

Introduction

Grades 8, Lesson #1

Time Needed

One class period

Student Learning Objectives

To be able to...

1. Explain three of the five ground rules.
2. Contribute to a serious, considerate class climate.
3. Distinguish appropriate from excessively personal facts for public disclosure.
4. Express that standard terms are more appropriate in class than slang and baby-talk.

Agenda:

1. Discuss the rationale for the unit.
2. Establish and explain ground rules
3. Examine “privacy” through large group discussion, using Introduction Transparency/worksheet 1.
4. Mention your availability for private discussion.
5. Examine vocabulary through large group exercise, using Transparency/worksheet/worksheet 2.
6. Generate anonymous questions.
7. Optional: Assign homework.

Materials Needed

Classroom Materials:

- Anonymous Question Box
- *Introduction Transparencies 1-2* and overhead projector or document camera

Student Materials: (for each student)

- *The Introduction Worksheet*
- *Family Homework Exercise: Introduction*
- *Appendix B: The Homework Letter*

Activities

1. The purpose of this unit is to discuss Sexual Health:

Say:

- ***People make healthier decisions when they have thought about what they believe and when they have correct information.***
- ***It is important to learn how to talk about sexuality ... so you can talk with your family, your doctor, and even help a friend.***

2. Establish ground rules.

Standard ground rules:

List or post them on the blackboard. Feel free to add to the list.

- "Be respectful." (including one's self)
- "Any question is a good question."
- "Protect people's privacy/confidentiality." (i.e., questions about friends and family members should NOT include their names or identities. It's more considerate to say "Someone I know had an acne problem. What causes that?" rather than "My sister had an acne problem...")
- "Agree to disagree."
- "It's OK NOT to answer a question." (In fact the teacher may choose to "pass" on a question if it is too personal or inappropriate for classroom discussion.)
- "Be considerate of other people's feelings."

The following are key issues to explain and discuss:

ASKING questions is critical to learning. Students may ask questions aloud, in writing or in private. They may think of questions or issues they want to discuss with their parents, their doctors, their clergy or others. Any question is a good question, even if they cannot think of the medical/standard term for something. Students should try to use medical/standard words, but it is better to ask a question using slang or baby-talk than not to ask it at all.

PASSING (choosing not to respond or participate) is every person's essential right. Acknowledge that sexuality is a personal issue, and that discussing it can feel awkward and embarrassing. Admit that you may occasionally decline to answer a personal or embarrassing question ... this models the important skill of limit-setting. Assure students that they also have permission to "pass."

PROTECTING peoples' feelings is critical to the building of trust. That means not laughing at classmates, not trying to figure out who authored an anonymous question, not putting people or groups down. It means respecting others' rights to disagree. Protecting one's own and other peoples' privacy means not sharing very personal issues in the large group, not using names or relationships when you talk about personal issues, and not quoting classmates outside of class.

LISTENING respectfully is essential. You deserve it, students deserve it and guest speakers deserve it.

ENCOURAGING others to follow these rules ... means positive peer pressure. Students can gently remind one another of the ground rules.

3. Examine “privacy”

Say: **“Privacy.” means different things to each of us, and for each of us there are degrees or levels of privacy. Using Introduction Transparency/worksheet 1, give examples of the kinds of information a person might share at each level of privacy. For example:**

<u>Who</u>	<u>What You Might Share</u>
Strangers...	how you feel about the weather, who won last night’s football game, where the cafeteria is;
Acquaintances...	your name, your favorite rockgroup, your homeroom, how you feel about math;
Casual Friends...	your hobbies, your nickname, how you feel about your English teacher, your religion, where you live;
Close Friends...	your nickname when you were a baby, how you feel about your boyfriend/girlfriend, what really makes you mad or sad;
Best Friends, Family and Trusted Friends-of-The-Family... Yourself only...	what really hurts your feelings, what really scares you; which grandparent you love most, the most embarrassed you have ever been.

Get the class to add examples, and to recognize that each of us makes different choices about which things we will share on each level.

Say: ***It is not appropriate to share the most personal things in a class.***

4. Mention your availability

Say: ***If there are very personal concerns someone wants to discuss with me, I am available to refer you to the appropriate personnel.***

5. Introduce “vocabulary” (See Transparency/worksheet 2).

Say: **“When we talk about sexuality in school, we use medical/standard terms, as opposed to slang or baby-talk. That’s why we need a unit like this! To get more comfortable talking seriously.”**

6. Introduce 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.)

7. Optional: assign homework. Possible assignments might be...

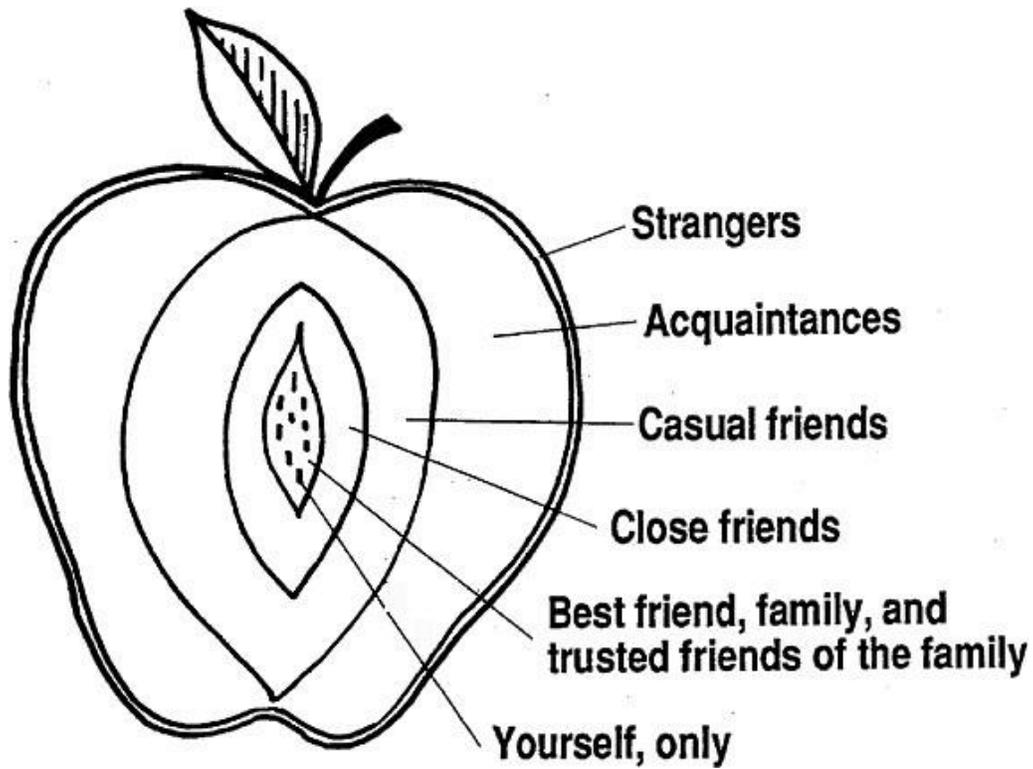
- Family Homework Exercise: Introduction

Students will also need to take home The Homework Letter (Appendix B) and 15 extra Family Homework Confirmation Slips. One will be filled out and returned each time they complete a Family Homework Exercise or Family Field Trip, for the rest of the unit...

NOTE: If you assign a Family Homework Exercise, it is essential to offer at least one alternative assignment. There will be some students who do not have a family member with whom they feel they can discuss these issues. Also, allow at least a week for Family Homework Exercises, as many families are very busy

Introduction Transparency 1

Levels of Privacy



Introduction Transparency/worksheet 2

Why do we use such big words in class when we talk about sexuality?

WORDS WE WILL USE IN THIS UNIT:

- Penis _____
- Breast _____
- Scrotum _____
- Vagina _____
- Conception _____
- Virus _____
- Condom _____
- Testis _____
- Ovum _____
- Sperm _____
- Uterus _____
- Gene _____
- Touch _____
- Pregnancy _____

A Family Homework Exercise: An Introduction

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

First, read this aloud together:

Talking about family life and sexual health with your parent or child can be scary. Will I have to share private thoughts and information? Will talking make my parents assume I am having intercourse? Will talking encourage my child to go out and have intercourse? The answers, we believe, are no, no, and no.

To begin with, neither of you should share anything you are not reasonably comfortable sharing about yourselves. Sexual behavior is a private matter. Some of your feelings and beliefs are private, too. These exercises are NOT designed to make you talk about things you really do not want to share. They ARE designed to help you understand and trust each other just a little better. You both have permission to skip any question or exercise that makes you too uncomfortable... though a certain amount of discomfort is very normal and nothing to worry about.

Furthermore, talking about something does not mean you are doing it, or even that you will ever do it. You may talk about hang gliding or mountain climbing without ever doing them. You may read about drugs without deciding to use any. Talk helps people understand themselves better, as well as the people they love. That's all.

Second, exchange some kind of touch ... a hug, a handshake, a pat on the arm, a "high-five."

Third, think about the class ground rule ... "protect your own and other peoples' privacy." Since different people feel differently about what is private, talk together about specifically who falls into each category below. Then discuss your own and your families' feelings about the questions on side 2.

Categories

Strangers
Acquaintances
Casual Friends
Close Friends
Family and Trusted Friends-of-the-Family
(including clergy and counselors)

Questions

1. How private is your address? Which of the people above could you tell where you live?
2. How private is your family's cultural heritage? Who could you tell what countries your ancestors came from?
3. How private is your family's income? Who could you share that with?
4. How private is the color of your kitchen? Who could you share that with?
5. How private is your phone number? Who could you share that with?
6. How private are your family's beliefs about marijuana?
7. How private is the cost of your furniture?
8. How private are your family's beliefs about dating?
9. How private is your pet's age?
10. How private is your mother's age?
11. Are there other privacy issues you want to talk about?

The Introduction Worksheet

Name _____ Due Date _____

***Eighth Grade Social Studies: The History Of Transportation
or "A Place For Every Word And Every Word In Its Place"***

Mrs. Smith was standing at the blackboard, discussing the history of transportation. "The first choo—choo was invented in 1804. It was „rad,“ man," she said, "totally awesome."

"Excuse me," a student interrupted. "May I please go bye—bye? I have to use the potty."

"Yes," Mrs. Smith replied. Then she continued, "Who remembers the names of the dudes who invented the airplane?"

1. Which words make this story funny?

2. Why are these words strange in this situation?

3. Write a sentence, using slang or baby-talk that a person would feel silly saying to a doctor.

4. Now rewrite your sentence in a more appropriate way.

5. What does this have to do with your class studying sexuality?

Reproductive System

Grade 8, Lessons #2

Time Needed

One class period

Student Learning Objectives

To be able to...

1. Pronounce and describe the function of the 45 terms in the glossary on Reproductive System Reference Sheet.
2. Identify reproductive organs.

Agenda

1. Answer question(s) from the anonymous question box
2. Explain the relevance of the lesson to the unit and to students' lives.
3. Use Reproductive System Reference Sheets 1-3, the board or a document camera, to introduce the anatomy.
4. Play the Reproductive System Game.
5. Anonymous Question Box activity.
6. Assign homework.

Materials Needed

Classroom Materials, equipment:

- *Reproductive System Reference Sheets 1 and 2* for a document camera*
- *Reproductive System Game Cards (Laminated Set)*
- *Shoe Box or Coffee Can*
- *Paper Clips*

Student Materials (for each student):

- *Reproductive System Reference Sheets 1-3*
- *Family Homework Exercise: The Reproductive System*
- *Family Homework Letter (Appendix B)*
- *Reproductive System Worksheet (2 copies per student)*

Activities

1. Answer previous lesson's question(s) from the question box.
2. Say: ***Let's discuss the relevance of the lesson to your lives and to what you have studied so far:***

Say: - Just as we have studied how to take care of a home and a family, we also want to you to work on "how to take care of yourself." The first step is to understand how your own body and other peoples' bodies work. Before you can learn about how to keep a body system healthy, you have to understand how it is supposed to work, when it is healthy. We have studied other systems; today we will look at the reproductive system. We have studied how individual cells reproduce, and we have looked at simple life forms. It is time to look at reproduction in mammals, and humans in particular.

3. Hand out to each student a copy of Reproductive System Reference Sheets 1-3 and review them with students.
4. **Play the *Reproductive System Game*.**
 - a. Begin by refreshing everyone's memory about ground rules and emphasizing mutual consideration.
 - b. Drop the *Reproductive System Game Cards* into a shoe box or coffee can.
 - c. Have students pair up and provide each pair with plenty of scrap paper.
 - d. One student draws a game card and hands it to you. You read the question aloud and give each team a half a minute to consult with one another, and/or look at their reference sheets, and jot their answer on a slip of scrap paper. Thus, all teams play at once holding their answers up, as soon as they can.
 - f. Either you or the student who drew the question reads the answer and explanation aloud.
 - g. Every team with a correct answer gets a paper clip.
 - h. A second student draws a game card ... repeat steps d-g, until all 32 game cards have been used.
 - i. Any team with at least 16 paper clips gets a prize (perhaps an extra "A," extra participation points, penny candy).

We recommend that students read the answer and explanation aloud, in groups who can do it with a minimum of giggling and a reasonably mature, matter-of-fact attitude. It gives them the opportunity to practice pronunciations and especially to rehearse a new behavior: communicating about sexuality in a responsible, dignified way. However, a participatory exercise can be counter-productive (can decrease comfort and respect) if the class is too rambunctious and/or has had less experience with active learning. Use your own judgment. This game is a learning tool, not just a review. So some items in the game are new information. The teams should be encouraged to guess. Playing matters more than winning.

5. 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.)

Homework

Students' options ...

- **Family Homework Exercise: The Reproductive System**
Students will need to take home two copies of **The Reproductive System Worksheet** to complete this Family Homework. And, as always, students will also need to take home the **Family Homework Letter** (Appendix B).
- Complete and turn in **The Reproductive System Worksheet**, independently.

NOTE: If you assign a **Family Homework Exercise**, it is essential to offer at least one alternative assignment. There will be some students who do not have a family member with whom they feel they can discuss these issues. Also, allow at least a week for **Family Homework Exercises**, as many families are very busy.

<p>Q: True or False? The menstrual period lasts about a day each month.</p> <p>A: False</p> <p>Explanation: It usually takes between two and 10 days for the uterus to completely empty. There are about four to six tablespoons of blood and tissue in all.</p>	<p>Q: True or False? Each time a man or boy ejaculates, about 360 million sperm cells come out.</p> <p>A: True</p> <p>Explanation: He may release a half to a whole teaspoonful of semen. It usually contains at least 200 million sperm cells. 360 million is average.</p>
<p>REPRODUCTIVE SYSTEM GAME CARDS</p>	
<p>Q: How long after its release can an egg be fertilized? About a day, about a week, or about month?</p> <p>A: About a day.</p> <p>Explanation: If it doesn't meet with a sperm within a day, or two at most, the ovum just dissolves.</p>	<p>Q: True or False? Another word for tube is "duct."</p> <p>A: True</p> <p>Explanation: That is why many books call the fallopian tubes "oviducts" and the vas deferens tubes "spermducts." Duct is spelled D-U-C- T, not D-U-C-K like the bird.</p>

<p>Q: The end of the uterus that opens into the vagina is the _____</p> <p>A: Cervix</p> <p>Explanation: The cervix is not a separate part; it's just the neck of the uterus. The doctor wipes some cells from the cervix when a woman has a Pap Test for cancer. These cells are examined under a microscope.</p>	<p>Q: The sac that holds the testes is called the _____</p> <p>A: Scrotum</p> <p>Explanation: The scrotum holds them and controls their temperature. Sperm can only grow at temperatures a little cooler than normal body temperature of 98.6 degrees ... so the testes have to be outside the body, in the scrotum, in order to be cool enough to make sperm.</p>
--	--

REPRODUCTIVE SYSTEM GAME CARDS

<p>Q: True or False? Once a girl starts having menstrual periods, she will get one every 28 days.</p> <p>A: False</p> <p>Explanation: 28 days is only an average. Adult women may have periods every 20 to 36 days. In some adults and most young girls, the cycle is a different length each time ... 3 weeks one time, 5 weeks another, maybe even skipping some months altogether. Then, around age 45 to 55, a woman stops having menstrual periods.</p>	<p>Q: True or False? Having intercourse a lot will make the penis larger?</p> <p>A: False</p> <p>Explanation: The penis is not made of muscle, so exercise has no effect on its size. Like the ears and the feet, the penis is a different size in each person. But no matter how big it is, it works just as well. And most penises are about the same size when they are erect.</p>
--	---

<p>Q: True or False? When a boy is circumcised, the doctor removes the glans of the penis.</p> <p>A: False</p> <p>Explanation: Neither the glans, nor the shaft is removed. It's the foreskin that is removed in a circumcision operation. The foreskin is a sleeve of skin that partly covers the glans.</p>	<p>Q: When a woman or girl releases an egg, it's called _____</p> <p>A: Ovulating or Ovulation</p> <p>Explanation: The Latin name for egg is "ovum." So when an ovum pops out of an ovary, it's called ovulation. That happens about once a month, a couple of weeks before a girl's period.</p>
<p>REPRODUCTIVE SYSTEM GAME CARDS</p>	
<p>Q: True or False? A woman usually ovulates during her menstrual period.</p> <p>A: False</p> <p>Explanation: She usually ovulates two weeks before her next period. She ovulates and then, if she does not get pregnant, the extra lining in the uterus is not needed. So after two weeks, it comes out. That's called menstruating or "having a period."</p>	<p>Q: Name one of the parts of the body that makes some of the liquid in semen.</p> <p>A: Seminal vesicles, prostate gland, Cowper's (or bulbourethral) glands.</p> <p>Explanation: Any of these answers is OK. Actually, the seminal vesicles and prostate contribute directly to the semen. The Cowper's (or bulbourethral) glands make a discharge that lines the urethra and makes it less acid-like. All three parts are important in keeping sperm healthy.</p>

<p>Q: True or False? After puberty, the vagina is wet most of the time.</p> <p>A: True</p> <p>Explanation: Just like the mouth and eyes, the vagina is normally wet. That's how it cleans itself. This normal discharge is white or clear; it does not itch and it varies in amount. It's a sign of good health.</p>	<p>Q: The liquid that carries sperm is called _____</p> <p>A: Semen</p> <p>Explanation: Semen is the thick, white discharge that nourishes sperm and helps it travel further and live longer. A teaspoonful or less of semen comes out each time a man or boy ejaculates.</p>
--	---

REPRODUCTIVE SYSTEM GAME CARDS

<p>Q: When sperm comes out, it's called _____.</p> <p>A: Ejaculation or Nocturnal Emission</p> <p>Explanation: Either answer is correct. Ejaculation means the release of sperm. If a man or boy ejaculates in his sleep, it's called a nocturnal emission or "wet dream."</p>	<p>Q: When the penis or clitoris fills with blood and becomes larger, it's called an _____.</p> <p>A: Erection</p> <p>Explanation: Erections happen more frequently after puberty. People get them often, even without feeling sexual feelings. It is nothing to worry about, it is the body's way of practicing. A boy knows when he has an erection. A girl may not notice when she has one, because the clitoris is very small.</p>
--	--

