

**Milwaukee Public Schools
Wellness and Prevention Office**

**Human Growth & Development Curriculum
8th Grade Lessons**

OUTLINE

- Lesson 1- Just the Facts
- Lesson 2- Body Jeopardy
- Lesson 3- Self-Esteem
- Lesson 4- Let's Talk
- Lesson 5- Healthy Relationships
- Lesson 6- Are All the Kids Really Doing It?
- Lesson 7- Setting Long-Term Goals
- Lesson 8- Abstinence Intro
- Lesson 9- Abstinence Decision Making
- Lesson 10- Sexual Abuse
- Lesson 11- Contraception
- Lesson 12- Life with a Baby
- Additional Available Curriculum- Baby Think it Over
- Lesson 13- Getting to Know STIs
- Lesson 14- STI Project (**reserve computer lab**)
- Lesson 15- The Acceptance Continuum

If time permits a sexting and cyber bullying assignment is included in 6th grade lesson 13 and 7th grade lesson 12

Lessons that can be replaced by completing the following curriculum:

| Curriculum | MPS HGD lessons that do not have to be covered if specified curriculum is taught |
|----------------------|--|
| Making Proud Choices | 4, 5, 7, 12, 13, 14, 15 |
| Life Skills | 4 |

National Health Education Standards

Primary Focus

Standard 1 – Core Concepts

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

Secondary Focus

Standard 7 – Self Management

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

MPS Learning Targets- Students will:

Health

- understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- apply a variety of reading strategies to understand what is being read.
- using different types of documents, compare and contrast the information found in them to learn about a topic

What You Need to Know- lesson objectives:

- review names and functions of reproductive anatomy.
- apply their knowledge of the reproductive system to the process of fertilization.
- review the steps in the menstrual cycle

Materials:

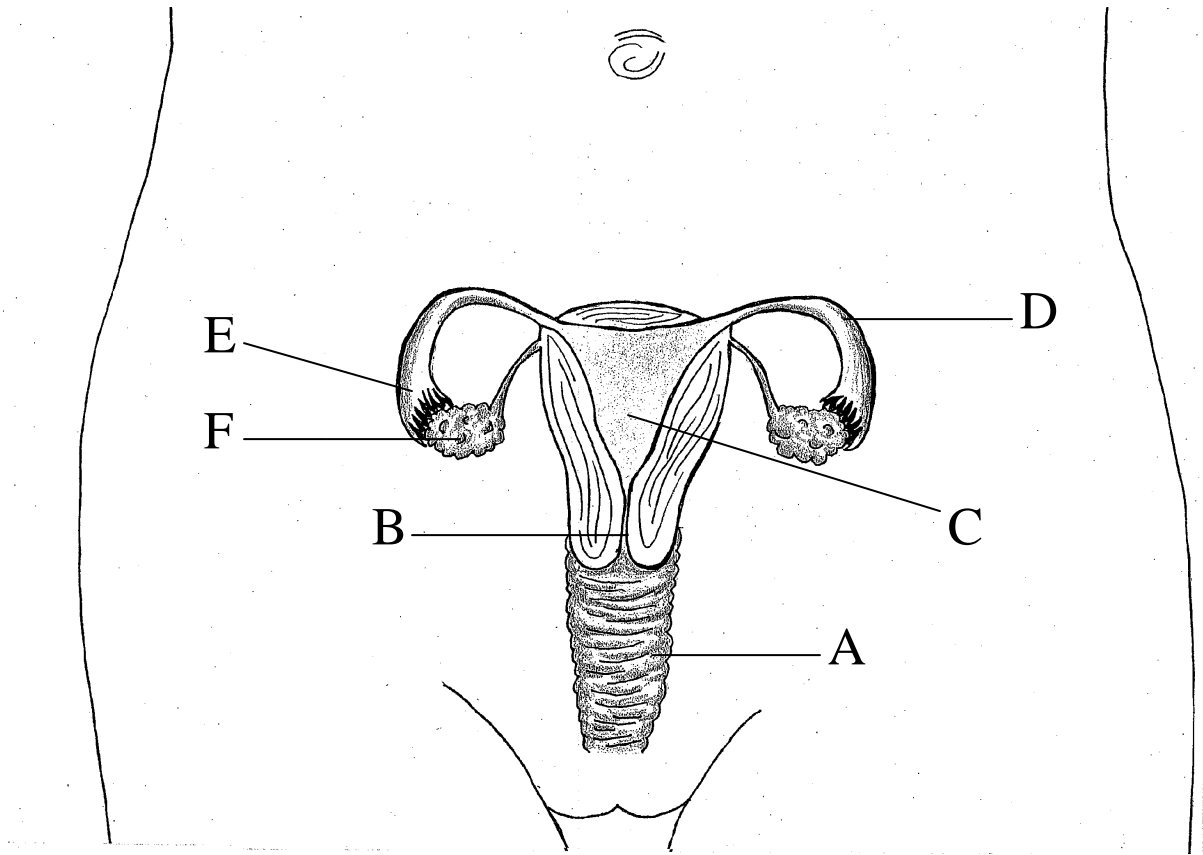
- diagrams transparencies (male, female)
- fill in the blank diagrams
- reproductive signs for classroom activity or transparency
- Signs for body parts

Procedures:

1. Introduce the unit to the class. Acknowledge the prior knowledge about their bodies, the reproductive system, relationships with friends and families, and keeping themselves safe. The lessons are designed to deepen their knowledge and take a look at things from their, now older, perspective. Set the tone for the unit by discussing classroom rules, confidentiality, participation expectations, etc. Introduce the use of a **question box** for any questions that students have that they would like to be sure are addressed in the course of the unit.
2. Pass out the male and female reproductive system sheets.
3. Put the reproductive system signs up around the room and have the kids walk around and fill in their sheets. Give students 15-20 minutes to complete this task. If you are not comfortable having kids move about the room for this activity the signs can always be used as overheads
4. Review the students' answers to make sure they all have correct information on their sheets.
5. Put up each overhead showing the male reproductive system.
 1. Ask the students the purpose of the male reproductive system. Make sure they understand that the purpose is to produce sperm, and get that sperm to an egg. The main goal is to make a baby.
 2. Go through the journey sperm take from the testicles to the outside of the body.
 3. Follow this order: testicles, epididymis, van deferens, seminal vesicle, prostate gland, Cowper's gland, urethra and out of the body.

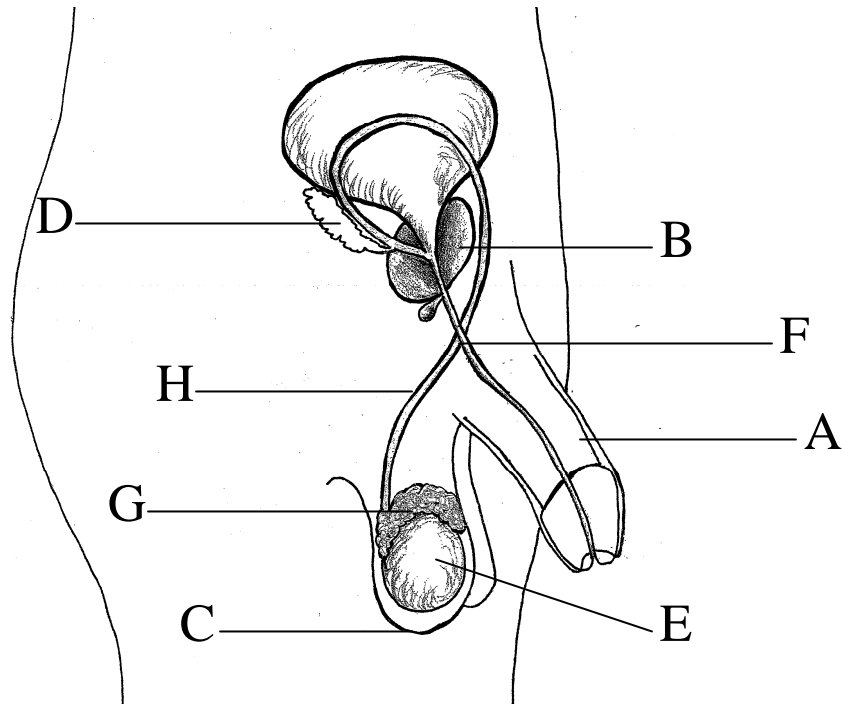
4. Go through it again, this time saying what each part does and have the kids recite back which body part you are talking about. Keep going through it until a majority of the class is giving the correct answers
5. Example of how the teacher can explain these parts in summary:
 - sperm is made in the= testicles
 - sperm is then stored in the= epididymis
 - when a man ejaculates sperm is released into the= vas deferens
 - sperm add seminal fluid from the= seminal vesicle
 - sperm add more fluid to make semen from the= prostate gland
 - semen adds a protective fluid from the= Cowper’s gland
 - then it leaves the body through the= urethra
 - which is inside the= penis
6. Inform the students that when a male ejaculates he releases 150-300 million sperm.
6. Explain the female reproductive system (Put up an overhead of the female reproductive system)
 1. What is the main purpose of the female reproductive system? To have an egg fertilized and carry a developing baby
 2. Start with where the eggs are made and work your way through the system.
 3. Follow this order: ovary, fallopian tube, uterus, cervix, vagina.
 4. Tell students that women are born with all their eggs in their ovaries. Once puberty starts, one egg is matured every month and travels through the female reproductive system to be fertilized by sperm.
 5. Go through it again, this time saying what each part does and have the kids recite back which body part you are talking about. Keep going through it until a majority of the class is giving the correct answers.
 6. Example of how the teacher can explain these parts in summary:
 - eggs are stored in the= ovary
 - once a woman begins puberty, once a month an egg matures. During ovulation the egg is released and travels through the = fallopian tube
 - After a few days in the fallopian tube the egg enters the=uterus
 - if the egg is fertilized it stays in the uterus, if it is not fertilized the egg will leave the uterus through the= cervix
 - and exit the body through the= vagina

Female Reproductive System



A _____
B _____
C _____
D _____
E _____
F _____

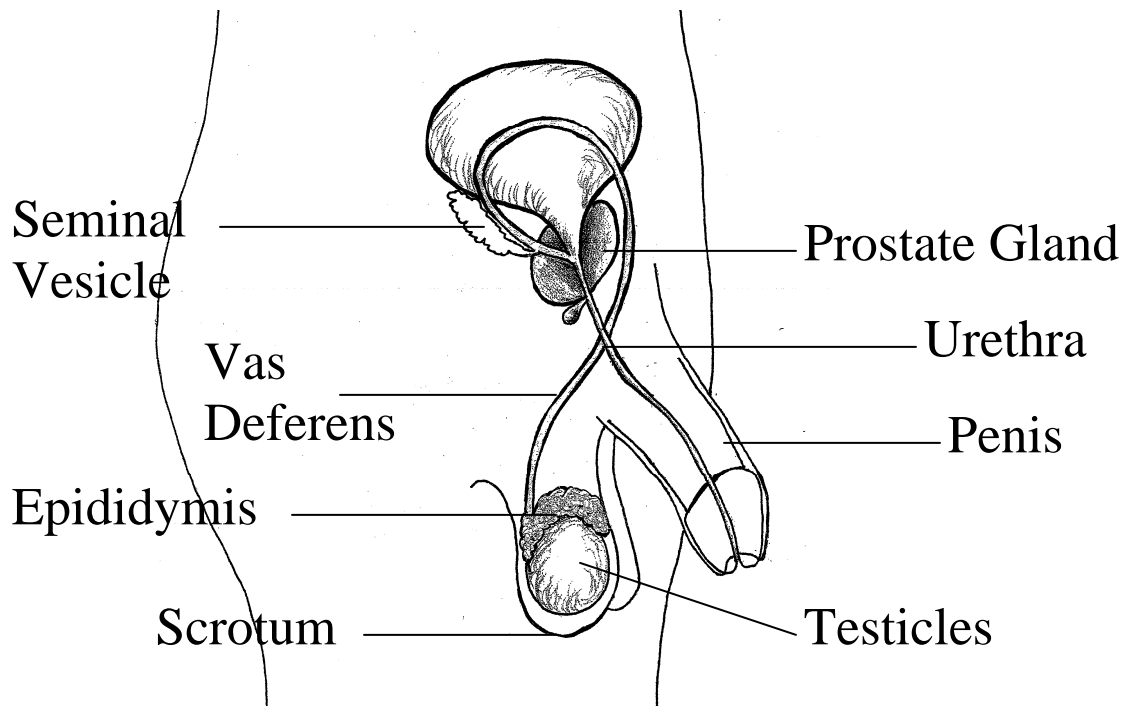
Male Reproductive System



A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____

Illustrations created by Margaret Lancelot, 2009

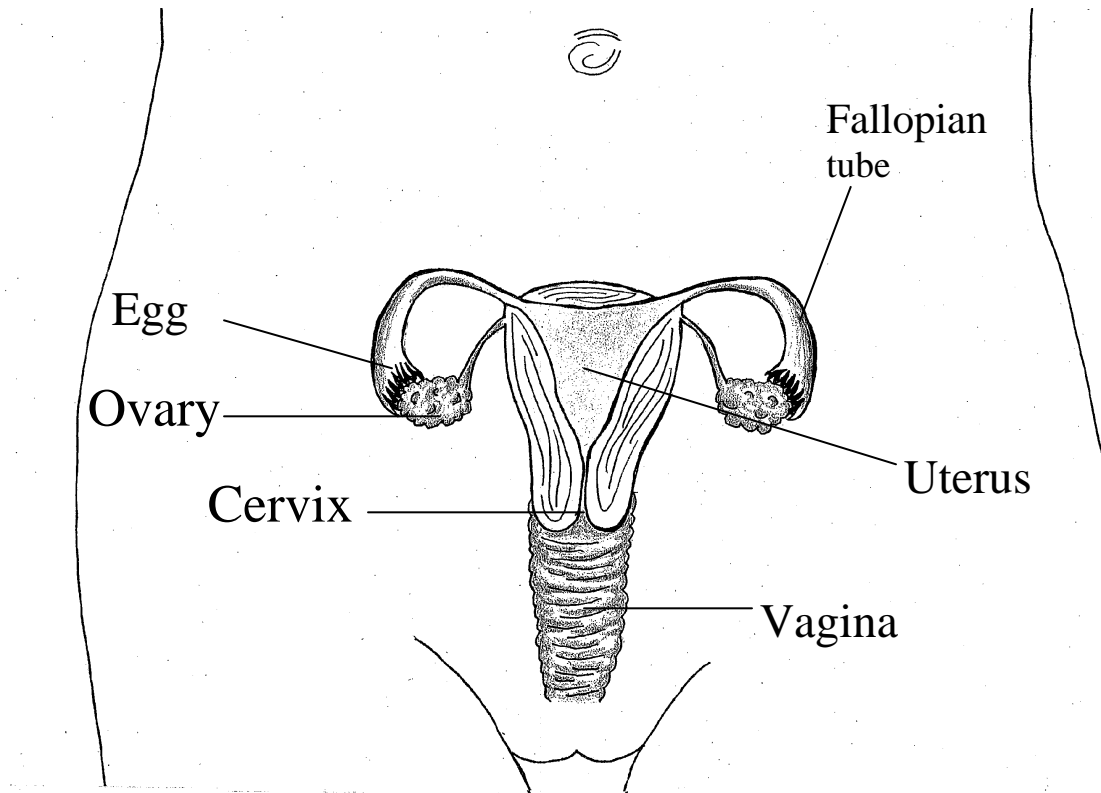
Male Reproductive System Answer Key



Illustrations created by Margaret Lancelot, 2009

- A. **Penis** – The male sex organ; also used to urinate
- B. **Prostate Gland** – Gland next to the bottom of the bladder. It forms a fluid that combines with sperm and a fluid from the seminal vesicles to make semen.
- C. **Scrotum** – Sac of skin that holds the testicles, just underneath the penis.
- D. **Seminal Vesicles** – Two glands on either side of the bladder that secrete seminal fluid.
- E. **Testicles** – Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm.
- F. **Urethra** – Tube that carries urine and semen out of the body, but not at the same time.
- G. **Epididymis** – Where sperm are matured and stored.
- H. **Vas Deferens** – Tubes in which sperm is combined with other fluids from the prostate gland and seminal vesicles to make semen.

Female Reproductive System Answer Key



Illustrations created by Margaret Lancelot, 2009

- A. **Vagina** – A muscular passageway that lies between the bladder and the rectum. It serves as the female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow.
- B. **Cervix** - The base of the uterus with a small opening between the uterus and vagina.
- C. **Uterus** – The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery.
- D. **Fallopian Tube** – The tubes that extend from near the ovaries to the uterus.
- E. **Egg** - Also called an ovum; the female reproductive cell.
- F. **Ovary** – The two almond-shaped glands that produce the egg (ova) and send out hormones.

Male A

Penis

The male sex organ; also used to urinate

Male B

Prostate Gland

Gland next to the bottom of the bladder. It forms a fluid that combines with sperm and a fluid from the seminal vesicles to make semen.

Male C

Scrotum

Sac of skin that holds the testicles, just underneath the penis.

Male D

Seminal Vesicles

Two glands on either side of the bladder that secrete seminal fluid.

Male E **Testicles**

Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm.

Male F **Urethra**

Tube that carries urine and semen out of the body, but not at the same time.

Male G **Epididymis**

Where sperm are matured and stored.

Male H **Vas Deferens**

Tubes in which sperm is combined with other fluids from the prostate gland and seminal vesicles to make semen.

Female A

Vagina

A muscular passageway that lies between the bladder and the rectum. It serves as the female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow.

Female B

Cervix

The base of the uterus with a small opening between the uterus and vagina.

Female C

Uterus

The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery.

Female D **Fallopian Tube**

The tubes that extend from near the ovaries to the uterus.

Female E **Egg**

Also called an ovum; the female reproductive cell.

Female F **Ovary**

The two almond-shaped glands that produce the egg (ova) and send out hormones.

National Health Education Standards

Primary Focus

Standard 1 – Core Concepts

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

Secondary Focus

Standard 4 – Interpersonal Communication

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

MPS Learning Targets – Students will:

Health

- Understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

English Language Arts

- Speak clearly using proper grammar and effective words to achieve an effect.

Reading

- Apply a variety of reading strategies to understand what is being read.
- Using different types of documents; compare and contrast the information found in them to learn about a topic.

What You Need to Know- lesson objectives:

- Students will review names and functions of reproductive anatomy.

Materials:

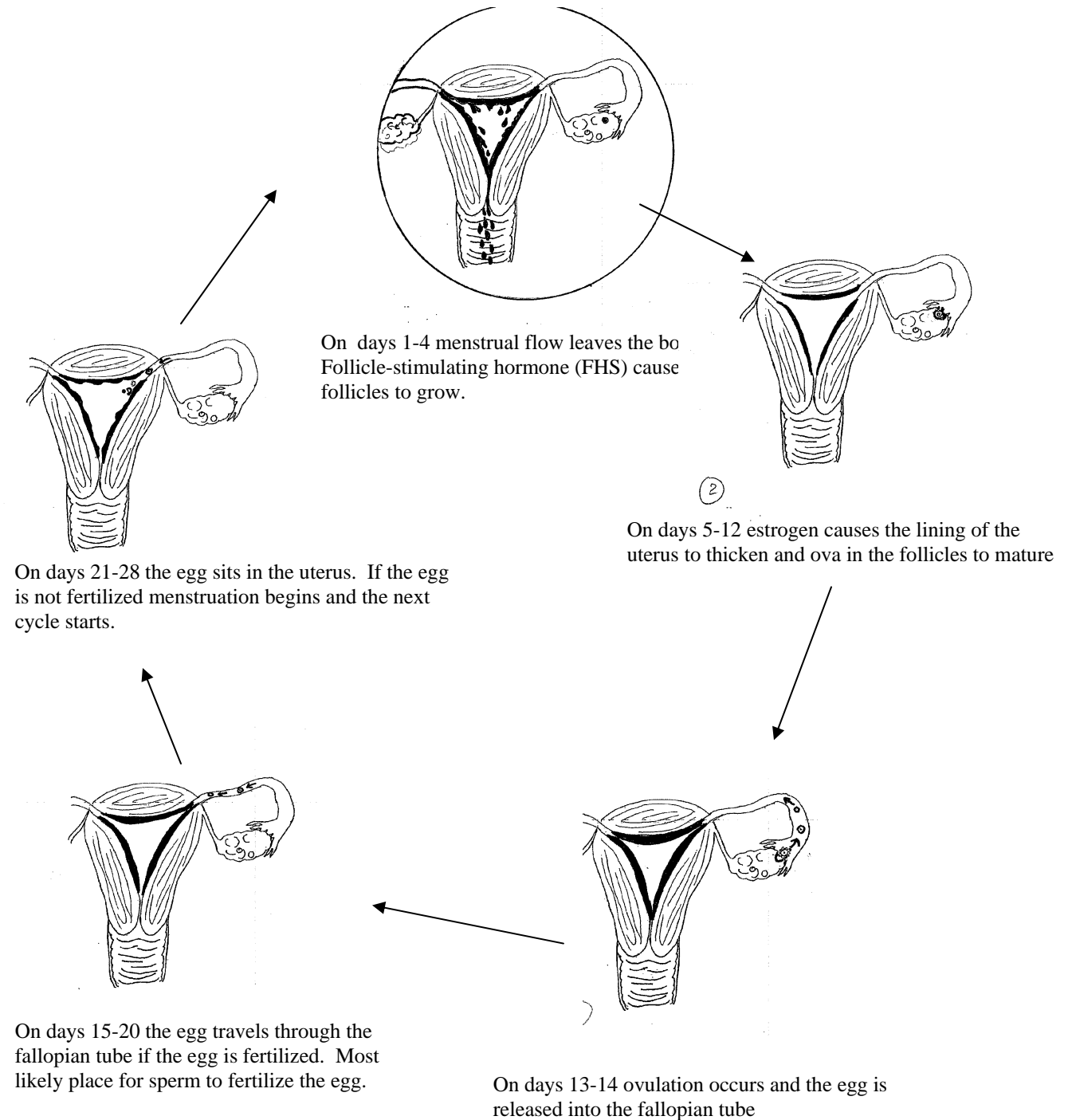
- Diagrams (male, female) from lesson 1
- Body Jeopardy (attached) on overhead with squares cut to cover each answer box.
- Menstrual cycle overhead
- Question Box

Procedures:

1. Put up the female reproductive system overhead up, now start with ejaculation in the woman during sex and follow the sperm as they try and find an egg.
 - Ask if any of the students remember how many sperm are deposited inside the woman’s body during intercourse (150-300 million).
 - explain that the woman’s vagina has an acid in it that kills many of the sperm and some sperm also attach to the wall of the vagina.
 - The sperm then travel up the cervix and to the uterus. Many sperm that are looking for the egg get stuck here as well.
 - The best place for an egg to be fertilized is the fallopian tube. Now there are some sperm that go to one tube, and some go to the other tube. If the sperm and egg meet in the fallopian tube, there are only about 50 sperm left.
 - only ONE sperm can enter the egg. Once that happens the egg makes a protective layer that does not let any other sperm in. Usually a student will ask about twins. So how do you get twins? Two ways:
 - Fraternal twins: This is when two separate eggs are fertilized. The twins have two separate sets of DNA and will not look the same.

