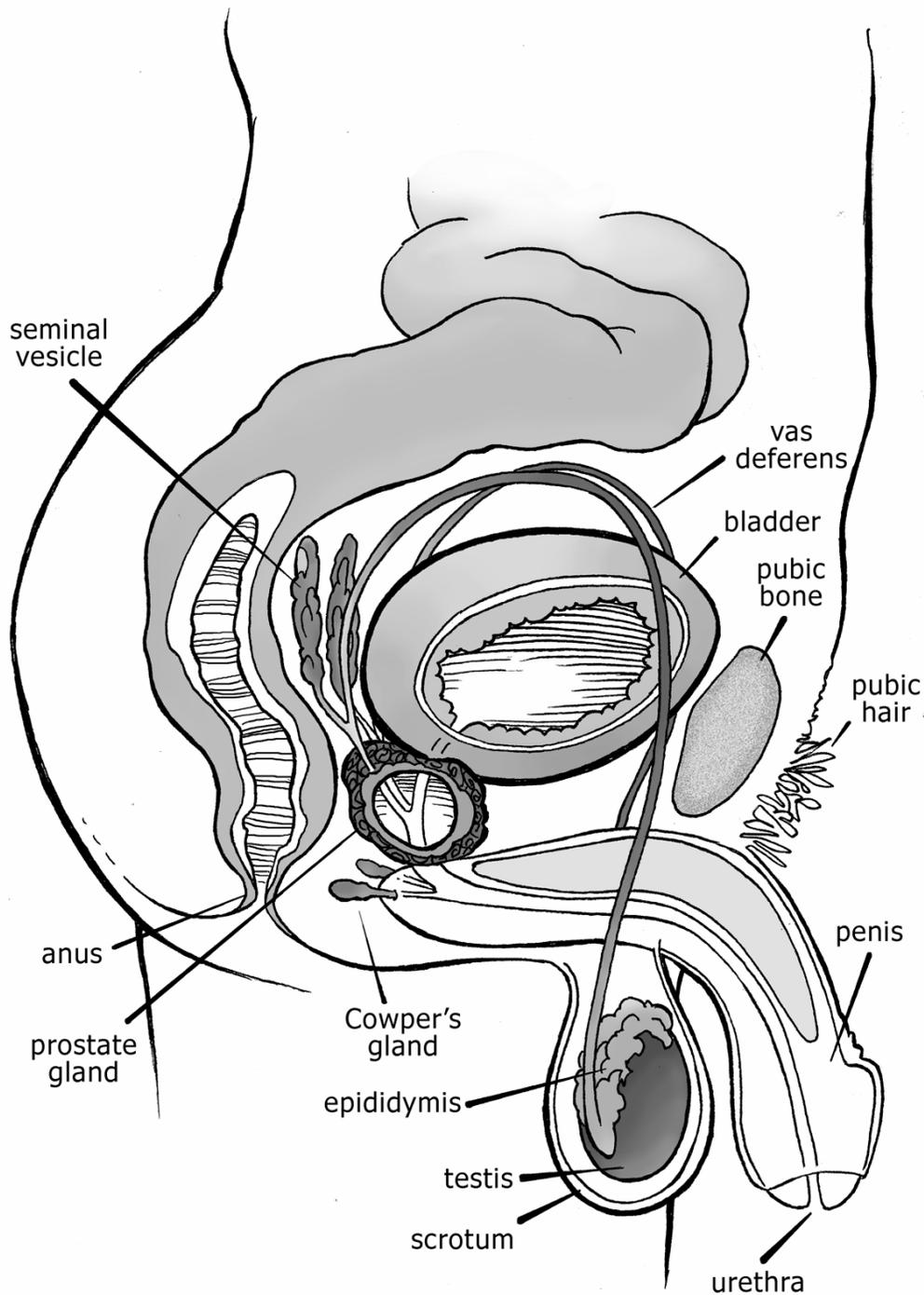
FEMALE GENITAL VARIATION



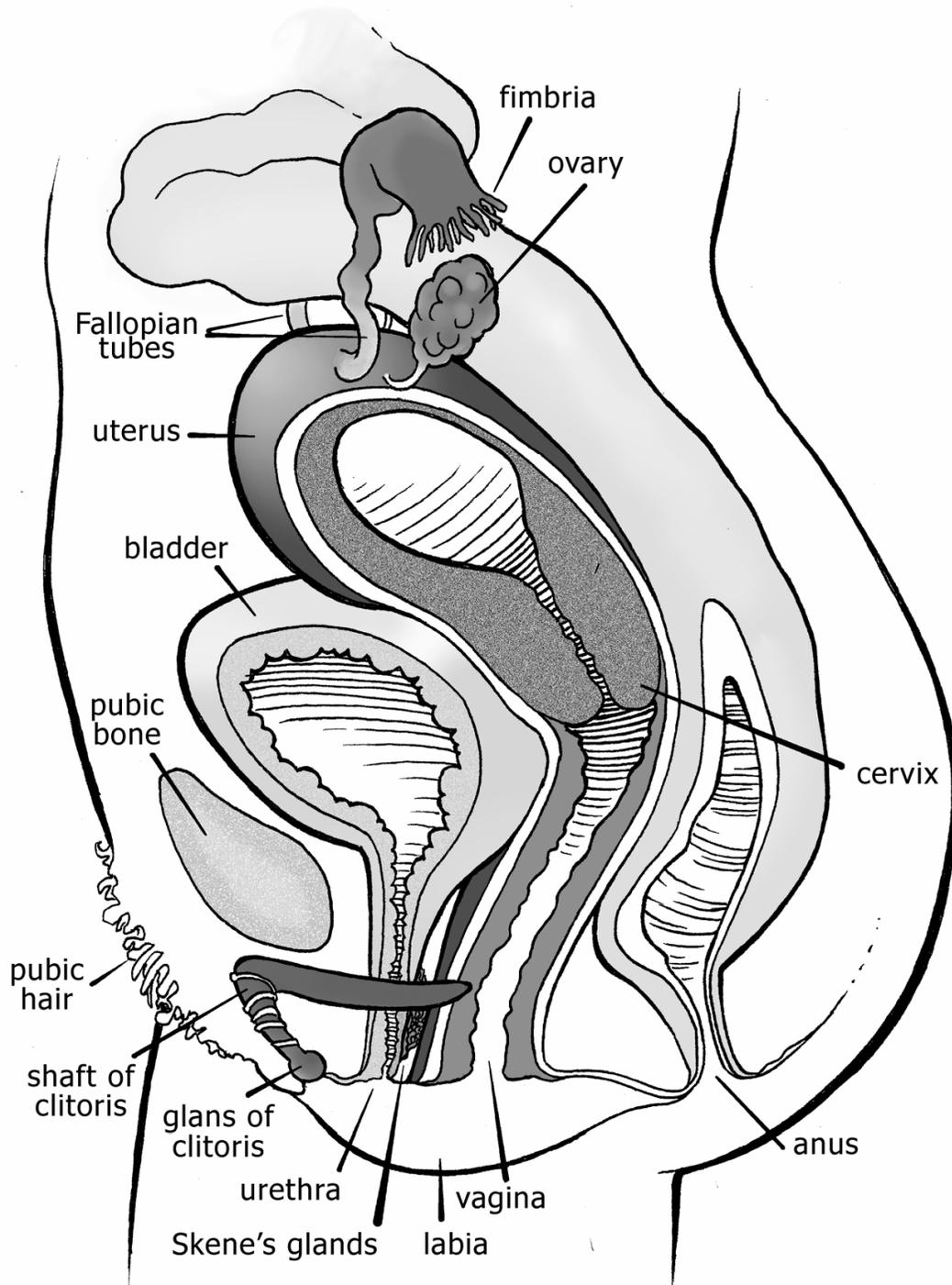
NORMAL HYMEN VARIATIONS



Reproductive System Visual 4: Male Internal View

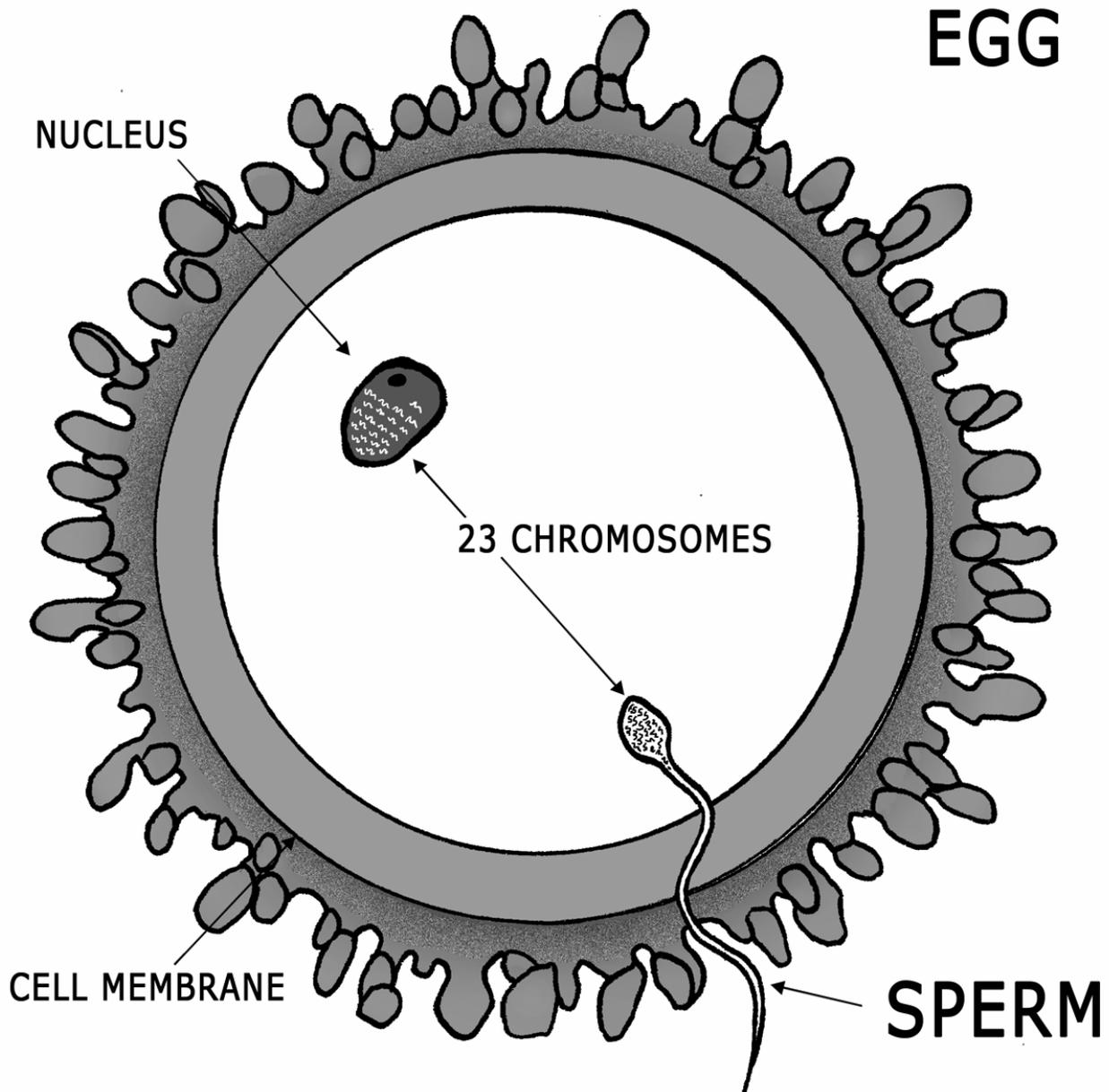


Reproductive System Visual 5: Female Internal View

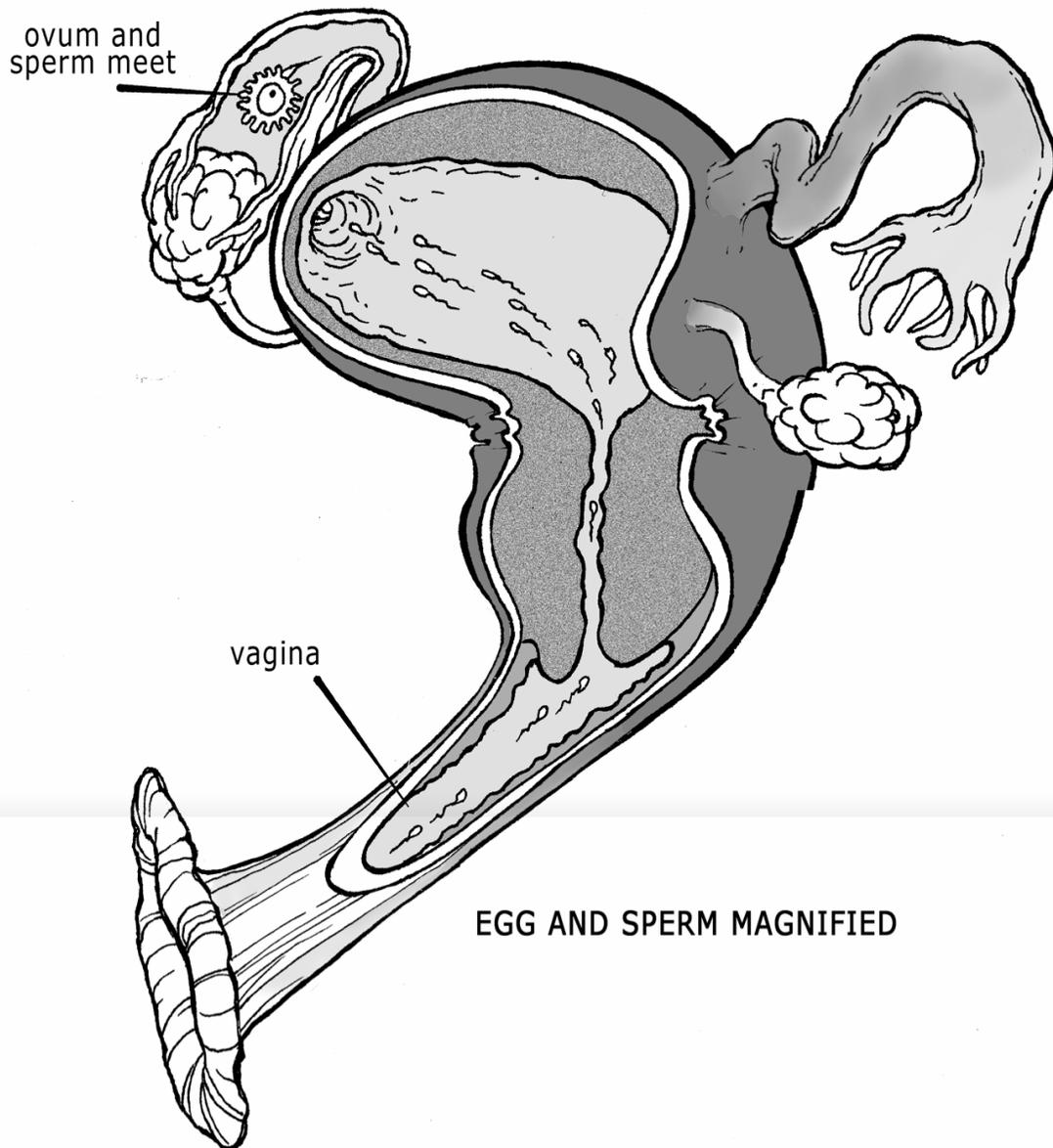


Pregnancy Visual 1:

Sperm & Egg (Ovum)

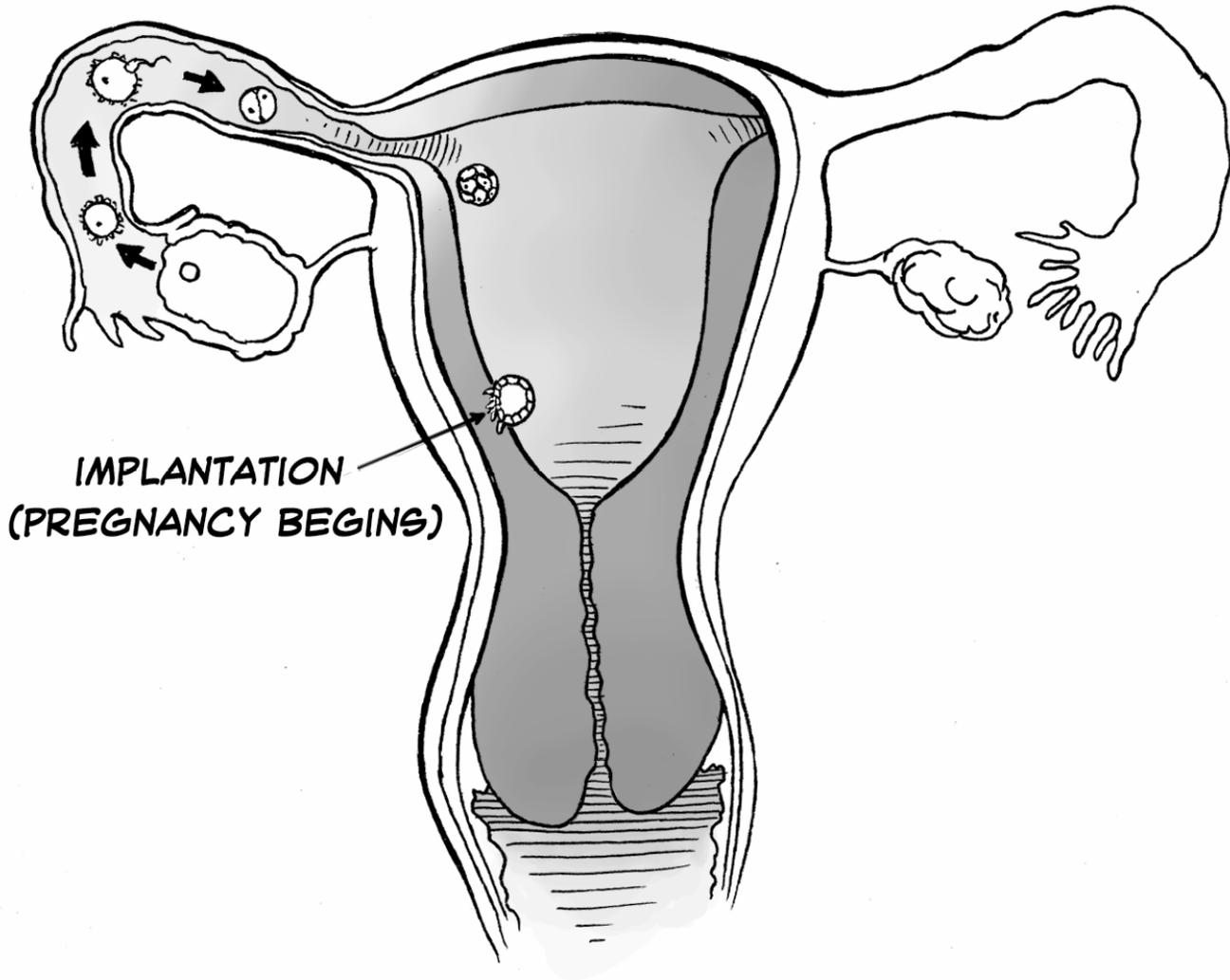


Pregnancy Visual 2: **Fertilization**



Pregnancy Visual 3:

The First Week



Pregnancy: Two Truths and a Lie Activity

Name: _____

Period: _____

Directions: For each topic, one of the three statements is a lie. Circle the number of the lie for each letter.

A. Pregnancy Symptoms

1. Everyone stops having periods as soon as they get pregnant.
2. Common pregnancy symptoms are breast tenderness, nausea and food cravings.
3. Many pregnancy symptoms are caused by a change in the female's hormones.

B. Pregnancy Testing

1. A person can get a pregnancy test at a health clinic or buy a urine test in a drug store.
2. Pregnancy tests can show results as early as one hour after conception.
3. There are two ways to confirm a pregnancy: a urine test or an abdominal exam by a health care professional.

C. Clinics and laws

1. A person can get a pregnancy test at a Public Health clinic, Planned Parenthood or school based health center even if she is less than 18 years old.
2. The results of a pregnancy test are kept confidential.
3. All states have the same laws about minors (under 18 years old) and reproductive health care.

D. Conception

1. The ovum and the sperm meet in a female's Fallopian tubes.
2. The period of time between conception and birth during which the fetus grows and develops is called gestation.
3. It takes a million sperm to create a pregnancy.

E. Fetal development

1. A trimester is three months long.
2. For the first eight weeks the developing baby is called a fetus.
3. The most vulnerable time in terms of diseases and drugs is the first trimester.

F. Sex Determination

1. The number of multiple births in the United States is increasing.
2. The egg determines the sex of the baby.
3. An X egg fertilized by a Y sperm makes an XY baby: a boy.

2 Truths and a Lie – ANSWER KEY

The “LIES” below are highlighted and explained...

A. Pregnancy Symptoms

1. **Everyone stops having periods as soon as they get pregnant.** (Not true. Some women *don't* miss a period until they have been pregnant for a couple of months! Their periods might just seem lighter and shorter at first.)
2. Common pregnancy symptoms are breast tenderness, nausea and food cravings.
3. Many pregnancy symptoms are caused by a change in the female's hormones.

B. Pregnancy Testing

1. A person can get a pregnancy test at a health clinic or buy a urine test in a drug store.
2. **Pregnancy tests can show results as early as one hour after conception.** (Not true. Urine tests are usually accurate 10-14 days after intercourse. But there's no need to wait longer than that. The sooner a woman starts prenatal care the safer it is.)
3. There are two ways to confirm a pregnancy: a urine test or an abdominal exam by a health care professional.

C. Clinics and laws

1. A person can get a pregnancy test at a Public Health clinic, Planned Parenthood or school based health center even if they are less than 18 years old.
2. The results of a pregnancy test are kept confidential.
3. **All states have the same laws about minors (under 18 years old) and reproductive health care.** (Not true. No state laws *require* doctors to notify parents about pregnancy tests. Some doctors or insurance companies might anyway. People who need privacy should ask when they make the appointment. Some states *do* require parents' consent for prenatal care or abortion. *In our state a person 13 and older can get a pregnancy test or HIV/STD test without parental consent.*)

D. Conception

1. The ovum and the sperm meet in a female's Fallopian Tubes.
2. The period of time between conception and birth during which the fetus grows and develops is called gestation.
3. **It takes a million sperm to create a pregnancy.** (Not true. Hundreds of millions are released in ejaculation. But just a few hundred are needed to wear away the egg's protein coat so that one can penetrate it and become part of the embryo.)

E. Fetal development

1. A trimester is three months long.
2. **For the first eight weeks, the developing baby is called a fetus.** (Not true. For the *first* eight weeks it is called an *embryo*.)
3. The most vulnerable time in terms of diseases and drugs is the first trimester.

F. Sex Determination

1. The number of multiple births in the United States is increasing. This is likely due to greater use of assisted fertility methods like in vitro fertilization.
2. **The egg determines the sex of the baby.** (Not true. The *sperm* contains an X chromosome [female] or a Y [male]. All eggs have X-shaped chromosomes.)
3. An X egg fertilized by a Y sperm makes an XY baby: a boy.

Individual Homework: Pregnancy

Name: _____ Period: _____

Directions: Imagine that a friend has just come to you saying that she thinks she might be pregnant. What would you say to her? Think about things you learned in today's class about pregnancy and resources.

Write her an e-mail, a series of text messages, or a note as a supportive friend.

Be sure to include information about two places she could go for a pregnancy test. Use this page or attach it to this page.

Family Homework: Talking about the Reproductive System

All Family Homework is optional. You may complete an Individual Homework assignment instead.

Purpose: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

Directions: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Now ask one another the following questions, with the understanding that:

- You are each welcome to say, "That one is too private. Let's skip it."
- What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
- It's OK to feel silly or awkward and it's important to try the homework anyway.
We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response.

ASK THE ADULT: Are there words or names of reproductive system body parts that are unique to our culture or family ... special names we give to body parts that have meaning to you?

ASK THE STUDENT: What names of body parts and their functions did you learn about in class today?

ASK EACH OTHER: Do you have any funny stories about names for body parts? (for example, if you could not pronounce the word penis as a child and called it a peepee instead)



NOTE to teachers: There is no homework for lesson 1; this is for lesson 2.

Family Homework: Reproductive System – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

_____ student's signature

_____ signature of family member or trusted adult

Family Homework: Talking about Pregnancy

All Family Homework is optional. You may complete an Individual Homework assignment instead.

Purpose: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

Directions: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Now ask one another the following questions, with the understanding that:

- You are each welcome to say, "That one is too private. Let's skip it."
- What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
- It's OK to feel silly or awkward and it's important to try the homework anyway.

We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response.

ASK THE ADULT: What information did you receive about pregnancy when you were in school?

ASK THE STUDENT: Tell me about some of the things you discussed in class today ... terms such as "**trimester**" and "**low birth-weight**" and concepts like "**conception**" and "**sex determination**".

IF THE ADULT HAS BEEN PREGNANT, invite them to share stories of their pregnancy with you.



Family Homework: Pregnancy – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework

Exercise. Date: _____

_____ student's signature

_____ signature of family member or trusted adult

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- ⁷ Wimpissinger, F., Stiffler, K., Grin, W., and Stackl, W. (2002).

Healthy Relationships

High School, Lesson 3

One Class Period

Student Learning Objectives

The student will be able to ...

1. identify at least four ways the she or he would like to be treated in a dating relationship.
2. identify at least three warning signs that a relationship is potentially unhealthy or abusive.
3. identify at least two effective communication practices.

Agenda

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Conduct the group activity, *How I Want to Be Treated by my Boyfriend or Girlfriend*.
3. Facilitate a large group debrief of *How I Want to Be Treated by my Boyfriend or Girlfriend* activity.
4. Introduce the application activity, using *Healthy, Unhealthy and Warning Signs of Abuse* list.
5. Help the class analyze *Real-Life Couples* scenarios using *Healthy, Unhealthy and Warning Signs of Abuse* handout.
6. Conduct a communication skills activity. (Optional: Role-Play activity)
7. Close by summarizing the concepts you have covered.
8. Anonymous Question Box activity – (today's lesson).
9. Assign Homework.

This lesson was most recently edited on January 20, 2011.

