Reproductive Health Curriculum
BASED ON THE MICHIGAN MODEL FOR HEALTH®
and PUBERTY, THE WONDER YEARS®

November 2007

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East Grand Rapids Public Schools

REPRODUCTIVE HEALTH COMMITTEE

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PREFACE
The contents of this document are recommended by the administration and Board of Education of East Grand Rapids Public Schools.

MISSION STATEMENT
The Reproductive Health Committee of East Grand Rapids Public Schools will provide a K-12 aligned health curriculum which will ensure that students have access to the knowledge and skills necessary to make decisions that will lead to their lifelong health and well being.

PROFESSIONAL DEVELOPMENT CONSIDERATIONS
The Reproductive Health Curriculum was updated in the spring of 2007, and completed that fall. Committee members requested that the following issues be considered:

• The committee would like permission to reconvene, in part or in whole, to review new media resources that become available, and adopt recommended resources as part of the curriculum when approved.

• New certification requirements for staff teaching health.

• Professional development should be planned for the elementary and middle school health teachers regarding the updates.
BUDGET

Videos for Elementary (1 per building)

- *Just Around the Corner for Girls*  
  3 @ $66  
  $198

- *Just Around the Corner for Boys*  
  3 @ $66  
  $198

- *When Should You Tell? Dealing with Abuse*  
  3 @ $90  
  $270

Posters  
3 @ $100  
$300

**TOTAL**  
$787

Additional Resources:

One copy per building (5 total) of *Puberty the Wonder Years*, Resource Curriculum and Healthy and Responsible Relationships have been provided by Kent Intermediate School District
FIFTH GRADE

Reproductive Health Curriculum

Based on the 1996 East Grand Rapids 8th Grade Curriculum
Michigan Model for Health
Puberty: The Wonder Years©

November 2007

2915 Hall Street SE
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616.235.3535
HELPFUL NOTES FOR THE TEACHER

The topic of body changes and developmental growth is a very sensitive one for many adolescents. Often they have not discussed these issues before, perhaps not even with their parents or their very best friends. It is important to say something to them regarding the discussion of bodily changes in adolescence. You will want to tell them that these are changes that take place in all human beings and that our secondary sexual characteristics are important parts of our bodies, like our fingers and ears.

Emphasize that it is important for them to know the names of the parts of their bodies and be able to talk about them appropriately at appropriate moments. If they do not know how to do that, they cannot explain adequately to a medical person what is going on in different parts of their bodies. They cannot formulate questions nor describe “what happened” when it might be important. For example, if a young person is molested and doesn’t know or is too embarrassed to use accurate words to describe “private” parts of his or her body, that young person cannot seek appropriate help and protection.

Talking about these things is a new experience and sometimes, when people are anxious or nervous about new experiences, they giggle and laugh because of their discomfort. Or they make jokes thinking in that way, they can seem above it all, cool, and sophisticated. But there is no need for this kind of response because it is important for everyone to be able to talk about their bodies in a straightforward and respectful manner. And, with a bit of practice, you get used to it just as doctors, nurses, physical therapists, athletic trainers, and others who work with the human body do.

Because this information will be new to many of your students and is physiologically based, it is important to deliver the mini-lecture in a non-stressful manner. You should be relaxed and take time to see that students understand the information as you go along. You may want to use the whiteboard or document camera to make simple diagrams or arrows – devices to slow the pace, make students comfortable, and give them time to absorb the information. Your manner and ease of presentation will do a great deal to reassure students that this is a natural, legitimate subject for intellectual discussion. In a relaxed manner, invite students’ questions as you go along so that this can be an interactive session. Individual teachers may make the instructional decision on whether this printed material will be presented in the regular classroom setting or in groups that are segregated by gender.
What we are teaching:

• Reproductive System
  - Puberty
  - Anatomy Terms
  - Birth Process

• AIDS

• Self Esteem
  - Respect
  - The Media

• Saying “No”
  - Bullying
  - Tobacco and other harmful drugs

• Personal Safety

What we are not teaching:

• Condom use
• STI’s
• Birth Control
• Homosexuality
• Abortion
LETTER TO BE SENT TO PARENTS

Date _________________________

Dear Parents:

During the weeks of ________________________ , your fifth grader will have an opportunity to receive instruction and view a video on human growth and development. During the second week, the students will be divided according to gender for a question and answer period with ______________________________ . A preview of the video and an instruction packet for parents is scheduled for ________________________ .

Topics covered in the 5th grade reproductive health unit include:
1. A study of the reproductive system as one of the many body systems.
2. Use of correct anatomical terms for reproductive organs.
3. The process of puberty and body changes.
4. Respect for self and others as it relates to this topic.
5. Abstinence as the only 100% safe method for prevention of pregnancy and AIDS.
6. Factual information about AIDS.

The Kent County Health Department will be here that week to provide us with a forty-five minute AIDS presentation in each of our 5th grade classrooms. The AIDS presentation includes:
1. The difference between AIDS and HIV
2. A factual explanation of “What are T-cells?”
3. The need for a caring and compassionate attitude toward people who are dealing with AIDS.
4. Abstinence is stressed as the only method for definite avoidance of AIDS.
5. Avoiding the use of drugs and alcohol because they lead to high risk behavior.

No information or demonstration regarding condom use will be given during the fifth grade presentation. The phrase, “the disease is transmitted through blood exchange, sexual activities, and birth,” will be used to explain to the students how a person might contract the AIDS virus.

Laws regarding health curriculum in Michigan give parents the right to attend the actual instruction sessions taking place in classrooms. Attached is a copy of the Classroom Rules which will help you understand the learning environment to be evident in our classrooms. A Parent Permission Slip is attached for you to express your feelings on participation. We provide you with the choice because we understand the sensitive nature of such educational activities. If you do not wish your child to participate, other arrangements will be made for him or her during that time.

Sincerely,

__________________________ , Principal
__________________________ , 5th Grade Teacher
__________________________ , 5th Grade Teacher
__________________________ , 5th Grade Teacher

Enclosure
CLASSROOM RULES

The ability to discuss things in a serious way and to be respectful of the rights of others is an important part of growing up.

1. All students have the right to ask questions and state opinions in an atmosphere of respect and thoughtfulness.

2. No one will be asked to respond if he or she does not choose to do so.

3. Students and teachers will not use any “put down” statements in the discussion.

4. Students and teachers will use words and terms appropriate to the discussion.

5. Students and teachers will be sensitive to the feelings of others at all times.

6. The class will let speakers finish a question or statement without interruption.

Parent Permission Slip

I understand that my child, ______________________________, will be viewing the human growth and development video, participating in a follow-up discussion with _____________________________, and listening to an AIDS presentation. I further understand that I may request that my child be excused from these activities.

_____ I would like my child to participate in the human growth and development educational activities.

_____ I would like my child to participate in the AIDS presentation.

_____ I would like to preview the video and instruction packet.

_____ I would like all printed materials sent home after my child has finished using them.

_____ I would like my child excluded from the above activities.

 ___________________________ ______________________
Parent signature Date
Self esteem means to like yourself.

Self esteem does not mean you are selfish, it means you care about yourself – that is a good thing.

If you like yourself, you will not want to do anything which would harm yourself.

Anyone can work on improving their self esteem; concentrate on and be proud of those things you can do well. Seek out friends who will “build you up.” Work on improving your weaker skills.
Self Esteem

- Were you ever teased when you were a child?

- How did you handle it best?

- What did you do if one of your family members or friends were teased?

Parent signature: ____________________________________________________________

Self Esteem

- Were you ever teased when you were a child?

- How did you handle it best?

- What did you do if one of your family members or friends were teased?

Parent signature: ____________________________________________________________
Self-Esteem/Class Pride

SUBJECT: MENTAL HEALTH, SOCIAL STUDIES
Grades: 3-5

Brief Description
This is a lesson plan to bolster student self-esteem and to build class pride. It would be a great way to start the school year!

Objectives
Students will be able to reflect upon and list 5 unique talents. The class as a whole will see that they are a talented group.

Keywords
Self-reflection, writing, construction

Materials Needed
Pencils, markers, lined paper, uniform strips of colored construction paper (enough for 5 per student plus approximately 35 extra), paste or staples

Lesson Plan
Begin by asking students, “Who has something that they really do well?” After a brief discussion about some of those talents, pass out paper and ask the students to write down 5 things they do well.

Once all students have completed their list, ask for volunteers to share their lists.

Allow students to come up and select 5 different colored paper strips. Using markers, have the students write one talent on each strip of paper.

Demonstrate how to create a paper chain with their strips; linking their 5 talents together. As students begin to complete their mini chains, use extra strips of paper to link the mini chains together to create one long class chain. Have students stand and hold the ever growing chain as you link it together, until all are linked.

Assessment
Once the entire chain is constructed and linked together and all students are standing holding their portion, ask the class what this chain demonstrates. (It demonstrates that all the students have talents that they do well.) Hang the chain up in the room as a reminder that the students are all good at something. Refer to it as needed throughout the year.
FIVE WAYS TO SAY "NO"

1. Say a direct "No."
   Simply say, "No," or "No, thanks." There is no need to say anything else.

2. Repeat the same phrase over and over.
   Repeat the refusal, such as "No, thanks," as many times as necessary. The
   pressurer will soon tire of the repetition.

3. Suggest another activity.
   Change the subject by suggesting another activity. For example, "Why don't we go
   play baseball?" or "Want to play a video game?"

4. Give a reason.
   Say "no" and state a fact or your own opinion. For example, a person could say,
   "No, smoking makes my clothes smell bad," or "No, thanks. I'm saving my money
   for some new CDs."

   Begin statements with "No, I....."

   Be sure to avoid excuses. They can start an argument.

5. Walk away.
   A person can always get up and leave. If a person has said "no" and the pressure is
   still on, get out. Don't worry about keeping a friend. A real friend would have respected
   the first refusal.

WAYS TO SAY "NO"!

What's the difference between a reason and an excuse?

Some students feel less secure when using the strategy "Give a reason," because they feel they
have to justify their decision to refuse. In addition, the pressurer may assume that the resister is
insecure and may refute the explanation and continue the pressure.

For other students, giving a reason or saying why they don't want to do something will probably
come naturally. We want students to know that this is a strategy option, but that they are under
no obligation to ever give a pressurer a reason. They have the right to say "no" without having
to explain themselves. However, as they are learning to resist pressure, this may be a good
place for many to begin.

Help students state reasons rather than excuses. Sometimes it is difficult to tell the difference
between a reason and an excuse, and difficult to provide examples for students. An excuse is a
made-up way out that is not convincing and may invite an argument. A reason is a fact or personal
conviction that makes a strong statement about why a person is refusing.

Sample Excuses:

"I don't want to smoke because it's my sister's birthday, and I want to go home
and play with her."

"I have to go home to clean my room."

Sample Reasons:

"I don't want to smoke because it makes my asthma worse and it's hard for me to
play basketball."

"I don't want to try huffing. It's too
dangerous. One sniff can cause death."

The pressurer, upon hearing an excuse, may
decide to exert more pressure or argue with the
student. However, with a reason, the pressurer
will probably realize the student is serious.

TIPS FOR TEACHING REFUSAL SKILLS

Which of the five strategies are the best?

The first strategy, "Say a direct 'No,'" is preferred
over the others and should be emphasized.
Research indicates the other strategies do not
produce the same result inside the person who
is resisting the pressure. Students have reported
they feel strong and good about themselves when
saying a firm "no."

Emphasize the concept that if you say "no" and the
pressurer will not accept your stand, you always
have the right to walk away.
Teaching Peer Refusal Skills

Four Factors That Increase Our Chances of Changing Health Behaviors
Research shows that to increase the likelihood of changing health behaviors, including drug use behaviors, we must include four factors in drug prevention education.

- **Knowledge**
  Students need facts about drugs and the consequences which will likely follow their use.

- **Skills**
  Students need time to learn skills essential for healthy living and to master the desired skills through guided practice.

- **Self-Efficacy**
  Students must believe they are able to exercise control over their lives and believe they can use their knowledge and skills to promote their health.

- **Environmental Support**
  Students must have positive support of healthy behaviors from the school, home and community.

Often, drug education has focused on knowledge only, leaving to chance the development of skills, self-efficacy, and support. An effective health education program, including drug prevention education, must address all four factors.

Peer Refusal Skills – Skills Essential to Drug Prevention
In order to help young people develop peer refusal skills, or any other skill, we must provide the following instruction in the classroom:

- Clear explanations of the skill to be learned
- Opportunities for students to ask clarifying questions
- Effective modeling of the new skill
- Time for each student to practice the new skill in a setting where guidance and supportive feedback are available
- Encouragement to use the skill outside the classroom

The more comfortable a student becomes with a new skill, the more likely he or she is to use the skill in a high-risk situation.

Guidelines for Practice Sessions
Keep the following guidelines in mind as you provide practice sessions for your students.

- Current research in the substance abuse prevention education field indicates that practice of refusal skills is crucial in order for students to internalize this skill. Therefore, lessons are designed to give the students practice in saying “no” through role plays. Adapt the lesson to your teaching style and comfort by conducting role plays.

- Skits and role plays are powerful ways to practice behaviors in situations similar to those students may be in. There is safety in playing a role. The students can “try out” a variety of responses to see which ones are effective and feel most comfortable.
Be sure to set up the skit or role play thoroughly:

- Describe the situation with enough detail for students to get a picture in their minds.
- Define the roles you and the students will play.
- Identify what behavior or skill students are expected to practice.
- Use props to help students role play.
- Use fictitious names during the role plays and use nametags if needed. Students can write their character’s name on a piece of masking tape and tape it on themselves. Then, at the close of the role play, ask them to remove the tape and return to being themselves.
- Establish a clear “start” and “stop” for the role play so students know when the role play is over.

- When the practice session involves an individual or group pushing someone to act in an unhealthy manner, such as using drugs, avoid having a student play the role of the pressurer. Asking a student to act out the role of negative pressurer reinforces that undesirable behavior. If a student does act as pusher, be sure to follow it up by having him or her refuse pressure from you, so that he or she ends on a positive behavior.

- Try to give every student in the group an opportunity to practice at least once.

At the close of each role play, be sure to discuss it. Provide positive feedback by encouraging desired behavior, and ask students what they might have done differently. This provides an opportunity for self-evaluation. If possible, let students re-enact the skit or role play if they want to modify their behavior or verbal statements.
1. What pressures did Billy face?

2. How did Billy feel about himself when he agreed to do things he really didn’t want to do?

3. The wizard told Billy many things about “no’s.” What did you learn about “no”?

4. Are Billy’s friends really his friends? Why or why not?

5. What three things does Billy say the second time his friends ask him to smoke?
THE WIZARD OF NO

1. What pressures did Billy face?
   - A kid borrowed his bike even though Billy didn’t want him to
   - A group of his friends asked him to smoke, made fun of him, and called him names.
   - Advertisements urge people to smoke.

2. How did Billy feel about himself when he agreed to do things he really didn’t want to do?
   - He felt wimpy.
   - He called himself names.
   - He felt like a jerk.

3. The wizard told Billy many things about “no’s.” What did you learn about “no”?
   - “No” can be positive or negative
   - Positive “no’s” are actually “yeses.”
   - “No” helps you get where you want to go.
   - Saying “no” to harmful things helps you feel better about yourself.
   - You can protect yourself with “no.”
   - “No” is powerful.

4. Are Billy’s friends really his friends? Why or why not?
   No, there are not true friends.
   - Real friends don’t keep pushing when you say “no.”
   - Real friends don’t try to get you to do illegal things.
   - Real friends don’t try to get you to do unhealthy things.
   - Real friends don’t try to get you to do things you don’t want to do.
   - Real friends don’t try to get you to do the wrong things.
   - Real friends don’t make fun of you for what you do.

5. What three things does Billy say the second time his friends ask him to smoke?
   He says:
   - “No, thanks.”
   - “I said no. Didn’t you hear me?”
   - “Anybody want to play ball?”
STUDENT WORKSHEET

Stand Up for Yourself: Say “No” to Tobacco and other Drugs!

There are different ways to say “no” to tobacco, inhalants, and other drugs. How you choose to say “no” usually depends on the situation and what you are most comfortable saying. Here are five ways to say “no.” You can choose the best one for you!

SITUATION: You are walking across the playground during recess looking for something to do. Two students approach you: Taylor and Maria. They are people you really like. Taylor says, “We have some cigarettes. Do you want to go smoke with us behind the school?”

1. Say a direct “No.”
   
   Example: No.
   
   Your way:

2. Repeat the same phrase over and over.
   
   Example: No, I don’t want a cigarette. No I don’t want a cigarette. No, I don’t want one.
   
   Your way:

3. Suggest another activity
   
   Example: No, thanks, I’m on my way to shoot baskets. Want to come along?
   
   Your way:
STUDENT WORKSHEET, Page 2

4. Give a reason.
   a. Give a fact.
      *Example:* No, thanks. Smoking causes cancer. I don’t want to take that risk.
      
      *Your way:*

   b. State your feelings or opinion
      *Example:* No, thanks. I don’t like the way cigarettes taste.

      *Your way:*

5. Walk away.
   *Example:* Leave and find other kids to hang out with.

   *Your way:*
Stand Up for Yourself: Say “No” to Tobacco and other Drugs!

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SITUATION: You are walking across the playground during recess looking for something to do. Two students approach you: Taylor and Maria. They are people you really like. Taylor says, “We have some cigarettes. Do you want to go smoke with us behind the school?”

1. Say a direct “No.”
   Example: No.
   Your way: No, thanks. No, thank you.

2. Repeat the same phrase over and over.
   Example: No, I don’t want a cigarette. No I don’t want a cigarette. No, I don’t want one.
   Your way: No, thanks. No, No, thanks. No.
             No, I don’t want to. No, I don’t want to.

3. Suggest another activity
   Example: No, thanks, I’m on my way to shoot baskets. Want to come along?
   Your way: Why don’t we play my new video game?
             Let’s go listen to my new tape.
             I’ll race you to the corner.
             Want to go watch the basketball game?

4. Give a reason.
   a. Give a fact.
      Example: No, thanks. Smoking causes cancer. I don’t want to take that risk.
      Your way: No, smoking makes my breath stink.
                No, inhalants can damage your heart and brain.
                No, cigarettes are addictive.
                No, inhalants can kill you the first time you do them.
   b. State your feelings or opinion
      Example: No, thanks. I don’t like the way cigarettes taste.
      Your way: No, I’m saving my money to buy some CDs.
                No, I can’t play basketball as well if I smoke.
                No, I don’t like the way sniffing makes me feel.

5. Walk away.
   Example: Leave and find other kids to hang out with.
   Your way: Ask other kids if they want to leave
             Leave. You never have to stay in an uncomfortable or dangerous situation.
Role Play Situations

**DIRECTIONS:** Duplicate this master and cut apart the situations. Distribute one situation to each group of students. Instruct groups to prepare to demonstrate each of the five ways to say “no.” Indicate that you will tell them which of the five ways to role-play when you call on their group. As each group presents its role play, act out the role of the pressurer and allow students to respond with “no.”

--------------------------------------------------------------------------------------------------------------------------

You joined a baseball team. You don’t know any of the other players yet. Two of the kids have been friendly, and you hope they will be your friends. After practice, one of them asks you to join them in trying some chewing or spit tobacco. They tell you that all the really good ball players use it. How will you say “no”?

--------------------------------------------------------------------------------------------------------------------------

A few friends are spending the night in a tent in the backyard. After everyone is settled, one person takes out a pack of cigarettes and offers them to the rest. This person says, “This is a good time to try smoking because all of the older kids smoke.” You can you say “no”?

--------------------------------------------------------------------------------------------------------------------------

You are invited to a birthday sleepover with some kids you really like. You are so excited to be included. The birthday girl or boy gets out some glue and starts inhaling the fumes, then passes it to the next person. You are next! How will you say “no”?

--------------------------------------------------------------------------------------------------------------------------

You are having a party at your house. One of the kids takes out a cigarette and lights it. You don’t want any tobacco at your party because you’re afraid your parents will be angry and refuse to let you have more parties. The person who is smoking says, “Don’t let your parents control you. You can smoke if you want to.” How can you say “no”?

--------------------------------------------------------------------------------------------------------------------------

You have been allowed to go over to your friend’s house after school. As you play video games in the basement, he or she finds a spray can and tells you, “Did you know that sniffing this stuff really gives you a buzz? Let’s smell it and then play some more.” How can you say “no”?

--------------------------------------------------------------------------------------------------------------------------

MM ©Copyright 2006 Lesson 4, 5-Alcohol/Tobacco/Other Drugs
Helping Your Child Say “No” to Tobacco and Other Harmful Drugs

Your child has learned five ways to say “no” if someone pressures him or her to do anything illegal, unhealthy or wrong.

1. **Say a direct “No.”**
   Simply say, “no,” or “No, thanks.” This is the best strategy! It is honest and direct.

2. **Repeat the same phrase over and over.**
   Repeat “no” as many times as necessary. Say, “No. No thanks. No I don’t want to. No thanks.” The person pressuring your child will soon get tired of it.

3. **Suggest another activity.**
   Change the subject by suggesting another activity. Try saying, “Why don’t we go play baseball” or “Want to play a video game?”

4. **Give a reason.**
   Say “no” and state a fact or personal feelings or opinion. Here are examples:
   - **State a fact.**
     “No, smoking makes my breath stink.” “No, tobacco causes cancer.”
   - **State personal feelings or opinions.**
     “No, I don’t like the way they taste.” “No thanks, I’d rather spend my money on some new CDs.”
   When giving an opinion, encourage your child to being the statement by saying, “No, I . . . . “ Be sure to avoid excuses. Excuses can start an argument.

5. **Walk away.**
   If a person has said “no” and the pressure is still on, your child can get up and leave. He or she shouldn’t worry about keeping a friend. A real friend would have respected him or her the first time he or she said “no.”

**Increase your Child’s Confidence to Say “No” When it’s Important!**

You can help your child become comfortable saying “no” by giving him or her plenty of practice.

- If your child faces a situation where he or she will have to refuse something negative, act out how it might happen. You take the part of the person who is pressuring your child. Let your child tell you “no” using one of the five strategies. Be sure to give your child suggestions that will help him or her say “no” firmly and clearly. Tell your child what he or she did well.
- As you watch television together, watch for situations where a person is being pressured to do something illegal, unhealthy, or wrong. Talk about ways the person could say “no” to the pressure.
- When your child talks about pressure situations that happen at school or with friends, ask what he or she would have done to refuse the pressure. Encourage your child to practice saying the words to you.
- If your child is invited to do something he or she doesn’t want to do, such as sleepover at a friend’s house or join a team, have him or her make the phone call declining the invitation. Avoid saying “no” for your child whenever there is an opportunity for your child to practice this skill.
- Make sure your child knows your family’s expectations and hopes.
- Tell your child about a time you said “no.” What was the situation? What did you say? How did you feel after you said “no?” Knowing that you have been in a similar situation will help your child talk to you about situations he or she may encounter.

The more times a child practices saying “no” in a simple situation, the more likely he or she is to be able to say “no” to real pressure.

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Assessment Checklist for Skill Development: Refusal Skills

The following table can be used as a checklist for assessing student skill development. The checklist can also be used as an analytic rubric for scoring student work by assigning a numeric value to the skill levels: Not evident, Emerging, and Evident.

If you assign a numeric score value to the student’s skill level, you can use it in a variety of ways:

- You can assign the same weight to each element of the skill. For example, in a skill having three elements, the student would receive 5 points for each element performed correctly. The student could receive a total score of 15 points.
- You could weight the elements of the skill differently. For example, the student could earn up to 5 points for the first element, up to 9 points for the second element, and one point for the third element, for a maximum total of 15 points.

The student has demonstrated the following elements of this skill through role play, written assignments, or classroom activities.

<table>
<thead>
<tr>
<th>Not Evident</th>
<th>Emerging</th>
<th>Evident</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used one or more of the following strategies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Said “no.”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Said “no” repeatedly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggested another activity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stated a fact as a reason not to smoke.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stated feelings or opinions as reasons not to smoke.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Got up and left.</td>
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<td></td>
<td></td>
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</tbody>
</table>
Lesson 3
Healthy Ways to Handle Harassment or Bullying

Student learning objectives:

<table>
<thead>
<tr>
<th>National Health Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describe how harassing or bullying behaviors are harmful to the person bullying others, the target(s), and the bystanders</td>
</tr>
<tr>
<td>2. Demonstrate the ability to get help from a trusted adult and protect self and others from being harassed.</td>
</tr>
</tbody>
</table>

Lesson Synopsis

Review ways to calm down and the ACT steps for managing strong feelings in interpersonal situations. Define harassment and bullying, and discuss their negative effectiveness. Suggest ways to protect self and others from bullying. Emphasize telling an adult if a situation is dangerous, destructive, or disturbing. Complete and discuss a worksheet about using courage to protect self and others from bullying. Distribute forms students can use to suggest situations for role playing in the next lesson. Review ways to stop bullying.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time in Minutes</th>
<th>Materials Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
<td>Health Education Materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Poster: “So Many Feelings,” Educational Materials Center (Suggestion)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Poster: “When Something is Bothering You, ACT!” Educational Materials Center (Suggestion)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplied by the Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• List of ways to calm down created on chart paper during Lesson 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Writing paper (Extension Activity)</td>
</tr>
<tr>
<td>Teacher Input</td>
<td>20</td>
<td>Health Education Materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Poster: “Protect Yourself and Others from Bullying,” Educational Materials Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Poster: “The Three D’s for Telling,” Educational Materials Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher Manual Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Reference: “How to Intervene in a Bullying Situation” (p31)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplied by the Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Closed box with a hole in the top, like a ballot box (Extension Activity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Writing paper (Extension Activity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pencils or pens (Extension Activity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Art supplies (Extension Activity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Computer with Internet connection (Extension Activity)</td>
</tr>
<tr>
<td>Activity</td>
<td>Time in Minutes</td>
<td>Materials Needed</td>
</tr>
<tr>
<td>------------------------------</td>
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<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Application of Skill Practice</td>
<td>21</td>
<td>Teacher Manual Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Student Worksheet: “Using Courage and Kindness to Stop Bullying”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Key: “Using Courage and Kindness to Stop Bullying”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Master: “A Situation for Role Playing”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Teacher Reference – Assessment: “Assessment Checklist for Skill Development: Protecting Self and Others from Bullying”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Student Self-Assessment Checklist: “Protecting Self and Others from Bullying”</td>
</tr>
</tbody>
</table>

Supplied by the Teacher
- Pens or pencils
- Manila envelope, 9 x 12 or larger
- Poster board and art supplies (Extension Activity)

Closure 2
- None

TOTAL 45

**PREPARATION**

Prior to the Lesson:
- **Decide if you want to assess** student skill development. Lessons 3 and 4 in this unit focus on bullying prevention. A checklist, “Assessment Checklist for Skill Development: Protecting Self and Others from Bullying,” is provided for you to use at the end of this lesson.
- **Decide if you want students to assess** their own progress. Duplicate the checklist, “Protecting Self and Others from Bullying,” for students if you plan to have them use it. You may choose to use the checklists in this lesson or in Lesson 4 of this unit.

For Introduction:
- **Display the list** of suggested ways to calm down created during Lesson 1.
- **Display the posters**, “So Many Feelings” and “When Something is Bothering You, ACT!” (Suggestion)

For Teacher input:
- **Display the posters**, “Protect Yourself and Others from Bullying” and “The Three D’s for Telling.”
- **Read** the teacher references, “How to intervene in a Bullying Situation” and “Resources for Bully Prevention.”
- **Invite the school counselor** into the class to talk about bullying. (Extension Activity)

For Application or Skill Practice:
- **Decide how you will divide your class** into small groups with four or five students in each group.
- **Duplicate** the student worksheet, “Using Courage and Kindness to Stop Bullying,” for each student.
- **Read** the teacher key to the worksheet.
- **Duplicate** the teacher master, “A Situation for Role Playing,” and cut copies in half to create at least two slips for each student.
- **Write** “For Role Playing” on a large envelope and display it in the classroom where children can access it between now and the next health lesson. You may want to plan to teach the next lesson after a few days to allow students time to create their situations.
Time-Saver Tip: This lesson tends to generate wonderful discussions, and students love to share ideas. Depending on your class discussion, this lesson may take longer than the estimated time. If you want to stay within the times indicated in the lesson, you will need to limit the discussion and sharing of students’ stories.

LESSON PROCEDURE

Introduction: Review ways to calm down. Review the ACT steps for managing strong feelings about something someone has said or done.

Approximately 2 minutes

<table>
<thead>
<tr>
<th>Instructional Steps</th>
<th>Script and Detailed Directions</th>
<th>Extensions and Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the benefits of managing strong feelings</td>
<td>In our recent health lessons, we talked about ways to calm down and manage strong feelings. When we settle down, we can think clearly and find a healthy way to handle the situation we’re feeling upset about. Then we can feel better emotionally and physically.</td>
<td>Have students write short papers about a situation in which they had strong feelings and how they used one or more of the strategies for calming down. Ask them to evaluate how the strategy worked for them and whether they would try the same one next time. If they would choose something different, which technique, and why?</td>
</tr>
<tr>
<td>Point to the list of strategies for calming down created during Lesson 1.</td>
<td>Look at our list of ways to calm down. Raise your hand if you have practices some of these ideas for managing strong feelings.</td>
<td></td>
</tr>
<tr>
<td>Review the ACT steps.</td>
<td>In our last health lesson, we talked about three steps for handling strong feelings when someone has said or done something that bothers us. Who would like to tell us the ACT steps?</td>
<td></td>
</tr>
<tr>
<td>Mention the importance of managing emotions to deal with teasing and bullying</td>
<td>Answer: 1. Acknowledge our feelings. 2. Calm down. 3. Talk with the other person by using I-messages. Share feelings, what happened, and what we’d like instead. Sometimes people say or do things that hurt other people. This teasing and bullying is very upsetting. But if we know how to acknowledge our feelings, calm down, and talk with respect, we can protect ourselves and others from bullying when it happens.</td>
<td>Display the posters, “So Many Feelings,” and “When Something is Bothering You, ACT!” from Lessons 1 and 2 if you think they will help students.</td>
</tr>
<tr>
<td>State the focus of the lesson.</td>
<td>Today we’ll talk about how teasing and bullying affect all of us. We’ll also learn how to use courage to protect ourselves and others from bullying.</td>
<td></td>
</tr>
</tbody>
</table>
**Teacher Input:** Define harassment and bullying, and discuss its negative effects and how to protect self and others from it. Teach students to talk with an adult if a situation is dangerous, destructive, or disturbing. Describe peer pressure. Talk about using self-control and positive self-talk to build the courage needed to protect self and others from bullying.

Approximately 20 minutes

<table>
<thead>
<tr>
<th>Instructional Steps</th>
<th>Script and Detailed Directions</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Define bullying and harassment.</strong></td>
<td><em>I just mentioned the word “bullying” a few times. Bullying happens when a person or group keeps trying to bother or hurt someone else. Another name for bullying is “harassment.”</em></td>
<td>If you prefer, have students describe harassing or bullying situations from television programs.</td>
</tr>
</tbody>
</table>
| Ask students for examples of bullying behaviors. | *Unfortunately, you have probably seen students harassing other students. What are some examples of bullying or harassment? Please don’t name people in your answers.*  

Answers: calling other people names; teasing or making fun of them; leaving them out of groups; spreading lies about them; threatening them; tripping, slapping, pushing, or hitting them.  