- Biological twins: One sperm fertilizes one egg, and the egg splits into two sometimes between two days and two weeks after fertilization. These are two separate people with the same DNA. They are likely to look very similar.
 - Now you have a fertilized egg that might implant into the uterus.
 - The fertilized egg grows into a baby in nine months.
2. Review the menstrual cycle
- Go through the 5 steps of the menstrual cycle
1. On days 1-4 menstrual flow leaves the body. Follicle-stimulating hormone (FHS) causes follicles to grow.
 2. On days 5-12 estrogen causes the lining of the uterus to thicken and ova in the follicles to mature
 3. On days 13-14 ovulation occurs and the egg is released into the fallopian tube
 4. On days 15-20 the egg travels through the fallopian tube if the egg is fertilized. Most likely place for sperm to fertilize the egg.
 5. On days 21-28 the egg sits in the uterus. If the egg is not fertilized menstruation begins and the next cycle starts.
- POINT: make sure they understand that if you are counting the days of the menstrual cycle, DAY ONE of the new cycle is when the woman starts menstruating, NOT after she is done
1. Ask: ON which days is it most likely to get pregnant? Days 9-16 because the sperm can live inside the female for up to 6 days. If sperm enter her body even on day 9 they might be in the fallopian tubes on day 14 when the egg is released
3. Divide class into two teams to play “Body Jeopardy”. Choose a team to go first (role a die, draw straws, etc.) Pick a student from that team to choose the first category and amount. Anyone can guess. The one who guesses gets to pick the next category and answer. To narrow the number of possible responders and give more students a chance to answer, you can restrict the responders by asking only girls to respond or those wearing something red, etc.
- Lesson modification:** copy small versions of the board and divide class into groups of three. For each answer, rotate who guesses the correct question. You may want to have male and female only teams for this lesson.

The Menstrual Cycle



Illustrations created by Margaret Lancelot, 2009

Male Reproductive System Terms

| | |
|-------------------------|---|
| Epididymis | Where sperm are matured and stored |
| Penis | The male sex organ; also used to urinate |
| Prostate Gland | Gland next to the bottom of the bladder. It forms a fluid that combines with sperm and a fluid from the seminal vesicles to make semen. |
| Scrotum | Sac of skin that holds the testicles, just underneath the penis. |
| Semen | Also called seminal fluid. It is a white, milky liquid that carries sperm out of the penis during ejaculation. |
| Seminal Vesicles | Two glands on either side of the bladder that secrete seminal fluid. |
| Sperm | Male reproductive cells. |
| Testicles | Also called the testes; two oval-shaped organs that are contained in the scrotum. They produce the male hormone testosterone and sperm. |
| Urethra | Tube that carries urine and semen out of the body, but not at the same time. |
| Vas Deferens | Tubes in which sperm is combined with other fluids from the prostate gland and seminal vesicles to make semen. |

Female Reproductive System Terms

| | |
|------------------------|---|
| Cervix | The base of the uterus with a small opening between the uterus and vagina |
| Clitoris | Small sensitive organ at the top of the vulva. |
| Egg | Also called an ovum; the female reproductive cell. |
| Fallopian Tubes | The tubes that extend from near the ovaries to the uterus. |
| Hymen | The thin membrane that stretches across the cervix. |
| Labia | The folds of skin surrounding the opening of the vagina. |
| Ovaries | The two almond-shaped glands that produce the egg (ova) and send out hormones. |
| Urethra | The tube that carries urine from the bladder out of the body. |
| Uterus | The organ that prepares each month to receive a fertilized ovum. It also prepares to support the fertilized ovum during pregnancy and to contract during childbirth to help with delivery. |
| Vagina | A muscular passageway that lies between the bladder and the rectum. It serves as the female organ of intercourse, of the arriving sperm, the birth canal and the passageway for the menstrual flow. |
| Vulva | The external female genitalia. |

Body Jeopardy Game Board
(With answers)

| | Reproductive Body Parts | Puberty | Reproduction or Pregnancy |
|-----|--|---|---|
| 100 | Produces Sperm (What are testicles) | Typically the sex that is first to begin puberty (Female) | When egg cell & sperm cell meets (Conception or Fertilization) |
| 200 | Stores egg cells in the female (Ovaries) | Ejaculation that happens when an adolescent is sleeping. (Wet dreams – nocturnal emissions) | Stage of prenatal development during weeks 2-8. (Embryo) |
| 300 | Blood rushes to penis when sexually aroused. (Erection) | Gland in the brain that stimulates onset of puberty (Pituitary) | Place where the baby develops before birth (Uterus) |
| 400 | Small, sensitive area of the female vulva. (Clitoris) | When a female reaches puberty, the lining of the uterus is shed each month through this opening (Vagina) | The only 100% effective way to avoid pregnancy (Abstinence) |

| | Reproductive Body Parts | Puberty | Reproduction or Pregnancy |
|------------|--|---|---|
| 100 | Produces Sperm | Typically the sex that is first to begin puberty | When egg cell & sperm cell meets |
| 200 | Stores egg cells in the female | Ejaculation that happens when an adolescent is sleeping. | Stage of prenatal development during weeks 2-8. |
| 300 | Blood rushes to penis when sexually aroused. | Gland in the brain that stimulates onset of puberty | Place where the baby develops before birth |
| 400 | Small, sensitive area of the female vulva. | When a female reaches puberty, the lining of the uterus is shed each month through this opening | The only 100% effective way to avoid pregnancy |

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 5 – Decision Making

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

MPS Learning Targets- Students will:

Health

- Identify the importance of healthy choices regarding sexuality
- Describe how we communicate our emotions in a healthy manner

Math

- Pose questions and collect, graph and interpret data to summarize responses to questions

Reading

- Apply a variety of reading strategies to understand what is being read

What You Need to Know- lesson objectives:

Students will:

- Define self esteem
- List conditions that will foster high self-esteem

Materials

- Copy for each student:
 1. Lisa's Self-Esteem Grid, plus 1 extra copy for each group
 2. Roberto's Self-Esteem Grid, plus 1 extra copy for each group
- Make transparency of:
 1. Lisa's Self-Esteem Grid and
 2. Roberto's Self-Esteem Grid
- Poster board
- markers

Procedure

1. Preview the purpose, main points and vocabulary before beginning lesson
2. Go through “What is Self Esteem” brainstorming and clustering activity.
3. Next cover the plotting self esteem part of the lesson
4. Finish with the “Enhancing Self-Esteem” discussion

Teacher Notes

This lesson provides students with background information necessary for a general understanding of self-esteem and the conditions required for establishing and maintaining high self-esteem.

Main Points

- Self-esteem is the way one feels about himself or herself.
- People with high self-esteem recognize their own strengths and skills.
- Self-esteem is influenced by both internal and external events.
- Self-esteem is enhanced when people experience positive feelings within
- 4 conditions: consecutiveness, uniqueness, power and models.

Vocabulary:

Confidence- A belief in ones own competence

Condition- State of being

Consensus- General agreement within a group

Self-esteem- Measure of how much a person values him or herself

Self-worth- An individual’s measure of how much he or she is valued

1. What is Self Esteem?

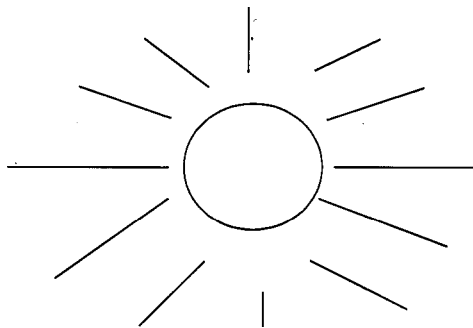
1. Brainstorm words related to self-esteem?

Display the Self-Esteem Cluster. Conduct a brainstorming session to identify words and phrases related to self-esteem (self-worth, confidence, etc.). Write students’ responses on the cluster.

2. Discuss self-esteem

Discuss the meaning of self-esteem.

Self-Esteem Cluster



Draw a blank cluster diagram on butcher paper or poster board. Write **SELF-ESTEEM** in the center of the diagram. Have markers available to fill in the diagram during the class brainstorming.

Save the completed Self-Esteem Cluster diagram for use in the Final Evaluation.

2. Plotting Self Esteem

1. **Divide the class into cooperative learning groups of 6. Distribute the Lisa’s Self Esteem Grid activity sheet. Give each group an extra copy. Explain the group assignment:**

- Assign a responsibility to each member—reader, recorder, facilitator, timekeeper, reporter, etc.
- Readers should read the case study to the group.
- Group members should complete the **Lisa’s Self-Esteem Grid** activity sheet individually. Plot how each event in Lisa’s day might have affected her self-esteem, using the scoring system indicated on the activity sheet.
- Discuss your individual responses and, by consensus, come up with a completed group grid for Lisa.
- Have recorders plot the group consensus on the group copy of the grid. Connect the dots to show how Lisa’s self-esteem rose and fell throughout the day.

2. Read the following description of Lisa's day. Mark a dot on the grid to indicate how each event affected Lisa's day.

- A. Lisa wakes up to a beautiful, sunny day.
- B. She puts on a favorite outfit. As she's eating breakfast, her older sister walks in and yells, "Lisa, you look ugly in that outfit! All the kids at school are going to make fun of you."
- C. On the way to school, Lisa meets up with her close friend, Patricia. She tells Patricia about her sister's comment and how she felt when she heard it.
- D. She tells Patricia how much she appreciates their friendship and support. for each other.
- E. When they arrive at school, one of Lisa's teacher compliments her on her performance in yesterday's soccer game.
- F. In math class, Lisa's teacher returns a recent quiz on which Lisa received a grade of C-.
- G. On the way some from school, Lisa sees the boy she likes holding hands with another girl.

- H. Lisa feels upset. She keeps walking, so she can arrive on time to coach her neighborhood soccer team of 7 year olds. When she arrives at the field and sees their smiling faces, she feels excited. She's ready to coach the team to victory.

3. Groups report

- Have group reporters announce group findings to the class. Display the blank
- transparency of **Lisa's Self-Esteem Grid** and plot each group's responses on the transparency. Use a different symbol (circle, square, triangle, diamond, etc.) or color for each group.
- Discuss the similarities and differences in group responses. What is the class consensus about Lisa's day?

4. Ask students to remain in their groups. Distribute the Roberto's Self-Esteem Grid activity sheet. Give each group an extra copy. Explain the group assignment:

- Switch group roles.
- Read Roberto's case study and complete the activity sheet in the same way as you did the other.
- Complete the activity sheet individually, then discuss individual responses and plot a completed group grid for Roberto. Connect the dots to show how Roberto's self-esteem rose and fell throughout the day.

5. Groups report

- Have group reporters announce group findings to the class. Display the blank
- transparency of Roberto's Self-Esteem Grid and plot each group's responses on the transparency. Use a different symbol (circle, square, triangle, diamond, etc.) or color for each group.
- Discuss the similarities and differences in group responses.
- What is the class consensus about Roberto's day?

3. Enhancing Self Esteem

1. Students identify ways to enhance self-esteem

Remind students of the events that occurred in Lisa's and Roberto's days. Ask students:

- Are these events similar to events that occur daily in your own life?
- What kinds of conditions enhance your self-esteem? at home? at school?

2. List students' responses on the board under the heading "*Conditions for High Self-Esteem.*"

3. Ask students to provide specific examples from Lisa and or Roberto's case studies or their own lives that validate their suggestions.

- Use the **What Is self-Esteem? *Instant Expert*** to help students identify conditions that enhance self-esteem.

4. Students complete sentences

- Ask students to complete this sentence: I feel high self-esteem when.... Discuss a few sample responses. Ask students to write 5 endings for the sentence.

Lisa’s Self-Esteem Grid

Name _____ Date _____

Directions: Read the following description of Lisa’s day. Mark a dot on the grid to indicate how each event affected Lisa’s day.

Event

- A. Lisa wakes up to a beautiful, sunny day
- B. She puts on a favorite outfit. As she’s eating breakfast, her older sister walks in and yells, “Lisa, you look ugly in that outfit! All the kids at school are going to make fun of you.”
- C. On the way to school, Lisa meets up with her close friend, Patricia. She tells Patricia about her sister’s comment and how she felt when she heard it.
- D. She tells Patricia how much she appreciates their friendship and support for each other.

Event

- E. When they arrive at school, 1 of Lisa’s teachers compliments her on her performance in yesterday’s soccer game.
- F. In math class, Lisa’s teacher returns a quiz on which Lisa received a grade of C-
- G. On the way home from school, Lisa sees the boy she likes holding hands with another girl.
- H. Lisa feels upset. She keeps walking, so she can arrive on time to coach her neighborhood soccer team of 7 year olds. When she arrives at the field and sees their smiling faces, she feels excited. She is ready to coach the team to victory!!!

Scoring:
 1-4= Event had a negative effect on self-esteem
 5-6= Event had no effect on self-esteem
 7-10= Event had a positive effect on self-esteem

| | Low Self-Esteem | | | | No Effect | | High Self-Esteem | | | |
|---------|-----------------|---|---|---|-----------|---|------------------|---|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Event A | | | | | | | | | | |
| Event B | | | | | | | | | | |
| Event C | | | | | | | | | | |
| Event D | | | | | | | | | | |
| Event E | | | | | | | | | | |
| Event F | | | | | | | | | | |
| Event G | | | | | | | | | | |
| Event H | | | | | | | | | | |

Roberto’s Self-Esteem Grid

Name _____ Date _____

Directions: Read the following description of Roberto’s day. Mark a dot on the grid to indicate how each event affected Roberto’s day.

Event

- A. As usual, Roberto, an 8th grades, wakes up hearing his younger brother and sister arguing in the kitchen
- B. When Roberto arrives at school, 2 of his basketball teammates blame him for losing last night’s game by missing 2 free throws at the end of the game.
- C. At that moment, the vice-principal appears and “nails” Roberto for the foul language he heard him using in the locker room of the game.
- D. The bell rings. On his way to science class, Roberto bumps into 3 of the most popular girls in school. They invite him to a party to be held Friday at 1 of their homes.

Event

- E. Usually a good student, Roberto does not have last night’s science assignment completed.
- F The teacher calls on him to answer a question and when he responds that he “doesn’t get that question,” the teacher immediately calls on another student.
- G. While Robert’s leaving school, a reporter from the local newspaper stops him and asks for an interview. She is writing an article about Roberto and his prize-winning state fair photograph.
- H. Roberto excitedly runs home to tell his father about the upcoming newspaper article. But his father is on his way to work and tells Roberto he doesn’t have time to listen right now.

Scoring:
 1-4= Event had a negative effect on self-esteem
 5-6= Event had no effect on self-esteem
 7-10= Even had a positive effect on self-esteem

| | Low Self-Esteem | | | | No Effect | | High Self-Esteem | | | |
|---------|-----------------|---|---|---|-----------|---|------------------|---|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Event A | | | | | | | | | | |
| Event B | | | | | | | | | | |
| Event C | | | | | | | | | | |
| Event D | | | | | | | | | | |
| Event E | | | | | | | | | | |
| Event F | | | | | | | | | | |
| Event G | | | | | | | | | | |
| Event H | | | | | | | | | | |

National Health Education Standards

Primary Focus

Standard 4 – Interpersonal Communication

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 8- Advocacy

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

MPS Learning Targets- Students will:

Health

- practice role playing to develop better communication skills, refusal skills and negotiation skills to avoid high risk behaviors.

English Language Arts

- Use effective oral presentation skills, such as organizing notes, speaking clearly and restating ideas as a summary.

What You Need to Know- lesson objectives:

Students will:

1. Demonstrate an understanding of health concepts related to interpersonal communication.
2. Demonstrate interpersonal communication skills to enhance health.
3. Perform other skills described by you such as report writing skills.

Materials

- Students are responsible for finding any props or materials needed to perform their plays.
- Communication skills sheets for each student

Procedure

1. Teacher focus:

This performance task provides an opportunity to reinforce the following key points about communication:

- Good communication is essential to personal and work relationships.
 - Communication can be enhanced by being sure that the other person’s feelings and meanings are understood.
 - Communication about sexual feelings, desires, and boundaries improves sexual relationships.
 - Communication is necessary to assure consent for a sexual relationship and any sexual behavior.
 - Make sure to spend time going over the Communication skills sheets before role playing.
2. Prior to this assignment, students should have studied and practiced effective interpersonal communication skills to enhance their health. A short brainstorming session about difficult situations might be helpful. Depending on community norms and school policy about dealing

with controversial issues, you may want to provide students with a list of topics for consideration. Use some equitable means for dividing students into small groups of five or six.

3. Small Group Role-Playing

Working in small groups, brainstorm several difficult peer or family relationship situations that students your age encounter. Your group should select one situation to develop into a play. Using what you have learned about interpersonal communication skills, create a short play to demonstrate an effective way of responding to the situation your group identified. Make sure that there is a part in the play for each member of the group. You will present the play to the class. After the presentation, in a large group discussion, review the communication skills your group used to respond effectively to the situation. As each group presents its play, you should take notes to summarize the situation and the skills used by the group. This information will be used for the next part of this task.

4. Individual Summary Report

After all the groups have presented their plays to the class, you will work independently to write about the communication skills used in each relationship situation. Write a brief summary of each situation presented, including the one your group presented. Explain the different interpersonal communication skills used in each situation. Analyze each situation for possible improvements and make suggestions about other communication skills that could be used in the situation.

Alternate lesson instructions:

Instead of simply having each group make one skit with positive communication, have them make two skits.

Both skits start off the same.

1. The students have to come up with some sort of conflict between partners, family members, friends, classmates, etc...
2. In the first skit, have the conflict end poorly, with bad communication skills.
3. In the second skit, have the same conflict, but have the skit end well due to positive communication skills.
4. Have students report on the differences between the two skits.

Communication Skills

Terms:

verbal communication: using words to express thoughts, ideas, beliefs and wants.

active listening: hearing, thinking about, and responding to the other person’s message.

body language: form of non-verbal communication

State your case effectively:

- **State your case**-state your view of what happened and tell how you feel. Tell the person how your anger involves him or her.
- **Use “I” messages**-think about the words you are using. Start your sentences with “I.” Attacking the other person with “you” statements usually makes things worse.
- **Body Language**-pay attention to your gestures, facial expressions, and your body language. Make sure your body language is sending the same message that your words are sending.
- **Listen and understand**-listen respectfully to what the other person has to say. Try to understand the other person’s point of view and their feelings. (Remember you are not always right. If you listen to someone with a clear mind they might make a point you didn’t think about and the problem is solved. You have to be more secure about yourself and have better self esteem to admit you might be wrong then to fight.)
- **Active listening**

Speaking skills:

1. avoid non-stop talking
2. think before you speak
3. be positive
4. be aware of your listener
5. be direct
6. be creative.

Listening skills:

- pay attention
- provide feedback
- let the person finish speaking
- stay calm
- keep an open mind
- don’t interrupt

Expressing yourself:

- The way you choose to express your emotions during a conflict will often determine whether the conflict is solved in a positive or negative way.
- You must avoid communicating in an angry or threatening way.
- Anger or threats almost always cause a conflict to end poorly.

Choosing the Right Words:

- When you talk to another person during a conflict, choosing your words carefully is important.
- Do not call the other person names or make fun of his/her ideas.
- If possible, plan what you want to say ahead of time.
- Choose positive words that let the person know exactly what you feel.

Body Language:

- Your body often tells your true feelings to others.
- Your facial expressions (frowns or smiles), gestures (shaking your fist or pointing fingers) and posture (folding your arms or standing too close) communicate a certain negative message to the person you are talking to.

Listening

- Listening is more important in solving a conflict than talking.
- When you listen carefully to other people, you can find out what is making them unhappy and try and find a solution.
- Make eye contact
- Keep your body relaxed and open.
- Repeat what another person said to make sure you understood their point.
- Do not interrupt.

Negotiation

- Negotiation is a discussion to reach a solution to a conflict.
- Both sides must make sacrifices to reach a solution.
- Negotiation can solve conflicts quickly.

Terms:

Compromise: a solution in which each person gives up something to reach a solution that pleases everyone.

Collaboration: a solution to a conflict in which neither side has to give up anything to reach a solution that pleases everyone.

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 2 – Analyzing Influences

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

MPS Learning Targets – Students will:

Health:

- Identify the importance of healthy choices regarding sexuality
- Describe how we communicate our emotions in a healthy manner

Math:

- Pose questions and collect, graph and interpret data to summarize responses to questions

Reading:

- Apply a variety of reading strategies to understand what is being read

What You Need to Know- lesson objectives:

Students will:

- Identify positive personal characteristics of a person they might want to date.
- Understand the steps that a healthy relationship should take.
- Discuss strategies for engaging in a healthy relationship

Materials

Copies for each student:

- Developing a Healthy Relationships worksheet
- Tips for Healthy Relationships worksheet

Procedure

1. Ask students to number their papers from one to five, and list the top five things they are looking for in someone to date. Answers will vary from good looks and other physical characteristics to personality traits such as responsible, smart, treats me nice.
2. Have kids volunteer to talk about their top characteristics. Make sure to be positive with children’s answers, even ones about physical characteristics, since the first stage of a health relationship is physical attraction.
3. Go over the five steps of a healthy relationship. Ask students these questions:
 - **How long do you believe it takes to go through all 5 stages?**
Kids might say anything from a few weeks to many years. There is no correct answer; however it must be made clear that it does take some time. An example of a few years might be made by the teacher.
 - **How long do students your age think it takes to go through these stages?**

Students will say weeks or months. Talk about infatuation and the difference between that and actually loving someone.

- **Where in the relationship does someone tell the other person they love them?**

Many will say somewhere in the middle.

- **If a relationship is going to be a healthy one, when should sex be introduced?**

Again, many students will say somewhere in the middle to possibly lifelong love. There is not a right or wrong answer, but the point the teacher should be making is that two people need to know each other for who they are and develop a mental relationship before starting a physical one.

- **When is it introduced in many teen relationships?**

Many kids will say initial attraction, which leads to the next question...

- **When sex starts so early, what is that relationship based on?**

It will be based on sex and physical enjoyment. Relationships based solely on sex do not last. Over time if there is not a healthy relationship based on being in love with each other the physical relationship will become stale and boring. A relationship that had time to grow mentally can become enhanced after marriage with a physical relationship. Also, if the physical relationship starts too early, the mental part of the relationship will have a hard time developing. Another important point to make is that a physical relationship can lead to teen pregnancy. Less than 20% of pregnant teen moms get married to the father of their child and only 25% stay married, giving you only a 5% chance of living with that partner for the rest of your life.

4. Brainstorm activities and personal actions that could help lead to a healthy relationship. Either have students get into small groups and report or create a class list on the board. Go over the “Tips for a Healthy Relationship” worksheet. How can this list help create a healthy relationship?
5. **Concluding statement:** Healthy relationships take effort and time. If you decide you want to be apart of a happy, healthy, and long relationship it is so important to take your time. Make sure your relationship slowly goes through the steps of a healthy relationship and use some of the tips for healthy relationships.