Materials Needed

Student Materials

- ***How I Want to be Treated by my Boyfriend or Girlfriend Handout*** (one copy per student)
- ***Real-Life Couples Handout*** (one copy per student)
- ***Healthy, Unhealthy and Warning Signs of Abuse Handout*** (one copy per student)
- ***Effective Communication Tips Handout*** (one copy per student)
- ***Individual Homework: Thinking about Healthy Relationships*** (one copy per student)
- ***Optional: Family Homework: Talking about Healthy Relationships*** (one copy per student)

NOTE: handouts may be double-sided, but DO NOT place ***Real-Life Couples Handout*** and ***Healthy, Unhealthy and Warning Signs of Abuse Handout*** back to back

Classroom Materials

- (Optional) 12 signs on regular 8 ½ x 11" paper to hang around the classroom – 1 set for each class taught. Each piece of paper contains one of the qualities from the ***How I want to be Treated by my Boyfriend or Girlfriend Handout***

Teacher Preparation

The day before the lesson ...

- **Make copies** of Materials Needed (see above).
- **Make signs** to hang in each class (optional.)

Standards

National Health Education Standard:

- **Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
Performance Indicator 4.12.3: Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Introduce today's topic.

Say: *Today we are going to talk more about relationships – how to have healthy and happy relationships, how someone might recognize if they are in an unhealthy relationship, and what kinds of communication skills can help us have the relationships we want.*

3. Conduct the group activity, *“How I Want to Be Treated by my Boyfriend or Girlfriend.”*

Hand out *How I Want To Be Treated by my Boyfriend or Girlfriend Handout*.

Say: *This worksheet has a list of ways you may want to be treated by a dating partner, whether current or future partner. Looking at this list, think about which ones are most important to you. Circle the five that are most important to you. Then, chose your top item, and write a brief explanation about it on the bottom of your worksheet. Once you all are finished, you will have a chance to share some of your thinking.*

If a student asks if they can add any qualities to the list, you can let them know that they can add a quality, but for the sake of this activity, they cannot choose it as their “#1 Quality”.

4. Facilitate a large group debrief of *“How I Want to Be Treated by my Boyfriend or Girlfriend”* activity.

Option: You can write the words from the worksheet on pieces of paper and hang them around the room. Then, ask students to find the 5 qualities that they chose and put their initials on each piece of paper. Then, have students stand by their top item.

Debrief together as a class several of the top-scoring items, including why people chose them and what that quality would look like in a relationship.

Sample debrief questions might include:

- *Why did you all choose respect? (or whatever a popular item was)*
- *Anyone else choose respect for a different reason? Directed to the rest of the class.*
- *How can someone show their dating partner that they respect them?*

5. Introduce the application activity, using *“Healthy, Unhealthy and Warning Signs of Abuse”* Handout list.

Praise students for their astute observations and how much they already know about healthy relationships, then transition into the application activity involving scenarios.

Pass out the *Healthy, Unhealthy and Warning Signs of Abuse Handout* (note: make sure this handout is NOT copied two-sided with the scenarios handout).

Say: *It sounds like you all know how you would like to be treated in your relationships, which is so important. In fact, sometimes when I ask, people don't*

know what they want. That makes it hard to have a happy and healthy relationship, if they are not clear. I am really glad to see that so many of you are already thinking about what is important to you.

Say: Now I am going to hand out a sheet that lists many of the qualities we have just been discussing, as well as some qualities of an unhealthy relationship. Let's take a look at a couple of real-life scenarios. We can use the qualities on this sheet to help us examine their relationships.

6. Help the class analyze *Real-Life Couples* scenarios using “*Healthy, Unhealthy and Warning Signs of Abuse*” Handout.

This is a large group activity. However, you may choose to do this in small groups.

Pass out the *Real-Life Couples Handout*. Have a volunteer from the class read Scenario 1, Marcus and Lillian, first. Debrief with questions listed below. Repeat with Scenario 2, Tony and Jamal.

Debrief with questions listed below:

- ***Do you think this is a healthy or unhealthy relationship? Why?***
- ***What characteristics from your handout do you see in their relationship? (If they simply list a quality from the handout, prompt them to describe the specific behavior from the scenario that illustrates that quality)***

Marcus and Lillian debrief:

- The class should identify this scenario as having several qualities of an unhealthy or abusive relationship, including:
 - trying to limit or control what the other person does
 - is often jealous
 - throws or breaks things during a fight
- However they may also see some qualities from the healthy relationship list, such as that Marcus states he trusts Lillian and that he loves her.

Say: While Marcus may love and trust Lillian, his actions are unacceptable and make for an unhealthy relationship. If he can learn to control his anger, perhaps they could have a healthy relationship. However, Lillian does not deserve to be treated in this way and it would be unsafe for her to stay in the relationship at this point.

Tony and Jamal debrief:

- The class should identify this scenario as having several qualities from the healthy relationship list, including:
 - being supported and encouraged
 - being treated as an equal
 - being honest
- Tony and Jamal have different interests, but still support one another in the things that are important to them. Neither of them feels the need to give up their individual interest or feels forced to join the interest of the other person. They are honest with each other

and were able to negotiate a compromise that they were both happy with.

- Say: ***Although people have differing beliefs about the rightness or wrongness of gay and lesbian relationships, any two people's relationship can have healthy or unhealthy characteristics, such as those listed on the handout. Some gay and lesbian relationships are healthy and some are not, just like some heterosexual relationships are healthy and some are not.***

The point of the lesson is to give students tools to evaluate the health of their *own* relationships, regardless of the genders of the people they may date or fall in love with.

7. Conduct a communication skills role-play activity.

Hand out *How to Help a Friend Handout* (if not already handed out as a 2-sided copy).

Say: ***There are resources available if they are in a relationship that feels bad, or if you know anyone in that situation.***

Walk them through the steps on the handout, having a student read out loud if appropriate.

Praise students again for their good work analyzing the *Real-Life Couples* scenarios. Transition into the final component of the lesson which covers communication skills.

Say: ***I want to thank you again for really taking the time to think about what is important to you in a relationship, and what might be some signs that a relationship is unhealthy. Those are important first steps. The next step is to think about how to have that healthy relationship, and communication is a big piece of that.***

Hand out and review with students *Effective Communication Tips Handout*.

(Optional – Time permitting role play)

Important note to teachers:

- The gender of the volunteers is not important – it is fine to have all girls, all boys, or some combination. If two students of the same gender will be asking each other out, they should not be mocking of gay relationships. If someone is uncomfortable or unwilling to do this, they can opt out of being a volunteer and you can choose a new volunteer. Similarly, no one should act in the “girl role” or “boy role.” Have the students act as themselves. These stereotypes are not helpful to this lesson and could be experienced by some classmates as harassment. If each person acts as they genuinely would in the role of asker, askee or friend, the scenario will unfold as it should.
- If audience members make comments that are rooted in gender stereotypes or homophobia, refer to material covered in the Gender Stereotypes lesson and/or redirect back to the ground rules.
- Your equanimity and matter-of-fact attitude are key to the success of this activity. Feel free to have fun and laugh with the students, as the skits will often be humorous. However, it is very important that you not collude in any way with homophobic representations during the skit.

In the hallway with the 3 volunteers:

Take 3 volunteers to a space (i.e. back of classroom, hallway, etc) where the rest of the class cannot hear you. Explain to these three volunteers that for this role-play Person A will be asking Person B out on a date. Person B likes Person A and has been wanting to go out with Person B. Person B will agree to go out with Person A, as long as Person A can ask in a clear and respectful way. Person C is a friend of Person B. They just happened to be standing there talking with their friend, and they will try to help out their friend if they see an opportunity to do so. You will also give the rest of the class this same explanation before the volunteers enact the scenarios. For each attempt, start out with person B and C talking.

Explain to the volunteers that they will enact this scenario three times, in three different ways. Go over the following information with them, and then have everyone re-enter the classroom and enact the scenarios.

First attempt: Person A (the asker) is very shy. He or she might look at the ground, speak very softly, and doesn't ever get to the question. Although Person B wants to go out on a date with Person A, since there is never a clear or direct question, he or she can't ever say yes. Person B leaves wondering what just happened. Person C also seems confused but probably can't do much to help except maybe help their friend exit gracefully. Allow 30 seconds for them to figure out how they want to act this out.

Second attempt: Person A (the asker) is pushy, bossy, interrupts Person B and gets in Person B's space. Person A seems intent on getting what they want, and doesn't seem concerned with what Person B wants. Person A seems to assume that Person B will of course be going out with them. Although Person B has been wanting to go out with Person B, they are no longer interested because of the way Person A handled this situation. Person C is also offended by Person A's behavior and tries to help get their friend away from Person A. Allow 30 seconds for them to figure out how they want to act this out.

Third attempt: Person A (the asker) may be a little nervous, but still manages to ask Person B out on a date. Person A is clear when they ask the question, makes good eye contact, smiles, isn't too loud or too quiet, and clearly hopes that Person B will go out with them. Person A acknowledges Person C and is polite to them. Person B has been wanting to go out with Person A and gladly accepts. Person C is excited for their friend. Allow 30 seconds for them to figure out how they want to act this out.

Return to the classroom:

Explain to the entire class that the volunteers will enact this scenario three times, in three different ways. Person A will be asking Person B out on a date. Person B likes Person A and has been wanting to go out with Person B. Person B will agree to go out with Person A, as long as Person A can ask in a clear and respectful way. You will stop to debrief twice, once after the first two are complete and again after the third. Debrief questions are found below.

Debrief questions for the first and second attempts:

(refer students to the *Effective Communication Tips Handout*)

- What didn't go so well in these scenarios?
- Why didn't Person B agree to go out with Person A?
- Did Person A do any of the things from your handout?
- Let's say Person A is your friend, and you really want to help them out. What advice would you give them?

Debrief questions for third attempt:

(refer students to the *Effective Communication Tips Handout*)

- What did Person A do well?
- Did Person A do any of the things from your handout?
- Why did Person B agree to go out with them?

8. Close by summarizing the concepts you have covered.

Say: ***You all did a great job today of identifying characteristics that are important to you in a relationship and thinking about what makes a relationship healthy or not. Having good communication skills and really knowing what you want out of a relationship will go a long way towards helping you have the healthy relationships you want in the future.***

For role play activity add: I especially appreciate everyone's attention and enthusiasm during our last activity about communication skills. You analyzed the impacts of different communication styles and you had some great suggestions for how our volunteer could have been a more effective communicator.

9. Anonymous Question Box activity.

Give each student several slips of scrap paper and a pencil.

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

10. Assign Homework.

- Individual Homework: Thinking about Healthy Relationships*
- Optional:** *Family Homework: Talking about Healthy Relationships*

Hand out homework *Thinking about Healthy Relationships*.

Related Activities for Integrated Learning

Optional**SOCIAL STUDIES**

Conduct a Current Events activity in which students bring in stories from the news about celebrities' relationships. Analyze them together to determine if the relationship is being depicted as healthy or unhealthy. The following questions may be helpful:

- What were the clues in the article that let you know if it was healthy or unhealthy?
- Do you think the article paints a realistic picture of their relationship? Why or why not?
- What messages do we get about relationships from the media?

LANGUAGE ARTS

Assign the following book: Flinn, Alex. (2001). *Breathing Underwater*. New York: Harper. *Breathing Underwater* is a young adult novel that examines dating violence from the perspective of the abuser, a 16-year old boy who also happens to be abused by his father at home. Use the book as the basis for in-class discussions or writing assignments. A [reading guide](#) is available on the Harper Collins website, www.harpercollins.com.

How I Want to be Treated by my Boyfriend or Girlfriend Handout

Please review the following list and circle 5 ways you want to be treated in a relationship that are most important to you. You may see many qualities here that you like, but try to pick your top five. Follow the directions at the bottom of the page after you have picked your top 5.

I want my partner to...

Treat me with respect

Be trustworthy

Need me

Treat me fairly

Support me

Be honest with me

Treat me as an equal

Make me laugh

Encourage me

Protect me

Trust me

Love me

Looking at the 5 you chose, please list your number one most important way you would like to be treated by a dating partner and write a brief explanation of why that attribute is so important.

#1 Quality: _____

Explanation: _____

Real-Life Couples Handout

1. Marcus and Lillian

Marcus and Lillian have been going out for about 6 months. Marcus feels like he is really in love with Lillian – she is the prettiest girl he has ever dated and she seems so smart. Marcus often feels nervous that he might lose her to another guy, since she is so pretty and smart. He doesn't think she would ever cheat on him, but he does see her talking with other guys sometimes. It makes him feel so jealous he doesn't know what to do. He told her that she needed to stop talking with those other guys, especially right in front of him! Lillian got upset with him, and they had a huge fight. As they were arguing, Marcus felt so mad that he grabbed her by the arms to get her to listen to him and then threw his cell phone across the room, smashing it to pieces. Marcus promised Lillian it would never happen again. He says it was an accident, and he didn't mean to hurt anyone. He just couldn't control himself when he was feeling so angry.

2. Tony and Jamal

Tony and Jamal have also been dating for about 6 months. Tony just made the varsity soccer team, after putting in many hours of practice throughout the entire summer. He excitedly calls his boyfriend Jamal to tell him the news and to tell him all about the team. Jamal has no interest in soccer at all, but still talks and listens throughout the entire conversation, showing Tony how excited he is for him. Jamal knows how much the team means to Tony, and wants to support him. Tony invites Jamal to his first game, but Jamal tells him that he can't come because he has an Honor Society meeting that night. Tony is disappointed, and wishes that Jamal would just forget about his meeting and come to the game anyway. But, he knows that the Honor Society is as important to Jamal as soccer is to him. Tony tells Jamal that it would really mean a lot to him if he came to the game, and Jamal agrees to come to the second half, after his meeting is over.

Healthy, Unhealthy and Warning Signs of Abuse Handout

In a healthy relationship people ...

- Treat their partner with respect and fairness
- Support and encourage each other
- Treat each other as equals
- Are honest
- Earn their partner's trust
- Have shared interests
- Also have separate interests and identities
- Try hard to have honest and clear communication
- Enjoy being with each other
- Never hurt their partner physically or sexually

In an unhealthy relationship people ...

- Treat their partner disrespectfully and unfairly
- Frequently argue or fight
- Have no shared interests
- Or they do things ONLY with each other – they have no separate friends or interests
- Cheat on their partner
- Don't care about their partner's feelings
- Don't enjoy spending time together

Warning Signs of an abusive relationship include ...

- One person throws or breaks things during an argument
- One person tries to control what the other person does, who they see or what they wear
- One person is often jealous or is overly jealous
- One person hurt the other person physically or sexually
- One person puts the other person down, calls them names or humiliates them
- "Crazy-Making" behavior – this is when one person lies or changes their story, or when they deny or minimize the other person's experience. This behavior often makes the other person feel like they are "going crazy."

How to Help a Friend Handout

If someone has been hurt by their boyfriend or girlfriend, they may tell a friend before they tell anyone else. Here are some tips in case a friend ever comes to you.

LISTEN. You may feel like you don't know what to say. That's okay. What is most important is to listen to your friend, and let him or her know that you are glad to listen.

BELIEVE YOUR FRIEND. People rarely make up these kinds of stories. Your friend is probably telling you the truth.

SHOW THAT YOU CARE. This may be the first time your friend has ever told anyone about their experience. Support them in whatever way is comfortable for both of them – you might tell them you are sorry this happened to them, hold their hand, or offer them tissues if they cry. Show with your body language and your facial expression that you care.

REASSURE YOUR FRIEND THAT SHE OR HE IS NOT TO BLAME. No matter what the situation, it is the person who committed the assault who is responsible. It is not the victim's fault!

RESPECT YOUR FRIEND'S PRIVACY. Although lots of tough decisions need to be made – like who to tell, when to tell, what to do – let your friend be in control of those decisions. Decide with your friend who is a trusted adult you can both talk to. That person might be a parent, teacher, counselor, minister, or someone else.

Where to Get Help: Love is Respect, the National Teen Dating Abuse Helpline

The helpline is a national, 24-hour resource that can be accessed by phone or the internet, specifically designed for teens and young adults. Teens can talk on the phone with someone, chat with a peer advocate over the internet, or play games and read information on their website. They can be reached by phone at **1-866-331-9474** or online at loveisrespect.org.

You can also call 2-1-1 or visit teenspace211.org.

Effective Communication Tips Handout

Voice

Make sure the tone of your voice and the volume of your voice are right for what you are saying.

Intent

Know what you want if you are asking for something. What outcomes would be okay with you?

Body Language

Think about what you are saying with your body. Are your arms folded? Are you looking somewhere else? Are you turned towards the person or away from them? It is best when your body language is saying the same thing your words are saying.

Timing

Think about when you are going to ask for something or bring up a difficult topic. Does the other person have the time and energy to devote at that moment?

Approach

Think about how you bring something up. Are you defensive, attacking or angry?

Being Clear

Know what it is you want to say or bring up. Pay attention to word choice, tone of voice, and body language

Effective communication often includes:

- “I” statements (“I think ...”, “I want ...”)
- Expressing opinions (“I believe ...”)
- Saying “No” firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities (“I can ...”)

Individual Homework: Thinking about Healthy Relationships

1. List 3 things you might say or do if a friend told you that they were feeling scared of their boyfriend or girlfriend.

- a. _____

- b. _____

- c. _____

2. Briefly describe, here or (if you need more room) on a separate sheet of paper, why you chose one of the five qualities from the *How I want to be Treated by my Boyfriend or Girlfriend* worksheet.

3. Describe how the Effective Communication Tips listed on your worksheet would be helpful to you if you had to bring up a difficult topic with your parents.

Family Homework: Talking about Healthy Relationships

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Now ask one another the following questions, with the understanding that:

- You are each welcome to say, "That one is too private. Let's skip it."
- What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
- It's OK to feel silly or awkward and it's important to try the homework anyway.
- We recommend that you take turns asking questions. When it is your turn to listen,
- really try to understand the other person's response.

SHARE AND EXPLAIN the handout titled, *How I Want to be Treated by My Boyfriend or Girlfriend*.

DISCUSS:

- Which qualities listed on the worksheet are most important to you in your dating relationships or in your marriage?
- Which qualities listed do you hope that I will have in my dating relationships or marriage?
- Are there other qualities you think are important that are not listed here? What are they?
- What is one piece of advice you would give someone about how to have a happy and healthy relationship?



for lesson 5

Family Homework: Healthy Relationships – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework

Exercise. Date: _____

student's signature

signature of family member or trusted adult

Sexual Violence Prevention

High School, Lesson 4

One class period

Student Learning Objectives

The student will be able to ...

1. explain the rape laws for their state.
2. explain who can give consent for sex and under what circumstances.
3. identify three words or cues that signify consent.
4. identify at least two ways to help a friend who may be at risk for being sexually assaulted or for committing sexual assault.

Agenda

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Discuss today's lesson
3. Define terms (sexual assault, coercion, consent)
4. Facilitate small-group activity and whole-class debrief based on *Scenarios Activity*.
5. Summarize the lesson.
6. Anonymous Question Box activity – (today's lesson)
7. Assign homework.

This lesson was most recently edited on April 10, 2013.

Materials Needed

Student Materials

- **Individual Homework: Being a Resource & Finding Resources** (one copy per student)
- **Family Homework: Talking about Sexual Violence Prevention** (one copy per student)

Classroom Materials

- **Scenarios Activity** (one class set – each student needs one, but you can reuse the set each period)

Teacher Preparation

Well in advance ...

- **Make arrangements for students who feel a need to be excused.** We recommend that no student be required to participate in this lesson if they prefer not to and that they are not required to provide an explanation. As an alternative, students may complete the *Individual Homework* in the library during the class session.
- **Make copies** of Materials Needed (see above).

Standards

National Health Education Standards:

- **Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
 - **Performance Indicator 2.12.2:** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
 - **Performance Indicator 2.12.3:** Analyze how peers influence healthy and unhealthy behaviors.
 - **Performance Indicator 2.12.7:** Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- **Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
 - **Performance Indicator 4.12.3:** Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.
- **Standard 8:** Students will demonstrate the ability to advocate for personal, family, and community health.
 - **Performance Indicator 8.12.1:** Utilize accurate peer and societal norms to formulate a health-enhancing message.
 - **Performance Indicator 8.12.2:** Demonstrate how to influence and support others to make positive health choices.

Rationale

This lesson's title, Sexual Violence Prevention, means the lesson will focus on an array of behaviors and how we can stop them. By sexual violence, we mean rape and sexual assault, child sexual abuse, voyeurism, child pornography and exploitation, sexual harassment and misconduct, and communication with minors for immoral purposes, for example sexting. This lesson deals particularly with problems high school students face. Lessons in the younger grades of FLASH focus more on child sexual abuse.

It is important to remember that males and females are both victims and perpetrators of sexual violence, so it is best to keep discussion and examples gender neutral if possible.

There are strong links between dating and sexual violence and teen pregnancy. Recent studies indicate that at least half of all teen pregnancies occur from adult men.^{1,2} The sexual partners of teen women are often not teens themselves, but men 4-6 years older³, with one fifth of them being six years older or more⁴. Seventy-four percent of women who had intercourse before age 14, and 60% of those who had sex before age 15, report having had a forced sexual experience.⁵ In order to reduce the number of teen pregnancies, we need to take a hard look at the safety of our teens, and help keep them safe from violence.

These lessons are designed to both prevent people from becoming potential victims and from becoming potential perpetrators. To find out more about the theory underpinning these lessons, see Important Reading for Teachers.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Introduce today's topic.

Say: *Today we're going to continue the conversation about sexual health and healthy relationships, and discuss sexual assault and prevention.*

Acknowledge the sensitivity of the topic and call on students to be their kindest selves:

I want to acknowledge that this is a sensitive topic. Everyone in the room has either experienced sexual violence themselves, is close with someone who has experienced it, even if you are not aware of it or has heard of someone who has experienced it. Sometimes I hear a student make a comment, and I wonder, would they have made that same comment if they knew there are people in the room who have experienced sexual assault? Probably not. I'd like to ask everybody to keep our ground rules in mind while we're talking today. Also, it is absolutely okay for you to take a break if you need to or to talk to me after class.

3. Define terms and give overview of laws.

- **Sexual Assault**

Say: *The first thing we are going to do is start with some definitions. Sexual Assault is generally used as an umbrella term. An umbrella term means that it includes or encompasses many different things.*

Ask the following questions and write students' answers on the board:

- **What are some types of sexual assault that you can think of, that may be included in this umbrella term?**
- OR**
- (If prompting is needed), **When most people hear the term sexual assault, what crime usually comes to mind?**

Make sure the list they come up with includes the following, even if you have to add them yourself. Also mention the brief definitions as you are writing the words.

- **Rape** – forced sex or sex without consent (such as forced vaginal, anal or oral penetration or drug facilitated sexual assault),
- **Child Sexual Abuse** – includes rape of a minor, which is when an adult has sex with a child or a teen. Sometimes called statutory rape; also includes molestation and incest
- **Human Trafficking**- the trade in humans, most commonly for the purpose of sexual slavery, forced labor or commercial sexual exploitation for the trafficker or others
- **Voyeurism** – when a person spies on someone changing, showering, or having sex, including videotaping
- **Child Pornography / Sexual Exploitation of Children** – when a person creates, possesses, or distributes pictures or content with naked minors or depicting minors in sexual acts, including sexting

Other Possible answers (but not necessary to mention):

- Incest
- Attempted Rape
- Any unwanted sexual touch (including forced kissing)
- Public Indecency/ Flashing/ Exposing oneself
- Sexual Misconduct
- Sexual Harassment
- Communication with a Minor for Immoral Purposes, including sexting
- Torture of the person in a sexual manner

Summarize: ***Sexual assault is any involuntary sexual act in which a person is coerced or physically forced to engage against their will, or any non-consensual sexual touching of a person.***

- **Coercion**

Say: ***Can someone tell me what coercion means?***

A good working definition of coercion is the use of emotional manipulation to persuade someone to do something they may not want to do – like being sexual or performing certain sexual acts.

Ask:

- ***What are some ways that you think coercion can be used in the case of sexual assault?***
- ***What are tactics that someone could use to coerce someone into doing something that they may not normally want to do?*** Optional: write answers on board, or have a student volunteer write answers on board.

Make sure the list they generate includes the following, even if you have to add them yourself:

- **Physical force**
- **Manipulation**
- **Abusing a position of power**
- **Older person taking advantage of a younger person**
- **Drugs and alcohol**

Other possible answers (but not necessary to mention):

- Threats
- Bribery
- Blackmail
- Tricking them
- Abusing them in other ways (physical / emotional)

Say: ***Unlike what many people believe, sexual assault, including rape, does not usually involve extreme physical force or injury. Often emotional manipulation, coercion, or alcohol and drugs are used as tools to assault.***

When two people have oral, anal, or vaginal sex, or any type of sexual touching, it

may be legal or illegal depending on two important factors:

- *The age of the two people involved*
- *Whether or not there was consent given*

Summarize: ***If there is ever force used, or consent is not given, it is sexual assault or rape and that is illegal.***

- **Consent**

Say: ***Let's talk about consent. Who can give a definition for consent? (If students need prompting) What does the word consent mean in general terms?***

Possible answers: permission, saying it's okay, agreement

There are laws in place to protect people from sexual assault. You can review the State Law with students (see supplement/reference sheet)

4. Facilitate small-group activity and whole-class debrief based on the Scenarios Activity.

Say: ***In the next activity, you are going to break into small groups and you are each going to be given scenarios. Read the scenarios out loud with your group and discuss. Answer the questions that are given for your scenario.***

Divide the class into six groups. Hand out the two-page *Scenario Activity* sheets to each group. Assign each group **one scenario** to discuss. Allow small groups to discuss for 5-6 minutes. If it looks like one group finishes early, ask them to discuss the next scenario on the list. When finished, take turns asking the small groups to read their scenario and report to the class.

Scenario 1 Debrief:

- The discussion should include the fact that Naomi is intoxicated and therefore cannot consent. Even if her words (“uh-huh”) indicate yes, the fact that she is drunk means that she can not consent.
- If they were both intoxicated, neither person can legally consent to sex. Technically, it is possible that either could be charged with rape. **However, the one who initiates the sexual contact or who gives the other person alcohol may be more likely to be held responsible for rape.** Also, people who are intoxicated are less likely to protect themselves against STDs and pregnancy.
- Ideally, a friend would step in and help intervene. Some examples are: distracting them, staying by Naomi's side, pretending you need them to help someone who is sick, or telling Jackson that it's not a good idea to hook up because she is drunk.

Scenario 2 Debrief:

- The students may indicate that this appears to be a healthy relationship because they both have honest and clear communication.
- Jamal really wants to have sex (he asks twice), but he is respectful when she communicates her boundaries (with words and later with body language).

Scenario 3 Debrief:

- The students should identify several cues that indicate that Elena is not consenting, including: she shrugs her shoulders when he first touches her, she “hisses” and tells him to cut it out, she tries to push him away.