*People who bully might seem popular even though they act mean. They usually pick on people they think won’t stand up for themselves or tell an adult. We will call the person being bullied the “target.” Both boys and girls can bully others and can be a target for bullying. Adults can, too.*  

*People often think bullying that physically hurts someone is the worst kind, but bullying that hurts a person’s feelings or makes someone fearful can be just as bad.*  

**Raise your hand if you think bullying is okay.**  

Hopefully most or all of the students will indicate that bullying is not okay. If any students indicate they think bullying is okay, tell them you’re curious about that response. Ask why they think bullying other people is acceptable. After hearing their answers, ask other students to share why they think bullying isn’t acceptable.  

*One of the goals in our school is to make a safe place where everyone can learn and everyone feels respected. Harassment makes it hard to reach that goal.*  

During art time, have students decorate an “Is It Bullying?” drop box to keep in the classroom. Encourage students to submit brief notes or questions about things they’ve seen or experienced that may or may not be bullying. Periodically pull notes from the box and discuss the situations to help students learn to recognize bullying behaviors.  

If there isn’t time to discuss responses, note whether any students indicated they think bullying is okay, and talk with them privately later. Consider referral to a school counselor if you think a student needs help to change this attitude. |
Discuss the negative effects of harassment.

**How do you think bullying affects people?**

**Answers:**

- Bullying hurts other people’s feelings.
- People feel upset, scared, angry, and lonely when they’re the target of bullying.
- Students who are the target of bullying feel tense and might have trouble making friends.
- People who are the target of bullying have a harder time feeling good about themselves and doing their best at school and at home.
- Other people feel uncomfortable or upset when they see someone being bullied.
- Students who don’t know what to do when they see someone being bullied might feel guilty for not stopping the bully.
- Students might feel like they have to choose between a kind friend and someone who bullies others in order to keep themselves safe from bullying.
- Bullying makes the school an uncomfortable and unsafe place for everyone.
- Bullying someone or letting someone be bullied doesn’t show respect or caring.
- Bullying someone shows you don’t have good self-control.
- Bullying someone doesn’t show self-respect or respect for others.
- People who bully others can get in trouble with adults and even the law for hurting other people.
- People who are friends with someone who bullies others are usually a little scared of the person and probably don’t like or respect him or her as much as they seem to, even if the person who bullies others is popular.

*Bullying has a lot of negative effects on everyone – the person being bullied or the target, the people watching, and the person who bullies others, too. Fortunately, there are healthy ways to deal with bullying. No one is helpless.*

Some students might feel scared to give answers about the effects of bullying if they think students in the class who bully others are listening. Encourage responses by asking students they’ve seen on TV or in movies. Suggest several answers if necessary.

Make sure students consider the downside of bullying for the three main roles involved: students who are the target of bullying, bystanders, and people who bully others.
| List ways to confront bullying. Display the poster, “Protect Yourself and Others from Bullying” | **You have several options for protecting yourself and others from bullying. Here are some ideas.**  
- **Tell a trusted adult what’s happening. (Tell an adult.)**  
- **Calmly tell the person who is bullying someone to stop. (Tell the person bullying others to stop.**  
  - Use self-control and positive self-talk to calm down and manage any upset feelings you have. If you don’t act upset or join the teasing, the person acting like a bully might stop. (Stay calm.)  
- **Reach out in friendship. (Help one another.)**  
  - Choose positive friends who will help each other in bullying situations. (Choose positive friends.)  
  - Ask a trusted friend for help. (Ask a friend for help.)  
- **Walk away from the situation, alone or with a friend. (Walk away.)**  
  - Avoid the person, location, or situation where bullying tends to happen. (Avoid the person or situation.)  
| **We’ll talk about and practice these ideas in our next health lesson. Right now let’s discuss the first and most important idea: telling a trusted adult about bullying.**  
You could tell any adult you trust, such as your parents, grandparents, other relatives, teachers, school counselors, or the principal. Ask for help.  
Telling an adult about bullying is different than being a tattletale. When you tattle, you’re trying to get someone in trouble as a way to hurt them. When you tell an adult about bullying, someone is already being hurt. You’re trying to get help so the situation doesn’t become more dangerous.  
**What are some examples of dangerous situations?**  
Answers: situations when someone might be hurt, including those involving drugs, alcohol, or weapons | **Ask school counselors to talk with students about bullying and how to protect self and others. Counselors may have additional materials for students to read or watch about bullying.**  
You can help students report bullying by emphasizing the difference between tattling and telling an adult about a bullying situation. People who bully others often pick a person to bully if they think he or she won’t tell someone. Whether a bystander or the target of bullying, telling an adult is often the most courageous action to take.  
| **Display the poster, “The Three D’s for Telling,” and discuss when to tell an adult about bullying.** | **Point to the poster.**  
**The three D’s will help you remember when to tell an adult about any situation, whether or not bullying is involved. If something is dangerous, destructive, or disturbing, please tell an adult.**  
**What are some examples of dangerous situations?**  
Answers: situations when someone might be hurt, including those involving drugs, alcohol, or weapons | **Create an agreement within your classroom that bullying will not be allowed. Since students don’t like the effects of bullying, what would they like to do to stop it?** |
| **What are some examples of destructive situations?** | Have students explore the Stop Bullying Now website created by the National Bullying Prevention Campaign. A Youth Expert Panel of students aged nine through thirteen helped devise the “reality check” information on the student site, which includes webisodes of bullying situations, interactive quizzes, related online games, and suggestions for how to confront bullying. Have students submit answers to the quizzes or write response papers to webisodes. [www.stopbullyingnow.hrsa.gov](http://www.stopbullyingnow.hrsa.gov) |
| Answer: situations when something might be broken or ruined |
| **What are some examples of disturbing situations?** | |
| Answer: situations when something doesn’t seem right and is very upsetting. |
| Bullying is dangerous and disturbing! Ask an adult for help so everyone can stay safe. |

| Normalize fears about taking action to protect self and others from bullying. | As we’ve learned today, we’re not helpless against bullying. But it’s normal to feel scared and upset. It’s also normal to worry that we will be bullied if we aren’t a target yet or that things will get worse if we are being bullied already. But these fears often won’t come true if people stick up for each other. |
| Explain the concept of peer pressure. | Sometimes we don’t make a stand for what we believe is right because we’re afraid of what other people will think, say, or do. |

**Raise your hand if you have heard the term “peer pressure” before.** A peer is someone who is about our age and is in a similar situation. For example, you are all students in our school, so you are all peers.

Peer pressure happens when our peers tell us with words or behaviors that some things are acceptable and others aren’t. This pressure can make us feel we must think or behave a certain way to be part of the group.

Peer pressure can be positive, such as when teammates convince someone to play by the rules. However, peer pressure can also be negative, such as when everyone wants to seem cool, and so no one speaks up to protect the person being bullied and no one tells an adult. |

Ask two or three high school students to talk to your class about resisting negative peer pressure and instead making healthy decisions based on important values and rules. Your high school may have student clubs, such as Students Against Destructive Decisions, that are looking for these opportunities.
Discuss courage.

Of course, we all want to have good friends and a sense of belonging. But if people in the group don’t treat everyone with respect, we can feel unsafe and uncomfortable. If we talk honestly, we may discover that other people feel the same way.

Usually at least some people in a group don’t like what happens when someone bullies. If one person makes the first move to stop the bullying, other people in the group may speak up, too.

It can feel scary to change how we act. But it’s scary and unhealthy to let other people convince us to think and act negatively. Let your own ideas and values, and the ones your families have taught you, guide your behaviors.

It takes courage to stand up for your values despite peer pressure and people who are acting like bullies. How would you define the word “courage”?

Answer: Guide students to a definition like the following: Courage is the ability to manage strong feelings in difficult situations so we can choose how to act in a healthy way.

Some people think having courage means not feeling scared. Actually, having courage means doing our best to do the right thing, even though we feel afraid.

In our recent health lessons we learned some great ways to help us act with courage. We can use self-control to calm down when we’re upset. We can use positive self-talk to manage our feelings and develop self-confidence. And we can follow the ACT steps and use I-messages to express ourselves.

We can also build courage by practicing how to act in bullying situations. Then we’re more likely to remember what we can do and to feel confident we can do it. We can also feel braver if we ask for help from friends or trusted adults.

Remind students of specific techniques for calming down listed on chart paper during Lesson 1.

Explain ways students can develop the courage to confront bullying.

Have students brainstorm some examples of positive self-talk that would help them develop the courage to confront harassment.

Have students survey other students about bullying. They might ask:

- How often have you seen someone get bullied?
- Have you ever been the target of bullying?
- Where does bullying happen most: on the playground, in the hallways, in the classroom, on the way to or from school?

Use the results to help students plan a safe school campaign.
**Application or Skill Practice:** Complete and discuss a worksheet about how to confront a bullying situation. Prepare students to submit ideas for role playing between this lesson and the next.

**Approximately 21 minutes**

<table>
<thead>
<tr>
<th>Instructional Steps</th>
<th>Script and Detailed Directions</th>
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</tr>
</thead>
</table>
| Distribute the student worksheet, “Using Courage and Kindness to Stop Bullying” | Let’s use an example to think about ways to stop bullying, even when it takes some courage to do so.  
Read the situation described on the worksheet. Then answer the questions under parts A, B, and C.  
After about five minutes, tell students they have one more minute to finish thinking about and writing their answers. | Use the checklists provided at the end of the lesson if you want to assess students’ skill development. |
| Divide the class into small groups. | Form groups with four or five students in each group. Assign one student in each group to be the leader and a second student to be the spokesperson. | Assign the small groups section A, B, or C and have them create a poster illustrating how the person bullied, the bystanders, or the person acting like a bully might feel and actions they could take to stop bullying. Display the posters in the classroom or central location in the school. Later in this unit, students will be asked to advocate for a caring school environment. This activity would easily lead into that lesson. |
| Discuss the worksheet responses. Use the teacher key, “Using Courage and Kindness to Stop Bullying,” for ideas. | Let’s talk about how you would handle the situation as either Matthew, a student watching what happened, or Samantha.  
Call on the spokespersons to share their group’s ideas. Comment on strategies as appropriate, and reinforce the earlier discussion about ways to summon courage and confront bullying.  
End the discussion after about six minutes. | |
| Distribute copies of the teacher master, “A Situation for Role Playing.” Explain how to use the suggestion slips. | Before our next health lesson, think of one or two bullying situations you want to explore. We will role-play ways to confront bullying in those situations. Write your ideas on these forms.  
When you’ve written your idea, please put your suggestion slip in this envelope.  
Point to the collection envelope. We’ll keep it here until our next lesson. Then we’ll use your suggestions to practice the ideas we talked about today. | Emphasize that students should not use specific names when writing their scenario suggestions. |
**Closure:** Review ways to confront bullying or harassment. Remind students to tell an adult about any situation that is dangerous, destructive, or disturbing.

<table>
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<tr>
<th>Instructional Steps</th>
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</thead>
<tbody>
<tr>
<td>Review ways to confront bullying.</td>
<td><em>This was an important lesson about a serious topic. Bullying hurts everyone, whether we’re the target of bullying, watching a bully, or acting like a bully. So it’s important to do whatever we can to stop bullying and to make our school safe for everyone.</em></td>
<td></td>
</tr>
</tbody>
</table>
| Remind students to tell an adult if a situation is one of the three D’s. | *Who wants to name one of the ways we can protect ourselves and others from bullying.*  

**Answers:** Ask adults for help. Tell the person bullying others to stop. Calm down and doesn’t act upset. Help one another. Hang out with positive friends. Ask trusted friends for help. Walk away. Avoid the situation.  

*These are all good ideas. We may need to use self-control and positive self-talk to build up our courage, but none of us are helpless.*  

*Remember, it’s always very important to ask an adult for help. Always tell an adult if any situation is dangerous, destructive, or disturbing. This includes bullying!* | | |
| Preview the next health lesson. | *In our next health lesson, we’ll have lots of time to practice what to do when someone is acting like a bully.* | | |
How to Intervene in a Bullying Situation

Research indicates the most effective way to reduce bullying is to create a non-bullying norm within a classroom or school. Bullied students, or the targets of bullying, and students who bully others comprise a small percentage of the student community. Empower the large majority of their peers, who are neither bullied nor acting like bullies, to make bullying unacceptable. The key is to help bystanders take action and for all staff members to act when they witness a bullying situation.

Consider creating an agreement within your classroom that bullying will not be allowed. Advocate for this policy within your school. If you school has a bullying prevention plan in place, read its materials, and participate in any related training or reporting.

Staff members who witness a bullying episode can make powerful interventions to end the incident and help any affected students. Having an action plan and some knowledge of the dynamics of bullying is helpful. Talk with your colleagues about ways to intervene in bullying episodes and to help students change their behaviors and manage their emotions. Remember that students who are the targets of bullying behaviors have a hard time telling adults about bullying, and they usually fear retaliation from the person acting like a bully. Some students have told adults in the past and not received any help. If a student tells you about a bullying episode, take the information seriously, and take action to stop the bullying. Then, refer the target of the bullying and the person doing the bullying actions for counseling if appropriate. Also, if needed, get support in dealing with any emotions you may have about bullying, such as frustration, worry, or sadness.

The National Bullying Prevention Campaign recommends taking the following steps when you see or hear bullying.

- Stop the bullying. If possible, stand between the children involved, and block eye contact between the student acting like a bully and the target of the bullying behaviors.
- State what you saw or heard and how it breaks school rules against bullying. Use a calm but firm tone of voice. Make sure any bystanders hear what you say.
- Help the target of the bullying behavior regain self-control in a way that “saves face.” Avoid questioning him or her about the incident in front of other students. Follow up in private, and increase supervision to help prevent escalation.
- If bystanders didn’t try to stop the bullying in non-aggressive ways, talk calmly about ways they could intervene or get help next time. If they did try to intervene, praise them even if their attempts didn’t succeed.
- Take away social opportunities or impose other logical consequences on the student acting like a bully if appropriate. Tell him or her you will be watching to make sure there is no retaliation. Tell your colleagues about the incident so they can increase supervision, too.
- Arrange individual follow-up with the student acting like a bully and the target of the bullying behavior if appropriate, perhaps with a counselor or other specially trained colleague. Don’t tell the students to “work things out” – this doesn’t usually improve their relationship and may re-traumatize the targeted student. Instead, encourage the student acting like a bully to make amends in a way that would be meaningful to the student who was bullied.

By using these interventions and teaching students how to confront bullying themselves, many school communities have experienced dramatic reductions in the number and severity of bullying episodes.

1 How to Intervene to Stop Bullying: Tips for On-the-Spot Intervention at School,” by the National Bullying Prevention Campaign (part of the U.S. Health Resources and Services Administration’s Maternal and Child Health Bureau). See http://www.stopbullyingnow.hrsa.gov/index/Adult.asp?Area=preventiontips.
My Backpacks of Bully Protection

Bystander’s Backpack

1. Tell a trusted adult.
2. Tell the person doing the bullying to stop.
3. Calm down and don’t act upset.
4. Hang out with positive friends who can help you.
5. Ask a trusted friend for help.
6. Distract the person by asking questions about something else or changing the subject.
7. Distract the person by making a friendly joke or saying something funny.
8. Distract the person by doing something unexpected or goofy.
9. Calmly stand up for the person targeted, without fighting the person who is bullying.
10. Help the person targeted pick up anything dropped.
11. Help the person targeted get up if knocked down.
12. Help the person targeted walk away.
13. Refuse to join the bullying.
15. Avoid the situation and the person.

Backpack for Someone Who Is the Target of Bullying

Backpack for Someone Who Bullies Others

Tell a Trusted Adult
My Backpacks of Bully Protection

Bystander’s Backpack

1. Tell a trusted adult.
2. Tell the person doing the bullying to stop.
3. Calm down and don’t act upset.
4. Hang out with positive friends who can help you.
5. Ask a trusted friend for help.
6. Distract the person by asking questions about something else or changing the subject.
7. Distract the person by making a friendly joke or saying something funny.
8. Distract the person by doing something unexpected or goofy.
9. Calmly stand up for the person targeted, without fighting the person who is bullying.
10. Help the person targeted pick up anything dropped.
11. Help the person targeted get up if knocked down.
12. Help the person targeted walk away.
13. Refuse to join in the bullying.
15. Avoid the situation and the person.

Backpack for Someone Who Is the Target of Bullying

Backpack for Someone Who Bullies Others
STUDENT WORKSHEET

Using Courage and Kindness to Stop Bullying

Read the following situation. Answer the questions under A, B, and C.

Several students are waiting for the bus after school. Matthew walks up to the bus stop. Samantha turns to two friends and whispers something. They start to laugh. Then Samantha looks at Matthew and says loudly, “Something sure stinks around here! I guess your mom never taught you to take a bath. And those clothes are so old I bet they’d fall apart if you washed them, huh?”

A. If you were Matthew, the target of the bullying, how might you feel? _________________________
_________________________________________________________________________________
_________________________________________________________________________________
What could you do about this situation that would be safe and respectful? _________________________
_________________________________________________________________________________
If you felt scared to do something like that, how could you help yourself feel more courageous? ____
_________________________________________________________________________________
_________________________________________________________________________________

B. If you were one of the students in the group watching, how might you feel? ____________________
_________________________________________________________________________________
_________________________________________________________________________________
What could you do about this situation that would be safe and respectful? _________________________
_________________________________________________________________________________
_________________________________________________________________________________
If you felt scared to do something like that, how could you help yourself feel more courageous? ____
_________________________________________________________________________________
_________________________________________________________________________________

C. If you were Samantha, the student acting like a bully, how might you feel? _________________________
_________________________________________________________________________________
_________________________________________________________________________________
What could you do about this situation that would be safe and respectful? _________________________
_________________________________________________________________________________
_________________________________________________________________________________
If you felt scared to do something like that, how could you help yourself feel more courageous? ____
_________________________________________________________________________________
_________________________________________________________________________________
Using Courage and Kindness to Stop Bullying

Read the following situation. Answer the questions under A, B, and C.

Several students are waiting for the bus after school. Matthew walks up to the bus stop. Samantha turns to two friends and whispers something. They start to laugh. Then Samantha looks at Matthew and says loudly, “Something sure stinks around here! I guess your mom never taught you to take a bath. And those clothes are so old I bet they’d fall apart if you washed them, huh?”

A. If you were Matthew, the target of the bullying, how might you feel? ______________________
   upset, surprised, embarrassed, scared, confused, angry, worried, frustrated.

What could you do about this situation that would be safe and respectful? ______________________
   Tell a trusted adult.

If you felt scared to do something like that, how could you help yourself feel more courageous? __________
   Calm down by reminding myself to stop and think before acting.
   Use positive self-talk, such as “I can tell an adult. They will help me.”

B. If you were one of the students in the group watching, how might you feel? ______________________
   surprised, embarrassed, scared, confused, angry, worried, frustrated

What could you do about this situation that would be safe and respectful? ______________________
   Tell Samantha to stop saying mean things. Don’t laugh. Tell Matthew you like the outfit.
   Walk away from Samantha’s group with Matthew and talk while you wait for the bus.

If you felt scared to do something like that, how could you help yourself feel more courageous? __________
   Calm down by counting to 10 before doing anything.
   Use positive self-talk, such as “I have the courage to safely confront bullying.”

C. If you were Samantha, the student acting like a bully, how might you feel? ______________________
   Some students will think Samantha might feel powerful, proud happy, etc., but others may recognize that
   Samantha might feel ashamed, unhappy, embarrassed, especially if bystanders speak up.

What could you do about this situation that would be safe and respectful? ______________________
   Apologize to Matthew.
   Apologize to other students for acting mean. Ask an adult for help to change.

If you felt scared to do something like that, how could you help yourself feel more courageous? __________
   Stop and think about the effects of bullying on other people. Use positive self-talk, such as “I deserve to
   have good friendships.” and “I don’t have to hurt other people to make friends or be popular.”
In the media today, students may be exposed to ideas and actions that are not good for them. The “media” refers to movies, television, CD’s, computer games, and so on.

Often, actors on film or video portray people doing harmful actions without any bad consequences. They sometimes drive cars in very unsafe ways, drink alcohol, take drugs, and have inappropriate relationships.

Seeing these films, some young people might think these actions are harmless. But remember, the actors in shows are only acting. They are not really doing those things. In real life, such actions lead to serious results.
Media and Self Esteem

MATERIALS
- Age appropriate magazines (ask students to bring in week before)
- Scissors
- Tape
- Large chart paper

OBJECTIVE
To have all students become aware of media’s intent and influence on perception of oneself.

LESSON
1. Have each female student cut out an “attractive” female picture. At this point don’t discuss what “attractive” means, let the student make judgment. Have male students cut out an “attractive” male picture.

2. Have a separate wall space or chart paper set up for the pictures to be taped up. Female pictures on one and males on a separate sheet.

3. Once completed, have the whole class come together to discuss one collage at a time.
   - What is common amongst most of these pictures of women/girls? For example: they may see long straight hair, make-up, thin bodies, lack blemishes, Caucasian, blonde.
   - Is this true of society?
   - What makes a girl attractive? Is it her looks like the media wants us to believe?
     - Sense of humor, intelligence, caring/kindness, patience, personality, etc.
     - What does the media want us to believe?
     - Their intent is to sell their product.
   - What is common amongst most of these pictures of men/boys?
     - Men look athletic, strong/muscular, lack blemishes, and fit
     - Discuss truth and media influences

Bring the group together to reflect and close the lesson.
### Puberty: The Wonder Years
Lesson B-5 Personal Hygiene and Healthy Habits

**Student Learning Objectives**

Students will:
- Distinguish between accurate and inaccurate sources of information about puberty.
- Demonstrate the intent to implement personal hygiene and healthy habits.

**Preparation**

<table>
<thead>
<tr>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review each of the Teacher Masters.</td>
</tr>
<tr>
<td>Decide which “Puberty Pointers” slide(s) to use in Activity 2.</td>
</tr>
<tr>
<td>Decide how to grade or award points for completed homework.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prepare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare answers to the students’ questions from the previous lesson.</td>
</tr>
<tr>
<td>Have the completed Student Activity Sheets, “As you Grow . . .” from Lesson B-1 ready to return to the students.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duplicate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide Master, one slide of each</td>
</tr>
<tr>
<td>Student Activity Sheet, one per student</td>
</tr>
</tbody>
</table>

**Lesson Synopsis**

Students review the changes in puberty and plan to implement new health habits. They identify trusted adults and additional sources of accurate information about puberty. Building on their discussions with parents or other trusted adults, students generate a list of reasons to postpone parenting.

**Teaching Materials**

<table>
<thead>
<tr>
<th>Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide Master: “I Wonder How You Learned About Puberty”</td>
</tr>
<tr>
<td>Student Activity Sheet: “As You Grow . . .” (completed during Lesson B-1)</td>
</tr>
<tr>
<td>Slide Master: “Puberty Pointers for Boys”</td>
</tr>
<tr>
<td>Slide Master: “Puberty Pointers for Girls”</td>
</tr>
<tr>
<td>Slide Master: “Puberty Pointers for Boys &amp; Girls”</td>
</tr>
<tr>
<td>Teacher Master: “Puberty Pointers for Boys”</td>
</tr>
<tr>
<td>Teacher Master: “Puberty Pointers for Girls”</td>
</tr>
<tr>
<td>Student Activity Sheet: “My Personal Puberty Plan”</td>
</tr>
<tr>
<td>Answer Key: “My Personal Puberty Plan”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To be Gathered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide masters, four</td>
</tr>
<tr>
<td>Document camera</td>
</tr>
<tr>
<td>Water-based marker</td>
</tr>
<tr>
<td>Pencils</td>
</tr>
<tr>
<td>Question box</td>
</tr>
<tr>
<td>Slips of paper, one per student</td>
</tr>
</tbody>
</table>

**LESSON PLAN**

**Introduction:** Review the physical changes that occur during puberty and introduce this lesson on personal hygiene and healthy habits. 5 minutes (CC)

1. Redistribute the Student Activity Sheet, “As you Grow . . .”, which the students completed during Lesson B-1. Explain:

   *This is an activity sheet you completed during our first puberty lesson. You have learned a lot since then. Review each item and change any answers you didn’t know before.*
2. After a couple minutes, answer any questions the students have about the activity sheet.

3. Point out:

Today we will talk about some things you can do to adapt to the changes of puberty.

**ACTIVITY 1: Share insights gained by talking to parents or other trusted adults and identify accurate sources of information about puberty.** 10 minutes (All)

1. Display the slide of the Slide Master, “I Wonder How You Learned About Puberty.” Remind the students that these are the same questions that were on their Family Activity Sheet, “I Wonder How You Learned About Puberty.”

2. Discuss the homework assignment:
   - How did your discussion with your parents or another trusted adult go?
   - What has helped you get more comfortable as you communicate with your parents or other trusted adults?
   - The third question you discussed was about getting answers to questions about growing up. Name some ways people can get answers to questions about growing up.

Record the students’ suggestions on the board.

3. Discuss the sources of information and distinguish between accurate and inaccurate sources. Ask students to circle the most accurate sources of information on the board. Add the following sources if they were not named:
   - Parents, grandparents, aunts, uncles, other siblings
   - Other trusted adults
   - Doctors, nurses, health educators, physician’s assistants
   - Teachers, counselors
   - Pastors, priests, rabbis
   - Libraries, reference books, health departments
   - Internet sites of reputable organizations

4. Point out:

Parents are likely to be a more accurate source of information than your friends. Plus, they have already been through puberty and know what it’s like to experience these normal changes.

**ACTIVITY 2: Develop a plan for good hygiene and health habits.** 15 minutes (AI;CC;SM;D/G)

1. Distribute the Student Activity Sheet, “My Personal Puberty Plan,” to each student. Explain:

Because your bodies are changing in these ways, it is important for you to make plans to take care of yourselves in some new ways. As we talk about the changes you will face, take notes on your activity sheet. In the top left square, list some challenges you will face as you grow into an adult. In the top right square, describe what you can do to help yourself with each challenge you listed. We will complete the lower square later.

2. Show the slides, “Puberty Pointers for Boys” and “Puberty Pointers for Girls,” one at a time, or the slide for both sexes, “Puberty Pointers for Boys & Girls.”
3. Discuss the Puberty Pointers:
   - Circle the first topic on the list.
   - Ask the students what hygiene and health habits they need to know about that topic.
   - After the students have contributed their ideas, use the Teacher Master to add any points they missed.
   - Continue until the points on the slides have been discussed.
   - Remind the students to complete the activity sheet.

**Teacher Tip:** If you are conducting this lesson with separate groups of boys and girls, use the Puberty Pointers slide that is appropriate for each sex. If you conduct this lesson with a mixed gender group, use the slide for boys and girls and point out that many hygiene and health habits are the same for boys and girls, but some are unique.

**ACTIVITY 3: Answer student questions.** 8 minutes (All)
Read each question from the previous day’s question box and give a brief answer. If you run out of time, postpone answering the questions that will be addressed in the upcoming lessons. See Appendix C for additional information on answering student questions.

**CLOSURE: Summarize this lesson and transition to the next puberty lesson.** 2 minutes.
1. State:
   
   *Think of two things you are going to do to take care of your wonderful body as you go through puberty. When you have thought of two, hold up two fingers.*

   *There are many things you can do to take good care of your changing body.*

   Assign the homework:

   *For our next puberty lesson, bring in a favorite magazine and the words to a favorite song. We will use them for an activity. You will earn (teacher-chosen grading value) for bringing them.*

2. Tell the students that the next puberty lesson will be about the messages we get from media.

3. Ask students to submit their questions or comments as they leave. Collect the question slips from the question box to be answered during the next lesson.

**CORE ACADEMIC STANDARDS AND BENCHMARKS ADDRESSED**
- Activity 1: ELA.11.1 & 2; SC.II.1.1
- Activity 2: ELA.9.1
DEVELOPMENTAL ASSETS PROMOTED

#1. Family support
#2. Positive family communication
#3. Other adult relationships
#11. Family boundaries
#14. Adult role models
#16. High expectations
#28. Integrity
#30. Responsibility
#31. Restraint
#32. Planning and decision-making
#33. Interpersonal competence
#37. Personal power
#38. Self-esteem

EXTENSION IDEAS

English Language Arts
- Write letters to reliable sources of information to get answers to questions about puberty that were submitted to the question box.
- Prepare board with local resources and hotline numbers to students.

Social Studies
- Investigate social consequences of times when people have reacted to false information

Science
- Research the potential consequences to poor hygiene.
Let’s Talk: I Wonder How You Learned About Puberty

What do you remember most about growing up?

How did you learn the “facts of life” about puberty and reproduction?

How did you get answers to your questions about growing up?

What are some reasons you think it is important for me to wait to become a parent?

Parent’s or Adult’s Signature ____________________________
Puberty Pointers

- Reduce body and foot odor.
- Care for skin.
- Keep hair healthy.
- Expect nocturnal emissions.
- Know whether you are circumcised or uncircumcised.
- Avoid jock itch.
- Wear an athletic supporter.
- Form healthy relationships.
- Anticipate crushes.
- Understand your curiosity.
Puberty Pointers

- Reduce body and foot odor.
- Care for skin.
- Keep hair healthy.
- Be prepared for menstruation.
- Know how to handle cramps.
- Recognize normal vaginal secretions.
- Avoid vaginal infections.
- Form healthy relationships.
- Anticipate crushes.
- Understand your curiosity.

For Girls
Puberty Pointers

- Reduce body and foot odor.
- Care for skin.
- Keep hair healthy.
- Form healthy relationships.
- Anticipate crushes.
- Understand your curiosity.

For Boys & Girls

**BOYS**
- Expect nocturnal emissions
- Know whether you are circumcised or uncircumcised
- Avoid jock itch
- Wear an athletic supporter

**GIRLS**
- Be prepared for menstruation
- Know how to handle cramps
- Recognize normal vaginal secretions
- Avoid vaginal infections

For Boys & Girls
Puberty Pointers for Boys

Reduce body and foot odor.
- Bathe or shower daily.
- Use underarm deodorant/antiperspirant daily.
- Change clothes daily.
- Understand that people of various cultures have differing practices and opinions regarding body odors.

Care for skin.
- Keep skin clean by washing with soap and water twice a day.
- Drink plenty of water, about six 8-ounce glasses each day.
- Ask parents about the use of acne medications.
- Ask parents about a visit to a physician or dermatologist.
- Keep hair clean and off the forehead.
- Change and wash the pillowcase regularly.

Keep hair healthy.
- Shampoo frequently enough to keep it from being oily.
- Brush and/or comb hair daily.

Expect nocturnal emissions.
- Wash self off.
- Change clothes and sheets if needed when nocturnal emissions occur.

Know whether you are circumcised or uncircumcised.
- Circumcision means that the foreskin at the end of the penis has been removed, usually within a few days of birth. No special care is needed.
- If uncircumcised, the foreskin remains intact. It must be retracted, or pulled back, so that the area underneath can be washed and rinsed. The foreskin must be pulled back down. This should be done daily.