Developing a Healthy Relationship

Initial Attraction

Two people are attracted to each other and want to get to know each other better

Friendship

As the two people get to know each other better, they find they have some things in common.

Close friendship

The two people get to know each other’s values and feelings and enjoy doing things together. This is considered “dating.”

Deep friendship

The two people confide in, trust, and support each other. This is considered “going steady.”

Lifelong love

Two people feel they can commit to each other for life. This relationship may lead to marriage or a monogamous partnership.

Tips for Healthy Relationships

All Relationships have stages that lead to changes

Breakups are healthy

When the relationships
are not!

**Only mutual respect leads to trust,
comfort, and love.**

**Assertive communicators are honest,
respectful, and respected.**

**“I” statements are for expressing
yourself honestly and assertively.**

**Listening is just as important to healthy
communication as speaking.**

**Sex & boundaries are for your
protection, health, and comfort.**
A good partner will respect them!

**Trying to change a partner leads to
disrespect, dishonesty, mistrust and
even abuse.**

Spend time together!
Get to know each other!

Go for walks together.

Great opportunity to learn about each
other.

**Play board games or cards and don’t
care who wins.**

Talk on the phone.

But make time limits, there is such a
thing as too much!

Go Roller Skating!

It is even more fun if you don’t know
how!

Try Bowling!

It is just like roller skating only even
more fun if you don’t know how!

Mini-golf or Put-put!

Also fun.

Picnic in the Park.

It’s worth the trouble, especially these
days!

Playgrounds!

Swings are just as useful for swaying
and talking

National Health Education Standards

Primary Focus

Standard 8 - Advocacy

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 6 – Goal Setting

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

MPS Learning Targets – Students will:

Health

- Identify the importance of healthy choices regarding sexuality
- Identify community health agencies and list the services they provide

Math:

- Pose questions and collect, graph and interpret data to summarize responses to questions
- Read and interpret a variety of numerical patterns summarized in tables, graphs and symbolic forms

Reading:

- Apply a variety of reading strategies to understand what is being read
- Use different types of documents to compare and contrast the information found in them

What You Need to Know- lesson objectives:

Students will:

- Understand health information on HIV and AIDS.
- Utilize and disseminate accurate information about sexual behavior norms.
- How well you advocate by using accurate information

Materials

- Social norms quiz for all students
- Transparencies of YRBS data, video equipment, if videotaping is used

Procedure:

1. Introduction: After discussing what you and your classmates view as norms regarding sexual behavior, you will have the opportunity to learn accurate information about the sexual behavior of young people in Wisconsin. Then you will develop a 30-second public service announcement to educate the community. Remember what makes public service announcements effective.
2. Pass out the social norms quiz.
 - Have the students guess the correct percentage of students for each question.
 - Go over the correct answers with them.
 - Ask students who had most of their guess be above the social norm to raise their hand.
 - After most students raise their hand ask them why this might have happened?
 - Some Possible Answers:

- My friends are doing it so I think everyone must be doing it.
 - People lie about what they are and are not doing
 - I feel pressure to do it because I think everyone else is doing it.
- How would individual goals be affected by the statistics covered in the social norms quiz?
3. Have students get into groups of 4-6 and develop a 30-second public service announcement to educate the community.
 4. Give students 30 minutes to create their PSAs. Keep them focused on the main idea of their PSA, which is telling young people that not everyone does it. The PSA can provide facts, re-enact a scene where someone might feel pressured to have sex because they think the peer pressure is too great.
 5. End class having each group present their PSA for the class. Have a group discussion after each PSA having the students examine
 - What was the main point of the PSA?
 - Was the PSA effective?
 - Was there anything catchy or memorable?
 - What was the best part of the PSA?
 - Was there anything that could have been added?

Things to remember for your PSA:

1. Who is your audience?
2. Do you have a catchy slogan?
3. What is the main idea of your PSA?
4. Do you provide facts?
5. Does your PSA start off interesting or exciting?

Social Norms Worksheet

1. What percentage of Milwaukee Public middle grade students receives HIV/AIDS instruction? _____
2. What percentage of Milwaukee public high school students do not talk to their parents about sexuality issues? _____
3. In the last 10 years, has the percentage of public high school students engaging in sexual intercourse increased or decreased? _____
4. **FACT:** The percentage of Wisconsin public high school students receiving HIV/AIDS education has increased over the last decade but the percentage of students reporting discussion of HIV/AIDS with their parents has decreased significantly during this time.
5. **FACT:** Because of advances in HIV treatment, for HIV infected mothers, the number of pediatric AIDS cases in the U.S. has fallen from 949 in 1992 to 228 in 1998.
6. **FACT:** In recent years there has been an increase in the number of community-based organizations providing HIV testing to populations at highest risk
7. What percentage of Milwaukee middle grade students have had sexual intercourse? _____
8. What percentage of Milwaukee middle grade students had sexual intercourse before the age 11? _____
9. What percentage of Milwaukee middle grade students had sex with three or more people in their life? _____
10. What percentage of Milwaukee middle grade students used a condom during their last sexual intercourse? _____
11. What percentage of Milwaukee middle grade students ever gave or received oral sex? _____

Social Norms Answer Key

1. 60.1% of Milwaukee public middle grade students receive HIV/AIDS instruction.
2. 35.4% of Milwaukee public high school students do not talk to their parents about sexuality issues.
3. In the last 10 years, there has been a decrease in the percentage of public high school students engaging in sexual intercourse.
4. The percentage of Wisconsin public high school students receiving HIV/AIDS education has increased over the last decade but the percentage of students reporting discussion of HIV/AIDS with their parents has decreased significantly during this time.
5. Because of advances in HIV treatment, for HIV infected mothers, the number of pediatric AIDS cases in the U.S. has fallen from 949 in 1992 to 228 in 1998.
6. In recent years there has been an increase in the number of community-based organizations providing HIV testing to populations at highest risk.

2009 YRBS stats for Milwaukee High School Students:

7. 25.5% of Milwaukee middle grade students have had sexual intercourse
8. 8.1% of Milwaukee middle grade students have had sexual intercourse before the age 11
9. 10.6% of Milwaukee middle grade students had sex with three or more people in their life
10. 73% of Milwaukee High School students used a condom during their last sexual intercourse
11. 19.6% of Milwaukee middle grade students have ever given or received oral sex.

National Health Education Standards

Primary Focus

Standard 6- Goal Setting

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 7 – Self Management

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

MPS Learning Targets – Students will:

What You Need to Know- lesson objectives:

- Students will develop a plan to achieve a long-term goal.

Materials:

- “Guidelines for Goals” activity sheet
- “Creating Your Own Goals” activity sheet
- Setting Long-Term Goals activity sheet

Procedure:

1. Distribute the “Guidelines for Goals” and “Creating Your Own Goals” activity sheet and review it with students. Discuss the use of positive affirmations and reinforcement to help people achieve their goals.
2. Distribute the Setting Long-Term Goals activity sheet. Ask students to name a long-term goal to use as an example. Evaluate the goal according to the Goal-Setting Guide criteria. Then use the goal to complete an example of the Setting Long-Term Goals activity sheet.
3. Ask students to choose a personal long-term goal and complete the activity sheet for their own goal. Remind them to use the Goal-Setting Guide as a resource.
4. When students have completed the assignment, divide the class into cooperative learning groups. Ask group members to discuss their goals and offer helpful suggestions to each other.
5. Reconvene the class, and ask for volunteers to share their goals with the class.
6. Review the components of the Setting Long-Term Goals activity sheet to increase students' usage skills.

Guidelines for Goals

Specific and Measurable

Goals should be specific, clear and measurable. Measurable means there should be clear indicators that your goal has been achieved. If your goal can't be measured, how will you know when you have reached it? An example of a measurable goal is, "I will finish high school with a grade point average higher than 3.5." An example of a fuzzy goal is, "I will finish high school with good grades." What are good grades? Do you mean all As? anything above a C? everything above an F?

Positive

People's attitudes and belief in themselves predicts to a large extent the outcome of their goals. Goals should be stated in terms of what you will do rather than what you will not do. The practice of making daily positive statements, or affirmations, about yourself and your ability to achieve your goal also contributes to success.

Your goals also need to be positive-good for yourself and others. An example of a positive goal is, "I will obtain a degree in economics by the time I am 22 years old." An example of a goal that is worded in negative terms is, "I will try to not grow up to be a loser living on the street" An example of a goal that is not good for you is, "I will drink 9 beers in an hour the day of my eighteenth birthday."

Realistic

There is nothing wrong with ambitious goals, such as becoming a professional musician or athlete. But your goals do need to be achievable. You know your own strengths, abilities and limitations. Be careful not to impose limitations on yourself that you do not have, but also be careful not to choose goals and time frames that are impossible for you to meet.

People often choose careers that are not realistic. An example of an unrealistic career goal is someone with no particular musical skill deciding that she or he will be a rock star. There is nothing wrong with dreaming big dreams. But if the odds are against you, prepare an alternative goal as well.

Rewarding

Can you make a list of the benefits of achieving this goal? Is it something that you really want? In addition to long-term rewards, you need to be sure there are rewards along the path leading to this goal.

Creating Your Goal Plan

The following strategies can help you create your goal plan.

Divide Into Smaller Units

It is often helpful to divide long-term goals into smaller, more manageable steps, or short-term goals. It can be easier to give up when the end result is far away. Rewarding yourself for small steps can provide encouragement to continue striving for your goal.

Personal Support System

Your chances for successfully achieving your goal can be greatly enhanced by telling many people your goal and by finding a support partner who will encourage you along the way. This person should be a mature friend or family member who will be there in the long-term to give you pep talks and pats on the back. If you complete a goal contract, you can have your support buddy sign the contract too.

Reinforcement

As you accomplish your short-term goals that lead up to the long-term goal, you can reward yourself along the way. You may want to ask friends to help you provide the rewards, so you don't forget to reward yourself. When you accomplish a small step toward your big goal, you can have your support partner give you the reward.

Self-Recording

Just seeing your progress toward your goal can be very reinforcing in and of itself. A personal journal or graph that shows your progress can encourage you to think positive, self-fulfilling affirmations. It can also help your support partner remember to encourage you and boost your self-confidence.

Visualization

With as much detail as possible, create a mental picture of yourself achieving your short-term and long-term goals. Visualize the proud and positive feelings you have upon reaching your goal. See in your mind all the possible rewards.

Setting Long-Term Goals

Directions: Using the guidelines from the Goal-Setting Guide, plan an ambitious, positive goal for yourself that may take a long time for you to accomplish.

Long-Term Goal:

What will be the benefits of accomplishing this goal?

Long-term goals may be broken down into smaller short-term goals and steps. What are some specific steps you can take to accomplish your goals?

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

What are some of the resources you can use to help you? (e.g., library, counselors, teachers, scholarships, workshops, classes, etc.)

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

What are some barriers that might stand in the way of you accomplishing your goal?

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

How can you prevent or overcome these possible barriers?

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

List some strategies you will use to provide yourself with internal support. (Examples: giving yourself daily positive affirmations, positive self-talk, stopping negative self-talk, working on self-esteem activities, keeping a journal of your accomplishments and progress.)

1. _____
2. _____
3. _____

List some strategies you will use to establish external support. (Examples: support persons who will praise and encourage you, providing yourself with little rewards each time you accomplish a step toward your long-term goal.)

1. _____
2. _____
3. _____

How long will you give yourself to reach your goal?

National Health Education Standards

Primary Focus

Standard 1- Core Concepts

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

Secondary Focus

Standard 4 – Interpersonal Communication

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

MPS Learning Targets – Students will:

Health

- Understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- **Identify, articulate, and evaluate** main ideas and key points within common historical, social, and cultural texts, both orally and in writing, while considering the audience and purpose in order to understand human experiences.

What You Need to Know- lesson objectives:

- Describe abstinence in the context of sexual behavior.
- Identify at least three positive reasons a person might have for choosing abstinence and three reasons that choosing abstinence could be challenging.
- Identify four factors that are necessary to make abstinence work and four factors that could make it fail.

Materials:

- Transparency 1
- Overhead projector
- Index cards
- Pencils
- Worksheet 1: “Sex is...”
- Abstinence Worksheet 2
- Family Homework Exercise: Family Homework Exercise: “Sexual Health Education”
- Individual Homework Exercise: “Sexual Choices”
- Sets of “Real People” Television Series Worksheet, Scenes 1 to 7 (Enough copies of each of the 7 scenes for each student in each pair to have their own copy of one scene)
- Optional: One set of “Expressing Limits” Cards

Procedure:

1. Define abstinence and explain time frame of a decision.

“Abstinence” is a fancy word for choosing not to do something. For instance, you would be choosing abstinence, or “choosing to abstain” if you decided to try doing without chocolate for a month, to see if it made you feel healthier and more energetic. People sometimes decide to abstain from all kinds of things: chocolate, cigarettes, sex, TV, alcohol, meat and so forth.

When people decide to abstain from something, it may be a temporary or longer-term decision. They might decide they will abstain from cigarettes forever. Of course, they may still change their minds at some point, but for now, at least, they are very sure it is a permanent choice. Other times, people will

decide to abstain temporarily. A person can choose to abstain at any point in their life, even if they haven't abstained in the past.

2. Use Transparency 1 and Worksheet 1: “Sex is...” to assign an individual focused writing exercise.

Explain that everyone will be doing an individual journal exercise and that you expect everyone to write, but that people will be invited to share what they've written or not. It will be entirely up to them. (i.e., They can have credit just for writing and keeping their thoughts private, without even turning them in.) Hand out Worksheet 1: “Sex is...” Use Transparency 1 to show an example of how the exercise is done.

Give people 4 or 5 minutes to respond to these WRITING PROMPTS:

“I believe sex is...wrong or dangerous or risky or stupid ... when or if or as long as or for....”

“I believe sex is...great or healthy or safe or fine ... when or if or as long as or for....”

Offer people an opportunity to share what they wrote.

3. Conduct “Why People Abstain from Sex” small group brainstorming exercise.

Divide students into small groups to brainstorm on two questions:

Why people have sex

Each group brainstorms at least 10 reasons people have sex. They don't need to agree that these are good reasons, just any reasons. They should consider people of any age, married or not, males' reasons and females' reasons, etc.

Have groups report back just one reason on their list, with each group getting a chance to report one before you start around the room a second time. Ask them not to repeat what someone else said – in other words they can cross it off their list when someone else says it. Keep going until every group has run out of unique answers. You may comment briefly (a sentence or two) as they go. For instance, if someone says, “To keep their boyfriend or girlfriend” you might say, “right – it doesn't always work like they think it will, but yes, that's sometimes a reason someone will give for having sex.” But don't make your comments preachy or long; keep the report-back-process as rapid-fire as possible.

Why people abstain from sex

Repeat the process in the same small groups, but listing at least *10 reasons people sometimes choose not to have sex.* Again, make sure they include reasons a married person might not want sex tonight (or this month) just as they include reasons a single person might have. You may have to whisper ideas to some groups to help them if they get stuck after the obvious (pregnancy and sexually transmitted infections-STIs). Some people, for instance, decide they will not have sex until they are married or until they have gone out with someone for at least six months and both have been tested for STIs ... and so forth. Some people, often for religious reasons, even decide to abstain from sex for their whole lives; they decide they want to become a Catholic priest, for instance, or a nun. Use same report-back process.

4. Use Abstinence Worksheet 2 and Abstinence Answer Guide to Worksheet 2 to guide discussion about abstinence.

Hand out Worksheet 2 and explain that you will be working together as a class to talk more concretely about abstinence and to summarize the previous exercise. First acknowledge that different people have different definitions of abstinence.

Is abstinence 100% in preventing sexually transmitted infections (STIs), HIV and pregnancy?

Depending on how a person defines abstinence will depend on if this can be true. It is possible to spread STIs and HIV through oral and anal sex (Chlamydia, genital warts, gonorrhea, hepatitis B, herpes, and syphilis). Other STIs, like herpes and genital warts can also be spread through genital contact or rubbing. Pregnancy could even happen if a man ejaculates or gets pre-seminal fluid (pre-cum) near a woman's genitals, even without penetration.

Different people have different definitions of abstinence. Some people define abstinence as not engaging in any sexual behavior, including masturbation. Some define it as avoiding sexual behavior

involving touching of the genitals or genital contact between two people. Others include or do not include oral sex (mouth and genital contact), anal sex (penis and anus contact) or vaginal sex (penis and vagina contact). Explain that for today’s lesson, abstinence will mean voluntarily not having oral, anal or vaginal intercourse.

Solicit answers from the class for Worksheet 2. Use the Answer Guide to Abstinence Worksheet 2 to guide discussion, bringing in some previous examples that students mentioned from previous exercises.

5. Conduct “Communicating Your Decision” activity.

Distribute index cards and pencils (so nobody has distinctive ink). Each person is to print on their card what a person might say to a partner if they had decided to abstain. For example: “I’m waiting ‘til I’m married.” or “I don’t have sex without condoms. Since we don’t have one, I don’t want to make love with you.” or “I never have sex if I’ve been drinking. Sorry.”

Alternately, you can also choose to make use of the “Expressing Limits” cards provided in this lesson or make up a set of index cards yourself, conduct the exercise, and then ask for suggestions for ways youth would say things differently from how you wrote them ... to correct for your next class. Collect the cards. Have people sit or stand in a circle. Shuffle the cards. Redistribute them. Have people simultaneously read a card aloud and pass it to the right and read the next and pass it. They are rehearsing verbalizing personal boundaries, even if nobody can hear them since everyone’s talking at once. You could also have people stand in 2 circles, an inner one and an outer one, make sure they are facing each other, and practice saying the cards to one another directly then switching partners and cards by moving in opposite directions and so on, down the line.

Assign Homework.

Explain to students they can choose between the Family Homework Exercise on “Sexual Health Education” or the Individual Homework Exercise on “Sexual Choices”.

TRANSPARENCY 1

EXAMPLE:

I believe pizza is (good, dangerous, icky) (if, because, for)

circle one

circle one

Abstinence Worksheet 1

I believe sex is (great, healthy, fine, safe) (when, if, as long as, for)
circle one *circle one*

I believe sex is (wrong, dangerous, stupid, risky) (when, if, unless, because)
circle one *circle one*

Abstinence Worksheet 2

List reasons a person might have for choosing abstinence:

List reasons why choosing abstinence could be challenging for a person:

List factors that are necessary to make abstinence work:

List factors that could make abstinence fail:

What are alternative ways that a person who is abstinent can be intimate with a partner?

If abstinence fails, what kind of information would be helpful for a person to know?

Answer Guide: Abstinence Worksheet 2

Ensure that students have addressed at least some of the following answers:

List at least three reasons a person might have for choosing abstinence:

Personal beliefs and values

Religious beliefs and values

To protect their health

To prevent negative consequences

Not interested

Haven't found the “right” partner

Not in love

In recovery and not wanting to jeopardize sobriety with a more intense relationship (most 12-step programs recommend 6-12 months of abstaining from sex)

To avoid pregnancy

To avoid STIs and HIV

Don't want to jeopardize future goals

Not ready

Focus is on something else right now (school, hobbies, sports, and friends)

Under stress (from a new job, a test coming up or whatever) and prefer not to have stressed, disappointing sex

Don't want to sacrifice relationship with parents (if parents disapprove of them having sex)

Encourages people to build deeper relationships (in other ways than sex) and learn other ways to express love and sexual feelings

List at least three reasons why choosing abstinence could be challenging for a person:

Peer pressure (“everybody’s doing it”)

Fear of rejection -- or violence -- from their partner if they say “no”

Being made fun of, teased or rejected by friends for not having sex

Hoping it will prove they aren't gay or lesbian or thinking that heterosexual sex will somehow change their sexual orientation

Wanting sexual pleasure or orgasm

Wanting to have intimacy with their partner, show their partner that they care

Wanting to feel “like a man” or “like a woman” and thinking it will fix that

Wanting to feel like an adult and thinking it will fix that

Wanting a baby

Wanting to have fun

Wanting to feel “normal”

Believing that they *should* have sex, that they owe it to the other person (we're married and/or he spent money on me)

Feeling embarrassed or not confident to express their choices/values/beliefs

Feeling curious about sex

Feeling lonely and thinking it will fix that

List four factors that are necessary to make abstinence work:

Assertiveness

Self-esteem

Self-control

A positive view of the future

Alternative ways to be intimate and feel close to a person (see next question*)

Ability to identify sexual situations that may be difficult to remain abstinent in and avoid or manage them

Avoiding situations where alcohol and drugs may affect clear judgment

Information about behaviors that can spread STIs and HIV as well as cause pregnancy

Knowledge of consequences of abstinence as well as other sexual activities

Awareness of own personal values

Shared values with partner

Friends and family that will be supportive of decision

Being able to openly communicate with partner

Partner cooperation

Commitment to abstinence

Beliefs that pregnancy or STIs/HIV *can* happen to them

List four factors that could make abstinence fail:

(Many are the opposite of above)

Not being an assertive communicator with partner

Low self-esteem/ breaking under peer or partner pressure

Little/no self-control

A negative view of the future

Seeing no alternative ways to be intimate with a person or feel close to a person without sexual intercourse

No ability to identify or avoid sexual situations

No knowledge of or information on behaviors that can spread STIs, HIV and cause pregnancy

No knowledge of consequences of abstinence

Not being aware of personal values

Not having similar values with partner

Not being able to communicate with partner

Not having the cooperation from partner

Not having a partner committed to abstinence

Not having friends who are supportive of your decision

Believing that STIs, HIV and / or pregnancy can *not* happen to you

Using alcohol and drugs that impair judgment

Being threatened

Being forced

What are alternative ways that a person who is abstinent can be intimate with a partner?

Recognize that it is normal for people to want to experience intimacy, closeness and sexual pleasure. Choosing abstinence does not mean that a person doesn't have sexual feelings or is “cold”. Sexual intercourse is not the only way to feel close to a person, there are other ways that a person choosing abstinence can be intimate with another person, or show their partner that they care about them without certain risks:

| | | |
|-------------------------|---|----------------------------|
| holding hands | listening to music | sports |
| kissing | writing emails and notes | exploring and taking walks |
| massage | sharing religious experiences or prayer | riding bikes |
| talking/listening | sharing ethnic or community experiences | fun activities and hobbies |
| laughing | going to the movies | |
| dancing | eating and cooking | |
| hugging | | |
| making or giving a gift | | |

What if abstinence fails? What kind of information would be helpful for a person to know in this case?

Sometimes people, who intend to be abstinent, decide not to be abstinent and have sexual intercourse without protecting themselves by using birth control or a condom. People that choose to abstain should be supported in their choice, but should also have the knowledge and tools in the case that abstinence fails.

It is never good to re-evaluate the decision to be abstinent in the “heat of the moment” or during sexual arousal. It is better for a person to do this when they can think more clearly about their decision and prepare to protect themselves if they choose to end their abstinence.