Scenario 4 Debrief:

- This scenario is slightly similar to Scenario 3, but important details are different. In this scenario, both people are consenting. We know this due to several factors: he touches his shoulders, he grins when he first touches her, he indicates that they could be doing something else, he pulls her close, he laughs, they both giggle, they kiss.
- One point that students might mention is that he does say “cut it out,” which means no. It is not entirely clear what he wants because in this moment, his body language says yes, and his words say no. It would be clearer if they were to ask each other directly, “Can I kiss you?”
- He assumes consent in this case because his “yes” cues far outweigh his “no” cues.
- Although he assumes consent because of his cues, you must not assume consent and instead ask, which may help to ensure you are not at risk for future consequences.

Scenario 5 Debrief:

- Students should mention that there is consent for the kiss.
- There were several cues: Tyra gave a hug, Monica gave a quick kiss, Tyra asked if they could kiss again, Monica laughs, they kiss again.
- There is no consent to do anything further at this point, therefore Tyra should ask. She could say, “Do you want to go further?” or “What do you want to do next?”

Scenario 6 Debrief:

- Students should mention that consent is not possible in this scenario because of the age difference and because of Ciera’s position of power (she is in a supervisory position as a coach).
- Even if the boy wanted to have sex, and consented, Florida State law says that the age of consent is 18 and in this case immaterial because she is in a position of power.
- There are instances when the age of consent can occur if younger than 18, nicknamed, “Romeo and Juliet” law.
- Even if the law is not broken, she is still breaking ethical rules for coaches and is risking her job.
- Ideally, students will indicate that they would report to a trusted adult or to police if they heard these rumors. Acknowledge that it may be very difficult to report because there may be a lot of peer pressure to stay quiet about it.

5. Summarize the lesson. Answer any questions that the students still have about sexual violence.

Say: Today we discussed sexual assault and rape, the difference between sex that people consent to, and assault. It was helpful to work through some scenarios to understand that we all do know what consent looks like even in different scenarios. This information is useful to keep us safe and also keep us from hurting other people.

6. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper (and a pen/pencil).

Say: **Write at least one question or what you learned today and drop it in the anonymous question box.** (If everyone is writing, nobody feels like the Only One). **Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip** (which makes it easier for you to sort the questions), **but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

7. Assign homework.

- *Individual Homework: Being a Resource; Finding Resources*
- **Optional:** *Family Homework: Talking about Sexual Violence Prevention*

Scenarios Activity

1. Desiree and Naomi are best friends and at a party together. Desiree notices that Naomi is drinking a lot and starting to slur her words. Jackson, a cute guy at the party, approaches Naomi, who is totally drunk. Jackson asks Naomi if she wants to hook up. Naomi nods her head and is led upstairs by Jackson. Desiree can see Naomi is stumbling up the stairs.

- What do you think about this situation?
 - Is consent possible in this situation? Why or why not?
 - Would it be different if both were intoxicated?
 - What could Desiree do to help her friend? What could one of Jackson's friends do?
-

2. Jamal and Leila have been dating for 6 months. Jamal feels he is ready to have sex. Jamal invites Leila over to his house one weekend night when his parents are out of town. Alone in the house, Jamal talks with Leila about wanting to have sex and Leila tells him she's not ready. A little later while making out in Jamal's room, he asks her again about having sex. Leila shakes her head no and looks away. Jamal is disappointed but goes no further.

- Was there consent in this scenario? What did the person say or do to let you know?
 - What do you think about Leila and Jamal's relationship?
-

3. Rob and Elena are in the library, working on a school report. At the computer station, Rob begins to give Elena a backrub. "This research is boring," he says. Elena shrugs her shoulders under his hands. Rob puts his arms around her from behind and pulls her close to him. Elena leans forward and hisses, "Cut it out, you're going to get us in trouble." Rob pulls her into the corner. As Elena puts her hands on his chest and tries to push him away, he pulls her to him and kisses her.

- Was there consent in this scenario? What did the person say or do to let you know?
 - If you have time, read and discuss Scenario 4.
-

4. Jacob and Steve are in the park, working on a school report. At the study table, Jacob begins to rub Steve's hand. "This project is stupid," he says. Steve turns around and grins at him. "Yeah, it is, compared to what we could be doing," he says. Jacob puts his arms around him and pulls him close to him. Steve puts his arms around his neck and laughs, "Cut it out, you're going to get us in trouble." Jacob pulls him behind the tree. Giggling, they kiss.

- Was there consent in this scenario? What did the person say or do to let you know?

5. Tyra walked Monica home after they saw a movie together Friday night. When they got to Monica's house, they stood talking for a while. When Tyra gave Monica a hug goodnight, Monica responded to her with a quick kiss on the lips. Tyra smiled and said, "Can we do that again?" Monica laughed, and they kissed for a long time. They go inside and continue kissing. Tyra wants to go further but can't really tell what Monica wants by her body language.

- Was there consent for the kiss? What did the person say or do to let you know?
- Was there consent to do anything further sexually?
- What should Tyra do in this situation?

6. Ciera is 23 years old. She is a teacher and the girl's basketball coach at Lake High School. She has been coaching the boys' basketball team lately because the boys' coach has been out sick. Some of the girls notice that Ciera is kind of flirtatious with some of the guys on the boys' team. She has also been offering a few of the boys private coaching sessions, but tells them to keep it a secret, so the girls don't get jealous. A member of the boys' team tells his friend Taylor that he and Ciera hooked up last weekend.

- What do you think about this situation?
- Is consent possible in this situation? Why or why not?
- What would you do if you were Taylor?

Individual Homework: Being a Resource & Finding Resources

Name _____

Period _____

1. Describe three ways that you could help a friend who tells you that he or she has been sexually assaulted or raped.

- a. _____

- b. _____

- c. _____

2. Describe three ways that you could talk to or intervene with a friend who you have seen touch people in an inappropriately sexual way in the halls at school.

- a. _____

- b. _____

- c. _____

3. Go online and find two national resources that provide support for someone who has been sexually assaulted. List the websites below:

- a. _____
- b. _____

4. Go online and find one local resource (meaning ones that are close to your neighborhood or school) that provides support for someone who has been sexually assaulted. List the website below:

- a. _____

Family Homework: Talking about Sexual Violence Prevention

All Family Homework is optional. You may complete an Individual Homework assignment instead.

Directions:

DISCUSS the following scenarios and questions.

YOU MAY WANT TO WRITE the agreements that you come up with on a separate sheet of paper and both sign them. You do NOT have to turn that in. That is just for you.

- I am hanging out with friends and they start doing things that make me feel unsafe. This could include any number of things, like drinking, going to a party that I don't want to go to, acting sexually in a way that makes me feel uncomfortable, etc. I would like to know that if I need your support, I could ask for it. What would you like me to do in this situation? How could I ask for your help? Are there certain rules or agreements that we both should follow?
- I am hanging out with a friend at their house and their parents or guardians go out for the evening. I start to feel uncomfortable in this situation. What would you like me to do in this situation? How could I ask for your help? Are there certain rules or agreements that we both should follow?
- My boss at work is 23. This boss is cute and has been pretty friendly with me. I've enjoyed the attention that they've given me ... until now. Recently, I have started feeling uncomfortable with how touchy-feely my boss has been and the sexual innuendos that have been made. I am often alone with my boss at work and am feeling more and more uncomfortable with this situation. What would you like me to do in this situation? How could I ask for your help? Are there certain rules or agreements that we both should follow?



Family Homework: Sexual Violence Prevention – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

_____ student's signature

_____ signature of family member or trusted adult

References

- ¹ Landry, D.J., Forrest, J.D. (1995). How old are U.S. fathers?" *Family Planning Perspectives*, 27,159-161 & 165.
- ² Ryan, S.; Franzetta, K.; Manlove, J.S.; Schelar, E. (March 2008). Older sexual partners during adolescence: links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health*. 40(1), 17–26.
- ³ Landry, D.J., Forrest, J.D. (1995). How old are U.S. fathers?" *Family Planning Perspectives*, 27,159-161 & 165.
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- ⁶ Ryan, S.; Franzetta, K.; Manlove, J.S.; Schelar, E. (March 2008). Older sexual partners during adolescence: links to reproductive health outcomes in young adulthood. *Perspectives on Sexual and Reproductive Health*, 40(1), 17–26.
- ⁷ Manlove, J., Terry-Humen, E., & Ikramullah, E. (2006). Young teens and older sexual partners: Correlates and consequences for males and females. *Perspectives on Sexual and Reproductive Health*, 38(4), 197-207.

Gender Stereotypes & Lesbian, Gay, Bisexual and Transgender Youth

High School, Lesson 5

One class period

Student Learning Objectives

The student will be able to ...

1. define the term “gender stereotype.”
2. identify at least 4 gender stereotypes.
3. name at least one way in which gender stereotypes may limit one’s ability to make healthy decisions.

Agenda

1. Anonymous question box – (previous lesson(s)).
2. Introduce the lesson.
3. Facilitate a Gender Box Brainstorm using the *Gender Boxes* worksheet.
4. Help the class analyze the brainstorm.
5. Briefly define and distinguish among four key terms.
6. ***LGBT Youth Speak OUT - Handout***
7. Guided discussion or guided writing
8. Anonymous Question Box
9. Assign Homework.

Materials Needed

Student Materials

- **Gender Boxes Worksheet** (one copy per student)
- **Gender Stereotypes and Dominant Cultural Values Handout** (one copy per student)
- **Scenarios Activity** (one copy per student)
- **Individual Homework: Thinking about Gender Stereotypes** (one copy per student)
- **Family Homework: Talking about Gender Stereotypes** (one copy per student)

Teacher Preparation

- **Make copies** of Materials Needed (see above).

Standards

National Health Education Standard:

- **Standard 2:** Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.
 - **Performance Indicator 2.12.2:** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
 - **Performance Indicator 2.12.7:** Analyze how the perceptions of norms influence healthy and unhealthy behaviors.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Introduce the lesson.

Say: *Today, we are going to talk about gender and gender stereotypes. Can anyone give me a good definition of a stereotype?*

A good basic definition is: an idea or image about an entire group of people. Although the stereotype may be true for a few members of the group, it is assumed to be true for all members.

If needed, give an example: *For example, one stereotype is that teenagers are lazy. Although there certainly are teenagers who don't do much (just as there people of all ages), most teenagers are active and productive.*

We will be learning about decision-making, and how good decision-making can help us in our relationships and in taking care of our health. Gender stereotypes are an important part of this discussion because they can impact how we make decisions. We will talk more about this throughout this lesson. Let's start with a brainstorming activity about gender stereotypes.

3. Facilitate a Gender Box Brainstorm.

Draw two large squares next to each other on the whiteboard (ask students to do the same on a piece of paper). Make sure there is plenty of room to write both inside and outside of the boxes. Write **“Act Like a Man”** directly above the top of the square (see *Gender Boxes Worksheet*).

Say: *If someone is told to “act like a man,” what does that mean? What are some of the stereotypes we have about how men should act? You don't need to raise your hands – just shout out your answers, and I'll write them up here.*

Write responses inside the square. If students are stuck, ask clarifying questions:

- **How are “real men” supposed to act?**
- **If we were watching a movie, what would the leading man in the movie be like?**
- **What are some things that boys are taught about being a man?**
- **What messages do boys' toys give them about who they should be as they get older?**
- **How do “real men” communicate? What about relationships? What about sex?**

(Make sure the list includes the following words – even if you have to add them yourself – **strong, tough, in control.**)

Students may want to move beyond the activity saying stereotypical things, and may state that “not all men are like this,” or “this is a stereotype,” or “I'm a man and I'm not like this.”

That's great; they are simply grasping the concept more quickly than some of their classmates may be doing. If this happens, validate what they say

Say: ***(You're right – we are talking about stereotypes)*** and reframe the activity

Say: ***(We're looking at stereotypes and expectations now, but we will move beyond that in the next part of the activity.)***

After about 10-15 responses, say: ***OK, now turn your worksheet over on your desk. We will complete the next part as a group only.***

Reference square on board: ***If this is how a man is supposed to act, then what kinds of things are men and boys called if they step outside of this box?***

Some examples might include: fag, sissy, girly, weak, wimpy, gay, weird, queer

Write students' responses around the outside of the square on the board, encouraging students to be frank and honest in their use of words. This means that students will say words like "faggot" and "queer," but this is okay and will help frame the next pieces of the lesson.

Next, move to the 2nd square and write ***"Act Like a Lady"*** directly above the top of the square.

Say: ***Let's also look at what it means to "act like a lady." We'll do the same thing that we did for the "act like a man" box, so let's start with what it means for someone to "act like a lady." You shout out the answers and I'll write them up.***

(Make sure the list includes the following words – even if you have to add these yourself – ***emotional, polite, takes care of others.***)

You can use the same clarifying questions for both of the "act like a..." boxes. Then, move on to the next question (***what kinds of things are said if someone steps outside of this box?***) and write the responses on the outside of the square.

Some examples might include: lesbian, gay, dyke, ball-buster, bitch, ugly, uptight, weird, queer

Referring now to both boxes, ask students:

- ***How do these words keep people in the box?***
- ***What kinds of things do people do to keep others in the box, besides name-calling? Are there specific behaviors you can think of?*** (Answers could include: ***bullying, harassment, spreading rumors.***)

Debrief the final portion of the activity by explicitly linking homophobia to gender stereotypes:

Say: ***Obviously, these are offensive words about men and women. You probably also noticed that many of these words are hurtful or offensive words about gay people. When men and women don't act like people think they should, they are often labeled gay or lesbian, and in this situation, these words are meant as insults.***

If students didn't already say this during the activity, mention the following:

Say:

- ***These words also reinforce harmful stereotypes about gay and lesbian people, and can cause people to act in stereotypical ways out of fear that they will be labeled as gay or lesbian.***
- ***Fear, discomfort and hatred of gay and lesbian people is called homophobia, and you can see here how homophobia even affects people who are not gay, by pressuring people to “act like a man” or “act like a lady.” Does that make sense to everyone?***

4. Help the class analyze the brainstorm.

Say: ***The reason we're all so familiar with these stereotypes is because we are always being taught what is a “real” man or “real” woman. Of course, some of these qualities are true for some people – some women are very nurturing, or some men are strong. They are still stereotypes, however, because we expect ALL men and women to act this way, and of course all of these qualities are not true for all men and women.***

Say: ***Where are some places we get messages about what it means to be a man or woman?*** (Answers should include things like: movies, tv shows, commercials, and also may include: my family, religion, and school.)

Respond: ***Good. It sounds like these messages come from lots of different places, and we get these messages all the time. We could also say that some of these messages are so pervasive that they have become “cultural values,” which means that they are woven into the U.S. culture as expectations that are solely based on your gender. Of course not everyone who lives in the U.S. is from here originally, although there are many other cultures that have similar values to these. Regardless, anyone who lives in the U.S. is influenced by the dominant cultural values that exist here, to some extent.***

When something becomes so pervasive that it is a cultural value, it can influence all areas of our lives, including dating, sex, and relationships. U.S. cultural values about gender can sometimes limit people or even lead them to make unhealthy decisions.

It is important to note that there is nothing inherently wrong with these values. It's great to be strong or to be polite. The problem is when all men or women are expected to behave in these ways, and when they are expected to ALWAYS behave this way. What about the moments when you are not strong, or you need to be assertive instead of polite? That's when these values can be limiting.

We are going to take a closer look at some of these characteristics and think about how they can be used in ways that are not limiting. Of course, someone could always decide to be assertive and just forget about being polite. But, there is so much pressure to conform to these values, and they may be characteristics that people value highly themselves. So, let's take a moment to think about how to use these characteristics to make choices that we feel genuinely comfortable with.

5. Briefly define and distinguish among four key terms.

Say: *First I want to get us all on the same page with definitions.*

Write these terms on the board as you explain them (see italicized text, below):

Gender

Gender Identity

Gender Expression

Sexual Orientation

Say: *Everyone has a gender (made up of their gender identity and their gender expression) and everyone has a sexual orientation.*

***“Gender Identity”** refers to how a person feels on the inside, the person’s inner sense of being male, female, both or neither. This usually matches with their physical anatomy and the gender that the doctor guessed they were based on their biological sex at birth. When it does match their body, that’s called ‘cisgender.’ Because the majority of people are cisgender, people may not even know there is a word to describe them. Sometimes, on the other hand, a person’s body and their identity don’t match. Their body may be male, but they feel like a girl or woman on the inside. Or vice versa. They may describe themselves as “transgender.”*

***“Gender Expression”** refers to how a person walks, talks, dresses and acts. They may fit extreme stereotypes of what it means to be masculine or feminine or they may be anywhere in between the extremes. Or they may be both masculine and feminine, or neither. And it may change from day to day depending upon what they’re doing or how they’re feeling.*

Most people’s gender expression is roughly consistent with what their culture and generation expect of them. Once again, if they think about it at all, which people often don’t when they’re in the majority, they may call themselves “cisgender.” Not everybody is able to, or chooses to, conform to expectations of how a boy or a girl should look or act. If a person doesn’t act like society expects a boy or girl to act, they may consider themselves “transgender.”

***“Sexual Orientation”** refers to who a person likes ... the genders of the people they feel most sexually or romantically attracted to. The majority of people are primarily attracted to people of another gender. That’s called being “heterosexual.” That’s a guy who mostly gets crushes on girls or a girl who mostly would want to date boys. Some people are primarily attracted to people of their own gender; they’re “gay” or “lesbian.” They mostly get crushes on people or want to be in relationships with people of their own gender. Some people are attracted to people of more than one gender; they might call themselves “bisexual.”*

6. Distribute the **LGBT Youth Speak OUT - Handout**. These are the personal stories of eight young people.

We recommend reading the stories aloud; the handout is at about an 8th grade reading level. If you have students who are willing, you can invite them to take turns reading quotes aloud. If not, read them aloud yourself.

Ask students, as they read or listen, to highlight a word, phrase, or passage that particularly moves or strikes them.

7. **Guided discussion or guided writing**

Clarify the meaning and place of the term, “Queer”:

Say: Before moving on from definitions, there’s one more word we should discuss. The word “queer” is one that, historically, has been used as a slur or put down against people who are lesbian, gay, bisexual and transgender. Did the people you heard in the handout seem to consider it derogatory? Were they offended by it?

Let students respond.

Say: Right. Nowadays, some people use the word as an identity. What did they seem to mean by it?

Again, let them respond.

Say: When it’s used respectfully, as an identity, it can include folks who are lesbian, gay, bisexual and transgender. But I need to remind you that all the words we’ve discussed today can be used as weapons. So I need to make sure you still understand that I won’t tolerate any of these words being used as put downs in this classroom or in our school.

Next you have two choices: writing or discussion.

Show LGBT Visual 1: Discussion Questions or Writing Prompt. You will find it in this lesson for use with a document camera. If you prefer, you can write the questions on the board. Allow students five or six minutes of writing time to respond to one or more of them. Alternately, you can pose the questions aloud and facilitate discussion (see notes, below), instead of the writing activity.

NOTE: You may need to define “ally”. An ally is someone from a historically more powerful group who stands up with or for someone from a marginalized group. Like a Christian who volunteers to paint over the graffiti on a mosque. Or a white person who objects when a friend uses the “n” word. Or a man speaks up when he sees his guy friend mistreat a woman. Here it means someone who stands up for LGBT people’s rights and dignity.

1) *Based on real people you know (protecting their privacy by leaving out their*

names, of course) and given what you just heard, how do you think people know what their gender identity is? How do they know if they're supposed to be a boy or a girl?

Some possible answers, if you are guiding the discussion and need to elaborate on students' brief answers, include these:

- *It's something they usually figure out by about age 2 or 3.*
- *If they're cisgender, they might have felt at home in the body they were born with, even as a toddler.*
- *If they're transgender, they might have felt uncomfortable in the body they were born with, even as a toddler.*
- *They might feel like they're always wearing a mask or costume, trying to be someone they aren't.*
- *It might be something they knew from as soon as they could talk.*
- *It might be something they figured out more gradually as they realized how they were when they were just being themselves.*

2) *What about sexual orientation? How do people figure out if they are gay, lesbian, bisexual or straight?*

Some possible answers:

- *They pay attention to who they get crushes on, who makes their stomach flip, who they most want to like them.*
- *It might be something they realize around puberty or even before.*
- *It might be that they don't know for a much longer time.*
- *Some people don't start getting crushes until after high school.*
- *Even then, it sometimes changes over time.*
- *They might realize that it feels phony to act like they like people of another ("the opposite") sex in a romantic way.*
- *They might realize they're straight because the idea of same-sex dating feels sort of uncomfortable or as if it wouldn't be very fun.*
- *They might realize that they're gay or lesbian because the idea of dating someone of another gender (the "opposite sex") feels sort of uncomfortable or as if it wouldn't be very fun.*

3) *What myths or stereotypes about LGBT people did you used to believe that you're starting to realize aren't true?*

NOTE: If you plan to assign homework, it will include students' giving thought to this question. So you may choose to skip it now.

Some possible answers:

- *That all LGBT people are white.*
- *That LGBT youth are very different from other teens.*
- *That lesbian and gay people are attracted to every person of their own sex.*
- *That bisexual people are attracted to everybody.*
- *That people become LGB or T because they're molested.*
- *That all LGBT people are unhappy and lonely and wish they weren't gay.*
- *That transgender people just act or dress the way they do to attract attention;*

that they are doing it to make other people uncomfortable.

- *That same-sex relationships are just about sex rather than love and friendship.*
- 4) *What could be done to make school a more positive place for the students telling these stories? What could you do to be more of an ally?*

Some possible answers:

- *Say something when you hear people making anti-LGBT jokes or see them making anti-LGBT gestures.*
- *Object when you hear people use “gay” as if it meant something negative.*
- *Stick up for people when you overhear someone harassing or threatening them.*
- *Express your support for them on the spot or, if you just can’t, in private later.*
- *Refuse to forward disrespectful texts, emails, pictures, etc.*
- *Clue an adult to what is going on; it often flies under their radar.*
- *Organize with other students and/or adults to demand that harassment get investigated and harassers disciplined. That includes students who harass and also adults who harass or who go along with it.*
- *Write in the school paper or blog or make an art project or an exhibit about LGBT people who have contributed important things to the world, such as Bayard Rustin, Eleanor Roosevelt, Susan B. Anthony, James Baldwin, Leslie Feinberg, Langston Hughes, and others. See: www.glbthistorymonth.com*
- *Form or join a gay-straight-alliance to support LGBT students and your LGBT friends and family.*

8. Anonymous Question Box activity – (today’s lesson)

Give each student several slips of scrap paper (and a pencil/pen).

Say: *Write at least one question or what you learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the Only One). Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip (which makes it easier for you to sort the questions), but it is OK to use as many slips as they like. Spelling doesn’t matter at this point. I will answer the questions, so it’s OK to add questions whenever you think of them. Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)*

9. Assign homework.

- *Individual Homework: Lesbian, Gay, Bisexual & Transgender Youth*
- *Family Homework: Talking About Lesbian, Gay, Bisexual & Transgender Youth*

OPTIONAL

Related Activities for Integrated Learning

ART

Make a collage about gender stereotypes, using images and words cut out of magazines.

LANGUAGE ARTS

Write a spoken word piece, poem or song lyrics about unrealistic gender stereotypes and the pressure that a person might feel to conform to strict gender roles.

Gender Boxes Worksheet

“Act Like a Man”



“Act Like a Lady”



LGBT Youth, Visual 1:

Discussion Questions or Writing Prompts

1. Based on real people you know (protecting their privacy by leaving out their names, of course) and given what you just heard, how do you think people know what their gender identity is? How do they know if they're supposed to be a boy or a girl?
2. What about sexual orientation? How do people figure out if they are gay, lesbian, bisexual or straight?
3. What myths or stereotypes about LGBT people did you used to believe that you're starting to realize aren't true?
4. What could be done to make school a more positive place for the students telling these stories? What could you do to be more of an ally?

Individual Homework: Thinking about Gender Stereotypes

Name: _____ Period: _____

Use the attributes listed to answer the following questions.

As a reminder, the gender stereotypes are:

- **Men** are: strong, tough, and in control.
- **Women** are: emotional, polite, and taking care of others.

Please write a two or three paragraph (300-500 word) essay about a time when you felt pressure to act in a certain way because of your gender. The pressure could be coming from someone else, like your parent or friend, from inside yourself, or from some other force, like the media.

Please also answer the following questions in your essay: Did you act in the way that was expected of you? Why or why not? Was the pressure to behave in a certain way helpful to you, or did it may the situation more difficult?

Individual Homework:
Lesbian, Gay, Bisexual and Transgender Youth

Directions: Answer the following question in writing, in a couple of paragraphs.

- Did you used to believe any stereotypes about LGBT people that you don't believe any more? What changed your thinking?

Family Homework: Talking about Gender Stereotypes

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Now ask one another the following questions, with the understanding that:

- You are each welcome to say, "That one is too private. Let's skip it."
 - What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
 - It's OK to feel silly or awkward and it's important to try the homework anyway.
- We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response.

SHARE AND EXPLAIN the completed *Gender Boxes* worksheet with your trusted adult.

DISCUSS:

- What surprised you about these gender boxes?
- What did not surprise you?
- What is something you learned about each other from having this discussion?



for lesson 4

Family Homework: Gender Stereotypes – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

student's signature

signature of family member or trusted adult

LGBT Youth Speak Out - Handout¹

Vickie's Story

My name is Vickie and I'm 18 years old. Take a bunch of different ethnicities and throw them into a blender, I am the product of that. I am a sexual violence peer educator, Gay Straight Alliance peer educator, a mentor, and a member of the Black Achievers program.

I believe that "true love" has no sexual preference/orientation but I do not envision myself spending my life with a male. When I was about 13 I came out to my mother. I didn't say that I was gay or lesbian because all that I knew was that I liked girls. The first thing my mother said was, "Oh...I knew when you were 8." I thought that meant that she was okay with it. Well, from there words like "dyke," (as well as others that I don't care much for) were used on a regular basis in regards to me. I was "outed" to my family and pretty much everyone else I had ever known. Some nights I was kicked out of my house and on those nights I became another child sleeping on park benches.

I am a survivor of many different things: sexual violence, depression, the military, road ragers, myself, and life in general. Life for me has changed a lot since I was 13. I now identify as lesbian and sometimes I am even given some transgender labels. I no longer live with my mother or father but for the first time in my life I actually have "real" parents. I am currently a senior in high school, I love it, and I am ecstatic about living in a dorm next year. I am a varsity cheerleader and softball player but the sport that I enjoy the most is tennis. I believe that every challenge in our lives will change us in some way and I use my experiences as fuel for the fire in me that drives me to do new things.

Sometimes you have to make your own light at the end of the tunnel but you don't have to do it alone.