Avoid jock itch.
- It is a fungal infection of the groin area.
- Wear cotton underwear. They are cooler and allow air circulation.
- Stay dry by changing underclothes when sweaty.
- Take a shower and dry off well after sports activities.
- Use medicated powder or cream on the area if needed; it is available without a prescription at drug stores.

Wear an athletic supporter.
- It is a kind of undergarment that provides protection for a male’s genitals during sports activities. It is also called a jock strap.
- Wear a hard, plastic “cup” that slips inside the athletic supporter when engaging in contact sports.
Form healthy relationships.
- Have friendships with people of both sexes so that you appreciate people as individuals.
- Have friendships with people of all ages so that you learn how to relate to a variety of people.
- Have friendships with people of differing races, cultures, abilities, and interests; you will learn so much about yourself and about others.

Anticipate crushes.
- It is normal for boys and girls to develop “crushes” on people they find attractive.
- When this happens, a person may want to be near someone a lot; yet, the person might have trouble talking and may feel self-conscious and embarrassed.
- Most people have many crushes or infatuations before they meet someone they truly fall in love with.
- Some young people feel confused when they feel admiration for someone who is older, like a teacher, or who is the same gender. These feelings are normal and do not indicate a permanent attraction, nor is a person required to act on these feelings.

Understand curiosity.
- During puberty, curiosity about sex and anatomy increases.
- Just because you are curious, that doesn’t mean you have to, or are ready to, “explore.”
- Remember, no one has a right to touch another person without his or her permission.
- Each person must keep his or her hands off others as a sign of respect for the other person.
- If anyone touches you in an inappropriate way, tell someone so help can be obtained.
Puberty Pointers for Girls

Reduce body and foot odor.
- Bathe or shower daily.
- Use underarm deodorant/antiperspirant daily.
- Change clothes daily.
- Understand that people of various cultures have differing practices and opinions regarding body odors.

Care for skin.
- Keep skin clean by washing with soap and water twice a day.
- Drink plenty of water, about six 8-ounce glasses each day.
- Ask parents about the use of acne medications.
- Ask parents about a visit to a physician or dermatologist.
- Keep hair clean and off the forehead.
- Change and wash the pillowcase regularly.

Keep hair healthy.
- Shampoo frequently enough to keep it from being oily.
- Brush and/or comb hair daily.

Be prepared for menstruation.
- Keep track of your periods on a calendar so you can understand your menstrual cycle.
- Talk to your parent or another trusted adult about your family’s beliefs and practices for menstruation.
- Carry a pad in a purse or backpack a couple days before you expect your period.
- Carry change in case you need to buy sanitary products from the vending machine in the restroom.
- Change pads every few hours as needed to stay dry and to avoid menstrual odor.
- Dispose of pads by wrapping them in toilet paper and throwing them in a waste basket. Never flush them down a toilet.
- Try a variety of pads (and possibly tampons) to find out which work best for you.
- Change tampons every four hours, or more often if needed. Some tampons are flushable. Those that are not flushable should be wrapped in toilet paper and thrown in a waste basket.
- Shower or bathe daily and change pads or tampons often to help prevent menstrual odor.

Know how to handle cramps.
- Not everyone has them.
- Getting exercise can help relieve cramps.
- A warm (not hot) bath or a heating pad can soothe.
- Ask parents or your doctor about medication to relieve cramps. It is not necessary to suffer.

Recognize normal vaginal secretions.
- A clear, odorless discharge is normal at times during the month.
- Do not douche or put deodorant in the vagina. The vagina is self-cleaning.
Avoid vaginal infections.
- Any discharge that is colored (other than menses), or has a strong odor, or itches indicates a possible infection and a doctor should be consulted. After using the bathroom, always wipe from the front to the back to keep feces from entering the openings to the urethra and the vagina.
- Wash your hands before and after changing your pad or tampon.
- Wear cotton underwear to keep the vulva dry.
- Bubble bath is irritating for some girls and should be avoided.

Form healthy relationships.
- Have friendships with people of both sexes so that you appreciate people as individuals.
- Have friendships with people of all ages so that you learn how to relate to a variety of people.
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- Each person must keep his or her hands off others as a sign of respect for the other person.
- If anyone touches you in an inappropriate way, tell someone so help can be obtained.
# My Personal Puberty Plan

During puberty, I might face these challenges:  

| 1.  |
| 2.  |
| 3.  |
| 4.  |

I can take good care of myself by doing these things:  

| 1.  |
| 2.  |
| 3.  |

I know I can talk to these people if I have questions:  

1.  

2.  

3.  

---

*East Grand Rapids Public Schools, November 2007*
Healthy Hygiene Help

For most children, fifth grade is a time of rapid growth. With growth comes many changes in their bodies, such as oilier skin and hair, growth of body hair, more sweating, and skin blemishes. Your child will need to learn some new ways to take care of his or her new body.

You can help your child by talking about these changes. Teach your child how to keep his or her growing body clean and neat. Here are some tips to share with your child:

• Keep skin clean by taking a shower or bath. During hot weather or after physical activity, a daily shower will keep your child smelling fresh.
  • Use deodorant every day.

• Change clothing every day. Even if your child has a favorite outfit, it needs to be washed before it is worn again.

• Prevent skin blemishes by washing the face twice a day with soap and water. If this doesn’t work, acne medicine or a visit to the doctor might help.
  • Wash hair to keep it clean and free of oil that can lead to skin blemishes.
  • Brush or comb hair to remove dirt and distribute the natural oils in the hair.

• Keep bad breath away by brushing teeth twice a day and flossing once a day.
  • Wash hands many times each day, especially before eating and after using the toilet. Clean hands are less likely to spread germs.
  • Clean and trim fingernails once a week.

Create times to talk with your child about hygiene. Try these activities!

• Take a shopping trip to learn about hygiene products, such as face wash, toothpaste, floss, deodorant, and shampoo.

• Create posters, slogans, or reminder notes. Display them in bathrooms, at sinks, or in your child’s bedroom to remind him or her how to care of his or her body.

• Read books that tell your child about natural body changes and answer questions he or she may have:

  📚 No B.O.! The Head to Toe Book of Hygiene for Preteens by Marguerite Crump

  📚 The Care and Keeping of You: The Body Book for Girls by Valorie Lee Schaefer

  📚 Ready, Set, Grow! A What’s Happening to My Body? Book for Younger Girls by Lynda Madaras

  📚 What’s Happening to My Body? A Growing-up Guide for Parents and Sons by Lynda Madaras and Area Madaras
Tier A: I Wonder How Things Work

Tier Implementation
Tier A is the introductory level of the Puberty: The Wonder Years curriculum. Many districts will find it most suitable for students in fourth or fifth grade.

Teaching-Learning Goals
Students will communicate with parents and other trusted adults about growing up.
Students will explain how animal and human life begins.
Students will describe the natural changes that occur during puberty.
Students will identify the role of families in nurturing children.
Students will advocate for respectful treatment of peers.

Tier Synopsis
Tier A begins by reminding students how much they have grown and changed since they were born, and how much more growing and changing lies ahead. Guidelines for a safe and productive classroom climate are introduced, and prior knowledge about puberty is assessed. Students compare and contrast animal and human families. They identify positive qualities about their families and the roles family members fill. Students identify the normal social, emotional, and physical changes that occur during puberty and how individuals develop at different rates. The reproductive system is introduced. Students practice communication skills with their family members and peers. The emphasis is on promoting respect for peers as they experience puberty and communication with parents and other trusted adults about puberty.

Tier Preparation
Prior to teaching the lessons in Tier A, do the following:

- Make sure the requirements described by state law and district policy for teaching sex education have been met.
- Acquire the videos that have been approved for use with Lessons A-2, 5, and 6: “Just Around the Corner for Boys,” and “Just Around the Corner for Girls”
- Acquire informational booklets and sanitary product samples for the students if they have been approved for use with Lessons A-5 and 6.
- Know your district’s expectations for answering student questions.
- Decide how you will assess student learning for this unit.
Tier A: Student Learning Objectives

LESSON A-1: A Climate for Growth
Students will:
- Name kinds of body cells and sex cells.
- Propose guidelines for discussions during the puberty lessons.
- Test what they already know about puberty.
- Plan ways to initiate communication with their parents regarding growing up.

LESSON A-3: Families and Roles
Students will:
- Relate positive qualities they admire in their families.
- Improve communication skills with their families.
- Examine gender roles, gender role expectations, stereotypes, and ways they can affect people.

LESSON A-4: Social and Emotional Changes
Students will:
- Identify social and emotional changes occurring during puberty.
- Describe normal variations in individual rates of change during puberty.
- Examine case studies and plan ways to respect a peer who is going through an awkward stage of puberty.

LESSON A-5: Growing Up Male
Students will:
- Identify additional changes that occur in males during puberty.
- Define the structures and functions of the male reproductive system.
- Practice their communication skills by talking with their parents or other trusted adult about puberty.

LESSON A-6: Growing Up Female
Students will:
- Identify additional changes that occur in females during puberty.
- Define the structures and functions of the female reproductive system.
- Practice their communication skills by talking with their parents or other trusted adult about puberty.
**Teacher Tips:**
- The initials in the margin indicate which of the National Standards for Health Education are addressed by each activity. See Appendix I for more information.

- A list of the Core Academic Standards and Benchmarks addressed by each lesson appears following each lesson. The Core Academic Benchmarks addressed by these lessons are from the elementary or later elementary level unless otherwise indicated. Any middle school level benchmarks are labeled “(ms)”. See Appendix I for more information.

- A list of the Developmental Assets promoted by each lesson appears following each lesson. See Appendix I for more information.

**Tier A: Assessment Strategies**

**Teaching-Learning Goal:** Students will communicate with parents and other trusted adults about growing up.

1. Award points for completion of the Family Activity Sheets in Lessons A-1 and A-5 when students return the sheets signed by a parent or other trusted adult.
2. Have students journal about a time when they talked to a parent or other trusted adult about puberty.
3. Have students work in pairs to write and present a skit about a discussion between a student and a parent or other trusted adult about puberty. Use a rubric to guide the class in assessing each skit as it is presented.

**Teaching-Learning Goal:** Students will explain how animal and human life begins.

2. Have each student investigate the life cycle of a different animal species. Then, assign the students to write brief papers comparing and contrasting their animal’s life cycle and family with the human life cycle and families.

**Teaching-Learning Goal:** Students will describe the natural changes that occur during puberty.

1. Re-administer the Student Activity Sheet, “Did You Know…,” in Lesson A-1 as a post-test at the conclusion of the puberty lessons. Award points.
3. Have each student create a pamphlet that describes the changes that can be expected during puberty. Have the students design their pamphlets as if they would be used for students their age who did not know about puberty.

**Teaching-Learning Goal:** Students will identify the role of families in nurturing children.

2. Have the students write nominations for their families to enter a fictitious contest for Family of the Year. Each student should identify how they are nurtured by their family and how the family members work together well.
3. Have each student list her or his top five reasons it is important to be an adult before becoming a parent.
Teaching-Learning Goal: Students will advocate for respectful treatment of peers.

1. Award points for identifying how a student might feel about growing up and ways to be a respectful and helpful friend for the Student Biographies in Lesson A-4. Design a rubric prior to conducting Activity 3 to guide their small group reports.
2. Have each student design a poster that advertises how students will treat each other respectfully at school. Develop a rubric with student input and use it to evaluate the posters. Display the posters on the walls of the school.
3. Have students develop public service announcements to read on the daily announcements or put in the school newsletter. They should describe ways to be respectful and helpful to their fellow students.

LESSON A-1
A Climate for Growth, 40 minutes

Student Learning Objectives
Students will:
- Test what they already know about puberty.
- Propose guidelines for discussions during the puberty lessons.
- Plan ways to initiate communication with their parents regarding growing up.

Lesson Synopsis
Students take a brief pretest on their knowledge about puberty. Guidelines for a safe classroom climate are adopted for use throughout this curriculum, and the question box is introduced as a method for asking questions anonymously. Strategies for communicating with parents and other trusted adults are generated, and then implemented as the students do their homework.

Preparation
Plan
- Review Appendix D.
- Decide whether to use a slide or make a poster for Activity 1.

Prepare
- Make a question box out of a box or can.
- Cut slips of paper for questions, one per student, per lesson.
- Prepare a poster (optional). Write the title “Guidelines for Discussion” and the guidelines in Activity 1 on poster board.
- Decide how to grade or award points for completed homework.

Duplicate
- Slide Master, one (optional)
- Family Partnership Flier, one per student
- Student Activity Sheet, one per two students, cut in half
- Family Activity Sheet, one per two students, cut in half
Teaching Materials

Provided
• Slide Master: “Guidelines for Discussion” (optional)
• Student Activity Sheet: “Did You Know…”
• Answer Key: “Did You Know…”
• Family Partnership Flier: “Ready…Set…Grow!”
• Family Activity Sheet: “Together Talk: About Growing Up”
• Appendix D: “Puberty: Time of Wonder”

To Be Gathered
• Document camera (optional)
• Slide (optional)
• Pencils
• Question box
• Slips of paper, 3 by 5 inches, one per student
• Marker (optional)
• Poster board (optional)

LESSON PLAN
Introduction
Assess what students already know about puberty and introduce this lesson on guidelines for discussing sensitive topics. 12 minutes (CC)

1. Write the word “puberty” on the board. Tell the students:
   You will soon be entering an amazing, new stage in life; in fact, some of you have already begun.
   The next few years will be a time of rapid change for you—a time when you will change from a child into an adult. This change will take several years, and you will wonder what will happen next. This time of wonder is called puberty.

   Everyone begins puberty at a different time, just like everyone starts walking and talking at a different time. Your body will start growing and changing at a time that is unique to you. So, don’t worry if some of your friends begin to grow and mature before you or after you. That’s the way it’s supposed to be.

2. Distribute the Student Activity Sheet, “Did You Know…,” to each student. Explain:
   Let’s find out what you already know about puberty. Fill this activity sheet out as completely as possible. Do not put your name on it. Do not worry if you aren’t sure of all the answers. Just do the best you can. We will go over it again in a later lesson.

3. Collect the Student Activity Sheets. After class, tally the number of correct responses and save the results for use with Lesson A-4.

Teacher Tip: Administering a pretest helps you to evaluate what students already know about the topic. It also helps students who think they already know it all realize there are some things they do not know.

Answer Key for Lesson A-1: A Climate for Growth
ACTIVITY 1: Create a safe, comfortable, and productive classroom climate. 10 minutes (IC;AI)

1. Tell the students:

   Over the next few days, we will be talking about a specific stage of growth called puberty. It is the period of time when you grow from a child into an adult. Some of the topics are ones that we might not be used to discussing.

   When we talk about new topics, especially topics we might consider personal, we might feel awkward. How might we feel as we discuss things like pregnancy, puberty, and the reproductive system? (People might feel embarrassed, uncomfortable, interested, silly, curious, amazed, and many other emotions.)

   All of these feelings are normal. To make it easier for us to have discussions, it is important for us to follow some rules.

Teacher Tip: Most classes identify class rules early in the school year. This activity sets additional guidelines that will help to ensure a safe climate for the discussion of sensitive topics.

2. Display the guidelines for discussion on the poster or slide. Explain:

   Treat the subject seriously. Sometimes, when people feel nervous or embarrassed, they giggle or laugh. It’s okay to feel that way, but let’s talk about puberty without getting silly.

   Use humor appropriately. Although we are mature enough to talk about puberty without getting silly, it is okay to laugh sometimes. Humor is fun when it isn’t used to make fun of someone.

   Use the correct terms for body parts and functions. If you don’t know the correct term, it is okay if you use the slang term to ask a question. Then, I will tell you the correct term, and you can use it from then on.

   Respect other people and their ideas. Avoid making fun of or laughing at others, or putting other people down.

   No gossiping. It isn’t cool to go out in the hall and repeat what other people have said. It is fine to talk about what you learn with your parents at home.

   Avoid personal questions and stories. I will not ask you to share personal things, and I will not answer personal questions about myself. It’s important not to tell personal stories or use people’s names when asking questions. Instead of using someone’s name, say “someone I know.” That way you won’t embarrass others.

   Ask questions: questions are good. If you have a question, there are probably at least a few other kids who have the same question, but are afraid to ask it. Do you know what the only dumb question is? It’s the one that remains unasked...because you never get the answer.

3. Ask the students if they would like to add any other ideas for making classroom discussions positive and comfortable. Add suggested guidelines to the poster.
4. **State:**

There are just a couple of other things we need to understand before we begin. First, I hope you will talk with your parents and other adults you trust about puberty and other things you are learning in class. They can help you understand the changes you are going through, and reassure you that what you are feeling or wondering about is normal. They can also help you get information you need or want.

Secondly, I will also respect the guideline of no gossiping. However, there are two situations when I will talk to other people about what is said in order to get help. If someone tells me about something that could hurt him or her, or hurt someone else, it would be illegal for me to keep these types of situations secret. I will talk to someone whose job it is to help in these types of situations.

5. Distribute a small slip of paper to each student. Display the question box. Explain:

This is a question box. Each day that we have a lesson about puberty, you will get a slip of paper on which to write a question or make a statement. This is an easy way to ask questions you may not want to ask out loud. At the end of each class, as you leave our room, everyone must write something on their slip of paper and put it in the question box. You may either write a question on it or tell something you learned during that class that you didn’t know before or something you found interesting.

**Teacher Tip:** Requiring every student to put a slip of paper in the question box safeguards the anonymity of students who have questions. If only one person approached the question box, it is easy for everyone to tell who asked the question. Use of the question box also encourages students to think about what they learned each day.

Place the question box near the door, so students can place their papers in it as they leave the room after class. If the students are not leaving the room after this session, pass the question box around the room and have the students deposit their slips.

**ACTIVITY 2:** Plan strategies for initiating discussions and encouraging communication with parents and other caring adults. 13 minutes  (AI;INF;IC)

1. Point out that parents understand the changes children go through. Explain:

Your parents were born as babies, too. Therefore, they once were (nine, ten, eleven) years old, just like you are now. Your parents probably know a lot about how it feels to be a student your age, since they were one, too. They wondered about the same things that may worry you—things like acne, body odor, and friends. They asked themselves the same questions: “Will people like me?” “When will I start to grow?” and “Why do my moods change so much?”

Your parents love you and want to help you in any way they can. They probably want to talk to you about the things that are going on in your life. Even if it feels uncomfortable at times, it’s worth the effort to go to them for help and information. They can help you find answers for any questions you might have.

**Teacher Tip:** Be aware of students in the class who do not have a traditional family. Encourage students to identify a “parent figure,” a trusted adult with whom they live or have regular contact.
2. Discuss feelings of embarrassment that might occur. Explain to the students:
   
   Your parents have probably been waiting for the time when they can talk to you about growing up, but they might feel just as embarrassed as you might feel. What do people do when they’re embarrassed? (People may giggle, laugh, get quiet, change the subject, or turn red when embarrassed.) That’s right, but that doesn’t mean they don’t want to talk about these things with you. Let’s think of ways to make it easier to talk with parents or other trusted adults.

3. Have the students form pairs with the people sitting next to them. Tell the students:
   
   In your pair, think of at least one way to make it easier to talk with your parents. If you are not able to talk to your parents, think of another adult you trust and respect. You could suggest a time or place to talk, or describe a way to begin a discussion. In two minutes, I will call on each pair to share their ideas.

4. Have students list suggestions for talking with parents or other trusted adults. Write their ideas on the board. Be sure to include the following ideas:
   
   • Pick a convenient time to talk—not when things are hectic or right when parents walk in the door.
   • Get comfortable talking about day-to-day events. That makes it easier to talk about personal things later.
   • Ask your parents about their feelings, ideas, and goals. Get to know them!
   • Talk about an activity you have done together.
   • Ask your parents what they remember about growing up: friends, growth spurts, embarrassing events, clothing styles, interests, likes and dislikes, and house rules.
   • Remember: It is okay to feel embarrassed.

CLOSURE: Summarize this lesson and transition to the next puberty lesson. 5 minutes (AI;IC;SM)

1. Ask the students:
   
   What are some of the guidelines we will follow as we talk about growing up? (Treat the subject seriously. Use appropriate humor. Respect each other. Use correct terms. Don’t gossip. Avoid personal questions. Ask questions.)


3. Explain the homework:
   
   Take these two papers home to your mom, dad, or both. The one titled “Ready…Set…Grow!” is for your parents to read. The other one is your homework.

   Tonight, your assignment will be to talk to a parent or another trusted adult. Ask him or her the questions on your homework sheet. You don’t have to write down the answers, but you must have the person sign the homework and bring it back tomorrow. You will earn (teacher chosen grading value) for completing this homework.

4. Tell the students that the next puberty lesson will be about how new life begins.

5. Ask the students to submit their questions or comments as they leave. Collect the question slips from the question box to be answered during the next lesson.
Core Academic Standards and Benchmarks Addressed

Introduction: SC.III.2.3
Activity 1: ELA.3.2; ELA.4.5; ELA.11.1 & SS.VI.2.1; SC.II.1
Activity 2: ELA.6.1; ELA.7.2
Closure: SC.III.2.3

Developmental Assets Promoted

1. Family support
2. Positive family communication
5. Caring school climate
6. Parent involvement in schooling
10. Safety
12. School boundaries
23. Homework
33. Interpersonal competence

EXTENSION IDEAS

English Language Arts

- Write a paper explaining how the guidelines for discussion will benefit the class.
- Practice effective oral communication skills for use with parents.

Social Studies

- Compare and contrast class rules and discussion guidelines with core democratic values.
- Hypothesize what parents might say during discussion around the Family Activity Sheet and compare the hypothesis to the interview results.
Guidelines for Discussion

• Treat the subject seriously.

• Use humor appropriately.

• Use the correct terms for body parts and functions.

• Respect other people and their ideas.

• No gossiping.

• Avoid personal questions and stories.

• Ask questions; questions are good.
LESSON A-1: A Climate for Growth

Did You Know. . .

Directions:
Read each sentence.
If the statement is true, circle T. If it is false, circle F.

1. Puberty is the time in life when people stop growing and begin getting gray hair.  
   T  F

2. Girls have hundreds of eggs inside their bodies.  
   T  F

3. Boys have a growth spurt before girls.  
   T  F

4. Boys start producing millions of sperm in the penis.  
   T  F

5. As boys and girls grow into adults, they want to be more independent.  
   T  F

6. Acne is a common problem during puberty.  
   T  F

7. It is unusual for boys and girls to grow pubic and underarm hair when they are growing into adults.  
   T  F

Did You Know. . .

Directions:
Read each sentence.
If the statement is true, circle T. If it is false, circle F.

2. Puberty is the time in life when people stop growing and begin getting gray hair.  
   T  F

2. Girls have hundreds of eggs inside their bodies.  
   T  F

3. Boys have a growth spurt before girls.  
   T  F

4. Boys start producing millions of sperm in the penis.  
   T  F

5. As boys and girls grow into adults, they want to be more independent.  
   T  F

6. Acne is a common problem during puberty.  
   T  F

7. It is unusual for boys and girls to grow pubic and underarm hair when they are growing into adults.  
   T  F
Tissues and Cells

Each of the body systems is made up of organs and other parts. Each of these parts is made of body tissues. The tissues are made of cells.

The heart is made of heart cells. The skin is made of skin cells, and so on. As the cells divide to make new cells, the tissue grows or repairs itself.

There are special kinds of cells in the reproductive system. They are different from the organs from which they grew. A woman’s reproductive system produces egg cells. A man’s reproductive system produces sperm cells.
The Life Cycle

Birth → Pre-School → Early Childhood → Middle Childhood → Teenage → Early Adulthood → Middle Adulthood → Late Adulthood → Death
A woman’s ovaries produce ova (or eggs). A man’s testicles produce sperm which are in liquid called semen. When a man and a woman are sexually intimate with each other, the man’s penis fits into the woman’s vagina. This is called sexual intercourse.

Sperm cells are released into the vagina and travel up through the uterus to the fallopian tube. When an egg cell is also present, the sperm and the egg will join. This is called conception or fertilization.
How the Baby Develops Inside the Mother

The fertilized egg moves down into the mother’s uterus. The egg divides over and over. The cells begin to grow into a baby.

The baby grows in the uterus for nine months. While it is in the uterus, the baby is called a fetus.

The fetus gets food and oxygen through the umbilical cord which is attached to the mother.
How the Baby is Born

After nine months of growing inside the mother’s uterus, the baby is ready to be born. The muscles of the uterus begin to push the baby down.

The baby’s head pushes against the mother’s vagina and stretches it a little bit at a time. Every push of the muscles is called a contraction. The contractions work very slowly so that the baby will not be harmed as it passes through the vagina and is born. This is the normal birth process.

If the mother’s birth canal is too small for the baby to pass through, the doctor will operate and lift the baby out. This is called a caesarean operation, or a C-Section.
LESSON A-3
Families and Roles, 40 minutes

Student Learning Objectives
Students will:
- Relate positive qualities they admire in their families.
- Improve communication skills with their families.
- Examine gender roles, gender role expectations, stereotypes, and ways they can affect people.

Lesson Synopsis
Students list their family members, identify ways each member helps their family, and describe qualities they admire. As a homework assignment, students contact two family members to thank them for their contributions. Gender roles, expectations, and stereotypes are defined and discussed to determine their potential impact on individuals.

Preparation
Plan
- Review lessons on communication skills taught in your health curriculum.
- Decide how to grade or award points for completed homework.

Prepare
- Prepare answers to the students’ questions from the previous lesson.

Duplicate
- Student Activity Sheet, one per student
- Student Activity Sheet, one slide

Teaching Materials
Provided
- Student Activity Sheet: “What Makes My Family Special”

To Be Gathered
- Slips of paper, one per student
- Question box
- Pencils
- Slide
- Document camera
- Water-based marker

LESSON PLAN
Introduction: Review how life begins and reasons to postpone parenting and connect to this lesson on families and roles. 2 minutes

1. Tell the students:
   In our last health lesson, we learned that animals can reproduce to make more of their kind. This takes place when a sperm cell from the male fertilizes an egg cell from the female. This also happens in humans.
2. **Humans do their best to provide babies with a secure home and family in which to be born and grow up. For most people in our society, this is within a marriage. That doesn’t mean that all families and homes are the same, however. What are some of the kinds of families you know about?**

Call on a few students to briefly describe different types of families. Be sure to include families with mother and fathers, single parent families, blended families, extended families, adoptive families, foster families, families with same-gender parents, grandparents as parents, and other family configurations that might be represented in your class.

3. **Tell the students:**

   *Today, each of you will have an opportunity to think about what makes your family special and what roles people fill to help your family.*

**ACTIVITY 1: Identify and reinforce positive qualities in each family.** 15 minutes (CC;IC;AV)

1. **Introduce definitions of family.** Tell students:

   *As you know, each family is unique. Families are often defined as “a group of people who are related by blood, adoption, or marriage,” but many families consider other people to be part of their family, even though they are not actually related. They may even call a special person “Aunt” or “Uncle” as a sign of respect, even though that person isn’t their aunt or uncle. Many people consider their pets part of their family. You are the one who defines your own family.*


   *Use your activity sheet to record a list of all the members of your family. Think about your own family. Start with the family members that you see regularly. Next, be sure to think of family members who live in other houses, maybe even other states or countries. This activity sheet will not be shared with anyone else; it is your own list.*

   Write several examples of family members on the slide to help the students get started. Include mother, father, grandparent, aunt, uncle, cousin, pet, special family friend, foster parent, and other family members suggested by the students.

3. **After a minute, tell the students:**

   *Now that you have a list of your family members, think about each person, one at a time. Record what that person does to help your family. Then record one thing you like about that person. For example, I have an aunt who takes time to send me cards or call me on the phone. I like her thoughtfulness and the way she listens when I talk.*

   Record your example on the slide.

   *Do the same for each person on your list. Continue until time is up. You will have five minutes.*

4. **After five minutes, ask volunteers to share positive qualities without using names.** State:

   *It takes a lot of effort to keep a family operating smoothly. Each member has things he or she does that have a positive effect on the family. I would like volunteers to share some of the positive things family members do. When you share your idea, do not say the person’s name. Just say, “Some family members help their family by . . .” and add what the person does.*
5. Encourage the students to express appreciation to their family members by selecting two people to thank. Tell the students:

   Now, select two of the family members on your list to tell how much you appreciate them and thank them for what they do. You may do this by talking to them or writing them letters. Circle the two names you select.

   As you plan what to say, remember the communication skills we have learned. What are some things we practiced that will help you thank your family members?
   - Listening skills
   - Initiating and carrying on conversations
   - Expressing appreciation
   - Expressing feelings

   Once you have thanked your two family members, sign the bottom of your activity sheet and show it to me. You will earn [tell how many points this assignment is worth] for completing this assignment. Of course, you may want to thank everyone on your list once you see how good it feels to thank your family members, and how much they like to be thanked!

**Teacher Tip:** The skills listed above are all taught and practiced in the *Michigan Model for Comprehensive School Health Education*, Phase I. If communication skills have not been taught in your health curriculum, you will want to allow additional time for your students to learn and practice them.

**ACTIVITY 2: Discuss gender roles, gender role expectations, and stereotypes.** 10 minutes (INF)

1. Write the words “role” and “gender role” on the board. Explain:

   The things a person does, and how a person behaves, are sometimes called roles. When these roles are specific to people because they are boys or girls, they are called gender roles. Sex, or gender, is whether you are a boy or a girl.

   From the time babies are born, some people think girls should behave a certain way and boys should behave a different way. For example, you might have heard people say that boys have to be tough, but it is okay for girls to cry. You might have heard people say that girls should learn how to cook, but boys don’t need to know how. Just because some people have these opinions, doesn’t mean they are true. You can decide what jobs you want and how you will behave. You can also respect what others decide.

   In the past, men and women each had very distinct tasks or jobs to do. In today’s world, men and women have more freedom to choose what they do and how they act, but we are still influenced to behave a certain way, depending on whether we are girls or boys.

   Each of us learns gender roles by observing the people around us and by being told how we should think, dress, and act as a male or as a female. People often have different ideas about gender roles. Gender roles may be true for many people, but they are never true for everyone, because each of us is a unique individual.

2. Write the words “expectations” and “stereotypes” on the board. Explain:

   One problem with gender roles can be the expectations we have for people. If we expect a girl to act a certain way just because she is a girl, and expect a boy to act a certain way just because he is a boy, that places pressure on the girls and boys who want to do things a different way. When gender role expectations influence how we think about all males or all females, they are called sex or gender stereotypes. That means we might expect everyone who is the same sex to have the same characteristics, behaviors, and perhaps jobs.
Listen to this example. Most of Chris’ friends are playing on the basketball team. They keep trying to get Chris to join. Chris would rather take a dance class. Raise your hand if you think Chris is a boy. Chris could be either sex, but many of us would think Chris is a boy, just because Chris’ friends play basketball.

Raise your hand if you think more people would expect Chris to play basketball if Chris is a boy.

Raise your hand if you think more people would expect Chris to want to take a dance class if Chris is a girl.