Know how to reduce the risks...knowledge about birth control - keep a condom on hand... withdrawal is always better than nothing... knowledge about emergency contraceptive pills (taken within 120 hours of unprotected intercourse reduce the risk of pregnancy by at least 75% ...getting a check up for STIs /HIV or a pregnancy test when unprotected sex happens

“Expressing Limits” Cards:

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

| | |
|--|--|
| <p>We can wait ‘til after your appointment at the clinic. I’d rather not risk it.</p> | <p>I want the first time to be really special. Not hurried or in a crummy place like this.</p> |
| <p>I’m not interested in that kind of relationship with you. I’m just not in love with you.</p> | <p>I’m not in the mood for it right now. I’d rather wait until I know it will be good sex</p> |
| <p>I don’t want to get emotionally involved with anyone right now.</p> | <p>I want to spend more time with you, just hanging out, getting to know you before we jump into sex.</p> |
| <p>Let’s just hold each other, OK?</p> | <p>I’d rather give our relationship more time. Can we just go to a movie instead?</p> |
| <p>It doesn’t make a difference if you call me names, it won’t change the fact that I’m just not ready and I’m telling you “no”.</p> | <p>There are other things in my life that are more important right now. I am just not interested in sex. Maybe sometime down the line.</p> |

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

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

Sexual Health Education

Family Homework

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

DIRECTIONS: Find a quiet place where the two of you, parent (or stepparent, adult friend of the family, etc.) and student, can talk privately. Set aside about an hour. During this time, you will give all your attention to one another... not answering the phone, watch T.V...and so on.

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

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

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

ASK THE ADULT: What kind of sexual health education do you remember getting at home or at school? What do you recall about it?

ASK THE STUDENT: What do you like so far about this sexual health education class at school? What don’t you like?

ASK THE ADULT: What 3 things do you wish you had known about sexuality when you were my age?

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

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

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

ASK THE ADULT: When do you think a person is ready for sexual intercourse?

ASK THE STUDENT: When do you think a person is ready to become a parent?

ASK THE ADULT: Describe one thing you really like about me.

ASK THE STUDENT: Describe one thing you really like about me.

National Health Education Standards

Primary Focus

Standard 5 – Decision Making

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 8- Advocacy

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

MPS Learning Targets – Students will:

Health

- Understand human growth and development, HIV, sexually transmitted diseases and pregnancy prevention.

Reading

- **Identify, articulate, and evaluate** main ideas and key points within common historical, social, and cultural texts, both orally and in writing, while considering the audience and purpose in order to understand human experiences.

What You Need to Know- lesson objectives:

- Practice and apply communication skills necessary to make abstinence work.

Materials:

- Sets of “Real People” Television Series Worksheet, Scenes 1 to 7 (Enough copies of each of the 7 scenes for each student in each pair to have their own copy of one scene)

Procedure:

1. Review the reasons for abstinence:

In this lesson students will apply the discussions and activities they performed in the last class to create skits. Therefore, it might be a good idea to see how many of the reasons for/against abstinence the students remember. Add to the list the students come up with so they have a wide range of ideas for their skits.

2. Direct students to work in pairs on “Real People” Television Series Worksheets.

Divide the students into pairs. Give each person in each pair one of the seven scenes from “Real People” Television Series worksheet 1 to 7, giving the same scene to each member of the pair. Explain to students that they are television writers for a TV drama series that tries to reach audiences with positive messages about relationships, safe sex and sexual choices. Their job is to write the remaining part of the scene, making use of at least five concepts previously studied (on the board or in their notes). One of the characters in the dialog has made the choice to be abstinent. They should attempt to incorporate into the dialog at least five chosen concepts that will make abstinence work for the person in their particular scene. Ask them to be as creative as they can. When students have finished, ask for volunteers to “perform” or simply read, their scene in front of the class, try to get at least one pair to perform from each of the seven scenes.

Lesson Number: 9
Grade Level: 8th grade
“Abstinence Decision Making”

Milwaukee Public Schools
Human Growth and Development Curriculum

Give positive feedback after students share their scripts and ask the rest of the class to critique the concepts used in the scripts and how effective or ineffective were they (from ones previously discussed in class).

Another option is to have students come up with their own scenarios. There is a blank sheet if you choose this option.

“Real People” Television Series (1)

NAMES _____ **DATE** _____

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

Scene #1: The Park

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

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

LEALANI: Marcus,....

MARCUS:

LEALANI:

MARCUS:

LEALANI:
(and so on...)

“Real People” Television Series (2)

NAMES _____ *DATE* _____

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

Scene #2: Hanging out after school

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

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

DEBRA: Well, Maisha,....

MAISHA:

DEBRA:

MAISHA:

DEBRA:

MAISHA:

(and so on...)

“Real People” Television Series (3)

NAMES _____ *DATE* _____

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

Scene #3: In the Car

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

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

SAM: Daniel,...

DANIEL:

SAM:

DANIEL:

SAM:

DANIEL:

(and so on...)

“Real People” Television Series (4)

NAMES DATE CLASS PERIOD

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

Scene #4: Shopping

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

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

COLLEEN: Tyrone,...

TYRONE:

COLLEEN:

TYRONE:

COLLEEN:

(and so on...)

“Real People” Television Series (5)

NAMES _____ *DATE* _____

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

Scene #5: At a Party

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

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

YVONNE: Tomas,....

TOMAS:

YVONNE:

TOMAS:

YVONNE:
(and so on...)

“Real People” Television Series (6)

NAMES _____ *DATE* _____

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

Scene #6: Making Dinner

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

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

RAFI: Gary,....

GARY:

RAFI:

GARY:

RAFI:
(and so on...)

“Real People” Television Series (7)

NAMES _____ DATE _____

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

Scene #7: On the Porch

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

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

TRUC:

TAMARA:

TRUC:

TAMARA:

TRUC:

TAMARA:

(and so on...)

“Real People” Television Series (8)

NAMES _____ *DATE* _____

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

Scene

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 3 – Accessing Information

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

MPS Learning Targets – Students will:

Health

- identify the importance of healthy choices regarding sexuality
- identify community health agencies and list the services they provide

Math:

- read and interpret a variety of numerical patterns summarized in tables, graphs and symbolic forms

Reading

- use different types of documents to compare and contrast the information found in them

What You Need to Know- lesson objectives:

Students will:

- students will demonstrate their understanding of sexual abuse and the use of assertive communication in potentially threatening situations through drama.

Materials:

- Handouts: Types and Signs of Abuse, Sexual Assault, Warning Signs, Teens and the Law
- 2 copies of "Are You Asking For It?"
- Transparency of power wheel and power wheel handouts

Procedure:

1. **Read the short conversation “Are You Asking for It?” with a student taking the role of Mr. Smith.**
2. **Tell the students that today’s lesson will look at sexual abuse and harassment.** Ask students to think about the following questions related to the reading:
 - Did Mr. Smith deserve to be robbed? (Discuss why or why not)
 - What reasons did the lawyer give to say Mr. Smith might have been “asking for it”?
 - Do you think this kind of argument would ever work for a robbery trial?
 - What are situations where people get blamed for “asking for it”? (getting hit or beaten up for not behaving or not following a group or gang expectation, sexual harassment or abuse, etc)

Tell students that sometimes when a person is sexually abused, people may use the same ridiculous explanations that the lawyer used to say it was the victim’s fault. (Where they were, they didn’t fight back, they have been sexually active before, what time of day it was, what they were wearing, etc.) It is never fair or right to harm someone else unless it is self-defense. (When you cannot get away and need to protect yourself). It is illegal to harm someone. It is called abuse. If the abuse is sexual in nature, it is called sexual abuse. No matter what a person says or wears, it is illegal to sexually abuse them. No one asks for sexual abuse! The victim is never at fault in such cases. The other person is totally responsible for their actions.

3. **Handout the “Types and Signs of Abuse” and “Warning Signs” sheet. After going over the examples have the students get into groups and create a skit.**
 1. Get in a group of 4-6 students. Make up a skit in which a boy and girl are in a conversation.
 2. Have one or both people in the group display signs of someone who may become violent.
 3. The aggressor should display at least 3 warning signs of a partner who might become violent.
 4. Then have the victim talk to their friends asking for advice.
 5. After the friends ask why the victim will not leave the abuser, have the victim use at least 2 of the reasons people stay in relationships.
 6. Finally have the friend give advice on how to get out.
 7. After a group is done presenting, have the other groups in the class share which warning signs and reasons for staying in the relationship that were displayed in the skit.
 8. Repeat the process for each group
 9. Have a brief discussion about the similarities and differences in the skits. Which warning signs were displayed often? Which reasons for staying were given often?
4. Go over sex offender registry and sexual assault laws worksheets
5. **Power Wheel**
 1. After the class has gotten the room back in order, have students read the power wheel. It’s a good final activity that can give one last message that there are many subtle and not so subtle ways that someone can try and control you.
 2. There are probably many of the students who know a friend, mom, dad, sister, brother, or cousin who has had at least some of these things happen to them.
 3. Finish off the lesson by reminding the students that there are plenty of places to get help. Go over some of the resources they have available.

Lesson Extensions:

Videos: Planned Parenthood - Wausau video on the law and teen sexual behavior- 715-675-5395

Guest Speakers: Counseling Center of Milwaukee (414) 271-2565

Web sites: Wisconsin Coalition Against Sexual Assault www.wcasa.org

Sexual Assault Treatment Center (414) 219-5555

GUIDELINES ON “TEENS” AND THE LAW

This information does not constitute legal advice.

| QUESTIONS | RESPONSES |
|--|---|
| <p>“SEXUAL INTERCOURSE:” In Wisconsin, can an individual engage in “sexual intercourse” with a minor, a child who has not yet attained the age of 18? What if the two individuals are both 16 or 17 years of age?</p> | <p>According to Wisconsin law, it is illegal for any person, regardless of their age, to engage in sexual intercourse with a child who has not yet attained the age of 18. This means that two teens, both aged 16, who say that the sexual intercourse is voluntary still risk prosecution.</p> <ul style="list-style-type: none"> • It is considered 1st degree sexual assault if the child has not yet attained the age of 13. • It is considered 2nd degree sexual assault if the child has not yet attained the age of 16. • It is considered a Class A misdemeanor if the child is 16 or older. <i>(WI statutes 948.02, 948.09.)</i> |
| <p>“SEXUAL CONTACT” AGE 0-16: In Wisconsin, can a person engage in “sexual contact” with a child aged 0-16 years of age?</p> | <p>It is illegal for any person, regardless of their age, to have “sexual contact” with a person under 16 years of age. <i>(WI s. 948.02.)</i></p> |
| <p>“SEXUAL CONTACT” AGE 16-18: In Wisconsin, can an individual engage in “sexual contact” with a child aged 16-18 years of age?</p> | <p>Wisconsin statutes are silent as to whether a child aged 16 or older may consent to “sexual contact.” This has been interpreted to mean that “sexual contact” with a child 16 or older is not automatically against the law.</p> |
| <p>CHILD ABUSE RESTRAINING ORDER: Can a parent or guardian obtain a Child Abuse Restraining Order (WI s. Section 813.12) against the person with whom their 16 or 17 year old child is engaging in sexual intercourse? <i>(For example a parent wants to get the Child Abuse Restraining order against 16-year-old daughter’s 26-year-old “boyfriend.”)</i></p> | <p>No, because the definition of “child abuse” used to provide reasons for the Restraining Order does not include the sexual assault law referring only to 16 and 17 year olds. <i>(WI s. 948.09)</i> (Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 is guilty of a Class A misdemeanor.)</p> |

MANDATED REPORTING:

Do mandated reporters report “voluntary” sexual intercourse between 16 and 17 year olds?

- Mandated reporters are required to report “child abuse” or “neglect.” The definition of “child abuse” does **not** include the sexual assault law referring only to 16 and 17 year olds, s. 948.09 (Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 is guilty of a Class A misdemeanor.) This exclusion has been interpreted to mean that **“voluntary” sexual activity of a 16 or 17 year old, though still illegal, need not be reported as child abuse; UNLESS** the reporter suspects such things as: that coercion has been used, the sexual intercourse occurred or is likely to **occur with someone who is in a position of power or authority over the teen, or he or she has reasonable doubt** as to the **voluntariness** of the child’s participation in the sexual contact or intercourse. *These ideas about when a mandated reporter may want to report are not Wisconsin law, they are only ideas to consider when talking with a 16-17 year old about their sexual activity.*
- However, if a reporter suspects any elements under Wisconsin’s sexual assault laws s. 940.225, such as use of force or non-consent, the reporter shall report the sexual abuse.
- **Social workers for child protective services (CPS) can be good resources!** You may call CPS workers with questions about when to make a report. Asking a question is not reporting. However remember that if you give identifying information about a possible victim or offender, CPS must move forward on your statements.

This information sheet was created in 1999 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault centers and other organizations and individuals throughout Wisconsin working to end sexual violence. For information sheets on additional topics or for membership information, contact WCASA, 600 Williamson St. Suite N2, Madison, WI, 53703. Phone/TTY: 608-257-1516 Fax: 608-257-2150. Information sheets can be downloaded from our website www.wcasa.org. This may be reproduced with reference to WCASA.

According to Wisconsin law, it is illegal for any person, regardless of their age, to engage in sexual intercourse with a child who has not yet attained the age of 18 years.

| | |
|---|---|
| <p>1st Degree Sexual Assault= Class B felony:</p> <ul style="list-style-type: none"> • Considered 1st degree sexual assault if the child has not reached 13 yrs • Has sexual contact/ intercourse with another person that results in pregnancy or bodily harm to that individual • Has sexual contact / intercourse without consent by use of threat (weapon) • Aided or abetted by 1 or more persons and has sexual contact / intercourse | <p>For a Class B felony, the total sentence may not exceed (60) years, with a maximum of 40- yr term confinement (jail time) and 20-yr extended supervision (probation)</p> <p>40 yrs jail time + 20 yrs probation = 60 years sentence</p> <p>Repeat offenders can get up to 2 additional imprisonment years with prior misdemeanor convictions (found guilty), and up to 6 yrs with a prior felony conviction.</p> |
| <p>2nd Degree Sexual Assault= Class C felony:</p> <ul style="list-style-type: none"> • Considered 2nd degree if the child has not reached 16 years of age • Same list as 1st degree plus: <ul style="list-style-type: none"> ○ Sexual contact/ intercourse with a person that suffers from a mental illness ○ Sexual contact/intercourse with a person intoxicated or high ○ Sexual contact/intercourse with someone unconscious | <p>For a Class C felony, a fine may not exceed \$100,000. The total sentence may not exceed (40) years, with a maximum of 25-yr term of confinement (jail time) and extended supervision may not exceed 15 yrs.</p> <p>25 yrs jail time + 15 yrs probation= 40 years sentence</p> <p>Repeat offenders can get up to 2 additional imprisonment years with prior misdemeanor convictions, and up to 6yrs with a prior felony conviction</p> |
| <p>4th Degree Sexual Assault= Class A misdemeanor:</p> <ul style="list-style-type: none"> • Considered Class A Misdemeanor if the child is 16 or older (16-17) • Same list as 2nd Degree | <p>Penalties for a Class A misdemeanor are a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both.</p> <p>Repeat offenders can receive 2 additional years of imprisonment if the person was previously convicted of 1 or more misdemeanors and up to 6 yrs if the person was previously convicted for a felony.</p> |

Under Wisconsin law, a minor is incapable of giving consent to have sexual contact or sexual intercourse with another person. An adult can give consent. Wisconsin law provides that consent can be given by an adult through express words or overt actions by a person competent to give consent. A person who suffers from a mental defect, diminished capacity, or who is unconscious is presumed incapable of giving consent.

Are You Asking For It?

Harper's magazine carried an item from the American Bar Association Journal declaring that few rapists are punished for their crime; only one in ten rapes are reported and only one out of eight reported rapes ends in a conviction. In a dialogue to demonstrate why most rape victims prefer not to press charges, the article asks us to imagine a robbery victim undergoing the same kind of cross-examination a rape victim experiences:

Lawyer: "Mr. Smith, you were held at gun point on the corner of First and Main?"

Mr. Smith: "Yes."

Lawyer: "Did you struggle with the robber?"

Mr. Smith: "No."

Lawyer: "Why not?"

Mr. Smith: "He was armed."

Lawyer: "Then you made a conscious decision to go along with his demands rather than fight?"

Mr. Smith: "Yes."

Lawyer: "Did you scream? Cry out?"

Mr. Smith: "No. I was afraid."

Mr. Smith: "No."

Lawyer: "Have you ever given money away?"

Mr. Smith: "Yes, of course."

Lawyer: "And this time you gave your money away again?"

Mr. Smith: "What are you getting at?"

Lawyer: "Well, let's put it like this, Mr. Smith. You've given money away in the past. In fact, you have quite a reputation for generosity. How can we be sure you weren't planning on having your money taken by force?"

Mr. Smith: "Listen, if I wanted..."

Lawyer: "Never mind. What time did this hold up take place?"

Mr. Smith: "About 11:00 p.m."

Lawyer: "You were out on the street at 11:00 p.m.? Doing what?"

Mr. Smith: "Just walking."

Lawyer: "Just walking? You know that it's dangerous being out on the street that late at night. Weren't you aware that you could have been held up?"

Mr. Smith: "I hadn't thought about it."

Lawyer: "I see. What were you wearing?"

Mr. Smith: "Let's see...a suit. Yes, a suit."

Lawyer: "An expensive suit?"

Mr. Smith: "Well, yes, I'm a successful lawyer, you know."

Lawyer: "In other words, Mr. Smith, you were walking around the streets late at night in a suit that practically advertised the fact you might be a good target for some easy money, isn't that so? I mean, if we didn't know better, Mr. Smith, we might even think that you were asking for this to happen, don't you agree?"

Types and Signs of Abuse

Excerpted from WCASA's Information Sheets

If you are experiencing abuse in your life, there are ways to end the violence, find shelter and secure safety. Intervention might include getting the police involved or help from a local advocacy organization.

Signs of Physical Abuse- Does anyone you know:

- Punch, shove, bite, cut, choke, kick, burn or spit on you?
- Threaten or hurt you with an object or deadly weapon (a gun, knife, baseball bat, brick, chain, hammer, scissors, rope, belt buckle, extension cord, branch, bottle, acid or scalding water)?
- Abandon you or lock you out of the house?
- Neglect you when you are sick or pregnant?
- Endanger you through reckless driving?

Signs of Sexual Abuse- Does anyone you know:

- Force you to have sex when you don't want to?
- Force you to perform sexual acts you don't like?
- Force you to have sex with or to watch others?
- Threaten to hurt you if you don't desire sex?
- Commit sexual acts that you consider harmful?

Signs of Destructive Acts- Does anyone you know:

- Break furniture, flood rooms, ransack or dump garbage in your house?
- Kill pets to punish or frighten you?
- Destroy clothing, jewelry, family photos or other personal items that he knows are important to you?

Signs of Emotional Abuse- Does anyone you know consistently say or do things that shame, embarrass, ridicule or insult you and say:

- You're stupid, filthy, lazy, fat, ugly, nasty, silly, etc.
- You can't do anything right.
- You'll never get a job.
- You don't deserve anything.
- Who'd want you?

Does your partner:

- Withhold affection to punish you?
- Threaten to hurt you?
- Forbid you to work, handle your own money, make decisions or socialize with your friends?
- Force you to give your personal possessions?
- Tell you about his or her other partners to make you jealous?
- Accuse you of having affairs?
- Undermine your sense of power or confidence?
- Manipulate you with lies, contradictions or promises?

Warning Signs of a Partner Who May Become Violent

- wants to get serious quickly, will not take no for an answer
- is controlling and bossy. makes the decisions, does not take the others opinions seriously. uses put –downs when alone or with friends.
- makes partner feel guilty, “if you really love me, you would...”
- blames the victim for what is wrong, “it’s because of you that I get so angry.”
- apologizes for violent behavior, “I’ll never do it again.”
- abuses alcohol and drugs
- tends to use violence to solve their problems

Why Teens Stay in Violent Relationships

- afraid parents will make them break up
- embarrassed or ashamed
- afraid violence will get worse if they try to end it.
- think it is their fault
- think it is normal, no experience with relationships
- believe that being with someone is the most important thing in their life.
- think no one will believe them
- thinks that they do not have any other friends

Where to get help

WISCONSIN COALITION AGAINST SEXUAL ASSAULT, INC.