Braden's Story

I was raised in a community of 2,000 people, very rural and very sheltered. Diversity in this town is bowling on Tuesdays instead of Saturdays. The word gay is rarely used nicely and the only African-American families that have moved here have been driven out by close-minded locals. As long as I can remember I have spoken my mind, and eventually I told people (sometimes the WRONG people) that I was gay. It wasn't even something I had struggled with, I just knew, I had always known. Unfortunately, many people cannot understand that.

On the second day [of high school] I was walking down the hall and a young male said the word that wounds every gay teenager... "fag." From there, things snowballed. Daily

¹ With the exception of Quinn's Story, who wrote specifically for this lesson, the handout *LGBT Youth Speak Out* was adapted from YouthResource.org and Amplifyyourvoice.org, a project of Advocates for Youth, Washington, DC. www.youthresource.org.

more and more people would use those hate words "fag, homo, queer, sissy, etc," on one occasion I was asked if I thought I was a [racist term] because I had worn all black that day. Eventually things moved to violence and pranks. The word "Faggot" (it was misspelled by the way) was written on the locker next to mine, only because they made a mistake of whose locker it was. There are more things that happened, but I really do not think it is necessary to name them all.

The school did "the best they could do" (as they put it). In my mind little was done. One day in February, I was attacked in the hallway, I do not remember much of it, as my head was hit on the locker several times and I must have blacked out or something. That was the last day of school for me.

For a month I stayed in bed, scared, depressed, angry, and even suicidal at times. The school did not offer to help with schooling, or even make the effort to call and see how I was doing. In retrospect, I need to thank a lot of people for keeping me alive. I was lucky. So many innocent teenagers go through this same kind of thing, many end their own lives because of the ignorance out in the world.

Quinn's Story

In terms of my gender, I have always felt different. When I was younger I was called a tomboy, which I was very proud of. I was often asked if I was 'a boy or a girl'. I'd always felt like those of us who embraced those words the most, tomboys and such, never really were girls to begin with. We were always something else entirely. But for the first fifteen years of my life, I always did what was expected of me and I said that I was a girl.

When I was fifteen I started identifying as transgender and telling a few people that I was a boy. But that never felt right either. One thing I've struggled with is the expectations and assumptions people put on me. I'm expected to be a boy or a girl, a stereotypical boy or girl. I'm a genderqueer person, someone who doesn't identify within the binary system of gender (where the only choices are male or female). I've never felt the need to fit a stereotype. So, while I dress in a more masculine way and go by a gender-neutral name, strangers often assume I'm a girl, and call me 'she'. This happens almost everyday. And while I don't feel male, I still ask people I know to refer to me by male or gender-neutral pronouns (he, they). It's extremely exhausting having your identity questioned every single day. It's exhausting worrying about the questions that could come up if you do manage to summon up enough courage to tell a total stranger that you don't use female pronouns and this is why. In contrast, the times I hear 'he' or 'young man', it can make my whole day better.

I want to see people like me, gender benders and breakers of all kinds, celebrated for our identities. I want to see you questioning your assumptions and asking questions. I want to see my people's history pulled out of the cracks where it's been pushed aside and taught in schools. I want you to be able to express yourself to the fullest and be respected for it. And I will keep fighting, writing, questioning, educating myself and others, listening, playing music, telling stories, singing songs, and expressing myself, 'til we're all free.

Andrea's Story

When I was in 10th grade I finally realized that maybe I was different.

Soon, though scared, I came out as bisexual to a couple guy friends. I was worried about losing my female friends, so I kept my orientation a secret from them. However, after breaking up with my then-boyfriend, he decided to out me to all my friends. It was an attempt to hurt me, but it actually was one of the best things that could have happened to me.

Once he told everyone, I could not hide anymore. A few friends were freaked out and did not treat me the same, but most people accepted me for who I was. It really was not even an issue to most people. After seeing the acceptance from my friends, I got the courage to tell my mom and my aunt. Coming out to them was so great and untraumatic that both my mom and I cannot really remember how it happened. My mom and my aunt are completely accepting, and I love them dearly for it. Being outed made me face my orientation and showed me that I did not have to be ashamed of it.

Since going off to college, I looked at my orientation and decided that I was more comfortable calling myself lesbian rather than bisexual. I am not one for labels, but I feel better with this one. I am out at my job, and at school. I do not mean that when I meet people, I say, "Hi. I am Andrea, and I'm gay!" Nevertheless, I do not hide my orientation. I refuse to play the "pronoun game" and hide in fear. I treat it as a natural part of me, and as not a big deal, and thus people do the same when dealing with me.

David's Story

I was 15 when I decided to come out. I had always known something was different. I had girlfriends but never wanted to do anything sexual -- not even kiss them. Online, I had looked at gay stuff just wondering about it since I never knew anyone gay.

Then I thought "I may be gay." So I ended up telling my friend and she was perfectly fine with it.

About a week after I told my friends I planned on telling my mom. Of course, I thought of the worst possible thing would happen. So we were coming back from my foot operation and I told her. And I told her I didn't want to tell dad because he may not be accepting.

She told me she wanted me to so that they could talk openly about it. So after we got home she made me go to the store with him. And I just told him. And his exact words were "So? I still love you." I was shocked. Here I had been worried sick about my parents beating me up and kicking me out of the house.

Then I had a date with my first boyfriend. We were both 15, so of course my dad drove us. It was so cool. I felt good about it and knew it was what I wanted, but we ended up breaking up about one month after getting together.

Then I hooked up with my next boyfriend and we went to the movies. That lasted 6 months. He would come see me everyday and hang out with me and my family. He

ended up spending Christmas with my family and I spent New Year's Eve with him and his friends. Everyone was really accepting of us. It was shocking.

I am lucky. I am out at work, and I do find the occasional person that has a problem with it. But I just stay away from them. It's really cool because as long as you don't hit on them they won't bother you. That is what I have found in life.

Shin's Story

Hi there! My name is Shin, I'm 23, and an Asian-American bisexual male. I am a college graduate, with a degree in political science. I work at a non-profit organization that works to protect the civil liberties of everyone in the country.

In many ways, I have always been in the "minority." I was born in a small blue-collar town on the East coast, where my family was the only Asian family for the longest time. Indeed, I am the first in my family to be born in the States. I have an older sister, and for the longest time, I was always following in her footsteps. However, when I was 12, my family, minus my college bound sister, moved to Tokyo, Japan, due to my father's job. There, I was again in the minority - a kid who had spent all his life in the states, and who didn't really know how to speak Japanese. I actually ended up switching from the public schools to an all-male Catholic international school for high school. After high school, I came back to the States for college on the East coast.

It was in college that I truly came out to myself, my friends, my peers, and some members of my family. I found it comforting to find people my age who were in the process of coming out, or had already come out to themselves and their friends and family.

Even now, I find that I am sometimes at odds with myself. Being bisexual often puts me in "neither camp." There are days that I think it would be easier if I just "choose a side," but then I know I wouldn't be fair to myself. For me, it's about the person, not the gender. Yes, true bisexual people do exist - we aren't just steps in the journey of coming out.

Ben's Story

Hey everyone! My name is Ben, and I'm an 18 year old transboy growing up in eastern Pennsylvania. I am currently a junior at my high school, and I also have a part-time job after school.

I came out as transgendered my freshman year of high school when I asked my teachers to call me by my preferred name, as well as to use masculine pronouns when referring to me. Surely, I thought, this would lessen my feelings of isolation and help me to feel more at home with myself. I received a mixed reaction that was rather confusing. While coming out did help me become more comfortable with myself, my feelings of loneliness did not subside. I found myself repeatedly explaining how I felt, and

constantly attempting to clarify misinterpretations. I felt so misunderstood. Yet, each explanation, though tiring, seemed to give me more confidence. I decided to start a GSA (Gay-Straight Alliance) to bring people together in my school. There had to be a few people out there who were supportive, I thought. I was right. The GSA had an amazing turnout, bringing many people together to discuss how they feel and what is going on in our school. I no longer felt alone, and I felt optimistic about the change that our group would cause in our school.

Slowly, my coming out process helped me evolve into the person I am today. I grew more than I ever thought I would. Fortunately, I have the support of my immediate family and a few friends and teachers. With my mom's consent, I began my medical transition by taking testosterone in July. I continue to feel more comfortable and confident with each day that passes. I am forever changed by the events that have taken place, and by the people I have made contact with.

Miriam's Story

My name is Miriam. I grew up in a small town in New Jersey.

Ever since I can remember, I have been attracted to people of all genders. When I was 9 or 10, I realized that this was considered bad, so I tried really hard to be straight. After a year of this, I realized that I could not stop being attracted to girls.

The only person I told at that point was my sister, who was 8. She was very accepting and supportive then, and has been ever since.

In high school, I was afraid to come out, both at school and to my parents. I was dating a boy for most of high school, so it was easy to hide. I was afraid that if people found out, the homophobic students would harass me, the more "liberal" students would think I was just saying it to be trendy, and my parents would think it was just a phase. Looking back, I think that it would have been worth it.

I made the decision that no matter what, I was going to come out when I got to college. Luckily, I went to a school where most people were very accepting, so coming out at school was easy. I told all of my friends, hall mates, professors, teammates (I play ultimate Frisbee.) etc, and I also joined the student organization for LGBT/queer students.

I also came out to my parents. While it didn't go perfectly, it went a lot better than it does for some people, and things have gotten a lot better over time. It really helped me to have the support of my sister, as well as the support of my friends at school. I have found that when I am confident about who I am, people either accept me or keep quiet about it.

Abstinence

High School, Lesson 6

One Class Period

Student Learning Objectives

The student will be able to ...

1. list behaviors that help a person succeed at abstaining from all forms of sex.
2. articulate to a partner the decision to not have sex.
3. practice using assertive decision-making techniques with a partner.

Agenda

1. Answer question(s) from the anonymous question box.
2. Explain the focus of today's lesson.
3. Define terms abstinence, sex, celibacy, and virginity.
4. Use the *Expressing Limits Activity Cards* to conduct a large group activity.
5. Use *Abstinence Worksheet and Visual 2* to brainstorm, in pairs, challenges that keep people from abstaining.
6. Discuss assertiveness skills.
7. Debrief and summarize the learning activities.
8. Anonymous Question Box activity.
9. Assign homework.

This lesson was most recently edited on February 2, 2011.

Materials Needed

Student Materials:

- **Abstinence Worksheet** (1 copy per student)
- **Assertiveness Handout** (1 copy per student)
- **Family Homework: Talking about Abstinence** (1 copy per student)
- **Individual Homework: Talking about Abstinence** (1 copy per student)

Classroom Materials:

- **Scrap or notebook paper**, cut into fourths
- **Abstinence Visual**
- **Answer Guide: Abstinence Worksheet** (1 copy for the teacher only)
- **Expressing Limits Activity Cards** – (1 set per class)
- **Assertiveness Visual**

Teacher Preparation

Well in advance ...

- **Cut out the Expressing Limits cards.** You can laminate them if you wish to use them over and over.

The day before the lesson ...

- **Prepare the visuals.**
- **Make copies of Materials Needed** (see above).
- **Cut the scrap or notebook paper into fourths.**

Standards

National Health Education Standard

- **Standard 4:** Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
 - **Performance Indicator 4.12.1:** Use skills for communicating effectively with family, peers, and others to enhance health.
 - **Performance Indicator 4.12.2:** Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
- **Standard 5:** Students will demonstrate the ability to use decision-making skills to enhance health.
 - **Performance Indicator 5.12.1:** Examine barriers that can hinder healthy decision making.
 - **Performance Indicator 5.12.2:** Determine the value of applying a thoughtful decision-making process in health-related situations.
 - **Performance Indicator 5.12.6:** Defend the healthy choice when making decisions.

Rationale

NOTE TO TEACHERS: ***This lesson asks the question why people have sex and why people choose to abstain; not teens specifically, but people in general.*** Why expand students' thinking beyond *teens*? If sexual abstinence is cast as a behavior for young people, then by extension, sex must be the behavior for adults. That makes it developmentally essential for teens to have sex, in order to prove their adulthood. If, in contrast, abstinence is cast as a legitimate choice to make at any age, it becomes less an onerous vestige of childhood and more a personal, empowering choice ... and hence more doable for teens.

In addition, this lesson defines the word "sex". That's important because, in a study of high school students who considered themselves virgins, 30% had engaged in heterosexual masturbation of or by a partner, and about 10% had engaged in oral sex with a partner.¹ A recent survey of 500 men and women by the Kinsey Institute showed that Americans do not have a universally shared definition of sex.

- 95% of respondents consider penis-vagina contact as sex, but this rate dropped to 89% if there was no ejaculation.
- 81% considered penis-anus contact to be sex, with the rate dropping to 77% for men in the youngest age group (18-29), 50% for men in the oldest age group (65 and up) and 67% for women in the oldest age group.
- 73% counted receiving oral sex as sex, but only 71% counted giving oral sex as sex.²

This study revealed very similar beliefs among men and women. It also pointed out great intergenerational difference in definitions of sex whereby adults and youth may be using the same words but thinking different things. That is why so much time is given to defining abstinence and sex at the beginning of the lesson.

The CDC defines abstinence as "refraining from sexual activities that involve vaginal, anal, and oral intercourse."³

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Explain the focus of today's lesson.

Start the lesson by asking: **What percent of high school students do you think have had sex in the U.S.?** Accept several replies.

Say: **In the 2013 Youth Behavior Risk Surveillance (YRBS) by the CDC, 46.8% of high school students, meaning 9th through 12th graders, reported they have had sex.⁴ For 9th graders, the percent was even lower. For 12th graders, the percent was higher (64.1%), but 46% was the average.**

So what percent of students are being abstinent?(Allow for student responses)
That's right. About 53% of high school students, more than half, are choosing not to have sex.

Say: **Why do people choose to have sex?**

After several replies, be sure to discuss some of the following ...

Reasons people might have sex:

- procreation
- to show love
- consummate marriage or long-term partnership
- attempt to prove that they are not gay, lesbian, or bisexual
- to help figure out if they might be gay, lesbian, or bisexual
- pleasure
- curiosity
- attempt to prove adulthood
- a way to relieve stress

If someone brings up rape or sexual assault or “because they are drunk”, explain that the victim is not choosing to have sex.

Say: **Why do people choose to abstain from sex?** Ask students for several replies. You can add some from the list below if students do not mention them

Reasons people might choose abstinence:

- personal beliefs and values
- religious beliefs and values
- protect their health
- not interested
- haven't found the “right” partner
- not in love
- in recovery from addiction
- avoid pregnancy
- avoid STDs and HIV
- don't want to jeopardize future goals
- not ready
- focusing on something else right now: school, sports, friends
- under stress
- don't want to upset family
- encourages people to build relationships based on things other than sex

Say: *Like any choice in life, it is important to understand your values and beliefs as well as the consequences, both positive and negative, of choosing to do certain things. It is also helpful to learn skills to help you talk about the choices that you do make. We will focus on those skills today.*

3. Define terms abstinence, sex, celibacy, and virginity.

Have students take out a sheet of paper and divide into four sections. Ask students to number their sheet of paper 1 - 4. Tell them not to write their names. Write each word on the board and number the words. Ask students to define the words using their own words. Ask students to write their definition on the paper after each number. For example:

1. abstinence:	3. celibacy
2. sex:	4. virginity

Tell students to fold their papers in half and trade papers with other students five times. After five trades, they should not know whose paper they have. Ask some volunteers to tell the definitions on the paper they have. Then discuss the following points.

Say: *Abstinence means choosing not to do something, including risky behaviors. For instance, you choose abstinence, or “choose to abstain” if you try not watching TV on school nights, to see if you study more. People decide to abstain from all sorts of things. People with diabetes may abstain from sugary foods. Recovering alcoholics abstain from alcohol. Vegetarians abstain from eating meat. And in this lesson, we will talk about people abstaining from sex.*

Say: *When people decide to abstain from something, it may be a temporary or longer-term decision. Most people decide they will abstain from cigarettes forever. In some faiths, people temporarily abstain from eating such as Muslims during Ramadan or Jews on Yom Kippur or Catholics not eating meat on Fridays during Lent.*

Say: *People can choose to abstain at any point in their lives, even if they haven’t abstained in the past.*

Say: *Different people have different definitions of abstinence. Some of you may have defined abstinence as not engaging in any sexual behavior, including masturbation. Some may have defined it as avoiding sexual behavior involving touching of the genitals or genital contact between two people. Others may have included oral sex (mouth and genital contact), anal sex (penis and anus contact) and vaginal sex (penis and vagina contact). For today’s lesson and this entire unit, abstinence will mean choosing not to have oral, anal or vaginal sex.*

Write on the board next to “1. abstinence”:
choosing not to have oral, anal, or vaginal sex

Say: *Sex is another word with many meanings. It can mean the gender of a person, animal, or flower; sexual intercourse; the idea of sex (“Sex sells”); genital contact or penetration; or exchange of body fluids. For our purposes today, we’ll define sex as “when a person’s genitals touch another person’s genitals, mouth or anus” even though there are lots of other ways people might be sexual (such as over the phone or with hands). Consensual sex means all people involved agree to the behavior.*

Write on the board next to “2. sex”: when a person’s genitals touch another person’s genitals, mouth, or anus.

Say: *Many people use the term intercourse or sexual intercourse. This typically only refers to vaginal sex or penis - vagina contact.*

Write on the board next to “3. celibacy”:

Say: *Celibacy is a long-term or lifetime commitment not to have sex, often for religious or moral reasons.*

Write on the board next to “4. Virginity” :

Say: *Virginity is a concept, and cultures define it differently and have a range of values about it. Each culture and generation has different beliefs about what it is and whether it is important.*

Many religions teach that abstaining from all sex until marriage is good. Others don’t. Beyond that, who counts as a virgin and how much it matters to people varies a lot. Because people have such different beliefs about it, I hope all of you will talk about it this week with a parent or guardian or another family member. If you belong to a church, synagogue, mosque or temple, find out what members believe. Talk with some adult you trust about your own beliefs, too.

Say: *When people talk about a “virgin,” they’re usually talking about someone who hasn’t had penis-in-vagina intercourse. This leaves out people whose first sexual experience is with someone of the same gender. This also does not define anal and oral sex as sex.*

People who have been sexually assaulted are often thought to have “lost their virginity”, but this ignores the fact they did not consent and were the victims of violence. What it means to be a virgin can only be defined by the person, not someone else.^v

Say: *Is abstinence from sex the only certain way to avoid pregnancy and to reduce the risk of sexually transmitted diseases (STDs), including HIV?*

Wait for student(s) to respond.

Say: **Yes!**

However, it depends on how a person defines abstinence for this to be true. It is possible to spread sexually transmitted diseases (STD) and the human immunodeficiency virus (HIV) through oral and anal sex. Some STDs, like herpes and genital warts, can also be spread through genital contact or rubbing. Pregnancy can happen if a man's semen gets on a woman's genitals, even without penetration. Later, we will talk about birth control and STD prevention methods if people do have sex.

Explain that they are going to practice refusing sex when they do not want to do it.

4. Use the *Expressing Limits Activity Cards* to do a large group activity.

Say: ***It is often hard to refuse doing something because of peer pressure or pressure from a person who wants to have sex with you. In high-pressure situations, it can be hard to know what to say if you haven't practiced doing it before.***

Explain that you will give each student a card with a concrete reason for refusing to have sex on it so students can practice refusal skills. They are examples of things people can say if they are asked to have sex but do not want to. **Stress that this is an activity to practice communicating a decision to be abstinent, and does not mean an actual request to have sex.** In some cases, they may be assuming the role of a person different than themselves. Remind them it is only an exercise and of the class ground rules. Explain that everyone must stand up, find a person in the room, and **imagine** their partner just asked, **"Will you have sex with me?"** Each person then refuses using the sentences on their cards. After each person has read their card, they trade cards and find a new partner. Practice with five partners, and five different refusals, then sit down to show you are finished.

Alternative: Some students may find the one-on-one nature of this activity intimidating. If you think your class will feel this way, you can ask students to stand in a big circle. Tell them you will give each student a card. Ask them to read their refusal aloud simultaneously. Then everyone passes the cards to the right. They read the second refusal aloud simultaneously. Repeat until each student has read five refusals. It will be loud, but it may reduce student anxiety.

After explaining what to do, distribute one *Expressing Limits Activity Card* to each person.

Afterwards:

Say: ***How did it feel to use the refusal you had? If it felt awkward or unrealistic, what would you say differently?*** Allow for student response(s).

Say: ***Now we are going to think about what makes abstinence hard to do, and what makes it easier for people.***

5. Brainstorm, in pairs, challenges that keep people from abstaining.

Say: ***People have many reasons for not having sex, but sometimes they do it anyway.***

They want to abstain but a challenge or barrier gets in the way.

Ask students to pair up. Hand out and refer students to *Abstinence Worksheet* (see example below). **Read the example.** Then **ask students to list as many barriers they can think of that prevent people from abstaining from sex. Barriers refer to things people say or a real situation that would make it hard for a teen to not have sex.** Next, students will write a way to overcome that barrier – it could be something they do or say.

What makes it hard to abstain from sex?	What makes it easier to abstain from sex?
Ex. Your teammates pressure you to have sex with another student at a party.	Ex. Explain that you are up for a sports scholarship and you don't want to ruin it by getting someone pregnant or getting pregnant yourself.

Ask some students to share their barriers and how they would overcome those barriers.

Mention some of the challenges using the *Answer Guide: Abstinence Worksheet* if they are not brought up. Ask students how they would overcome any of these barriers.

6. Discuss assertiveness skills. □

Say: So far, we have defined abstinence and sex, so we all know we are talking about the same thing. You should make sure you do the same with any current or future partner, because as we listened to everyone's definitions, we can see they were very different! Then we practiced using refusals for when people ask us to have sex and we don't want to. We discussed why people abstain from sex and how they can overcome barriers to being abstinent. Now we are going to combine everything.

When people get into a relationship, they may discuss at some point the possibility of having sex. One person may be ready while another is not. We are going to practice being the person who does not want to have sex. Remember, even if you have already had sex, you may find a time in your life when you do not want to, so these skills are still important.

Give each student a copy of the *Assertiveness Handout*. **Ask student volunteers to read off the four communication styles and their definitions: aggressive, passive, manipulative, and assertive.** Pause after each one, and ask students to give you another example of each one, besides the comic, related to refusing sex.

Say: Assertiveness skills involve speaking and acting with power while maintaining respect for others. Instead of passively giving up control or aggressively demanding it, assertiveness tells others what you want without lying, evading, or hurting. These skills are particularly helpful when you are faced with situations of potential conflict. It is important to note that individuals and cultures may express

assertiveness in different ways – be aware of this when talking with you current or future partners.

Ask a student to read off the assertiveness skills on the back of the *Assertiveness Handout*. Answer any questions students may have about these skills.

□ This activity and list of assertiveness skills is adapted, with permission, from Wesley, J. & Mattaini, M.A. (2008), *Assertiveness Skills Education*, in M. A. Mattaini, *PEACE POWER: Evidence-Based Tools for Violence Prevention*, available at <http://www.PEACEPOWER.info>.

7. Debrief and summarize the learning activities.

Say: ***what was the most important thing you learned today.***

Say: ***Remember, Abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of STDs, including HIV. Abstinence can be a positive choice at any point in your life, both for young people and adults. Choosing not to have sex by refusing can show maturity, self-confidence, and power over your life.***

Please keep in mind, sexual decision-making is a matter of personal rights and power. Everyone can:

- ***Decide when and with whom they want to have sex, and when and with whom they want to refuse sex***
- ***Choose abstinence until their bodies are mature***
- ***Choose abstinence even if they've had sex before***
- ***Choose abstinence on and off, throughout their lives, as circumstances change***

8. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper.

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

11. Assign homework.

- ***Individual Homework Exercise: Talking about Abstinence***
- ***Family Homework Exercise: Talking about Abstinence***

Related Activities for Integrated Learning

ART

Draw a comic strip and write conversation balloons for a couple where one person is telling another that she or he wants to be abstinent. Students can draw by hand or use a computer drawing program to make the comic strip.

COMPUTERS / TECHNOLOGY**Direct students to work in pairs on “Real People” YouTube Video Worksheets. (optional)**

Divide the students into pairs. Give each pair one of the seven scenes from “*Real People*” *YouTube Video Worksheet 1 to 7*. Explain to students that they are writers and producers for a YouTube video that is trying to reach audiences with positive messages about relationships, safe sex, and sexual choices. One of the characters in the dialogue has made the choice to be abstinent. Their job is to write the remaining part of the scene, making use of at least three concepts studied this period, including our definitions, refusal skills, and assertiveness skills. Ask them to be as creative as they can. Allow them five minutes to write.

When students have finished, ask for volunteers to “perform” or simply read their scene in front of the class. Try to get at least one pair to perform each of the seven scenes.

Give constructive criticism and positive feedback after students share their scripts and ask the rest of the class to critique the concepts used in the scripts and how effective or ineffective they were. Remind students to be thoughtful and constructive as they critique their classmates’ scripts.

Students can use video editing software to improve the YouTube video they may have made. They can be creative by adding music, overdubs, or special effects.

CIVICS

Abstinence education has been a very hotly debated topic in American culture and politics. Research the history of abstinence education funding. What federal bills have abstinence education funding been attached to? What were the initial federal requirements for funding abstinence education programs? Why is abstinence education controversial? What does the research say about abstinence education vs. comprehensive sexuality education? Are there any laws in your state that govern abstinence education? Students can write a short report or newspaper-style story explaining what they learned.