Raise your hand if you think Chris should decide whether to play basketball or take a dance class based on his or her interests, not based on his or her gender.

3. Tell the students:
You can see that we all learn gender roles and the expectations that go along with them. Gender role expectations differ from person to person and from family to family. It is good to be aware of our own opinions, and our families’, so we understand what we expect of ourselves and others, and why. Gender role expectations and stereotypes can set unnecessary limits on ourselves and others with whom we interact.

ACTIVITY 3: Explore how stereotypes restrict people. 5 minutes (INF)
1. Tell the students:
Let’s think about how stereotypes can restrict a person from being who he or she really is and might keep him or her from doing the things he or she does best. I will write four statements on the board. Pick any statement that interests you, and think about how that stereotype could affect a person. When you have an idea, give me a thumbs up sign. When everyone has their thumbs up, I will call on a few of you to share your ideas.

2. Write each of the following statements on the board, or choose four statements that represent stereotypes you have witnessed among your students:
   - Girls are more artistic.
   - Boys don’t cry.
   - Girls talk a lot.
   - Boys are mean.

3. Pause to allow the students to signal their readiness. Call on a few students to share their ideas. Continue until each statement has been discussed. Summarize by saying:
   Stereotypes label people and limit their rights to be themselves.

ACTIVITY 4: Answer student questions.
1. Read each question from the previous day’s question box and give a brief answer. If you run out of time, postpone answering the questions that will be addressed in the upcoming lessons. See Appendix C for additional information on answering student questions.
CLOSURE: Summarize this lesson and transition to the next puberty lesson. 3 minutes (CC;IC;AV)

1. Ask:
   *If I said, “I thought you would be tougher than that since you’re a boy,” what is that an example of?*  
   (It is an example of a gender role expectation, an expectation based on sex or gender.)

   *If I said, “All girls love to play with dolls,” what is that an example of?*  
   (It is a sex or gender stereotype, a label that assumes everyone who is the same sex will be and act the same.)

*What expectations do you have about growing up and becoming an adult?*

Call on a few students to share their expectations about growing up.

2. Assign the homework. Remind the students to contact two family members, sign the bottom of the Student Activity Sheet and show it to you. Explain how they will be graded for completing this assignment.

3. Tell the students that the next puberty lesson will be about some of the changes that take place in boys and girls as they grow into adults.

4. Ask students to submit their questions or comments as they leave. Collect the question slips from the question box to be answered during the next lesson.

Core Academic Standards and Benchmarks Addressed
- Activity 1: ELA.3.3 & 4; ELA.7.S
- Activity 2: ELA.3.6; SS.I.4.2
- Activity 3: ELA.9.1; SS.VI.2.1

Developmental Assets Promoted
- 1. Family Support
- 3. Other adult relationships
- 14. Adult role models
- 33. Interpersonal competence

Extension Ideas

*English Language Arts*
- Define respect

*Social Studies*
- Explore rites of passage in other cultures.
- Investigate how the government defines families and what privileges and expectations families have in this country.
**What Makes My Family Special**

**Directions:**
1. List each member of your family.
2. For each member:
   - Write what the member does for your family.
   - Write one thing you like about the person
3. Circle the names of two family members to whom you will talk or write.
4. Thank them for what they do for your family and tell them what you like about them.
5. After you have thanked your two family members, sign the bottom of this Activity Sheet and show it to your teacher.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>What He or She Does for My Family</th>
<th>What I Like About This Person</th>
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<tbody>
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</tr>
</tbody>
</table>

I have thanked two of my family members. ________________________________

Sign your name here
LESSON A-4
Emotional and Social Changes

Student Learning Objectives
Students will:
- Identify social and emotional changes occurring during puberty.
- Describe normal variations in individual rates of change during puberty.
- Examine case studies and play ways to respect a peer who is going through an awkward stage of puberty.

Lesson Synopsis
After discussing their experiences while expressing appreciation to their family members, the puberty pretest results are shared. Students summarize the normal social and emotional changes that occur during puberty. Using fictional biographies of peers who are going through puberty, the students will identify how others might feel and plan ways to be respectful friends.

Preparation
Plan
- Review Appendix D.
- Decide how to divide the class into six groups for Activity 3.

Prepare
- Correct the Student Activity Sheet “Did You Know . . .” from Lesson A-1 and tally the number of correct answers for each item. The results will be shared during Activity 1.
- Prepare answers to the students’ questions from the previous lesson.

Duplicate
- Teacher Master, one copy and cut apart
- Student Activity Sheet “Did You Know . . .” from Lesson A-1, one slide
- Teacher Master, one slide

Teaching Materials
Provided
- Student Activity Sheet: “Did You Know . . .,” results of the pretest from Lesson A-1
- Teacher Master: “Student Biographies”
- Slide Master: “Directions for Student Biographies”
- Appendix D: “Puberty: Time of Wonder”

To be Gathered
- Slips of paper, one per student
- Question box
- Pencils
- Slides, two
- Document camera
- Water-based marker
- Writing paper
LESSON PLAN
Introduction: Review the homework assignment on communicating appreciation to family members and lead into the social and emotional changes of puberty. 3 minutes
   1. Review the homework assignment given in Lesson A-3. Tell the students:
   Pat yourself on the back if you have already talked to at least one family member, and thanked him or her for what he or she does for your family. If you are willing to tell the class what kind of response you got, give me a thumbs up sign.

   Call on a few students to share their experiences.

   2. Introduce today’s topic:
   Someday, you might want to have a family of your own. However, you have a lot of changes to go through before you are socially and emotionally ready to be a parent. Today we will learn about some of the wonderful changes that take place as you grow from a child into an adult.

ACTIVITY 1: Share the composite scores on the pretest from Lesson A-1 to demonstrate what students already know about puberty. 5 minutes (CC; Al)
   1. Ask:
   Remember the pretest you completed during our first puberty lesson? Well, let’s go over the statements and see how much you already know about growing up.

   2. Display the slide of the Student Activity Sheet, “Did You Know . . . .” Read each item and mark the correct answer on the slide. Tell the class how many students had the correct answer when they completed the activity sheet during Lesson A-1.

   3. State:
   It sounds like you already know some facts about the wonderful changes your bodies go through as you grow up, but there is still much to learn.

ACTIVITY 2: Define puberty and list typical changes that take place. 5 minutes (CC)
   1. Explain:
   This time of change as a child grows into an adult is called puberty. Everyone goes through it, but each person goes through it at his or her own pace.

   2. Ask the students to name changes that happen as a person goes through puberty. List their ideas on the board.

   3. Encourage them to think about social and emotional changes, in addition to physical ones. Add major changes to the list that the students omit. State:
   These changes, and more, take place as a person grows up. At times, these changes are exciting and fun, but at other times, they may cause a person to feel confused and awkward.

Teacher Tip: See Appendix D for additional information on the changes that take place during puberty.
ACTIVITY 3: Evaluate case studies of students who are experiencing puberty and describe how to treat them with respect. 20 minutes (CC;AI;SM;INF;IC;D/G;AV)

1. Divide the class into six groups. Assign the group roles of recorder, spokesperson, reader, and leader. Explain:
   - The recorder is the person who writes down the ideas shared in your small group
   - The spokesperson is the person who shares your small group’s ideas with the class.
   - The reader is the person who reads the biography to your small group.
   - The leader is the person who helps keep your small group working on the task.

2. Distribute one of the biographies from the Teacher Master, “Student Biographies,” to each group. Have each group’s recorder get out writing paper and a pencil.

3. Display the slide, “Directions for Student Biographies,” and describe their task:
   In your small group, discuss how young people might feel about growing up and decide how to help your peers as they go through the changes of puberty. Each group has a biography of a fictional student. It is your group’s job to describe how the student might be feeling and explain how to be a respectful and helpful friend to the student. After five to ten minutes, each group’s reader will read the biography and the spokesperson will share the group’s ideas with the class.

4. After five to ten minutes, call on each group to share their biography and ideas. Ask the large group for additional ideas after each group reports.

Summarize by saying:
Each of the students we read about are at a different state of growing up. All of the students are going through normal changes that affect the way they feel and look. Teasing and gossiping about the way your classmates look or act does not help them to feel good about growing up. It is disrespectful, and it hurts.

ACTIVITY 4: Answer student questions. 5 minutes (AI)

1. Read each question from the previous day’s question box and give a brief answer. If you run out of time, postpone answering the questions that will be addressed in the upcoming lessons. See Appendix C for additional information on answering student questions.

CLOSURE: Summarize this lesson and transition to the next puberty lesson. 2 minutes

1. State:
   We have learned about the social and emotional changes occurring during puberty. Sometimes you wonder what is happening. The more you learn about these changes, and why they happen, the easier it is for you to handle them. Take a minute to write your question or questions on your slip of paper. If you don’t have a question, then write down something you learned today that you didn’t know before. Put your paper in the question box.

2. Tell the students that the next puberty lessons will be about the physical changes that take place in the male and female reproductive systems.

3. Ask students to submit their questions or comments as they leave. Collect the question slips from the question box to be answered during the next lesson.
Standards and Benchmarks Addressed

- Activity 1: SC.III.2.3
- Activity 2: SC.III.2.3
- Activity 3: ELA.3.3 & 4; ELA.7.2; ELA.9.1; SS.VII.1.1 & 2

Developmental Assets Promoted

5. Caring school climate
10. Safety
15. Positive peer influence
26. Caring
27. Equality and social justice
28. Integrity
33. Interpersonal competence

Extension Ideas

**English Language Arts**

- Read books that address the topics of growing up relationships, and puberty. See Appendix A for suggestions.
- Practice effective oral communication skills for speaking up against harassment in defense of the victim.

**Social Studies**

- Conduct a poll among students and staff about the climate of respect at school.
- Make recommendations to improve school climate and share them with the principal.
- Look at advertisements and television shows to see what messages they send about puberty.

**Math**

- Prepare graphs and charges showing the results of the poll on school climate.

**Science**

- Investigate the impact of teasing and harassment on school attendance, academic achievement, and health.
Directions for Student Biographies

In your small group:

1. Reader, read the biography of a fictional student to your group.

2. Discuss how young people might feel about growing up. Leader, make sure everyone has a chance to speak. Recorder, describe how the fictional student might be feeling.

3. Decide how to help your peers as they go through the changes of puberty. Recorder, explain how to be a respectful and helpful friend to the fictional student.

4. After five to ten minutes, each group’s reader will read the biography, and the spokesperson will share the group’s ideas with the class.
**Student Biographies**

**Directions:**
- Duplicate this master. Change the names if you have students with the same names.
- Cut along the dotted lines.
- Give one biography to each small group of students.

<table>
<thead>
<tr>
<th>Student Biography 1: Shawna</th>
<th>Student Biography 2: Reynaldo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shawna is the shortest girl in your class. Your friends like to call “Shrimp.” During physical education class, your classmates argue over who has to have Shawna on their team.</td>
<td>Reynaldo is the smallest boy in your class. He is even smaller than all the girls. The guys in your class like to pick him up and tell him how light he is, even though Reynaldo tells them to stop.</td>
</tr>
<tr>
<td>How do you think Shawna is feeling about growing up?</td>
<td>How do you think Reynaldo feels about growing up?</td>
</tr>
<tr>
<td>What can you do to be a respectful friend to Shawna?</td>
<td>What can you do to be a respectful friend to Reynaldo?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Biography 3: Bridgett</th>
<th>Student Biography 4: Paul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridgett is very tall and weighs more than anyone in your class. She sweats a lot at recess. Most of the kids in your class avoid her because they say she smells bad.</td>
<td>Paul is growing faster than all the other boys in your class. His feet have grown so much that he had to get new shoes. The kids in your class have been laughing at him because his pants are short and he trips over his own feet a lot.</td>
</tr>
<tr>
<td>How do you think Bridgett is feeling about growing up?</td>
<td>How do you think Paul is feeling about growing up?</td>
</tr>
<tr>
<td>What can you do to be a respectful friend to Bridgett?</td>
<td>What can you do to be a respectful friend to Paul?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Biography 5: Maria</th>
<th>Student Biography 6: Jerome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria is maturing more quickly than the other girls in your class. She is already wearing a bra, and she is always talking about it. Maria has a crush on a different buy each week. She spends a lot of time writing love notes and trying to be near the guy she likes. When she is with her girlfriends, she usually asks them to go with her to talk to the guys.</td>
<td>Jerome has many interests and friends in your class. He is friendly with everyone, but lately he has been avoiding the girls. He tells his friends that a few of the girls have been calling him every night and writing love notes to him. They also keep giggling and asking Jerome’s friends if he likes them.</td>
</tr>
<tr>
<td>How do you think Maria is feeling about growing up?</td>
<td>How do you think Jerome is feeling about growing up?</td>
</tr>
<tr>
<td>What can you do to be a respectful friend to Maria?</td>
<td>What can you do to be a respectful friend to Jerome?</td>
</tr>
</tbody>
</table>
LESSON A-5
Growing Up Male, 40 minutes

Student Learning Objectives
Students will:
- Identify additional changes that occur in males during puberty.
- Define the structures and functions of the male reproductive system.
- Practice their communication skills by talking with their parents or other trusted adult about puberty.

Lesson Synopsis
Students learn about the male reproductive system and puberty by viewing and discussing a video. Students take home questions to discuss with a parent or other trusted adult.

Preparation
Plan
- Review Appendix F.
- If you are teaching these puberty lessons with boys and girls separated, teach each group about their own sex first, then the other sex. To accomplish this, do the following
  - For boys: teach Lesson A-5, then Lesson A-6 as written.
  - For girls: teach Lesson A-5 first, but replace its Activities 1 and 2 with Activities 1 and 2 from Lesson A-6. Then teach Lesson A-6, but use Activities 1 and 2 from Lesson A-5.
- Ascertain which video on the male reproductive system has been approved for use in your class. Preview it. See Appendix A for suggestions.
- Allow additional time if the video is longer than 15 minutes.
- Obtain informational booklets on puberty for the students if any have been approved.
- Decide how to grade or award points for completed homework.

Prepare
- Prepare answers to the students’ questions from the previous lesson.

Duplicate
- Student Activity Sheet, one per student
- Family Activity Sheet, one per two students, cut in half
- Student Activity Sheet, one slide

Teaching Materials
Provided
- Appendix A, “Annotated Media and Materials Listing”
- Student Activity Sheet, “Male Reproductive System”
- Answer Key, “Male Reproductive System”
- Appendix F, “Male Reproductive System Terms”
- Family Activity Sheet, “Together Talk: I Wonder . . .”
To Be Gathered

- Approved video on the male reproductive system
- Torso, with interchangeable male and female reproductive organs
- Approved informational booklets on puberty
- Document camera
- Water-based marker
- Slide
- VCR and monitor
- Question box
- Slips of paper, one per student
- Pencils

LESSON PLAN

Introduction: Connect the emotional and physical changes that occur during puberty with this lesson on the male reproductive system. 2 minutes

1. Review

   We have been learning about puberty and some of the emotional and physical changes that take place in boys and girls as they mature into adults. These changes are the result of chemical messengers called hormones. Hormones tell the body to change in preparation for future childbearing or fathering children.

2. Introduce today’s topic:

   In this health lesson and the next one, we will learn about the reproductive system of both males and females. What is the function of this system? (to reproduce new life, to have babies). It is during puberty that your reproductive systems will become physically able to reproduce, even though you won’t be ready to have children for several more years.

ACTIVITY 1: Introduce the terminology for the male reproductive system. 5 minutes (CC)

Teacher Tip: If you are teaching this class to all girls, you will want to teach them about the female reproductive system first. It is often most comfortable for students to learn about their own reproductive system before learning about the other sex.

1. Explain:

   We are going to watch a video that describes the changes boys go through during puberty. Before we do that, let’s talk about some of the terms used in the video.

2. Distribute the Student Activity Sheet, “Male Reproductive System,” to each student. Explain:

   As I point out each part of the male reproductive system on the slide, fill in the appropriate terms on your activity sheet.

3. Display the slide “Male Reproductive System.” Using the torso and the slide, point out each anatomical part listed below and give a brief explanation:

   - Penis: organ used when urinating or for reproduction
   - Scrotum: pouch that contains the testes
   - Testes or Testicles: glands that produce sperm and testosterone
   - Urethra: tube in penis through which urine or sperm exit the body
   - Vas deferens: tubes through which sperm exit the testes

Teacher Tip: See Appendix F for additional information on the male reproductive system.
ACTIVITY 2: Learn about male puberty by watching a video. 20 minutes (CC;AI)

1. Introduce the video that has been approved for use in your district:
   
   Let’s watch a video that talks about how it feels to grow up as a male and explains some of the wonderful changes that will take place in boys. It’s called “Just Around the Corner for Boys.”

2. Show the video.

3. Ask the students if they have any questions or comments about the video. Answer the students’ questions.

4. Discuss the video:
   - Clarify any topics that may be confusing.
   - Reassure the students that individual differences are normal.
   - Emphasize the important responsibility of taking care of their bodies.
   - If the video has a teacher’s discussion guide, it may also have some discussion questions for your use.

ACTIVITY 3: Answer Student question. 10 minutes (AI)

1. Read each question from the previous day’s question box and give a brief answer. If you run out of time, postpone answering the questions that will be addressed in the upcoming lessons. See Appendix C for additional information on answering student questions.

CLOSURE: Summarize this lesson and transition to the next puberty lesson. 3 minutes (AI;IC;SM)

1. Ask:
   
   What are some of the normal physical and emotional changes that occur during puberty? (For males, puberty brings growth body hair, deepening of the voice, more frequent erections, growth spurt, acne, nocturnal emissions, etc. For females, puberty brings growth of body hair, breast development, menstruation, growth spurt, acne, etc.)

2. Distribute the informational booklets on puberty, if any have been approved for use.

3. Assign the homework. Distribute the Family Activity Sheet, “Together Talk Two: I Wonder…,” to each student. Explain:

   You have a homework assignment tonight. Talk to one of your parents or another trusted adult. Ask him or her the questions on your homework sheet. You don’t have to write down the answers, but you must have the person sign the homework and bring it back tomorrow. You will earn (teacher-chosen grading value) for completing this homework.

4. Tell the students that the next puberty lesson will be about the reproductive system of the other sex.

5. Ask students to submit their questions or comments as they leave. Collect the question slips from the question box to be answered during the next lesson.

Core Academic Standards and Benchmarks Addressed

- Activity 1: ELA.1.5; M.II.2.1; SC.I.1.5
- Activity 2: ELA.1.5; SC.I.1.5; SC.III.2.4(ms)
- Closure: SC.I.1.5
**Developmental Assets Promoted**

1. Family support  
2. Positive family communication  
6. Parent involvement in schooling  
11. Family boundaries  
14. Adult role models  
16. High expectations  
30. Responsibility  
31. Restraint  
33. Interpersonal competence  
38. Self-esteem

**Extension Ideas**

*English Language Arts*

- Research the origins of the terms used for the male reproductive system.

*Science*

- Compare the life-stages of humans with those of other mammals.  
- Compare the human reproductive system with that of other organisms.
Lesson A-5: Growing Up Male

MALE REPRODUCTIVE SYSTEM

Name _____________________________
TOGETHER TALK: I Wonder...

Directions:
- Discuss these questions with a parent or another trusted adult.
- You do not need to write down any answers.
- Have the person you talked with sign this paper.
- Bring the paper back to class.

What did you (the adult) like and dislike about growing up?

What is challenging about being a parent?

How did you get answers to your questions about growing up?

When do you think is the best time to become a parent?

Parent’s or Adult’s Signature ________________________________

---

TOGETHER TALK: I Wonder...

Directions:
- Discuss these questions with a parent or another trusted adult.
- You do not need to write down any answers.
- Have the person you talked with sign this paper.
- Bring the paper back to class.

What did you (the adult) like and dislike about growing up?

What is challenging about being a parent?

How did you get answers to your questions about growing up?

When do you think is the best time to become a parent?

Parent’s or Adult’s Signature ________________________________
LESSON A-6:  
Growing Up Female

Student Learning Objectives
Students will:

• Identify additional changes that occur in females during puberty.
• Define the structures and functions of the female reproductive system.
• Practice their communication skills by talking with their parents or other trusted adult about puberty.

Lesson Synopsis
Following a brief discussion about the challenges of parenting, students learn about the female reproductive system and puberty by viewing and discussing a video. Students are encouraged to ask parents or other trusted adults when they have questions.

Preparation

Plan

• Review Appendix E.
• If you are teaching these puberty lessons with boys and girls separated, teach each group about their own sex first, then the other sex. To accomplish this, do the following:
  - For boys, teach Lesson A-5, then Lesson A-6 as written.
  - For girls, teach Lesson A-5 first, but replace its Activities 1 and 2 with Activities 1 and 2 from Lesson A-6. Then, teach Lesson A-6, but use Activities 1 and 2 from Lesson A-5.
• Ascertain which video on the female reproductive system has been approved for use in your class. Preview it. See “Just Around the Corner for Girls” for suggestions.
• Allow additional time if the video is longer than 15 minutes.
• Obtain informational booklets on puberty for the students if any have been approved.
• Obtain the sanitary products samples for the girls if any have been approved.

Prepare

• Prepare answers to the students’ questions from the previous lesson.

Duplicate

• Student Activity Sheet, one per student
• Student Activity Sheet, one slide

Teaching Materials

Provided

• Appendix A: Annotated Media and Materials Listing”
• Family Activity Sheet: “Together Talk: I Wonder…” (From Lesson A-5)
• Student Activity Sheet “Female Reproductive System”
• Answer Key: “Female Reproductive System”
• Appendix E: “Female Reproductive System Terms”
To Be Gathered

- Approved video on the female reproductive system: “Just Around the Corner for Girls”
- Torso, with interchangeable male and female reproductive organs
- VCR and monitor
- Slide
- Document camera
- Water-based marker
- Sanitary products samples, if approved
- Pencils
- Slips of paper (Optional if this is the last lesson)
- Question box (Optional if this is the last lesson)

LESSON PLAN

Introduction: Discuss the challenges of parenting and introduce the female reproductive system.
2 minutes

1. Instruct students to get out their Family Activity Sheet, “Together Talk: I Wonder….” Tell the students:

   If you have already found time to discuss these questions with a parent or another trusted adult, pat yourself on the back. If you can name one challenge that comes with being a parent, stand up.

   Call on each standing student to name their challenge. Continue until all their ideas have been shared.

   All of these challenges are reasons why it is smart to wait until you are an adult before becoming a parent.

2. Introduce today’s topic by stating:

   During our last lesson, we learned many things about the reproductive system. Now, it is time to learn even more about the reproductive system.

ACTIVITY I: Introduce the terminology for the female reproductive system. 5 minutes (CC)

Teacher Tip: If you are teaching this class to all girls, you will have taught them about the female reproductive system first, and now it is time to teach them about the male reproductive system. Use Activities 1 and 2 of Lesson A-5 on the male reproductive system here in place of Activities 1 and 2 of this lesson.

1. Explain:

   We are going to watch a video that describes the changes girls go through during puberty. Before we do that, let’s talk about some of the terms used in the video.

2. Distribute the Student Activity Sheet, “Female Reproductive System,” to each student. Explain:

   As I point out each part of the female reproductive system on the slide, fill in the appropriate terms on your activity sheet.
3. Show the slide, “Female Reproductive System.” Using the torso on the slide, point out each anatomical part listed below and give a brief explanation:
   - Fallopian tubes – two tubes through which an egg cell travels from an ovary to the uterus
   - Labia – folds of skin on either side of the vagina
   - Ovaries – organs where egg cells and female sex hormones are produced
   - Urethra – tube through which urine leaves the body
   - Uterus – pear-shaped reproductive organ in which the baby grows and develops until birth
   - Vagina – passage between the uterus and the outside of the body
   - Vulva – area between a female’s legs

Teacher Tips: See Appendix E for additional information on the female reproductive system.

ACTIVITY 2: Learn about female puberty by watching a video. 20 minutes (CC;AI)
1. Introduce the video that has been approved for use in your district.
   Let’s watch a video that talks about how it feels to grow up as a female and explains some of the wonderful changes that will take place in girls. It is called “Just Around the Corner for Girls.”

2. Show the video.

3. Ask the students if they have any questions or comments about the video. Answer the students’ questions.

4. Discuss the video”
   - Clarify any topics that may be confusing.
   - Reassure the students that individual differences are normal.
   - Emphasize the important responsibility of taking care of their bodies.
   - If the video has a teacher’s discussion guide, it may also have some discussion questions for your use.

ACTIVITY 3: Clarify personal hygiene needs and the differences and similarities between the external genitalia of males and females. 3 minutes (CC)
1. Use the torso to compare and contrast anatomical features.

2. Explain:
   Let’s review a few features of the male and female anatomy to see how they are the same and different.

   Males have two openings for excreting waste and for reproduction. On males, the opening at the end of the penis is called the urethra. Both urine and semen come out here, but not at the same time. Farther back is the opening called the anus. Feces exits here.

   Females have three openings for excreting waste and for reproduction. On females, the front opening between their legs is called the urethra. Urine is the only thing that comes out from a female’s urethra. The middle opening is the vagina. This is where menstrual flow exits. If a woman is pregnant, this is where the baby comes out if the baby is born vaginally. This opening is also the entrance for sperm when it enters a woman’s body. The back opening is the anus, where feces exits. It is important for girls to wipe themselves from the front to the back after going to the bathroom. This prevents germs from being wiped into the vagina and urethra.
3. As you can see, both males and females have an anus and urethra, but the urethra in males is the exit for both semen and urine. Only females have the vaginal opening.

   It is important for boys and girls to wash daily with soap and water. This keeps them clean and helps prevent body odor, especially during puberty when more sweat is produced.

**Teacher Tip:** Be prepared if students ask how sperm enters a women’s body. Know what your district allows you to say and prepare an appropriate response.

**ACTIVITY 4:** Answer student questions. 7 minutes (AI)

1. Read any unanswered questions from the previous day’s question box and give a brief answer.

   Since this is the last day of puberty lessons, you may want to take additional time to make sure all students’ questions are answered.

**CLOSURE:** Summarize this series of lessons. 2 minutes

1. Summarize:
   
   We have certainly learned a lot about our bodies! Puberty is the stage in life when each person moves from childhood toward adulthood. A big part of these changes is the maturation of the reproductive system. However, just because a person’s body is capable of releasing eggs or producing sperm does not mean he or she is ready to be a parent. You have a lot of growing up to do before you will be ready to be responsible for a baby.

   The only sure way to avoid pregnancy is abstinence. This means waiting until you are able to handle the life-long, responsibility that comes with a baby. For most people in our society, this means marriage.

2. Remind the students to complete their homework and summarize:

   This is our last puberty lesson, but you can turn in your signed homework assignment for (teacher-chosen grading value) as soon as you have talked to a parent or other trusted adult.

   Remember: you can always talk to your parents or other adults you trust if you ever have questions or want more information about the wonderful changes you go through as you grow up.

**Core Academic Standards and Benchmarks Addressed**

- Activity 1: ELA.1.5; M.II.2.1; SC.I.1.5
- Activity 2: ELA.1.5; SC.I.1.5; SC.III.2.4(ms)
- Activity 3: M.II.2.1
Developmental Assets Promoted
30. Responsibility
37. Personal power
38. Self-esteem
40. Positive view of personal future

Extension Ideas

**English Language Arts**
- Research the origins of the terms used for the female reproductive system.
- Write a letter to parents summarizing what was learned during the puberty lessons.
- Write a personal commitment letter stating reasons for postponing parenthood.

**Social Studies**
- Investigate the societal challenges resulting from teen pregnancy.

**Science**
- Compare and contrast the male and female reproductive systems.
Female Reproductive System

Female Reproductive Organs – Definitions
1. Cervix.................................................Neck-like, narrow end of the uterus which opens into the vagina; it stretches to allow a baby to be born.
2. Vagina................................................Passage that leads from the uterus to the external genital organs.
3. Uterus (womb) ..............................Pear-shaped reproductive organ in which the fetus grows and develops until birth.
4. Fallopian tube.................................Either of two tubes through which an egg is released from an ovary each month and travels on its way to the uterus.
5. Ovary..................................................Female organ in which egg cells and some sex hormones are produced.

Directions: Look at the diagram below and label the body parts by writing the correct term in the blank space.
Ovulation and Menstruation

Cycle Starts

Lining Flows Out Of Uterus

→

Uterus Lining

→

Lining Gets Thicker

→

Fallopian Tube

→

Ovary

→

Ovum (egg)

→

Ovum Pulled Into Fallopian Tube

→

Tiny Hairs At End Of Fallopian Tube

→

Ovum Travels To Uterus

→

Lining Flows Out Of Uterus

→

Cycle Starts Again

OPTIONAL
Your child has been learning about the changes that happen as people grow from children into adults. This period of change, called puberty, can be a time of confusion and fear if children have not been prepared for all the new feelings and challenges that happen on the way to adulthood.

The lessons in *Puberty: The Wonder Years* focus on helping students:
- Identify positive qualities in families.
- Know about the normal social, emotional, and physical changes that take place as they grow.
- Encourage positive friendships throughout puberty.
- Communicate with parents and other trusted adults.

**Expect Changes in Puberty**
During puberty, children’s bodies and emotions mature over a period of several years. Girls usually begin puberty an average of two years before boys. However, each person begins at his or her own unique time. This may be frustrating for children who begin puberty earlier or later than their friends.

These are some normal changes that each child experiences during puberty:
- Rapid growth in height and weight
- Mood swings
- Increased sweating
- Pimples or acne
- Growth of body hair
- Desire for independence
- Having a “crush” on someone
- Increasing need for privacy

As your child changes, your relationship will also change. You might be surprised at first when you are no longer allowed in the room when your child dresses or bathes. Little disagreements might crop up when you try to give advice on what to wear or how to do a task. Your child will want to make more choices without asking for help, but at other times, he or she might want more help than usual. Being a parent means learning and changing along with your child.

**Prepare for the Future**
In health class, we have learned that most of the changes in puberty are caused by the reproductive system as it prepares itself for future parenthood. Girls begin releasing eggs, and boys begin producing sperm, so their bodies are able to get pregnant or cause a pregnancy. However, emotionally, girls and boys have a lot more growing up to do before they are ready for the life-long commitment to parenthood.

You can help your child know how much responsibility is involved in parenting when you share the time pressure, stress, and hard work you have as a parent. Also, explain the good reasons people should wait to be parents until they are adults with the maturity needed to raise children.

**Be an Ask-able Parent**
Talking about puberty with your child may be uncomfortable, especially at first. Yet, research shows that children whose parents talk to them about sex and relationships are less likely to have sexual intercourse as teens than children who do not learn about sex from their parents. Having these talks is too important to avoid. Here are some ideas that will let your child know that you are willing to answer questions and talk about sex:
• Speak positively about the human body and sexuality.
• Look for natural times to bring up the subject: when your son or daughter asks a question, or a television show leads to a discussion, or a relative is pregnant.
• Keep you talks casual and relaxed. Answer questions calmly and simply.
• Use proper terms and be accurate.
• Dispel myths and incorrect information.
• Repeat information. Children often need to hear an explanation more than once.
• Talk about your family’s values about sexual behaviors and relationships.
• Accept the fact that each child has his or her own sexuality…maleness or femaleness.
• Admit it if you are uncomfortable or embarrassed.
• Demonstrate love for your child and other family members.