<p>Q: The word that describes both testicles and ovaries is _____.</p> <p>A: Gonads</p> <p>Explanation: A male’s testes and a female’s ovaries are a lot alike. Both kinds of gonads make sex cells (sperm and eggs) and both kinds of gonads make sex hormones.</p>	<p>Q: True or False: All human beings have genitals, whether they are male or female.</p> <p>A: True</p> <p>Explanation: “Genitals” are simply the outside parts of anyone’s reproductive system. Males’ genitals are the penis and scrotum. Females’ genitals (sometimes called the vulva) are the labia, the hymen, and the clitoris.</p>
--	---

REPRODUCTIVE SYSTEM GAME CARDS

<p>Q: The finger-like parts on the end of each fallopian tube are called _____.</p> <p>A: Fimbria</p> <p>Explanation: Remember, the tubes are not actually attached to the ovaries. When a girl or woman ovulates, the fimbria wave around, find the egg cell and draw it into the tube.</p>	<p>Q: True or False? Doctors usually recommend circumcision.</p> <p>A: False</p> <p>Explanation: Today, it is generally left up to the parents whether to have a baby boy circumcised. Doctors disagree about whether it is a good idea. Parents may choose to do it because of religious beliefs or so the son will look like the father or to try to reduce future infections. Many parents today choose not to have their sons circumcised, unless there is a problem.</p>
--	---

<p>Q: The tube that carries urine and (in males) semen out of the body is the_____.</p> <p>A: Urethra</p> <p>Explanation: The male’s urethra is the tube that runs through the penis. The female’s is the opening in front of the anus and vagina. It is connected to the bladder. In a male it is also connected to the vas deferens.</p>	<p>Q: True or False? The human sperm cell is about as big as an apple seed?</p> <p>A: False</p> <p>Explanation: It is actually microscopic ... so small you cannot see it without looking under a microscope. In fact, every sperm cell that made every person alive in the world today could fit in a thimble.</p>
<p>REPRODUCTIVE SYSTEM GAME CARDS</p>	
<p>Q: True or False? An ovum is the size of a grain of sand.</p> <p>A: True</p> <p>Explanation: It is big enough to see without a microscope, but small enough that a 2-liter bottle could contain all the egg cells that made all the people alive in the world today.</p>	<p>Q: True or False? The sperm cells take about a week to develop, before they come out.</p> <p>A: False</p> <p>Explanation: They grow in the epididymis for two or three <i>months</i> before they can start a pregnancy. That means it is possible for a man to damage his sperm by using certain drugs -- maybe even including alcohol -- before the beginning of the pregnancy. He could possibly harm his future child, while the sperm are maturing.</p>

<p>Q: Is a pregnancy most likely to start <i>during</i> a woman’s period, just <i>before</i> a period, or in <i>between</i> her periods?</p> <p>A: In between her periods.</p> <p>Explanation: Of course, a pregnancy could start anytime. Many women, and most young girls, do not release eggs on schedule. But the most likely time for fertilization to be possible is about two weeks before a menstrual period.</p>	<p>Q: True or False? A woman with big breasts will be more likely to be able to nurse a baby.</p> <p>A: False</p> <p>Explanation: Breast size does not make any difference in nursing. Besides, it does not make a woman more womanly, any more than penis size makes a man manly. Some people worry about breast or penis size, •but size is not what makes a person attractive, lovable, or able to become a parent... and breast size has nothing to do with the amount of milk produced.</p>
---	--

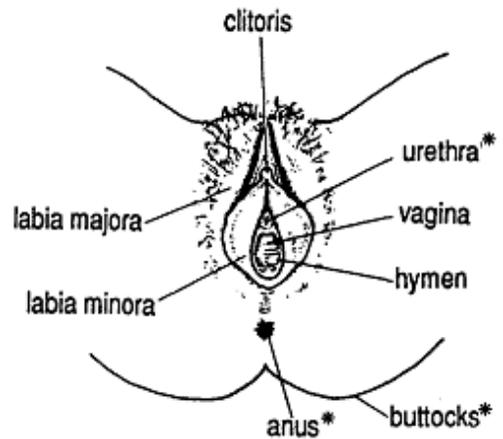
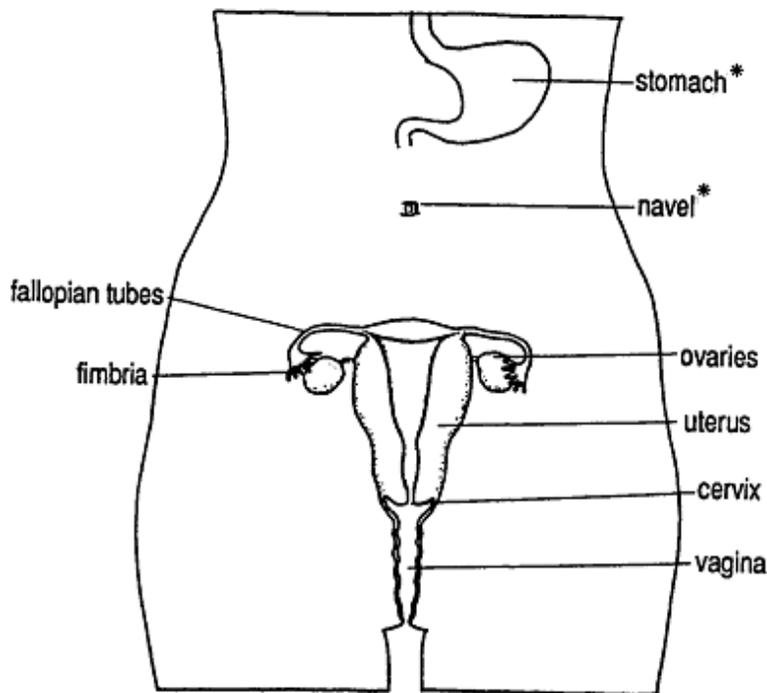
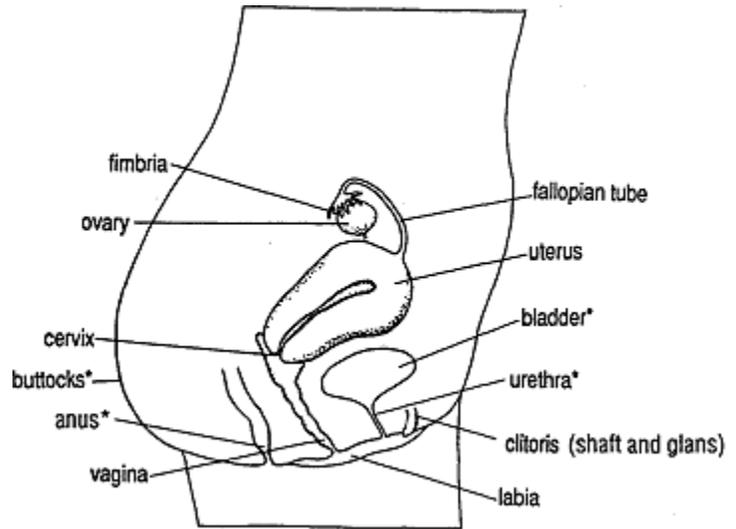
REPRODUCTIVE SYSTEM GAME CARDS

<p>Q: True or False? A baby develops in a woman’s or girl’s stomach.</p> <p>A: False</p> <p>Explanation: A baby develops in the <i>uterus</i>. The stomach is part of the digestive system, not the reproductive system. Some people call a person’s abdomen (their whole mid-section) their “stomach” but your stomach is actually a specific organ!</p>	<p>Q: The folds of skin that protect the opening to the vagina and urethra are called_____.</p> <p>A: Labia, Labia Majora, or Labia Minora</p> <p>Explanation: Any of these answers is OK. The outer folds are the labia majora and the inner, smaller folds are the labia minora.</p>
---	--

<p>Q: The extra membrane around the opening of some girls' vaginas is called the_____.</p> <p>A: Hymen</p> <p>Explanation: Some girls are born without this extra skin, or with very little of it. Others may gradually stretch it through sports, masturbation, or tampon use. Some will stretch it or tear it slightly the first time they have vaginal intercourse. Normally, it has an opening to let blood and discharge out.</p>	<p>Q: True or False? Girls are born with all the eggs they will ever have.</p> <p>A: True</p> <p>Explanation: A baby girl is born with hundreds of thousands of eggs already in her ovaries. Some of them will mature one day, and may get fertilized and become her babies. That is a good reason for a girl to stay healthy and avoid drugs, to protect those egg cells in case she ever wants children.</p>
<p>REPRODUCTIVE SYSTEM GAME CARDS</p>	
<p>Q: True or False? Men run out of sperm around age 50 or if they have too much sex.</p> <p>A: False</p> <p>Explanation: Most men keep making sperm their whole lives. However, women stop releasing eggs around age 50.</p>	<p>Q: These are natural chemicals made by many glands which flow through the bloodstream. They are messengers which help the body work properly.</p> <p>A: Hormones</p> <p>Explanation: Everyone makes the same sex hormones but males make more testosterone and females make more estrogen</p>

Reproductive System Reference Sheet 1 (For Review)

The Female

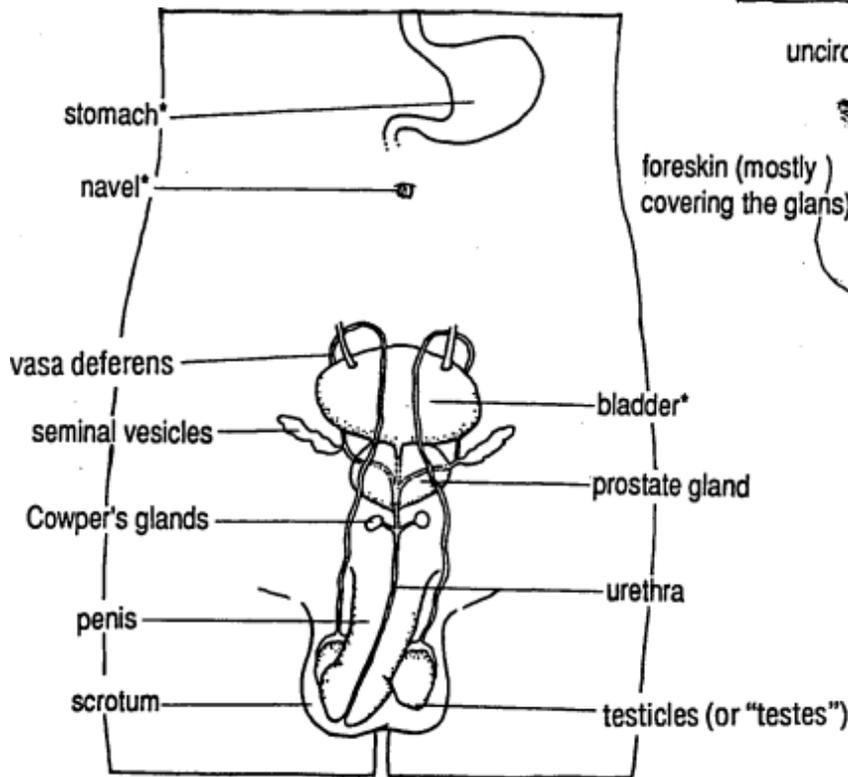
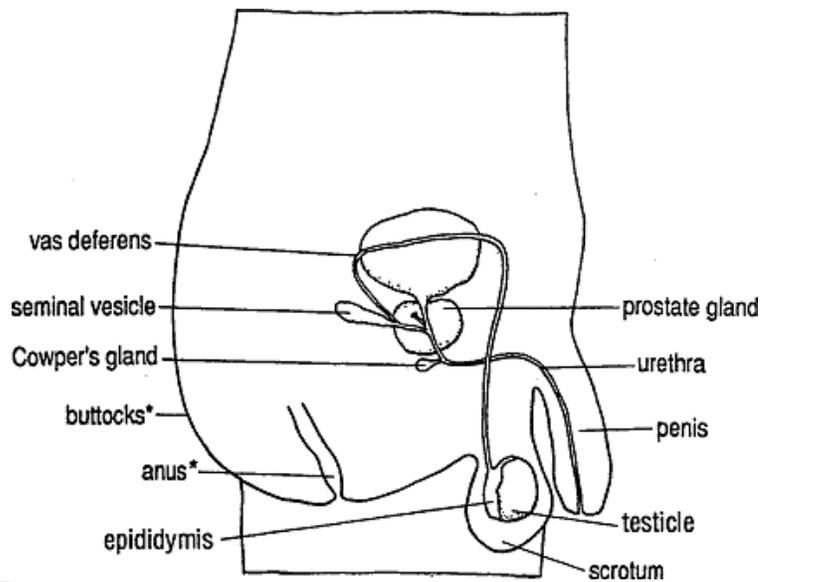


Female genitals or "vulva"

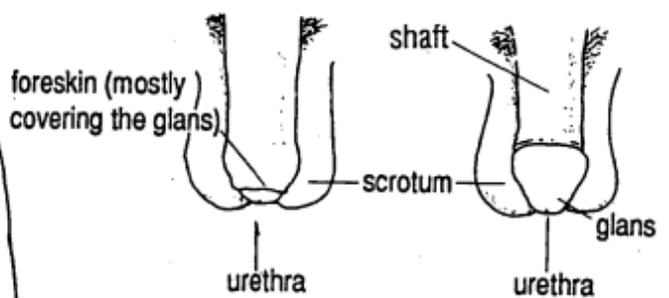
*not part of reproductive system

Reproductive System Reference Sheet 2 (For Review)

The male



uncircumcised penis circumcised penis



Male genitals

*not part of reproductive system

NOTE: The Cowper's Glands are also known as Bulbourethral Glands. Medicine is gradually moving away from using the names of scientists to describe body parts.

Reproductive System Reference Sheet 3: GLOSSARY (For Review)

Anus – The opening in the buttocks from which bowel movements come when a person goes to the bathroom. It is part of the digestive system; it gets rid of body wastes.

Buttocks – The medical word for a person’s “bottom” or “rear end.”

Cervix – The opening of the uterus into the vagina.

Circumcision – An operation to remove the foreskin from the penis.

Cowper’s Glands – also called Bulbourethral Glands -- Glands on either side of the urethra that make a discharge which lines the urethra when a man gets an erection, making it less acid-like to protect the sperm.

Clitoris – The part of the female genitals that’s full of nerves and becomes erect. It has a glans and a shaft like the penis, but only its glans is on the out side of the body, and it’s much smaller.

Discharge – Liquid. Urine and semen are kinds of discharge, but the word is usually used to describe either the normal wetness of the vagina or the abnormal wetness that may come from an infection in the penis or vagina.

Duct – Tube, the fallopian tubes may be called oviducts, because they are the path for an ovum. The vas deferens may be called sperm ducts, because they are the path for a sperm.

Ejaculation – The release of semen from the penis.

Epididymis – The coiled tubes, behind the testicles, where sperm mature, and are stored.

Erection – The penis or clitoris filling with blood and becoming larger and harder.

Fallopian Tubes – The ducts that carry an ovum from the ovary to the uterus.

Fimbria – The finger-like parts on the end of each fallopian tube which find an ovum and sweep it into the tube.

Foreskin – The sleeve of skin around the glans of the penis. It is sometimes removed by circumcision.

Genitals – The parts of the reproductive system on the outside of a person’s body. The female genitals may also be called the vulva.

Glands – The parts of the body which produce important fluids (hormones, sweat, urine, semen, saliva, etc.) or cells (sperm, eggs, white blood cells, etc.).

Glans – The head of the penis or clitoris. It is full of nerve endings.

Gonads – The sex glands. Female gonads are called ovaries. Male gonads are called testicles. Gonads make sex cells (eggs and sperm) and sex hormones. They are part of *both* the reproductive and endocrine systems.

Hormones – Natural chemicals made by many glands, which flow, along with blood, through the bloodstream. They are messengers which help the body work properly.

Hymen – The thin skin that partly covers the opening to the vagina in some females.

Labia – The folds of skin in the female genitals that protect openings to the urethra and vagina.

Labia Majora – The larger, outer set of labia.

Labia Minora – The smaller, inner set of labia.

Menstruation – The lining of the uterus emptying out. It is sometimes called “having a period.”

Nocturnal Emission – Ejaculation of semen during sleep. It is sometimes called a “wet dream.”

Ovaries – Female gonads. They are glands on either side of the uterus where egg cells are stored and female hormones are made. The singular is *ovary*.

Ovulation – The release of an ovum from the ovary.

Ovum – The cell from a woman or girl that can start a pregnancy when it joins with sperm cell. It is sometimes called an “egg cell.” The plural is *ova*.

Penis – The organ of the male genitals which is sometimes circumcised. It is made of a shaft and a glans, and partly covered at birth by a foreskin. It is used for urination and ejaculation.

Prostate Gland – A gland under the bladder that makes some of the liquid part of semen.

Reproduction – Making more of something. In humans it means making babies (more humans).

Scrotum – The sac that holds the testes and controls their temperature.

Semen – The thick, whitish liquid which carries sperm cells.

Seminal Vesicles – Glands on each vas deferens that make some of the liquid part of semen.

Sexual Intercourse – The kind of sex when the penis is in the vagina. Also called “vaginal intercourse,” because oral sex and anal sex may be considered intercourse, too. Usually during vaginal intercourse the male ejaculates and this is how most pregnancies begin.

Sexuality – The part of us that has to do with being male or female, masculine or feminine or some of both, being able to trust, liking and respecting ourselves and others, needing and enjoying touch and closeness, and reproducing (making babies).

Shaft – The long part of the penis or clitoris. (The shaft of the clitoris is inside of the body.)

Sperm – The cell from a man or boy that can start a pregnancy when it joins with an ovum.

Testicles – Male gonads. They are glands in the scrotum that make sperm and male hormones. They are sometimes called testes; the singular is testis.

Urethra – The tube that carries urine out of the body. In males, it also carries semen, but not at the same time.

Urine – Liquid waste that is made in the kidneys and stored in the bladder. It is released through the urethra, when we go to the bathroom. Urine is not the same as semen.

Uterus – The organ where an embryo/fetus (developing baby) grows for nine months. Sometimes it is called the “womb.”

Vagina – The tube leading from the uterus to the outside of the female’s body. It is the middle of the three openings in her private parts.

Vas Deferens – The tube that carries sperm from the epididymis up into the male’s body. The plural is vasa deferens.

Vulva – Another word for female genitals.

A Family Homework Exercise: The Reproductive System

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

(1) First, read this aloud together:

As children start to become teenagers, or even before the teens, they go through many changes. One change is a maturing reproductive system. Change can be exciting, but it can also be confusing. Sometimes people need a little advice or reassurance.

(2) Each of you try filling out “*The Reproductive System Worksheet*” by yourself.

(3) Discuss your answers.

Did you give similar or different advice?

Do you like each other’s ideas or do you disagree?

Has any of those kinds of things ever bothered either of you?

If so, how did you handle it?

Were there any letters neither of you knew how to answer? If so, you may want to get a book or call your family doctor. If you have access to the Internet, you can find helpful answers to this kind of question at www.sexetc.org, a project of Answer (at Rutgers University).

NOTE THESE FACTS:

- It is common, and not a problem for one testicle to be lower than the other.
- Signs of testicular cancer could be a lump or a pulling sensation.
- A white discharge between periods is very normal for young women, as long as it does not smell funny or itch.
- The breasts often develop at an uneven rate. It does not mean anything is wrong.

The Reproductive System Worksheet

Directions: Pretend you are “Dear Abby.” How would you answer the following letters? If you are not sure how to respond, ask someone in your family or call your family doctor. But after you gather information, answer the letter in your own words.