Abstinence Worksheet

What makes it hard to abstain from sex?	What makes it easier to abstain from sex?
<p>Ex. Your teammates pressure you to have sex with another student at a party.</p> <p>Other challenges:</p>	<p>Ex. Explain that you are up for a sports scholarship and you don't want to ruin it by getting someone pregnant or getting pregnant yourself.</p> <p>Other suggestions:</p>

Abstinence Visual

What makes it hard to abstain from sex?	What makes it easier to abstain from sex?
Challenges:	Suggestions:

Answer Guide: Abstinence Worksheet

Expressing Limits Activity Cards

Challenges to abstain from sex	Ways to overcome challenges
<p>Ex. Your teammates pressure you to have sex with another student at a party.</p> <p>Other challenges:</p> <ul style="list-style-type: none"> • Peer pressure (“everybody’s doing it”) • Fear of rejection - or violence - from partner if they say “no” • Being made fun of, teased or rejected by friends for not having sex • Hoping it will prove they aren’t gay or lesbian or thinking that heterosexual sex will somehow change their sexual orientation • Wanting sexual pleasure or orgasm • Wanting to have intimacy with their partner, show their partner that they care • Wanting to feel “like a man” or “like a woman” and thinking it will fix that • Wanting to feel like an adult and thinking it will fix that • Wanting a baby • Wanting to have fun • Wanting to feel “normal” • Believing that they <i>should</i> have sex, that they owe it to the other person (we’re married and/or she or he spent money) • Feeling embarrassed or not confident to express their choices/values/beliefs 	<p>Ex. Explain that you are up for a sports scholarship and you don’t want to ruin it by getting someone pregnant or getting pregnant yourself.</p> <p>Other suggestions:</p> <ul style="list-style-type: none"> • Fact: 57.5% of high school students have never had sex⁶ • Call a sexual assault hotline • Talk to a trusted adult about how to handle teasing • Talk to a friend, counselor, parents, guardians or other family member, if you feel comfortable, if you think you might be gay, lesbian, bisexual, or transgender • Find an activity that makes you feel great, like swimming, running, or playing basketball, and do it • Find an activity that makes you both feel great, like hiking, eating ice cream, or a backrub • Talk to your parents or guardians about what they think acting like a man or a woman means • Help take care of a relative’s baby or offer to babysit a neighbor’s child • Find an activity that you really like and see if a group or team does that active regularly. Join them • Write down reasons in a journal why you deserve to have your partner wait for you to be ready to have sex • Talk to clergy or a trusted adult to clarify what your values and beliefs are. Practice saying

<p>I need to stay clean and sober, and I just can't get involved with anyone right now.</p>	<p>My religion teaches that sex outside marriage is wrong. Period.</p>
<p>My mom would be really hurt if she found out. It's not worth the risk to me.</p>	<p>I'm really into this big project right now. I don't have the energy for a heavy relationship.</p>
<p>I was scared when we didn't use protection last time. I'm just not going to do that again. Sorry.</p>	<p>I don't need to prove anything to you; I just don't want to have sex, OK?</p>
<p>I never have sex if I've been drinking. Sorry.</p>	<p>I'm waiting until I am married. I'd rather wait.</p>
<p>I've had a really stressful day and I just don't want to have bad or disappointing sex with you.</p>	<p>I'm HIV positive, and I don't want to risk giving it to anyone.</p>

<p>Sorry. I'm lesbian, and you're a guy. Not interested.</p>	<p>I want the first time to be really special. Not hurried or in your car.</p>
<p>I'm not interested in that kind of relationship with you. I'm just not in love with you.</p>	<p>I'd rather give our relationship more time. Can we just go to a movie instead?</p>
<p>I'm not in the mood for it right now. I'd rather wait until I know it will be good sex.</p>	<p>I don't want to get emotionally involved with anyone right now.</p>
<p>I want to spend more time with you, just hanging out, getting to know you before we jump into sex.</p>	<p>Let's just hold each other, OK?</p>
<p>It doesn't make a difference if you call me names. It won't change the fact that I'm just not ready, and I'm telling you "no".</p>	<p>There are other things in my life that are more important right now. I am just not interested in sex. Maybe later.</p>

<p>I think there are other ways we could have more fun at this point in our lives.</p>	<p>For now, I get more excited about hanging out with you. I'm not in the same place as you. I don't want to have sex yet.</p>
<p>I'm feeling a little down and lonely and if we had sex, it might be for the wrong reason. I want to think more about the decision.</p>	<p>I have a crush on someone else. I'm sorry, but I'd really like to be friends.</p>
<p>I don't have sex without condoms. Since we don't have one, I don't want to make love with you.</p>	<p>I had a bad experience in the past; I'm not ready to deal with this kind of thing again.</p>
<p>I'm not thinking very clearly at the moment, maybe another time, but not now.</p>	<p>We need to talk about this decision more, when we're both not so excited. We'll think better that way. Let's go get something to eat.</p>
<p>We haven't gotten our HIV test results back yet, so I'd like to wait.</p>	<p>I really don't want to risk getting pregnant; I am leaving for college in a few weeks.</p>

<p>I've been hurt before and my heart needs to heal from that first. In the meantime, I'd love to get to know you better.</p>	<p>I'm taking medicine for chlamydia right now. The doctor said we need to wait 'til I'm done with my treatment. And besides, you need to get tested, too.</p>
<p>You turn me on, too. But I need for you to slow down. Let's talk about it again in a few months.</p>	<p>I don't care that we are the only two out gay guys in school. That doesn't mean I want to have sex with you.</p>
<p>I like kissing and touching. I just don't want more than that.</p>	<p>I don't care if you're on the pill. I don't feel safe without condoms.</p>
<p>Maybe you didn't understand. I said I wasn't going to make love with you.</p>	<p>Please stop asking. I just don't know you that well yet.</p>
<p>I don't care if you've got condoms. I want to also use the pill or the patch or something.</p>	<p>You aren't listening to me. I said I want to stop now.</p>

Assertiveness Handout

Four Types of Communication Styles

1. **Aggressive:** taking what you want, threatening or forcing a person to give you something, or saying “no” in a way that puts the other person down or violates his or her rights



2. **Passive:** not speaking up when you'd like something or giving in and saying “yes” when you don't really want to, in order to be liked or not hurt the other person's feelings

3. **Manipulative:** getting what you want or turning someone down in a dishonest way, or doing something for somebody only so they will give you what you want





4. Assertive: asking for what you want or giving people an honest “no” to things you don’t want; not using people and not letting yourself be used by others

Important assertive skills include

- Making “I” statements (“I think ...”, “I want ...”)
- Expressing opinions (“I believe ...”)
- Saying “No” firmly but respectfully
- Asking for what you want
- Initiating conversations
- Expressing positive feelings
- Expressing appreciation
- Stating your strengths and abilities (“I can ...”)
- Making statements that express one’s identity, culture, sexual orientation, etc. when one chooses to do so
- Pay attention to word choice, tone of voice, and body language



Examples of some “I” statements

- I don’t like the way you are talking to me.
- I really appreciate that you care enough to stay with me even though I am not ready to have sex yet.



Assertiveness Visual

Four Types of Communication Styles

Aggressive



Passive



Manipulative



Assertiveness Visual, continued ...



Assertive

Important skills



"I" statements



“Real People” YouTube Video (1)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex, and sexual choices. This particular show is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #1: The Park

Keanu and Lani are a couple. Lani has made the decision not to have sex, at least until she's older. She has a lot of different interests right now. She's on the basketball team and she's also been getting involved with the community theater club on the weekends. She really likes Keanu, but feels that they should wait to have sex until she's ready. Keanu *does* want to have sex and feels that if Lani really loved him, she would want to have it, too. The scene opens up with the two of them walking through the park.

KEANU: Lani, I'm just not understanding...do you love me? I mean, doesn't having sex mean that we love and care about each other? It's not making a whole lot of sense to me right now. Can you explain?

LANI: Keanu...

KEANU:

LANI:

KEANU:

LANI:

(and so on...)

“Real People” YouTube Video (2)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex and sexual choices. This particular show is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #2: Hanging out after school

Maylin and Debra are close friends. They just got out of school for the day and are talking to each other as they walk off to go hang out at Debra’s house. Debra is explaining to Maylin about why she has chosen to abstain from sex for the moment.

MAYLIN: Wow, Debra, it’s been a while since we last talked about this...tell me what you’ve been thinking about lately...

DEBRA: Well, Maylin...

MAYLIN:

DEBRA:

MAYLIN:

DEBRA:

MAYLIN:

(and so on...)

“Real People” YouTube Video (3)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex and sexual choices. This particular show is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #3: In the Car

Daniel and Sam are dating, and while Sam has chosen not to have sex for now in his life, Daniel does not choose abstinence for himself at this time and has had other partners in the past. Daniel would like Sam to have sex with him, but Sam just doesn't feel the same and is a little worried about sexually transmitted diseases (STDs). They have just gone out to a movie and are on their way home in the car, trying to talk about it.

DANIEL: Sam, I like you a lot, I would like to have sex with you, but I know you're worried about things like getting an STD...and all that other stuff. I am pretty sure I don't have anything...

SAM: Daniel...

DANIEL:

SAM:

DANIEL:

SAM:

DANIEL:

(and so on...)

“Real People” YouTube Video (4)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex and sexual choices. This particular show is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #4: Shopping

While Tyrone and his older sister, Erykah, are shopping for a gift for their grandmother’s birthday, Tyrone is talking to her about how he is dealing with his decision to not have sex with his girlfriend. He tells her about how it is sometimes hard because he wonders if his girlfriend might break up with him, if he doesn’t choose to have sex with her. He is worried she won’t think “he’s a man” anymore. His girlfriend is on the pill, so she says they don’t have to worry about her getting pregnant. There have been times when things have started to get pretty close to them having sex, but he has always stopped it at the last minute. Tyrone enjoys being affectionate with her, but just doesn’t want to have sex. Erykah tries to give Tyrone some advice as they walk through the store.

TYRONE: I’m just not sure how to deal with this. She’s so great, but she won’t let up about this sex thing. Things just keep getting heavy.

ERYKAH: Tyrone...

TYRONE:

ERYKAH:

TYRONE:

ERYKAH:

(and so on...)

“Real People” YouTube Video (5)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex and sexual choices. This particular show is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #5: At a Party

Yvonne and Tomas have been dating a while. Before she was dating Tomas, she had sex with a previous boyfriend. They always used condoms, but one time it broke... Yvonne felt pretty worried that she would get pregnant. She wishes she would've known about emergency contraceptive pills at that point, but was relieved when she realized she wasn't pregnant. The experience made her consider the seriousness of sex. She decided that she would wait until she was in love and in a stable relationship to have sex. She likes Tomas and has a lot of fun with him, but isn't sure how long they'll be together. Tomas doesn't understand her decision. They are having a conversation about it at a friend's party.

TOMAS: Yvonne, you've had sex before. I know it was scary for you before, but it turned out fine. I do not understand why you are deciding to wait now.

YVONNE: Tomas...

TOMAS:

YVONNE:

TOMAS:

YVONNE:

(and so on...)

“Real People” YouTube Video (6)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex and sexual choices. This particular episode is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #6: Playing pool

Manuel and Rafi are co-workers. Rafi and his girlfriend just broke up. He is feeling heartbroken and lonely at the moment. Manuel is a very active guy, he likes going out to bars and clubs and meeting lots of different people, he is also taking some interesting art classes. He enjoys going on a lot of dates with people and has introduced Rafi to an interesting woman in his art class. The woman told Manuel that she really likes Rafi and is hoping that they will have sex soon. Manuel told Rafi about her feelings, but Rafi says he just isn't ready yet. As they play pool, Rafi talks about his decision.

MANUEL: Rafi, she's really great and she likes you a lot. I wonder if you were feeling the same about her, wouldn't sex maybe help you get over your heartbreak...

RAFI: Manuel...

MANUEL:

RAFI:

MANUEL:

RAFI:

(and so on...)

“Real People” YouTube Video (7)

NAMES _____

PERIOD _____

Imagine that you are writers for a YouTube video that tries to reach a young audience with positive messages about relationships, safe sex and sexual choices. This particular show is on abstinence; the reasons people choose it and what they can do to successfully make it work. Due to your expertise, the head writer has asked you to write the following dialogue in an important scene. Do your best to incorporate into the dialogue three ideas that you just learned about what makes abstinence work and what makes it fail. Show these ideas through the words in your script. Use another sheet of paper if you need to. **Be creative!**

Scene #7: On the Porch

Lourdes is eating lunch with her friend, Tamara. They are hanging out on the porch, talking about Tamara’s recent decision not to have sex with her husband. Tamara says that in the past few weeks, he is coming home from work smelling like alcohol and acting in ways that irritate her. She just doesn’t feel like doing anything with him when he is like that.

TAMARA: I am just so annoyed with him lately; it’s hard to be intimate with someone that you feel this way about, even though he is my husband...

LOURDES: Tamara...

TAMARA:

LOURDES:

TAMARA:

LOURDES:

TAMARA:

(and so on...)

Family Homework: Talking about Abstinence

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family’s, your religion’s) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend’s parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Now ask one another the following questions, with the understanding that:

- You are each welcome to say, “That one is too private. Let’s skip it.”
- What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
- It’s OK to feel silly or awkward and it’s important to try the homework anyway.

We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person’s response.

ASK THE STUDENT: What do you think about teens “dating”...agreeing to be a couple? What are the advantages and disadvantages of it?

ASK THE ADULT: Have you ever fallen in love? When? What was it like? How did you know it was love?

ASK THE STUDENT: Do you think you’ll ever be in a committed, life-long relationship? If so, what kind of person would you want it to be with? If not, why not?

ASK THE ADULT: When do you think a person is ready to have sex?

ASK THE STUDENT: When do you think a person is ready to have sex?



Family Homework: Abstinence – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

_____ student’s signature

_____ signature of family member or trusted adult

References

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Birth Control Methods

High School, Lesson 7

One Class Period

Student Learning Objectives

The student will be able to ...

1. list three highly effective birth control methods.
2. describe at least one reason that birth control is important.
3. describe the benefits of any one method.

Agenda

1. Answer question(s) from the anonymous question box
2. Explain the lesson's purpose.
3. Lead penny exercise to demonstrate the low risk of pregnancy when using a highly effective birth control method.
4. Have small groups study a method of birth control and write a commercial for it, using *Birth Control Fact Sheets* for reference.
5. Have small groups take turns performing their 2-minute commercial for the class, while the observers record two important points for each method on the *Commercial Watchers Worksheet*. Debrief after each commercial.
6. Conclude the lesson by discussing the "best method" as a class, encouraging students to support their opinion with medically accurate information.
7. Anonymous Question Box activity
8. Assign homework.

This lesson was most recently edited on 4/9/2014.

Materials Needed

Student materials

- *Commercial Watchers Worksheet* (one copy per student)
- *Individual Homework: Cultural Perspectives on Birth Control* (one copy per student)
- *Family Homework: Talking about Birth Control Methods* (one per student)

Classroom materials

- 40 pennies
- Paper lunch bag, manila envelope or can to hold the pennies
- one dark permanent marker
- four copies of each *Birth Control Fact Sheet*

Teacher Preparation

Well in advance ...

- Update yourself on birth control method information.
 - Review the *Birth Control Fact Sheets* used in this lesson.

- Other excellent websites with medically accurate birth control information include:
 - Association of Reproductive Health Professionals:
www.arhp.org/Publications-and-Resources/Patient-Resources
 - Medline Plus, a service of the U.S. National Library of Medicine:
www.nlm.nih.gov/medlineplus/birthcontrol.html

The day before the lesson ...

- Get 40 pennies and mark one of them with a black dot. Put all pennies in a small container (e.g. paper lunch bag, manila envelope, can, etc.). If you use a different number of pennies to match your class size, mark one percent of them with a black dot. Be sure to collect the pennies at the end of class.
- Make enough copies of the double-sided Commercial Watchers Worksheet for each student to have one.

Standards

National Health Education Standard:

- **Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
 - **Performance Indicator 7.12.2:** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.

Rationale

The FLASH curriculum includes birth control methods *and* abstinence in full lessons of their own, based on the effectiveness of both approaches¹ and a philosophical commitment to comprehensive sexual health education. Research has repeatedly shown that sexual health education, including teaching about birth control, does not cause teens to have sex sooner or more often.^{2,3,4,5,6,7} Its only impact is preventative.

In this lesson, birth control is framed positively, with intention. Multiple teen pregnancy prevention studies demonstrate that having “more positive attitudes towards contraception, including condoms” and “perceiving more benefits of using contraception” are important protective factors against teen pregnancy.⁸ Hence, in this lesson, students develop commercials to emphasize the positive aspects of birth control using medically accurate information. Students are not expected to memorize effectiveness rates, how each method of birth control works, or contraindications. If students should be interested in a prescription method at some point in their life, their medical providers will cover it. Embedded in the lesson are some boxes with information about why we only cover nine methods of birth control, including the IUD and withdrawal. We recommend you read these carefully.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Explain the lesson's purpose.

Say: *We are learning about birth control for three reasons:*

- *Odds are that some people in this class are already having intercourse, or will be in the next few years, and they need to know how to reduce the risk of unplanned pregnancy. By intercourse, we mean vaginal sex.*
- *Odds are that most people in this class (even those who are abstaining for now or who are gay or lesbian) will some day have intercourse, even if it's years from now. People often want to choose whether or not they have children, when they have children, and how many children to have, so they need to know about birth control in the meantime.*
- *And I want you all to be able to act as health educators for your friends and families.*

Alternatively, ask the class why they think we're doing a lesson on birth control, and draw out the main points above.

3. Lead penny exercise to demonstrate the *low* risk of pregnancy when using a highly effective birth control method.

Let's do an exercise let's say that all of the couples were using a highly effective method of birth control, and they were being very careful to use it correctly, all year long.

Have each student pick one penny (no peeking for dots). Explain, that *each penny represents a couple who has had sex for a year. If you have a dot on your penny, raise your hand and keep them up.* There should be only one.

What does this tell us?

Sample Answer: When the couples are using a very effective birth control method, correctly, all year long, the chance of pregnancy decreases, notice, there is only one couple pregnant.

4. Have small groups study a method of birth control and create a commercial for it.

Say: *We're going to shift gears and start learning more about the birth control methods themselves.*

Separate your class into 9 small groups. Assign each small group a method of birth control.

Say: *Today you will write a two-minute commercial. The commercial should include the main points listed on your fact sheet, but it does not need to include every detail about the birth control method. You can decide what to include. You should be ready to perform your commercial for the class.*

While students are preparing, visit the groups to see if they need help understanding their method.

Why only nine methods?

This lesson focuses on a subset of birth control methods, rather than every method, in order to achieve sufficient depth in one class period and to achieve teen pregnancy prevention goals. We focus on these nine methods based on King County and national data on teen contraceptive use.^{9,10} Female condom, though not included here, is addressed in STD and HIV prevention lessons.

Medically-updated websites are suggested in the teacher preparation section of this lesson, which are intended for teacher background and for posting on the board for students who wish to learn about methods less commonly used by teens, such as sterilization, diaphragm, natural family planning and spermicides.

5. **Have small groups take turns performing their two-minute commercial for the class, while the observers record two important points for each method on the *Commercial Watchers Worksheet*. Debrief after each commercial.**

Ask each group to take turns presenting their two-minute commercial. If students ask why abstinence was not included, let them know that abstinence and birth control methods are each important enough that they each need an entire lesson to themselves.

As each small group performs their commercial, instruct the rest of the class to fill out the *Commercial Watchers Worksheet*. They will need to write down two important facts for each birth control method.

Say: *When you watch each commercial, pay close attention. You'll need to write down two important points about the birth control method. You might write something like, "Very effective" or "Prevents pregnancy for 3 years" or "Makes periods better", depending on the method of birth control. If you're not sure, raise your hand after the commercial.*

Why include the IUD?

IUDs are now known to be safe and appropriate birth control for teens. They have been redesigned from those you may have taught about in the past. They are safe and effective for women who have been pregnant and those who haven't, including teens. Not only are they extremely safe, IUDs are among the most effective methods of birth control available; the hormonal ones (Mirena) are more effective than sterilization. They do not impair future fertility, and they do not increase the risk of STDs or HIV.^{11,12,13}

Debrief after each commercial by emphasizing key points about the birth control method. You will also want to correct any misinformation and answer students' questions.

Please note: Research indicates that it's important to create a positive perception of birth control methods.¹⁴ Information about contraindications or specific health risks will be covered by medical providers, in the event that someone seeks out a particular method of birth control. The focus of this lesson is the *advantages* of each method.

Why include withdrawal?

Despite the physical challenges inherent in using withdrawal effectively, we include it because: withdrawal is common among teens, free, and always available.

However, it is highly ineffective and does not prevent the transmission of STD's, including HIV and it not effective in preventing pregnancy.

As you debrief the commercials, share these key concepts:

- **Using any one of these methods is much more effective than having sex without protection.**
- **All of these methods are very safe.**
- **All of these methods are well-liked by different people. That's why there are many choices.**
- **In Florida, according to Guttmacher Institute,** teens can consent to contraceptive services. For additional information, you can look up the laws on teens' access to birth control: www.guttmacher.org/statecenter/spibs/index.html. Click on "Minors' Access to Contraceptive Services".

5. Conclude the lesson by discussing the "best method" as a class, encouraging students to support their opinion with medically accurate information.

Wrap up with the opinion question:

Say: ***Based on what you learned today, what do you think is the best method of birth control for a sexually active, male-female couple?*** There will be different opinions. Make sure they defend their answers with medically accurate information. This is a good opportunity to connect to the STD lesson by pointing out that using condoms PLUS another reliable method is an excellent way to prevent pregnancy *and* STDs.

Say: ***Thank you class for your creativity in teaching each other about birth control. Remember, using any one of these methods is much, much more effective than having sex without any protection.***

6. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper.

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

7. Assign homework.

- a. *Individual Homework: Cultural Perspectives on Birth Control*
- b. *Family Homework: Talking about Birth Control Methods*

CONSUMER SCIENCE: Which method is the best deal?

Separate students into small groups and have them rank the birth control methods in two ways: cost per year without insurance and effectiveness against pregnancy. For this exercise, students can use the “perfect rate” (the rate that reflects correct and consistent use) or the “typical rate” (the rate that reflects typical human error), as long as they use the same rate for all methods. This activity will involve internet research to find the birth control costs.

Ask each group to determine which method they think is the best deal. There will be differences among groups based on how highly they prioritize effectiveness. The goal is for them to articulate their conclusions based on accurate information and logical reasoning. Please remind students that all methods are available for free in Washington State for people who qualify, including many teens.

Suggested Resources:

- Effectiveness rates: Scroll to the bottom of this website by the Family Planning Program of Public Health – Seattle & King County, <http://www.kingcounty.gov/healthservices/health/personal/famplan/birthcontrol.aspx>. Click on “A Comparison of All Birth Control Method Effectiveness Rates” for a downloadable fact sheet.
- Birth control method costs: The average costs of the birth control methods can be found on the websites of the Association of Reproductive Health Professionals website (<http://www.arhp.org/methodmatch/>) and Planned Parenthood (<http://www.plannedparenthood.org/health-topics/birth-control-4211.htm>). On both websites, click on the individual method to find the cost.

ART: Magazine Ads

This activity is meant to follow the student-created birth control commercials. Have the same small groups develop magazine ads on poster paper that visually convey the main point of their commercial.

Encourage creativity. It may be helpful to have a stack of magazine ads available for students to look at. Remind students that the ads can be geared to different age groups of adults (not just teens) and that they should not depict sexual activity.

Display the ads around the classroom and give students an opportunity to view them. The goal of this exercise is to further reinforce the positive aspects of birth control, particularly for visual learners.

Birth Control Pill

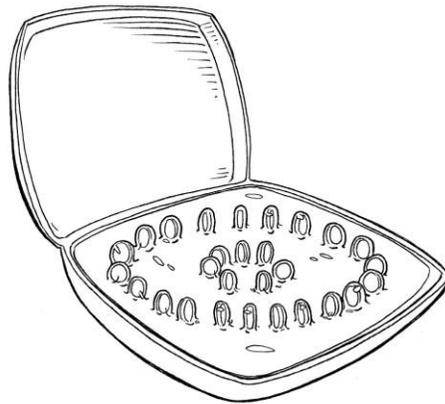
Fact Sheet^{*}

Main points:

- Very effective when used correctly
- Makes period cramps better
- Good for your health – for example, it helps prevent cancer of the ovaries and uterus, it makes bones stronger, and it helps acne

More information:

- A woman takes the pill once a day to prevent pregnancy.
- It is made of hormones just like the ones that occur naturally in a woman's body.
- Birth control pills are very effective when used correctly.
- They are best for people who can remember to take a pill every day.
- They do not protect against STDs or HIV.
- The pill prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The pill is very safe.
- A woman needs to go to a doctor to get started on the pill.



^{*} Source: *Contraceptive Technology*, 19th revised edition, 2007.

Depo Shot

Fact Sheet*

Main points:

- Very effective when used correctly
- Convenient – only need to get a shot four times per year

More information:

- The Depo shot, also known as Depo Provera, is given into a woman's arm or hip every 3 months.
- It is made of a hormone, similar to one that occurs naturally in a woman's body.
- The shot is very effective when used correctly.
- The shot does not protect against STDs or HIV.
- The shot prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The shot is very safe.
- A woman needs to go to a doctor to get started on the shot.



* Source: *Contraceptive Technology*, 19th revised edition, 2007.

Implant

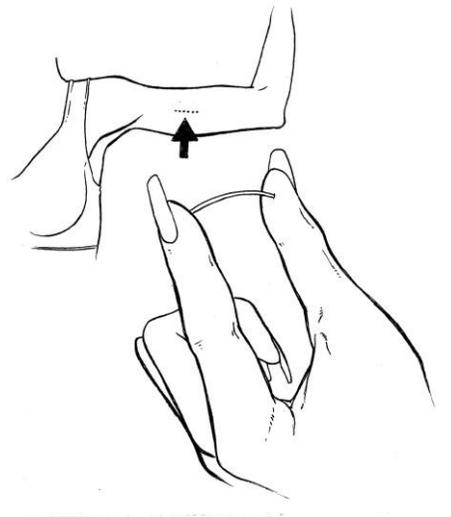
Fact Sheet*

Main points:

- The most effective method of birth control!
- Very convenient. Prevents pregnancy for up to three years

More information:

- The implant is a soft tube that goes under the skin in a woman's upper arm. It is very safe.
- It is made of a hormone, similar to one that occurs naturally in a woman's body. The hormone is slowly released out of the tube and into the woman's body.
- The implant is the most effective method of birth control.
- A woman can get pregnant as soon as she has the implant taken out.
- The implant does not protect against STDs or HIV.
- The implant prevents pregnancy mainly by making it hard for sperm to get into the woman's cervix and by preventing the ovary from releasing an egg each month.
- The implant is very safe.
- It only takes a few minutes for a doctor to insert the implant and to get it removed, and there are no stitches.



* Source: *Contraceptive Technology*, 19th revised edition, 2007.

Male Condom

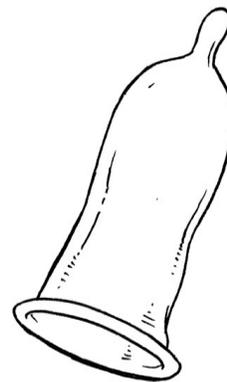
Fact Sheet^{*}

Main points:

- Very good at preventing pregnancy, STDs, and HIV!
- One of the easiest birth control methods to get

More information:

- Condoms are like very thin, very strong gloves, worn over the penis to catch semen.
- The condom is used by unrolling it over an erect penis.
- The tip of the condom should be squeezed to push out any air, so there is room for semen when the male ejaculates.
- Some people use lubricant (watery, slippery gel) on the outside and inside of the condom to make it feel better during sex.
- When the male pulls his penis out of his partner's body, he must hold the condom at the base of the penis, so it won't slip off and spill semen.
- The condom is used only once, and then thrown away.
- Condoms are very good at preventing pregnancy, STDs, and HIV when used correctly.
- Using a condom together with another birth control method gives even more protection against pregnancy, in case the condom breaks.
- Condoms come in vinyl or polyurethane if a person has a latex allergy.
- There is no age requirement to buy condoms.