Answer Questions
We have encouraged your child to talk to you about growing up and all the changes that are coming. These talks offer an ideal chance for you to share your values regarding physical appearance, respect for others, and sexual behavior. Your child will probably have many questions about these subjects.

When your child comes to you with a questions, you might find it helpful to keep the following points in mind as you answer:
• Listen carefully to the question.
• Repeat the question back to make sure you understand what is being asked.
• Give a simple, short answer that is appropriate for your child’s age.
• Check to make sure your child understands the answer.
• Give your child a chance to ask more questions.

Remember, it’s okay to take a “time-out” to think about your answer. Tell your child that the question is important and you want time to think about the answer. Then, set a time to talk with your child later. Another way to respond to a question when you aren’t sure of the answer is to say, “I don’t know, but I’ll try to help you find the answer.”

Get More Information
• Local library, bookstore, or reliable internet source.
• Local public health department, physician, clinic, or school nurse
• PTA, County Extension Office, church or synagogue

Use Resources for Parents and Families
• For a list of books for parents and their children on the topic of puberty and sex, visit www.siecus.org/pub/biblio/.
• To get resources and information about abstinence, contact the Michigan Abstinence Partnership at 517-335-8908.
Healthy Hygiene Help

For most children, fifth grade is a time of rapid growth. With growth comes many changes in their bodies, such as oilier skin and hair, growth of body hair, more sweating, and skin blemishes. Your child will need to learn some new ways to take care of his or her new body.

You can help your child by talking about these changes. Teach your child about how to keep his or her growing body clean and neat. Here are some tips to share with your child:

- Keep skin clean by taking a shower or bath. During hot weather or after physical activity, a daily shower will keep your child smelling fresh.
- Use deodorant every day.
- Change clothing every day. Even if your child has a favorite outfit, it needs to be washed before it is worn again.
- Prevent skin blemishes by washing the face twice a day with soap and water. If this doesn’t work, acne medicine or a visit to the doctor might help.
  - Wash hair to keep it clean and free of oil that can lead to skin blemishes.
  - Brush or comb hair to remove dirt and distribute the natural oils in the hair.
- Keep bad breath away by brushing teeth twice a day and flossing once a day.
  - Wash hands many times each day, especially before eating and after using the toilet. Clean hands are less likely to spread germs.
  - Clean and trim fingernails once a week.

Create times to talk with your child about hygiene. Try these activities!

- Take a shopping trip to learn about hygiene products, such as face wash, toothpaste, floss, deodorant, and shampoo.
- Create posters, slogans, or reminder notes. Display them in bathrooms, at sinks, or in your child’s bedroom to remind him or her how to care of his or her body.
- Read books that tell your child about natural body changes and answer questions he or she may have:
  - No B.O.! The Head to Toe Book of Hygiene for Preteens by Marguerite Crump
  - The Care and Keeping of You; The Body Book for Girls by Valorie Lee Schaefer
  - Ready, Set, Grow! A What’s Happening to My Body? Book for Younger Girls by Lynda Madaras
  - What’s Happening to My Body? A Growing-up Guide for Parents and Sons by Lynda Madaras and Area Madaras
FAMILY ACTIVITY SHEET

TOGETHER TALK: About Growing Up

Directions:
- Discuss these questions with a parent or another trusted adult.
- You do not need to write down any answers.
- Have the person you talked with sign this paper.
- Bring the paper back to class.

How have I (student) changed since I was a baby?

What did I like to do when I was younger?

What do you want me to know about growing up?

What do you (adult) remember most about puberty and growing up?

Parent’s or Adult’s Signature ________________________________

TOGETHER TALK: About Growing Up

Directions:
- Discuss these questions with a parent or another trusted adult.
- You do not need to write down any answers.
- Have the person you talked with sign this paper.
- Bring the paper back to class.

How have I (student) changed since I was a baby?

What did I like to do when I was younger?

What do you want me to know about growing up?

What do you (adult) remember most about puberty and growing up?

Parent’s or Adult’s Signature ________________________________
AIDS INFORMATION
Acquired Immune Deficiency Syndrome

For the required teaching of the portion of the reproductive health curriculum dealing with the Acquired Immune Deficiency Syndrome (AIDS), East Grand Rapids Public Schools invites a qualified representative of the Kent County Health Department into each of our fifth grade classrooms to provide students with a forty-five minute presentation. The presentation on the AIDS virus includes the following topics:

• The difference between AIDS and HIV
• A factual explanation of “What are T-cells?”
• The need for a caring and compassionate attitude toward people who are dealing with AIDS.
• Abstinence is stressed as the only method for 100% avoidance of contracting AIDS.
• Avoiding the use of drugs and alcohol because they lead to high risk behavior.

No information or demonstration regarding condom use will be given during the fifth grade presentation. The phrase, “the disease is transmitted through blood exchange, sexual activities, and birth,” will be used to explain to the students how a person might contract the AIDS virus.
LESSON 4
Learning About Personal Safety

<table>
<thead>
<tr>
<th>Student Learning Objectives</th>
<th>National Health Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognize that everyone has personal space and boundaries and that these should be respected.</td>
<td>Core Concepts</td>
</tr>
<tr>
<td>2. Identify appropriate and inappropriate touch.</td>
<td>Core Concepts</td>
</tr>
<tr>
<td>3. Explain that a child is never at fault if someone touches him or her in an inappropriate way.</td>
<td>Core Concepts</td>
</tr>
<tr>
<td>4. Explain strategies to try to avoid personally unsafe situations.</td>
<td>Self Management</td>
</tr>
<tr>
<td>5. Identify whom to ask for help.</td>
<td>Core Concepts</td>
</tr>
<tr>
<td>6. Demonstrate strategies to get away in cases of inappropriate touching or abduction.</td>
<td>Self Management</td>
</tr>
</tbody>
</table>

Lesson Synopsis

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>Time in Minutes</th>
<th>Materials Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
<td>None</td>
</tr>
<tr>
<td>Teacher Input</td>
<td>25</td>
<td>Health Education Materials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Video: When Should You Tell? Dealing With Abuse, Sunburst Media (14 minutes)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teacher Manual Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Teacher Reference: “Teaching Personal Safety”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Teacher Reference: “What to DO If a Student Disclosures Abuse”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Teacher Key: “Good Touch and Bad Touch” (Extension Activity)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplied by the Teacher</td>
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<tr>
<td></td>
<td></td>
<td>- VCR and monitor</td>
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<tr>
<td></td>
<td></td>
<td>- Pens or pencils</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Writing paper and/or art supplies (Extension Activity)</td>
</tr>
<tr>
<td>Application or Skill Practice</td>
<td>16</td>
<td>Teacher Manual Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Student Worksheet: “Good Touch and Bad Touch”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Teacher Key: “Good Touch and Bad Touch”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Student Self-Assessment Checklist: “Personal Safety”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Teacher Reference-Assessment: “Assessment Rubric for Skill Development: Good Touch and Bad Touch”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplied by the Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Pencils or pens</td>
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<tr>
<td>Closure</td>
<td>2</td>
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<tr>
<td>Teacher Manual Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Teacher Reference: “Sample Family Letter Following the Personal Safety Lesson”</td>
<td></td>
<td></td>
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<tr>
<td>• Family Resource Sheet: “Child Sexual Abuse: What Every Family Should Know”</td>
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<td></td>
</tr>
<tr>
<td>• Family Resource Sheet: “what You Can Do to Protect Your Child From Sexual Abuse”</td>
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<tr>
<td>TOTAL</td>
<td>45</td>
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</tbody>
</table>

**Preparation**  
Prior to the Lesson

- **Decide if you want to assess** student skill development. Two rubrics and a checklist are provided for you to use at the end of this lesson: “Assessment Rubric for Skill Development: Personal Safety,” “Assessment Checklist for Skill Development: Personal Safety,” and “Assessment Rubric for Skill Development: Good Touch and Bad Touch.”
- **Decide if you want students to assess** their own progress. **Duplicate** the checklist, “Personal Safety,” for students if you plan to have them use it.
- **Send a letter to parents two weeks before** teaching this lesson notifying them of the plans for this lesson and giving them the opportunity to preview the video if they wish. A sample letter is located in Lesson 1 of this unit.
- **Read** the teacher references, “Teaching Personal Safety” and “What to Do If a Student Discloses Abuse.”
- **Preview** the video.

**For Application or Skill Practice**

- **Duplicate** the student worksheet, “Good Touch and Bad Touch,” for each student.
- **Read** the teacher key.

**For Closure**

- **Personalize and then duplicate** the teacher reference, “Sample Family Letter Following the Personal Safety Lesson,” for students to take home.
- **Duplicate** the family resource sheets, “Child Sexual Abuse: What Every Family Should Know” and “What You Can Do to Protect Your Child from Sexual Abuse,” for student to take home.
## LESSON PROCEDURE

### Introduction:
Review the previous safety lesson. Introduce the topic of personal safety.

**Approximately 2 minutes**

<table>
<thead>
<tr>
<th>Instructional Steps</th>
<th>Script &amp; Detailed Directions</th>
<th>Extensions &amp; Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review rules for staying safe in public.</td>
<td><em>In our last health lesson, we talked about staying safe in public, especially when you’re not with a parent or other trusted adult. What rules do you remember?</em></td>
<td></td>
</tr>
<tr>
<td><strong>Answers:</strong> Students may state any of the rules discussed in Lesson 3, including the following:</td>
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<td></td>
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<tr>
<td>• Avoid isolated areas.</td>
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<tr>
<td>• Carry enough money to make a phone call, or take a cell phone if your family gives you one.</td>
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<tr>
<td>• Travel with a friend or friends.</td>
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<tr>
<td>• Never go somewhere with anyone you don’t know.</td>
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<td></td>
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<tr>
<td>• Ask for help if you need it.</td>
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<tr>
<td>• People who can help are parents, store employees, police officers, neighbors, etc.</td>
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<tr>
<td>• Let someone know where you are going and when you will be home.</td>
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<tr>
<td>• Avoid anyone who has a weapon or drugs.</td>
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<tr>
<td>• Avoid anyone who acts like a bully or damages property.</td>
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<td></td>
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<tr>
<td>• Trust your feelings. If you are uncomfortable, get away.</td>
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</tr>
<tr>
<td><em>If you have been remembering to follow these and other safety rules we have talked about in our recent health lessons, pat yourself on your back. I’m very glad to see you are keeping your body safe.</em></td>
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</tr>
<tr>
<td>State the focus of the lesson.</td>
<td><em>Today we are going to learn how we can keep our bodies safe from another kind of harm, which we call “bad touch”.</em></td>
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</tr>
<tr>
<td>When you were a baby, your parents and family watched out for your safety. Now that you are older, you can take more responsibility for your own safety. You are very important! Because you are so important, we want to make sure you can help yourself stay as safe as possible.</td>
<td>As a classroom teacher, you are a resource and support for students on a daily basis and the best person to teach this lesson. If you are uncomfortable teaching this topic, see if the counselor or another teacher would help you. Children need this information and will respond best if it is presented in a reassuring manner.</td>
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<tr>
<td>Personal safety means:</td>
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<tr>
<td>• Following safety rules;</td>
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<tr>
<td>• Being aware of what is going on around you;</td>
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<td></td>
</tr>
<tr>
<td>• Taking safe action in situations that could be dangerous, destructive, or disturbing; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Asking for help when it is needed.</td>
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<td></td>
</tr>
<tr>
<td>If we know about personal safety, we can usually feel pretty safe. If is like bicycle safety or water safety. When we know the rules, we feel safer.</td>
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</tbody>
</table>
**Teacher Input:** Talk about touch, personal space, and secrets. Watch and discuss a video that explains safety strategies, including the importance of saying “no and telling a trusted adult. Explain how to avoid unsafe situation, including abduction.

<table>
<thead>
<tr>
<th>Reassure students that most adults care about children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most adults care a lot about children and want to help them. Caring adults teach you how to stay healthy. They celebrate fun times with you and help you handle problems you might have. They try to protect you from harm as well as they can. Older children can help with some of these things, too.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Describe bad touch.</th>
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<tbody>
<tr>
<td>However, some people are unkind. They may do things that are not good for children, like hurting children or touching them in a harmful way. Sometimes bad touch is clearly harmful, like hitting or slapping. Other times, bad touch may seem confusing. You may feel wrong or uncomfortable about how someone is touching you, but you may not know why. The other person might say it’s okay, but still it doesn’t feel right to you.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Explain about respecting personal space.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your body belongs to you. You have the right to decide when and how someone else will touch you. Each of you also what we call “personal space,” the area around your body. People who are kind and caring respect your right to control your body and your personal space. For example, someone who insists on sitting uncomfortably close to you is not respecting your personal space. Some places on your body are especially private, like the places a bathing suit covers. No one should touch you there, except for a doctor or nurse who is helping you while a parent or guardian is in the room.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Talk about secrets.</th>
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</thead>
<tbody>
<tr>
<td>People who touch children in a harmful way need help. They may seem nice sometimes, but they have a serious problem. Because they know what they’re doing is wrong, they may tell a child to keep their bad touch a secret. Never keep secrets about bad touch or other things that hurt you. It can be hard to tell a secret about something that feels bad and scary, but it’s important to tell a trusted adult so everyone can get help.</td>
</tr>
</tbody>
</table>

Ask students to make a list or draw pictures of all the ways caring adults and older children express love and affection to younger children. Make sure they include examples of good touch. See the teacher key, “Good Touch and Bad Touch,” for examples. Some students may feel uncomfortable or embarrassed. Acknowledge that many people feel uncomfortable when talking about their bodies and touching. While their feelings are normal, the topic is an important one to discuss. Have two students come to the front of the room and stand several feet away from one another. Ask them to move slowly towards one another. Have the rest of the class wave their hands when they thing the students’ personal space has been invaded. Discuss how it feels to have someone be too close. State that how much space each person needs is unique to that person.
Introduce and show the video, “When Should You Tell? Dealing With Abuse”

Discuss the video.

Reinforce that bad touch is not the child’s fault.

Emphasize the importance of telling a trusted adult.

---

I have a video to show you that tells the story of Karen, a girl about your age who had a secret involving bad touch. Two other students on the video had similar secrets. Let’s watch the video and see how Karen and her friends got help to stop the hurting. We’ll talk after the video.

Show the video.

Let’s talk about this video and what it taught us. What was Karen’s secret?

Answer: Her cousin was touching her in ways that felt bad.

Karen felt bad and even wondered if what her cousin did was her own fault. But it was Tommy who was doing something wrong, not Karen. Mrs. Valdez, the health worker, told her what happened with Tommy was not Karen’s fault.

Remember that if someone touches you in a way that feels bad or uncomfortable, it is never your fault. The other person has a problem. If he or she says it’s your fault or that you’re bad, don’t believe him or her.

Two other children in the video talked about secrets like Karen’s that made them feel bad. What did all three children do to get help?

Answer: They told adults they trusted about what was happening.

If anyone ever touches you in a way that feels bad or uncomfortable, tell an adult you trust right away. Explain what the other person did and how you felt. You’ll probably need to answer some questions that might feel uncomfortable. But telling an adult the truth is much better than continuing to hurt without help.

Even if the person makes you promise not to tell, tell anyway. This is a promise you should break because it’s more important to get help than to keep a bad secret.

As Mrs. Valdez said, sometimes adults don’t know what to do or say if you tell them about bad touch. This is because a secret like this hurts them, too. What should you do if you tell an adult about bad touch but he or she doesn’t get help for you?

Answers: Tell another adult. Keep telling until you find an adult who can help.

---

Using a video for this content area is often the most comfortable approach for students and the teacher. However, finding an appropriate video is challenging. An extensive search was conducted for recent videos that met our criteria prior to the revision of the Michigan Model. This video was selected. If you know of media that you would like us to consider, please review the criteria on the Educational Materials Center website and respond to the webmaster with your suggestion.

www.emc.cmich.edu/videos

It is unlikely a child will disclose abuse during a classroom presentation. However, if this occurs, remain calm, acknowledge the disclosure, resume the lesson, and follow up with the student after the lesson. See the teacher reference, “What to Do If a Student Discloses Abuse,” for more information.
Explain that abusers are more often someone the child knows rather than a stranger.

<table>
<thead>
<tr>
<th><strong>Think about the people who were hurting the children in the video. Were they strangers?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Answers: No. Karen knew her cousin, and he had babysat her many times before. The boy was hurt by a neighbor he knew. The other girl in the video was hurt by her stepfather.</td>
</tr>
</tbody>
</table>

We often think that adults who hurt children are strangers. Some strangers do hurt children, but the truth is that an adult who touches a child in a harmful way is usually someone the child knows. For example, it could be a neighbor, someone at school, or a family member.

No matter who a person is, if he or she touches you in a way that feels bad or uncomfortable, tell an adult you trust so you can get help.

Explain how to avoid personally unsafe situations.

<table>
<thead>
<tr>
<th><strong>In the video, Mrs. Valdez mentioned that instincts tell us when we’re in danger. What are some examples of feelings a person has when in danger?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Answers: feeling bad, feeling sick, feeling scared, having a stomachache or racing heart, feeling clammy or sweaty.</td>
</tr>
</tbody>
</table>

If you feel like this around someone who gets too close to you or touches you, trust your instincts. Avoid being alone with this person. If he or she comes into a room when you’re alone, leave and try to find another trusted adult to be with. Make an excuse to get away if you have to. If there’s no other adult at home, call an adult on the phone. If you’re outdoors, run toward where you think other people will be, such as a house, a store, an office building, or even the side of a road.

If you can’t get away from someone who starts touching you in a bad way, loudly say, “No! I don’t like that!” Tell him or her you don’t want to be touched. Keep saying, “No!” and trying to get away.

Sometimes people who have a very serious problem will try to take a child away in a car. Never get into a car with someone you don’t know or trust, no matter what he or she says.

Explain what to do if students can’t get away.

<table>
<thead>
<tr>
<th>Ask students to also describe how they feel when they are safe and loved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students might mention that in the video, Karen said “no,” but Tommy still abused her. Tell students safe behaviors are the best ways to avoid being hurt, but unfortunately they don’t work every time. It is still important to keep saying “no” and trying to get away. Afterward, students should tell a trusted adult about what happened.</td>
</tr>
</tbody>
</table>
Explain how to avoid abduction.

To stay safe, don’t play in deserted areas like empty playgrounds, parks, or woods. Stay with a parent, a trusted adult, or a buddy when you’re in public. If you get lost or separated from people you trust, ask someone for help. Look for a family with children or someone like a police officer, security guard, or store worker.

If someone tries to grab you, yell as loud as you can, “No! I don’t trust you! Let me go!” Kick or punch them as hard as you can, and run toward where other people will be.

If someone does manage to get you into his or her car, don’t put on your seatbelt. Keep making as much noise as you can. Notice how to unlock the door on your side if the person has locked it. Be ready to jump out of the car when you see people and the car has to stop, for example, at a traffic light. Tell people, “Help! This person is hurting me!”

Remember, if you can’t get away or stop the abuse, it isn’t your fault. You tried your best. If something bad happens, it’s important to tell a trusted adult as soon as you can afterward.

Have students write a paper about what they would tell a friend about personal safety if the friend missed this lesson.

Application or Skill Practice: Use a worksheet to discuss examples of good touch and bad touch. Review safety strategies. Practice saying “no.” Identify specific adults who would help students resolve personal safety problems.

<table>
<thead>
<tr>
<th>Instructional Steps</th>
<th>Script &amp; Detailed Directions</th>
<th>Extensions &amp; Suggestions</th>
</tr>
</thead>
</table>
| Distribute copies of the student worksheet, “Good Touch and Bad Touch” Discuss examples of good touch and bad touch. Use the teacher key, “Good Touch and Bad Touch,” to guide the discussion. | We have been talking a lot about bad touch. Of course, not all touch is bad. Let’s talk about some examples of good touch. Write some notes for yourself on this worksheet during our discussion. **What are some examples of good touch?**
Answers: any of the responses listed on the teacher key and similar examples. This is a great list! Just to make sure we know how to tell the difference, let’s talk a bit more about bad touch. **What are some examples of touches that feel bad or wrong?** Write notes on your worksheet as people share their examples. Answers: any of the responses listed on the teacher key and similar examples. | Use the rubrics or checklists provided at the end of the lesson if you want to assess students’ skill development. |
Review personal safety strategies.

Today we learned what to do if someone tries to touch us or make us do something unsafe or unhealthy. Take a couple of minutes to write your answer to question number three.

Allow students time to read the question and write responses. Ask questions such as the following to test students’ understanding of the strategies.

What would you do if someone tried to touch you or grab you in a bad or uncomfortable way?

Answers: Say “no!” Yell. Get away. Fund a trusted adult and tell what happened. If in public without a parent or guardian, look for a helper adult such as a police officer, store worker, librarian, or parent with children. Ask for help.

What would you do if someone you don’t trust takes you away in a car?

Answers: Keep saying “no!” Yell, kick, or punch the person as much as you can. Be ready to jump out of the car at a stop sign or traffic light where you see people. Tell people, “Help! This person is hurting me!”

Sometimes it may feel strange to say “no” to an adult. However, the rules you have learned about being polite don’t apply if someone is trying to hurt you. You need to say “no” and get help from a trusted adult.

Let’s practice saying “no: right now. Stand up straight and tall. Now let’s hear your strong, clear “no”!

Praise students for their efforts.

Please sit down now and finish the last question on the worksheet. Each of you know adults who care about you and would like to help you if you needed help with a problem like the ones we’ve discussed today. Think of who those adults are. Write their names in the circles on your worksheet. Some circles are closer than others to the one marked “Me” because some adults are closer to you than others are.

Remember that if one adult isn’t able to help you with a problem, keep telling other adults in your group until someone gives you the help you need.

Allow students time to complete question four on the worksheet.

Students might bring up touch that is unpleasant or embarrassing but is done for the child’s health, such as doctor exams and treatments, parental assistance with personal hygiene, and so on. Point out that these are times when adults are helping with things children aren’t able to do yet themselves.

If time allows, have students stand up in smaller groups to practice saying “no.” Or do short role plays, with you playing the part of an adult trying to get a child to follow you into the woods or get into a car and similar situations. Have students’ practice saying “no” and leaving.
CLOSURE: Review examples of good touch and safety strategies to avoid bad touch.

<table>
<thead>
<tr>
<th>Instructional Steps</th>
<th>Script &amp; Detailed Directions</th>
<th>Extensions &amp; Suggestions</th>
</tr>
</thead>
</table>
| Review the main points of the lesson. | *Today we learned about good touch and bad touch. Turn to someone near you and tell him or her an example of good touch.*  
*Now stand up straight and tall. What would you say if someone was trying to touch you in a harmful way?*  
*Answer: No!*  
*Then what would you do?*  
*Answers: Keep saying “no” and yell if needed. Get away if you can. Tell a trusted adult what happened. Keep telling until someone can help.* | *If you suspect a child in your classroom is being abused or if a student discloses abuse, including sexual abuse, you are responsible for reporting it to Child Protective Services. Review your legal obligations on the teacher reference, “What to Do If a Student Discloses Abuse.”* |
| Distribute copies of the teacher reference Sample Family Letter Following the Personal Safety Lesson and the family resource sheets: Child Sexual Abuse: What Every Family Should Know and What You Can Do to Protect Your Child from Sexual Abuse. | *Here is some information for you to take home to your family, including a letter from our principal. Please share with your family what you have learned today about good touch and bad touch.*  
*It is critical to send home the family letter and resources to inform families of the content of this lesson in case a child wishes to discuss the lesson at home.* | |
| Reassure Students | *Most of the time situations like the ones we talked about today won’t happen. But it’s good to be prepared so you know what to do in case something does happen.* | |
| Encourage students to practice all the safety skills they have learned in recent lessons. | *In our recent health lessons, we have talked a lot about how to keep yourselves safe from hazards that might harm you. I encourage you to keep practicing all of the safe behaviors you have learned.* | |
The Extent of the Problem
The U.S. Department of Health and Human Services, Administration for Children and Families, reported that 45.9 per 1,000 children, or 3,353,000, received an investigation or assessment for possible abuse or neglect in 2003. An estimated 906,000 children, or 31.7% of those investigated, were found to be victims. The national rate of victimization is 12.4 per 1,000 children. These figures include all forms of abuse and neglect. Child sexual abuse represents 10% of the total number of abused children. Clearly, this problem needs to be addressed.

The Department of Health and Human Services also reported that the number of investigations had increased since 1990 while the rate of victimization had decreased. This represents a positive trend in responsiveness to complaints of child abuse and the rate of reported abuse. Research indicates these trends may be due to changes in reporting procedures, the heightened awareness of the problem, and the number of prevention programs available to young people.

To update these statistics, visit the Child Welfare Information Gateway at www.childwelfare.gov/.

Despite increases in reporting, prevention programs, and the availability of treatment services for survivors of sexual abuse, many abused children do not reveal their victimization. When they do, families are often reluctant to seek assistance. The statistics may reveal only the tip of the iceberg.

While the reported trends are positive, the numbers of children and adults who pay prices for this form of victimization must continue to be reduced. Educators, families, and communities must remain vigilant in their efforts to address the problem through prevention and treatment.

Prevention Works
Programs to prevent the sexual exploitation of children are increasingly being incorporated into health and safety curricula across the country. The rationale for prevention programs rests on a number of realities about child sexual abuse.

- The incidence and prevalence of child sexual abuse remains alarmingly high.
- Adults who were victimized as children often report they could have been spared if they had been provided with basic information on how to reject and report the perpetrator’s inappropriate behaviors.
- Prevention programs are a contributing factor to the increase in reporting suspected cases and to the decrease of the rate of victimization.
- Research indicated that children are able to discriminate between appropriate and inappropriate touches and can use safety rules in an abuse situation, such as saying “no”, getting away, and telling adults.
- Schools, with their consistent and longitudinal contact with children and their families, are the most promising institution for the delivery of preventive efforts.
The National Center for Missing and Exploited Children states that if we can improve the knowledge, self-confidence, and assertiveness skills of children:

- They will be safer because they will be better able to recognize danger and resist potential offenders.
- We will be able to deter many offenders who look for and prey on vulnerable children.
- We can break the “cycle of victimization” in which some of those who have been victimized later become offenders.

The goals for any personal safety program should include:

- To enhance a child’s ability to avoid victimization.
- To enhance a child’s self-esteem.
- To reduce feelings of guilt and blame that are often associated with victimization.
- To promote disclosure of abuse and victimization.
- To enhance and coordinate community response.
- To enhance communication between parents and children about personal safety.
- To reinforce adult supervision and protection.
- To deter offender behavior.

In order for sexual abuse to occur, Finkelhor (1984) suggests that four preconditions must be met.

1. The potential perpetrator must have some motivation to sexually abuse a child.
2. The potential perpetrator must overcome internal inhibitions against acting on such motivations.
3. The potential perpetrator must overcome external inhibitions to sexually abuse a child.
4. The potential perpetrator must overcome the child’s possible resistance to be sexually abused.

Sexual abuse prevention programs address the fourth precondition. One key variable in preventing abuse is the child’s capability to avoid or resist sexual exploitation. Children who lack knowledge about inappropriate contact and who are deficient in personal safety skills would likely be at high risk for sexual abuse.

Sexual abuse prevention programs are designed to teach children three basic safety skills:

1. How to distinguish between appropriate and inappropriate touch.
2. How to assertively say “no” and get away.
3. To tell parents or other trusted individuals if they have been abused.

Main Concepts to Be Taught

The following concepts are the heart of this personal safety lesson and are reinforced at each grade level that covers this topic.

1. Everyone needs to be touched. We all need warmth and affection.
2. Sexual abuse prevention is not something children need to worry about 24 hours a day. It is another area of safety, like bicycle or water safety.
3. Some touches are not positive. These touches can scare, confuse, or hurt a child. If anyone is touching a child in a way she or he doesn’t like or understand, the child should talk to a trusted adult.
4. Children have a right to their own bodies and their own feelings. Children also have a right not to be inappropriately touched on the private parts of their bodies.
5. Children need to trust their senses. If their feelings tell them something or someone is not okay, they need to talk to a trusted adult about what they are feeling.
6. Children have a right to say “no,” get away, and tell someone they trust if anyone is touching them in ways they don’t understand or ways that make them feel uncomfortable.
7. Children should keep telling until someone believes them and takes some action. It is never too late to tell.
8. Children are not to blame if someone touches them inappropriately. The person who touched them is responsible.
9. Children need to know who to tell. It is helpful to have students identify several people to whom they could turn for help. Generally, these people include family members, school personnel, and other trusted individuals.
10. Sexual abuse happens to many boys and girls. There is help for families where sexual abuse is occurring.
11. This is teaching personal body safety, not sex education.

Suggestions for Teaching
The following guidelines will help you present the material of the personal safety lesson in the most helpful way for your students.

1. **Set a comfortable tone for discussion.**
   - Present the topic and lesson in a calm, reassuring manner. While child sexual abuse tends to be an emotional topic for most people, remind yourself that you are teaching young people how to keep their bodies safe just as you do when you teach them how to ride a bicycle safely.
   - Expect some students to be uncomfortable or embarrassed. Acknowledge that many people, children and adults, are uncomfortable talking about their bodies. Reassure them that their feelings are normal and that the topic is important to discuss.
   - Reinforce respectful interaction during the discussion and enforce classroom rules related to listening and avoiding teasing or ridicule.
   - Conduct the lesson in a comfortable setting. You may want to have younger children sit in a circle, on a rug, or in whatever structure you feel is comfortable and will encourage discussion.

2. **Clearly introduce the topic.**
   - The script in the lesson will help you.

3. **Define all terms.**
   - Do not assume students understand all of the words, such as “private parts” means the body parts covered by a swimsuit.

4. **Answer all questions clearly and simply.**
   - Take the time you need to think through an appropriate response to a question. Tell the class, “That’s a good question. Let me think about it for a while and we can talk about it later.”
   - Be sure you return to the question and provide an answer.
5. **During presentation and discussion, follow these guidelines:**
   - Balance discussions of “not okay” or hurtful touch with discussions of positive, nurturing touch.
   - Keep students focused on the personal body safety objective.
   - Be sure to give information in a way that fits the developmental level of your students.
   - Repeat material in different ways so all concepts are understood.

6. **Be aware of student’s behaviors.**
   - You may observe signals of problems or possible abuse. Pay particular attention to students who act out, avoid eye contact after the discussion, sink down in their chairs, or become ill midway through the discussion. Also note those who ask specific questions or give specific answers that indicate more knowledge than typical for their age.
   - You may want to talk with these students privately or consult with the principal about them. While these behaviors don’t necessarily abuse, they should be taken seriously and followed up.

7. **Be aware of your feelings.**
   - Your feelings will affect the way you present the material. Feelings of anger, guilt, denial, and confusion are normal reactions to this topic, especially when a child discloses abuse to you.
   - Reactions of those closest to the child set the tone for how quickly the child recovers. Children can experience trauma from both sexual abuse and the subsequent investigation.
   - You may need to talk to someone about your feelings regarding what a child has shared, but be aware of the child’s right to confidentiality.