1. Dear Abby,

One of my testicles is lower than the other. I worry if I have cancer or something. What should I do?

— Worried

— Dear Worried,

2. Dear Abby,

I have this white liquid between my menstrual periods. I’m sort of afraid to ask my parents about it. If I went to the doctor, would my parents find out? Help!

— Confused

— Dear Confused,

3. Dear Abby,

My older brother is always asking me if I have ever had a wet dream. What if I never do? Should I lie to him or what?

— Little Brother

Dear Little Brother,

4. Dear Abby,

One of my breasts is starting to develop, but not the other. My mother says that is very common, but it still makes me feel funny. If my friends ask me to spend the night, I don't know what I'll do.

— Growing

Dear Growing,

5. Dear Abby,

My friends are always talking about sex. I don't mind when we talk about it in class. It's like it's serious there, plus I learn a lot. But when my friends talk about it, it's all a joke, or sort of cheap. It embarrasses me. What can I do about it?

— Listener

Dear Listener,

Sexually Transmitted Diseases

Grades 8, Lesson #3

Time Needed

One class period

Student Learning Objectives:

To be able to...

1. Name at least three STDs
2. List two of the four common, early symptoms of STDs and explain that STDs may be asymptomatic
3. List two of the three critical health behaviors that should follow a suspicion of infection
4. State that some STDs are life-threatening and others can have serious consequences
5. List at least two effective ways of reducing one's STD risk
6. Name the two STDs that can be prevented by getting vaccinated.

Agenda:

1. Answer question(s) from the anonymous question box
2. Explain the relevance of the lesson to the unit and to students' lives and your support for their abstaining.
3. Brainstorm and create a list of STDs.
4. Use a human graph activity to teach which STDs are the most serious, which aren't curable, which are often asymptomatic, and which ones condoms are less certain to prevent.
5. Complete the STD Reference Sheet aloud, as a large group activity.
6. Demonstrate the condom lineup
7. Anonymous Question Box activity

Materials Needed:

Student Materials (for each student):

- *Sexually Transmitted Disease Reference Sheet*

Classroom set (single copy):

- Cards on page 14 - 16 (cut and taped onto separate index cards)
- Condom Line Up on pages 17 - 25 (laminated, if possible, for use multiple class periods, and cut into separate signs)

Activities

1. Answer previous lesson's question(s) from the question box.

Note: The outdated term venereal disease (VD) should no longer be used. In some medical circles, the preferred term is now sexually transmitted infection (STI). Infection is used instead of disease because many infections don't cause disease; they are asymptomatic and don't always cause adverse reactions. But the term is less widely recognized by the public than STD. Some professionals now prefer the term reproductive tract infection (RTI), because not all the ailments in our genitals are transmitted sexually. But this leaves out oral and anal manifestations of diseases. This curriculum uses the term sexually transmitted disease (STD) to describe all the kinds of organisms that are frequently or exclusively communicated through oral, anal and/or vaginal sex.

Additional note: This lesson avoids scare-tactic videos or slide shows with advanced symptoms. These types of symptoms are rare and gory photos may encourage students to wait until their symptoms are just as advanced or to assume that, without such visible symptoms, a person must be uninfected. What's more, this type of education reinforces unhealthy body images, just as douche and penis enlarger advertising does. It makes more sense to promote the positive attitude that people's genitals are worth keeping healthy.

2. Say: Today we will look at ways of getting infections. Many people catch infections of the reproductive system by having sex with someone else who has them. I know many of you are not sexually active. For some, it may be several years... even ten or fifteen years. But you will want to know this information eventually, even if it's just to act as a health educator for friends and family.

3. Ask students to brainstorm all the STDs about which they have heard.

Write these on the board or on an overhead sheet. Fill in any they missed. The list should include:

- Chlamydia
- Gonorrhea
- Syphilis
- Pubic Lice
- Scabies
- Trichomoniasis
- Hepatitis B and C aka HBV and HCV
- Genital Herpes aka HSV 1 and 2
- Human Papillomavirus (HPV) & Genital Warts
- Cytomegalovirus aka CMV
- Human Immunodeficiency Virus aka HIV Disease (last stage: AIDS)

→ The following are not specific germs; they are named for the location of the infection:

- Pelvic Inflammatory Disease (PID)
- Nongonococcal Urethritis (NGU) or Urinary Tract Infection (UTI)

→ It's OK, but not necessary, to include these rare STDs:

- Molluscum contagiosum
- Lymphogranuloma venereum
- Chancroid

→ If someone brainstorms these, list them separately and explain that they *are not* usually sexually transmitted:

- yeast infection
- bacterial vaginosis (BV)
- mononucleosis
- Hepatitis A

4. Which STDs are the most serious?

First, post the first three signs (from page 14), taped around the room with as much space between them as possible: “Life threatening”, “Serious consequences”, and “No serious consequences.”

Say: I want you people to guess some things about STDs even if they don't know for sure.

Say: “Life threatening” means the disease could end in death, “serious consequences” means significant illness is possible, like cancer and increased susceptibility to HIV, or that the disease could do permanent damage to your body so you might not be able to have children or you might have pain for the rest of your life, and “no serious consequences” means that there might be unpleasant symptoms but the disease doesn't do permanent harm.

Ask for volunteers to come to the front of the class. Give each student a card with the name of an STD on it (see page 16) and ask them to hold it so others can read it. Tell students with the cards to stand near the sign they think their disease goes with. Tell students with the cards to stand near the sign they think their disease goes with.

Life threatening1	Serious Consequences	No Serious Consequences
<ul style="list-style-type: none"> · HIV Disease* · Syphilis** · Hepatitis B, C*** · HPV **** <p>* End stage HIV Disease is what we call "AIDS." ** Syphilis can kill a person eventually if untreated. Remember, though, it is curable and doesn't cause serious consequences, except in newborns, if treated early. *** Hep B & C can cause chronic pain, dementia, and even can be fatal, eventually, if they are chronic ... that is, if your body doesn't "clear the disease" on its own. We don't know why some people's bodies do & some don't. Remember, though, there is a vaccine to prevent Hep B. **** Most people clear HPV, but some HPV causes cervical cancer (which can be fatal). The HPV vaccine prevents most cases of genital warts and cervical cancer. The vaccine doesn't protect against all types of HPV.</p>	<ul style="list-style-type: none"> · Chlamydia*/** · Gonorrhea*/** · Pelvic Inflammatory Disease (PID) * · Genital Herpes** · Cytomegalovirus (CMV) ** <p>* Chlamydia & Gonorrhea, if <i>untreated</i>, can lead to PID in women. PID, if not treated early, can lead to infertility, ectopic pregnancy, or chronic pelvic pain. In men, Chlamydia & gonorrhea can lead to epididymitis and chronic scrotal pain as well as chronic pain with urination. Chlamydia & gonorrhea are curable, though. ** Herpes and CMV (and gonorrhea & chlamydia except when they lead to PID) cause serious consequences not so much to teens & adults, but mainly if a baby gets infected during pregnancy or birth. Congenital CMV - meaning present at birth - is a very common cause of serious disability in newborns, including mental disability; lung, liver and spleen problems; hearing loss; bleeding problems; vision loss; and growth problems.</p>	<ul style="list-style-type: none"> · Pubic lice*/** · Scabies*/** · NGU / UTI* · Trichomoniasis* <p>* All four of these are curable. ** We call pubic lice and scabies "STD's" because they are often spread sexually, but they can also be spread by sharing clothing or bedding ... even sleeping in a bed where someone spent the previous night who had lice, if the lice laid eggs on the bedding.</p>

Say: **“Remember some STDs are very serious.”**

- Second, take down the signs and replace with two signs: “curable” and “not curable.” Tape these at opposite ends of the room. Ask the same students to go to the sign they think their disease fits under.

Curable:	Not Curable:
<ul style="list-style-type: none"> • Chlamydia • Gonorrhea • Syphilis • Pubic lice • Scabies • Trichomoniasis • NGU / UTI • Pelvic Inflammatory Disease (except it may have already left scar tissue, before it is cured) 	<ul style="list-style-type: none"> • Genital Herpes (HSV) • Human Papillomavirus (HPV) & Genital Warts • HIV Disease • Hepatitis B, C (HBV, HCV) • Cytomegalovirus (CMV)

Say: **All those not caused by viruses – the majority -- are curable. However, the ones caused by viruses aren’t curable. They are treatable, and treatment may help with symptoms, slow down the progression of the disease, and even reduce risk of transmission. There are now vaccines available to reduce the chances a person will become infected with Hepatitis B and HPV.**

- Third, take down the old signs and replace with: “Always have symptoms” and “Often DON’T have symptoms.”

Say: **Symptoms are the visible signs that you have a disease. Sneezing may be a symptom of a cold. When a disease has no symptoms, it is called asymptomatic, and you can still spread it to others and get it from others. Sores, itching, and discharge may be symptoms of STDs.”**

Ask the same students to go to the sign they think their disease fits under.

Always have symptoms²	Often don’t have symptoms
<ul style="list-style-type: none"> • Scabies • Pubic lice 	<ul style="list-style-type: none"> • Chlamydia • Gonorrhea • Human Papillomavirus & Genital Warts • Genital Herpes • Hepatitis B, C • Cytomegalovirus • HIV Disease • Syphilis • Pelvic Inflammatory Disease • NGU / UTI • Trichomoniasis

Say: *Most STDs can be asymptomatic and this is when many are spread, because people do not realize they have an STD.³*

- Fourth, take down the old signs and replace with two signs: “Condoms are very effective at preventing” and “Condoms might not cover the place on the body that was infected.” Tape these at opposite ends of the room.
- **Say:** *Abstinence (from oral, anal and vaginal intercourse) protects from all diseases almost 100% of the time ... that is, assuming no needle sharing, and not counting things like public lice that can be passed on bedding. After, abstinence, the next best protection is condoms.*

Ask the same students to go to the sign they think their disease fits under.

Condoms are very effective at preventing ⁴ :	Condoms might not cover the place on the body that was infected:
<ul style="list-style-type: none"> • HIV Disease • Chlamydia • Gonorrhea • Hepatitis B, C • Cytomegalovirus • Trichomoniasis • NGU / UTI • Pelvic Inflammatory Disease 	<ul style="list-style-type: none"> • Genital Herpes • Genital Warts (caused by HPV) • Pubic lice • Scabies • Syphilis

Say: *Condoms do protect very well against diseases that are spread through semen, vaginal fluids and blood (the ones in the left column). They are less effective for diseases that are spread skin-to-skin or, like lice, hair-to-hair. A herpes sore or a genital wart, for instance, might be on a person’s scrotum, labia or anus, where a condom just wouldn’t cover it. Or they could shed virus there, even when there was no sore or wart visible. **NO DISEASES TRAVEL THROUGH LATEX OR POLYURETHANE.***

5. Complete the STD Reference Sheet aloud

Hand out the STD Reference Sheet and fill it out together, as a large group, as you did with the Sexual Health and Hygiene Reference Sheet in Lesson 3. Write the correct answers on the whiteboard or an overhead sheet after students have a chance to guess. Alternatively, you can have them guess on paper at their seats, and then review as a whole class. (You will probably have time to complete more or less half the worksheet today. Save it to complete it tomorrow.)

Here are the correct answers and explanations:

1. There are more than **30** different STDs.⁵

Explanation/Note: We discover new ones all the time; eight have been discovered since 1980.⁶ Others have been around for thousands of years, like syphilis. Some only affect people with compromised immune systems, like

Explanation/Note: What these STDs have in common is that they are all viruses. Scientists are not sure how viruses work, so they are difficult to cure. All of these STDs can be treated with medication, but not cured. (Although there's no medical cure for them, viruses such as Hepatitis B and HPV sometimes clear from the body naturally.⁷ This is similar to how your body eventually clears a cold virus.)

8. Who can get the HPV vaccine and what does it do?

- ◆ **People ages 9 to 26 years old**
- ◆ **Prevents most cases of genital warts and cervical cancer**

Explanation/Note: HPV vaccine is recommended for every 11 or 12 year old girl and all teenage girls and young women should get it, if they haven't already. It's also available for boys and men between ages 9 and 26. Ideally, the vaccine is administered before onset of sexual activity -- before people are exposed to the viruses -- but people who are already sexually active can still be vaccinated.

There is also a **vaccine for Hep B**, and it is recommended for all babies, children and teens 19 years of age or younger. Many people will have already received three doses of the Hepatitis B vaccine as part of childhood immunizations. If not, it is never too late to receive this vaccine. The vaccine helps to prevent people from getting the disease or having serious symptoms.

9. Which STDs can have no symptoms? ALL OF THEM except:

- ◆ **Scabies**
- ◆ **Pubic lice**

Explanation/Note: A person will definitely notice intense itching and bumps or a rash with scabies. With pubic lice, they'll notice intense itching and tiny white nits (eggs) on pubic hair. They may or may not see the actual lice; lice move fast.

With other STDs, symptoms may be obvious or they may be subtle and tough to identify. Some take years to show up. Sometimes symptoms never show up.

10. Can a person feel fine and look healthy and clean and still have an STD? **Yes, they can have no symptoms and they might still be contagious.**

Explanation/Note: In fact, that's often the reason they *are* spread. The person doesn't realize they have an infection. Even if a person *does* get symptoms, the symptoms may go away, although the person is still infected and can still pass on the germs. Genital warts and herpes sores both disappear, for instance, even though the disease is still in the person's body.

11. What are the most common, early symptoms of STDs ... if people DO have symptoms?

- ◆ **Sores**
- ◆ **Bumps**
- ◆ **Itching**
- ◆ **Unusual discharge**
- ◆ **Pain in your lower abdomen (belly)**
- ◆ **Burning (with urination)**

Explanation/Note: **Sores** can be a symptom, whether they hurt or not. **Discharge** is a symptom only if it is unusual. In men, liquid other than urine or semen coming from the penis is abnormal. For men and women, any liquid besides feces [poop] coming out of the anus can be a symptom. For a woman, unhealthy discharge could be liquid coming from the vagina that is clearly not her normal, healthy wetness, like 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.

12. The best (most certain) ways people can protect themselves and their partners from getting or giving an STD are:

- ◆ Not having oral, anal, or vaginal sex (This is called **abstinence** and it is safest.) **Note:** Abstinence refers to reframing from ANY risky behavior and can start at anytime.
Ask: What are reasons people may choose to abstain?
- ◆ Only having sex with **one** other person, who only has sex with them, ever. (In a marriage or a long-term partner relationship where they have had years to build trust.)
(depending on your group) **Say/Discuss:** The longer a person waits in each new relationship, the fewer partners they will have in their lives, and the less likely they'll be to ever catch an STD.
- ◆ Using a **condom** every time they have sex.
- ◆ Finally, this is an appropriate point to explain what it means to use a condom correctly.

Note: How regularly, depends upon how often they get into new relationships. Once a year is enough for someone who has had the same partner for all that time and whose partner hasn't been with anyone else since getting tested. Four times a year is recommended for some sexually active people. A person should talk with a health care provider about what to be tested for, depending upon their own sexual history. They should never *assume* that they've been screened for every STD. In other words, just because the doctor didn't say they had an STD, that doesn't necessarily mean they are in the clear; it might just mean they weren't tested for that particular disease.

13. People **can't** get STDs by hugging, holding hands, cuddling with clothes on, dancing, playing football, brushing someone's hair, etc.
14. If a person thinks he or she might have an STD, he or she should:
- ♦ **Go to a doctor. Note:** Also acceptable answers: "go to a clinic," "get a check-up."
Important to add: People need to ask the doctor or other provider what infections they tested them for and the results for **each** STD that was tested. If the result of one STD test is negative, it doesn't mean that other results are negative as well or that the person was tested for every possible STD.
 - ♦ **Tell their partners. Note:** That means anyone with whom he or she has had sex ... and encourages them to get tested, too.
Important to add: If there is a power difference between the two people (like if the boyfriend or girlfriend is a lot older), or if the boyfriend or girlfriend has been violent in the past, or if it's just too scary to talk with them about the fact that they might have an infection, there are people at Public Health who can talk with a person's partner **for** them. And they don't say the name of the person who suggested they call.
 - ♦ **Stop having sex until a doctor says it's OK. Note:** Sometimes a person needs to be retested to make sure the medicine worked, even for those that are curable.

Websites to recommend for accurate, up-to-date STD information aimed at teens:

- ♦ Sex, Etc., a project of Answer (at Rutgers University): www.sexetc.org
- ♦ Teen Talk by Planned Parenthood: www.plannedparenthood.org/teen-talk
- ♦ www.browardprevention.org
- ♦ broward.floridahealth.gov/

Say: By law, if you are 13 years of age and older, he or she can be tested and or treated for HIV/AIDS, STD and Pregnancy without parental consent.

6. Go through Condom line up with students

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.)

Sexually Transmitted Disease (STD) Reference Sheet

Name _____ Date _____

A Sexually Transmitted Disease (STD) is ANY infection people commonly get by having sex with someone who has it.

- There are more than _____ different STDs.
- Check five of the most common STDs:

- Chlamydia	- Hepatitis B and C (also called HBV and HCV)
- Gonorrhea	- Genital Herpes (caused by Herpes Simplex Virus 1 or 2)
- Syphilis	- HPV (the virus that sometimes causes genital warts)
- Pubic Lice	- CMV (Cytomegalovirus)
- Scabies	- HIV Disease (the last stage of which is AIDS)
- Trichomoniasis	
- We used to call STDs “ _____ ”.
- What are some infections that seem like STDs but in fact are usually *not* spread by sex?
 - ◆ Y _____ | _____
 - ◆ J _____ | _____
 - ◆ B _____ V _____
 - ◆ M _____
- What 4 STDs can be life threatening?
 - ◆ _____ ◆ _____
 - ◆ _____ & _____ ◆ _____
- What serious consequences can happen from some STDs? (circle the best answer)

Death	Blindness
Infertility	Brain Damage
Cancer of the cervix	All of these
Pain	None of these

7. What STDs have no cure?

- ◆ _____ & _____
- ◆ _____
- ◆ _____

8. Who can get the HPV vaccine and what does it do?

- ◆ _____ ages _____ to _____ years old
- ◆ Prevents most cases of _____ & _____

9. Which STDs can have no symptoms? ALL OF THEM except:

- ◆ _____
- ◆ _____

10. Can a person feel fine and look healthy and clean and still have an STD?

- _ Yes, they can have no symptoms and they might still be contagious
- _ Yes, but they can't give it to anyone else unless they have symptoms
- _ No, they must have symptoms

11. What are the most common early symptoms of STDs ... if people DO have symptoms?

- ◆ _____
- ◆ _____
- ◆ _____ing
- ◆ _____ing
- ◆ unusual _____
- ◆ _____ in the abdomen (belly)

12. The best (most certain) ways people can protect themselves and their partners from getting or giving an STD are:

- ◆ Not having oral, anal, or vaginal sex (This is called _____ and it is safest.)
- ◆ Only having sex with _____ other person, who only has sex with them, ever. (In a marriage or a long-term partner relationship where they have had years to build trust.)
- ◆ Using a _____ every time they have sex.

13. It also cuts down people's risk if they:

- ◆ Limit the _____ of people they have sex with in their lives.
- ◆ Go to the doctor, regularly, if they are having sex, and ask for a thorough STD _____.
- ◆ Do not _____ (wash out the vagina) or use an _____ (wash out the rectum) before or after having sex.