^{*} Source: *Contraceptive Technology*, 19th revised edition, 2007.

Mirena IUD

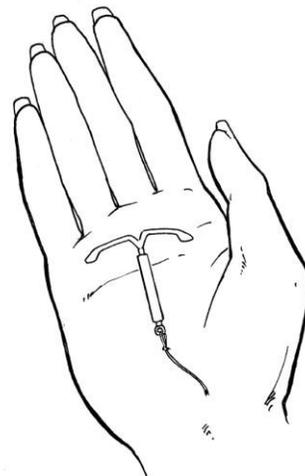
Fact Sheet*

Main points:

- Extremely effective
- Very convenient. Prevents pregnancy for up to 5 years

More information:

- The Mirena IUD is a small T-shaped object that goes inside the woman's uterus. It is very safe.
- It contains a hormone, similar to one that occurs naturally in a woman's body. The hormone is slowly released out of the tube and into the woman's body.
- The IUD is one of the most effective methods of birth control.
- A woman can get pregnant as soon as she has the IUD taken out.
- It does not protect against STDs or HIV.
- The IUD prevents pregnancy mainly by slowing down the sperm and making it hard for sperm to get into the woman's cervix.
- The IUD is very safe.
- A doctor puts the IUD in the uterus and takes it out. It goes in through the vagina, through a small tube. The sides of the "T" collapse into a skinny straight line when it goes into the body. It doesn't poke the woman's body.



* Source: *Contraceptive Technology*, 19th revised edition, 2007.

Patch

Fact Sheet*

Main points:

- Very effective when used correctly
- Convenient – only need to do something once per week

More information:

- The patch is a small, thin, beige-colored patch that sticks to a woman's skin.
- It has hormones just like the ones that occur naturally in a woman's body. The hormones are released into the woman's body through her skin.
- The woman puts on a new patch once a week, for 3 weeks in a row, and then has one week without a patch.
- The patch is very effective when used correctly.
- Women can still take showers, swim, play sports, and go in hot tubs with the patch.
- The patch does not protect against STDs or HIV.
- The patch prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The patch is very safe.
- A woman needs to go to a doctor to get started on the patch.



* Source: *Contraceptive Technology, 19th revised edition, 2007.*

EC (Emergency Contraception)

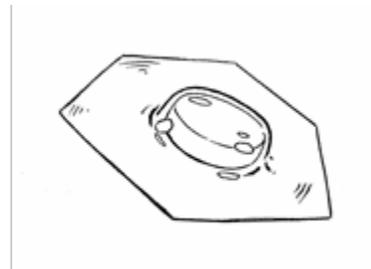
Fact Sheet*

Main points:

- The only way to prevent pregnancy after unprotected sex!
- Good to have on hand, just in case.

More information:

- EC is a pill women take to prevent pregnancy after sex.
- The most common brands of EC are Plan B and Ella. EC is also known as the “morning after pill” and “emergency contraception.”
- EC is much more effective the sooner it is taken. It can prevent pregnancy if taken up to five days after intercourse.
- It prevents pregnancy by delaying or stopping the ovaries from releasing an egg.
- It does not cause an abortion. If EC doesn’t work, it will not harm the woman’s pregnancy.
- All brands of EC, except Ella, can be bought by men or women at the drug store without a doctor’s prescription.
 - The brand Plan B can be bought by people of any age without showing ID.
 - All other over-the-counter brands can only be bought by people who are at least 17 and show a picture ID. Since most people under 16 don’t have picture ID with their birthdate, they should call ahead to make sure the pharmacy carries the brand Plan B.
 - For more information about getting EC, go to www.not-2-late.com.
- EC is very safe.
- It does not protect against STDs or HIV.



* Source: *Contraceptive Technology, 19th revised edition, 2007.*

Vaginal Ring

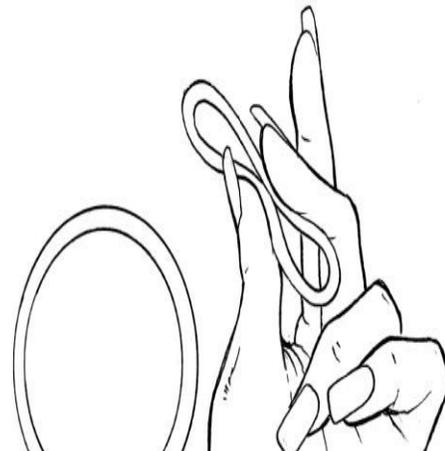
Fact Sheet^{*}

Main points:

- Very effective when used correctly
- Convenient – only need to do something once per month
- Very helpful for women with heavy or painful periods

More information:

- The ring, also known as the NuvaRing, is a soft, plastic, flexible ring that's about two inches wide.
- The woman puts the ring inside her vagina, and it stays there for three weeks. It does not hurt and she should not be able to feel it.
- It has hormones inside similar to the ones that occur naturally in a woman's body.
- The ring is very effective when used correctly.
- It does not protect against STDs or HIV.
- The ring prevents pregnancy mainly by stopping the ovaries from releasing an egg each month.
- The ring is very safe.
- A woman needs to go to a doctor to get started on the ring.



^{*} Source: *Contraceptive Technology, 19th revised edition, 2007.*

Withdrawal

Fact Sheet^{*}

Main points:

- Free and always available
- More effective than most people think, when used correctly

More information:

- Withdrawal is another word for pulling out.
- The male pulls his penis out of his partner's body before he ejaculates, making sure not to get semen near the woman's genitals.
- Withdrawal is very effective for men who can tell when they're about to ejaculate. It takes experience and a lot of self control to be able to pull out completely in time.
- Pre-cum is the fluid on the tip of the penis before the man ejaculates, also called pre-ejaculate. Studies show that some men's pre-cum does not contain sperm, and some men's pre-cum contains a small amount of sperm.
- Withdrawal lowers the chance of getting HIV and some STDs, but it does not fully protect against these infections.

^{*} Source: *Contraceptive Technology*, 19th revised edition, 2007.

Commercial Watchers Worksheet

Instructions: As you watch each birth control commercial, write down two important points for each birth control method.

Birth Control Pill



Important Points:

- 1.
- 2.

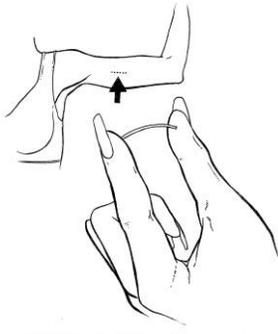
Depo Shot



Important Points:

- 1.
- 2.

Implant



Important Points:

- 1.
- 2.

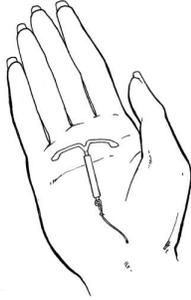
Male Condom



Important Points:

- 1.
- 2.

Mirena IUD



Important Points:

- 1.
- 2.

Patch



Important Points:

- 1.
- 2.

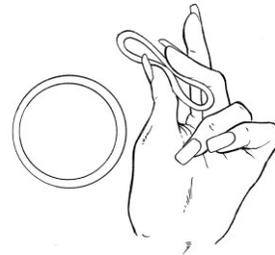
**EC
(Emergency Contraception)**



Important Points:

- 1.
- 2.

Vaginal Ring



Important Points:

- 1.
- 2.

Withdrawal, Important Points:

- 1.
- 2.

Individual Homework: Cultural Perspectives on Birth Control

Research the beliefs about birth control from some part of your identity, for example culture, religion, country where you were born, or country your ancestors are from.

Some possible areas to research:

- Are birth control methods considered okay to use? If so, in what circumstances? For example, in marriage, for health purposes, after a certain age? etc.
- Is birth control considered more of a man or a woman's responsibility, or both?
- Are some birth control methods preferred over others?
- Does it seem like everyone in your culture / religion / country agrees about this, or is there disagreement?

Try an internet search using the term "birth control" (in quotes) and a religion or a country. A librarian can also help you find good sources of information, in books or online.

Write a one-page (300-500 word) paper about your research findings. Turn in your paper by _____. Include your name and class period at the top of the page.

Family Homework: Talking about Birth Control Methods

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family's or your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Now ask one another the following questions, with the understanding that:

- You are each welcome to say, "That one is too private. Let's skip it."
- What you discuss will not be shared with anyone else, even within the family, unless you give one another permission to share it.
- It's OK to feel silly or awkward, but it's important to try the homework anyway.
- We recommend that you take turns asking questions. When it is your turn to listen, really try to understand the other person's response.

ASK THE ADULT: Tell me about our family's, culture's or religion's beliefs about birth control.

ASK EACH OTHER: How do you personally feel about people using birth control to prevent pregnancy?



Family Homework: Birth Control Methods – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

_____ student's signature

_____ signature of family member or trusted adult

References

- ¹ Kirby, D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- ² Kirby, D. (2001).
- ³ Kirby, D, et al. (2005). *Impact of sex and HIV education programs on sexual behaviors of youth in developing and developed countries*. Research Triangle Park, NC: Family Health International.
- ⁴ Alford, S. (2003). *Science and success: Sex education and other programs that work to prevent teen pregnancy, HIV & sexually transmitted infections*. Washington, DC: Advocates for Youth.
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- ⁶ UNAIDS. (1997). *Impact of HIV and sexual health education on the sexual behaviour of young people: A review update*. Geneva, Switzerland: UNAIDS.
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- ⁸ Kirby, D. & Lepore, B.A. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. ETR Associates.
- ⁹ Public Health – Seattle & King County, Client Encounter Data, 2009 and 2010.
- ¹⁰ Abma, J.C., Martinez, G.M., & Copen, C.E. (2010). Teenagers in the United States: Sexual activity, contraceptive use and childbearing, National Survey of Family Growth 2006-2008. *Vital & Health Statistics*, 23 (30).
- ¹¹ American College of Obstetricians and Gynecologists Committee. (2007). *Intrauterine device and adolescents*. Opinion No. 392.
- ¹² Lyus, R., et al. (2010). Use of the Mirena™ LNG-IUS and Paragard™ CuT380A intrauterine devices in nulliparous women. *Contraception*, 81, 367–371
- ¹³ Prager, S. & Darney, P.D. (2007). The levonorgestrel intrauterine system in nulliparous women: Review Article. *Contraception*, 75, S12–S15.
- ¹⁴ Kirby, D. & Lepore, B.A. (2007). *A matrix of risk and protective factors affecting teen sexual behavior, pregnancy, childbearing and sexually transmitted disease*. ETR Associates.
- ¹⁵ Hatcher, R.A., et al. (2007).
- ¹⁶ Hatcher, R.A., et al. (2007).
- ¹⁷ Killic, S.R. et al (2011). Sperm content of pre-ejaculatory fluid. *Human Fertility*, (14)1, 48-52.

Sexually Transmitted Disease (STD) Prevention

High School, Lesson 8

One Class Period

Student Learning Objectives

The student will be able to ...

1. identify three reasons a person would want to avoid contracting an STD.
2. list three ways that people can get STDs.
3. list three general symptoms of STDs and explain that STDs are often asymptomatic.
4. describe three things a person should do if they suspect they might have an STD.
5. describe three ways a person can eliminate or reduce their risk.

Agenda

1. Answer question(s) from the anonymous question box
2. Discuss the purpose of this lesson.
3. Lead activity using learning stations.
4. Debrief learning stations activity.
5. Help students understand the *Local STD Testing Resource List Handout*.
6. Anonymous Question Box.
7. Assign homework.

This lesson was most recently edited on April 22, 2013.

Materials Needed

Student materials

- **Local STD Testing Resource List Handout** (1 copy per student)
- **STD Worksheet** (1 copy per student)
- **Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity** (1 copy per student)
- **(Optional) Family Homework: Talking about Sexually Transmitted Diseases (STDs)** (1 copy per student)

Classroom materials, equipment

- Post-it or “sticky” notes, enough for each student to have two blank pieces. If sticky notes are not available, substitute small pieces of paper and tape.

Teacher Preparation

Well in advance ...

- Look up local resources for credible, confidential clinics that youth can access.

The day before ...

- Write one of the following five statements each at the top of five large sheets of newsprint/chart paper or on the white board at five places around your classroom:
 1. **Why would someone want to avoid getting an STD?**
 2. **People can get an STD by ...**
 3. **People might think they have an STD if ...**
 4. **If people think they might have an STD, they should ...**
 5. **People can reduce their risk of giving or getting an STD by ...**
- **Make copies for either Individual or Family Homework.** It is not necessary for every student to do both cartoon activities. You can print half of each and let students pick which one they want to do.

Standards

National Health Education Standards:

- **Standard 1:** Students will comprehend concepts related to health promotion and disease prevention to enhance health.
 - Performance Indicator 1.12.5** Propose ways to reduce or prevent injuries and health problems.
 - Performance Indicator 1.12.9** Analyze the potential severity of injury or illness if engaging in unhealthy behaviors.
- **Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
 - Performance Indicator 7.12.3** Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

Rationale

First of all, we refer to sexually transmitted diseases as STDs in this lesson. Sexually transmitted infection (STI) is also acceptable, and there is an ongoing debate about which term is preferable. Because the Centers for Disease Control and Prevention still use the term STD, we have decided to be consistent with them. If students ask, STD and STI can be used interchangeably.

As the main lesson about STDs, you may notice there is a lack of charts and lists related to every STD we know. The reason for this shift is that the priority of *FLASH* is behavior change. Newer research shows us that focusing on skills, attitudes, and behaviors is more effective at improving health outcomes than memorizing facts.¹ Therefore, we deemphasize memorizing every symptom, treatment, and especially image of STDs. **This is key: we do not recommend the use of graphic images of genitals infected with STDs.** These images produce visceral, negative reactions in students and falsely lead people to believe that end stage or worst-case scenario symptoms are the sign of sexually transmitted infection, whereas most STDs have no symptoms.² End stage pictures of STDs may also discourage people from getting tested until it “looks bad”. We want students to understand they can get STDs, that a test at a clinic is the only sure way to know if they have an STD, and that completing treatment is imperative if diagnosed with an STD.

Other lessons integrate closely with this one, particularly the HIV lessons and Talking with Partners about Prevention.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Discuss the purpose of this lesson.

Say: *Sexually transmitted diseases (STDs) are infections that people can catch by having oral, anal, or vaginal sex or skin-to-skin contact with a person who has them. They're transmitted either through that person's blood, semen or vaginal fluids or – for some diseases – by skin- to-skin touching.*

Say: *STDs such as HIV, chlamydia, gonorrhea, syphilis, herpes, and human papillomavirus (HPV) have a major impact on public health here and around the world. About 19 million new cases of STDs occur in the U.S. each year and almost half of those are among teens and young adults ages 15-24.³*

Teens are one of the highest risk groups for STDs, partly because they tend to get into new sexual relationships more frequently (on average) than adults, but also because:

- *Health care providers don't always discuss STDs with teens when they go for a general check-up;⁴ and teens don't always know how to bring it up.*
- *Teenage girls' cervixes are usually not fully mature and are, therefore, more vulnerable to infection than they will be in their twenties.^{5,6}*
- *Teenage guys who have sex with other guys, especially if they don't think of themselves as gay or they aren't out, may be afraid to get check-ups for fear they'll be judged or discriminated against.⁷*
- *Teens in general may get STD check-ups less often than they should for fear their parents will find out, or that they'll be judged. Teens often don't think they could have an STD, or they don't want to know if they have one. They may not know where to go, or they think they can't afford a check-up.⁸*

There are ways you can keep yourselves safe; we'll talk about them today. The point is to help you avoid being among the tens of millions of young people who will contract STDs over the next few years.

3. Lead activity using learning stations.

You should already have set up sheets of chart paper around the room with the following headings:

1. Why would someone want to avoid getting an STD?
2. People can get an STD by ...
3. People might think they have an STD if ...
4. If people think they might have an STD, they should ...
5. People can reduce their risk of giving or getting an STD by ...

This activity will help you address STD facts, attitudes, and myths. Explain that you want to give students a chance to think about what they already know. Give the following instructions for this activity:

Say: ***Around the room you'll notice five learning stations.***

(Point to and read out loud the five statements you have written around the room (see above).

I'm giving each of you two blank Post-it or sticky notes. I want you to write comments, facts, or even questions on your paper, and then post it on the learning station of your choice. If you get to a sheet after others, try to think of things that other people haven't already written. You will have five minutes to complete this activity. Then we'll discuss what you wrote.

3. Lead STD Basics discussion.

Lead a discussion to review basic STD facts students may or may not know. Start by asking:

- a. Say: ***The primary way people get infected is when they have oral, anal, or vaginal sex and when the other person's semen or vaginal fluid comes in contact with their mucous membranes. Could someone list for us what parts of the body contain mucous membranes?***

Fill in if students don't respond: *The rectum (inside the anus), the vagina, the urethra, the mouth and throat, and – not so much related to STDs except at birth – the eyes, nose, and inner ears.*

Say: ***Let me make clear why mucous membranes are so vulnerable. Feel the inside of your cheek with the tip of your tongue. That's an example of a mucous membrane.***

Mucous membranes, in general, are thinner skin, tear easier than other skin on our bodies, and are soft and more porous than other skin, meaning there are tiny holes that allow small organisms to get through.

One way to think about it is to compare the skin on my hand and my arms to the windows in a room. Windows are good protection for the room. They block wind, rain and dirt from getting in. The skin on most of our bodies does the same thing. It's great protection from blocking things from getting in, like bacteria and viruses. But mucous membranes are more like a screen. Screens still protect the room from bigger things like birds, but rain, water, or dust can get through the screen. Likewise, mucous membranes can protect our bodies from bigger things, but bacteria and viruses can get in.

- b. Say: ***So, to review ... which body fluids can pass STDs?***

Ask several students and fill in if the students don't respond:

Say: ***Semen, vaginal fluid and blood. NOT sweat, tears, mucus (snot), urine, or saliva (spit). Though saliva sometimes has blood in it, it is not enough to transmit HIV, for example. Kissing is safe, in terms of STDs, but can spread colds or mononucleosis (mono).***

NOTE: One question students may raise is about cold sores. Make sure to let students know that *genital* herpes is an STD, but *oral* herpes may not be. Most people likely caught it when a parent or guardian kissed them when they were little kids and the cold sores, like any herpes, reappear from time to time. Besides, cold sores are *not* passed

through saliva, but from skin to skin like genital herpes.

- c. Say: ***Besides anal, vaginal, and oral sex, how else can people catch STDs?***

Ask students first and then fill in if the students don't respond:

Say: People can get some STDs through naked genital-to-genital contact or rubbing. You remember that the genitals are the outside parts of the reproductive system, right? That's the penis, scrotum on males, and the labia, clitoris, vaginal opening, and the area around them, called the vulva on females. Infections like chlamydia, gonorrhea, and syphilis can only be passed via semen and vaginal fluids. But infections like herpes and Human Papillomavirus (HPV) can be spread through genital-to-genital contact even without actual anal, vaginal, or oral sex, because they're transmitted skin-to-skin rather than through body fluids.

- d. Say: ***Has anyone, by a show of hands heard any of these statements before? Are they myths or facts? Raise your hand if you heard any of these:***

- ***1. Some people think that two condoms are better than one. Myth or Fact?***
Wait for student response. You say: ***Myth. That's not true. The friction could cause them to break.***
- ***2. Some people think people can catch STDs by drinking after someone or using their fork. Myth or Fact?*** Wait for student response. You say: ***That one's not true either. You can catch a cold or the flu that way, but not an STD.***
- ***3. Some people think you can't catch herpes unless the other person has sores you can see. Myth or Fact?*** Wait for student response. You say: ***Not true. Herpes viruses can shed even when there aren't any sores, especially in the first year after someone gets infected. That's why many people with herpes will avoid sex whenever they have an outbreak, and use condoms the rest of the time.***
- ***4. Some people think only gay people can catch HIV. Myth or Fact?*** Wait for student response. You say: ***That isn't true. Anyone who has sex – especially unprotected sex – with someone who has HIV can contract it. It doesn't matter if they're gay or straight.***
- ***5. Some people think you can't get an STD if you use a condom. Myth or Fact?***
Wait for student response. You say: ***For the most part that is true. Condoms reduce people's risk a LOT, when they use them correctly every single time, especially against HIV and chlamydia and infections like those that are passed through body fluids. But condoms aren't perfect; they don't cover every part of people's genitals. If a guy had herpes on his scrotum, or a woman had HPV on the labia, a condom might not cover the infection. Female condoms cover more skin than male condoms do. But condoms won't stop the spread of pubic lice or scabies.***
- ***6. Some people think that once you get cured of something, you can't catch it again. Myth or Fact?*** Wait for student response. You say: ***And of course that isn't true. Bacterial STDs are curable but people can catch them over and***

over if the person they're having sex with doesn't get treatment, too. The same is true if a person starts treatment, but doesn't finish all the medicine. That teaches the bacterial STDs to be stronger or we say "drug resistant." There is no cure for viral STDs.

- **7. Some people think the pill will protect them from STDs. Myth or Fact?** Wait for student response. You say: *It won't. The pill, IUD, patch, ring, etc. ... all those are great protection against pregnancy, but they aren't intended to protect against STDs. Abstinence is the only certain protection in terms of infections. And after that, condoms and dental dams.*
- **8. Some people think you can get them from public toilets. Myth or Fact?** You say: *I've heard that, too. And it isn't true. People don't touch toilets with their mucous membranes (labia, anus, mouth, or the tip of their penis).*

Say: **What other myths have you heard about STDs that you're pretty sure are NOT true?**

4. Debrief learning stations activity.

Walk around the room and stop at each station. Have a separate student volunteer read responses for each station. If students don't come up with the following points, be sure to include during this discussion. Have students fill out the **Learning Stations Worksheet** as you review the activity.

- 1) Say: **Why would someone want to avoid getting an STD?** Wait for student responses then read the following
 - **STDs range from being a nuisance to being life threatening. If not cured, some STDs can lead to chronic pain, damage to non-reproductive organs (heart, brain, etc.), infertility and miscarriage, premature births and birth defects, and death. Some of the more dangerous are HIV, Hepatitis A and B, certain strains of HPV, and for fetuses and newborns, genital herpes. Syphilis, gonorrhea and chlamydia can also have serious health impacts if untreated. (Some STDs are not this serious, for example pubic lice.)**
 - **To avoid rejection by future partners. Some people would end a relationship if they found out their partner had ever had an STD. Talking about STD status can be a difficult conversation to have with someone.**
- 2) Say: **People can get an STD by...** Wait for student responses then read the following
 - **Having oral, anal, or vaginal sex or skin-to-skin contact with an infected person.**
 - **Although HIV is an STD, people can catch it from sharing needles or by mother to child transmission through pregnancy, birth, or breastfeeding.**
 - **Hepatitis A is passed from infected feces to another person's mouth, so it could be spread by food workers if they have Hep A and don't wash their hands before handling food. This is rare.**
 - **Pubic lice and scabies may be spread by sharing towels or clothing.**
- 3) Say: **People might think they had an STD if ...** Wait for student responses then read the following

- **He / she has symptoms. Common early ones include: sores, unusual discharge, itching or tingling in genital and anal areas, burning especially with urination, lumps or bumps (can be raised, reddish or dimpled), rash, redness or swelling in the genital and anal areas.**
- **Sores can be a symptom whether they hurt or not. Syphilis sores are painless but herpes sores are often, though not always, painful. And sores count as something to be concerned about even if they go away. Both herpes and syphilis sores disappear but the infection is still in the person's body.**
- **Discharge is a symptom only if it is unusual or abnormal. In men, any liquid other than urine or semen coming from the penis is unusual. For a woman, there's normal, healthy vaginal discharge. That's how the vagina cleans itself. It's only unhealthy discharge if it's not her usual wetness. For example if it has a different odor than usual, if it's yellow or greenish instead of clear or white, if it is lumpy instead of smooth, or if there is blood when she is not menstruating. Any liquid besides feces coming from the anus is unusual.**

Important note: Young people, especially in some cultures, have received strong messages from their elders that douching is important for cleanliness. You will need to correct that misperception without seeming disrespectful of their families.

You might say: Your mom or grandmother may have recommended that girls douche, which means to rinse out the vagina with a special product. Medical advice has changed since they were young, and now doctors advise that it is NOT a good idea to use feminine deodorants or sprays or use water and other liquids to douche either the vagina or the anus. These can spread infection rather than the intended use of covering up odor or discharge or wanting to feel "clean".

- **A partner tells the person. Remember that many STDs are asymptomatic, which means there are no symptoms that are seen or felt. The only way they might know to get tested is if a partner who did get symptoms cared enough to give them a call and let them know.**
 - **A doctor tells the person. They might be smart enough to get tested regularly, even though they didn't have symptoms. So a health care provider might be the one to tell them. Sometimes a Public Health employee will call people to tell them their sex partner has an STD if that person who tested positive does not feel comfortable telling their partner(s).**
- 4) Say: **If people think they might have an STD, they should ...** Wait for student responses then read the following
- **Stop having sex or intimate contact with other people until it is cured. If it is one that isn't curable like HIV, then they should use condoms or dental dams correctly and consistently, even if their partner is also infected.**
 - **Get to the clinic for testing and treatment.**
 - **Talk to their partner(s) and encourage them to see a health care provider or go to a clinic. A partner means anyone with whom he or she has had oral,**

anal, or vaginal sex or genital-to-genital contact within the last six months.

- 5) Say: **People can reduce their risk of giving or getting an STD by ...** Wait for student responses then read the following
- **Abstaining from oral, anal, and vaginal sex.**
 - **Maintaining long-term mutual monogamy (as in marriage or long-term partner relationship).**
 - **Using condoms. They are very effective against STDs when used correctly and consistently.⁹**
 - **Getting vaccinated for Hepatitis A and B and HPV. The CDC recommends that everyone aged 0-18 should get vaccinated against Hepatitis B.¹⁰ They also recommend that girls should get the HPV vaccine at age 11 or 12, but it is safe and available to anyone, male or female, age nine to 26.¹¹**
 - **Reducing the number of sexual partners in their lifetime.**
 - **Reducing the frequency of sex.**
 - **Avoiding the exchange of semen and vaginal fluid. In other words, massage and hugging are safer than vaginal, oral and / or anal sex.**
 - **Getting yearly, thorough STD check-ups even if no symptoms are present. Some people may need more frequent check-ups depending upon how many partners they have or how many their partner(s) have. It is best to talk to a health care provider for recommendations on frequency of testing and which tests are needed.**
 - **Not having sex with people they know have an STD or whose STD status they don't know.**

5. Hand out Local HIV/STD Testing Resource List Handout.

Ask students to read the *Local STD Resource List Handout* quietly to themselves.