Portions of this teacher reference were adapted from
**Personal Safety Curriculum for Prevention of Child Abuse,**
Mary Oson, Ed.D., Tacoma School District, Tacoma, Washington

**Resources**
- Crimes against Children Research Center: [www.unh.edu/ccrc/](http://www.unh.edu/ccrc/).
- National Center for Missing and Exploited Children: [www.missingkids.com](http://www.missingkids.com)
- U.S. Department of Health and Human services, Administration for Children and Families: [www.acf.hhs.gov](http://www.acf.hhs.gov)
What to Do If a Student Discloses Abuse

Handling Disclosures During or After a Lesson

Teachers are frequently concerned that a student may disclose abuse during a classroom presentation. Most abused children will talk to you about it privately, not in front of others. Rather than fear disclosures, view them as a positive step in the direction of getting help for abused children. You are not responsible for investigation, intervention or therapy, but you are required by law to report any disclosures about abuse.

If a disclosure occurs during a lesson or privately, the following tips will help you handle the situation.

1. **Remain calm.**
   - Remember that your reaction will have an impact on how the student feels about what he or she has disclosed.

2. **Acknowledge the comment and resume the lesson.**
   - If the disclosure occurs during a lesson, resume the lesson after acknowledging the comment.
   - Be sure to tell the student, “It’s good that you told me. I’d like to talk with you more about that privately.” Set a time that is realistic, and be sure to follow up.
   - Keep the lesson moving along, still allowing for questions and answers but redirecting story telling.

3. **Talk with the student.**
   - Find a place to talk privately. This helps remove distractions and understanding.
   - Show respect and understanding
   - Invite the student to speak. You can begin the conversation like this:
     - “Now we can talk privately. Tell me more about…”
     - “I’m not sure what you meant by [use child’s words or phrase]. I want to listen if you would like to talk about it.”
   - While the student talks, maintain eye contact and an open, understanding facial expression. Do not show shock, disapproval, or disbelief.
   - Ask open-ended questions.
     - Ask open-ended questions as needed to help the child share his or her ideas, feelings and concerns. For example, ask, “What did you want to tell me about today’s lesson?” rather than “Did someone in your family do something bad to you?”
     - Get enough information from the child to determine whether you need to make a report.
   - Reassure the student.
     - The student needs your support while telling you about the abuse and afterward.
     - Tell the student you believe him or her. Experience in treatment and reporting indicates that children seldom make up such stories.
     - Emphasize that this problem is not the student’s fault and that he or she is not to blame for what happened or will happen as a result of the abuse.
     - Reassure the student that you will assist him or her with this problem and get help.

4. **Report as required.**
   Once you feel you have enough information to file a report, tell the student, “We need to get more help.” If the student expresses concern that someone he or she cares about might get into trouble because of the report, explain that the person needs help to stop hurting children. Explain that it is important to keep children safe, and reporting problems like the one the student described is one way to do that. Immediately follow the school’s procedure for reporting abuse. It is your responsibility to make sure the report is made.
Reporting Child Abuse and Neglect in Michigan

School teachers, counselors, and administrators are among the professionals required to report actual or suspected child abuse and neglect, as specified in Michigan’s Child Protection Law. **If a child tells you of abuse or neglect, or if you have good reason to suspect such a problem, you must report the disclosure or suspicion immediately** to Children’s Protective Services (CPS) by phone and then follow up with a written report within 72 hours.

Remember that your role as a mandated reporter is just to report concerns, not to investigate them. The reporting form requires you to describe why you suspect abuse or neglect, for example, because of suspicious physical or behavioral indicators or because the child told you about the abuse. You have no responsibility for proving what may have happened or who may have harmed the child. If you have suspicions but aren’t sure whether they’re solid enough to warrant reporting, you can call a CPS office for consultation or talk with a school administrator or counselor.

If you have any questions about your school’s procedure for reporting abuse, consult Board of Education Policy for clarification. Refer to Board of Education Policy 8580 located at the back of this document.

You may find it helpful to read the “Mandated Reporter’s Resource Guide,” which the Michigan Department of Human Services (DHS) published in May 2005 to help professionals understand their reporting responsibilities. Your school might have copies of the guide, or you can download its PDF file from the DHS website at [www.michigan.gov/dhs](http://www.michigan.gov/dhs). Enter the guide title in the Search box to find the correct link for the file download.

You may also participate in an online Mandated Reporter Training course at [www.carehouse.org](http://www.carehouse.org). This course is sponsored by the Child Abuse and Neglected Council of Oakland County.

If you would like to read the Child Protection Law (Public Act 238 of 1975), contact a local office of the Michigan Department of Human Services, or visit [www.michigan.gov/dhs](http://www.michigan.gov/dhs) to search for the law’s text online or request a copy. Below are excerpts of some of the parts pertinent to educational professionals.
Excerpts of Michigan Child Protection Law: 
Public Act 238 of 1975

Definitions [Section 722.622]

“Child” means a person under 18 years of age.

“Child Abuse” means harm or threatened harm to a child’s health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy.

“Child Neglect” means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any person responsible for the child’s health or welfare which occurs through either of the following:

(i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
(ii) Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or any other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of this risk.

“Department” mean the family independent agency (recently changed to the department of human services).

“Sexual Abuse” means engaging in sexual contact or sexual penetration as those terms are defined in section 250a of the Michigan penal code, 1931 PA 328, MCL 750.520a, with a child.

“Sexual Exploitation” includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging or engaging in photographing, filming, or depicting of a child engaged in a listed sexual act as defined in section 145c of the Michigan penal code, 1931 PA 328, MCL 750.145c.

Reporting [Section 722.623]

(1) An individual is required to report under this act as follows:
(a) A physician, coroner, medical examiner, nurse, a person licensed to provide emergency medical care, audiologist, psychologist, family therapist, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, or regulated child care provider, who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours after making the oral report, the reporting person shall file a written report as required in this act. If the
reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school or his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge of the hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school shall be considered adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.

(8) For purpose of this act, the pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over one month of age but less than 12 years of age, shall be reasonable cause to suspect child abuse or neglect have occurred.

In addition to those persons required to report child abuse or neglect under section three (3), any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department of law enforcement agency.

Protection for the Reporting Person (Section 722.625)
Except for records available under section 7 (2) (a), (b), and (n), the identity of a reporting person shall be confidential subject to disclosure only with the consent of that person or by judicial process. A person acting in good faith who makes a report, cooperates in an investigation, or assists in any other requirements of this act shall be immune from civil or criminal liability which might otherwise be incurred thereby. A person making a report or assisting in any other requirements of this act shall be resumed to have acted in good faith. This immunity from civil or criminal liability extends only to acts done pursuant to this act and does not extend to negligent act which causes persona; injury or death or to be malpractice of a physician which results in a personal injury or death.

(Section 722.623)
A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation.

Failure to Report (Section 722.633)
(1) A person, required to report an instance of suspected child abuse or neglect, who is required to report under this act and who fails to do so, is civilly liable for the damages proximately caused by failure.

(2) A person, required to report an instance of suspected child abuse or neglect, who is required to report under this act and who knowingly fails to do so, is guilty of misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $500.00, or both.

False Reporting (Section 722.633)
(5) A person who intentionally makes a false report of child abuse or neglect under this act knowing that the report id false is guilty of a crime as follows:

(a) If the child abuse or neglect reported would not constitute a crime or would constitute a misdemeanor if the report were true, the person is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than $100.00, or both.

(b) If the child abuse of a felony punishable by lesser of the following:

(i) The penalty for the child abuse or neglect falsely reported.
(ii) imprisonment for not more than 4 years or a fine of not more than $2,000.00, or both.
Good Touch and Bad Touch

1. What are some examples of good touch?

2. What are some examples of bad touch?

3. What would you do if someone tried to touch you in a way you didn’t like?

4. In the circles below, write the names of caring adults who will help if you tell them about a problem.
**Good Touch and Bad Touch**

1. **What are some examples of good touch?**
   
   Hugs, gentle tickles that stop when I ask, licks from my dog, my cat rubbing against my leg, kisses from mom and dad at bedtime and for hellos and good-byes, pats on the back or head when I do a good job, shaking hands, my friend’s arm across my shoulder, etc.

2. **What are some examples of bad touch?**
   
   Hugs that are too tight or from someone I don’t like, tickling that won’t stop when I’ve had enough, being hit, kisses from someone I don’t like or don’t feel comfortable with, having my hand squeezed too hard, being sat on so hard that I can’t breathe, someone touching my private parts or making me touch theirs, etc.

3. **What would you do if someone tried to touch you in a way you didn’t like?**
   
   Keep saying “no”! Yell. Get away. Find a trusted adult and tell what happened. If in public without a parent of guardian, look for a helper adult such as a police officer, store worker, librarian, or parent with children. Don’t get into a car with someone I don’t know or trust. Yell, kick, or punch the person if I get abducted. Be ready to jump out of the car at a stop sign or traffic light where I see people. Tell people, “Help! This person is hurting me!”

4. **In the circles below, write the names of caring adults who will help if you tell them about a problem.**

   ![Diagram of family members](image-url)
Sample Family Letter
Following the Personal Safety Lesson

(ON SCHOOL LETTERHEAD)

(DATE)

Dear Parent:

Today your child learned about personal safety. The lesson is part of the health program for East Grand Rapids Public Schools.

Sadly, sexual abuse of children takes place more often than we would like to believe. School programs help children learn to stay safe from abuse. The lessons in the East Grand Rapids curriculum present material on the children’s level. The skills needed to prevent abuse are taught in a safe and simple way. Through these lessons, students will learn:

- How to judge between safe and unsafe touch
- How to protect themselves
- Who to go to for help

We hope you will take a minute to read the materials sent home today. Please discuss personal safety with your child.

Sincerely,

(Principal’s Name)
Child Sexual Abuse: What Every Family Should Know

Basic Information Helps Prevent Abuse

Child sexual abuse is any act of sexual nature done to or with a child. Most of these harmful acts are committed by someone the child knows. This could be a family member, a friend, a neighbor, or a babysitter. Very few children are molested by strangers.

Sexual touches often confuse young children. They may have trouble telling the difference between sexual abuse and healthy touch. Abusers may confuse children more by saying what they’re doing is okay but secret. Today, your child learned to tell the difference between good touch and bad touch, as shown in this list.

<table>
<thead>
<tr>
<th>Good Touch</th>
<th>Bad Touch</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hugs that feel warm and safe</td>
<td>• Hugs that are too tight</td>
</tr>
<tr>
<td>• Gentle tickling</td>
<td>• Tickling that won’t stop</td>
</tr>
<tr>
<td>• Kisses from caring adults at bedtime and for hellos and good-byes</td>
<td>• Kisses from someone a child doesn’t like or doesn’t feel comfortable with</td>
</tr>
<tr>
<td>• Playful and soft touches from pets</td>
<td>• Slaps, kicks, punches, pinches, and other hurts</td>
</tr>
<tr>
<td>• Handshakes</td>
<td>• Hard squeezing or grabbing</td>
</tr>
<tr>
<td>• Pats in the head, arm, shoulder, or back when someone does a good job or</td>
<td>• Touches on the private parts of a child or someone else in a child’s</td>
</tr>
<tr>
<td>someone does a good job or wants comfort</td>
<td>presence</td>
</tr>
</tbody>
</table>

In class, we defined ‘private parts” as the parts of the body covered by a bathing suit. Students learned they have the right to decide is someone can touch them. No one should touch a child’s private parts, except as needed for health care in the presence of a parent or trusted adult.

Children who are taught to protect themselves are less likely to be abused.

In class, students learned these safety rules.

- Avoid being alone with someone you don’t trust. If you feel bad or sick around someone, trust your instincts. Get away. Make an excuse if needed.
- If you can’t get away from someone touching you in a bad way, loudly say, “No! I don’t like that!” Tell him or her you don’t want to be touched. Keep saying, “no!” and trying to get away.
- If someone touches you in a way that feels bad, tell a trusted adult right away. Keep telling until you find an adult who can help you.
- If someone tries to grab you or get you into a car, yell, “No! I don’t trust you! Let me go!” Kick or punch as hard as you can. Run toward where other people will be, such as a house, a store, an office building, or the side of a road.
Child Sexual Abuse Causes Many Problems

Sexual abuse causes both physical and emotional problems. Children often feel guilty and responsible for the abuse. They often think the abuse happened because they are “bad” or “dirty,” partly because abusers may say this. *Sexual abuse is never the fault of the child being abused.*

Abused children show a wide range of symptoms. The signs of abuse vary with age. However, most abused children complain of various physical problems and show mistrust of adults. Other signs may include depression, suicidal actions, withdrawal, or self-destructive or delinquent acts. Any sudden, unexplained change in behavior may be a sign of sexual abuse.

Even when children have learned that sexual abuse is not their fault and should not be kept secret, they may hesitate to get help. A child may fear the results of reporting abuse, especially if the abuser is a family member. Children need to know that abusers have a serious problem and need to get help to prevent harming children. Children’s safety is more important.

**Children Need Adults to Help Resolve These Problems**

Sexual abuse affects everyone, even if our own children are not assaulted. All of us can help deal with this social problem.

- Provide understanding and care to those who have been hurt.
- Know that offenders do not change without outside help.
- Organize neighborhood programs to help protect children
- Ask schools to provide information about sexual assault.
- Form community groups to support education, treatment, and law enforcement programs.

If a child tells you about sexual abuse, take it seriously. Follow school district procedures for reporting. Refer to Board of Education Policy 8580 located at the back of this document.

For more information visit the National Center for Missing and Exploited Children’s website: www.missingkids.com
What You Can Do to Protect Your Child From Sexual Abuse

To help prevent child sexual abuse, we can prepare children for what they might face if someone tries to abuse them. We can protect them from dangerous situations. And if a child says he or she has been abused, there are ways we can help.

Preparing Children for the Possibility of Abuse

- Children need lots of loving words and physical affection. Help your child feel secure in your love so he or she will be less likely to accept the unhealthy attention of an abuser.
- Remind your child that most people protect children and would never hurt them. However, some people seem nice but may do mean things. Encourage your child not to keep any secrets about someone like this.
- Help you child understand he or she should disobey anyone, even an adult, who tells him or her to do something wrong. Staying safe is more important than concerns about rudeness or authority.
- Teach your child how to say “no” in words and body language. Help him or her learn to get away and tell you if anyone tries to touch him or her in a bad way.
- Make it easy for your child to talk with you. Spend time listening and observing. Take what your child says seriously.
- Give your child specific definitions and examples of sexual abuse.
- Prepare your child to deal with bribes, threats, and physical force.
- Play “What if?” or “Let’s pretend” games to help your child learn how to react to different situations.

Protecting Children From Dangerous Situations

- Be aware of who spends time with your child. Unwanted touch may come from someone you like and trust. Get to know the adults and older children who are close to your child.
- Check references, talk with other parents, and trust your feelings when choosing babysitters and day care providers.
- Refuse to leave your child in the company of anyone you do not trust. Pay attention to what your child says and does around people, especially if he or she talks about feeling uncomfortable or unsafe.
- Make sure your child can identify signs of trouble and get away before something happens.
- Set up a “password” for you and your child to use as a secret clue. If it is safe for your child to go with someone, tell that person the password. Tell your child to ask for the password before he or she agrees to ride with someone. Instruct your child not to go with any stranger or friend who doesn’t know the password.
- Know where your child is at all times. If you allow him or her to go some places in public without you, ask him or her to stay with a buddy.
- Teach your child to never play in deserted areas.
- Talk with your child about safe Internet behaviors. Children should never give out information about themselves in chat rooms or e-mail. Tell your child to let you know right away if someone he or she “met” online asks to see him or her in person.

Helping Children Who Have Been Harmed

- Children seldom lie about sexual abuse. They find it very hard to tell someone. If a child tells you about abuse, you need to listen carefully and believe what he or she says. Talk about it in a safe, private place.

- Reassure the child that the abuse isn’t his or her fault and that telling you was the right thing to do.

- Don’t blame the child for what happened.

- Don’t over-react or minimize the incident. The effects of sexual abuse are different for each child.

- Understand that it may take time to figure out the problem.

- Know local resources, and choose help carefully.

- Let the child talk about the assault whenever he or she needs to express feelings.

- If you learn that your child has been abused, be willing to talk with experts or counselors as a family.

- Report any abuse to the authorities immediately.

**Children’s Protective Services Can Help!**

Call Protective Services if you have questions or concerns about child abuse. You can find the phone number of your Children’s Protective Services agency in the government section of your phone book. For example in Michigan, look Under “Michigan State of,” then “Department of Human Services.”
Assessment Rubric for Skill Development
Personal Safety

The following rubric can be used for assessing student development. The student has demonstrated the following elements of this skill through role play, written assignments, or classroom activities.

**Elements in the Lesson**
- Say “no”
- Yell
- Get Away
- Find a trusted adult
- Tell what happened

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Included few of the elements of the skill.</td>
<td>Included most of the elements of the skill, but not clearly.</td>
<td>Included all of the elements of the skill, clearly.</td>
<td>Included all of the elements of the skill clearly and convincingly.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment Checklist for Skills Development
Personal Safety

The following table can be used as a checklist for assessing student skill development. The checklist can also be used as an analytic rubric for scoring student work by assigning a numeric value to the skill levels: Not evident, Emerging, and Evident.

If you assign a numeric score value to the student’s skill level, you can use it in a variety of ways.

- You can assign the same weight to each element of the skill. For example, in a skill having three elements, the student would receive 5 points for each element performed correctly. The student could receive a total score of 15 points.
- You could weight the elements of the skill differently. For example, the student could earn up to 5 points for the first element, up to 9 points for the second element, and one point for the third element, for a maximum total of 15 points.

The student has demonstrated the following elements of this skill through role play, written assignments, or classroom activities.

<table>
<thead>
<tr>
<th></th>
<th>Not evident</th>
<th>Emerging</th>
<th>Evident</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Said, “no”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yelled.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Got away.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Found a trusted adult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Told what happened.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STUDENT SELF–ASSESSMENT CHECKLIST

Personal Safety

**Directions:**
Think about each action in the left-hand column. Place an “x” in the row after each action under the statement that best describes what you did and how easy or hard it was to do. Write any ideas or thoughts you have in the column titled “Comments.”

<table>
<thead>
<tr>
<th>I did not do this step.</th>
<th>I did this step, but it was sort of hard</th>
<th>I did this step, and it was sort of easy</th>
<th>I did this step, and it was very easy.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I said “no.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I yelled.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I got away.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I found a trusted adult.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I told what happened</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment Rubric for Skill Development
Good Touch and Bad Touch

The following rubric can be used for assessing student skill development. The student has demonstrated the following elements of this skill through role play, written assignment, or classroom activities.

**Elements in the Lesson**
- Identified examples of good and bad touch
- Identified personal safety strategies
- Identified caring adults

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>An example is provided for both good and bad touch. Personal safety strategies may not be evident or may not be useful. Caring adults may not be listed.</td>
<td>An example is provided for both good and bad touch. At least one personal safety strategy is provided. At least one caring adult is listed.</td>
<td>Several examples are provided for both good and bad touch. Several personal safety strategies are provided. Several caring adults are listed.</td>
<td>Numerous examples are provided for both good and bad touch. Numerous personal safety strategies are provided. Numerous caring adults are listed.</td>
<td></td>
</tr>
</tbody>
</table>
EIGHTH GRADE
Reproductive Health Curriculum
Based on the 1997 East Grand Rapids 8th Grade Curriculum
Michigan Model for Health
Puberty: The Wonder Years©

November 2007
Guidelines for the Writing Committee
for Middle School and High School
REPRODUCTIVE HEALTH

1. Our target audience is students in grades 6 – 12.

2. Abstinence is the healthiest and best choice for all students.

3. We recognize that some students may choose to be sexually active while students at East Grand Rapids.

4. We encourage all students to practice abstinence, even those who have been sexually active.

5. Being sexually active carries risk physically, emotionally, socially, and legally.

6. While teaching about contraception and STI prevention, the abstinence message should be reinforced.

7. The use of a condom offers more protection from health risks than sexual activity without a condom; however, sexual activity with a condom may subject students to serious physical, emotional, social, and legal risks.

8. The curriculum will contain current, factual, and research-based information.

9. The curriculum will recognize that parents have the primary role in imparting values.
LETTER to EIGHTH GRADE PARENTS

Health Education is a required unit for all eighth grade students at East Grand Rapids Middle School. Although the entire curriculum emphasizes and reinforces abstinence, information on the reproductive health cycle, contraception, and AIDS education is included.

There is one class period that offers parents a choice in the topic to be taught to their child:

Option 1: Presents information on contraception with an emphasis on abstinence.
Option 2: Presents additional reinforcement of abstinence without providing information on contraception.

You have the right to review the materials to be used and/or observe instruction in this course according to law (P.A. 336 of 1993). To review the materials and/or instruction, please contact the school at 235-7551. Additionally, you may excuse your child from participation in classes that include information on reproductive health, contraception, and/or AIDS.

Sincerely,

Principal

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Check all that apply and return to the Middle School, 2425 Lake Drive, no later than ________.

PLEASE NOTE: If this slip is not returned, your child will participate in the entire health curriculum, including the lesson containing contraception information.

☐ Excuse my child from the entire reproductive health curriculum.

Choose one of the following options:

☐ Include my child in the lesson that gives information on contraception with an emphasis on abstinence.
☐ Exclude my child from the lesson on contraception.

Child’s Name ____________________________________________________________

Parent’s Signature __________________________________________________________

Date ____________________________________________________________
Parent/Guardian Interview Questions

BUILDING RELATIONSHIPS (Page 13)
- Can you think of three activities that these two teenagers could do that are fun and healthy and give them a chance to get to know each other better?
- What should these two teenagers do or say if other kids are pressuring them into “going together” or teasing them about liking each other?
- Why isn’t it important to hurry into a relationship where teenagers are “going together?”
- How do teenagers know if they would really like someone as a boyfriend/girlfriend?
- At what age should two teenagers be able to go out on a date together alone? Why?
- Are there more important things to consider than age?

BUILDING FRIENDSHIPS (Page 14)
- Do you still keep in close contact with any friends from high school?
- What has made this friendship last a long time? or Why haven’t your high school friendships lasted?
- What makes a very good, lasting friend?

MARRIAGE AND FAMILY (Page 68) (questions for biological parents)
- Place of birth (city, hospital, etc.)?
- Time of birth (weather, historical events at the time)?
- Where were you when labor began?
- How long was labor?
- Who was present (family, medical persons, other)?
- How much did I weigh at birth?
- Any unusual happenings?
- How did you pick my name?
- What were the first six months like? First year?
- I would like to know about my birth and early childhood, such as diseases, first steps, first words, etc.
- What sources of information about me are available (baby books, family records, albums, photos, traditional stories)?
- How did having your first baby change your daily life?
- As an infant, did I change your lives?
MARRIAGE AND FAMILY  *(Page 68)*
(questions for parents of adopted children or non-biological parent)
- What do you know about my birth?
  - Where was it?
  - What was happening in the world at that time?
  - Weight, length, etc?
- What was it like the first time you saw me?
- How long did you know I was coming to live with you?
- Tell me about the day I came to live with you.
- What were our first six months together like?
- What can you tell me about my name?
- What do you know about my early life (my first words, childhood illness, etc.)?
- What sources of information are available (baby books, records, photographs)?
- How did having your first baby change your daily life?
- Did I change your life?

TALK IT OVER – I wonder what you want me to know. *(Page 125)*
- How did you (adult) learn about sex?
- What are some of the negative results that have happened to people who had sexual intercourse when they were too young?
- What are some reasons adolescents should abstain from sexual intercourse?
- What are some rules I should follow to avoid situations that could lead to sexual pressure?
Audio Visual Materials

1. Sexual Harassment – It’s Hurting People
   See page 56

2. Fetal Development: A Nine Month Journey
   See page 64

3. HIV: Get the Picture
   See page 100
Pre/Post Test

Pre-Test

1. Distribute “Growing Toward Maturity” worksheet to each student.

2. Students should complete the statements individually to the best of their ability.

3. Collect from students for teacher review.
   
   Note: Worksheet will be passed back at the end of the unit.

Post-Test

Relate what has been learned about puberty and the reproductive system.

1. Distribute the student activity sheet, “Growing Toward Maturity,” to each student. Explain:
   Individually, complete the items on your student activity sheet. In a few minutes, you will have an
   opportunity to share your ideas in a small group and add to your worksheet.

2. After five minutes, have the students form groups of three to five.

3. Assign the following group roles: leader and spokesperson. Explain the roles:
   - The leader is the person in the small group who helps keep everyone working on task.
   - The spokesperson is the person who will share the group’s ideas with the class.

4. Explain the small groups’ task:
   In your groups, each of you will take a turn to share the ideas you have written on your activity
   sheet. When you hear new ideas, add them to your own activity sheet. You will have five minutes.
   Then, I will read each sentence and call on the spokespersons to share their groups’ answers.

5. After five minutes, read each sentence and ask the spokespersons to share ideas from their groups.
   Instruct the students to add new ideas to their activity sheets.
Growing Toward Maturity

DIRECTIONS:
- Complete each statement with a brief answer, and then go to the next sentence.
- If you finish, go back and add more ideas.

1. Puberty is a time of . . .

2. During puberty, it is normal for boys to . . .

3. During puberty, it is normal for girls to . . .

4. If a person has sexual intercourse before he or she is an adult, he or she could face these negative results . . .

5. It is best for teenagers not to have babies because . . .

6. The only sure way a young person can avoid the possible negative results of having sexual intercourse is . . .

7. Abstaining from sexual intercourse has many benefits, such as . . .
Unit 1

BUILDING FRIENDSHIPS
Building Friendships

**LESSON OBJECTIVES**
Students will be able to:
- analyze different types of friendships and identify friendship changes in their lifetime
- identify qualities of a good friend
- identify the qualities of their own peer group
- understand the qualities of a healthy peer group vs. a clique
- present ideas as to what to do in case they are in an unhealthy relationship
- make a friendship booklet

**ACTIVITIES**
1. Class discussion: What is a friend? Someone you like and someone who likes you. Is that true? Is that all there is?
2. Friendship Circle; slide; close friends vs. acquaintances
3. Ladder of Friendships; slide; as time passes, friendships change
   Discuss:
4. Have these friendships changed over the years? Why?
5. Did any of these close friendships end? Why?
6. Did any of these relationships last and grow? Why?
7. How can a person grow/learn from changes in friendships?
8. What is a good friend? Compile a list of qualities of a good friend on the board.
9. Peer Groups: It is a natural formation of a group of friends who feel comfortable with each other and have things in common. Have students draw a circle in their notes. Call it “my peer group.” Have students put the initials of the friends in their peer group. Students may have a few different peer groups (i.e., one at Sandy Pines, one at church, one at school). Ask students for examples. How would the quote, “Don’t put all your eggs in one basket” apply?
10. Healthy Peer Group vs. Clique
11. Healthy peer group – friends who socialize with each other, are friendly to others, and are open to others joining in.
12. Clique – A group that excludes others from their circle at the cost of hurting them. Is this fair?
13. Discuss:
14. How does a person feel if they’re excluded?
15. As a member of the clique, how would you feel when someone is purposefully left out?
16. How would you feel if you were this person (possibly role-play situations)?
17. Friendships that end. Why? Solicit reasons from students (different interests, attitudes of members of the group, rates of maturity . . .). Evaluate which of the reasons are “fair” and which are “unfair” to the friend that is abandoned. How does this affect self esteem?
18. What indicates an unhealthy relationship? Discuss, having students recalling information brought forth in the class. What can be done about a situation like this? Where could someone turn for help in sorting it out?
19. Make a friendship booklet to show all you learned. (FRIENDS!!!)
20. Send Parent Connection home as homework to be reviewed with and signed by parents.
Friendship Circle

There are many types of friendships. Each level has a different degree of closeness.
- What friends fit in each ring?
- How are these relationship levels of closeness/ intimacy different?
Friendship Ladder

Put the initials of “best” friends during each school year on each step of the ladder.
- Have these friendships changed over the years? Why?
- Did any of these close friendships end? Why?
- Did any of these relationships last and grow? Why?
- How can a person grow and learn from changes in friendships?

*Remember,* change is inevitable; it can hurt, not affect you at all, or be a blessing. Why?

NOW

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KINDERGARTEN
The Parent Connection
Interview a parent or guardian to see what they think or know about “GOING OUT”

Begin each interview question with:
“Let’s say someone my age really likes someone of the opposite sex.”

1. Can you think of three activities that these two teenagers could do that are fun and healthy and give them a chance to get to know each other better?

2. What should these two teenagers do or say if other kids are pressuring them into “going out” or teasing them about liking each other?

3. Why isn’t it important to hurry into a relationship where teenagers are “going out?”

4. How do teenagers know if they would really like someone as a boyfriend/girlfriend?

5. At what age should two teenagers be able to go out together – alone? Why?

6. Are there more important things to consider than age?

As part of the East Grand Rapids Middle School Health Program, I was interviewed about my thoughts of teens “going out.”

Signed ____________________________

East Grand Rapids Public Schools, November 2007
Page 141, Reproductive Health Curriculum
Friends!!

OBJECTIVE: Look at how friendships are developed, what it takes to develop one, and what makes good friendships great.

BOOKLET: Create a booklet with stapled or folded pages of white or colored paper. It should have a cover with a title. Call it, “Friend Facts,” a Friend Folder,” PALS,” etc. Be creative!

ORGANIZATION: Your booklet must include at least seven pages (they may be half sheets of paper if you’d like), with each being uniquely different from the others. Use five of the ideas from the ten listed below. If you have an idea different from these ten, check with me before writing or creating.

YOUR BOOKLET MUST INCLUDE: a title, your name, the three starred pages (#1, #2, and #3 below), plus at least four more pages of your very best, most thoughtful definitions, ideas, and interviews.

GOOD LUCK!
DUE DATE: ________________

PAGES:
*1. Good Friends. Ask your parents or guardian one of the following questions:
   - “Do you still keep in close contact with any friends from high school? What has made this friendship last a long time?” or “Why haven’t your high school friendships lasted?”
   - “What makes a very good, lasting friend?” Make sure that this person doesn’t mind sharing his/her answers. Summarize these answers in a short paragraph.

*2. Tips. Ask a friend, an adult, and then give your own answer to the following question:
   - “What are your three very best “tips” for making and keeping friends?” Write down who you asked and their responses.

*3. Healthy vs. Unhealthy. Ask a friend, an adult, and then give your own answer to this question:
   - “What indicated an unhealthy or unfair friendship? What could the person who is unhappy with the friendship do about this problem?” Write out each person’s answers and possible solutions.

4. Collage. Cut out words and/or pictures from a magazine that describe the qualities that you look for in a friend. Think about activities that you like to share, things you like to hear and talk about.

5. Poetry. Write a short poem about friends or a special friend or a used-to-be friend (great ones, questionable ones, what makes a good one, etc.).

6. Recipe for a Good Friendship. What does it take? Write in terms of cups, teaspoons, how long you cook, bake, etc. Be creative. Do you mash it like potatoes? Mold it? Let it “rise” like bread?