14. People _____ get STDs by hugging, holding hands, cuddling with clothes on, dancing, playing football, brushing someone's hair, etc.

15. If a person thinks he or she might have an STD, he or she should:

- ◆ _____
- ◆ _____
- ◆ _____



16. Scientists learn more about STDs all the time. It is hard to keep up with the changing information. When friends tell you things, they may be unclear or even wrong. Radio, TV, and newspaper reports may be incomplete or unclear, making things more confusing. So where can you go to find out the most up-to-date answers about STDs?

Trustworthy Telephone Hotlines include:

Trustworthy Websites include:

Don't blindly trust rumors. Check them out. Even teachers and doctors make mistakes!



SIGNS: Copy this page and the next onto bright-colored paper, laminate them if possible, and cut on the dotted lines to make wall signs for activity 3.

Life threatening

**Serious
Consequences**

**No Serious
Consequences**

Curable

Not Curable

**Always have
symptoms**

**Often don't have
symptoms**

**Condoms are very
effective at
preventing**

**Condoms might not
cover the place on
the body that was
infected**

CARDS: Copy this page, cut on the dotted lines, and tape the strips onto index cards to make cards for 13 students (at a time) to use in activity 3.

HIV Disease & AIDS

Syphilis

Hepatitis B and C

Human Papillomavirus (HPV) & Genital Warts

Chlamydia

Gonorrhea

Pelvic Inflammatory Disease (PID)

Genital Herpes

Cytomegalovirus (CMV)

Pubic lice

Scabies

NGU & UTI

Trichomoniasis

Condom Line Up Card

**Check
expiration
date**

Condom Line Up Card

**Carefully
open
package**

Condom Line Up Card

**Pinch tip
of condom**

Condom Line Up Card

**Roll condom
down erect
penis**

Condom Line Up Card

**Intercourse
with
condom**

Condom Line Up Card

**Ejaculation
with
condom**

Condom Line Up Card

**Hold condom
onto
penis
while
pulling
out**

Condom Line Up Card

**Take condom
off penis**

Condom Line Up Card

**Throw
condom in
garbage**

REFERENCES:

¹ CDC Website. Sexually Transmitted Diseases Fact sheets. Available at: http://www.cdc.gov/STD/HealthComm/fact_sheets.htm. Accessed May 2, 2006.

² See CDC Sexually Transmitted Diseases Fact sheets.

³ Ibid.

⁴ CDC Website. Sexually Transmitted Diseases Treatment Guidelines 2002. Available at: <http://www.cdc.gov/STD/treatment/1-2002TG.htm#PreventionMethods>. Accessed May 10, 2006.

⁵ Holmes KK. Sexually Transmitted Diseases, 3rd ed. New York: McGraw-Hill; 1999.

⁶ Ibid.

⁷ CDC Website. Human Papilloma Virus Fact sheet. Available at: <http://www.cdc.gov/std/HPV/STDFact-HPV.htm#cure>. Accessed: May 10, 2006.

HIV and AIDS: Understanding Risk Behaviors

Grade 8, Lesson #4

Time Needed

One class period

Student Learning Objectives

To be able to...

1. Define and distinguish between HIV and AIDS.
2. Explain that anyone who takes risks with sex or drugs is vulnerable.
3. Describe how and when one can find out if he/she has HIV.
4. Know that there is neither a vaccine nor a cure for HIV.
5. Explain some limits of treatment.
6. Distinguish between behaviors that can and cannot transmit HIV and especially explain *why* they are risky or safe.

Agenda

1. Answer question(s) from the anonymous question box
2. Set the stage.
3. Use student worksheet to identify and defend which behaviors pose a risk for HIV.
(HIV/AIDS Question #1-4 Transparency/worksheet)
4. How Does a Person Get HIV Worksheet activity
5. Anonymous Question Box activity.

Materials Needed

Student materials:

- Worksheet: *How Does a Person Get HIV?* (1 copy per student)

Classroom materials, equipment:

- Worksheet: *Listen Up!* *
- Overhead projector or document camera

Resources

Background Reading:

- HIV/AIDS: Background Information for Educators.
<http://www.cdc.gov/hiv/topics/basic/>

Phone Numbers:

- HIV/STD Hotline: 800-CDC-INFO (Centers for Disease Control & Prevention)
- Planned Parenthood: 800-230-PLAN
- Broward County Health Department: 954-467-4700

Preparation

- Find out where people can get HIV tests in your local area

Activities

1. Answer question (s) from the previous lesson(s) anonymous box questions
2. Set the stage.

Acknowledge the information that students bring with them:

Say: Nobody gets to be as old as you all are without knowing some things about HIV and AIDS. I don't want to just lecture to you today. Let's find out what you already know and build on it. Let's not forget the ground rules. We have agreed to protect other people's privacy and that people have a right to protect their own privacy. I'm not going to ask you to share anything personal today.

3. Show *HIV/AIDS Question #1-4* transparency/worksheet.

Box #1: Why do teens need to know about HIV?

Show the *Listen Up!* transparency/worksheet. Draw a line through each item listed on the overhead one at a time (i.e., "~~because I'm a teen,~~"), using the script under key concepts (below) to dispel the perception that some groups of teens don't need to learn about HIV.

Key concepts: **Read Aloud**

- Say: Some of you think that you don't need to know this because you are a teen. Not true! (Cross out "because I'm a teen" on transparency/worksheet.) 1 out of 2 people who catch HIV in the United States today are under 25.¹*
- Say: Some of you think that you don't need this class because you are abstaining from sex and drugs. Not true! (Cross out "because I abstain from sex and drugs" on transparency/worksheet.) Even though most of you are not having sex at this point in your lives and hopefully not using drugs and needles, most of you will have sex eventually and some of you will be faced with drug decisions. Needles used for tattooing, acupuncture, and body piercing can also transmit HIV; many of you may already have been or are now thinking about one of these. So far there is only one known case of HIV transmission by acupuncture needle; there are none known for piercing and tattooing, so these are small risks, but still worth knowing about.² This is your chance to bank information that you may need later.*
- Say: Some of you think this class won't be relevant to you because you are straight (heterosexual) and you think that HIV is only a disease of gay (homosexual) men. (Cross out "because I'm straight" on transparency/worksheet.) Know that if your partner had HIV it wouldn't make the slightest difference what sex he or she was; you would still be at risk. Also, what people identify as (gay, straight or bi) does not necessarily agree with their behavior, i.e., a self-identified straight male can occasionally have sex with men but never tell people. This lesson is really for everybody.*

- d. **Say:** *On the other hand, some of you think this class won't be relevant to you because you're gay or lesbian or bisexual and you may feel that most classes are geared toward the straight students. (Cross out "because I'm gay, lesbian or bisexual" on the transparency/worksheet.) But the fact is the majority of HIV cases in the U.S. are in gay and bisexual men. It's also a fact that a lot of lesbian and bisexual young women are at risk because they have sex at some point with a guy friend who may be gay.*

So I hope those of you who think you may be gay, lesbian or bisexual will listen today.

Say: *Some of you may not ever need this information yourselves, but you may have friends or brothers or sisters who are taking risks. I am hoping to turn all of you into health teachers for the people you care about.*

Ask: What is HIV?

- a. **Say:** *Human Immunodeficiency Virus (HIV) is the germ that causes AIDS. It attacks the body's immune system. Over time, HIV gradually destroys the body's ability to fight off infection and disease (if the person takes no medication). Then people are more likely to get infections and cancers that would not normally develop in healthy people.*

Ask: How is AIDS different than HIV?

- a. **Say:** *Acquired Immune Deficiency Syndrome (AIDS) is the last stage of HIV infection, when a person's immune system doesn't work very well anymore.*
- b. **Say:** *We used to call the whole disease "AIDS," but now we call it "HIV disease." We use the term "AIDS" only for the last stage of HIV disease.*

Ask: How does a person know if they have HIV?

- a. **Say:** *The only way to know for sure is to be tested. After a person becomes infected with HIV, the body's immune system recognizes the virus as a foreign intruder and begins to make antibodies to the virus. Most HIV tests check for the presence of these antibodies. Some clinics test blood. Others test tissue wiped from lining of the mouth to check for antibodies. That doesn't mean that the virus is present in the mouth, just antibodies. Clinics send both kinds of tests to the lab. Results are usually available in a week or two.*
- b. **Say:** *Almost everybody (97%) with HIV has enough antibodies to show up on a test within 3 months from the time they got infected, and everyone should have detectable antibodies by 6 months.³ So, if a person had unprotected sex or shared needles and took an HIV antibody test a few days later, the test would not be accurate. The person's immune system would not have had enough time to respond to the virus and make enough antibodies to show up on a test. A person would have to be tested 4-12 weeks (3 months) after the last time they could have gotten HIV for the antibody test to be accurate.*

- c. *Say: Legally, a clinic can't do an HIV test unless the patient specifically asks or agrees to be tested (informed consent). In 2006, CDC recommended that people start getting HIV tests as part of their regular physical. Do not be alarmed if your doctor asks if you are sexually active – if you are, it is normal if he or she recommends an HIV test.⁵ “Confidentially” means they don't need their parents' or guardians' permission and the clinic won't give out any information unless the patient signs a written agreement.) UPDATE: THIS HAS NOW CHANGED IN THE STATE OF FLORIDA. PHYSICIANS CAN TEST FOR HIV WITHOUT PERMISSION(OPT OUT); HOWEVER, MANY HAVE NOT YET BEGUN THIS PRACTICE AND CONTINUE TO USE INFORMED CONSENT.*
- d. *Say: To find the testing site closest to you please visit browardgreaterthan.org or browardprevention.org. You may also see the guidance counselor for a copy of the student resource guide. Say: Many people who have HIV feel fine for years after infection begins so they don't think of getting tested. If a person didn't get tested early on, they could still be passing HIV to other people. Eventually, years down the road, they might suspect they were infected because they started to get sick a lot.*

Ask: Is there a vaccine (shot) to prevent HIV?

- a. *Say: No, there is not a shot you can take to keep from getting HIV. Most of you had shots when you were young, which protect you against polio, measles, and mumps. Unfortunately, there is not yet a vaccine to protect us against HIV. Scientists around the world are working toward a vaccine. That's why knowing how to protect yourself is extremely important.*

Ask: Are there treatments for HIV?

- a. *Say: Yes, there are effective treatments for HIV. Medications can help people to live much longer and healthier lives. There are treatments for the infections people get when they have HIV. Now (since 1996), there are also treatments to slow the growth of the HIV within their body. People who were previously close to dying from HIV have been able to take these medicines and get their lives back.*
- b. *Say: Still, there are some problems with the drug treatments. They don't work for everyone. For others, the drugs can slow HIV, but cause other health problems and make them feel sick. In the past, it was hard for people to take so many pills every day at specific times (this is still the case in the developing world or for certain people who need different drugs). Some people even had to set the alarm and wake up at night to take their medications. Today, there is a single pill people with HIV can take each day, but it does not work for all people. Side effects from HIV drugs can be so severe doctors have to prescribe other drugs to treat the side effects.*
- c. *Say: Drug treatment for HIV is very expensive. In Florida, there are programs that can help pay. But in many parts of the United States and the world, HIV medications are too expensive for people to use them.*

Ask: Is there a cure?

- a. *Say: There is no cure for HIV. Once a person is infected, it will be in his body as long as he lives. Persons with HIV may feel fine for years, but without treatment, many will*

get sick eventually. Some will get diarrhea that won't go away, so they can't go to school or work or take trips that would take them away from the bathroom. Some will get so tired that they can't get out of bed in the morning or even raise their head.

Some will get pneumonia and not be able to breathe. Some will get eye infections and become blind. Some will get brain infections and lose their ability to think clearly or take care of themselves.

Ask: What do you suppose it's like to live with AIDS?

*a. Say: Living with HIV or AIDS can be a challenge. Will you be able to remember to take medication every day? How will it feel when you talk with your family about your HIV? Your friends? Will it be hard when you have a new relationship and it starts to get intimate? How will you bring up the subject of your HIV? What if they break up with you? What if they break your confidentiality with other friends? **These relationship challenges can be even harder than managing the medications. (Allow 1-2 minutes for open discussion and reflection)***

4. Use *How Does a Person Get HIV?* Worksheet to identify and defend which behaviors pose a risk for HIV.

Hand out the behavior worksheet. Allow students 4 minutes to fill it out individually.

Have students compare their answers with a partner and discuss any that they disagree about. The point is not to reach consensus, but to have to think through and justify their answers verbally. For many items, more than one answer might be reasonable depending on the logic behind the answer. So we do not recommend grading this exercise. Its purpose is to reinforce the concepts that certain behaviors are not at all risky and that there are degrees of risk.

Discuss as a class the items where people found any disagreement.

Say: Some of these questions have right and wrong answers, but some have more than one good answer. So let's hear your logic for your answers.

[Below are notes to help guide the discussion. Acceptable answers are listed with explanations of why they are acceptable.]

NOTES:

1) Abstaining from sex and drugs:

D, not a risk

The surest way to not get infected is to abstain. Abstaining means choosing not to do something such as not using drugs or not having sex. The kind of drug use that can transmit HIV is sharing needles. The kinds of sex that can transmit HIV are oral, anal, and vaginal intercourse.

- *“Oral intercourse” is the kind of sexual touch where one person’s mouth is on the other person’s genitals or anus. (“Genitals” are the outside parts of the reproductive system... clitoris, labia, penis and scrotum.)*
- *“Anal intercourse” is the kind of sexual touch where one person’s penis is in the other person’s anus.*
- *“Vaginal intercourse” is the kind of sexual touch where one person’s penis is in the other*

person's vagina.

[Remember people have diverse beliefs about intercourse (especially any sex that is not strictly for reproduction)]

2) Sharing needles to inject drugs:

A, a big risk

Syringes can contain the virus for 36 hours even if blood isn't visible.⁶ HIV does not live in open air very long, but if the HIV is within liquid inside the syringe, it may live longer outside the body than normally. Injecting it right into the bloodstream is very dangerous.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could share needles and not risk getting HIV.

[If students raise the question of bleaching, you might add that bleaching a used needle lowers the risk of infection, but does not eliminate it.]

3) Having vaginal or anal sex without a condom:

A, a big risk or B, a risk

The majority of HIV infections in the United States are spread through unprotected anal or vaginal sex.⁷ Other STDs are easily spread this way, too.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could have unprotected anal or vaginal sex and not risk getting HIV. For example, most married couples have unprotected sex and do not consider themselves at risk for HIV infection.

[Probably some students in your class will make inappropriate noises and comments at the idea of anal intercourse. It is important to not allow disrespectful remarks. Remember people have diverse beliefs about intercourse.]

4) Having oral sex without a condom.

B, a risk

Many people do not believe that they can get HIV from oral sex. This is not true. 5-10% of all new HIV infections are spread through unprotected oral sex.⁸ Some people think of having oral sex as abstinence. And oral sex is less risky than anal or vaginal sex in terms of HIV, but it still poses some risk (not just for HIV, but also for other sexually transmitted diseases.)

C, a very small risk

Students can argue that if a person has oral sex performed on him/her (which only exposes a person to an infected fluid if the other person is bleeding from the mouth) there is a very small risk. This argument may be true for HIV, but there are other sexually transmitted diseases that don't require blood.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could have oral sex and not risk getting HIV. For example, many married couples and couples in

long-term relationships have oral sex and do not consider themselves at risk for getting HIV.

Also, using a latex barrier like a condom or even plastic kitchen wrap between mouth and the partner's genitals can reduce the risk of spreading HIV.

- 5) Having vaginal or anal sex with a condom.

B, a risk or C, a very small risk

Condoms greatly reduce the risk of HIV transmission during sex, but they must be used correctly and every time.⁹ Latex, vinyl, and polyurethane condoms do NOT have holes in them that let the virus through. They rarely break or tear when used properly, but they are not a guarantee. Expired condoms should never be used, because they are more likely to break.

D, not a risk

Students can argue for this answer if they say that two people who are not infected could have vaginal and anal sex and not risk infection. For example, most married couples have sex and do not consider themselves at risk for HIV infection.

- 6) Having sex: two people in a relationship who don't have sex with anyone but each other.

B, a risk or C, a very small risk

The risk increases if:

- *Either person has ever had sex before (the more partners a person has, the more risk). Some people are not honest with their partners about their past sexual experiences.*
- *Either person has ever shared needles with drugs.*
- *They are afraid to go to a clinic to get tested*
- *Either person has sex with someone else (someone cheats on the other).*

D, not a risk

Students can argue that there is no risk at all if a couple is having sex with only one another (no cheating) AND if:

- *Neither person has ever had sex (anal, oral or vaginal) before or shared needles, or*
- *Both people have been tested for HIV (long enough after having sex for the disease to be detectable by a test) and are not infected*

- 7) Kissing (closed mouth)

D, not a risk

There is no risk whatsoever from closed mouth kissing.

- 8) Kissing (open mouth)

C, a very small risk or D, not a risk

*Saliva and tears are **not** capable of passing the HIV virus. (Remember blood, semen, vaginal fluids and breast milk are the fluids that we worry about with HIV transmission.) In the twenty years of the HIV/AIDS epidemic, there has only been one case of HIV transmission thought to be from kissing.¹⁰ Both people in this case had **lots** of bleeding from their gums and other sores in their mouths. People do not need to worry about getting HIV from kissing.*

- 9) Receiving a blood transfusion before March 1985 in the U.S. or now in a country that can't afford to protect its blood supply.

A, a big risk or B, a risk

Prior to 1985, there was no way to test the U. S. blood supply. As a result, some people were given blood that was infected with HIV.

- 10) Receiving a blood transfusion after March 1985 in the U.S. or other developed nations.

C, a very small risk

Now blood is tested for HIV (and other diseases) before giving it to persons in need. The chances of infection from transfusion are very tiny-- approximately, a 1 in 2,135,000 chance – way less than one in a million!¹¹

- 11) Donating blood.

D, not a risk

There is no risk whatsoever from donating blood in the United States.

- 12) Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses

D, not a risk

There is no risk whatsoever from these things.

- 13) Shaking hands, hugging, touching,

D, not a risk

There is no risk whatsoever from these things.

- 14) Being with someone who is crying, coughing, or sneezing

D, not a risk

There is no risk whatsoever from these things.

- 15) Breastfeeding from a mother with HIV.

A, a big risk or B, a risk

If a woman is infected with HIV, she can give it to her baby during pregnancy or birth, or by breastfeeding. Breastfeeding is the healthiest way to feed a baby except for moms who have HIV.

- 16) Giving First Aid and CPR.

C, a very small risk or D, not a risk

There used to be a small risk of HIV transmission whenever blood was present and CPR was required. However, nowadays CPR does not require mouth breathing, just chest compressions, so there should be no risk of blood transmission of HIV.¹² Follow wound care instructions below if you were both in an accident, you have cuts on your hands, and the unconscious person has chest wounds.

Wounds: Try to use latex gloves rather than touching blood with your bare hands. If the victim is conscious, give them clean paper towels or clean cloth to hold on their own wound in case you have cuts on your hands. If you don't have latex gloves, another barrier such as a shirt or rag is better than nothing. Getting a mosquito bite

D, not a risk

There is no risk whatsoever from mosquito bites.¹³ In the twenty years of the HIV/AIDS epidemic, there haven't been any cases of HIV transmission from mosquitoes. Even in parts of the world where there are lots of people with HIV and lots of mosquitoes, the only people who get infected are either newborn babies (who got infected from their mothers) or people who are old enough to be having sex.