Say: **over the past 30 years, states have expanded minors' authority to consent to health care, including care related to sexual activity. All 50 states and the District of Columbia allow most minors to consent to testing and treatment for STDs, and many explicitly include testing and treatment of HIV.¹² This means teens can get STD tests confidentially and privately without parent permission. In Florida, you can get an HIV/STD test and/or pregnancy test without parental consent.**

To find the nearest testing site and to obtain free condoms you can visit www.browardgreaterthan.org

6. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper.

Say: Write at least one question or what you learned today and drop it in the anonymous question box. (If everyone is writing, nobody feels like the Only One). Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip (which makes it easier for you to sort the questions), but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them. Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

7. Assign homework.

- a. Individual Homework: Sexually Transmitted Diseases (STDs) Cartooning Activity
- b. Family Homework: Talking about Sexually Transmitted Diseases (STDs)

Related Activities for Integrated Learning

LANGUAGE ARTS or DRAMA

Write a story or skit about a couple that has been dating for a few months and are talking about taking their relationship to the next level by having intercourse. Script some conversations they have before having sex. Include facts learned from this STD lesson as part of the story or skit.

HISTORY

Read about the Tuskegee Syphilis Study either online or in books from a school or local library. Write a one page summary about this study and the impact it had on future studies involving human subjects. Include one paragraph of subjective response (your feelings) about this historical event.

Learning Stations Worksheet

1. Why would someone want to avoid getting an STD?

2. People can get an STD by ...

3. People might think that they had an STD if ...

4. If people think that they might have an STD, they should ...

5. People can reduce their risk of giving or getting an STD by ...

Local STD Testing Resource List Handout (review and update with numbers and websites)

The following clinics located in Broward County can help with STD testing and treatment. Note that some kinds of insurance do not cover all STD tests. It is best to ask when making the appointment about what kinds of fees you might be charged.

Public Health STD Clinic

Fees are based on income using a sliding scale. No one is turned away, even if they can't pay.

Public Health

A health care provider will discuss what types of STD tests can be done at the clinic depending on individual circumstances and risk. No one is turned away, even if they can't pay. To find a clinic near you or for more information about STDs and testing, go to: www.teenclinic.com.

Planned Parenthood

These clinics do STD testing and treatment. Their locations operate on a sliding fee scale..

Your Regular Family Doctor

If teens use their parents' insurance, an explanation of benefits may be sent home saying what kind of service they received. People can call and check before they go.

Community Clinics in Broward County

Many family doctors and community clinics can also help with STD testing and treatment. To find a community clinic near you go to:

PrideCenter

Center for MultiCultural Health

Free and anonymous HIV testing focused on communities of color.

School-Based Health Centers

Some schools have attached clinics run by community partners that may offer STD testing. Find out if your school has one here:

For more information on STD testing in other parts of the United States go to:
http://www.hivtest.org/std_testing.cfm

You can also call the following toll free numbers.

- STD Hotline – American Social Health Association: **1-800-227-8922** (Free nationwide)
- Línea Nacional de las ETS de los CDC: **1-800-344-7432**
- CDC Nat'l STD Hotline TTY for the Deaf & Hard of Hearing: **1-800-243-7889**
- CDC Information Line: **1-800-CDC-INFO** (Free nationwide)

These websites have accurate, up-to-date STD information for teens:

- Sex, Etc., a project of Answer (at Rutgers University): www.sexetc.org
- Teen Source by California Family Health Council: www.teensource.org
- Teen Talk by Planned Parenthood: www.plannedparenthood.org/teen-talk

Individual Homework:

Sexually Transmitted Diseases (STDs) Cartooning Activity

Choose one scenario: A Couple OR A Clinic setting. Write or draw a cartoon with thought bubbles. Within the thought and speech bubbles: What are the people thinking? What are they saying? Be creative and use information you learned in today's class. Then write a one paragraph description of your cartoon with your name and the date.

Family Homework: Talking about Sexually Transmitted Diseases (STDs)

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

EXPLAIN TO THE ADULT some of the things you thought were important from today's class about sexually transmitted diseases.

CARTOON: On the next two pages you will find two copies of each of two cartoons. Each one has both "thinking bubbles" (like clouds) and "talking bubbles". Each of you should write or draw what the people in the cartoon might be thinking or saying.

DISCUSS YOUR CARTOONS:

- What were your characters thinking or saying?
- Would they think or say something different if they had good communication skills?
- Would they think or say something different if they understood how diseases are actually passed from person to person?
- For The Couple: In real life, what might you want to talk over with a partner (someone you dated, boyfriend, girlfriend, husband, wife) about STDs?
- For The Clinic: In real life, what might you say to a doctor or other health care provider about STDs?



for lesson 11

Family Homework: Sexually Transmitted Diseases – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

 student's signature

 signature of family member or trusted adult

References

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- ⁷ Centers for Disease Control and Prevention. (2008, August 3). *HIV/AIDS Among Youth*. Retrieved from <http://www.cdc.gov/hiv/resources/factsheets/youth.htm>
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- ⁹ Holmes, K.K., et al. (2004). Effectiveness of condoms in preventing sexually transmitted infections. *Bulletin of the World Health Organization*, 82:454-461+.
- ¹⁰ Centers for Disease Control and Prevention. *Hepatitis B vaccination fact sheet*. Retrieved from <http://www.cdc.gov/vaccines/vpd-vac/hepb/>.
- ¹¹ Centers for Disease Control and Prevention. (2010). *HPV Questions and Answers*. Retrieved from <http://www.cdc.gov/vaccines/vpd-vac/hpv/vac-faqs.htm>.
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HIV and AIDS

Student Learning Objectives

The student will be able to ...

1. list three fluids that can transmit HIV and three ways that HIV is transmitted.
2. list three ways to eliminate or reduce the risk of getting HIV.
3. describe three strategies for communicating with partners about using condoms, using dental dams, and getting tested for HIV.
4. identify 3 behaviors that enhance communication with partners, health care providers and family members.
5. compare the benefits of getting an HIV test, and recognize the benefits for most people.
6. demonstrate the ability to access information about where to get an HIV test and other reproductive health care.
7. demonstrate the ability to discuss HIV status and negotiate HIV testing with a partner.

Agenda

1. Answer question(s) from the anonymous question box.
2. Introduce the lesson's focus and describe its outline.
3. Use *HIV & AIDS Quiz* in small groups, followed by a short discussion.
4. Show and discuss *HIV Visuals 1 and 2*.
5. Remind your class about community resources for questions and health care.
6. Articulate the lesson's take-away messages.
7. Anonymous Question Box.
8. Assign homework.

This lesson was most recently edited January 20, 2011.

Materials Needed

Student materials

- **HIV & AIDS Quiz** (10-15 copies per class, for use in groups of two to four students)
- **Screenplay Prompts** (three copies per class, cut into 15 separate instructions)
- **Individual Homework:**
- **HIV – Communication & Local Resources** (one copy per student)
- **Family Homework: HIV & AIDS: Review with Emphasis on Communication** (one copy per student)

Classroom materials

- **HIV Visuals 1-2**
- **Educator Kit**

Teacher Preparation

- Prepare yourself to discuss briefly whether and where teens in your community can obtain HIV tests and condoms. Find state laws here: www.sexetc.org/state/?state_us_id=AL.
- Find test sites by city and zip code here: browardgreaterthan.org and/or www.hivtest.org.
- Mobile phone users can send a text message with their ZIP code to “KNOWIT” (566948) to identify a nearby testing site.
- Call your local 2-1-1 operator, public health department or Planned Parenthood for information about condom access in your area or visit browardgreaterthan.org and click on Condom tab, enter zip code for sites

The day before the class ...

- **Make copies** of Materials Needed (see above).
- **Check out Educator Kit from Professional Library/Media Center or print out condom line up cards**
- **Write on the board:** The National AIDS Hotline is now: 1-800-CDC-INFO (1-800-232-4636); TTY: 1-888-232-6348 (Hours: 24 hours a day, 7 days a week) E-mail: cdcinfo@cdc.gov.

Standards

National Health Education Standard:

- **Standard 7:** Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.
Performance Indicator 7.12.1 Analyze the role of individual responsibility for enhancing health.
Performance Indicator 7.12.2 Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
Performance Indicator 7.12.3 Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

Activities

1. Introduce the lesson's focus and describe its outline.

Say: *This HIV and AIDS lesson should be fun and challenging. We're going to start with a quick review of facts about HIV and AIDS in small groups. Then we'll end, if we have time, with people acting out some of their scripts.*

*This lesson is about two main things: 1)(raise one finger) **getting tested and 2)(raise a second finger) using barriers as ways to protect yourself and each other from HIV.***

What is a barrier that people can use during one of the types of sex to protect themselves from HIV? Wait for response.

That's right: It's a condom (male or female) for vaginal, anal or oral sex on a penis or a dental dam, a small square of latex, for oral sex on a vagina or anus.

2. Use *HIV & AIDS Quiz* in small groups, followed by a short discussion, to briefly review key facts about HIV.

Divide the class into small groups of 2-4 students. One fun, fairly quick way to divide them is to have them find other people in the class that were born in the same month that they were, but any groupings will work. Give each group a copy of *HIV and AIDS Quiz* and allow them 5 minutes to complete as much of it as they can.

Debrief the test as a whole class, where each group gets to answer one question aloud and the others can disagree or help them out as needed. Correct answers are as follow:

(1) What do the letters HIV stand for?

- **H**uman
- **I**mmunodeficiency
- **V**irus

(2) What do the letters AIDS stand for?

- **A**cquired
- **I**mmune
- **D**eficiency
- **S**yndrome

(3) What is the difference between HIV and AIDS?

- HIV is the virus that *causes* AIDS.
- HIV is passed from person to person from four body fluids. People don't transmit AIDS, they transmit the virus that causes AIDS, i.e. HIV.
- HIV gets into the body and takes over the CD-4 cells, those cells that are critical to helping our bodies fight off diseases. Once it takes over the CD-4 cells, it uses them to multiply and create more HIV cells. It then destroys the CD-4 cells when it is done using it, therefore severely damaging the immune system. It takes years for someone with HIV to get an AIDS diagnosis. There are two ways to diagnose AIDS. The first one is that someone has HIV and their immune

system gets so badly damaged from HIV that it has difficulty fighting off specific illnesses and cancers. The second is that someone has HIV and their CD-4 cell count goes below 200, compared to around 1,000 for people with healthy immune systems.¹

- (4) What are the four body fluids that can transmit HIV?
- Blood
 - Semen
 - Vaginal Fluids
 - Breast milk²
- (5) What are the three common ways to transmit HIV?
- Vaginal, anal and oral sex without a barrier (condom or dental dam)
 - Sharing needles/works for injection drug use
 - Mother-to-child during pregnancy, birth or breastfeeding
- (6) How long should a person wait to get tested if they think they may have been exposed to HIV and why?
- 3 months. HIV tests look for the antibodies that our bodies create to fight off HIV. It can take up to three months, and sometimes longer, for our bodies to develop enough antibodies to show up on a test.³
- (7) Name three ways that a person can reduce their risk of getting HIV?
- Abstinence from sex and injection drug use
 - Protected oral, vaginal and anal sex – the use of barriers (condoms and dental dams)
 - No sharing of needles/works
 - Mutual Monogamy – sex with only one person who does not have HIV, and vice versa
 - Get tested regularly and ask your partner(s) to get tested, but remember that *recent* infection probably won't show up!⁴

3. Use *HIV Visuals 1 and 2* to establish a norm that young people are responsible about HIV prevention.

Say: ***A lot of adults consider teens irresponsible. The truth is, that's nonsense. Let me show you a couple of statistics about how responsible your generation is getting in terms of protecting themselves and the people they care about from HIV.***

Show ***HIV Visual 1: Condom Use among Students Who Have Had Sex (grades 9-12)***. Have a volunteer read it aloud: "Between 1991 and 2009, the proportion of high school students who used a condom the last time they had sex increased from 46% to 61%."⁵

In other words teens today are more likely to use condoms than they were 20 years ago. And, although it doesn't say so here, more teens today are using condoms regularly than adults over age 40.⁶ Most teens are protecting themselves.

Show ***HIV, Visual 2: HIV Tests Among Students (grade 12 only)***. Have a volunteer

read it aloud: “19% of seniors in high school have been tested for HIV at least once.”⁷

In other words, teens are not only using condoms, they’re also starting to get tested. The CDC recommends that every teen who’s had sex should be tested. However, considering that many seniors have not even had sex yet, 19% is not bad.

4. **Using the Educator Kit, demonstrate to students how to correctly put on a male and female condom. You can have volunteers practice with the models.**
(Alternatively: Show district created condom demonstration video and/or have students play condom line up game.)

5. **Using Screenplay Prompts, have small groups write their own YouTube video scripts to promote communicating with partners about HIV risk reduction.**

Introduce the exercise:

*In your small groups -- create a one-minute video where you, will communicate clearly about how to avoid HIV. Imagine your video will appear on YouTube. It doesn’t have to be funny or biting. It can be serious, sweet, silly, whatever. It should be one that is classroom appropriate and that your younger brother or sister could watch. Your job is to make the viewer **want** to communicate with their partner about **either** getting tested **or** using a barrier to prevent the spread of HIV.*

Hand out copies of the *Screenplay Prompts*. Allow groups five to six minutes to write a script for one of the five scenes.

4. **Invite students to perform the scripts.**

Encourage one member of a group to read their instructions and then set the scene (indoors, outdoors, time of day and location).

Encourage the actors to stay in role after the scene and talk about how it felt to communicate the way they did.

Do only as many screenplay scripts as you can and still save five minutes for activities 7-9, below.

5. **Remind your class about community resources for questions and health care.**

Discuss your own state’s laws regarding teens’ access to HIV tests and condoms. You will find them here: www.sexetc.org/state/?state_us_id=AL.

Describe where in your community teens can get HIV tests and condoms. You will find test sites by city and zip code here: www.hivtest.org. Mobile phone users can send a text message with their ZIP code to “KNOWIT” (566948) to identify a nearby testing site. Call your local 2-1-1 operator, public health department or Planned Parenthood for information about condom access in your area.

Share district created teen resource guide with students.

Point out that you have written CDC hotline numbers and email on the board, in case people have questions they would prefer to ask that way. Explain that the hotline serves both English- and Spanish-speakers.

6. Articulate the lesson's take-away messages.

The main take-away message that I hope you'll remember from today is that it's possible to talk about serious stuff – like HIV tests and condoms and dental dams -- with a partner, and that you can handle it.

7. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper.

Say: **Write at least one question or what you learned today and drop it in the anonymous question box.** (If everyone is writing, nobody feels like the Only One). **Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip** (which makes it easier for you to sort the questions), **but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

8. Assign homework.

- a. *Individual Homework: HIV – Communication & Local Resources*
You can skip the individual homework assignment if you have assigned Research Reports and you expect a group of students to make an oral presentation during Lesson 14 about STD testing sites.
- b. *Family Homework: HIV & AIDS: Review with Emphasis on Communication*

HIV and AIDS Quiz

Names of people in your small group:

Period: _____

1) What do the letters HIV stand for?

H _____ I _____ V _____

2) What do the letters AIDS stand for?

A _____ I _____ D _____ S _____

3) What is the difference between HIV and AIDS?

4) What are the four body fluids that can transmit HIV?

1. _____ 3. _____
2. _____ 4. _____

5) What are the three common ways to transmit HIV?

1. _____
2. _____
3. _____

6) How long should a person wait to get tested if they think they may have been exposed to HIV and why?

7) Name three ways that a person can reduce their risk of getting HIV?

Screenplay Prompts

Video One

Suppose a young couple have been together for almost a year and they're considering having sex. The young man tells his girlfriend that he doesn't want to use condoms. What if she doesn't just want to just walk out? Your video will make every young woman brave enough to stay and take a stand, instead of walking out.

Video Two

Suppose a young couple (gay or straight – it doesn't matter) have been together for several months. They are talking about having sex, but one feels strongly that they have to use condoms. He doesn't want his partner to freak out about it, but he knows he has to bring it up. Your video will make bringing it up seem easy ... maybe also loving, romantic or sweet, but at least easy to talk about.

Video Three

Suppose a young woman likes this guy and he seems to like her. She's heard that he's getting ready to ask her out ... to get together for dinner or something. She knows that some guys expect sex when they pay for a date, but she's not ready for that. Your video will make it seem easy to let someone know up front that you aren't willing to go that far.

Video Four

Suppose a young couple (gay or straight – it doesn't matter) has been together for several months. Things have been getting more sexual lately and one feels strongly that they both need to get tested for HIV before they get any more serious. Your video will make every teen brave enough to bring it up. You will make it seem easy ... maybe also loving, romantic or sweet, but at least easy to talk about.

Video Five

Suppose a young couple (lesbian or straight – it doesn't matter) has been together for several years. They have had oral sex once but they didn't use dental dams. One feels like that was a mistake. Your video will make talking about dental dams and insisting on protection seem cool. And easy.

Individual Homework: HIV – Communication & Local Resources

Name _____ Date _____ Period _____

You have five options for Individual Homework credit. Do any **one** of these five alternatives:

1. Film and post the YouTube video you scripted in class today. Write the video's URL here: _____
2. Find out your own state's laws regarding teens' access to HIV tests and condoms. You will find them here: www.sexetc.org/state/?state_us_id=AL. Write 2 paragraphs about the laws and your opinion about them. Attach them to this page.
3. Find out where in your community teens can get HIV tests. You will find test sites by city and zip code here: www.hivtest.org. Mobile phone users can send a text message with their ZIP code to "KNOWIT" (566948) to identify a nearby testing site. Or call or email the CDC hotline (for English- and Spanish-speakers) 1-800-CDC-INFO (1-800-232-4636); TTY: 1-888-232-6348 (Hours: 24 hours a day, 7 days a week) E-mail: cdcinfo@cdc.gov. Write 2 paragraphs about where to go and what it would be like to get tested, now or in your twenties. Attach them to this page.
4. Find out where in your community teens can get condoms. Call or email the CDC hotline (see #3, above). Or call your local 2-1-1 operator, public health department or Planned Parenthood for information about condom access in your area. Write 2 paragraphs about what you think it would be like – now or in your twenties – to get condoms for yourself or a friend. Attach them to this page.

Family Homework: HIV & AIDS: Review with Emphasis on Communication

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

Discuss together (the student and a trusted adult) the film script that you helped to write in class.

- x What was the message you tried to convey?
- x What do you each think about that message?

Alternately, if you have access to the web, find out your own state's laws regarding teens' access to HIV tests and condoms. You will find them here:

www.sexetc.org/state/?state_us_id=AL.

- x Discuss together what you each think about those laws.
- x Should teens be able to get confidential HIV tests? Why or why not?
- x What about condoms? Should teens be able to buy condoms? ... get them free?
Why or why not?



for lesson 12d

Family Homework: HIV & Barriers – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework

Exercise. Date: _____

student's signature

signature of family member or trusted adult

HIV & AIDS Reference Sheet 1

What are HIV & AIDS and how do they act in the human body?

HIV is a virus carried in blood, semen, vaginal fluid and breast milk. HIV stands for **Human Immunodeficiency Virus**. HIV causes **Acquired Immune Deficiency Syndrome** or **AIDS**. AIDS is the last stage of **HIV Disease**.

Three out of four people with HIV have flu- like symptoms (sore throat, fever, fatigue) one to six weeks after catching it. One out of four people have no symptoms at all. They can still pass the virus to others if they have sex, share needles or get pregnant, even though they don't feel sick.

Once HIV gets into the blood, it invades the white blood cells, especially the "T- Helper cells," which are the coaches of the immune system. HIV turns a T-Helper cell into a little virus factory, producing more and more copies of the virus. Eventually, the infected T-Helper cell dies, and the new copies of HIV go off to infect other T-Helper cells in the person's body. HIV stays in the body. It can't be completely killed by drugs. There is no cure. For the rest of his or her life the person with HIV can transmit it to others.

At first, the person won't have enough antibodies in their blood to show up on a test. It might take weeks for their body to build up enough antibodies. After three months, though, a test will show that they are **HIV positive**.

With T-Helper cells sick and declining in number, the immune system can't work as well. This can take ten or more years, especially with treatment, but eventually most people reach the stage of AIDS.

A medical provider determines when a person has AIDS. It takes two things for the doctor to call it that. First, the person must have HIV. Second, their T-Helper cells must have dropped to a low number, or they must have gotten a rare infection. These infections are called "opportunistic" because they take the opportunity of a person's weak immune system to make the person sick. They're diseases that a healthy immune system could control.

AIDS doesn't directly cause death. It allows these other diseases to cause the person's death. One such disease is *Kaposi's sarcoma*, caused by an ordinarily harmless virus. It is a rare kind of cancer that causes skin sores and tumors. Another one of these diseases is *Pneumocystis Pneumonia*, a rare infection of the lungs.

These days there are better drugs to prevent and treat these infections, so that people are living longer. These drugs can help eliminate or control an opportunistic infection, or help increase the number of T-Helper cells so that their immune system begins to function better. Even so, they will always be considered to have AIDS.

HIV & AIDS Reference Sheet 2

How is HIV spread today?

For HIV to be transmitted, it has to get directly into the blood. There are three ways that ordinarily happens.

(1) The most common way is **during sex**. Infected blood, semen or vaginal fluid can pass from one person to another through a mucous membrane. Mucous membranes are the thin-skinned, wet parts of the body. They line certain openings -- the mouth, anus, vagina, and the opening to the urethra at the tip of the penis. These membranes are very delicate, almost skinless, to allow fluids in and out of the body.

Anal sex is riskiest because the membrane that lines the rectum can easily get microscopic tears. Also, blood vessels are close to the surface of the skin there. For women, vaginal sex can be especially risky if infected semen is ejaculated into the vagina. Oral sex can also transmit HIV, especially to the person's mouth or throat. In contrast, the skin on your arm could only be penetrated by the virus if you had a cut, scrape, or skin disease. HIV cannot travel through unbroken skin, only cuts and mucous membranes.

(2) HIV infection can also happen when an infected person **injects drugs into a vein** ("shoots up"), and then **shares the syringe**. There's some amount of blood inside the syringe after the first person uses it, even if it isn't visible. If that blood is infected with HIV, the second user is putting it right into his or her bloodstream.

HIV could be transmitted by sharing needles for tattoos and piercings, as well.

(3) HIV infection can also be passed from an HIV-positive **mother to the fetus** when the mother is pregnant. It can travel from her blood to the fetus through the placenta. Transmission can also occur during delivery or by breast feeding.

Today, medication can *greatly* reduce the chance of a mother passing HIV to her baby. In the US, about one in four women with HIV (25%) pass the infection to their fetuses if they don't get treatment during the pregnancy. But among those who DO get medication while they're pregnant, fewer than one in 50 (2%) give it to the fetus. Also, a doctor can deliver a baby by C-section instead of through the vagina. However, drugs and C-sections are not available in all parts of the world. And in some places breast feeding is a mother's only option if she doesn't have access to clean water or baby formula.

Before 1985, donated blood wasn't tested for HIV. Therefore, some people became infected with HIV by transfusions. Others were infected by medicine made with clotting factor from blood. It wasn't routinely heated to kill HIV until 1985. But since 1985, all donated blood in the US (and other developed countries) is tested for HIV. Transfusions are *extremely* unlikely to

transmit the virus (one chance in 1½ million) and there's no risk at all of catching HIV by donating blood.

HIV & AIDS Reference Sheet 3

How can HIV infection be prevented?

ABSTAINING FROM SEX

People don't have to abstain for their whole lives. The safest thing is to wait to have sex until they find someone they want to stay with for years, someone who's shown they can be trusted in other ways and who they're confident will have sex only with them. Some people decide not ever to have sex if they've been drinking or using drugs; they know they'd be less careful about protection. Some people decide not to have sex with new partners for a certain amount of time (for example, three months or two years or until they're married) to make sure they know a person really well.

When people do have sex, they can reduce the risk of getting or giving HIV by using a **condom** or a dental dam. These barriers, when people use them correctly every single time, greatly reduce the risk of transmitting HIV and other STDs.

People can also reduce the risk of catching HIV by limiting the **number of people** they have sex with in their lives. The problem is you can't tell if people have HIV or another STD by just looking at them; often *they* don't even know if they're infected.

What difference would having another STD make in terms of catching HIV? There are two reasons another STD increases the risk. Infections like herpes leave sores; chlamydia can make mucous membranes raw. That offers easy pathways for HIV. And all STDs draw a lot

of white blood cells to the infected area to fight the infection. Those are the very cells HIV can infect. So **getting tested** and treated for *other* STDs lowers a couple's HIV risk. It's also recommended that people wait for sex until they both get tested for HIV and retest in three months. Then they should get tested yearly or before they get with someone new.

ABSTAINING FROM DRUGS

The safest thing is to never inject drugs into the body with a needle or use *any* kind of mind-altering drugs. Even using alcohol can mess up people's ability to make the best decisions. After drinking, people are less likely to have safer sex because they stop thinking clearly.

People who are already addicted to injection drugs (drugs that they put into their body with a needle) can protect themselves and others, until they're able to quit, by never **sharing** needles -- by using a new needle every time. New needles are free at needle exchange programs in some areas.

PREVENTING MOTHER-TO-CHILD TRANSMISSION

Men and women who want to have a child should get tested for HIV before starting a pregnancy. If a woman learns she's HIV-positive, she can take medicine during the pregnancy to *greatly* reduce the chance of passing HIV to the fetus.

HIV is one of the few entirely preventable diseases. You can decide not to risk getting it!

HIV Testing Info Sheet

Name _____

Directions: Answer the following questions.

1. Some people avoid testing for HIV and other STDs. Why?

2. Why did Clint and Mona get tested? And what made it easier?

3. When they call or go back in a week for their test results, what will a negative test result mean?

4. What will a positive test result mean?

5. If their test results were negative, then why do they have to use condoms?

6. Can teens in our area get tested without involving their families the way Clint and Mona did? If so, where?

7. Clint made their appointment. How could a teen in our area do this?

Individual Homework: HIV – Focus on Testing

To find a testing site near you, go to browardgreaterthan.org or to hivtest.org (anywhere in the country) and enter your zip code. If you do not have access to the web, call 1-800-CDC-INFO (1-800-232-4636). They are available 24/7.

If possible, get information from two different clinics in your area. If there aren't two different clinics near you, you may need to a clinic or clinics further away. Call each clinic or use the information on the clinic's website to fill in the chart below. If you are using the website but all of the information is not on their website, then you will need to call them.