(Provides information and referrals to sexual assault agencies throughout Wisconsin)

600 Williamson St, Ste. N-2
Madison, Wisconsin 53703
Phone (608) 257-1516
TTY (608) 257-2537
Fax (608) 257-2150
wcasa@wcasa.org

Milwaukee

Pathfinders
2038 N. Bartlett Avenue
Milwaukee, WI 53202-1059
Phone: (414) 271-2565
Crisis Line: (414) 271-9523
TTY: (414) 271-0102
www.pathfindersmke.org

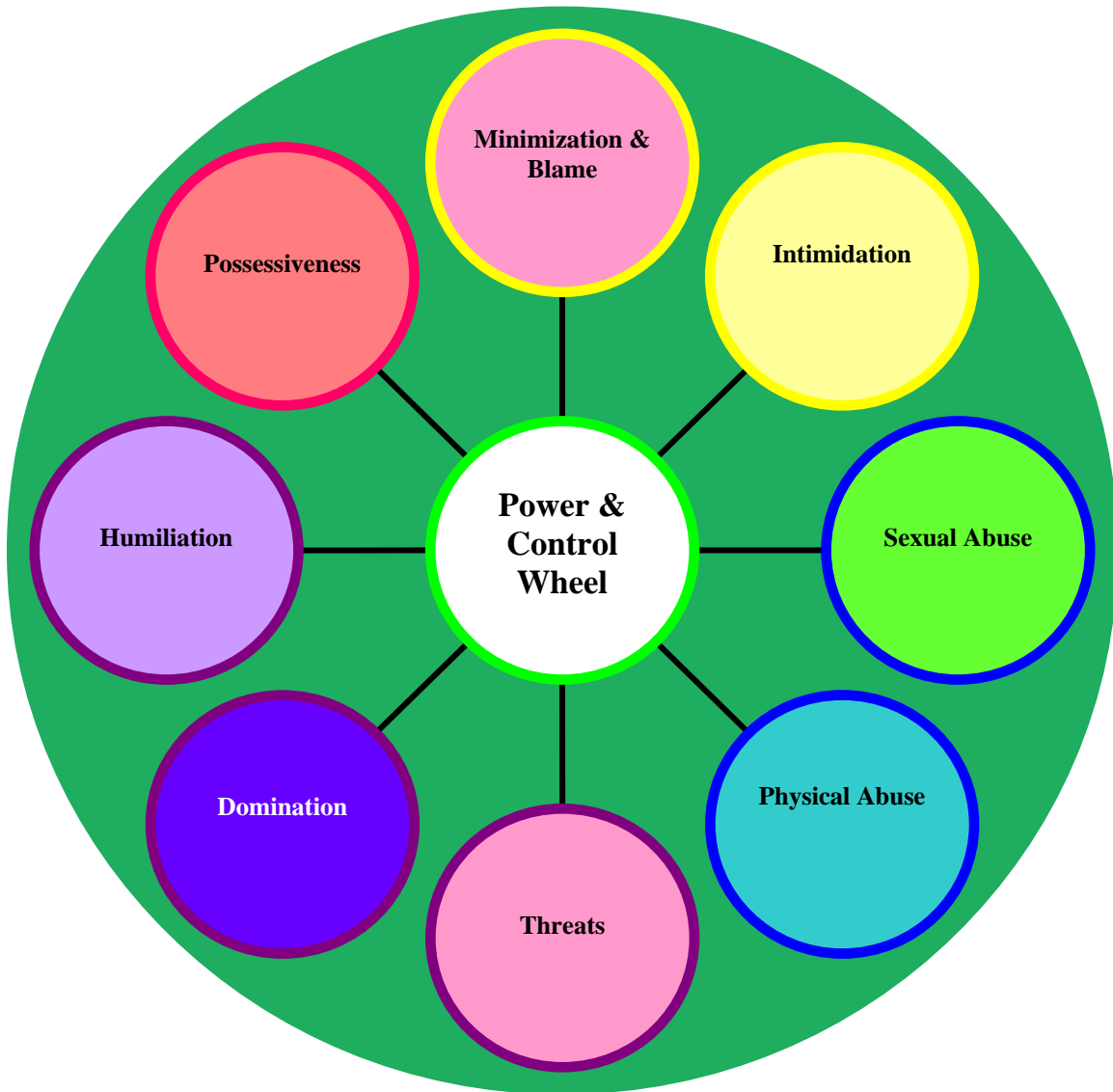
Milwaukee

Sexual Assault Treatment
Center
960 N. 12th Street, Room
2120, Heart Institute
Milwaukee, WI 53201
Phone: (414) 219-5850
Crisis Line: (414) 219-5555
TTY: (414) 219-7570
debbie.donovan@aurora.org
www.aurorahealthcare.org

Milwaukee

The Healing Center
611 W. National Avenue, 4th
Floor
Milwaukee, WI 53204
Phone: (414) 671-4325
Crisis Line: (414) 671-4325
TTY: (414) 671-6836
maryann.clesceri@aurora.org
www.thehealingcenter.org

Power Wheel



Power & Control Key Ideas

Intimidation

Yelling or screaming
Using a threatening tone
Talking down
Threatening to hurt yourself or your partner
Making your partner feel afraid
Tearing up pictures
Smashing gifts
Destroying objects

Sexual abuse

Bragging about your sexual relationship
Comparing your partner to past partners
Flirting to make your partner jealous
Using drugs/alcohol to get sex
Pressuring your partner
Rape

Physical Abuse

Holding your partner so they can't leave
Slamming them into a wall or locker
Hurting your partner where bruises don't show
Grabbing
Slapping
Hitting
Shoving
Punching
Kicking

Threats

Saying you can't live without your partner
Telling your partner you will leave them somewhere if they don't do what you say
Constantly threatening to find someone else
Saying you will commit suicide if you breakup

Domination

Treating your partner like a baby, property, or servant
Making all of the decisions
Having expectations that no one can meet
Controlling who your partner sees or spends time with
Setting all of the rules in the relationship

Humiliation

Putting down your partner
Calling your partner names
Constant criticism
Making your partner feel like they are crazy
Humiliating your partner in front of people
Making your partner feel guilty
Embarrassing your partner

Possessiveness

Using jealousy as a sign of love
Accusing your partner of cheating on you
Not letting your partner have other friends
Telling your partner how to think, dress, and act

Minimization & Blame

Not accepting responsibility for your actions
Making a job when you hurt your partner
Telling your partner everything is their fault
Acting like abuse is okay in the relationship

National Health Education Standards

Primary Focus

Standard 8 - Advocacy

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 5 – Decision Making

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

MPS Learning Targets – Students will:

Health

- Identify the importance of healthy choices
- Identify community agencies and list the services provided

Math

- Pose questions and collect, graph, and interpret data to summarize responses to questions

Reading:

- Analyze sources of information, explain them and make generalizations about the topic

What You Need to Know- lesson objectives:

Students will:

- Students will analyze birth control methods and discuss the communication needed for effective use of contraceptives. For many young people, one of the most difficult steps in responsible use of contraceptives is risking being seen obtaining a contraceptive and thus, being identified as a person who is having intercourse. This lesson addresses a person’s responsibility for obtaining appropriate methods of contraception should they choose to become sexually active.

Materials:

- Birth Control Chart
- Reproductive anatomy pictures (from lesson #1)
- Contraception Notes Worksheet
- Decisions Worksheet
- 10 colored note cards
- “ABC” poster transparency

Procedure:

1. Transmission Demonstration:

- Have ten students come up to the front of the room and stand in a semi-circle so that the rest of the class can see them.
- Each student should be given a colored card or something they can raise above their head during the activity.
- There will be three demonstrations to simulate three types of sexual behavior.
 1. **Abstinence/Monogamy:** Have one of the students in the middle of the line raise their card up over their head with their left hand. Then tell everyone else to turn to the person next to them (starting with the pair in the middle) and shake hands. Have the two people at both ends of the line to not shake hands with anyone. Anytime you shake hands with a

person who has their hand raised, you also have to raise your card with your left hand. After everyone shakes hands one time, there will now be two people with their cards raised. Ask the students:

- What were the two students at the ends of the line simulating? A: Abstinence. This is the only 100% effective way to prevent pregnancy and STI infection.
 - This first activity simulates having only one partner or monogamy. How many people got infected? A: TWO. Even in monogamy there is some chance that you could get a disease, but based on the number of students who did not raise their hands, are those odds very high? A: NO
2. **Two partners:** Start with the same single student in the middle having their card raised over their head. Have students shake hands with the person next to them and then turn and shake hands with the person on the other side of them. The two people on the end will have to walk toward each other to shake hands. Remember, after you shake hands with someone that has their card raised you must raise your card as well. Ask the students:
- Now these people have added one partner, how many people are infected now? A: FOUR.
 - So, what does increasing your number of partners do to the chances of you contracting a disease? A: The more partners you have, the greater your chance of contracting an STI.
 - Remember, the earlier you start having sex, the more likely you are to have more and more partners
3. **Concurrent partners:** Once again start off the same way. This time each person is going to shake hands back and forth with the people on either side of them five times. Remember to raise your hand after you shake hands with someone who already has their hand raised. Ask the students:
- How many students have their hands raised now? A: TEN
 - What was this simulating? A: concurrent partners or switching back and forth between partners.
 - This usually happens when a group of friends keeps going back and forth between partners. This is clearly the easiest way to contract a disease.
2. **Talk about the “ABC’s of Teen Pregnancy Prevention”**
- Tell them that this is an example of the three steps you can take to being free of STI’s or pregnancy. Each step down the list is a little less safe.
 1. A= Abstinence: This is the only 100% effective way to prevent teen pregnancy and STI infection.
 2. B= Be faithful. You should wait as long as possible to start being sexually active because the earlier you start the more likely you are to have more partners. When you choose to be sexually active, you should wait until you know the person very well and only be with that one person. If you go between multiple people your chances of contracting an STI increase dramatically.
 3. C= Use a Condom: If you chose to have sex with anyone you need to use a condom. This should not be an option for you or your partner. If your partner refuses to use a condom then they are not looking out for your well-being. This is not the kind of person you should want to be with based on their lack of caring for you or themselves.
3. Explain that sexual contact with the penis or vagina, whether it is oral sex (mouth), anal sex (rectum) or vaginal sex, is the way STIs are transmitted. The only 100% effective way to avoid STIs is to avoid any contact that might result in transmission.

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4. Have students get into groups and have them review the Birth Control Chart. Have them rank the top four types of birth control for them and fill in the information on the Contraceptive chart.
5. Then chart how often each method was ranked in the top four.
6. Have a few groups present the information they filled in on their Contraceptive Chart for their top two contraceptives.
7. Introduce the concept of dual protection, meaning that they use a condom and another birth control method. Using the dual protection method will lower the chances of an unintended teen pregnancy.

Lesson extension: There is a contraceptive pamphlet and display case available from the Wellness and Prevention Office. Visit www.wellnessandpreventionoffice.org or call Marcus Wenzel at 414-475-8396 to request pamphlets or display cases.

Birth Control Chart

| Type | Description | Unplanned Pregnancies per Year, per 100 people | Side Effects/Risks | Does it protect against STIs? | Availability |
|---|---|--|---|---|-----------------------------------|
| Male Condom (rubber) | Sheath placed over the erect penis just before sex | 15 | Irritation and allergic reactions to latex | Yes | No prescription, over-the-counter |
| Female Condom | Lubricated sheath placed into the vagina just before sex | 21 | Irritation and allergic reactions to latex | Some, but less effective than male condom | No prescription, over-the-counter |
| Oral Contraceptive Pill (birth control, the pill) | Pill taken every day, whether or not you have sex, which stops release of the egg using hormones. | 2 | Changes in periods, dizziness, rare blood clots, should not be used by smokers | No | Prescription from doctor or nurse |
| Patch (Ortho-Evra) | Patch placed on skin which stops release of the egg using hormones. Must be changed every 4 weeks: worn for 3 weeks, and then removed for 1 week during period. | 2 | Changes in periods, dizziness, rare blood clots, should not be used by smokers | No | Prescription from doctor or nurse |
| Ring (Nuva-Ring) | Ring inserted in vagina which stops release of the egg using hormones. Must be changed every 4 weeks: left in for 3 weeks, then removed for 1 week during period. | 2 | Changes in periods, dizziness, rare blood clots, should not be used by smokers | No | Prescription from doctor or nurse |
| Injection (Depo-Provera) | Injection every 3 months that stops egg release using hormones | less than 1 | Blood spotting, weight gain, headaches | No | Prescription from doctor or nurse |
| Emergency Contraception | Pills taken within 3-5 days of unprotected sex (most effective when taken within 72 hours) that stop release or fertilization of egg using hormones | 2 | Nausea, vomiting, abdominal pain, headache | No | Prescription from doctor or nurse |
| IUD (Intrauterine Device) | T-shaped device inserted by doctor and left in for 1-10 years, which prevents implantation | less than 1 | Cramps, bleeding, infertility, can not use if history of STIs or are having sex with more than one person | No | Prescription from doctor or nurse |
| Periodic Abstinence | No sex around time of ovulation, very difficult with irregular cycles | 25 | Increased risk of pregnancy due to uncertain time of ovulation, STIs | No | Controlled by your actions |
| 100% Abstinence | No sexual intercourse including oral, vaginal, or anal contact. Only method 100% effective in preventing pregnancy and STIs. | None | None | Yes | Controlled by your actions |
| No contraception | | 85 | Pregnancy, STIs | No | Controlled by your actions |

Male condom (Prophylactics)

| | |
|------------------------------|--|
| Description: | Condoms are sheaths (covers) made of natural membranes (lambskin) and latex or polyurethane (a type of plastic). They are unrolled over the penis before any genital-to-genital contact. |
| How does it work: | When placed over the penis, condoms are designed to prevent the ejaculate (semen) from entering the vagina. |
| Failure Rate: | About 15 out of 100 women using condoms for birth control will get pregnant each year. Condoms must be put on before any genital-to-genital contact occurs. |
| Protection from STDs: | Studies have proven that <u>correct</u> and <u>consistent</u> (every time) latex condom use does decrease the risk of HIV by 85%. If condoms are not used every time with sexual intercourse or are not put on the penis before intercourse occurs, then the decrease in HIV risk is <u>much</u> less. Condoms provide partial protection from others STDs except HPV (minimal to no protection). Unfortunately, most sexually active teens do <u>not</u> use condoms consistently and correctly. |
| Side Effects: | Side effects with condoms are uncommon. Allergic reactions to latex are rare. |
| Risks/Complications: | There is a 2% -- 4% breakage and slippage rate with condom use. |
| Benefits: | Easy to obtain. They can be bought without a prescription. |
| Summary: | Condoms do reduce greatly the risks of pregnancy and HIV only <u>if</u> used consistently and correctly. This protection is <u>not</u> 100%. The terms “safe” sex or “protected” sex are often used to refer to the use of condoms with sexual activity. It must be understood that this protection is <u>not</u> 100%. If adolescents choose to become sexually active, they must understand that consistent and correct condom use is essential and critical to reduce, <u>but will not eliminate</u> , their risk of pregnancy and STDs, including HIV. |

NOTE: The female condom is placed in the vagina and the outside of the vulva. Data is not available on prevention of STDs because female condoms are rarely used. Diaphragms are circular plastic devices placed in the vagina over the cervix to prevent sperm from entering the cervix. They do not protect a person from STDs, and they have a failure rate similar to condoms. Condoms and diaphragms are referred to as “barrier” methods of birth control.

Birth control pills (BCPs)
(Oral Contraceptives)

| | |
|------------------------------|---|
| Description: | Most BCP packs contain 21 pills taken once a day by mouth that contain hormones (usually estrogen and progesterone) followed by 7 days of placebo (fake) pills. |
| How do they work: | BCPs prevent ovulation (release of eggs from the ovary); they also thicken cervical mucus interfering with sperm transport and thin the inside lining of the uterus preventing the fertilized egg from implanting should ovulation occur and fertilization take place. |
| Failure Rate: | If taken perfectly (<u>no</u> missed pills at all), pregnancy is uncommon. Since most women do not take the pill exactly as prescribed, pregnancies do occur. Failure rate is higher in teenagers than adult women; about 3 to 7 women out of a hundred using the pill for 1 year will get pregnant. |
| Protection from STDs: | NONE; BCPs do not decrease a person’s chances at all of getting <u>any</u> of the STDs. |
| Side Effects: | Most women experience some nuisance problems when initiating BCPs including nausea, breast tenderness, irregular spotting/bleeding, headaches, and mood swings. These usually spontaneously resolve after 2 to 3 months of use. |
| Risks/Complications: | Serious health problems associated with taking the pill rarely occur. Users of the pill are at increased risk of developing blood clots in the veins of the legs that can travel to the lungs, but this rarely occurs. |
| Benefits: | Most women do not know that BCPs lower their chance of getting cancer of the ovary and uterus. BCPs also improve acne, decrease menstrual cramps, and reduce the amount of bleeding with each period. |
| Summary: | Many teens who take BCPs are not sexually active but are on the pill to decrease acne, pain (cramps), or menstrual bleeding. BCPs are not 100% effective in preventing pregnancy and provide NO PROTECTION FROM STIS . If a person is taking BCPs and is having sexual intercourse, she can still get pregnant and/or get an STD, including HIV. |

NOTE: Birth control skin patches and the birth control vaginal rings have been recently approved for use in the U.S. They are both similar to birth control pills in that they both contain estrogen and progesterone and have similar actions, failure rates, side effects, and complications. Patches and rings are not 100% effective against preventing pregnancy and provide **NO PROTECTION FROM STDs**.

Birth control injections
(Depot medroxyprogesterone acetate: DMPA)

| | |
|------------------------------|---|
| Description: | DMPA injections (shots) contain progesterone only (not estrogen) and are given in the muscle of the arm or buttocks every 12 weeks. |
| How does it work: | DMPA injections prevent ovulation (release of eggs from the ovary); they also thicken cervical mucus interfering with sperm transport and thin the inside lining of the uterus preventing the fertilized egg from implanting should ovulation occur and fertilization take place. |
| Failure Rate: | If DMPA injections are given <u>every 12 weeks</u> , pregnancy is very rare (less than one pregnancy in 100 users). Most teenagers do <u>not</u> return to the clinic or hospital to get their injections every 12 weeks, and most stop the injections because of side effects. Therefore, pregnancies can and do occur. |
| Protection from STDs: | NONE – DMPA injections do not decrease a person’s chances at all of getting <u>any</u> of the STDs. |
| Side Effects: | Most women experience irregular bleeding and spotting when starting the injections. After one year of injections, approximately 60% of women have no periods at all while 40% continue to have irregular bleeding and spotting. Other side effects include weight gain and mood swings/depression. |
| Risks/Complications: | Serious health problems with DMPA injections are very rare. Because the shots do not contain estrogen, there is no increase in blood clots in the legs or lungs. |
| Benefits: | Although DMPA injections commonly cause a great deal of irregular bleeding, there is a decrease in the total amount of bleeding in women who have heavy periods. There is also a decrease in menstrual cramps. |
| Summary: | DMPA injections are very effective in preventing pregnancy but ONLY if given every 12 weeks and not discontinued. Most teenagers stop the injections because of side effects. There is NO PROTECTION FROM STIS . If a person is receiving DMPA injections, she is still at risk of getting an STD, including HIV. |

Intrauterine devices (IUDs)

| | |
|------------------------------|--|
| Description: | IUDs are small devices less than 2 inches in size placed through the cervix inside the uterus. They contain either copper or a hormone similar to progesterone. This device must be placed in the uterus by a healthcare professional. Once placed in the uterus, IUDs are effective for 5 to 10 years or can be removed sooner if pregnancy is desired. |
| How does it work: | IUDs interfere with sperm transport preventing sperm from reaching the fallopian tube. They also change the lining of the uterus preventing the fertilized egg from implanting should the sperm reach the tube and fertilization occur. |
| Failure Rate: | IUDs are very effective in preventing pregnancy with only one pregnancy per 100 IUD users per year. |
| Protection from STDs: | NONE – IUDs do not decrease a person’s chances at all of getting <u>any</u> of the STDs. |
| Side Effects: | The copper IUD can cause heavy periods or cramps. The hormone-containing IUD can cause side effects similar to the pill but are usually mild and infrequent. |
| Risks/Complications: | There is a slight increased risk of infection of the uterus/tubes (pelvic inflammatory disease) immediately after insertion of the IUD in the uterus. IUDs cannot be used in women at increased risk for STDs. Because sexually active adolescents are at high risk of getting an STD, such as Chlamydia or gonorrhea, IUDs are not used in this age group because of the fear of PID. |
| Benefits: | Once IUDs are placed in the uterus, they are effective for years; or until removed by a healthcare professional. The woman does not have to do anything else to prevent pregnancy. |
| Summary: | While IUDs are very effective in preventing pregnancy, they provide NO PROTECTION FROM STIS . They are not recommended for use by sexually active adolescents because of the high risk of acquiring STDs in this age group. |

Ortho Evra Patch

| | |
|------------------------------|---|
| Description: | A contraceptive patch is a transdermal patch applied to the skin that releases synthetic estrogen and progestin hormones to prevent pregnancy. They have been shown to be as effective as the combined oral contraceptive pill with perfect use, and the patch may be more effective in typical use. |
| How does it work: | The Patch is worn on the skin, using transdermal technology. |
| Failure Rate: | The Patch is 98%-99% effective at preventing pregnancy if used as directed. |
| Protection from STDs: | NONE – The Patch do not decrease a person’s chances at all of getting <u>any</u> of the STDs. |
| Side Effects: | The most frequent adverse events reported while using the Ortho Evra / Evra patch were: breast discomfort, engorgement or pain (22%), headache (21%), application site reaction (17%), nausea (17%), upper respiratory tract infection (10%), menstrual cramps (10%), and abdominal pain (9%) |
| Risks/Complications: | All combined hormonal birth control products have a very small increased risk of serious or fatal <u>thromboembolic</u> events. (blood clot) |
| Benefits: | Only have to remember to change the patch once a week as opposed to every day for the pill. It also does not require surgery. |
| Summary: | The Patch is another method of effectively preventing pregnancy if used correctly, but it does not protect against STIs. |

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Contraceptive Notes

Names

| Name | How does it prevent teen pregnancy | How do you get it? (availability) | Pros (What's good about it?) | Cons (What is bad about it?) | Does it prevent STI's? | % effective | Why did you choose this method? |
|------|------------------------------------|-----------------------------------|------------------------------|------------------------------|------------------------|-------------|---------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

National Health Education Standards

Primary Focus

Standard 2- Analyzing Influences

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

Secondary Focus

Standard 1- Core Concepts

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

Standard 3 – Accessing Information

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

MPS Learning Targets- Students will:

Health

- Discuss the importance of accepting responsibility for their actions.
- Describe the consequences of deciding to be sexually active.

What You Need to Know:

Students will:

- Understand the responsibility, time and cost associated with having and caring for a baby.
- Research answers to some questions relating to the care of infants and children.

Materials:

- Activity sheet and pencil

Procedures:

Statistics intro

Behavior outcomes worksheet

- Have students work with a partner, in groups, or have a class discussion about the data presented. More data is available at the links provided. Does it seem that certain communities are affected by teen pregnancy than others? Why might this be the case? Why is this a problem? What can be done to change this trend?

1. Tell students “We all know how cute and lovable a baby is. How many of you have a realistic idea of how much time, responsibility and cost a baby involves.
2. Distribute the *Life with a Baby* activity sheet. Tell students they will need to research information to complete the questions. Possible resources include parents with small babies, pediatricians and their own family members.
3. When students have had time to complete the activity sheet, divide the class into groups to compare and discuss answers
4. After 10 minutes or so, hold a class discussion.
 - Did you learn anything new?
 - Did you realize how time consuming and expensive a baby really was?
 - Why do you think some teens choose to become pregnant? Are these good reasons?
 - What are some better ways for teens to meet these needs?

Lesson Number: 12
Grade Level: 8th grade
“Life with a Baby”

Milwaukee Public Schools
Human Growth and Development Curriculum

Suggested closure - “Having a baby in your teen years has been compared to being grounded for life. Now that you have done your research into the demands of child rearing and evaluated your own parental readiness, what do you think about having a baby sometime soon? It’s up to you to see that you bring a child into the world only when you are well enough established in who you are and what you want in life to give your child the best.”