- 17) Being in water with people who have HIV such as pools, hot tubs or showers

D, not a risk

There is no risk whatsoever from being in water with people who have HIV. HIV doesn't live very long outside the body especially when it is exposed to air and water.

- 18) Sharing a toothbrush or razor

C, a very small risk

The risk is very, very small. Experts have not found any cases of HIV transmission from sharing toothbrushes or razors. Still, even if the risk of HIV transmission is very, very small, toothbrushes and razors have spread bacteria and Hepatitis (other viruses that are spread by blood); it's smart not to share them.

- 19) Piercing or tattooing with a needle someone else already used.

B, a risk or C, a very small risk

Experts have not found any cases of HIV transmission from piercing or tattooing, but there have been people who have gotten Hepatitis (another virus that is spread by blood) from those activities. It is very smart never to share needles for anything. In a professional setting piercing and tattooing equipment is sometimes reused, but should always be sterilized between users. When it is sterilized properly, the risk for HIV transmission is almost zero. You should never share needles or sharps if you are self-piercing, cutting, or tattooing or doing these things to a friend.

- 20) Going to school with a person who has HIV.

D, not a risk

There is no risk whatsoever from going to school with a person who has HIV.

- 21) Drinking beer or smoking marijuana at a party.

B, a risk or C, a very small risk or D, not a risk

Although drinking beer and smoking marijuana don't directly transmit the virus, they may increase the chances of making an unsafe decision. It's always safest not to use substances that can affect your judgment.

Still, using a substance is not an excuse for taking risks. Someone who has been drinking or smoking can still choose to be safe even though it is harder.

22) Dating someone who is a lot older.

B, a risk or C, a very small risk or D, not a risk

Although dating someone who is a lot older doesn't directly transmit the virus, it may increase the chances. An older boyfriend or girlfriend is more likely to expect sex in a relationship, and it may be harder for the younger partner to stick up for themselves, partly because it can feel so flattering to be liked by someone older. So dating someone who is older makes it more difficult to abstain. It doesn't make it impossible, just more difficult. It also makes it more likely to get your heart broken or for other tough things to happen. Also, older people often have had more partners, so there's a higher risk that they may already be infected. It is safer to date someone around your own age.

23) Spending time with a boyfriend or girlfriend at home when no adults are there.

B, a risk or C, a very small risk or D, not a risk

Like numbers 22 and 23, this one isn't automatically risky, it just makes it harder to keep yourself safe. It's more difficult to stick to a decision to abstain under some circumstances.

I hope that you'll all take care of yourselves and the people you care about.

Close the lesson.

Say: *You did a really good job identifying which things are riskier and which are less risky. If you all remember one thing from today I hope it is that HIV is preventable.*

5. Anonymous Question Box activity

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.)

HIV/AIDS Questions #1 - 4.

Box #1:

Why do teens need to know about HIV?

Box #2

What is HIV?

Box #3:

How is AIDS different than HIV?

Box #4:

How does a person know if they have **HIV?**

Listen Up!

This class won't be relevant to me because...

I'm a teen

I abstain from sex and drugs

I'm straight

I'm gay, lesbian or bisexual

WRITE QUESTIONS ON BOARD. ANSWERS ARE INCLUDED IN CURRICULUM.

HIV/AIDS Questions #1 - 8

#1:

Why do teens need to know about HIV?

#2:

What is HIV?

#3:

How is AIDS different than HIV?

#4:

How does a person know if they have HIV?

#5:

Is there a vaccine (shot) to prevent HIV?

#6:

Are there treatments for HIV?

#7:

Is there a cure?

#8:

What do you suppose it's like to live with AIDS?

How Does a Person Get HIV?

Name: _____ Date: _____ Class Period: _____

Instructions: For each behavior listed below, put a check in the box that you think correctly describes the risk for getting HIV. Be prepared to defend your answer.

How risky is...?	A A BIG RISK	B A RISK	C A VERY SMALL RISK	D NOT A RISK
1. Abstaining from sex and drugs				
2. Sharing needles to inject drugs				
3. Having vaginal or anal sex without a condom				
4. Having oral sex				
5. Having vaginal or anal sex with a condom				
6. Having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other				
7. Kissing (closed mouth)				
8. Kissing (open mouth)				
9. Receiving a blood transfusion before March 1985 in the U.S or now in a country that can't afford to protect its blood supply				
10. Receiving a blood transfusion after March 1985 in the United States and other wealthy countries				
11. Donating blood				
12. Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses				
13. Shaking hands, hugging, touching				
14. Being with someone who is crying, coughing, or sneezing				
15. Breastfeeding from a mother with HIV				
16. Giving first aid and CPR				
17. Getting a mosquito bite				
18. Being in water with people who have HIV such as pools, hot tubs or showers				
19. Sharing a toothbrush or razor				
20. Piercing or tattooing with a needle someone else already used				
21. Going to school with a person who has HIV				
22. Drinking beer or smoking marijuana at a party				
23. Dating someone who is a lot older				
24. Spending time with a boyfriend or girlfriend at homes when no adults are there				

Answer Key: “How Does a Person Get HIV?”

Each person will have marked only one box. This key indicates multiple boxes where there may be legitimate disagreement. On those items, challenge students to explain their thinking. The boxes with absolute right and wrong answers have been shaded. This answer key assumes partners of unknown HIV status unless otherwise indicated.

How risky is...?	A A BIG RISK	B A RISK	C A VERY SMALL RISK	D NOT A RISK
1. Abstaining from sex and drugs				
2. Sharing needles to inject drugs				
3. Having vaginal or anal sex without a condom				
4. Having oral sex				
5. Having vaginal or anal sex with a condom				
6. Having sex: two uninfected people in a committed relationship who don't have sex with anyone but each other				
7. Kissing (closed mouth)				
8. Kissing (open mouth)				
9. Receiving a blood transfusion before March 1985 in the U.S or now in a country that can't afford to protect its blood supply				
10. Receiving a blood transfusion after March 1985 in the United States and other wealthy countries				
11. Donating blood				
12. Touching doorknobs, toilet seats, telephones, towels, bed linen, dishes, glasses				
13. Shaking hands, hugging, touching				
14. Being with someone who is crying, coughing, or sneezing				
15. Breastfeeding from a mother with HIV				
16. Giving first aid and CPR				
17. Getting a mosquito bite				
18. Being in water with people who have HIV such as pools, hot tubs or showers				
19. Sharing a toothbrush or razor				
20. Piercing or tattooing with a needle someone else already used				
21. Going to school with a person who has HIV				
22. Drinking beer or smoking marijuana at a party				
23. Dating someone who is a lot older				
24. Spending time with a boyfriend or girlfriend at homes when no adults are there				

References

- ¹ National Office of Aids Policy, *Youth and HIV/AIDS 2000: A New American Agenda*. Accessed August 20, 2009 from The Body Web site: <http://www.thebody.com/content/art38.html#problem>.
- ² Centers for Disease Control and Prevention (CDC). *HIV and its Transmission*. Retrieved August 22, 2009 from the Centers for Disease Control and Prevention Web site: <http://www.cdc.gov/hiv/resources/factsheets/transmission.htm>.
- ³ Busch MP, Lee LLJ, Satten GA et al. (1995). Time course of detection of viral and serologic markers preceding HIV-1 seroconversion: implications for screening of blood and tissue donors. *Transfusion*. 35(2):91-7.
- ⁴ Centers for Disease Control and Prevention (CDC). (2009) *National HIV and STD Testing Resources*, Retrieved August 18, 2009, from the CDC Web site: <http://www.hivtest.org/faq.cfm#exposure>.
- ⁵ Centers for Disease Control and Prevention (CDC). MMWR: *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. Accessed: August 20, 2009 from the Centers for Disease Control and Prevention Web site: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.
- ⁶ University of California, San Francisco. HIV InSite Question and Answer Page. Retrieved August 20, 2009 from HIV InSite Web site: <http://hivinsite.ucsf.edu/insite?page=ask-01-06-11>.
- ⁷ National Institute of Allergy and Infectious Diseases. HIV Infection in Adolescents and Young Adults in the U.S. (2006). Accessed August 21, 2009 from the National Institutes of Health Web site: <http://www.niaid.nih.gov/factsheets/hivadolescent.htm>.
- ⁸ Centers for Disease Control and Prevention (CDC). *Primary HIV Infection Associated with Oral Transmission*. (2000) Retrieved August 22, 2009 from The Body Web site: <http://www.thebody.com/content/art17165.html>
- ⁹ Centers for Disease Control and Prevention (CDC). *Condoms and STDs: Fact Sheet for Public Health Personnel*. Retrieved August 21, 2009 from the CDC Web site: <http://www.cdc.gov/condomeffectiveness/latex.htm>.
- ¹⁰ See *HIV and its Transmission*.
- ¹¹ Hillyer, C.D., Strauss, R.G., & Luban, N.L.C., eds. (2004). *Handbook of Pediatric Transfusion Medicine*. Maryland Heights, MO: Elsevier Academic Press.
- ¹² 2005 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation*. 2005; 112:IV-1–IV-211.
- ¹³ See *HIV and its Transmission*.

Pregnancy

Grade 8, Lessons #5

Time Needed

One class period

Student Learning Objectives

To be able to...

1. Distinguish (with 75% accuracy) 15 myths and facts re: how conception can or cannot happen.
2. Pronounce, spell, and explain the meanings (with 75% accuracy) of the 31 terms in the glossary of *Pregnancy Reference Sheet 4*.

Agenda

1. Answer question(s) from the anonymous question box
2. Explain the relevance of the lesson and identify it as primarily review.
3. Using *Pregnancy Transparencies* or drawing on the board, describe the components of a cell, the processes of conception, gender determination and multiple births.
4. Hand out *Pregnancy Reference Sheets 1-4* and have students read 1-3 aloud.
5. Play the Pregnancy Game.
6. Anonymous Question Box activity.
7. Assign homework.

Materials Needed

Classroom Materials, equipment:

- *Pregnancy Transparencies 1-5**
- Overhead projector/document camera

Student Materials (for each student):

- *Pregnancy Reference Sheets 1-4*
- *Family Homework Exercise: Pregnancy*
- *A Young Person's Birth Information Sheet*
- *Family Homework Letter (Appendix B)*

Activities

1. Answer previous lesson(s) anonymous question box questions.

2. Explain the lesson's relevance:

Say: It's not enough to know the parts of the reproductive system. It's also important to understand how the system works and how pregnancy happens.

Identify the lesson as primarily review. (Seventh and eighth graders frequently believe they already are quite knowledgeable regarding pregnancy, and some actually are. You do not want them to feel you are talking down to them.)

3. Using *Pregnancy Transparencies 1-5*, or drawing on the board, describe briefly:

- The components of a cell
 - The process of conception
 - The process of gender determination
 - How multiple births occur
- Ask volunteers to try to explain these. Some may know.

NOTE: The egg and sperm on *Transparencies 2 and 3* have been greatly magnified, whereas the uterus is of normal size. The embryo in *Transparency/worksheet 5* has also been magnified. It has developed a month and would really be 1/10 to 1/4 of an inch long.

4. Then hand out *Pregnancy Reference Sheets 1-4* and ask for volunteers to read 1-3 aloud.

5. Play the *Pregnancy Game*.

a. Begin by refreshing everyone's memory about ground rules and emphasizing mutual consideration.

b. Drop the *Pregnancy Game Cards* into a shoe box or coffee can.

c. Have students pair up and provide each pair with plenty of scrap paper.

d. One student draws a game card and hands it to you. You read the question aloud and give each team a half a minute to consult with one another, and/or look at their reference sheets, and jot their answer on a slip of scrap paper. Thus, all teams play at once holding their answers up, as soon as they can.

f. Either you or the student who drew the question reads the answer and explanation aloud.

g. Every team with a correct answer gets a paper clip.

h. A second student draws a game card ... repeat steps d-g, until all 32 game cards have been used.

i. Any team with at least 16 paper clips gets a prize (perhaps an extra "A," extra participation points, penny candy).

We recommend that students read the answer and explanation aloud, in groups who can do it with a minimum of giggling and a reasonably mature, matter-of-fact attitude. It gives them the opportunity to practice pronunciations and especially to rehearse a new behavior: communicating about sexuality in a responsible, dignified way. However, a participatory exercise can be counter-productive (can decrease comfort and respect) if the class is too rambunctious and/or has had less experience with active learning. Use your own judgment. This game is a learning tool, not just a review. So some items in the game are new information. The teams should be encouraged to guess. Playing matters more than winning.

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

Homework

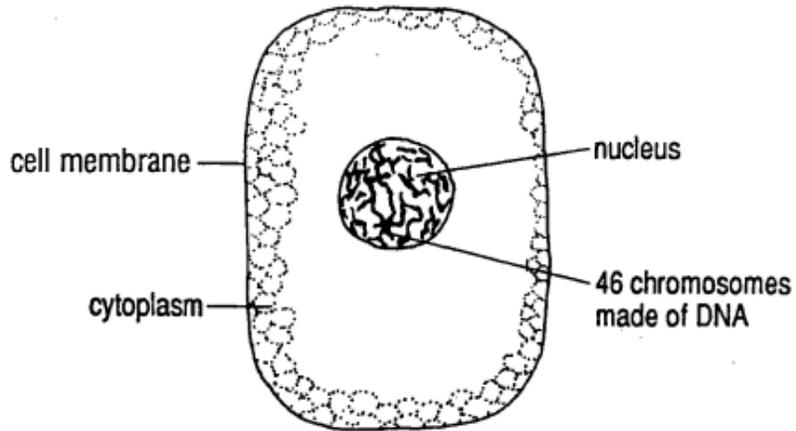
- **Family Homework Exercise: Pregnancy**

The student will also need to take home **A Young Person’s Birth Information** Sheet. And, as always, students will also need to take home the **Family Homework Letter** (Appendix B).

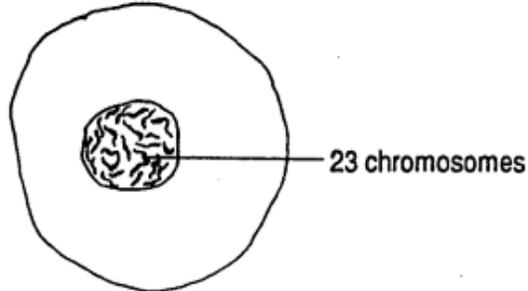
– **Please have the students bring back the next day so that they may share with the class (those that volunteer.)**

Pregnancy Transparency 1

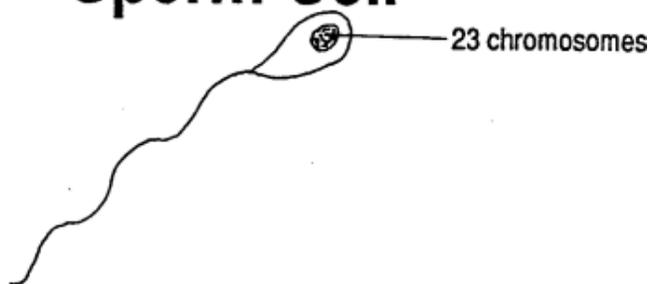
Muscle Cell



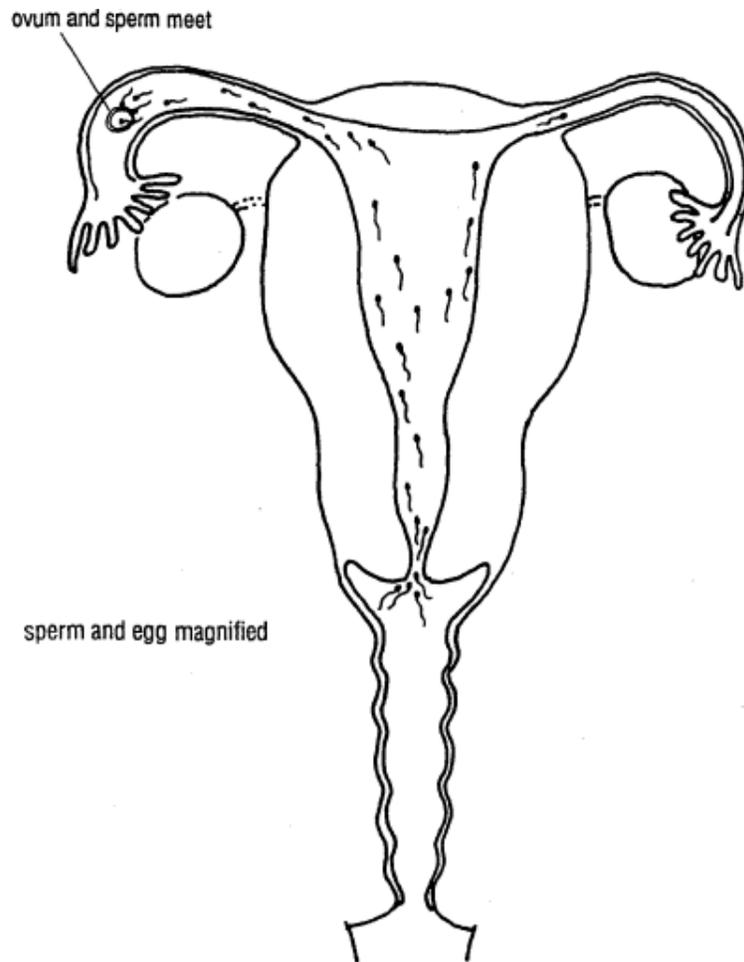
Egg Cell (ovum)