7. Self Esteem. Tell about how friends can help or hurt your self-esteem. This could be very personal if you would like, but you never have to use names. You could write what happened (or happens) like a story or play with characters with attitudes.

8. Books. What is the best book you’ve ever read about a friendship? Give the title; tell about the characters and the friendship. What made it special?

9. Vacation. Describe a perfect spring or semester break with a friend. Draw it or write about it.

10. What kind of a friend am I? Describe at least three of your strong qualities that help you to be a good friend, make friends, and have lasting friendships.
Unit 2

REPRODUCTIVE ANATOMY AND PUBERTY
REPRODUCTIVE ANATOMY AND PUBERTY

Puberty Review
PHYSICAL CHANGES AT PUBERTY

LESSON OBJECTIVES
Students will be able to:

- identify the hormonal changes of puberty and their effects on appearance
- answer questions they have about the physical changes of puberty
- correct misconceptions and fears about bodily changes

ACTIVITIES
1. Introduction: Define Puberty.
   (A growth process that occurs at different times for each person. It involves emotional changes as well as physical and chemical changes which make one capable of sexual reproduction.
2. Students complete “Physical Changes at Puberty” worksheet
   - Discuss each item using Teacher Reference Material
3. Students identify questions pertaining to the physical changes of puberty.
4. Discuss good hygiene and health habits using the slide “Puberty Pointers for Boys & Girls.”
   - Ask students to identify good hygiene and health habits for each topic on the slide. Use the Teacher Discussion Guide for additional information.
Physical Changes at Puberty
BOYS AND GIRLS – SIMILARITIES AND DIFFERENCES

INSTRUCTIONS  Boys and girls experience many body changes during puberty. Some of the changes are listed below. For each change listed, decide whether it Could Only Happen to Girls, Only Happen to Boys, or Could Happen to Both. Put a check mark in the column that is correct.

<table>
<thead>
<tr>
<th>Changes</th>
<th>could ONLY happen to BOYS</th>
<th>could ONLY happen to GIRLS</th>
<th>could happen to BOTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voice deepens a lot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Menstruation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased perspiration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop acne</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminal emissions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadened shoulders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadened hips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased facial hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pubic hair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid growth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal lubrication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sperm production</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovulation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth of breast tissue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex organs enlarge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent teeth develop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood swings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Puberty Pointers

- Reduce body and foot odor.
- Care for skin.
- Keep hair healthy.
- Form healthy relationships.
- Anticipate crushes.
- Understand your curiosity.
- Decide to wait.

**BOYS**

- Expect nocturnal emissions
- Know whether you are circumcised or uncircumcised
- Avoid jock itch
- Wear an athletic supporter

**GIRLS**

- Be prepared for menstruation
- Know how to handle cramps
- Recognize normal vaginal secretions
- Avoid vaginal infections
Puberty Pointers for Boys

Reduce body and foot odor.
- Bathe or shower daily.
- Use underarm deodorant/antiperspirant daily.
- Change clothes daily.
- Understand that people of various cultures have differing practices and opinions regarding body odors.

Care for skin.
- Keep skin clean by washing with soap and water twice a day.
- Drink plenty of water, about six 8-ounce glasses each day.
- Ask parents about the use of acne medications.
- Ask parents about a visit to a physician or dermatologist.
- Keep hair clean and off the forehead.
- Change and wash the pillowcase regularly.

Keep hair healthy.
- Shampoo frequently enough to keep it from being oily.
- Brush and/or comb hair daily.

Expect nocturnal emissions.
- Wash self off.
- Change clothes and sheets if needed when nocturnal emissions occur.

Know whether you are circumcised or uncircumcised.
- Circumcision means that the foreskin at the end of the penis has been removed, usually within a few days of birth. No special care is needed.
- If uncircumcised, the foreskin remains intact. It must be retracted, or pulled back, so that the area underneath can be washed and rinsed. The foreskin must be pulled back down. This should be done daily.

Avoid jock itch.
- It is a fungal infection of the groin area.
- Wear cotton underwear. They are cooler and allow air circulation.
- Stay dry by changing underclothes when sweaty.
- Take a shower and dry off well after sports activities.
- Use medicated powder or cream on the area if needed; it is available without a prescription at drug stores.

Wear an athletic supporter.
- It is a kind of undergarment that provides protection for a male’s genitals during sports activities. It is also called a jock strap.
- Wear a hard, plastic “cup” that slips inside the athletic supporter when engaging in contact sports.
Form healthy relationships.
- Have friendships with people of both sexes so that you appreciate people as individuals.
- Have friendships with people of all ages so that you learn how to relate to a variety of people.
- Have friendships with people of differing races, cultures, abilities, and interests; you will learn so much about yourself and about others.

Anticipate crushes.
- It is normal for boys and girls to develop “crushes” on people they find attractive.
- When this happens, a person may want to be near someone a lot; yet, the person might have trouble talking and may feel self-conscious and embarrassed.
- Most people have many crushes or infatuations before they meet someone they truly fall in love with.
- Some young people feel confused when they feel admiration for someone who is older, like a teacher, or who is the same gender. These feelings are normal and do not indicate a permanent attraction, nor is a person required to act on these feelings.

Understand curiosity.
- During puberty, curiosity about sex and anatomy increases.
- Just because you are curious, that doesn’t mean you have to, or are ready to, “explore.”
- Remember, no one has a right to touch another person without his or her permission.
- Each person must keep his or her hands off others as a sign of respect for the other person.
- If anyone touches you in an inappropriate way, tell someone so help can be obtained.

Decide to wait.
- Decide how you will avoid situations that could result in sexual pressure.
- Decide how you will keep yourself safe from sexual assault.
- Decide right now that you will avoid the possibility of pregnancy, HIV and AIDS, or other sexually transmitted infections by waiting to have sexual intercourse until adulthood and until you are mature and prepared to assume the lifelong responsibility of having a child. For most people in our society, this is within marriage.
Puberty Pointers for Girls

Reduce body and foot odor.
- Bathe or shower daily.
- Use underarm deodorant/antiperspirant daily.
- Change clothes daily.
- Understand that people of various cultures have differing practices and opinions regarding body odors.

Care for skin.
- Keep skin clean by washing with soap and water twice a day.
- Drink plenty of water, about six 8-ounce glasses each day.
- Ask parents about the use of acne medications.
- Ask parents about a visit to a physician or dermatologist.
- Keep hair clean and off the forehead.
- Change and wash the pillowcase regularly.

Keep hair healthy.
- Shampoo frequently enough to keep it from being oily.
- Brush and/or comb hair daily.

Be prepared for menstruation.
- Keep track of your periods on a calendar so you can understand your menstrual cycle.
- Talk to your parent or another trusted adult about your family’s beliefs and practices for menstruation.
- Carry a pad in a purse or backpack a couple days before you expect your period.
- Carry change in case you need to buy sanitary products from the vending machine in the rest room.
- Change pads every few hours as needed to stay dry and to avoid menstrual odor.
- Dispose of pads by wrapping them in toilet paper and throwing them in a waste basket. Never flush them down a toilet.
- Try a variety of pads (and possibly tampons) to find out which work best for you.
- Change tampons every four hours, or more often if needed. Some tampons are flushable. Those that are not flushable should be wrapped in toilet paper and thrown in a waste basket.
- Shower or bathe daily and change pads or tampons often to help prevent menstrual odor.

Know how to handle cramps.
- Not everyone has them.
- Getting exercise can help relieve cramps.
- A warm (not hot) bath or a heating pad can soothe.
- Ask parents or your doctor about medication to relieve cramps. It is not necessary to suffer.

Recognize normal vaginal secretions.
- A clear, odorless discharge is normal at times during the month.
- Do not douche or put deodorant in the vagina. The vagina is self-cleaning.
Avoid vaginal infections.
- Any discharge that is colored (other than menses), or has a strong odor, or itches indicates a possible infection and a doctor should be consulted. After using the bathroom, always wipe from the front to the back to keep feces from entering the openings to the urethra and the vagina.
- Wash your hands before and after changing your pad or tampon.
- Wear cotton underwear to keep the vulva dry.
- Bubble bath is irritating for some girls and should be avoided.

Form healthy relationships.
- Have friendships with people of both sexes so that you appreciate people as individuals.
- Have friendships with people of all ages so that you learn how to relate to a variety of people.
- Have friendships with people of differing races, cultures, abilities, and interests; you will learn so much about yourself and about others.

Anticipate crushes.
- It is normal for boys and girls to develop “crushes” on people they find attractive.
- When this happens, a person may want to be near someone a lot; yet, the person might have trouble talking and may feel self-conscious and embarrassed.
- Most people have many crushes or infatuations before they meet someone they truly fall in love with.
- Some young people feel confused when they feel admiration for someone who is older, like a teacher, or who is the same gender. These feelings are normal and do not indicate a permanent attraction, nor is a person required to act on these feelings.

Understand curiosity.
- During puberty, curiosity about sex and anatomy increases.
- Just because you are curious, that doesn’t mean you have to, or are ready to, “explore.”
- Remember, no one has a right to touch another person without his or her permission.
- Each person must keep his or her hands off others as a sign of respect for the other person.
- If anyone touches you in an inappropriate way, tell someone so help can be obtained.

Decide to wait.
- Decide how you will avoid situations that could result in sexual pressure.
- Decide how you will keep yourself safe from sexual assault.
- Decide right now that you will avoid the possibility of pregnancy, HIV and AIDS, or other sexually transmitted infections by waiting to have sexual intercourse until adulthood and until you are mature and prepared to assume the lifelong responsibility of having a child. For most people in our society, this is within marriage.
REPRODUCTIVE ANATOMY AND PUBERTY

SECONDARY SEX CHARACTERISTICS
REPRODUCTIVE ANATOMY AND PUBERTY
SECONDARY SEX CHARACTERISTICS
Sexual Feelings
Understanding Sexuality and Sexual Feelings

LESSON OBJECTIVES
Students will be able to
• differentiate between sexuality and sexual feelings, realizing that one’s sexuality is directly related to sexual feelings
• understand that their sexuality is something to be proud of and that sexual feelings are a normal part of growing up
• begin to recognize the importance of controlling sexual feelings in order to build happy and healthy friendships and relationships

ACTIVITIES
1. Introduction
   Explain to students that this unit will be dealing with a very serious peer pressure issue: responding appropriately in sexual situations. An important part of maturing is becoming aware of and being comfortable with our sexuality, which is directly tied to your personality. Personality is shown to others in how we act and behave. Our sexuality, which is directly tied to our personality, is operating every day in our thoughts, feelings, reactions, and decisions. Females and males react differently behave differently in hundreds of situations. This is something to accept, be proud of, and celebrate.

2. Understanding Sexual Feelings (handout)
   Read aloud as students fill in missing words.
Understanding Sexual Feelings
(Teacher’s Key)

Our sexuality is constantly at work sorting out how we feel and how we will react and behave in different situations. We already know that every teen responds differently and yet similarly as they go through the physical and emotional changes of puberty. A normal part of puberty is sorting out our feelings toward the opposite sex. During the teen years, these thoughts and feelings will at some point take on a special side to them, a sexual side. These feelings or attractions surrounding the opposite sex are called sexual feelings. Sexual feelings can range from mild to strong in intensity and can be triggered by many situations. A person may be in class, home alone, at a football game, in a movie theatre, hanging out with friends, or with a boyfriend or girlfriend.

Here are some examples of some sexual feelings teens may experience:
- She is so cool. I wish I could be in class with her every hour.
- I can’t believe he looked at me in class. I wish I dared to talk to him.
- I wonder if she has a boyfriend.
- I wonder what it would be like to kiss him.
- I get so nervous when she sits by me on the bus. She talks all the way home; my hands sweat and my heart races; I can’t think of anything intelligent to say.
- When he kisses me and tells me we should be together forever, I get so confused about what he expects me to do next.
- She’s so bold. I don’t know what to do when she says things like, “Maybe my parents won’t be home next time you come over . . .”

Can you see the range in intensity of these sexual feelings?

As with all of our thoughts and feelings, it is important to understand our behavior or response when we experience sexual thoughts and feelings. This means in advance we should consider what we would and would not do when we have sexual thoughts or experience sexual feelings. It’s a matter of what is appropriate or inappropriate and what is responsible or irresponsible. Let’s see some role plays on:

<table>
<thead>
<tr>
<th>SITUATIONS</th>
<th>FEELINGS</th>
<th>RESPONSE</th>
</tr>
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You be the judge:

What is appropriate? What is inappropriate?
What is responsible? What is irresponsible?
Understanding Sexual Feelings

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What is appropriate? What is inappropriate?
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REPRODUCTIVE ANATOMY AND PUBERTY

SECONDARY SEX CHARACTERISTICS

Male and Female
Reproductive Anatomy
Male and Female Reproductive Anatomy

LESSON OBJECTIVES
Students will be able to:

- identify parts of the male and female reproductive systems
- understand the functions of the male and female reproductive systems
- outline the process of the menstrual cycle and ovulation
- understand the implications associated with PMS
- appreciate the role sexual feelings play in development

ACTIVITY 1
Review male and female reproductive systems using diagrams and notes.

1. **Distribute:** Distribute one of each of the Student Activity Sheets, “Male Reproductive System Review” and “Female Reproductive System Review,” to each student.

2. **Explain the task:**
   *We have been learning about puberty and how the reproductive system works. Let’s see how much you remember. Complete the activity sheets by matching each term with its definition and by labeling the diagrams with the correct names.*

3. **Time:** Allow the students a few minutes to complete the activity sheets.

4. **Display:** Display the slide of the Student Activity Sheet, “Male Reproductive System Review.” Read each item on the activity sheet and call on the students to share their answers. Have the students correct their own worksheets. Clarify the information as needed.

5. **Display:** Display the slide of the Student Activity Sheet, “Female Reproductive System Review.” Again, read each item on the activity sheet and call on the students to share their answers. Have the students correct their own worksheets. Clarify the information as needed.

ACTIVITY 2
Explain ovulation, menstruation, and fertilization

1. **Ask:** *What is the change in puberty that indicates a girl is physically able to get pregnant?* Call on students to guess until menstruation is named.

2. **Explain menstruation:**
   *Menstruation is one of the normal changes that takes place in girls as they go through puberty. It is a very clear sign that a girl is growing into a woman. Once a girl begins menstruating, she knows that her body is prepared to have a baby at some time in the future if she decides to have children. Her body is capable of becoming pregnant. Of course, it is very important that she waits until she is an adult, has accomplished her goals for her education, and is ready to accept the life-long responsibility for raising a child. For most people in our society, this is within marriage.*

   *Of course, it is important for boys to wait to be a parent for the same reasons.*

   *Let’s learn more about what happens inside a girl’s or woman’s body during her menstrual cycle.*

3. **Distribute:** Distribute the Student Activity Sheet, “Ovulation and Menstruation,” to each student. Have them get out red, pink, and blue crayons or markers to draw the stages of the menstrual cycle.
4. **Display:** Display the slide of the activity sheet, “Ovulation and Menstruation.” Use red, pink, and blue water-based markers to illustrate the process. Instruct the students to complete their worksheets to match the slide.
   - Days 1-7, The menstrual flow, also called menses or a period, begins and usually lasts from three to seven days. The lining of the uterus thins. 
     *Color a red flow exiting the vagina.*
   - Days 7-14, The lining of the uterus begins to get thicker.
     *Color a pink thin lining in the uterus*
   - Day 14, An ovum (human egg cell) is released from one of the ovaries.
     *Make a blue dot in one of the ovaries, then one just inside the fallopian tube.*
   - Days 14-17, The ovum travels down the Fallopian tube to the uterus. If it is not fertilized, it dies and passes out of the body.
     *Make a series of blue dots traveling down the Fallopian tube, through the uterus, and out the vagina.*
   - Days 14-28, The lining of the uterus continues to thicken.
     *Color the pink lining in the uterus to make it thicker.*
   - Day 1, The menstrual flow begins again, the lining of the uterus thins, and the whole cycle repeats.
     *Color a red flow exiting the vagina.*

5. **Use the slide, “Ovulation and Fertilization,” to explain:**
   *The lining of the uterus gets thick in case the egg is fertilized. If sperm cells meet the egg as it travels down the Fallopian tube, the sperm can fertilize the egg cell, and a new life will begin. This is called conception. The fertilized egg will attach itself to the thickened lining of the uterus and start to grow into a baby. Because the lining is needed for the growing baby, the lining does not flow out of the body; therefore, there is a period. Pregnancy only happens if a girl or woman has sexual intercourse.*

   *If the egg has not been fertilized by sperm, conception has not taken place. In other words, a baby will not begin growing. Then, the lining of the uterus is not needed for the egg to grow in, so the lining sloughs off and leaves the body through the vagina. This is called menstrual flow or menses or a period.*

6. **Discuss** the following information with both boys and girls:
   - Show the students six ounces of red-colored water. The amount of blood lost during each period is only two to six ounces. The rest of the menstrual flow is watery body fluid. It looks like there is more blood lost during the menstruation than there really is.
   - Menstruation does not hurt, unlike other events that result in bleeding. However, some girls and women have cramps or other premenstrual symptoms. Each individual is different. Expect an uneventful period, not problems.
   - During menstruation, a girl can do any activities she normally does.
   - When discussing menstruation, girls and boys should display maturity and sensitivity. After all, most girls and women have a period once a month from the time of puberty until around age 50 (except during pregnancy). After that, eggs are no longer released, and a woman cannot have babies anymore.
7. Discuss more detailed information with the girls during a separate class, if possible:
   - Exercising or swimming during menstruation is fine. However, until a girl is able to use a tampon, she will not want to swim during the days she has heavier flow.
   - The decision about whether to use sanitary napkins or tampons or both is up to each individual and her family and cultural norms. It might be easier to start with napkins and try tampons later, once a girl is comfortable with her menstrual cycle and her body.
   - To learn how to insert tampons, read the directions inside the package and practice putting one in between periods. It may be helpful to stand over a mirror to locate the vaginal opening.
   - If tampons are used, they should be changed at least every four hours.
   - A girl will need to wash her vulva and change sanitary pads frequently during menstruation in order to stay clean and avoid a noticeable menstrual odor.
   - Remind the students that teachers, parents, and other adults are ready to help with questions and problems. Typically, young girls are very anxious about the possibility of menstruation beginning unexpectedly at school. If possible, show them where an extra supply of sanitary pads will be kept for their emergency use.
   - Provide each girl with a sanitary products starter kit if they have been approved.

ACTIVITY 3
Explain nocturnal emissions.

1. **Ask:** What is the change in puberty that indicates a boy’s body will soon be able to cause a pregnancy?
   Call on students to guess until nocturnal emissions, or wet dreams, are named.

2. **Explain nocturnal emissions:**
   Nocturnal emissions are one of the normal changes that take place in boys as they go through puberty. It is a very clear sign that a boy is growing into a man. Once a boy begins having nocturnal emissions, he knows that his body is preparing to help make a baby at some time in the future if he decides to have children. His body will soon be capable of causing a pregnancy. Of course, it is very important that he waits until he is an adult, has accomplished his goals for his education, and is ready to accept the life-long responsibility for raising a child. For most people in our society, this is within marriage.

   Of course, it is important for girls to wait to be a parent for the same reasons.

   *Let’s review what happens inside a boy’s or man’s body during nocturnal emissions.*

3. **Display the slide, “Male Reproductive System.” Explain:**
   Sometime during puberty, the testicles, also called testes, begin to produce sperm and testosterone. Sperm are produced constantly so they build up inside. Every couple weeks or so, a boy might release semen during his sleep. This is called a nocturnal emission, which means “nighttime coming out.” It is also called a wet dream because it causes a wet spot on the sheets and sleeping clothes, and it sometimes occurs while dreaming.

   Nocturnal emissions are a normal part of growing up, just like the menstrual cycle in girls. They are a sign that semen is being produced and will continue to be produced until the person dies. Sperm are the cells that can fertilize the egg cell from a woman’s body. That only happens if a man has sexual intercourse with a woman. It is important to wait until adulthood before having sexual intercourse because a pregnancy can result.
TEACHER TIP
The previous explanation assumes the term “sexual intercourse” has been defined in the previous discussions that have taken place. If sexual intercourse has not been defined, you will need to modify this script to define or omit the term.

4. **Discuss** the following information with boys and girls:
   - Show the students one teaspoon of water. That is the amount of fluid that comes out during a nocturnal emission. It looks like more when it is poured on a piece of cloth, such as a sheet.
   - Nocturnal emissions don’t hurt. In fact, a boy may not even know he has had one until he wakes up and notices his sheets and clothes are damp.
   - Nocturnal emissions occur at varying intervals, not on a regular cycle like menstruation in females.
   - When discussing nocturnal emissions, girls and boys should display maturity and sensitivity. After all, most boys and men have experienced them.

5. Discuss more detailed information with the boys during a separate class, if possible:
   - After a nocturnal emission, a boy can wash the sticky semen off himself and change his sheets and clothes.
   - Sometimes a boy might remember dreaming about a sexual situation, but this doesn’t always happen.
   - Nocturnal emissions are often more frequent during puberty because of the increase in the male hormone, testosterone. As the body gets accustomed to it, nocturnal emissions may decrease.
   - Remind the students that teachers, parents, and other adults are ready to help with questions and problems.

**ACTIVITY 4**
Answer student questions.
**Part I**

**Male Body Terms**

1. Penis
2. Urethra
3. Scrotum
4. Testicle (testis)
5. Vas deferens
6. Bladder*
7. Foreskin
8. Anus*

**Definition**

A. Either of two glands that produce sperm and testosterone
B. Tube through which urine or semen exits the body
C. Either of two tubes that allow sperm to pass from the testicles (testes)
D. Organ that holds urine
E. Fold of skin over the head of the penis
F. Opening from which feces leaves the body
G. Organ used when urinating or for reproduction
H. External pouch that contains the testicles

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*These are not part of the reproductive system.
**FEMALE REPRODUCTIVE SYSTEM REVIEW**

**Part I**

**Directions:** Match the word in the left column with its correct definition in the right column by connecting them with a line.

<table>
<thead>
<tr>
<th>Female Body Terms</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cervix</td>
<td>A. Pear-shaped reproductive organ in which the baby grows and develops until birth</td>
</tr>
<tr>
<td>2. Vagina</td>
<td>B. Either of two glands where egg cells and female sex hormones are produced</td>
</tr>
<tr>
<td>3. Vulva</td>
<td>C. Narrow end of the uterus that opens into the vagina</td>
</tr>
<tr>
<td>4. Fallopian tube</td>
<td>D. Either of two tubes through which an egg cell travels from an ovary to the uterus</td>
</tr>
<tr>
<td>5. Ovary</td>
<td>E. Passage that leads from uterus to the outside of the body</td>
</tr>
<tr>
<td>6. Labia</td>
<td>F. Organ that holds urine</td>
</tr>
<tr>
<td>7. Clitoris</td>
<td>G. Sensitive erectile organ at the top of the vulva</td>
</tr>
<tr>
<td>8. Uterus</td>
<td>H. Tube through which urine leaves the body</td>
</tr>
<tr>
<td>9. Anus*</td>
<td>I. Folds of skin on either side of the vagina</td>
</tr>
<tr>
<td>10. Urethra*</td>
<td>J. External genital area between a female's legs</td>
</tr>
<tr>
<td>11. Bladder*</td>
<td>K. Opening from which feces leaves the body</td>
</tr>
</tbody>
</table>

*These are not part of the reproductive system.

**Part II**

**Directions:** Look at the diagram below and label the female body parts by writing the number of the correct term in the circle.
REPRODUCTIVE ANATOMY AND PUBERTY

SECONDARY SEX CHARACTERISTICS

Ovulation/PMS/Menstruation
LESSON B-4: Reproduction

OVULATION AND MENSTRUATION

For the menstrual flow, use red.
- For the lining of the uterus, use pink.
- For the ovum (human egg cell), use blue.

1. An ovum (human egg cell) is released from one of the ovaries.
2. The ovum travels down the Fallopian tube to the uterus. If it is not fertilized, it dies and passes out of the body.
3. The lining of the uterus begins to get thicker.
4. The lining of the uterus continues to thicken.
5. The menstrual flow begins again, the lining of the uterus thins, and the whole cycle repeats.

2002 / Puberty: The Wonder Years

Lesson B-4
Unit 3

BUILDING RELATIONSHIPS
Building Relationships

LESSON OBJECTIVES
Students will be able to:

- identify qualities that they like and dislike in the opposite sex
- define dating
- discuss the benefits of going out with a group

ACTIVITIES

1. Likes and Dislikes
   a. Begin by asking students, “How does a person decide who they like or who they may want
to date?” Solicit answers. Point out that people are attracted to one another, begin
relationships, and/or “fall in love” for many different reasons.
   b. Explain to students that you would like them to think about things they like as well as things
   that they dislike about the opposite sex.
   c. Write the following topics on an overhead slide and display:
      
      THINGS WE DISLIKE IN MEMBERS OF THE OPPOSITE SEX
      THINGS WE LIKE ABOUT MEMBERS OF THE OPPOSITE SEX

   d. Ask boys to form groups of three or four, and the girls to do the same. Tell each group to
   consider these two topics (above) and to brainstorm two lists.
      • For the “Dislikes List,” students should think about:
        1. What would keep me from wanting to get involved in a relationship?
        2. What kind of approaches bother me?
      • For the “Likes List” students should think about:
        1. What does the opposite sex do that I like?
        2. How do I like to be approached?
        3. How do I like to be treated?
   e. Ask each group to pick a recorder and list their answers on an overhead slide. Each group
   picks a presenter and has them present their answers after about 10 minutes.
   GROUND RULES FOR REPORTING:
   • When the girls report, the boys must be quiet.
   • The boys may say nothing unless they’re seeking clarification.
   • After the girls report, boys tell the girls what they think they’ve said.
   • After clarification, boys may comment on what was said, using “I statements” only.
   • After the girls report, boys report following the same ground rules.
   f. Ask students to summarize what they have learned about the likes and dislikes of the
   opposite sex.

2. Going Out
   a. As we begin to understand and like members of the opposite sex, we naturally consider
   going out as a chance to get to know many other teens and to form relationships.
   • Ask students to define “going out.”
   • List suggestions on an overhead slide.
   b. Suggest that “going out” could be defined as “another way of learning more about yourself
   and building relationships with others.
   For some teenagers, going out is a very important subject at this time in life. However,
many teens your age haven’t even thought about going out with someone else. Everyone’s
feelings are unique.
c. Explain that the teenage years should be a time to have a relaxing, good time with groups of friends without the embarrassing discomfort and awkwardness that a single-dating relationship can bring.
   • Ask, *What are the advantages of going out with a group?* Solicit answers.
   • Distribute “The Relationship Game.” Ask students to spend the rest of the class period considering the questions that are asked. *This worksheet must be completed by tomorrow.* Encourage students to share answers with their parents to get a better idea of their view on dating.
The Relationship Game

Those who do choose to go out should be given the chance to examine the issues and rules to the “Relationship Game” before they are asked out.

So, here’s your chance – what do YOU think?

1. Why are group outings best? ____________________________________________________________

2. How will I know that I’m ready to go out with just one person? _____________________________

3. Is there a best age for going out? If “Yes,” when? _________________________________________

4. Why should I always ask myself, “What are we planning to do?” and “Why are we planning to do this?” before I go out with a group (or someone special)? ________________________________

5. I’m going out for the first time without the group. What are some things that I’ll have to think about ahead of time? ________________________________

6. I’m going out for the first time without the group. What should I expect? ____________________

7. How can I make my expectations clear to my date? _________________________________________

8. What if I start feeling pressured into doing something that goes against my values? (Remember, there are just the two of you.) ________________________________

BRAINSTORM
Write down as many fun and interesting things to do on a date as you can. Be sure to include a number of things that you can do with a group of friends and a number of things that cost little or no money.
LESSON OBJECTIVES
Students will be able to:
• examine the issues and “rules” to going out
• examine various steps leading up to a first date
• discuss benefits of group dating
• state definitions for lust, infatuation, and love

ACTIVITIES
1. “The Relationship Game” follow-up
   Discuss #1, 4, 6, and 8 from the homework, “The Relationship Game.” Ask for two volunteers to compile a list of dating activities to post on a bulletin board. Collect this assignment.

2. “The Relationship Ladder”
   Distribute “The Relationship Ladder” worksheet and read the introduction together.
   • Review and briefly discuss the benefits of group dating (as a possibility for one step of the ladder). Allow 5-8 minutes for students to fill in the other steps.
   • Discuss student answers. A total class “Relationship Ladder” could be developed using student responses and ideas.
   • Ask students to answer the questions at the bottom of the page.

3. Assign “Love, Infatuation, or Lust?” handout (last 10 minutes)
The Relationship Ladder

For some teenagers, going out is a very important subject at this time in life. However, many teens your age haven’t even thought about going out with someone else. You and your feelings are very unique. Going out gives you a chance to learn more about yourself, build relationships with others, but may also be an activity in which many unnecessary problems occur in relationships.

Many teens, when they think about going out get a lump in their throats and butterflies in their stomachs. The idea of going out for the first time can be scary. How did this subject, this interest in going out become so important to us at this time in life? How do people go from the elementary years of cooties and kicking to their first solo car date? What’s happening in between? A lot of socializing and practicing, that’s what!

Try to come up with as many possibilities as you can that may lead to that first solo car date.

QUESTIONS TO CONSIDER

1. Is there a set age for each step of the ladder? Why/Why not?

2. Could each step involve the same person?

3. Why would it be best if each step did NOT involve the same person?


**Lust, Infatuation, or Love?**

**DIRECTIONS**

Read the situations below. Write LUST, INFATUATION, or LOVE next to each situation. Consider the following definitions before you begin.

**LUST** is a physical or sexual attraction. It is based on people thinking only of themselves and of meeting their own selfish needs.

**INFATUATION** is a strong feeling of attraction based on physical appearance and/or personality traits. It is being “crazy” about a person! Infatuation makes it difficult to see any bad characteristics of a person or of a relationship. Infatuations are something to be enjoyed but should not be mistaken for love. Infatuations may develop into mature love relationships with time.

**LOVE** is a strong feeling of attraction that grows slowly over time. Love motivates people to communicate openly and share their feelings, values, and goals with each other. Love involves commitment.

_________________ 1. S/He is so attractive that you just want to sit and stare!
_________________ 2. This person doesn’t ever ask how you’re feeling or seem to care about how your day went. S/He is possessive and demands your attention and affection.
_________________ 3. You can talk freely to this person and work it out if you have a difference of opinion.
_________________ 4. You share many common interests and values with this person.
_________________ 5. Your whole body tingles and your palms sweat when this person is close to you!
_________________ 6. S/He accepts you as you really are and is willing to stick with you in good times and bad.
_________________ 7. S/He compliments you when s/he wants your affection, but is likely to put you down when others compliment you.
_________________ 8. You can talk to this person for hours about anything.
_________________ 9. You want to be with this person all of the time. It’s hard to take when s/he chooses to be with his/her friends (instead of you) for an evening.
_________________ 10. This person regularly uses pressure tactics, such as, “If you love me so much, why don’t you show it?” and “I’m sure there is someone else who would gladly return my love . . .”
_________________ 11. Being with this person is a riot (!), but when you’re together you prefer to stay busy with activities rather than be faced with the awkwardness of just talking.
_________________ 12. You feel like you have to look and act your best around this person. You don’t ever want him or her to see the “real you.”
Building Relationships (continued)

LESSON OBJECTIVES
Students will be able to:
- distinguish between lust, infatuation, and love
- recognize the benefits of not rushing into boyfriend/girlfriend relationships
- identify risky situations to avoid in order to keep sexual feelings under control
- demonstrate appropriate refusal skills that could be used to handle uncomfortable sexual situations
- recognize appropriate ways to develop a healthy boyfriend/girlfriend relationship
- possess the knowledge and resolve necessary for them to act in their best interest in an unsatisfactory relationship

ACTIVITIES
1. Lust, Infatuation, or Love handout
   Students will read each situation and identify the situation as lust, infatuation, or love.