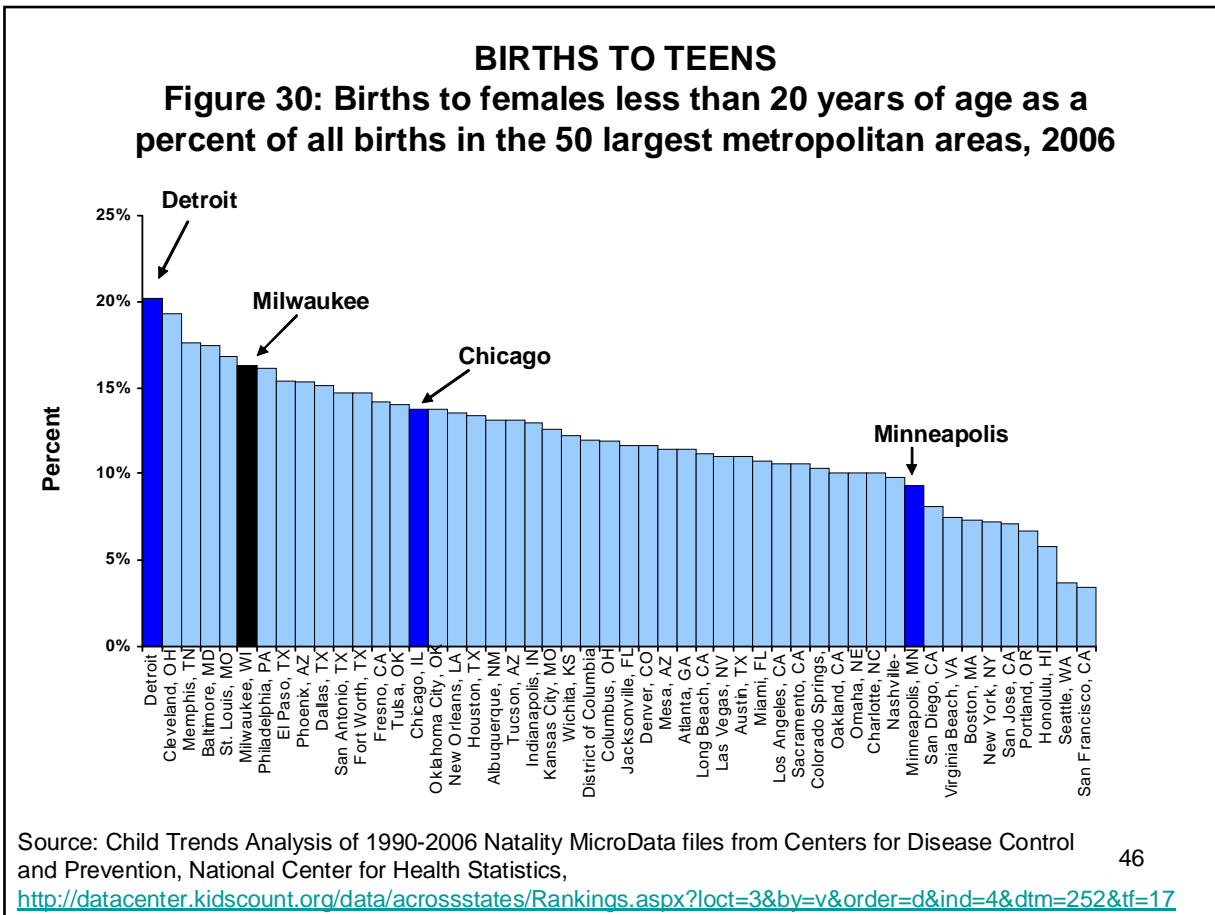
Wisconsin Youth Sexual Behavior and Outcomes: 2000-2009 Update Sexual Behaviors, Cases of STD and HIV, and Teen Births, Wisconsin Department of Health Services and Wisconsin Department of Public Instruction, April 2011 provides information about youth sexual behaviors and outcomes in the US, Wisconsin, and Milwaukee.

Information from the report can be presented at this point and other points in the curriculum to provide context. A PDF of the full report is available at:

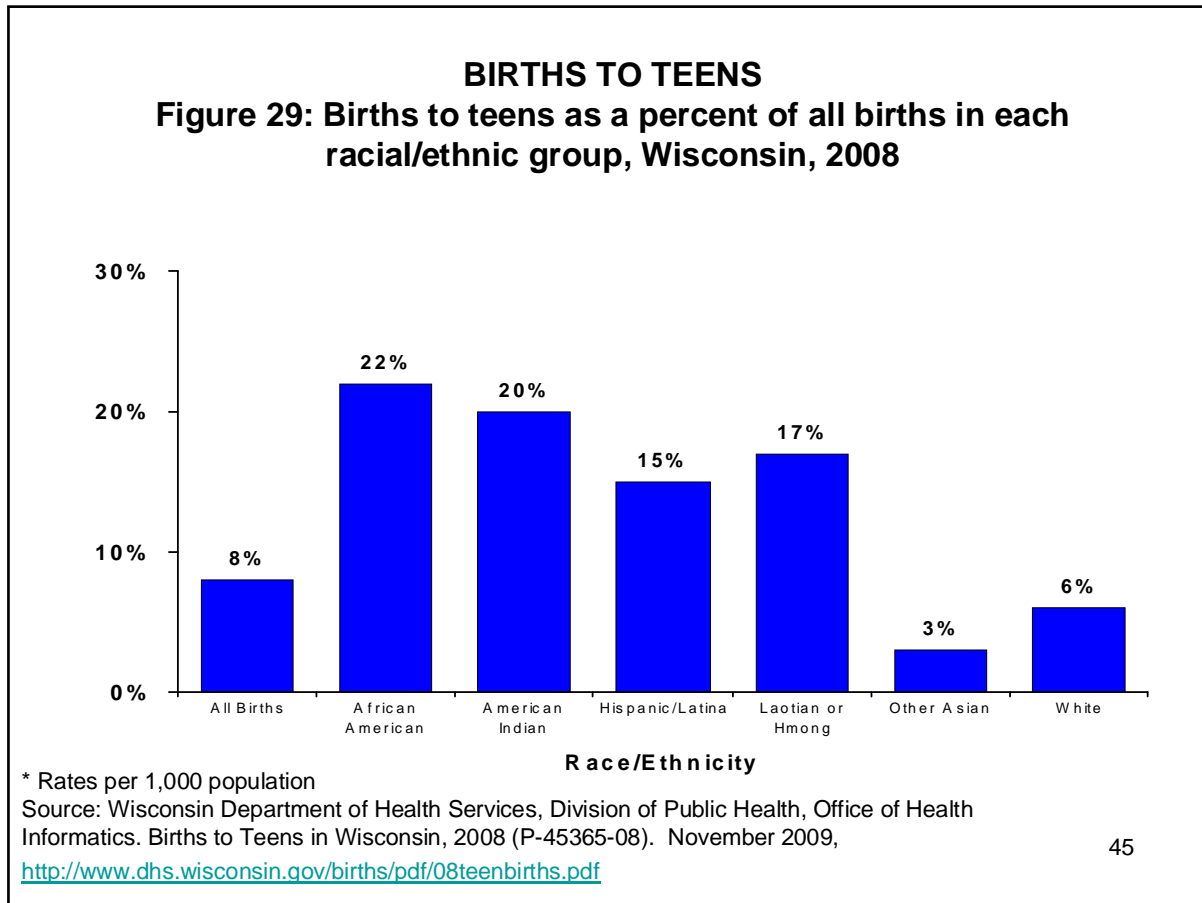
<http://www.dhs.wisconsin.gov/aids-hiv/Stats/09YouthSexBehaviorUpdate.pdf>

The same report in the format of PowerPoint slides is available at:

<http://www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm>, under Select Analyses of Wisconsin Youth Risk Behavior Surveys



About one in six (16%) births is to a mother under the age of 20 in Milwaukee, the sixth highest rate among large U.S. cities.



Births to teens as a percentage of all births by race/ethnicity are shown in Figure 29. Statewide, about one in twelve (8%) births is to a teen-aged mother. The percentage of all births that are to teens is highest among African Americans (22%), followed by American Indians (20%), Laotian or Hmong (17%), and Latinas (15%). Rates are lowest among Other Asians (3%), followed by Whites (6%).

LIFE WITH A BABY

Directions: Research answer to the following questions.

| | | |
|----|--|--|
| 1. | What is the average cost of a month’s worth of baby food for a 9-month-old baby? | |
| 2. | About how much does it cost to buy a month’s worth of formula for a 6-month-old baby who is bottle fed? | |
| 3. | What would be the cost of a month’s supply of disposable diapers for an average 3-month old? | |
| 4. | How many soiled diapers are changed for an average 3-month old during a month? | |
| 5. | How much would a babysitter cost per hour? | |
| 6. | How might your daily schedule look if you had a 10-month old infant right now? | |
| | 7 AM – 8 AM | |
| | 8 AM – 9 AM | |
| | 9 AM – 10 AM | |
| | 10 AM – 11 AM | |
| | 11 AM – Noon | |
| | Noon – 1 PM | |
| | 1 PM – 2 PM | |
| | 2 PM – 3 PM | |
| | 3 PM – 4 PM | |
| | 4 PM – 5 PM | |
| | 5 PM – 6 PM | |
| | 6 PM – 7 PM | |
| | 7 PM – 8 PM | |
| | 8 PM – 9 PM | |
| | 9 PM – 10 PM | |
| | 10 PM – 7 AM | |
| 7. | Do you feel that having a child early in life shows others how mature one is? Why or why not? | |
| 8. | Having a baby means being responsible for another human life for at least 18 years. When do you expect that you will be ready (financially and emotionally) for this type of responsibility? How responsible are you for yourself right now? | |

LIFE WITH A BABY (continued)

| | |
|-----|--|
| 9. | How would having a baby affect your freedom, privacy and social life? |
| 10. | How would you take care of any infant’s health and safety? How do you take care of your own? |
| 11. | Mark the answer you think is correct. According to the Urban Institute, the average cost of raising a single child is: a. \$17,000-\$30,000 b. \$30,000-\$50,000 c. \$50,000-\$60,000 d. \$60,000-\$70,000 e. more than \$135,000 |
| 12. | How would having a child within the next 2 or 3 years affect your educational plans and life options? |
| 13. | Could you handle a child and a job at the same time? How would you deal with the noise, the confusion and the demands of a child? |
| 14. | How could bringing a new life to this world interfere with your own growth and development? |

This lesson is available for schools that have the Real Care “Baby Think it Over” simulator. Schools interested in teaching these lessons with the Real Care baby please contact the Wellness and Prevention Office.

National Health Education Standards

Primary Focus

Standard 7 – Self Management

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 6 – Goal Setting

Students will demonstrate the ability to use goal-setting skills to enhance health

MPS Learning Targets

Health

- Identify the importance of healthy choices regarding sexuality
- Describe how we communicate our emotions in a healthy manner

Math:

- Pose questions and collect, graph and interpret data to summarize responses to questions
- Read and interpret a variety of numerical patterns summarized in tables, graphs and symbolic forms

Reading

- Apply a variety of reading strategies to understand what is being read
- Use different types of documents to compare and contrast the information found in them

What You Need to Know- Students will:

- Understand that each infant is unique and requires a great deal of love, time and attention.
- Realize that Infants’ demands are unpredictable but must be met promptly.
- Understand Parenting responsibilities impact one’s lifestyle profoundly and should only be taken on by someone prepared for that responsibility
- Understand parenting roles and responsibilities can help a person assess readiness for parenthood, and help nurture healthy families.
- Knowledge of human growth and development and parenting skills provides guidelines for behavior and promotes healthy physical, emotional, intellectual, and social child growth and development.
- Realize a healthy family cultivates and maintains positive relationships among its members and uses support systems and services.

Materials:

- Included with curriculum binder

National Health Education Standards

Primary Focus

Standard 1 – Core Concepts

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

Secondary Focus

Standard 5 – Decision Making

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

MPS Learning Targets – Students will:

Health:

- Identify the importance of healthy choices regarding sexuality
- Identify community health agencies and list the services they provide

Math:

- Pose questions and collect, graph and interpret data to summarize responses to questions

Reading:

- Apply a variety of reading strategies to understand what is being read

What You Need to Know- lesson objectives:

- Name at least three STIs
- List two of the four common, early symptoms of STIs and explain that STIs may be asymptomatic
- List two of the three critical health behaviors that should follow a suspicion of infection
- State that some STIs are life-threatening and others can have serious consequences
- List at least two effective ways of reducing one's STI risk
- Name the two STIs that can be prevented by getting vaccinated.
- Explain the relevance of the lesson to the unit and to students' lives and your support for their abstaining.
- Brainstorm and create a list of STIs.
- Use a human graph activity to teach which STIs are the most serious, which aren't curable, which are often asymptomatic, and which ones condoms are less certain to prevent.
- Complete the STI Reference Sheet aloud, as a large group activity.

Materials

- Sexually Transmitted Infection Reference Sheet
- Signs (laminated, if possible, for use multiple class periods, and cut into separate signs)
- Cards (cut and taped onto separate index cards)

Procedure:

Teacher Background:

The outdated term sexually transmitted disease (STD) 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 STI. This curriculum uses the term *sexually transmitted infection* (STI) 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.

COMPLETE MYTHS ROUND ONE

1. **Ask students to brainstorm all the STIs 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 Papilloma virus (HPV) & Genital Warts
- 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)
- Urinary Tract Infection (UTI)

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

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

2. **Explain that you want you people to guess some things about STIs even if they don't know for sure.**

- **First, post the first three signs, taped around the room with as much space between them as possible: "Life threatening", "Serious consequences", and "No serious consequences."** Explain to class that "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 STI on it 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.

| Life threatening' | 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."</p> <p>** 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.</p> <p>*** 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.</p> <p>**** 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** <p>* Chlamydia & Gonorrhea, if untreated, 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.</p> <p>** Herpes (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.</p> | <ul style="list-style-type: none"> • Pubic lice** • Scabies** • UTI* • Trichomoniasis* <p>* All four of these are curable.</p> <p>** We call pubic lice and scabies "STIs" 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> |

- **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 • 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) |

All those not caused by viruses - the majority -- *are* curable. Reinforce, however, that 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. Mention, too, that there are now vaccines available to reduce the chances that 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."** Explain that symptoms are the visible signs that you have a disease. Sneezing may be a symptom of a cold. Say, "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 STIs." Ask the same students to go to the sign they think their disease fits under.

| Always have symptoms | 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 • HIV Disease • Syphilis • Pelvic Inflammatory Disease • UTI • Trichomoniasis |

Reinforce that most STIs can be asymptomatic and this is when many are spread, because people do not realize they have an STI.

- Ask students, “Why does having an STI and not having any symptoms a problem?”
 Possible answers:
 - If you do not have symptoms you will not get tested, you will not know you have the disease, you will not get treated and could have long term health problems.
 - If you do not have symptoms you will not tell any partners you have a disease, therefore spreading the disease.
- **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. Explain that 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 | Condoms might not cover the place on the body at was infected: |
|---|---|
| <ul style="list-style-type: none"> • HIV Disease • Chlamydia • Gonorrhea • Hepatitis B, C • Trichomoniasis • UTI • Pelvic Inflammatory Disease | <ul style="list-style-type: none"> • Genital Herpes • Genital Warts (caused by HPV) • Public lice • Scabies • Syphilis |

Reinforce that 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. However, it is important to close this section with the strong message that **NO DISEASES TRAVEL THROUGH LATEX OR POLYURETHANE.**

4. Hand out the STI Reference Sheet and fill it out together, as a large group. 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 STIs.

Explanation: We discover new ones all the time; eight have been discovered since 1980. Others have been around for thousands of years, like syphilis. Some only affect people with compromised immune systems, like persons with HIV or fetuses during birth. Some are very rare in the United States. Today we will focus on just 13 diseases.

2. Check 5 of the most common STIs

- Trichomoniasis
- HPV
- Chlamydia
- Genital Herpes
- Gonorrhea

3. We used to call STIs "STD"..

5. What 4 STIs can be life threatening?

- Syphilis
- Hepatitis B & C
- HIV
- HPV

Note: Pelvic Inflammatory Disease (PID) is commonly caused by chlamydia or gonorrhea. PID can leave scarring in the fallopian tubes, which can in turn lead to an ectopic pregnancy (also called tubal pregnancy). An ectopic pregnancy, if it were to rupture, could also be fatal.

6. What serious consequences can happen from some STIs?

death, infertility (not being able to have a baby biologically or to get someone pregnant), cancer of the cervix, chronic pain (pain that doesn't go away), blindness, brain damage.

Note: Some of these consequences can be avoided completely or delayed significantly if identified and treated early.

7. What STIs have no cure?

- Hepatitis B & C
- Genital Herpes
- HIV
- HPV

Explanation: What these STIs 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 STIs 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. This is similar to how your body eventually clears a cold virus.

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

- Girls and women ages 9 to 26 years old
- Prevents most cases of genital warts and cervical cancer

Explanation: HPV vaccine is recommended for every 11 or 12 year old girl and all teenage girls and young women. Ideally, the vaccine is administered before onset of sexual activity--

before women 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.

Any woman who ever intends to have sex should get an HPV vaccine

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

- Scabies
- Pubic lice

Explanation: 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 STIs, 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 STI?

Yes, they can have no symptoms and be contagious (asymptomatic)

Explanation: 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 STIs..if people do have the symptoms?

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

Explanation: 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 STI are:

- Not having oral, anal, or vaginal sex (This is called **abstinence** and it is safest.)
- Only having sex with **one** other person, who only has sex with them. (monogamy)
- Using a **condom** every time they have sex.

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

- Limit the **number** of people they have sex with in their lives.
- Go to the doctor, regularly, if they are having sex, and ask for a thorough STI **check-up**.

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 STI. In other words, just because the doctor didn't say they had an STI, that doesn't necessarily mean they are in the clear; it might just mean they weren't tested for that particular disease.

- Do not **douche** (wash out the vagina) or use an **enema** (wash out the rectum) before or after having sex.

14. People can't get STIs 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 STI, he or she should:

- **Go to a doctor.** **Note:** Also acceptable answers: "go to a clinic," "get a check-up"
- **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.

16. Hotlines to recommend for information about STIs, testing, and treatment:

CDC National STD Hotline: **1-800-227-8922** (Free nationwide)

Linea Nacional de las ETS de los CDC: **1-800-344-7432**

CDC National STD Hotline TTY for the Deaf and Hard of Hearing: **1-800-243-7889**
1-800-243-7889

Teen AIDS Line: **1-800-234-TEEN (M-F)** or **1-800-440-TEEN** (weekends) (Free nationwide)

NOTE: Only give out numbers that are free for your students. Please provide local numbers for your students, if possible.

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

Sex Etc. (the web site of Rutgers University's Network for Family Life Education):

www.sexetc.org

Teen Source by California Family Health Council

www.teensource.org

Sexually Transmitted Infection (STI) Reference Sheet

Name _____ Date _____

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

1. There are more than _____ different STIs.

2. Check five of the most common STIs:

- | | |
|--|---|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Hepatitis B and C (also called HBV and HCV) |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Genital Herpes (caused by Herpes Simplex Virus 1 or 2) |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> HPV (the virus that sometimes causes genital warts) |
| <input type="checkbox"/> Pubic Lice | <input type="checkbox"/> CMV (Cytomegalovirus) |
| <input type="checkbox"/> Scabies | |
| <input type="checkbox"/> Trichomoniasis | |
| <input type="checkbox"/> HIV Disease (the last stage of which is AIDS) | |

3. We used to call STIs " _____ "

5. What 4 STIs can be life threatening?

6. What serious consequences can happen from some STIs? (circle the best answer)

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

7. What STIs have no cure?

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

_____ and _____ ages _____ to _____ years old

Prevents most cases of _____ & _____

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

_____ and _____

10. Can a person feel fine and look healthy and clean and still have an STI?
_____ 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 STIs ... if people DO have symptoms?

_____ unusual _____
_____ in the abdomen (belly)
_____ ing _____

12. The best (most certain) ways people can protect themselves and their partners from getting or giving an STI 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.
- Using a _____ correctly, 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.

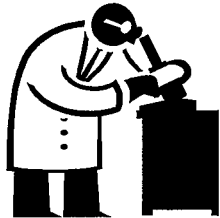
- Go to the doctor, regularly, if they are having sex, and ask for a thorough STI _____ -

- Do not _____ (wash out the vagina) or use an _____
_____ (wash out the rectum) before or after having sex.

14. People _____ ' ___ get STIs 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 STI, he or she should:

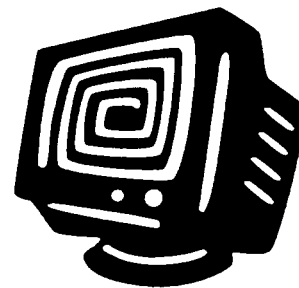
16. Scientists learn more about STIs all the time. It is hard to keep up with the changing information. When friends tell you things, they may be unclear or even wrong. Radio, TV, and newspaper reports may be incomplete or unclear, making things more confusing. So where can you go to find out the most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



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

**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 lines, and tape the strips onto index cards to make cards for 13 students (at a time) to use in activity 3.

HIV Infection & 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

National Health Education Standards

Primary Focus

Standard 3 – Accessing Information

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

Secondary Focus

Standard 1 – Core Concepts

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

MPS Learning Targets – Students will:

Health

- Identify the importance of healthy choices regarding sexuality
- Identify community health agencies and list the services they provide

Math

- Pose questions and collect, graph and interpret data to summarize responses to questions
- Read and interpret a variety of numerical patterns summarized in tables, graphs and symbolic forms

Reading:

- Apply a variety of reading strategies to understand what is being read
- Use different types of documents to compare and contrast the information found in them

What You Need to Know: Students will:

- How STIs are transmitted,
- The types of symptoms STIs produce,
- The importance of seeking treatment for STIs,
- How to prevent getting STIs, and
- What to do if they get an STI.

Materials:

- STI pamphlets/information sheets
- TRAPP test worksheet
- Computer lab access if available
- Art supplies to make posters
- Poster board
- Myths and Truths worksheet
- STI statistics overhead

Procedures:

Before beginning the lesson:

1. Collect or purchase up-to-date pamphlets or fact sheets about six or seven different STIs, (e.g., herpes, gonorrhea, syphilis, chlamydia, hepatitis B, HIV, genital warts). Check to make sure that the pamphlets match the group’s reading level.
Fact sheets are available on-line at http://www.cdc.gov/std/healthcomm/fact_sheets.htm or search in other grades of the MPS Human Growth and Development Curriculum.

Analyze statistics

- **Set the stage for the lesson by having students look at the charts and accompanying information and have students read them to the class. Follow up questions could include asking what behaviors or attitudes in the city of Milwaukee make it number two for many STI's? Why is it important to know that so many people in Milwaukee has such a high rate of STI's?**

Myths and Truths sheet

1. Have students take the myths and truths quiz. This can be done in groups with answers charted on the board. Any questions that do not have unanimous agreement should be debated with the teacher giving the final decision.
2. List the six to seven STIs to be addressed on the board. Suggested STI's to research include Chlamydia, gonorrhea, syphilis, genital warts, genital herpes, and HIV
3. Also list the five general areas of information to be covered: transmission, symptoms, treatment, prevention and responsibility.
4. Explain to students that there are more than 30 STIs, and sometimes it may be overwhelming to know enough about all of them to protect ourselves from infection. The good news is that there are really only five general areas of information that people need to know to protect themselves from STIs. These areas are:
 - a. **Transmission:** How does the STI pass from one person to another?
 - b. **Symptoms:** How can people tell if they have the STI?
 - c. **Treatment:** How is the STI is treated? Is it curable? What happens if it goes untreated?
 - d. **Prevention:** How can someone prevent getting the STI?
 - e. **Responsibility:** What should people do if they find out they have the STI?
5. Tell students they'll work in small groups to make a poster about one STI. They will be given a pamphlet or fact sheet for a specific STI, and they will make a poster that answers questions about each general area of information.
6. Tell students that if the pamphlet or fact sheet does not specifically present information on prevention or responsibility, they should do their best to generate their own ideas for the poster.
7. Set parameters for the explicitness of the posters to reflect the maturity of your audience and the standards of the sponsoring agency. (When working in mainstream classrooms, tell students that a guideline is to make a poster that would not shock a principal or parent entering the room.