Sperm Cell

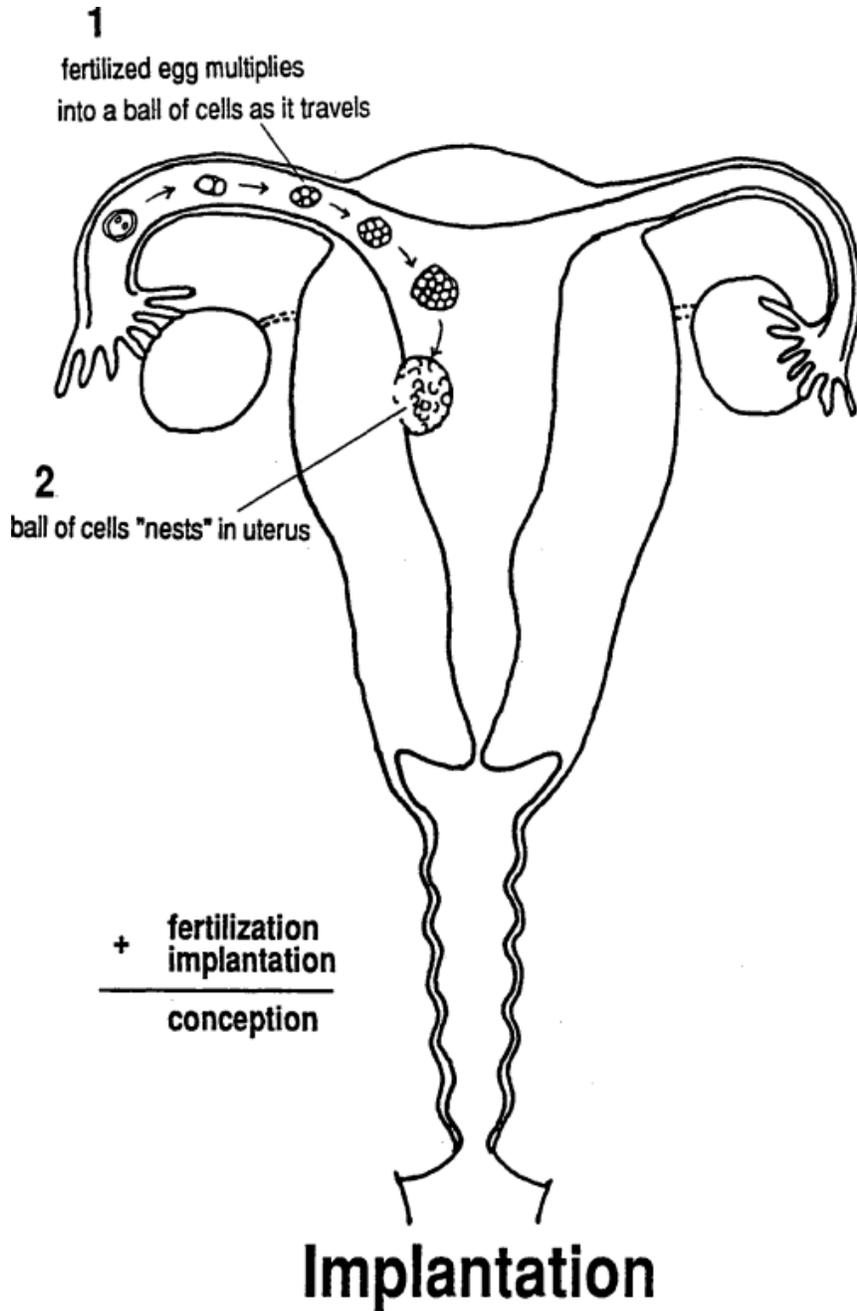


Pregnancy Transparency 2

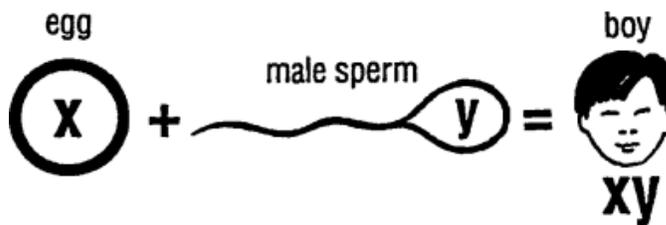
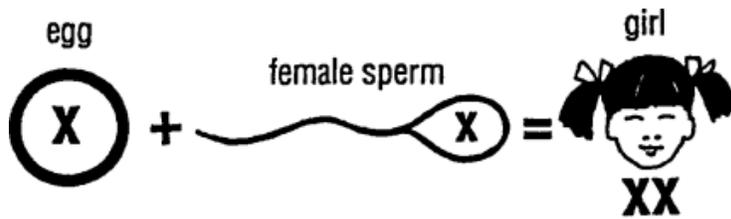
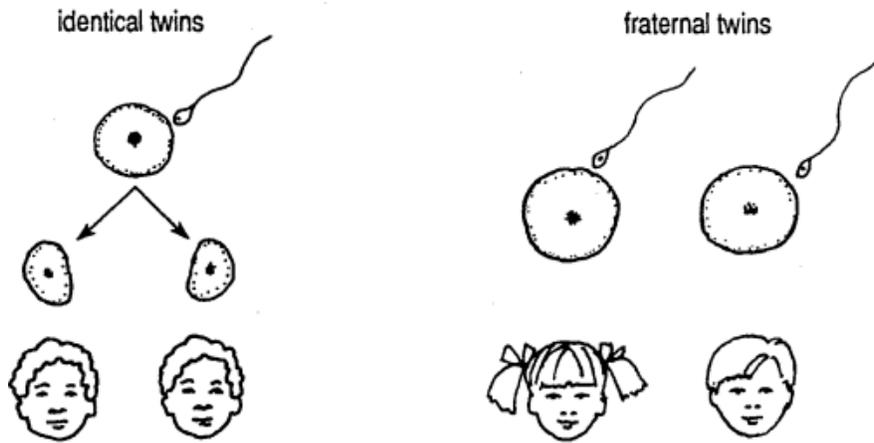


Fertilization

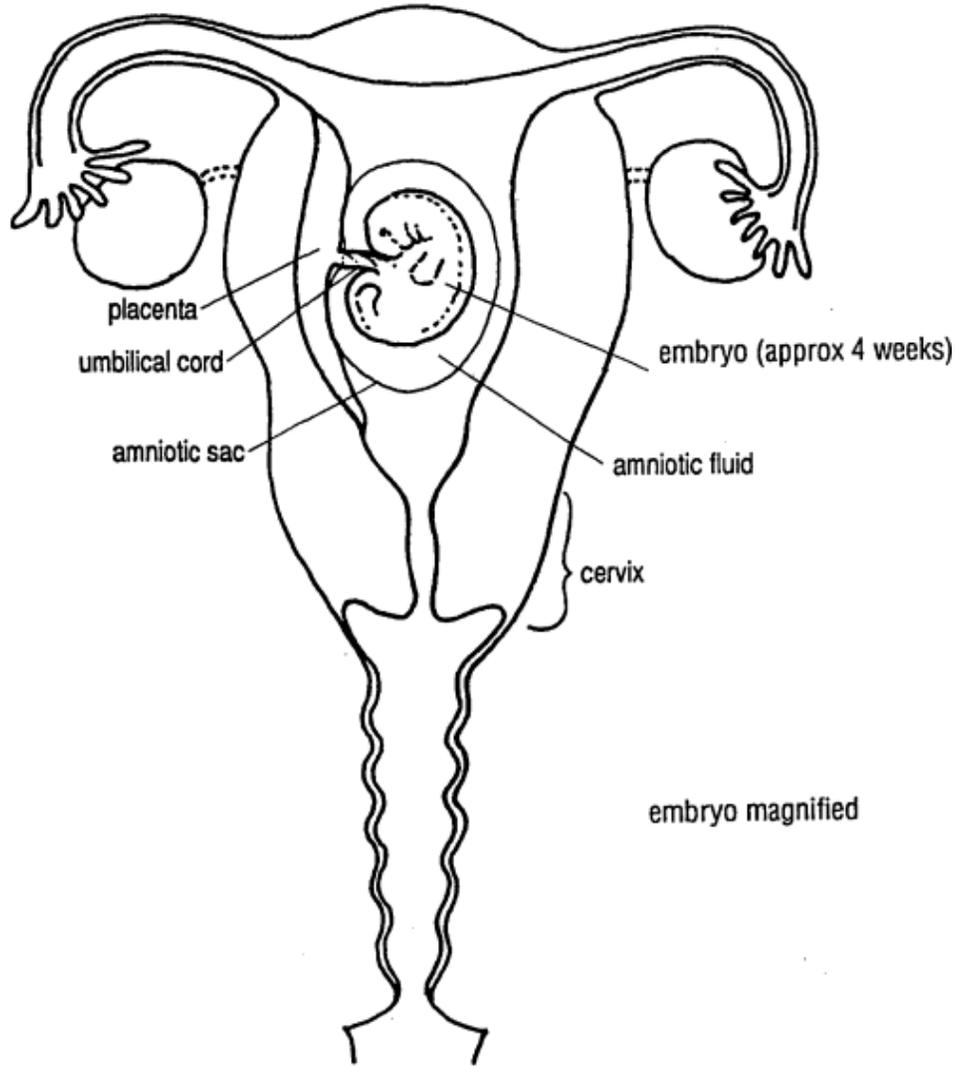
Pregnancy Transparency 3



Pregnancy Transparency 4



Pregnancy Transparency/worksheet 5



Pregnancy

Pregnancy Reference Sheet: Glossary & Resources

Name _____ Date _____

Amniotic Fluid – The “water” in which a developing baby floats. It acts as a cushion.

Amniotic Sac – The thin membrane (like the skin inside the shell of a chicken egg) that surrounds the amniotic fluid and the fetus.

Birth Defects – A disability that a baby is born with (retardation, heart problems, blindness, cerebral palsy, and so on).

Cell – A small part of a living thing. We are made of 100 trillion of them: bone cells, blood cells, skin cells, muscle cells, etc.

Cell Membrane – The thin membrane that surrounds every cell.

Chromosome – A string of genes.

Conception – The beginning of a pregnancy. Conception is fertilization of an ovum by a sperm, followed by implantation in the uterus ... fertilization + implantation = conception.

Contraction – The uterus (which is a muscle) squeezing to push a baby out.

Cytoplasm – The jelly-like material inside a cell’s membrane, and all the parts floating in it except the nucleus.

DNA – Deoxyribonucleic acid. The hereditary chemical of which genes and chromosomes are made.

Egg Cell – Same as “ovum” ... the cell from a girl or woman that can start a pregnancy.

Embryo – The developing baby from implantation to about 8 weeks. After that, it is called a “fetus.”

Fertile – Able to make a baby (to get pregnant or to help someone else get pregnant).

Fertilization – The joining of a sperm and an ovum.

Fertilized Egg – What an ovum is called after the chromosomes from a sperm have mixed with the ovum’s chromosomes.

Fetus – The developing baby from about 8 weeks to birth. Before that, it was called an “embryo.”

Fraternal Twins – Twins that grew from two eggs, each fertilized by a different sperm. They don’t look any more alike than any brothers and sisters because they have different genes.

Genes – The microscopic messenger codes inside each cell of our bodies. They carry the plans for many things about us: whether we are male or female; what color hair, skin, and eyes we’ll have; how tall we’ll become, how our bodies will work, etc.

Identical Twins – Twins that grew from one egg, fertilized by one sperm, that split into two balls of cells before it implanted in the uterus. They have the same genes, so they look exactly alike.

Implantation – The ball of cells (that used to be a single fertilized egg) nesting in the wall of the uterus.

Infertile – Unable to make a baby (to get pregnant or to help someone else get pregnant).

Labor – The time (a few hours to a day or more) during which a woman is having contractions and giving birth to a baby. It is called “labor” because it is hard work.

Low Birth Weight – A baby that is “too” small ... less than five and a half pounds at birth. A “low birth weight” baby is more likely to be sick or have birth defects; it is also likely to develop more slowly and to have more difficulty in school. It also may turn out healthy and do just fine.

Miscarriage – A pregnancy ending much too soon, before the embryo or fetus is able to live outside the uterus.

Nucleus – The core of a cell, which contains the chromosomes.

Ovum – Same as “egg cell” ... the cell from a girl or woman that can start a pregnancy when joined with a sperm.

Placenta – An organ that grows inside the uterus during pregnancy to carry food and oxygen from the mother and waste from the embryo or fetus. It produces many hormones that affect both the mother and the baby. It develops from the original ball of cells that implanted in the uterus.

Pregnant – A woman who is going to have a baby.

Premature – Born “too” soon ... after fewer than 38 weeks (9 months) of pregnancy. Depending on how early she or he is born, a premature baby may have serious birth defects or problems and die, minor birth defects or problems and do OK with help from the hospital, or no birth defects or problems and do just fine.

Prenatal – Before birth. Prenatal care means getting special check-ups at least once a month from a doctor starting as early in a pregnancy as possible. Good, early prenatal care can greatly reduce the risk of birth defects, low birth weight, or prematurity. It also helps keep the mother healthy.

Sperm – The cell from a boy or man that can start a pregnancy when joined with an ovum.

Umbilical Cord – The tube leading from the navel of the embryo or fetus to the placenta. It carries food and oxygen to the developing baby, and waste from the developing baby.

RESOURCES

Where can you get up-to-date, accurate answers to questions about pregnancy?

- Call or visit your school or public **library**.
- Or ask your school **nurse**, family **doctor** or an OB/GYN doctor (they specialize in women’s health, pregnancy and birth), or an adult **family** member.

<p>Q: From conception to about eight weeks, the developing baby is called what?</p> <p>A: An embryo Explanation: First there are a separate sperm and egg. Then they join to become a fertilized egg, which becomes a tiny ball of cells. It is called an embryo once it has nested in the uterus.</p>	<p>Q: After about eight weeks of development, the developing baby is called what?</p> <p>A: A fetus Explanation: After <i>another</i> 3034 weeks, or a total of 38-42 weeks, the fetus will be ready to be born. It will be a fully developed baby.</p>
---	--

PREGNANCY GAME CARDS

<p>Q: What do you call the meeting of a sperm and an ovum?</p> <p>A: Fertilization Explanation: This fertilization is the joining of the mother's and father's chromosomes. It happens near the top of the fallopian tube.</p>	<p>Q: What do you call it when the ball of cells nests in the uterus?</p> <p>A: Implantation Explanation: The ball of cells actually burrows into the wall of the uterus. It is implanting itself.</p>
---	---

<p>Q: The organ that brings oxygen and nourishment to the fetus, and removes waste products is the _____.</p> <p>A: Placenta or umbilical cord Explanation: Either of these answers is OK. The placenta attaches to the wall of the uterus and connects to the mother’s bloodstream. It also makes hormones and is actually a separate organ. The umbilical cord is just a tube made of blood vessels, connecting the fetus to the placenta.</p>	<p>Q: The plans for a new human being are contained in DNA molecules called _____.</p> <p>A: Chromosomes Explanation: DNA is the chemical of life. It forms into tiny particles called genes. Strings of genes are called chromosomes. A gene controls a chemical reaction. The total of these chemical reactions determines much of how our bodies and minds are built and how they work.</p>
--	--

PREGNANCY GAME CARDS

<p>Q: The core of a cell is called the _____.</p> <p>A: Nucleus Explanation: On the outside of a cell is a very thin cell membrane, like a soap bubble. Inside it is a jello-like substance (with many parts floating in it) called cytoplasm. Then there’s another membrane. And finally there is a core or nucleus.</p>	<p>Q: When the uterus squeezes during the baby’s birth, it is called a _____.</p> <p>A: Contraction Explanation: These contractions continue for several hours, or even a day or more. That period of time is described as “labor.” Finally the baby is pushed out through the vagina.</p>
---	--

<p>Q: What would make a girl or woman think she might be pregnant?</p> <p>A: If she had vaginal intercourse and then missed her period, got breast tenderness, felt sick to her stomach a lot, felt unusually tired or upset, had to go to the bathroom more often than usual. Explanation: Any of these answers is correct. These are all common signs of pregnancy. She could also be pregnant <i>without</i> having any of these early symptoms. Only a pregnancy test or a doctor can tell her for sure.</p>	<p>Q: How many chromosomes are in a human body cell (like a white blood cell, a brain cell, or a muscle cell)?</p> <p>A: 46 Explanation: Your body is made of about 100 trillion cells. Usually, each one contains the exact same 46 chromosomes. And, unless you are an identical twin, no one in the world has the exact same 46 chromosomes as you.</p>
--	--

PREGNANCY GAME CARDS

<p>Q: How many chromosomes are in an ovum or a sperm cell?</p> <p>A: 23 Explanation: These 23 chromosomes are half of the plans for a new human being ... Its eye color, hair color, the shape of its ears, when it will go through puberty, how it will digest food, and even some of its personality.</p>	<p>Q: Is it the ovum or the sperm that determines what sex the baby will be?</p> <p>A: The sperm Explanation: Every ovum has an X chromosome. But a sperm may have an X or a Y chromosome. If an X-sperm fertilizes the egg, the baby will be a girl. A Y-sperm will make it a boy. This means girls usually have two X's (one from their mother's egg and one from their father's X-sperm) and boys have one of each kind of chromosome (an X from the mother and a Y from the father).</p>
---	--

<p>Q: If a hundred couples had sex for one year, without any birth control, how many would start pregnancies -- about 30, about 60, or about 90?</p> <p>A: About 90 Explanation: For most people, intercourse eventually leads to pregnancy. Some of those couples got pregnant on the first day of the year; others after a few tries. But 85 or 90 would by the end of the year.</p>	<p>Q: When is the most likely time of the month for a pregnancy to start -- two weeks <i>before</i> the girl's or woman's period, or <i>during</i> her period, or right <i>after</i> her period?</p> <p>A: Two weeks before her period. Explanation: Pregnancy happens whenever people have intercourse around the time of ovulation. Ovulation can happen at any time, but it is usually about two weeks before menstruation.</p>
---	---

PREGNANCY GAME CARDS

<p>Q: How long can sperm live in the woman's body waiting for an egg?</p> <p>A: About five days. Explanation: So intercourse on a Sunday could lead to fertilization on Wednesday or Thursday!</p>	<p>Q: How long can an egg live after it leaves the ovary, waiting for a sperm?</p> <p>A: About one day. Explanation: So if ovulation happened on Sunday, fertilization could happen Sunday or even Monday. After about 24 hours, if it isn't fertilized, the egg dissolves.</p>
---	--

<p>Q: How many egg cells need to be released to form identical twins?</p> <p>A: One Explanation: Identical twins look exactly alike because they start from a single egg and a single sperm. They have the same genes. The fertilized egg just splits into two balls of cells before implantation.</p>	<p>Q: True or False? One drop of semen can start a pregnancy.</p> <p>A: True Explanation: That's right. Each drop of semen can contain a million sperm cells. It only takes one to fertilize an ovum.</p>
--	---

PREGNANCY GAME CARDS

<p>Q: True or False? Unless a boy and girl really love each other, they cannot start a pregnancy.</p> <p>A: False Explanation: Some people believe you shouldn't have sex unless you are in love. Others believe you should be married. Most think it is best to wait until you are older. But once people go through puberty, if they have intercourse, a pregnancy could start no matter how they feel about each other.</p>	<p>Q: True or False? A pregnancy will usually not start unless the people really want a baby.</p> <p>A: False Explanation: Some people believe you shouldn't have intercourse unless you want a baby. Others believe if you don't want a baby you should either not have intercourse or else use birth control. But if you have intercourse, you can start a pregnancy, whether you want one or not.</p>
--	--

<p>Q: True or False? Most people need to have sex at least four or five times to start a pregnancy.</p> <p>A: False Explanation: It does not matter how many times. Even once is enough, if there happens to be an egg just ovulated or about to ovulate. And most women and girls can't tell when they ovulate.</p>	<p>Q: True or False: Most people need to have sex for at least half an hour to start a pregnancy.</p> <p>A: False Explanation: It does not matter how long intercourse lasts. Even one second is long enough, if semen comes out.</p>
--	---

PREGNANCY GAME CARDS

<p>Q: True or False? A girl or woman can get pregnant by masturbating.</p> <p>A: False Explanation: It never causes pregnancy because there is no sperm to meet the egg.</p>	<p>Q: True or False? Some girls can get pregnant as young as age 9.</p> <p>A: True Explanation: As soon as she starts ovulating, a girl can get pregnant. That might even happen before she has her first menstrual period. Remember, puberty begins at different times in different people. The youngest mother ever reported was five years old.</p>
--	--

<p>Q: True or False? Some boys can start pregnancies as young as age 11.</p> <p>A: True Explanation: Whenever his testes start to make sperm, a boy can father a child. He may not be a very <i>good</i> father when he's so young, but that's in his head and his heart, not his testes. Puberty makes a boy fertile, it does not make him a mature man.</p>	<p>Q: True or False? Pregnancies can start even without intercourse.</p> <p>A: True Explanation: If a boy or man ejaculates on the labia, even without actually having intercourse, his sperm can travel inside. If they find an ovum, pregnancy begins.</p>
---	--

PREGNANCY GAME CARDS

<p>Q: True or False? A girl can get pregnant at any time of the month.</p> <p>A: False Explanation: A girl or woman can only get pregnant if an egg is present. However, most girls and women have no way of knowing when they ovulate. So there is no "safe time" when they can have intercourse and know that they won't get pregnant.</p>	<p>Q: True or False? A girl cannot get pregnant from sexual abuse or rape.</p> <p>A: False Explanation: <i>Any</i> intercourse can lead to pregnancy ... whether or not she was forced or talked into it. She does not have to love the person, or enjoy it, to get pregnant. If a girl has been raped or sexually abused, she can take emergency contraceptive or "EC" pills to try to prevent getting pregnant.</p>
--	---

<p>Q: True or False? Pregnancy usually starts during the girl’s or woman’s menstrual period.</p> <p>A: False Explanation: Some people think they can only get pregnant during their periods. Others think they can only get pregnant when they aren’t having a period. The fact is there is no “safe time” of the month when a woman can be sure she won’t get pregnant just by looking at the calendar.</p>	<p>Q: True or False? A couple can start a pregnancy the first time they have intercourse.</p> <p>A: True Explanation: Some people think it can’t happen the first time. Of course it can. The first time, the ninth time, the twelfth time, the seventy-fourth time, or ANY time.</p>
--	---

PREGNANCY GAME CARDS

<p>Q: True or False? Each time a couple has intercourse, they start a pregnancy.</p> <p>A: False Explanation: Some people think if a couple have three children, they must have had intercourse exactly three times. That’s not true. Pregnancy <i>could</i> happen any time two people have intercourse, but it doesn’t happen every single time.</p>	<p>Q: True or False? If a pregnancy does not happen in the first month of intercourse, one of the people must be infertile.</p> <p>A: False Explanation: It’s just a matter of chance. They probably did not have intercourse exactly at ovulation. If a couple has intercourse with no birth control for one or two <i>years</i> without getting pregnant, then they should see a doctor.</p>
--	--

A Family Homework Exercise: Pregnancy

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

Adult, read this first:

If you are a mom, the birth mother, this exercise will be straightforward. If you are a father, or a non-biological mother, a grandparent or other close adult, you may not have all the answers. Just be honest.