Your Name _____ Period _____

	Testing Site #1	Testing Site 2
Clinic Name		
Address		
Phone number		
What days and hours are you open?		
Website (if available)		
Are your services confidential for teens?		
Can a teen walk in or do they need to make an appointment?		
Do you have a teen clinic? x If yes , when is your teen clinic? x If no , do you often see people 14-20 years of age?		
What is the cost for an HIV test? x Is there a sliding fee scale?		
What does a teen need to bring with them?		
How long does it take to get HIV test results?		
How does a teen receive their test results? x Is it over the phone or during another appointment?		

References:

- ¹ University of California San Francisco Medical Center. (2010, December 1). *AIDS Diagnosis*. Retrieved from www.ucsfhealth.org/conditions/aids/diagnosis.html
- ² Centers for Disease Control and Prevention. (2010, August 11). *Basic Information About HIV and AIDS*. Retrieved from www.cdc.gov/hiv/topics/basic/index.htm#prevention
- ³ Ibid
- ⁴ Ibid.
- ⁵ Centers for Disease Control and Prevention. (2010, June 4). Youth Risk Behavior Surveillance – United States 2009. *Morbidity and Mortality Weekly Report*, Vol. 59, No.SS-5.
- ⁶ Reece, Michael et al. Findings from the National Survey of Sexual Risk and Behavior. (2010) *The Journal of Sexual Medicine*. Indiana University. Volume 7. Supplement 5.
- ⁷ Centers for Disease Control and Prevention. (2008, June 6). Youth Risk Behavior Surveillance – United States 2007. *Morbidity and Mortality Weekly Report*, Vol. 57. No.SS-4.

Talking with Partners about Prevention

High School, Lesson 10

Class period

Student Learning Objectives

The student will be able to ...

1. demonstrate assertive communication with a partner about abstinence, STD testing, condoms, and other contraception.

Agenda

1. Answer question(s) from the anonymous question box.
2. Introduce lesson.
3. Read the *Talking to Partners about Sex, STDs, and Birth Control Handout* and discuss communication skills.
4. Plan role play skits using *Our Own Scenarios*.
5. Facilitate students' acting out skits.
6. Debrief and summarize the learning activities.
7. Anonymous Question Box.
8. Assign homework.
9. Review class rules.

This lesson was most recently edited on January 20, 2011.

Materials Needed

Student Materials

- **Assertiveness Handout** from Lesson 6: Abstinence (one copy per student)
- **Talking to Partners about Sex, STDs, and Birth Control Handout** (one copy per student)
- **Individual Homework: Blogging about Preventing Pregnancy & STDs** (one copy per student)
- **Family Homework: Talking about Preventing Pregnancy & STDs** (one copy per student)

Classroom Materials

- **Role Play Scenarios Activity** photocopied and cut into strips. Make 2 or 3 sets if you have more than 26 students in your class (1 scenario per pair of students)
- **Assertiveness Handout** from Lesson 6: Abstinence

Teacher Preparation

Well in advance ...**The day before the lesson ...**

- **Talk to two mature students** in your class about a role play you would like them to model in activity 4. Plan role play skits using provided scenarios.
- **Make copies** of Materials Needed (see above).

Standards

National Health Education Standard:

- x **Standard 4:** Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.
 - 4.12.1** Use skills for communicating effectively with family, peers, and others to enhance health.
 - 4.12.2** Demonstrate refusal, negotiation, and collaboration skills to enhance health and avoid or reduce health risks.
 - 4.12.3** Demonstrate strategies to prevent, manage, or resolve interpersonal conflicts without harming self or others.

Activities

1. Answer question(s) from the anonymous question box – (previous lesson(s)).
2. Say: *So far, we have learned that it is important to know how your body works, what behaviors prevent pregnancy and STDs, what our values are about having sex, and how to recognize that a relationship is unhealthy. It is also important to know how to communicate all of these things with a partner.*

You may be in a relationship now, may have had one in the past you can reflect on, or this may help you with a future partner. Our focus today will be communicating with partners about preventing pregnancy and STDs. Our goal is for you to feel confident in talking about risk behaviors, and how to avoid those risks, or reduce them, by using condoms, birth control, and getting tested for STDs. Even if you are currently abstinent, these skills will help you in future relationships if and when you decide to have sex.

Think about the refusal and assertiveness skills we learned about. During that lesson, we incorporated different skills to tell a partner that you do not want to have sex. This lesson focuses on what to say after you have decided to have sex, and how to keep yourself safe.

3. Read *Talking to Partners about Sex, STDs, and Birth Control Handout* and discuss communication skills.

Ask students to pull out their *Assertiveness Handout* from Lesson 6 (Abstinence). Ask them to silently read the *Handout* as a refresher.

Remind them that assertiveness skills are valuable not only for refusing sex. They are also important when negotiating condom use or getting tested for an STD. Pass out copies of the *Talking to Partners about Sex, STDs, and Birth Control Handout*.

Ask four student volunteers to read each of the four sections aloud. Discuss any points which are not clear.

4. Plan role play skits using *Our Own Scenarios*.

*Say: in pairs or triads, you are going to use a scenario given to you to create a short skit that you may get to act out in front of the class. You should read the scenario and assume the roles of the people in the skit (if three people, one can be a friend). You will have 5 minutes to plan out the skit, including any dialogue or gathering / making props. Props do not have to be elaborate. You should refer to your *Assertiveness Handout* and *Talking to Partners about Sex, STDs, and Birth Control Handout* while planning your skit and try to incorporate at least three concepts from them. Situations represent a range of people of all ages, ethnicities and sexual orientations. Even if you do not agree with a scenario, you should try to plan it out. No one will be forced to act out their scenario if they feel uncomfortable.*

Ask for two students, who you think are mature, to help you act out a situation as an example. Preferably, you would have talked with these students yesterday so they know

what is coming and have read the example ahead of time.

Example: High school sweethearts Suzie and Mahir are at a house party. They have been talking about having sex for several months now, but never done it. They both decide to go to an empty bedroom in the house. They both agree to have sex, but it is Mahir's first time. Suzie has to teach Mahir the proper way to put on a condom. Mahir is nervous.

Hand out one *Role Play Scenario* slip of paper to each pair or triad. Remind them of their time limit to plan. Tell students each skit should last about 2 minutes.

5. Act out skits in front of the class.

If time is short, try to ensure that skits # 1-6 are acted out. After each group acts out its skit, ask the following questions.

- How did the couple solve their problem?
- What communication or assertiveness skills did they use?
- What could they have done differently or better?

6. Conclude the lesson.

Say: ***In any partnership, be it straight or gay, both partners have the right and the responsibility to protect their own health and the health of their partner.***

Communicating effectively is part of that. But remember that about 60% of high school students are choosing not to have sex at all¹, so if you fall in that category, keep these skills in your repertoire for when you do decide to have sex for the first time and from that point forward.

7. Anonymous Question Box activity – (today's lesson)

Give each student several slips of scrap paper.

Say: ***Write at least one question or what you learned today and drop it in the anonymous question box.*** (If everyone is writing, nobody feels like the Only One). ***Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip*** (which makes it easier for you to sort the questions), ***but it is OK to use as many slips as they like. Spelling doesn't matter at this point. I will answer the questions, so it's OK to add questions whenever you think of them.*** Allow them time to write questions. (Answer questions the following day to allow yourself time to review the questions from the box.)

8. Assign homework.

Say: ***Some people find it difficult to talk about sex, birth control, and STDs, but practice helps. Like any other skill, communicating about sensitive, personal matters takes practice and people with more experience communicating tend to be better at***

it. I want to encourage you to practice by talking to friends and family so you're clear what your values, feelings, and limits are related to sexual activity. I hope if you haven't done any others, you'll do this one. But, as always, we do have an Individual Homework alternative for those who really can't or feel strongly that they don't want to.

- a. *Individual Homework: Blogging about Preventing Pregnancy & STDs*
- b. *Family Homework: Talking about Preventing Pregnancy & STDs*

Talking to Partners about Sex, STDs, and Birth Control Handout

Before talking to a partner:

Think about your approach

- **Plan what to say.** Make a list of pros and cons. Think about what you need for yourself and from your partner.



- **Be ready to listen:** Stop texting, talking, and other activities. Really hear what your partner has to say.
- **Share your decision with friends and family:** Practicing or rehearsing helps you figure what you want to say and how others may interpret it.

How to begin:

Think about your timing and intent

- **Choose a good time:** Be sure it is BEFORE you have sex, not during or after.
- **Choose a good place:** Limit distractions and interruptions. A party is probably not the best place.
- **Say what you value about your partner:** This way you can say yes to the relationship even if you say no to sex without condoms or birth control.



What to talk about:

Make sure you are being clear

- **Be honest:** If you think you should both get tested for STDs before having sex, say so. Do not let embarrassment stand in the way of your health!
- **Share reasons for using condoms and / or birth control:** Think ahead what your values, feelings, and goals are. How would having sex without protection harm any of these?



- **Plan ways to spend time together that don't involve unprotected sex:** Agree with your partner on things you can do to avoid STDs and pregnancy like getting tested or using condoms and other forms of birth control.
- **Ask your partner for support:** Stress that mutual care means taking care of the health of both people.

Be aware of:

Think about body language and the tone and volume of your voice

- **Communication styles of your partner:** Males and females have different anatomy, different levels of hormones, and different ways of being socialized to interact with others. Be aware that males and females may think different things in their heads when they say the same words. However, even in same sex partnerships, there may still be very different communication styles between the two people even though they share gender. And obviously, every individual is different, so do not stereotype that "all guys" or "all girls" act a certain way.
- **Culture and family upbringing:** The way we communicate has a lot to do with the home we grew up in, the role models we had when learning to talk, and the culture we are surrounded by. If you are dating across cultures, try to notice any different communication styles when your partner interacts with other people. Talk about it!



Parts of this handout were adapted from Stang, et al. (2004). *Health Facts: Reproductive Health & Pregnancy Prevention*.

Our Own Scenarios

1. Michael and Jose have been a couple for over two years. They are very religious, they love each other, and they have decided to wait to have sex until they can marry. Michael had a friend of the family who died of AIDS. And Jose's cousin has been in and out of the STD clinic over the past few years. They both want to wait to have sex until they are truly committed to each other, because they worry about STDs. But they are growing impatient.



2. Soonyee and Jin are a couple in college. They are having sex already and use condoms so they don't get pregnant or give one another STDs. Jin is getting nervous about using only condoms because one slipped off last time they had sex after he had been drinking. He wants to stop having sex until Soonyee starts using another birth control method. Soonyee is adamant that she does not want any extra hormones in her body.



3. Margarita and Roberto have been a couple for 6 months. Margarita is 16 and in high school. Roberto is 20 and in college. They've decided they want to start having sex. They live in a state where it is legal for a 16-year-old and a 20-year-old to have sex. Both have gone to the clinic and neither has any of the STDs they were tested for. Roberto is insisting that the only method they need to use is withdrawal. Margarita wants something better, more effective, and that she can control. Margarita sometimes feels like Roberto tries to control what she does.



4. Madison and Brad are engaged to be married and in their mid-twenties. Neither of them has ever done any drugs and they only drink occasionally. They are both sure that they're faithful to each other. They were high school sweethearts and neither of them has ever had other partners. Brad wants to stop using condoms, because he feels there is no risk of STDs. Madison has heard bad stories from her friend who is on birth control pills. Brad thinks Madison should start the IUD or implant, because neither of them want children for the next 4-5 years but eventually they do want to become parents.

5. Lisa and Wanda have been dating for about 8 months. They met in 11th grade English class, where Wanda started sending poems to Lisa. They don't know any other lesbians in school or in their families. Wanda heard a health educator say something in their health class about dental dams and how they can stop the spread of STDs during oral sex. Lisa had 2 male partners before she met Wanda. Sometimes she still hooks up with one of those guys. Wanda wants to suggest they use dental dams for oral sex but doesn't know how to go about it.



6. Michael and Jennifer are dating and have known each other for about 5 months. Michael has HIV, and he has told Jennifer about his HIV status. They are both interested in having sex eventually, but Jennifer wants to remain HIV negative. She is willing to use condoms, but she is scared that something may go wrong. Michael talked to his doctor at the HIV clinic about how he can avoid giving his partner HIV.



7. Sarah and Aaron have been dating for a month after meeting each other at a work party. They started having sex soon after they became a couple, and decided not to see other people. In the beginning, Sarah said she was on the pill, so they didn't have to worry about her getting pregnant. Aaron knows that Sarah can be a little forgetful; in fact, she forgot to bring her pills when they went skiing for a weekend. He wants to start using condoms, but is worried she will think he is cheating if he suggests them. He is not interested in hooking up with other women.

8. Chris and Robyn have been a couple for three years and have a very healthy sex life. They always use condoms because Chris has a history of genital herpes, and Robyn has the implant for birth control. They both decide they want to try anal sex, because they are curious. After a romantic dinner at home, Robyn realizes there is no lube in the apartment. Chris suggests they use olive oil with the condom. Robyn knows that oil can cause condoms to break.



9. Alyssa and Travis know each other from the track team in their high school. Alyssa has had a crush on Travis for a long time and was very excited when he asked her out on a date. On their 6th date, Travis brings up the idea of oral sex. Alyssa agrees but only if he will wear a condom. Travis thinks that's ridiculous and not necessary. Alyssa knows a friend who got chlamydia in her throat and refuses to let that happen to her. She brings up the idea of flavored condoms she picked up at the local clinic.



10. Xavier and Brandi are seniors in high school. They have been dating since the end of sophomore year. They started having sex the summer after junior year. Brandi gets the Depo shot every three months so she doesn't get pregnant. But recently she has been noticing that she is gaining weight, even though she works out all the time for softball and volleyball. She wants to have a conversation with Xavier about changing methods but is embarrassed to tell him the reason why.



11. Cynthia and Sam have been best friends since 3rd grade. They are hanging out at Sam's house while his parents are away for the evening. While watching a movie, they start cuddling, as they normally do, but this time they start kissing. He asks her if this is ok because they have been friends so long. She says yes. They quickly move to having sex. Without even thinking about it, they both realize afterwards that they did not use any protection. Cynthia starts freaking out. Sam brings up emergency contraception (EC) because he heard that their friend, Mandy, had to use it last month.



12. Make up your own scenario. (Keep in mind ground rule of confidentiality.)

Individual Homework: Blogging about Preventing Pregnancy and STDs

Directions: Imagine you write a very popular blog that answers questions other teens send to you about trouble with relationships and questions about sex, birth control, and STDs. You should use the communication skills found on the two handouts we used in class today: *Assertiveness Handout* from Lesson 6: *Abstinence* and *Talking to Partners about Sex, STDs, and Birth Control Handout* when you answer the question.

Situation 1: Hi, I am a 16 year old girl. My boyfriend and I are talking about having sex for the first time. He doesn't think I need birth control because we are both virgins. I don't want to scare him away because I really love him, but I don't want to get pregnant! I have things I want to do before I have kids. What should I tell him?

Sincerely,
Got Plans

Situation 2: Uh, this is pretty embarrassing, but I'm on the football team and my teammate and I recently realized that we like each other. Like really like each other. We are pretty excited but also scared and nervous other people will find out. We have no idea who to talk to about sex, how to get condoms, and all that stuff. I know the pharmacist at the local drug store so I can't get them there. Both of us have messed around with other guys before. My buddy doesn't think we need them, but I think we do. Help!

Sincerely, Helmet
N Cleats

Situation 3: I feel really stuck. My girlfriend wants to stop using condoms because she is using the patch. I've known her for a long time, but I am not sure if we are ready to be exclusive with each other. I did hook up with this other girl at a party last week... anyway! That was a mistake, and I want to stay with my girlfriend. I want to insist we keep using condoms but I'm afraid she will think I suspect she is sleeping around or she will suspect that I am sleeping around. What do I say to her???

Sincerely,
Patched Jeans

Family Homework: Talking about Preventing Pregnancy & STDs

All Family Homework is optional. You may complete an Individual Homework assignment instead.

PURPOSE: This is a chance to share with one another some of your own (and your family's, your religion's) beliefs about sexuality and relationships. It will also give you a chance to get to know one another a little better.

DIRECTIONS: Find a quiet place where the two of you – the student and the trusted adult (parent, guardian, stepparent, adult friend of the family, best friend's parent, etc.) – can talk privately. Set aside about 10 minutes. During this time, please give full attention to one another ... no texting, watching TV and so on.

ASK THE STUDENT: What are your life goals at this time? Career, family, travel? What would a pregnancy or STD do to change those goals?

ASK THE ADULT: How do you communicate with your boss at work when you want or need something? Can you think of an example? How do you communicate with your partner (present or past) when you want or need something? Got an example?

ASK THE STUDENT: How would you say “no” if your partner wanted to have sex but you didn't want to? How would you talk about birth control and condoms with a partner?

ASK THE ADULT: What do you think I could say to my partner about preventing pregnancy or disease, if I got into a relationship and we decided to have sex? What if my partner said he or she didn't want to use birth control or condoms?



Family Homework: Talking about Preventing Pregnancy & STDs – Confirmation Slip

FOR FULL CREDIT, THIS HOMEWORK IS DUE: _____

We have completed this Homework Exercise.

Date: _____

 student's signature

 signature of family member or trusted adult

REFERENCES:

¹ Centers for Disease Control and Prevention. (July 9, 2010). *Morbidity and Mortality Weekly Report*, 59 (26), 797-836.

FLORIDA

Sexual Battery	
Statutory citation(s):	Fla. Stat. § 794.011
How is it defined?	<p>(A) If defendant is 18 years of age or older and commits sexual battery upon, or during an attempt to commit sexual battery injures the sexual organs of, a person less than 12 years of age;</p> <p>(B) If defendant is less than 18 years of age and commits sexual battery upon, or during an attempt to commit sexual battery injures the sexual organs of, a person less than 12 years of age;</p> <p>(C) If defendant commits sexual battery upon a person 12 years of age or older, without that person's consent, and in the process uses or threatens to use a deadly weapon or uses actual physical force likely to cause serious personal injury;</p> <p>(D) If defendant commits sexual battery upon a person 12 years of age or older without that person's consent, and:</p> <ul style="list-style-type: none"> • The victim is helpless to resist; or • Defendant coerces the victim to submit by threatening to use force of violence likely to cause serious personal injury on the victim, and the victim reasonably believes that defendant has the ability to execute the threat; or • Defendant coerces the victim to submit by threatening to retaliate against the victim, or any other person, and the victim reasonably believes that the offender has the ability to execute the threat in the future; or • Defendant, without the prior knowledge or consent of the victim, administers or has knowledge of someone else administering to the victim any narcotic, anesthetic, or other intoxicating substance that mentally or physically incapacitates the victim; or • When the victim is mentally defective and defendant has reason to believe this or has actual knowledge of this fact; or • When the victim is physically incapacitated; or • Defendant is a law enforcement officer, correctional officer, or correctional probation officer, or an elected official, or any other person in a position of control or authority in a probation, community control, controlled release, detention, custodial or similar setting, and defendant is acting in such a manner as to lead the victim to reasonably believe that the defendant is in a position of control or authority as an agent or employee of the government; <ul style="list-style-type: none"> ○ Note: Acquiescence to a person whom the victim reasonably believes is in a position of authority or control does not constitute consent, and it is not a defense that the defendant was not actually in a position of control or authority if the circumstances were such as to lead the victim to reasonably believe that the person was in such a position.; <p>(E) If defendant commits sexual battery upon a person 12 years of age or older, without that person's consent, and in the process thereof does not use physical force and violence likely to cause serious personal injury; or</p> <p>(F) If defendant is in a position of familial or custodial authority to a person less than 18</p>

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	<p>years of age and who:</p> <ul style="list-style-type: none"> • (1) Solicits that person to engage in any act which would constitute sexual battery; or • (2) Engages in any act of sexual battery with that person while the person is 12 years of age or older but less than 18 years of age; or • (3) Engages in any act of sexual battery with that person while the person is less than 12 years of age, or in an attempt to commit sexual battery injures the sexual organs of such person; <p>• Note: Consent of the victim is not a defense under this subsection</p>
<p>What are the punishments for this crime?</p>	<ul style="list-style-type: none"> • A defendant convicted of (A) commits a capital felony, which is punishable by death or life imprisonment, with no possibility of parole. (§ 775.082 and § 921.141) • A defendant convicted of (B) commits a life felony, which is punishable by imprisonment for life or by a term of imprisonment not exceeding life imprisonment, as well as a fine of no more than \$15,000. (§ 775.082, § 775.083, § 775.084 and § 797.0115) • A defendant convicted of (C) commits a life felony, which is punishable by imprisonment for life or by a term of imprisonment not exceeding life imprisonment, as well as a fine of no more than \$15,000. (§ 775.082, § 775.083, § 775.084 and § 797.0115) • A defendant convicted of (D) commits a 1st degree felony, which is punishable by a term of imprisonment not exceeding 30 years, as well as a fine of no more than \$10,000. (§ 775.082, § 775.083, § 775.084 and § 797.0115) • A defendant convicted of (E) commits a 2d degree felony, which is punishable by a term of imprisonment not exceeding 15 years, as well as a fine of no more than \$10,000. Note: This offense is included in any sexual battery offense charged under (C) (§ 775.082, § 775.083, § 775.084 and § 797.0115) • A defendant convicted of (F)(1) commits a 3d degree felony, which is punishable by a term of imprisonment not exceeding 5 years, as well as a fine of no more than \$5,000. (§ 775.082, § 775.083, and § 775.084) • A defendant convicted of (F)(2) commits a 1st degree felony, which is punishable by a term of imprisonment not exceeding 30 years, as well as a fine of no more than \$10,000. (§ 775.082, § 775.083, and § 775.084) • A defendant convicted of (F)(3) commits a capital or life felony, which is punishable by death or life imprisonment, with no possibility of parole, or imprisonment for life or by a term of imprisonment not exceeding life imprisonment, as well as a fine of no more than \$15,000. (§ 775.082 and § 921.141)
<p>Anything else I should know?</p>	<p>The following definitions are relevant to this crime:</p> <ul style="list-style-type: none"> • “Mentally defective” means a mental disease or defect that renders a person temporarily or permanently incapable of appraising the nature of his or her conduct. • “Mentally incapacitated” means temporarily incapable of appraising or controlling a person's own conduct due to the influence of a narcotic, anesthetic, or intoxicating substance administered without his or her consent or due to any

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	<p>other act committed upon that person without his or her consent.</p> <ul style="list-style-type: none"> • “Physically helpless” means unconscious, asleep, or for any other reason physically unable to communicate unwillingness to an act. • “Retaliation” includes, but is not limited to, threats of future physical punishment, kidnapping, false imprisonment or forcible confinement, or extortion. • “Serious personal injury” means great bodily harm or pain, permanent disability, or permanent disfigurement. • “Sexual battery” means oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose.
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Statutory Rape	
Statutory citation(s):	Fla. Stat. § 794.011 and Fla. Stat. § 794.05
How is it defined?	<p>“Statutory rape” is commonly used to refer to sexual penetration involving a youth. Consent is immaterial. While Florida does not expressly penalize statutory rape, the offense of sexual battery targets this conduct.</p> <ul style="list-style-type: none"> • (1) If defendant is 18 years of age or older and commits sexual battery upon, or during an attempt to commit sexual battery injures the sexual organs of, a person less than 12 years of age; • (2) If defendant is less than 18 years of age and commits sexual battery upon, or during an attempt to commit sexual battery injures the sexual organs of, a person less than 12 years of age; • (3) If defendant is in a position of familial or custodial authority to a person less than 18 years of age and who: <ul style="list-style-type: none"> ○ a. Solicits that person to engage in any act which would constitute sexual battery; or ○ b. Engages in any act of sexual battery with that person while the person is 12 years of age or older but less than 18 years of age; or ○ c. Engages in any act of sexual battery with that person while the person is less than 12 years of age, or in an attempt to commit sexual battery injures the sexual organs of such person; <p>Under § 794.05, a person 24 years of age or older who engages in sexual activity with a person 16 or 17 years of age.</p> <p><i>Note:</i> The victim's prior sexual conduct is not a relevant issue in a prosecution.</p>
What are the punishments for	<ul style="list-style-type: none"> • A defendant convicted of (A) commits a capital felony, which is punishable by death or life imprisonment, with no possibility of parole.

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this crime?	<ul style="list-style-type: none"> • A defendant convicted of (B) commits a life felony, which is punishable by imprisonment for life or by a term of imprisonment not exceeding life imprisonment, as well as a fine of no more than \$15,000. • A defendant convicted of (C)(1) commits a 3d degree felony, which is punishable by a term of imprisonment not exceeding 5 years, as well as a fine of no more than \$5,000. • A defendant convicted of (C)(2) commits a 1st degree felony, which is punishable by a term of imprisonment not exceeding 30 years, as well as a fine of no more than \$10,000. • A defendant convicted of (C)(3) commits a capital or life felony, which is punishable by death or life imprisonment, with no possibility of parole, or imprisonment for life or by a term of imprisonment not exceeding life imprisonment, as well as a fine of no more than \$15,000. • A defendant convicted of the offense under § 794.05 commits a felony of the second degree, which is punishable by imprisonment for up to 15 years (§ 775.082, § 775.083, or § 775.084).
Anything else I should know?	<p>The following definitions are relevant to this crime:</p> <ul style="list-style-type: none"> • “Mentally defective” means a mental disease or defect that renders a person temporarily or permanently incapable of appraising the nature of his or her conduct. • “Mentally incapacitated” means temporarily incapable of appraising or controlling a person’s own conduct due to the influence of a narcotic, anesthetic, or intoxicating substance administered without his or her consent or due to any other act committed upon that person without his or her consent. • “Physically helpless” means unconscious, asleep, or for any other reason physically unable to communicate unwillingness to an act. • “Retaliation” includes, but is not limited to, threats of future physical punishment, kidnapping, false imprisonment or forcible confinement, or extortion. • “Serious personal injury” means great bodily harm or pain, permanent disability, or permanent disfigurement. • “Sexual battery” means oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery does not include an act done for a bona fide medical purpose. • “Sexual activity” means oral, anal, or vaginal penetration by, or union with, the sexual organ of another; however, sexual activity does not include an act done for a bona fide medical purpose.

Sodomy	
Statutory citation(s):	Fla. Stat. § 800.02
How is it defined?	A person who commits any unnatural and lascivious act with another person. NOTE: Any state law that outright prohibits sodomy is unconstitutional under <i>Lawrence v. Texas</i>
What are the punishments for this	A defendant convicted of committing an unnatural or lascivious act with another person commits a misdemeanor of the second degree, which is punishable by

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crime?	imprisonment for up to 60 days (§ 775.082 or § 775.083).
Anything else I should know?	N/A

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