Students Create the Posters

1. Have the class form small groups. Each group should choose a different STI on which to work.
2. Pass out chart paper and markers to each group and the appropriate pamphlet or fact sheet to each student.
3. Allow the groups 10-15 minutes to do the posters.
4. When finished, have groups display their posters.

Students Present the Posters

1. Have each group briefly share their posters and their answers to the questions about STI transmission, symptoms, treatment, prevention and responsibility.
2. After all groups have presented, review how STIs are transmitted. Ask if there is a general statement they can make about most STIs, i.e., STIs are transmitted by sexual contact with an infected person. Write this generalization on the board next to the word "transmission."

Note: Stress that HIV and Hepatitis B may also be transmitted by exchange of contaminated needles.

3. Ask the group for general statements about what they learned about STI symptoms, treatment, prevention and responsibility. Write these generalizations on the board. If not mentioned by the students, add important generalizations from information listed below:

Symptoms: A change in the look or feel of genitals or unusual genital discharges may indicate an STI; for example, sores, lumps, rashes, etc. Some STIs can infect the body without any symptoms. Therefore, it is recommended that sexually active people get tested for STIs on an annual or semi-annual basis.

Treatment: Anyone who thinks he/she may have an infection should promptly go to a clinic or doctor for medical treatment. It is critical to take all the medication prescribed.

Prevention: Abstinence is the only 100% way of avoiding STIs. The risk of STIs can be reduced by limiting the number of sexual partners and by the use of latex condoms and spermicide every time one has sex. Have students list where condoms are available.

Responsibility: Anyone with an STI should go to a health care provider for treatment and inform his/her sexual partner or partners. List clinics students can go for testing or other services.

Summarize the Activity

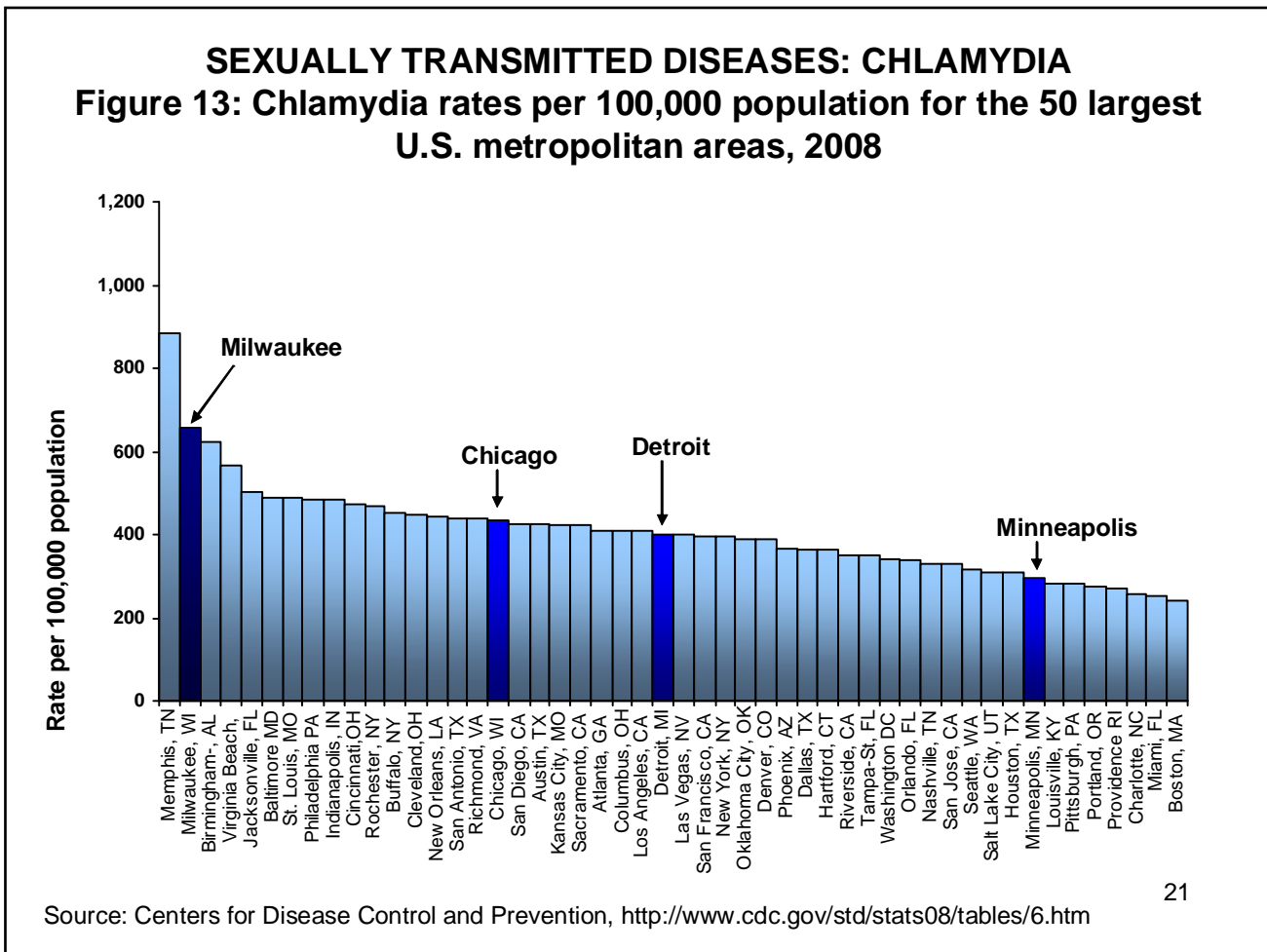
1. Stress that it is not necessary to know detailed information about an STI, such as which symptoms indicate gonorrhea and which indicate syphilis, or what drug is used to treat chlamydia. That’s the job of your health care provider.
2. Tell students that to protect themselves, they need to remember five things:
 - Unprotected sex with an infected person may result in an STI, **AND** it is not always possible to know if a person has an STI.
 - Be aware of how your body feels when it’s healthy so you will notice any change that could indicate an STI. And, since some STIs have no symptoms, sexually active people should get tested for STIs every six months.
 - If you notice any of the changes that might indicate STIs, you need to go to a clinic or doctor for treatment. STIs do not go away on their own; they only get worse.
 - Not having sex is the best way to prevent getting STIs. Limiting the number of sexual partners and using condoms with spermicide every time can greatly lower the risk of getting STIs.
 - If you do have a STI, you need to get medical treatment and let your sexual partner(s) know.

ALTERNATE ACTIVITY

If you have the ability to go to the computer lab, a worksheet has been added to help students look up information on the internet and the TRAAP test is included so students can practice determining the accuracy and reliability of internet web sites.

Wisconsin Youth Sexual Behavior and Outcomes: 2000-2009 Update Sexual Behaviors, Cases of STD and HIV, and Teen Births, Wisconsin Department of Health Services and Wisconsin Department of Public Instruction, April 2011 provides information about youth sexual behaviors and outcomes in the US, Wisconsin, and Milwaukee at:

<http://www.dhs.wisconsin.gov/aids-hiv/Stats/09YouthSexBehaviorUpdate.pdf>



Among the 50 largest metropolitan areas in the U.S., Milwaukee is second only to Memphis in its rates per 100,000 population for both chlamydia (Figure 13) and gonorrhea (not shown).

36% of youth in Milwaukee who did not use a condom at last intercourse (past 3 months)
18% of youth who used alcohol or other drugs prior to intercourse- Alcohol and other drugs lower inhibitions and impact decision making skills
 33% of male students in Milwaukee reported 4 or more lifetime partners compared to 11% in Wisconsin and 16% in the U.S. the more partners you have, the increased likelihood of contracting HIV/STIs

African American students report higher risk behaviors than students of other races; 44% of African American male students in Milwaukee reported 4 or more lifetime partners, compared to 19% of Latino males.

A 2008 study in British Columbia Canada showed that LGBT youth are more than heterosexual youth to have been involved in a pregnancy (young women becoming pregnant and young men causing a pregnancy)

Teen Pregnancy Involvement

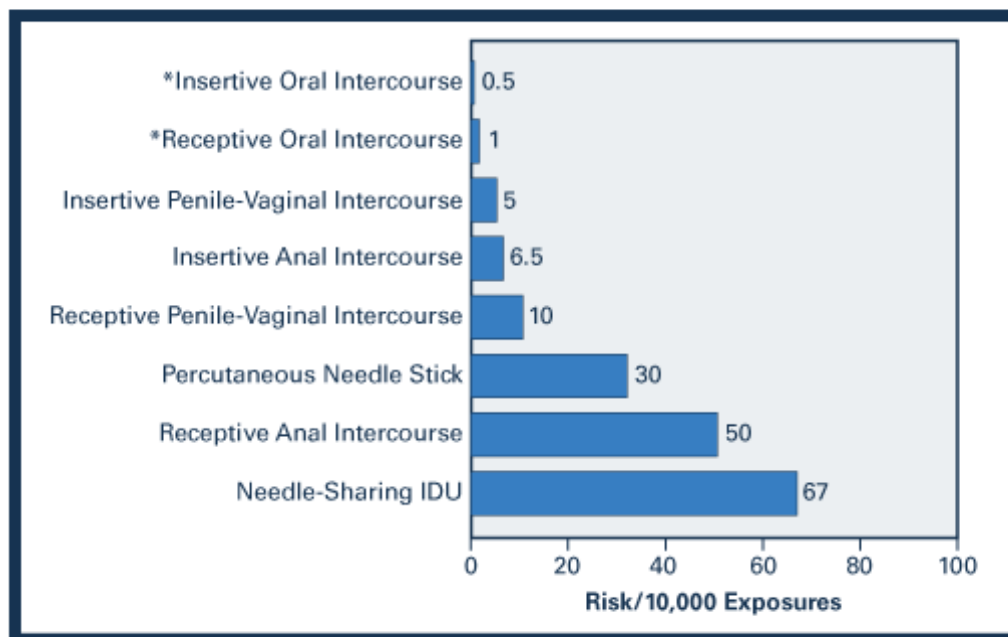
Early sexual experience, multiple partners, alcohol or drug use before sexual intercourse and unprotected sexual intercourse are all risks for increased chances of pregnancy. Both bisexual and gay/lesbian youth were more likely than their heterosexual peers to report having been pregnant or having caused a pregnancy. Compared to heterosexual peers their same age, bisexual and gay males were more than 3 times more likely to have been involved in a pregnancy, while lesbian and bisexual females were 2 to 3 times as likely to have been pregnant than heterosexual females.

http://www.mcs.bc.ca/pdf/not_yet_equal_web.pdf

Not all sex acts sexual acts have the same risk for acquiring HIV. The graph below shows that receptive anal intercourse without a condom has by far the highest risk of HIV transmission of any sexual act – five times higher than receptive vaginal intercourse.

<http://depts.washington.edu/hiv aids/post/case5/fig1d.html>

Figure 1. Estimated Per-Act Risk for Acquisition of HIV, by Exposure Route[#]

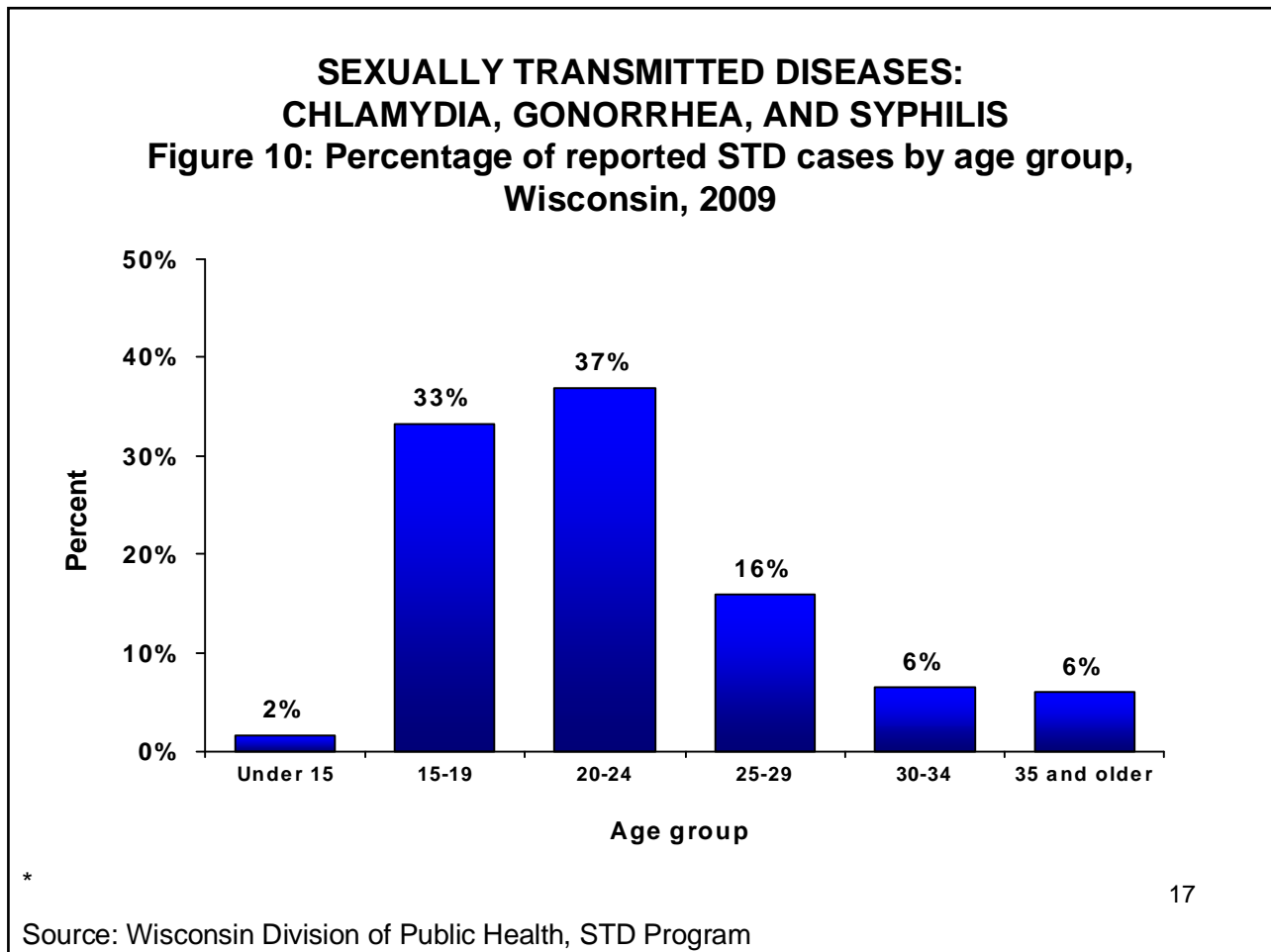


HIV Web Study (www.HIVwebstudy.org)

Supported by HRSA

STI Statistics

Wisconsin Youth Sexual Behavior and Outcomes: 2000-2009 Update Sexual Behaviors, Cases of STD and HIV, and Teen Births, Wisconsin Department of Health Services and Wisconsin Department of Public Instruction, April 2011 provides information about youth sexual behaviors and outcomes in the US, Wisconsin, and Milwaukee at: <http://www.dhs.wisconsin.gov/aids-hiv/Stats/09YouthSexBehaviorUpdate.pdf>



Adolescents under age 20 account for 35% of reported STDs in Wisconsin. Young adults, ages 20-24, comprise an additional 37% of cases.

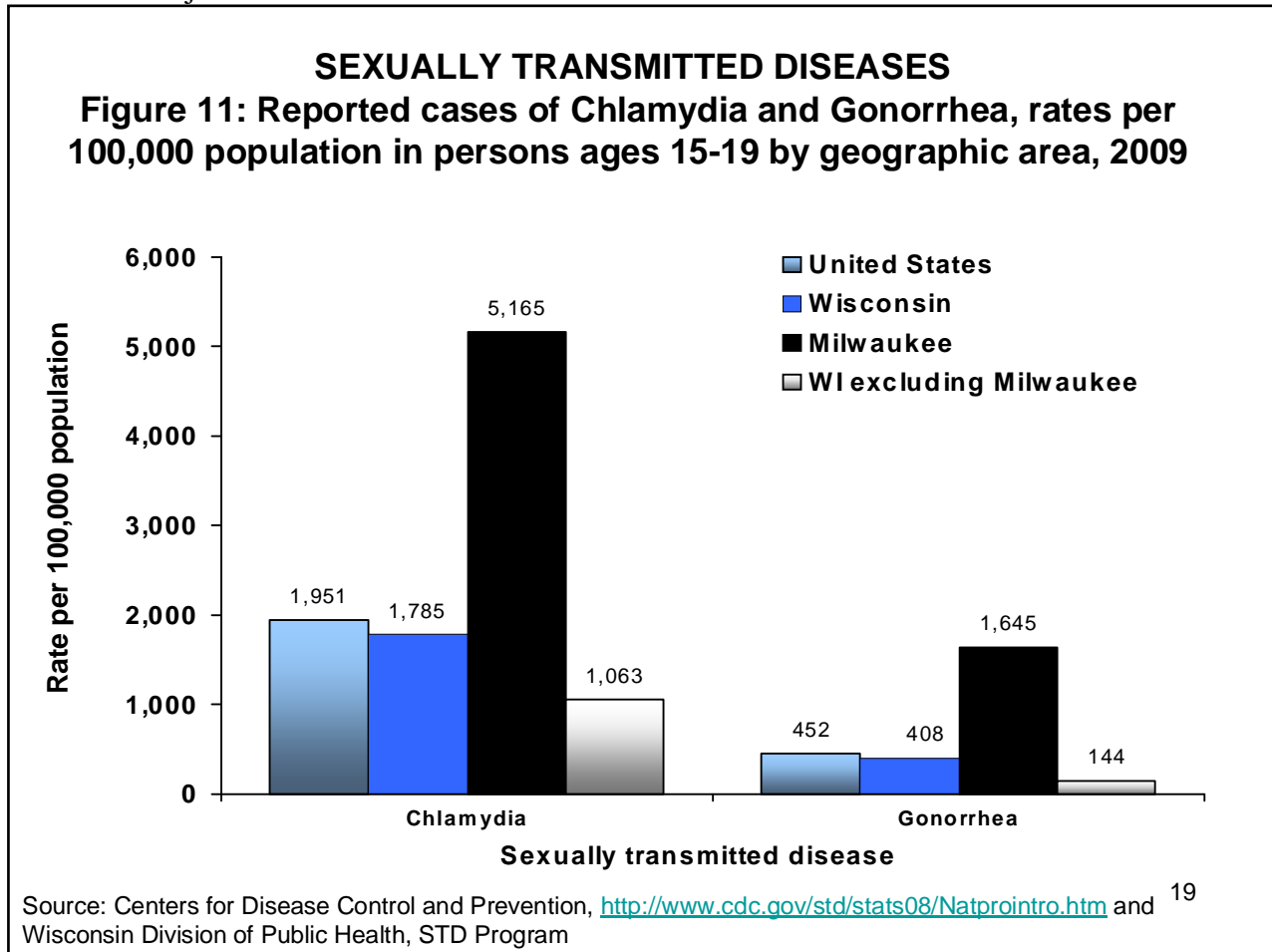


Figure 11 shows the rates per 100,000 of reported cases of chlamydia and gonorrhea in adolescents nationally, in Wisconsin, in Milwaukee County and in the state outside Milwaukee County. Chlamydia and gonorrhea rates in Milwaukee County are about three times higher than U.S. rates and nearly 5 times and more than 11 times higher than in the rest of the Wisconsin respectively. Chlamydia is much more widespread than gonorrhea.

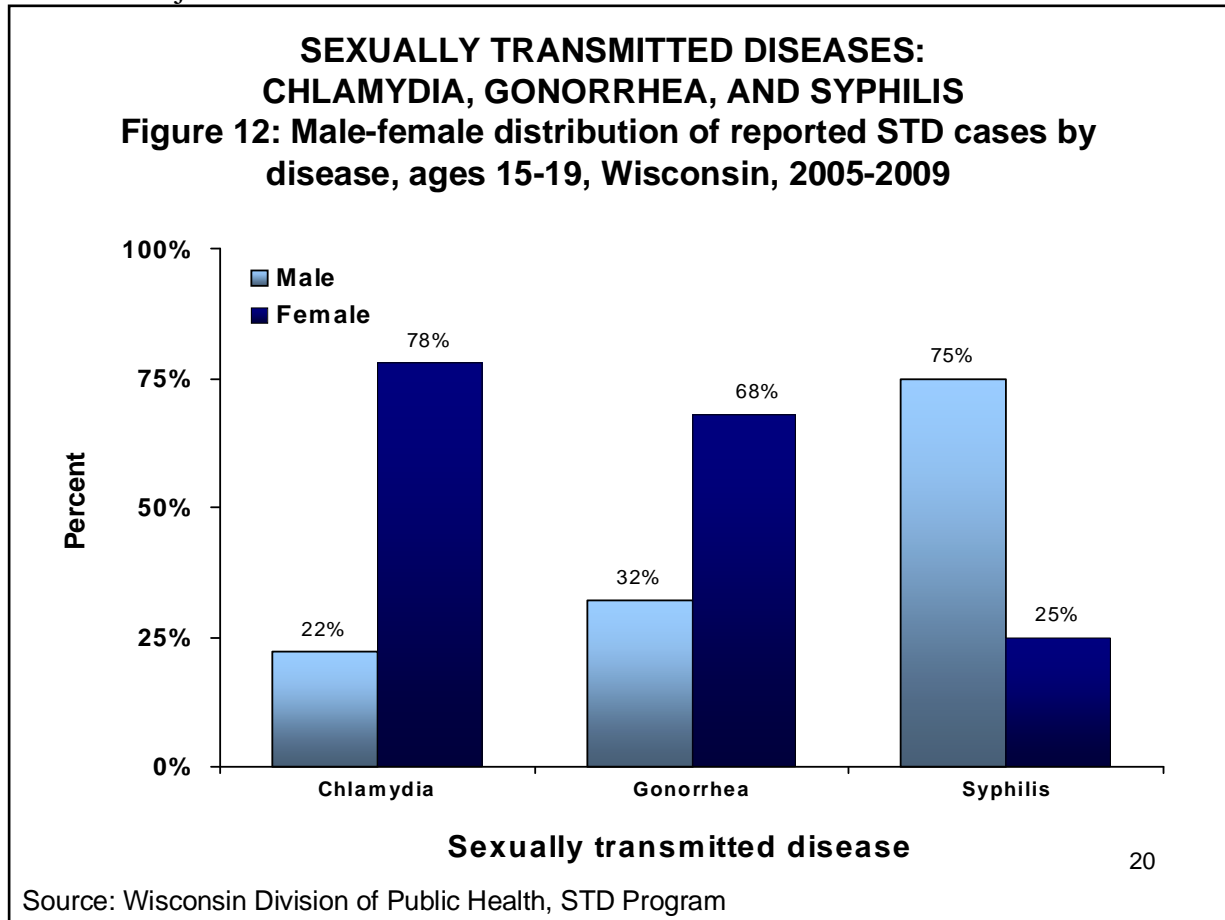


Figure 12 shows the distribution of reported STDs by sex. More than two-thirds of chlamydia and gonorrhea cases in adolescents are reported among females. By contrast, the majority of syphilis cases are reported among males, an indication that male-to-male sexual transmission plays a bigger role in syphilis than in the other STDs.