If you are a foster or adoptive parent, join the student in making up your *own* History Sheet, describing in detail how you came to be a family and what the first day of your being together was like (from agency name to feelings).

Student and adult, read this together:

Most of us are curious about our own births. We may also *need* to know about them, if we ever have related medical problems. Now is a good time to fill out *A Young Person's Birth Information Sheet* together. **Then put it someplace safe, to keep.**

A Young Person's Birth Information Sheet

Your name _____
Date of birth _____ Time of birth _____
Place of birth (include name of hospital, if you were born in a hospital) _____

About the pregnancy:

Did your mother get prenatal care and, if so, what was the midwife or doctor's name?

How did your mother feel during the pregnancy? _____

How old was she when you were born? _____

Did you arrive early, late, or just when you were expected? _____

You might also discuss:

Did anything interesting or funny happen while your mother was pregnant with you? Was she at a "good age" to have you or would she have had you earlier or later if she could have?

About the birth:

How long was your mother in labor? _____

Who was present besides your mother? _____

Was there anything unusual about the birth (Breech? C-Section?) _____

You might also discuss:

Did anything interesting or funny happen the day you were born? How was your name chosen?

About you:

What was your weight? _____ Length? _____

Did you have any problems the first few days? _____

If you were born in a hospital, how long did you stay there? _____

Were you fed by a bottle or by breast? _____

You might also discuss:

Was anything special done to "welcome" you? Any kind of shower or a naming or adoption ceremony or religious observance, like a Baptism or Bris? How did your arrival change your mother's life? Your family's lives? Do you have any other questions?

Abstinence

Grade 8, Lessons #6

Time Needed:

One class period

Student Learning Objectives:

To be able to...

1. Explain, that touch is a basic human need.
2. Distinguish healthy, constructive touch from risky or destructive touch.
3. Distinguish among —nurturing, —affectionate, —sexual, —violent, and —exploitive touch.
4. Define abstinence and list four reasons for choosing it.

Agenda:

1. Answer question(s) from the anonymous question box.
2. Explain the relevance of today's lesson and how it relates to what you have studied so far.
3. Lead a discussion, using open-ended questions.
4. Have volunteers read aloud the —Touch Reference Sheet.
5. Anonymous Question Box activity.

Materials Needed:

Student Materials: (1 per student)

- *Position Paper: Touch and Abstinence*
- *Touch Reference Sheet*
- **OPTIONAL:** *Family Homework Exercise: Touch and Abstinence*

Activities

1. Answer question(s) from the anonymous question box.

2. Explain the relevance of today's lesson:

Say: Today we will discuss two ways people make decisions. One decision we all have to make over and over throughout our lives — is what kinds of touch we want, when, with whom and under what circumstances.

You all learned about sexual abuse when you were younger but as you get older, touching can get harder to figure out. That is what this lesson is about.

3. Raise these issues for discussion: (Ask and discuss)

- *Some people think all touch is sexual. What are some non-sexual kinds of touch?*
- *Some people are uncomfortable touching friends. Why? How can that feeling hurt them in the long run? [Some answers: It means they can't be as close to their friends as other people can be. It deprives them of endorphins – nature's pain-killing hormones. It might make them more likely to seek those feel-good chemicals through risky sexual touch.]*
- *Some guys feel like the only OK kinds of touch are rough-housing (like tackle football) or sexual touch. Why might they feel that way? How can that feeling hurt them in the long run? [Some answers: It means they can't be as close to their friends as other people can be. It deprives them of endorphins – nature's pain-killing hormones. It might make them more likely to seek those feel-good chemicals through physically violent, risky sports or fights or through risky sexual touch.]*
- *Some girls feel like all they have to offer a guy is sex. Why might they feel that way? How can that feeling be changed?*
- *If you wanted to hug a child and he or she turned away, would it be OK to ask? What kinds of asking would be fair persuasion and what kinds would be unfair pushing?*
- *Are there some kinds of touch that are never OK under any circumstances?*
- *What kinds?*
- *If an elderly person lives alone and chooses abstinence, how else can he or she get touch needs met?*
- *If a teenager's family does not touch much, and he or she chooses abstinence, how can he or she get touch needs met?*
- *How could a person's age make a difference in whether some touch was risky or healthy?*

4. **Hand out, and have volunteers read aloud the Touch Reference Sheet. – Group discussion with class**
5. **Hand out Position Paper: Touch and Abstinence.** Have volunteers take turns reading paragraphs aloud. You should read the quotes aloud, so no student appears to be speaking for him or herself. - **Group discussion with class**
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.)

Homework

Students' options:

- **A Family Homework Exercise: Touch and Abstinence** (Students will need to take home their copies of the **Position Paper**, and the **Touch Reference Sheet**, to complete this Family Homework.)

Touch Reference Sheet

FIVE BASIC KINDS OF TOUCH

NURTURING TOUCH = Comforting touch, mostly for the sake of the one being touched.

Examples: Neck rub, pat on the back, hugs of appreciation, brushing someone's hair, holding a crying person, caressing a sick person's hand, petting an animal.

AFFECTIONATE TOUCH = More equally balanced between the two persons. Shows affection, caring, joy.

Examples: Brief hugs, brief kisses, holding hands, rubbing shoulders, high-five after a winning game, some rough-housing, some dancing.

SEXUAL TOUCH = May last longer, be softer, involve sexual parts of the body, though not always.

Examples: Longer hugs or kisses, sexual intercourse, some massage, some dancing.

VIOLENT TOUCH = Touch that physically hurts someone. Shows anger or power.

Examples: Slapping or shoving someone in an argument, boxing or tackling for sport, spanking a child for discipline.

EXPLOITATIVE TOUCH = Mostly for the sake of the one doing the touching. One person may feel tricked, teased, pushed, threatened, forced, or —talked into touching. No one deserves to be treated this way.

Examples: Child sexual abuse, being teased into touch by your friends, being pinched on a private part by a person on the street, being touched roughly when you expected gentleness, being forced into sexual touch by someone you go out with.

BELIEFS ... Every family, culture, and religion has its own beliefs about each kind of touch.

Touch Reference Sheet (continued)**SOME SPECIFICS**

SEXUAL INTERCOURSE = One kind of sexual touch, when the penis is inside the vagina.

Note: Forced intercourse is rape. It is never fair and it's illegal. Sexual intercourse should be a very close and caring experience.

Fact: Intercourse can lead to pregnancy.

Fact: Most people have intercourse at some time in their lives.

Myth: Everyone is having intercourse now.

Myth: Sexual touch always includes intercourse.

Beliefs: Each culture, religion, and family has its own beliefs about when intercourse is OK and when it isn't.

ABSTINENCE = Choosing not to have sexual intercourse.

Fact: Abstinence is a good way to reduce the risk of sexually transmitted infections.

Fact: Abstinence is a 100% perfect birth control method (as long as no sperm is released anywhere near the vagina or vulva).

Myth: Only immature children and —nerdslll abstain.

Fact: Most people abstain at some times during their lives.

Fact: Abstaining can show strength and maturity.

Beliefs: Each culture, religion and family has its own beliefs about abstinence.

MASTURBATION = A person stroking his or her own genitals for comfort or pleasure.

Fact: Most people masturbate at some time in their lives.

Myth: If you do not masturbate, there's something wrong with you.

Myth: If you do masturbate, there's something wrong with you.

Myth: Masturbating hurts your body, makes you insane, makes you infertile, gives you warts, or causes hair to grow on your palms.

Fact: It does not hurt your body.

Belief: Each culture, religion and family has its own belief about masturbation.

Touch Reference Sheet (continued)**A Bill of Rights**

You have a right to like touching one person and not another. (Just because you hugged your aunt, doesn't mean you have to want to hug your cousin.)

You have a right to like some kinds of touch and not others. (Just because you wanted to kiss, doesn't mean you have to want to hold hands.)

You have a right to change your mind. (Just because you hugged your friend yesterday, doesn't mean you have to now.)

You have a right to not have a reason ... just to choose not to touch or be touched without any explanation.

You have a right to need touch even when you are:

- Elderly
- Single
- Disabled
- A teenager
- Married

A Bill of Wrongs

You have a right to ask for touch, but you **never** have a right to:

- **Push** (if he/she says—no!!! three times, you're pushing)
- **Threaten** (—If you don't, I'll break up with you/slap you/kill myself/tell other people you did it anyway.!!!)
- **Bargain for touch** (—I'll pay for expensive dates.—I'll be your girlfriend/boyfriend.!!! —I'll take you to Homecoming!!!! —I'll stop teasing you.!!!)
- **Put a person down for saying "no"** (—What's wrong with you?!!! —You're chicken/a wimp/a baby.!!! —You think you're too good!!!!)

Did you know that...

- Touch can lift depression, help the body's immune system fight disease, and help a sick person heal more quickly.
- Touch can increase the amount of hemoglobin in the blood, sending more oxygen to your heart and brain.
- Touch can release chemicals called endorphins into your blood and endorphins are a natural pain killer.
- YOU DESERVE GOOD TOUCH!

Position Paper: Touch and Abstinence

Name _____

Some people believe that any kind of touch is OK as long as it feels good. Other people believe that the only right kind of sexual touch is intercourse in marriage. Still others believe something in between, but most people agree that touch itself is important.

In fact, we need touch. Babies learn to love, trust and feel safe by being cuddled and caressed. They can even die if they are never touched except to be changed or bathed! Kids, teens, adults and older people all need good touch, too. We can feel very alone and unimportant without it.

Good touch can include cuddling, caressing, hand holding, rubbing someone's back, patting their head, rough-housing, kissing, hugging, and, of course, under some circumstances, sexual intercourse.

Touch is not good; however, if one person talks the other into it, teases or tricks them into it, or forces them into it. It is not good touch if one person is doing it because they feel they "owe" it to the other person, or because they are scared not to. In fact, it is never good touch if:

- one or both people are high or drunk
- they are just touching so they can brag about it later
- they are worried about how the other person feels about it (instead of asking)
- they don't feel right about it themselves (for example if they are doing something they really believe is wrong)

Some touch can make you feel cared about and it can be fun. On the other hand, some touch only makes you feel lonely and it's not fun ... for either person.

Most little kids get a lot of good touch within their families. Some families begin to touch less, as their children become teens. That's too bad ... it leaves a lot of teens —touch-starved. If you are feeling like you could use some touch, a good place to start is at home. Teens can also begin to look to their friends for touch - through contact sports, shared backrubs, braiding a friend's hair, rough-housing and hugs.

Remember, a person learns first how to build trusting, playful, considerate, relaxed friendships, and then how to build love. One has to come before the other ... because love is really the closest of friendships.

Part of growing up also often includes experimenting with touch with a special friend, sometimes a boyfriend or girlfriend. Some of you may not be at all interested in

that at your age. Many people aren't. Others of you may be feeling sexual feelings. You may or may not decide to act on those feelings. Remember, feeling doesn't necessarily equal acting in human beings. For people, there is a step between feeling and acting. That's deciding.

Whether or not they decide to touch with special friends, many teens decide NOT to include sexual intercourse in their touching. NOT having intercourse is called —abstinence.!!!

We asked high school students why they were choosing abstinence. Yes, lots of people decide to wait. They told us:

"Hey, it's the only 100% perfect kind of birth control and I'm really not ready to be a parent."

"We talked it over and, well, abstaining gives us time to really get to know each other ... to become real friends. That's important to both of us. We still touch a lot; we just leave out some kinds of touch."

"It not only prevents pregnancy ... it has no side effects and it's free!"

"My religion says it's wrong to have sex before you're married. I agree. Period."

"I just don't want to take ANY chance of getting herpes ... or any kind of infection for that matter. I'd rather wait."

"I feel waiting can be a test of love. If a girl really cares about me, she won't need to put me down for preferring to wait."

"I heard that the younger you start „doing it“ and the more people you „do it“ with, the more chance you have of getting cancer of the cervix. I don't judge other people, but it's not worth the risk to me."

"I just wouldn't feel right. I had sex once and I felt crummy afterwards. I'd rather wait, till I'm sure I'll feel good about myself afterward."

"There are plenty of ways to show affection and caring without having sex. You just have fun in different ways."

"I don't want to take time and energy away from my music. That's totally important to me. I just know from when I was in love before, that sex made our relationship a lot heavier. I don't want that now. I'm more important."

"I think people who get all hung up wanting to lose their virginity just don't like themselves very much. I'm not in any hurry."

Did you know that six out of 10 high school sophomores in the U.S. have never had intercourse? Touch, even sexual touch, does NOT have to include intercourse. And most people prefer to wait.

So remember...

Touch is important.

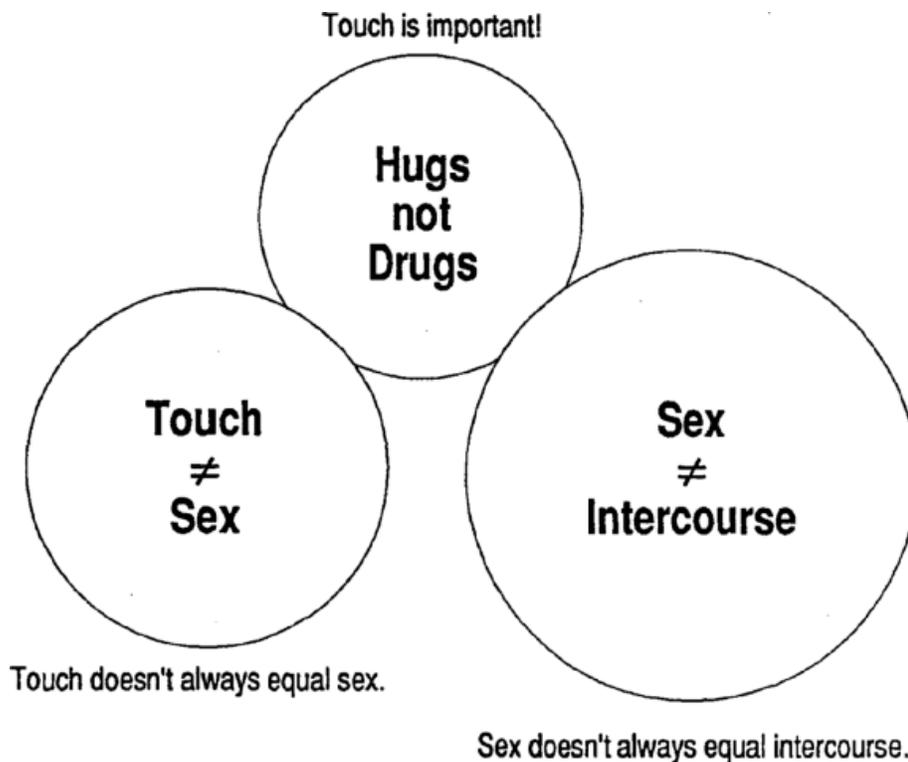
Touch is not always sexual.

Sex is not always intercourse.

Human beings can choose not to act on feelings.

Human beings can choose how to act on feelings.

Human beings can choose when to act on feelings.



A Family Homework Exercise: Touch and Abstinence

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL.

Directions: The student has read the Position Paper: Touch and Abstinence and the Touch Reference Sheet in class. The adult should begin by reading them, too.

Next: Discuss together what your culture, your religion, and the two of you believe about some of the questions below. Remember that the idea is to try to understand one another, not to make the other person —agree with you.!!!

- **Sexual intercourse**
 - When is it right?*
 - When is it wrong?*
 - What can make it a better or worse experience for both people?*
- **Abstinence**
 - When is it right?*
 - Is it ever wrong to choose abstinence? If so, when?*
 - What are other ways, besides sexual intercourse, that married people can express love and affection?*
- **Masturbation**
 - Is it right or wrong?*
 - Does it depend on the circumstances?*
 - Does it depend on the person's age?*
 - Do you think having masturbated has any effect on a person's ability to love a husband or wife? A positive effect? A negative effect?*
- **Other kinds of sexual touch**
 - Are there other kinds of sexual touch you approve of? If so, why? If not, why not?*
- **Violent touch**
 - When is it right? When is it wrong? Does it depend? If so, on what?*

Note: If it's embarrassing to discuss these issues with one another you can decide to:

- Say so, and do the exercise anyway
- Skip parts of it
- Skip the whole thing
- Write your answers and read each other's answers
- Write your answers and throw them away
- Talk with each other with help from your priest, minister, or rabbi; a friend; or a family counselor
- Laugh, giggle, blush, and go right on talking

Finally: Share some affectionate touch with each other ... like a hug!

NOTE: Turn in a Family Homework Confirmation Slip by _____ if you want credit.

Birth Control Basics

Grade 8, Lesson #7

Time Needed

One class period

Student Learning Objectives

To be able to...

1. List at least four birth control methods, including abstinence, with no prompt.
2. Name seven methods, given a description of each.
3. Explain that any method is more effective than not using a method and is safer than pregnancy and childbirth.
4. List at least two good reasons to communicate with parents and loved ones about birth control.

Agenda

1. Answer question(s) from the anonymous question box.
2. Explain the relevance of today's lesson.
3. Brainstorm birth control methods, including abstinence.
4. Introduce 7 methods, focusing on what each is and how it reduces pregnancy risk. (Use the *Birth Control Reference Sheets 1 and 2* and, optionally, display actual methods.)
5. Have students, individually or in small groups, fill out the second page of *Reference Sheet 1*. Discuss and debrief it.
6. Answer students' verbal and anonymous questions.
7. Optional: Assign homework.