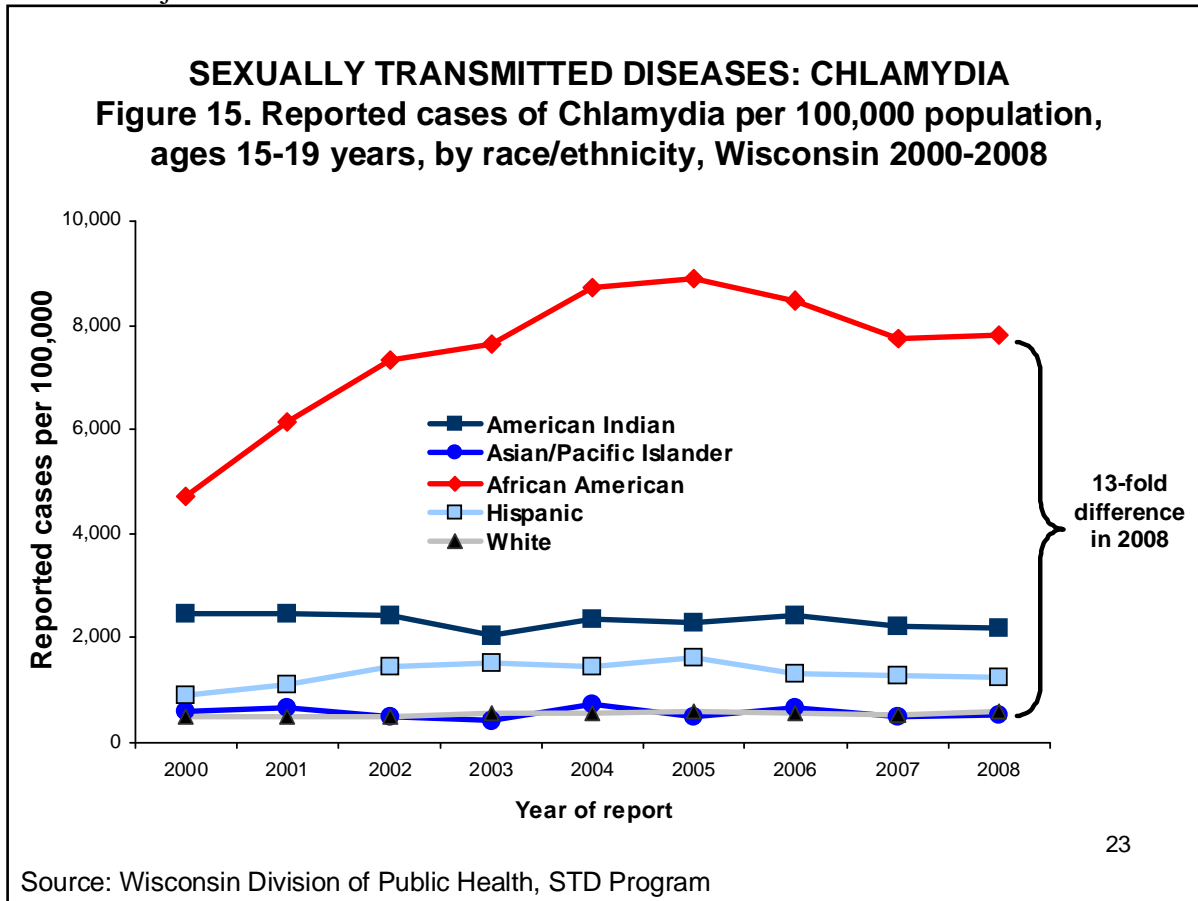
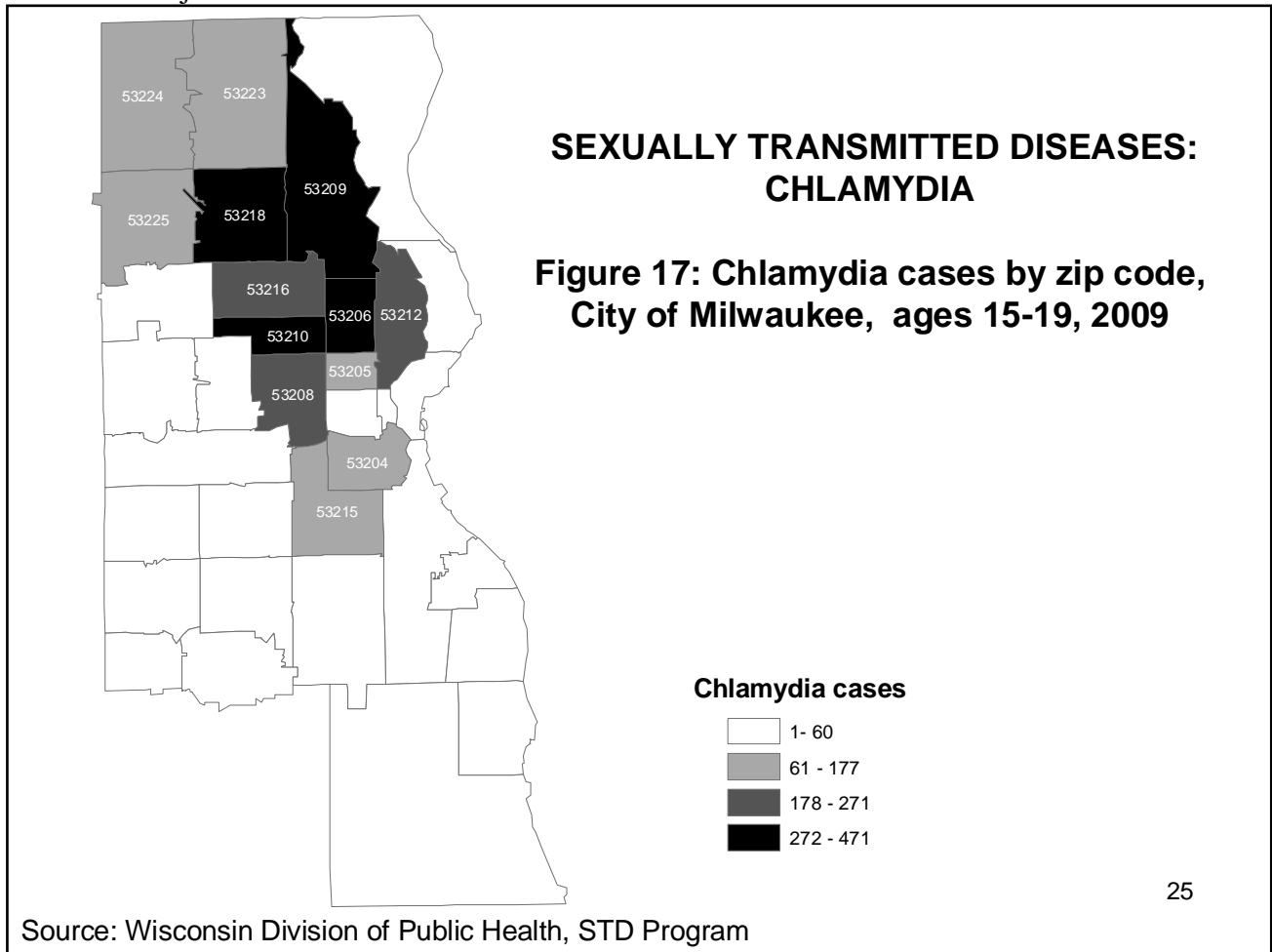


Figure 15 shows chlamydia rates per 100,000 population for Wisconsin by race/ethnicity from 2000 to 2008. Rates for African Americans nearly doubled between 2000 and 2005 and declined modestly from 2005 to 2008. Trends were similar for Hispanics—nearly doubling from 2000 to 2005 and then declining by 23% from 2005 to 2008. Rates increased by 23% in Whites over the period while they declined modestly, by 11% in American Indians and 8% in Asian/Pacific Islanders from 2000 to 2008.

The graph also shows large disparities. Compared to rates for Whites in 2008, rates were 13 times higher in African Americans, nearly 4 times higher in American Indians and twice as high in Latinos.

Disparities by race/ethnicity for gonorrhea (not shown) are even greater than those for chlamydia. Rates for African Americans are 50 times higher than for Whites. Rates for American Indians and Latinos are 7 and 3 times higher respectively than for Whites.



The map shows chlamydia cases in adolescents by City of Milwaukee zip code. The zip codes 53206, 53209, 53210, and 53218 each had more than 270 cases in 2009.

What Behaviors put Teens at higher risk for STD/ HIV and Unintended Pregnancy

1. They are more likely to have multiple, sequential or concurrent sex partners, rather than single long-term relationships.
2. They are more likely to engage in **unprotected** sexual intercourse.
3. They select partners that are at higher risk.

“If you don’t take responsibility for your sexual health, who will?”

TRAAP Test

1. **Timely** – The timeliness of the information.
 1. How recent is the information?
 2. How recently has the website been updated?
 3. Is it current enough for your topic?
2. **Reliability** –The importance of the information for your needs.
 1. What kind of information is included in the resource?
 2. Is content of the resource primarily opinion? Is it balanced?
 3. Does the creator provide references or sources for data or quotations?
3. **Authority** – The source of the information
 1. Who is the creator or author?
 2. What are the credentials?
 3. Who is the publisher or sponsor?
 4. Are they reputable?
 5. What is the publisher’s interest (if any) in this information?
 6. Are there advertisements on the website?
4. **Accuracy**- The reliability, truthfulness, and correctness of the informational content.
 1. Where does the information come from?
 2. Is the information supported by evidence?
 3. Has the information been reviewed?
 4. Does the language or tone seem biased and free from emotion?
 5. Are there spelling, grammar, or other typographical errors?
5. **Purpose/Point of View** -
 1. Is this fact or opinion?
 2. Is it biased?
 3. Is the creator/author trying to sell you something?

Name _____, _____, _____,
_____, _____, _____

TRAAP TEST COMPUTER LAB ASSIGNMENT

1. Use the internet to find information for your project.
2. First, use these web sites and go through and try to determine if the items on the list are factual. Use the TRAAP test to determine if these web sites are reliable.
Wisconsin AIDS/HIV Program www.dhs.wisconsin.gov/aids-hiv/index.htm
Centers for Disease Control and Prevention <http://www.cdc.gov/hiv/>
National Prevention Information Network <http://www.cdcnpin.org/scripts/>
CDC on Oral Sex and HIV <http://www.cdc.gov/hiv/resources/qa/qa19.htm>
3. Use an internet search engine to find two more web sites that pertain to STIs. Below, show how you used the TRAAP test on each site.

| | |
|-------------------------------|-------------------------------|
| Web site | Web site |
| Was it timely? | Was it timely? |
| Was it relevant? | Was it relevant? |
| Was the source authoritative? | Was the source authoritative? |
| Was it accurate? | Was it accurate? |
| What was the purpose? | What was the purpose? |

Record information about your STI
Symptoms:

Treatment:

Prevention:

Responsibility

“Myths and Truths worksheet” answer key:

1. The best way to use a condom is to pull it on tight

MYTH: The best way is to leave some space at the tip to catch the semen. If the condom has a reservoir tip, you can pull it on tighter

2. Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent.

TRUTH: You do not need a parent’s permission to get birth control at a clinic. No one needs to know that you are going to a clinic.

3. Girls can get pregnant even if the penis does not actually enter the vagina.

TRUTH: Sperm deposited on the outside of the vagina can enter the vagina and move into the fallopian tubes.

4. Using a latex condom correctly every time you have sexual intercourse is very effective in preventing HIV infection.

TRUTH: Next to abstinence, this is the most effective protection against HIV infection.

5. Girls can get pregnant if they have sex during their periods.

TRUTH: Girls can get pregnant at any time during their cycles, especially if they have short or irregular cycles.

6. Birth control pills used alone are effective in preventing sexually transmitted infections (STI).

MYTH: Birth control pills do not prevent STI.

7. Douching after sex will wash out the sperm and protect against pregnancy and STI

MYTH: Douching may even increase the risk of pregnancy by moving the sperm to the fallopian tubes more quickly. Douching does not kill or wash out the microorganisms that cause STI.

8. A woman is protected from pregnancy the day she begins taking the pill.

MYTH: Most physicians recommend that women abstain or use an additional method of birth control for one complete cycle after she begins using the pill. After this initial period, the woman is protected every day, including during her period.

9. Abstinence is the most effective method of avoiding HIV infection.

TRUTH: Not having sexual intercourse is the safest, simplest, most effective way to avoid pregnancy, HIV and other STI.

10. When condoms are used correctly, they are effective because they don’t break easily and they do not leak.

TRUTH: Condoms are very effective when they are used correctly each and every time. Condoms should not be exposed to heat or Vaseline, as both can cause the rubber to deteriorate, which increases the chances of breaking.

11. Sharing needles to inject drugs is one way to get HIV

TRUTH: Blood with HIV in it may be left in the needle and passed on to the next user.

12. If a guy pulls his penis out of a girl in time (before he ejaculates), he can be sure to prevent pregnancy.

MYTH As soon as a male gets an erection, his penis produces a fluid called “pre-ejaculate” which carries enough sperm to cause a pregnancy, even before ejaculation.

13. Pregnant women who are infected with HIV can pass the virus on to the baby before it is born.

TRUTH: HIV can be passed on to the fetus in the womb, or to the baby during birth or breastfeeding. But the woman can take medicines that greatly reduce the baby’s HIV risk.

Protection: Myths and Truths

Directions: Read each situation and circle T if you think it's true or M if you think it's a myth under the Round 1 column. Do not make any marks under Round 2 column until directed to do so.

| | <i>Round 1</i> | <i>Round 2</i> |
|---|----------------|----------------|
| 1. The best way to use a condom is to pull it on tight. | T or M | T or M |
| 2. Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent. | T or M | T or M |
| 3. Girls can get pregnant even if the penis doesn't actually enter the vagina. | T or M | T or M |
| 4. Using a latex condom correctly every time you have sexual intercourse is very effective in preventing HIV infection. | T or M | T or M |
| 5. Girls can get pregnant if they have sex during their periods. | T or M | T or M |
| 6. Birth control pills used alone are effective in preventing sexually transmitted infection (STI). | T or M | T or M |
| 7. Douching after sex will wash out the sperm and protect against pregnancy and STI. | T or M | T or M |
| 8. A woman is protected from pregnancy the day she begins taking the pill. | T or M | T or M |
| 9. Abstinence is the most effective method of avoiding HIV infection. | T or M | T or M |
| 10. When condoms are used correctly, they are effective because they don't break easily and they don't leak. | T or M | T or M |
| 11. Sharing needles to inject drugs is one way to get HIV. | T or M | T or M |
| 12. If a guy pulls his penis out of a girl in time (before he ejaculates), he can be sure to prevent pregnancy. | T or M | T or M |
| 13. Pregnant women who are infected with HIV can pass the virus on to the baby before it is born | T or M | T or M |

Protection: Myths and Truths Answer Sheet

Directions: Read each situation and circle T if you think it's true or M if you think it's a myth under the Round 1 column. Do not make any marks under Round 2 column until directed to do so.

| | <i>Round 1</i> | <i>Round 2</i> |
|---|--|----------------|
| 1. The best way to use a condom is to pull it on tight. | T or <input checked="" type="checkbox"/> M | T or M |
| 2. Teenagers can obtain birth control pills from family planning clinics and doctors without permission from a parent. | <input checked="" type="checkbox"/> T or M | T or M |
| 3. Girls can get pregnant even if the penis doesn't actually enter the vagina. | <input checked="" type="checkbox"/> T or M | T or M |
| 4. Using a latex condom correctly every time you have sexual intercourse is very effective in preventing HIV infection. | <input checked="" type="checkbox"/> T or M | T or M |
| 5. Girls can get pregnant if they have sex during their periods. | <input checked="" type="checkbox"/> T or M | T or M |
| 6. Birth control pills used alone are effective in preventing sexually transmitted infection (STI). | T or <input checked="" type="checkbox"/> M | T or M |
| 7. Douching after sex will wash out the sperm and protect against pregnancy and STI. | T or <input checked="" type="checkbox"/> M | T or M |
| 8. A woman is protected from pregnancy the day she begins taking the pill. | T or <input checked="" type="checkbox"/> M | T or M |
| 9. Abstinence is the most effective method of avoiding HIV infection. | <input checked="" type="checkbox"/> T or M | T or M |
| 10. When condoms are used correctly, they are effective because they don't break easily and they don't leak. | <input checked="" type="checkbox"/> T or M | T or M |
| 11. Sharing needles to inject drugs is one way to get HIV. | <input checked="" type="checkbox"/> T or M | T or M |
| 12. If a guy pulls his penis out of a girl in time (before he ejaculates), he can be sure to prevent pregnancy. | T or <input checked="" type="checkbox"/> M | T or M |
| 13. Pregnant women who are infected with HIV can pass the virus on to the baby before it is born | <input checked="" type="checkbox"/> T or M | T or M |

National Health Education Standards

Primary Focus

Standard 8 - Advocacy

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

Secondary Focus

Standard 1 – Core Concepts

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

Standard 3 – Accessing Information

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

MPS Learning Targets – Students will:

Health

- Identify the importance of healthy choices regarding sexuality
- Identify community health agencies and list the services they provide

Math:

- Pose questions and collect, graph and interpret data to summarize responses to questions
- Read and interpret a variety of numerical patterns summarized in tables, graphs and symbolic forms

Reading

- Apply a variety of reading strategies to understand what is being read
- Use different types of documents to compare and contrast the information found in them

What You Need to Know: Learning Objectives:

Students will:

- Advocate for society to learn accurate information about HIV-positive citizens.
- Empathize with someone who has HIV
- Advocate tolerance and understanding of the HIV-positive community.

Materials

- Markers and poster board
- Myths and Facts answer sheet
- “How HIV Changed My Life” worksheet

Overview

In this event, students will self-evaluate their place on a continuum, which goes from harassment to acceptance, of HIV-positive classmate(s). The students will also develop strategies to become more of an advocate for HIV-positive people.

Procedure

1. Draw on the board a horizontal line. At the left write Harass, then ignore, then tolerate, and then accept. Explain to the students that this is the Harassment Continuum.
2. Students are asked to write a response to the following questions:
 - a. How would you treat an HIV-positive person? Would you **accept** them, **tolerate** them, **ignore** them, or **harass** them?
 - b. Why would you put yourself in that category?
 - c. How would you like to be treated if you were HIV-positive?

3. Students gather in groups. It is your prerogative to have the groups focus on just one category or all four categories.
As an assigned group, writing on butcher paper, brainstorm ways students would harass/ignore/tolerate/accept an HIV-positive person. Have each group present its ideas to the rest of the class. After seeing the group presentations, the students should answer the following question: "Would you still put yourself in the same category? Give some reasons why."
Each student should list more than one way they could move forward toward acceptance on the continuum. If the student is already at the "acceptance" level, list multiple examples which illustrate this.
4. Read the Myth and Face sheet and ask students to answer Fact or Fiction. Then read the answer to the students.
5. After seeing the group presentations and then reading the Fact or Fiction sheet the students should answer the following question: “Would you still put yourself in the same category? Give some reasons why.” Each student should list more than one way they could move forward toward acceptance on the continuum. If the student is already at the “acceptance” level, list multiple examples which illustrate this.
6. Have students complete the “How HIV Would Change My Life Worksheet.”

Instruction

This event should be started after students have been introduced to the topic of HIV/AIDS. This is an activity which allows students to self assess their attitudes and behaviors toward HIV positive persons.

Assessment Criteria

Answers will be scored on the following:

1. How well you were able to identify where you fit on the "Acceptance Continuum."
2. How well you were able to write reasons why you are at that spot on the "Acceptance Continuum."
3. How well you were you able to identify strategies allowing you to move forward on the "Acceptance Continuum."

HIV Myths and Facts

A person can get HIV by sharing exercise equipment or playing sports with an HIV-positive person.

MYTH: Contact with sweat or tears has never been shown to result in transmission of HIV

A person can get HIV by kissing an HIV-infected person.

MYTH: Casual contact through close-mouth or “social” kissing is not a risk for transmission of HIV. While no cases of AIDS have ever been attributed to any kind of kissing, there is a potential for contact with blood through open-mouthed or “French” kissing, and students should be cautioned about that possibility.

A person can not get HIV by breathing the air around them.

FACT: Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV cannot be transmitted through toilet seats or doorknob handles; touching, hugging, holding hands, or cheek kissing an HIV-infected person; or sharing eating utensils with an HIV-infected person.

A person can get HIV if they use birth control methods.

FACT: Birth control methods such as diaphragms, cervical caps, sponges, spermicides, Depo-Provera, Norplant, or the Pill can prevent pregnancy, but they do not prevent the transmission of sexually transmitted diseases.

The use of condoms completely prevents transmission of HIV.

MYTH: The proper and consistent use of latex condoms can greatly reduce, but cannot eliminate, a person’s risk of acquiring or transmitting a sexually transmitted infection such as HIV. Sexual abstinence is the surest way to prevent the sexual transmission of an STI, including HIV.

A person is not at risk for HIV/AIDS if they only have oral sex.

MYTH: HIV can be acquired by an individual having oral sex with a man or a woman.

When a person is on HIV therapy, they can pass the virus to anyone else

FACT: Antiretroviral drugs do not keep an individual from passing the virus to others.

I can get HIV from mosquitoes.

MYTH: Because HIV is spread through blood, people have worried that biting or bloodsucking insects might spread HIV. Several studies, however, show no evidence to support this -- even in areas with lots of mosquitoes and cases of AIDS. When insects bite, they do not inject the blood of the person or animal they have last bitten. Also, HIV lives for only a short time inside an insect.

I could tell if my partner was HIV positive.

MYTH: You can be HIV positive and not have any symptoms for years. The only way for you or your partner to know if you're HIV positive is to get tested.

You can't get HIV from oral sex.

MYTH: It's true that oral sex is less risky than some other types of sex. But you can get HIV by having oral sex with either a man or a woman who is HIV positive. Always use a latex barrier during oral sex.

How HIV Would Change My Life

1. If I had HIV, how would I get accurate medical information in the following ways:
 - a. _____
 - b. _____
 - c. _____

2. If I had HIV, I would have to make the following changes in the way I act with my romantic partners now and in the future:
 - a. _____
 - b. _____
 - c. _____

3. If I had HIV, it would harm me in these ways:
 - a. _____
 - b. _____
 - c. _____

4. The most difficult thing for me about having HIV would be:
 - a. _____
 - b. _____
 - c. _____

5. If I had HIV, my life would change in the following ways:
 - a. _____
 - b. _____
 - c. _____

6. How do I think people would react if they found out?
 - a. _____
 - b. _____
 - c. _____

7. How would I react if people found out?
 - a. _____
 - b. _____
 - _____