Materials Needed

Classroom Materials: (1 per class)

- Optional set of birth control methods¹
(Should include a card with "NO".)

Student Materials: (1 per student)

- *Birth Control Reference Sheets 1 and 2*
- OPTIONAL: *Family Homework Exercise: Birth Control*
- OPTIONAL: *Birth Control Worksheet*

Activities:

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

Say: Today's lesson is on birth control. We are doing this lesson for three reasons. Some people have intercourse in their teens. For them, knowing about birth control is important. That's one reason we're studying it. Other people choose not to have intercourse in their teens, but almost everyone - even those who wait until marriage or who are gay or lesbian - will have intercourse at some time in his or her life. So, the second reason we're doing this is that most of you will want to make decisions about birth control someday.

The third reason is that I want you to be able to help your friends and brothers and sisters figure out what's truth and what's myth. The teen community is one another's most common source of sexual information and, often, misinformation. Today, you can learn the difference, so you can help other people you care about to prevent unplanned pregnancies.

3. Brainstorm birth control methods, including abstinence.

Ask the class, "If a person wanted to NOT have a baby this year, what could he or she do?" (Answer: Use abstinence or some other kind of birth control.)

Say: Each culture, religion and family has its own beliefs about which method(s), if any, are OK. Today we will focus on which ones are legally available, not on individuals' beliefs. Find out what your religion, if you have one, and your parent's or guardian(s) belief.

Brainstorm all the kinds of birth control anyone in the class has heard of. If they include non-methods like douching (which doesn't work), male pills (which don't exist yet), or abortion (which doesn't prevent pregnancy and is therefore not counted as a method of birth control) list them separately from actual methods.

Say: This lesson will cover just 7 of the 17 methods² (see endnote for an explanation of why we chose these 7 to focus on) available in the United States – those bolded in the list here – but write on the board any of these that students may know about, adding just the bolded ones they may forget or not have heard of:

- **BEHAVIORAL:** *abstinence, withdrawal, fertility awareness, combining two methods (e.g., condoms with a hormonal method, like the pill).*
- **BARRIER:** *“male” condom³, “female” condom⁴, diaphragm.*
- **HORMONAL:** *the pill, the patch, the vaginal ring, the shot (Depo-Provera), the implant (Implanon), hormonal IUD (Mirena intra-uterine device), emergency contraceptive (Plan B) pills.*
- **SPERMICIDES:** *foam, cream, gel, suppositories, tablets, film and the sponge.*
- **OTHER:** *copper IUD (intra-uterine device), sterilization.*

4. Introduce 7 methods, focusing on what each is and how it reduces pregnancy risk. (Use the *Birth Control Reference Sheets 1 and 2*, and optionally display actual methods.)

Hand out the *Birth Control Reference Sheet 1*. Describe each of the 7 methods utilizing the *Birth Control Reference Sheet 2* for speaker notes. Emphasis should be on what each method is and how it reduces pregnancy risk.

5. Have students, individually or in small groups, fill out the second page of *Birth Control Reference Sheet 1*, using *Birth Control Reference Sheet 2*. Discuss and debrief it.

Hand out *Birth Control Reference Sheet 2*. Allow students five minutes to try, individually or in small work groups, filling in the second page of the *Birth Control Reference Sheet 1*. Encourage guessing. It will help you uncover myths and misconceptions. Require pencil so students can correct any misunderstandings, incorrect guesses, and counter-productive attitudes in the discussion that will follow.

Creative alternatives: Post questions 1-7 around the room and have small groups rotate to the stations and use markers to propose answers (a different color marker for each small group). Debrief those seven questions. Then give each small group *either* question 8, 9 or 10. As they report back, everyone fills in their *Reference Sheet*.

As you debrief through discussion, elicit as much input from students as possible. Be careful to affirm students for contributing their answers, even when their answers are wrong. These are some points to raise and emphasize as you review the answers:

1. Which method of birth control works 100% of the time (if people are careful to “use” it all of the time)?
 - **Abstinence** ... *but only if sperm are not ejaculated on the woman’s genitals.*
2. If a hundred couples had intercourse for a year without any kind of birth control, how many would start a pregnancy?
 - **About 85⁵** ... *in other words, MOST of them (Some of the other 15 couples out of the hundred are fertile, but it may take them longer to become pregnant. Some of the other 15 couples are infertile. Of the 85 couples, some got pregnant on their first intercourse of year. Others got pregnant on the 5th, 12th, or 30th time of having intercourse, etc.)*
3. Of the seven kinds of birth control on the first side of this reference sheet, name three that are more than 90% effective in preventing pregnancy? (Accept any 3 of these 5)
 - **abstinence** ... *nobody really knows how well people do, on average, at sticking to the decision, but it works 100% of the time that it is actually accomplished*
 - **Implanon** (the implant) is 99.95% effective ⁶
 - **combining two methods** (e.g., condoms with a hormonal method) ... *nobody has studied the effectiveness of combining two methods but it would be higher than either alone and it would also reduce STD risk*

- **Depo** (Depo-Provera, the shot) is typically 97% effective ⁷
- **The pill** is typically 92% effective ⁸

Bottom line: These are 92-100% effective in actual use. So how many pregnancies would 100 average couples have after using one of these for a year? 8 or fewer!

What if students ask about condoms and Plan B? *Condoms are almost as effective against pregnancy as these other 5 options (85% typically).*⁹ *With Plan B it depends when she takes it. If a woman takes it in the first 24 hours after she has unprotected sex or after a condom breaks, it reduces pregnancy risk by up to 95%.*¹⁰ *That percentage drops each day, though it can be used up to 5 days after sex.*

4. Which methods give the most protection from STDs (sexually transmitted diseases)?

- **Abstinence**
- **Condom**

Bottom line: Only abstinence is a guarantee, but it has to mean abstaining not only from vaginal sex, but also oral and anal sex in order to really protect people from STDs.

5. Which methods are safer than having a baby?

- **All of them ... and especially abstinence**

Prescription methods are only safe under doctor's orders, of course.

6. Which methods can teenagers get without parental consent?

- **All of these ... which is not to imply that this is ideal**

Although we realize that in an ideal world every child could share this "coming-of-age" decision with his or her family, the law recognizes that some families can't / don't talk about sexual issues, and the most important thing is helping people prevent unintended pregnancy.

7. What contraceptive method can be used to prevent pregnancy following unprotected intercourse or a birth control failure (e.g. if a condom breaks)? The sooner a woman takes it, the better it will work.

- **Plan B**

To be most effective it must be taken as soon as possible, but within 120 hours (5 days) of unprotected intercourse. This can reduce the risk of pregnancy by 89% on average and up to 95% taken the first day. ¹¹ *Men and women age 17 or older can get it at a pharmacy or clinic without a prescription.* ¹² *Women under age 17 can get it at clinics, doctors' offices and, in Washington and some other states, from some pharmacists.* ^{13,14} *People need to call ahead.*

8. Why is it good to talk with your parents, guardians or other trusted adults about birth control, if you can?

- *avoids secrecy, lying, guilt, mistrust*
- *may bring family closer together*
- *may offer support in going to the doctor or pharmacy*

- *may offer help in decision-making about intercourse or about birth control, from their experience*
 - *lets you share beliefs*
9. Why is it good to talk with your boyfriend/girlfriend/husband/wife about this if you can?
- *avoids secrecy, lying, guilt, mistrust*
 - *may bring couple closer together*
 - *protects both from unintended pregnancy*
 - *may support each other in going to a doctor or pharmacy*
 - *can help each other use a method correctly, consistently*
 - *lets you share beliefs*
 - *can make decisions together*
10. Where else besides this class, could a person get accurate up-to-date information about birth control?
- | | |
|---|-------------------------|
| • <i>Parents or Guardians</i> | • <i>Pharmacist</i> |
| • <i>Other trusted adults</i> | • <i>Clergy</i> |
| • <i>Family Doctor</i> | • <i>Internet</i> |
| • <i>Gynecologist</i> | • <i>Public Library</i> |
| • <i>Family Planning Clinic, like Health Department or Planned Parenthood</i> | |

Please note: It is probably not necessary in 7th and 8th grade to go into much detail about how a method is used, its benefits, its side effects, its medical risks, its cost, etc. If questions about these issues are asked, do answer them to the best of your knowledge (or say "I don't know"), but we don't recommend raising them yourself.

5. Answer students' verbal and anonymous questions. (today's lesson)

Give each student several slips of scrap paper

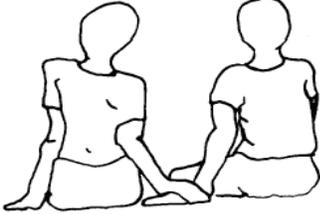
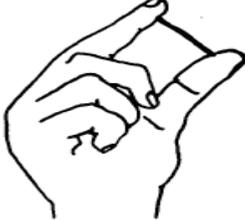
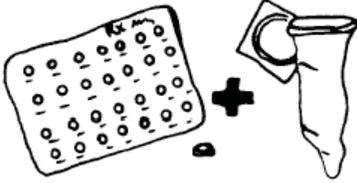
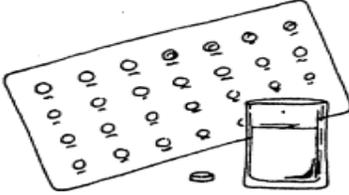
Say: *Write at least one question or what you learned today and drop it in the anonymous question box.* (If everyone is writing, nobody feels like the Only One). **Do NOT write your name on the slip, unless you would prefer to talk with me privately about your question. Only one question on each slip** (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.)

Birth Control Reference Sheet 1

Name _____

Date _____

Seven of the ways people can reduce the risk of pregnancy.

 <p>abstinence</p>	 <p>Implanon or the implant</p>	 <p>condom PLUS another method</p>
 <p>Depo or the shot</p>	 <p>the pill</p>	 <p>condoms</p>
 <p>Plan B or emergency contraception</p>		

Birth Control Reference Sheet 1, continued ...

1. Which method of birth control works 100% of the time (if people are careful to “use” it all the time)?

2. If a hundred couples had intercourse for a year without any kind of birth control, how many would start a pregnancy? Circle one.

15 35 55 75 85

3. Of the seven kinds of birth control on the first side of this reference sheet, name three that are more than 90% effective in preventing pregnancy.

4. Which methods give the most protection from STDs (sexually transmitted diseases)?

5. Which methods are safer for most people than having a baby?

A _____ of t _____

6. Which methods can teenagers get, without parental consent?

A _____ of t _____

7. What contraceptive method can be used to prevent pregnancy after unprotected intercourse or a birth control failure (e.g. if a condom breaks)? The sooner a woman takes it, the better it will work.

P _____ B

Birth Control Reference Sheet 1, continued ...

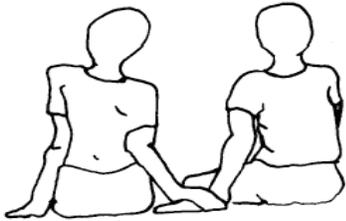
8. Why is it good to talk with your parents, guardians or other trusted adults about birth control, if you can?

9. Why is it good to talk with your boyfriend/girlfriend/husband/wife about this, if you can?

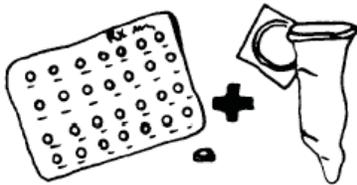
10. Where else, besides this class, could a person get accurate up-to-date information about birth control?

Birth Control Reference Sheet 2: A Birth Control Glossary

Abstinence, also called celibacy or "saying no," is the most effective way to not start a pregnancy. When it's used to prevent pregnancy, abstinence means not having sexual intercourse (not putting the penis in the vagina) and not ejaculating near the opening of the vagina.



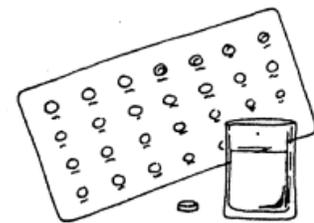
Combining Two Methods -- For extra protection, couples can combine a condom with another method of birth control (for example: birth control pills). A combination like this will help cut down the risk of pregnancy, HIV and many other sexually transmitted diseases (STDs).



Condoms, also known as rubbers, are like very thin, very strong gloves. A condom is worn over the penis to catch the sperm so they can't enter the uterus and fallopian tubes. Condoms can be bought in a drugstore. They can only be used once and then thrown away. They cut down the risk of pregnancy, HIV and other STDs.



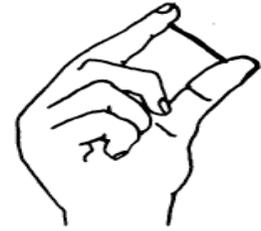
Pills, also known as oral contraceptives, are hormones (like the ones already in her body) that keep a woman's ovaries from releasing eggs as long as she keeps taking them. They must be prescribed by a health care provider. She takes one pill by mouth at the same time every day (not just when she has intercourse).



The Shot, also known as Depo-Provera or depo, is made of hormones. It's given into a woman's muscle (in her arm or hip) and lasts 3 months. It keeps her ovaries from releasing eggs. The shot must be prescribed by a health care provider; she needs to get a shot every 12 weeks.



The Implant, also known as Implanon, is one small tube that is placed under the skin of a woman's upper, inner arm. It prevents pregnancy for up to 3 years by releasing a hormone that prevents her ovaries from releasing eggs. It must be prescribed by a health care provider (a doctor or nurse practitioner). The woman must go to her health care provider's office to have it put in or removed, which only takes a few minutes.



Emergency Contraception, also known as EC, the morning after pill, and Plan B, are one or two pills that, when taken soon after intercourse, can prevent pregnancy. Women who have had unprotected intercourse, whose method of birth control has failed (such as a condom breaking), or who have been forced to have intercourse can take EC to prevent pregnancy. This will not harm the pregnancy if she does become pregnant. EC is different from the "abortion pill". It does not work if a woman is already



The pills should be taken within 120 hours (5 days) after intercourse, but the sooner that a woman takes the pills, the better chance she has at preventing an unplanned pregnancy (up to 95%).

They're available from a doctor, at many health clinics, at emergency rooms,

Note: Using the pill, the shot, the implant or Plan B alone does not protect against STDs or HIV. They can be used together with a condom to cut down the risk of HIV and other STDs.

Family Homework Exercise: Birth Control

ALL FAMILY HOMEWORK EXERCISES ARE OPTIONAL

First: The student has created the "*Birth Control Reference Sheet 1*" in class. The adult should begin by reading it, too.

Next: Discuss together what your culture, your religion, and the two of you believe about:

- **Family Size**
 What is the ideal family size? Why?
 If a couple chooses not to have children, are they still a family?
 What is a good age to have a first child?
 Who is responsible for the children?
- **Birth Control**
 What kinds are OK, if any? Why?
 Are some kinds of birth control wrong, in your opinion? Which kinds? Why?
 Does it depend on whether a person is married?
 What if they are developmentally delayed? otherwise disabled? have a genetic disease?
 What if they just don't want a baby now?
 Whose responsibility is birth control, the man's or the woman's?
- **Parental Consent**
 Do you agree or disagree with the laws that say teens can get non-prescription birth control from any drug store without their parents' permission? Why?
 What about prescription methods from doctors?
 If you're a parent, would you hope your child would or would not tell you if he or she were using or wanted to use a birth control method besides abstinence? Why?

NOTE: Turn in a Family Homework Confirmation Slip by _____, if you want credit.



FAMILY HOMEWORK CONFIRMATION SLIP

We have completed "Family Homework Exercise: Birth Control".

Date: _____

Student's signature: _____

Adult's signature: _____

NOTES & REFERENCES

¹ A set of birth control methods may be purchased from Planned Parenthood education department or if you teach in King County, Washington, contact your local Health Educator at Public Health - Seattle & King County - see links below:

<http://www.plannedparenthood.org/ppgnw/birth-control-resource-kit-23208.htm>

<http://www.kingcounty.gov/healthservices/health/locations>

² The **FLASH** curricula introduce all 17 methods in high school (**9/10 FLASH**). We focus on these 7 in middle school for the following reasons:

- a) **abstinence**, because it is always available and protects against disease, although we don't know typical user effectiveness rates
- b) **combining condoms and a hormonal method**, in order to encourage BOTH pregnancy and STD prevention, although we don't know typical user effectiveness rates
- c) **condoms**, because they are effective against pregnancy (85% typical use rate; 98% perfect use rate, per *Contraceptive Technology*, 19th Rev. Ed., Hatcher, Robert A. et al, 2007) and also protect against disease
- d) **emergency contraception**, because it is all that's available after the fact and it is *very* effective if used soon after sex, reducing pregnancy risk somewhat for up to 5 days (WomensHealth.gov, a site run by the U.S. Department of Health and Human Services, explains, "*Consider that about 8 in 100 women who have unprotected sex one time during the fertile part of their cycle will become pregnant. If these 100 women take progestin-only ECPs [like Plan B], about 1 will become pregnant.*" Retrieved August 18, 2009: <http://womenshealth.gov/faq/emergency-contraception.cfm#c>)
- e) **the pill**, because it is very effective (92% typical use rate; 99.7% perfect use rate, per *Contraceptive Technology*, 19th Rev. Ed.) and a very common choice among teens (see the Centers for Disease Control publication "*Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, 2002*" retrieved August 18, 2009: http://www.cdc.gov/nchs/data/series/sr_23/sr23_024.pdf)
- f) **the shot** (Depo-Provera), because it is extremely effective (97% typical use rate; 99.7% perfect use rate, per *Contraceptive Technology*, 19th Rev. Ed.) and a very common choice among teens
- h) **the implant** (Implanon), because it is the *most* effective reversible contraceptive (99.95% in typical and perfect use, per *Contraceptive Technology*, 19th Rev. Ed.)

³ Although this is called a "male" condom, it can be worn on a penis or used on a sex toy.

⁴ Although this is called a "female" condom, it can be used by any gender, vaginally or anally.

⁵ Hatcher, Robert A. et al (2007) *Contraceptive Technology* (19th Rev. Ed.) New York: Ardent Media, Inc.

⁶ *ibid* (Hatcher is also cited here http://www.acog.org/publications/patient_education/ab020a.cfm by the American College of Obstetrics and Gynecology, retrieved August 18, 2009)

⁷ *ibid*

⁸ *ibid*

⁹ *ibid*

¹⁰ Office of Population Research & Association of Reproductive Health Professionals (2009) *Answers to Frequently Asked Questions About ... Effectiveness*. Retrieved August 18, 2009 from The Emergency Contraception Website: <http://ec.princeton.edu/questions/eceffect.html>

¹¹ *ibid*

¹² *FDA ... Lowers Age for Obtaining Two-Dose Plan B Emergency Contraceptive without a Prescription*. (2009) Retrieved August 18, 2009 from U.S. Food and Drug Administration web site:

http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM10977_5

¹³ Washington State Pharmacy Association. *Service to Minors*. Retrieved August 18, 2009 from the Pharmacy Access Project Web site: www.go2ec.org/pdfs/WA_ServiceToMinors.pdf

¹⁴ *Providing Health Care to Minors under Washington Law*. Retrieved August 20, 2009 from the Washington State Department of Health Web site: www.doh.wa.gov/CFh/fprh/4-Resource-Exch/MinorCare-06.pdf