2. Love versus Infatuation Slide and/or Teacher Reference
   Discuss with students.

3. Going Together, What’s the Rush?
   Introduction:
   Today we are going to sort out some key questions about boyfriend/girlfriend relationships. As we work through the different topics, be sure to analyze how you feel about each topic and how you are currently acting on each topic. Did you know that not all eighth graders have the same feelings about “going together?”

There are eighth graders who: (“Going Together” overhead)
- are not in a rush to go with someone; they would rather just hang out with friends
- are dying to go with someone – anyone
- have a crush on someone, but choose not to act on it
- like someone special, but choose to just enjoy a good friendship with them
- are currently going with a seventh grader or another eighth grader
- are going with a ninth grader and they don’t even socialize with many eighth graders anymore

DISCUSSION QUESTIONS
- Can you think of someone you know in any or all of the above situations?
- Which line of thinking do you believe includes the greatest number of people in the eighth grade?
- Are there advantages and disadvantages to each choice?

GROUP WORK
Let’s brainstorm about “Going Together.” Your group will be given 3-4 cards, each with a different topic that relates to “Going Together.” You will have 5 minutes to brainstorm answers for each card. Do not look ahead at future cards. After 20 minutes, each group will play the part of an expert and give us their ideas on one of the topics. I will then ask the remaining groups if they have any additional ideas to add.
Building Relationships (continued)

4. **Wrap Up**
   As a class, summarize important points about boyfriend/girlfriend relationships.
   - Every person feels ready at a different time for boyfriend/girlfriend relationships.
   - It is important not to be rushed into pairing up or into physical affection.
   - It is important to choose behaviors that are consistent with my values. Be prepared for when temptation strikes.
**Love vs. Infatuation**

- admire
- respect
- common values/interests
- open/honest communication
- empathy
- tenderness and friendly love
- mutual trust
- physical attraction
- meet each other’s needs

- physical attraction often basis for entire relationship

<table>
<thead>
<tr>
<th>Love</th>
<th>Infatuation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings of strong personal attachment</td>
<td>Engulfing selfish feelings</td>
</tr>
<tr>
<td>Concern for the welfare of the other person</td>
<td>Concern for your own welfare</td>
</tr>
<tr>
<td>Grows steadily and slowly</td>
<td>Emotions flow at a fast pace</td>
</tr>
<tr>
<td>Continues to grow and encompasses more of personality</td>
<td>Initial attraction is quickly consumed and stops growing</td>
</tr>
<tr>
<td>Makes one feel proud, confident, and ambitious</td>
<td>Tends to destroy purpose and ambition</td>
</tr>
<tr>
<td>Physical attraction is only one part of the relationship</td>
<td>Physical attraction often is the major factor in the relationship</td>
</tr>
<tr>
<td>Aware of other person’s faults, but accepts them as part of the total personality</td>
<td>Overlooks undesirable traits and pretends they do not exist</td>
</tr>
<tr>
<td>Both partners give of themselves generously</td>
<td>Each partner seeks rewards, but gives little in return</td>
</tr>
<tr>
<td>Exhibits a “we” feeling and indicates that “I care about how you feel”</td>
<td>Exhibits an “I” feeling and indicates concern only for “How do I feel?”</td>
</tr>
<tr>
<td>Increases ability to relate to many friends</td>
<td>Likes only few friends and tends to be moody and indifferent</td>
</tr>
<tr>
<td>Unselfish actions</td>
<td>Very selfish actions</td>
</tr>
<tr>
<td>Trust, openness, and acceptance of others</td>
<td>Distrustful and slow to accept others</td>
</tr>
</tbody>
</table>
Going Together

There are eighth graders who:

- are not in a rush to go with someone; they would rather just hang out with friends
- are dying to go with someone – anyone
- have a crush on someone, but choose not to act on it
- like someone special, but choose to just enjoy a good friendship with them
- are currently going with a seventh grader or another eighth grader
- are going with a ninth grader and they don’t even socialize with many eighth graders anymore

DISCUSSION QUESTIONS

- Can you think of someone you know in any or all of the above situations?
- Which line of thinking do you believe includes the greatest number of people in the eighth grade?
- Are there advantages and disadvantages to each choice?
TOPIC #1

Going Together – What’s the Rush???

1. Do some eighth graders feel rushed into having a boyfriend or girlfriend?
2. Who or what rushes them?
3. How might peers try to pressure an eighth grader into boyfriend/girlfriend relationships?
4. Who decides when they are ready or really want to have a boyfriend or girlfriend relationship?
5. Why isn’t it important to hurry into “Going Together?”

************************************************************************

TOPIC #2

Going Together – What’s the Rush???

1. What situations (places? activities?) could stir up sexual feelings and end up causing a teen to:
   - feel uncomfortable?
   - use poor judgment?
   - go against their values?
   - feel pressured into a sexual activity?

In other words, if we want to keep sexual feelings under control, what situations are best to avoid?
TOPIC #3

Going Together – What’s the Rush???

1. How can a teen get out of a situation or say no when they are being pressured to be involved in some sexual activity? Sexual activities could range from friends wanting them to participate in a kissing game to a boy or girl pressuring someone to do more than what they might want to do.

TOPIC #4

Going Together – What’s the Rush???

1. When a teen feels ready for a boyfriend/girlfriend, what are some appropriate ways to develop a healthy relationship?
TOPIC #5

**Going Together – What’s the Rush???

1. Feelings change. Relationships change. That’s all part of growing up. But how do you tell somebody it’s over? What are some rules that should apply when breaking up with somebody?
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.
   j.

Remember the Golden Rule: Do unto others as you would have them do unto you.

************************************************************************

TOPIC #6

**Going Together – What’s the Rush???

1. Why do people “break up” in the middle school?
   a.
   b.
   c.

2. Jaime is going with Sam. She knows that Sam has started drinking a lot. That goes against her personal values. How can Jaime let Sam know that she wants out of their relationship?

3. Aimee and Cammie are best friends. Aimee is dating Jeff. Aimee wants Cammie to tell Jeff that their relationship is done. What advice should Cammie give Aimee?
TOPIC #7

Going Together – What’s the Rush???

1. Tom and Beth have been seeing each other for five months. They’ve been fighting quite a bit lately. Tom is interested in dating someone else; Beth is not. Help Tom break off the relationship.

2. What strategies would you use to cope with a break up?
   
   a.
   
   b.
   
   c.
   
   d.

************************************************************************
Unit 4

SEXUAL HARASSMENT
Sexual Harassment

LESSON OBJECTIVES
Students will be able to:

• demonstrate an understanding of the school’s Sexual Harassment Policy by applying the policy to “real life” situations. (Refer to Middle School Policy on Bullying and Harassment)

ACTIVITIES
1. Discussion Questions for Review (Transparencies)
   - What is harassment?
   - How can people be harassed?
   - Why do people harass others?
   - What does harassment do to people?
   - What can we do to stop harassment?
   - What can you do if you are harassed?

   Sexual harassment is a form of harassment. It involves unwanted verbal or physical sexual advances and requests for sexual favors. It is any sexually suggestive behavior that causes another person to feel uncomfortable or threatened.

   Here are some examples: Saying something about a person’s body. Pinching someone on the buttocks. A student or adult offering favors in exchange for sexual contact. A student trying to get another student to go on a date or go steady even though the person who is being asked has firmly stated that he or she is not interested, and doesn’t want the individual to approach him or her about it.

2. Video: Sexual Harassment: It’s Hurting People

3. “Sexual Harassment: Crossing the Line” activity – Scenario Cards
   - Have students read the six scenarios out loud to the class

QUESTIONS FOR DISCUSSION
After a student reads a scenario, discuss the following questions:

a. Is this an incident of sexual harassment?

b. In your opinion, why or why not?

c. What could this person constructively say or do in this situation?
SCENARIO #1

Sexual Harassment: Crossing the Line

A group of male students makes rude comments about a female student’s appearance in the hallway. The female student does not know the boys and does not say anything. She walks away hurriedly.

1. Is this an example of sexual harassment?

2. Why or why not?

3. What could this person constructively say or do in this situation?

SCENARIO #2

Sexual Harassment: Crossing the Line

A girl keeps asking a boy to go out with her. He has said no repeatedly, and is now beginning to feel embarrassed in front of his friends when she comes around. She makes fun of his masculinity in an insulting way.

1. Is this an example of sexual harassment?

2. Why or why not?

3. What could this person constructively say or do in this situation?
SCENARIO #3

Sexual Harassment: Crossing the Line

A boy has started blocking the hallway when a certain girl wants to pass by. He says he just wants to talk to her for a couple of minutes. She does not share the same feelings and has repeatedly asked him to stop bothering her.

1. Is this an example of sexual harassment?

2. Why or why not?

3. What could this person constructively say or do in this situation?

************************************************************************

SCENARIO #4

Sexual Harassment: Crossing the Line

Two male students are always swapping dirty jokes in the hallway, and both seem to be having a good time. Unfortunately, their jokes are often overheard by the kids near their lockers.

1. Is this an example of sexual harassment?

2. Why or why not?

3. What could this person constructively say or do in this situation?
**Scenario #5**

**Sexual Harassment: Crossing the Line**

A boy repeatedly receives anonymous notes in his locker stating sexual comments about him and his girlfriend.

1. Is this an example of sexual harassment?

2. Why or why not?

3. What could this person constructively say or do in this situation?

**Scenario #6**

**Sexual Harassment: Crossing the Line**

A girl is told repeatedly by boys in class that her name is all over the walls in the boys’ bathroom.

1. Is this an example of sexual harassment?

2. Why or why not?

3. What could this person constructively say or do in this situation?
Unit 5

SEXUAL ACTIVITY
SEXUAL ACTIVITY

MARRIAGE AND FAMILY

Pregnancy

Fetal Growth and Development
Understanding Pregnancy

LESSON OBJECTIVES
Students will be able to:
- understand that a pregnancy can occur when a couple has sexual intercourse
- describe the process of conception and have a basic understanding of pregnancy, labor, and delivery
- describe the development of an embryo and fetus and recognize the importance of good prenatal care
- consider the responsibilities and life changes that come with pregnancy and childbearing

ACTIVITIES
1. Introduction

   During the next few days, we will be taking a close look at pregnancy. We will consider the responsibilities associated with having a baby for teens as well as for married couples.

   - Review what the students have learned about heredity and introduce this lesson on fetal development:
     What have you discovered about inherited traits that you share with other members of your family?

   - Call on a couple of students to describe what they have learned about inherited traits.
     Raise your hand if you can name three parts of the cell that carry the instructions that make you unique. (The chromosomes, DNA, and genes carry the instructions that determine how each person will look.)

   - Introduce today’s lesson:
     Chromosomes, DNA, and genes carry our inherited traits, and they are very important. However, environment and lifestyle are also important factors in determining your health.

     Today we are going to look closely at the stages of fetal development. Fetal development is the growth of a baby, called a fetus, which takes place inside the mother’s body from conception until birth. During those nine months, the effects of heredity, environment, and lifestyle are significant. They have a large impact on whether a baby is born healthy . . . or not.

2. Discuss how heredity, environment and lifestyle can affect fetal development.
   Explain:
   Inherited traits come from the genes that are carried by the chromosomes in the egg and sperm. Half of the genes come from the mother and half from the father. These genetic instructions begin to affect fetal growth and development at conception, when the egg and sperm join together.

   What do you think would happen if the chromosomes in the egg or the sperm were damaged? (The damage would affect how the developing baby looks or grows. They could cause genetic birth defects. It could even result in the death of the fetus and result in a miscarriage. A miscarriage is when the developing fetus dies and is expelled from the woman’s body. The medical term for this is a spontaneous abortion.)
Most of the time, the chromosomes are damaged for reasons that we can’t change; other times, chromosomes could be damaged by factors we can avoid. What do you think could cause damage to the chromosomes in the egg and sperm? (Drug use by the mother or father can damage chromosomes. Radiation, such as x-rays, can damage chromosomes in the mother or the father.)

Ask:
What about environment? The fetus’ environment is the mother’s body. At the moment of conception, when the egg and sperm unite, the condition of the woman’s body takes on increased importance. If her body is healthy, then the fetus will begin to develop in the best possible environment.

Since a pregnant woman’s body is the fetus’ environment, what do you think a woman who plans to get pregnant should do to keep her body healthy so that it’s an ideal fetal environment when she is pregnant? (To make an ideal fetal environment, the woman must be well-nourished, well-rested, physically fit, free from disease, free from drug use or chemical dependency, feeling secure, and happy to be pregnant.)

Some of the characteristics that provide a healthy environment for a developing baby are the result of the woman’s lifestyle—the habits and activities she chooses. Research shows that the health of the mother and the father before the pregnancy is also important. The healthy things you do from now on, your lifestyle, will help your body be ready to give any children you may have in the future a good start in life.

3. A family is created (handout)
   Students will work in groups of two for the front page of this activity.

4. Pregnancy, Check your Knowledge (handout)
   Students will answer the questions individually.

5. Summarize the milestones of fetal development and ways maternal lifestyle impacts the developing fetus.
   - Instruct the students to take out a piece of paper and pencil. Explain:
     * It helps if a woman is healthy before conception, but it is critical for every mother to practice positive health habits during the nine months of her pregnancy. We are going to watch a video that will show you photographs of fetal development. As you watch, I want you to think about these two questions and jot down some ideas for each.
     * Write these two questions on the board:
       - What are some important events or milestones in fetal development and when do they occur?
       - What are some of the things a mother might do that could affect her baby’s health?
     * Show the video Fetal Development: A Nine Month Journey.

   Explain that the video shows what actually happens from conception to birth. The video uses uterus fetoscopy, ultrasound images, drawings, animation sequences, and at the end shows a brief viewing of an actual birth.
7. Discuss the video after viewing. Ask students if they have any questions or comments. After showing the video, ask the following questions:

*What are some important milestones in fetal development?*

Make sure to highlight the following milestones if the students don’t:
- At four to six days, the embryo lodges in the uterus.
- By four weeks, the heart has started beating.
- By eight weeks, the eyes, ears, and nose take shape and the arms, legs, fingers, and toes develop.
- At twelve weeks, nails form and genitals develop, etc.

Discuss: *A Family is Created*, by soliciting answers from as many different students as possible. Ask students how they thought they did on the *Pregnancy, Check your Knowledge.*

*What might a pregnant woman do that could be unhealthy for her growing baby?*
- If a pregnant woman does not eat nutritious meals, the baby won’t have the nutrients such as vitamins and minerals it needs for normal growth and development.
- If a pregnant woman uses illegal drugs, it could harm the growing baby, sometimes for life. It may make the baby addicted to the drug the mother is using.
- Use of tobacco and alcohol, which are legal for adults, is responsible for more birth defects than the use of illegal drugs, such as crack cocaine or marijuana; both legal and illegal drugs can be very harmful to a growing baby.
- Use of tobacco may result in low birth weight of babies because the developing baby isn’t getting all the oxygen it needs from the mother’s blood.
- Use of alcohol may result in fetal alcohol syndrome (FAS), a condition that causes birth defects and learning disabilities.
- If a pregnant woman has a sexually transmitted infection or infection, the baby could become infected or have defects at birth.
- If a pregnant woman doesn’t get medical checks during pregnancy, she might not be as healthy as possible for the baby’s best growth and development.

*What can a pregnant woman do to create a healthy environment for her growing baby?*
- She can eat nutritious meals and take prenatal vitamins.
- She can get rest and exercise.
- She can visit her doctor or clinic regularly, beginning as soon as she thinks she might be pregnant.
- She can avoid infections.
- She can avoid using alcohol, tobacco, illegal drugs, and certain prescription drugs.
- She can avoid being in areas where people are smoking.
- She can avoid breathing chemical fumes and polluted air and drinking polluted water.

8. **Give correct answers and discuss** *Pregnancy: Check Your Knowledge.*

9. **Homework:** My Birth
From Two – to – Three
A Family is Created

An important part of a marriage relationship is the expression of love called sexual intercourse. When a husband and wife make love (engage in sexual intercourse), a likely result at some point in time will be a pregnancy. Most of society would agree that the best time for a pregnancy to begin is when a couple is married and committed to each other emotionally, physically, and financially. This commitment allows them to better support and nurture each other and their baby through the pregnancy, delivery, and raising of their child. In addition, your family values may reserve sexual intercourse for married couples only. Whatever the case may be, sexual intercourse may result in a pregnancy. With pregnancy and the birth of a baby comes personal responsibility.

With your partner, work through the following questions:

**Life – Changes**
Try to name 10 to 15 ways life would change for a couple between the time their pregnancy starts until their child is two years old. Be specific and/or general.

____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________

Ideally, how long do you think a couple should wait to have their first child after they get married? ____ Why do you think this is a good idea?

**Happy Preparations**
What is the normal chain of events that take place when a husband and wife find out they’re going to be parents for the first time? What special events or traditions take place to prepare for the birth of their baby? Try to name 5 to 10.

____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________

Now turn the page and individually answer as many questions as you can!
Pregnancy: Check Your Knowledge

1. How does a pregnancy start?

2. What is the unborn baby called for the first three months of life?

3. What is the unborn baby called up until delivery?

4. Where does the fetus grow?

5. How long until the fetus is born?

6. How is the fetus nourished?

7. How can the mother care for the baby before it is born?

8. As a part of good prenatal care, what should the mother avoid so as not to threaten the health of the fetus?

9. What technique is used to view and monitor the fetus while it is in the mother’s uterus?

10. What two openings does the fetus pass through to be delivered into the world?

11. What is the process called when the baby is moving into birth position and the mother is experiencing contractions to help push the baby out?

12. What is the average length and weight of a newborn?

You’ll have a chance to change any answers you want after the video, “Fetal Development: A Nine Month Journey”
My Birth

If you are now living with a birth parent(s), interview the person who can best answer these questions, writing your answers on the back of the page.

1. Place of birth (city, hospital, etc.)?
2. Time of birth (weather, historical events at the time)?
3. Where were you when labor began?
4. How long was labor?
5. Who was present (family, medical persons, others)?
6. How much did I weigh at birth?
7. Any unusual happenings?
8. How did you pick my name?
9. What were the first six months like? First year?
10. I would like to know about my birth and early childhood, such as diseases, first steps, first words, etc.
11. What sources of information about me are available to you (baby books, family records, albums, photos, traditional stories)?
12. How did having your first baby change your daily life?
13. As an infant, did I change your lives?

If you are adopted or not living with a birth parent, interview the person who can best answer these questions, writing your answers on the back of the page.

1. What do they know about my birth?
   • Where was it?
   • What was happening in the world at that time?
   • Weight, length, etc.
2. What was it like the first time you saw me? How long did you know I was coming to live with you?
3. Tell me about the day I came to live with you.
4. What were our first six months together like?
5. What can you tell me about my name?
6. What do you know about my early life (my first words, childhood illnesses, etc.)?
7. What sources of information are available (for example, baby books, records, photographs)?
8. How did having your first baby change your daily life?
9. Did I change your life?

As part of the East Grand Rapids Middle School Health Program, I was interviewed about my thoughts of teens “going out.”

Signed __________________________________

East Grand Rapids Public Schools, November 2007
SEXUAL ACTIVITY
MARRIAGE AND FAMILY

Contraception/Abstinence
(Parental Choice)
<table>
<thead>
<tr>
<th>Contraceptive Methods</th>
<th>Type of Method</th>
<th>Effectiveness</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth control patch</td>
<td>Hormonal</td>
<td>Effective (92%)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Birth control pill</td>
<td>Hormonal</td>
<td>Effective (92%)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Birth control ring</td>
<td>Hormonal</td>
<td>Effective (92%)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Birth control shot</td>
<td>Hormonal</td>
<td>Effective (97%)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Cervical cap</td>
<td>Barrier</td>
<td>Moderately effective (84% before childbirth) (68% after childbirth)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Condom (male and female)</td>
<td>Barrier</td>
<td>Moderately effective (85% male) (79% female)</td>
<td>Over the counter</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>Barrier</td>
<td>Moderately effective (84%)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Spermicide</td>
<td>Barrier</td>
<td>Less effective (71%)</td>
<td>Over the counter</td>
</tr>
<tr>
<td>Sterilization</td>
<td>Voluntary sterilization</td>
<td>Very effective (99.5% tubal ligation) (99.85% vasectomy)</td>
<td>Surgery</td>
</tr>
<tr>
<td>Female tubal ligation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male vasectomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intra Uterine Device (IUD)</td>
<td>Other</td>
<td>Very effective (99%)</td>
<td>Prescription</td>
</tr>
<tr>
<td>Natural Family Planning (Rhythm method)</td>
<td>Other</td>
<td>Less effective (75%)</td>
<td>Both partners decide</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>Other</td>
<td>Less effective (73%)</td>
<td>Both partners decide</td>
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<tr>
<td>Abstinence</td>
<td>Lifestyle</td>
<td>100% effective</td>
<td>Both partners decide</td>
</tr>
</tbody>
</table>

* Oral sex student discussion
Contraception Lesson
(Parental Choice)

LESSON OBJECTIVES
Students will
- define contraception
- appreciate that only abstinence provides 100% protection against pregnancy and is the best method to prevent STIs
- be informed about the various types of contraceptive methods
- be able to compare various contraceptive methods according to effectiveness

ACTIVITIES
1. What is contraception?
   Put the following terms on an overhead and discuss:
   - Contra means against.
   - Conception means beginning or start.
   - Contraception means preventing the start of something new; preventing pregnancy. Contraception is sometimes called birth control or family planning.

2. Contraception, facts and myths
   Students will complete worksheet.

3. Two ways to prevent pregnancy
   Discuss with students the following:
   - abstinence: refraining from sexual intercourse; simple, costs nothing, free of worry, and is 100% safe
   - contraceptives: requires knowledge and some homework, costs money, not 100% safe

4. Teacher directed discussion of common methods of birth control and effectiveness

5. Review fact/myth sheet and transparencies
### How Effective Are They?

<table>
<thead>
<tr>
<th>Method of Avoiding Pregnancy</th>
<th>Abstinence</th>
<th>Contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who Uses This Method?</td>
<td>Both</td>
<td>Females</td>
</tr>
<tr>
<td>Recommended for Teens?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>How to Get This Method</td>
<td>Personal Decision</td>
<td>Prescription</td>
</tr>
<tr>
<td>Type of Method</td>
<td>Personal Decision</td>
<td>Personal Protection</td>
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<tr>
<td>Does This Method Also Reduce the Risk of STIs?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>How Well Does This Method Work in Preventing Pregnancy?</td>
<td>Completely effective</td>
<td>Effective</td>
</tr>
<tr>
<td>Typical Use</td>
<td>Data not available</td>
<td>Fewer than 1 out of 100</td>
</tr>
<tr>
<td>Perfect Use</td>
<td>None</td>
<td>Effective</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Method</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Control Pill</td>
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Remember:
- The most effective birth control method is the one the individual is comfortable with and will use correctly and consistently!
- Abstinence is the only guaranteed method of preventing pregnancy and STIs.
- Abstinence from sexual intercourse, not including oral and anal sex.

Contraception – Facts and Myths

Answer the following true or false questions. Use a + for true, and a – for false.

1. ________ Condoms are 100% effective at preventing pregnancy.

2. ________ You must be 18 years old to purchase condoms.

3. ________ Condoms are the most popular method of birth control for teens.

4. ________ The “pill” is one of the least effective birth control methods.

5. ________ All contraceptives offer some protection from STIs.

6. ________ Contraceptives have very few side effects.

7. ________ Because condoms are made of latex, they are resistant to damage by heat and pressure.

8. ________ Condoms should be unrolled before use to check for damage.

9. ________ Condom failure is usually the result of poor manufacturing techniques.

10. ________ It is easy to determine “safe” periods in the menstrual cycle when women can’t get pregnant.
All Are False!

1. Only abstinence is 100% effective.

2. Condoms can be purchased at any drug store at any age.

3. “Withdrawal” is the most common birth control method used by teens. It is not very effective because of pre-seminal fluid and human nature.

4. The “pill” is one of the most effective methods as long as the woman remembers to take it. It prevents ovulation.

5. Only condoms and “female condoms” may offer some protection from STIs. They are not 100% effective.

6. Contraceptives may have many side effects. Allergic reactions, vaginal bleeding, cramping, etc.

7. Condom latex is easily damaged by heat and pressure. They should not be stored in wallets! Condoms should be thrown out if they exceed the expiration date on the package.

8. Condoms should only be unrolled on an erect penis.

9. Condom failure is usually the result of incorrect and inconsistent use. It should be in place before there is any contact. Careful removal is important. A small reservoir should catch sperm at the end of the condom.

10. There is no “safe” time to have sex and avoid pregnancy. Ovulation can take place at any time and that includes during the period.
Abstinence vs. Condoms
(Pregnancy)

1. Only abstinence is 100 percent effective in preventing pregnancy.

2. Condom use can reduce the risk of pregnancy when used correctly and consistently.

3. However, Sexual activity with a condom may subject students to serious physical, emotional, social, and legal risks.
Abstinence vs. Condoms
(STIs)

1. Only abstinence is 100 percent effective in preventing HIV infection and other STIs.

2. Condom use can greatly reduce the risk of infection with HIV and other STIs if correctly and consistently used. However, condoms are not 100 percent effective.

3. Condoms do not always protect against herpes and genital warts since they do not cover the whole pubic area.

4. Sexual activity, even with the use of a condom, may subject students to serious physical, emotional, social, and legal risks.
SEXUAL ACTIVITY

MARRIAGE AND FAMILY

Abstinence

(Parental Choice – Optional Lesson)
Abstinence Lesson  
(Parental Choice – Optional Lesson)

LESSON OBJECTIVES  
Students will  
• be able to understand that human sexuality is based on a person’s intellectual, emotional, social, ethical, and physical development.  
• be able to identify goals they would like to accomplish and understand how premarital sex can alter their future.

ACTIVITIES  
1. Is physical maturity enough?  
Use the “Human Person” slide to show your students that humans develop intellectually, emotionally, socially, ethically, and physically. Explain that the black outline of the human person represents emotional development. Our emotions permeate all areas of human development.  

When a person makes a major decision in life, it may affect every area of his development. For instance, if someone decides to use drugs, it can affect him intellectually, emotionally, socially, ethically, and physically. The same can be said about the decision to engage in premarital sex, as it can go against a person’s academic goals and personal or ethical standards.  

Most teens have reached physical or reproductive maturity. Ask your students how mature they feel in all the other areas of human development. Remind them physical maturity is attained through time and nutrition, but intellectual, emotional, social, and ethical maturity requires hard work, responsibility, good judgment, and self-control. Create classroom discussion with the following question: “Would it be detrimental if a person became involved in premarital sex or continued having premarital sex when he had not yet matured intellectually, emotionally, socially, and ethically?”  

Major life decisions impact a person in many ways. It is important for teens to consider the consequences when making a decision about sex, which can affect all five areas of their growth and maturity.

Have each student take out a sheet of loose-leaf paper and fold it in half, and then in half again. When the paper is open, there should be four equally divided parts. Using the creases in the paper, have them tear their papers into four equal-sized sheets.  

On one sheet of paper, write the number “1” on the top right hand corner. On a second sheet of paper, write the number “4” on the top right hand corner. On a third sheet of paper, write the number “8” on the top right hand corner. On the last sheet of paper, write the number “12.” The numbers 1, 4, 8, and 12 represent the number of years from today’s date.
Have them write one goal or dream that they would like to accomplish 1, 4, 8, and 12 years from now on their corresponding sheet of paper. Names should not be included on the sheets. Collect all four sheets of paper from each student and put them in a bag or other container.

Ask a volunteer to pick one sheet from the container. On the board, write the year and goal written on the paper. Continue this procedure until the board is filled with the students’ goals and dreams. Then ask the class the following question: “If a teenager becomes sexually active or continues being sexually involved, in what ways could their goals and dreams be affected?”

Discuss how the goals on the board can be affected by premarital sex. If time allows, erase the board and continue the procedure using different goals which have not been picked out of the container.

Teens who do not strive for their goals and dreams usually live only for the moment. This is why it is important for teens to have a set of standards and goals for their lives.

MATERIALS

- Slide: The Human Person
The Human Person

Intellectual
The human person thinks about issues and ideas and makes decisions about life. Humans have an intellect and a will – the ability to choose.

Ethical
All persons must face the questions concerning good and bad, right and wrong. They must live their life accordingly and develop a moral code.

Physical
The body is the physical structure which houses us. It grows and matures more quickly than the rest of our person.

Social
Each person is part of a community. He learns to interact with others, develop friendships and work to benefit others as well as himself.

Emotional
Emotions (feelings) permeate our whole person. The mature person is one who controls his emotions.

The human person must always be considered as a whole – never in parts.
ACTIVITY 1: Is Physical Maturity Enough?
Refer to “The Human Person” diagram.
Humans develop intellectually, emotionally, socially, ethically, and physically. Most teens have reached physical or reproductive maturity. Physical maturity is attained through time and nutrition, but intellectual, emotional, social, and ethical maturity requires hard work, responsibility, good judgment, and self control.

Question 1: In your opinion, how intellectually, emotionally, socially, and ethically mature are most teens in these areas of human development?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

When a person makes a major decision in life, it may affect every area of his or her development. For instance, if someone decides to use drugs, it can affect him or her intellectually, emotionally, socially, ethically, and physically.

Question 2: Explain how the decision to use drugs could affect someone intellectually, emotionally, socially, ethically, and physically.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

The same can be said about the decision to engage in premarital sex, as it can go against a person’s academic goals and personal or ethical standards.

Question 3: Would it be detrimental if a person became involved in premarital sex or continued having premarital sex when he or she had not yet matured intellectually, emotionally, socially, and ethically?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Major life decisions impact a person in many ways. It is important for teens to consider the consequences when making a decision about sex, which can affect all five areas of their growth and maturity.
ACTIVITY 2: My Future Matters
Write down one goal or dream you would like to accomplish 1, 4, 8, and 12 years from now.

- The goal/dream that I would like to accomplish 1 year from now is ________________________________________________________________
  ________________________________________________________________

- The goal/dream that I would like to accomplish 4 years from now is ________________________________________________________________
  ________________________________________________________________

- The goal/dream that I would like to accomplish 8 years from now is ________________________________________________________________
  ________________________________________________________________

- The goal/dream that I would like to accomplish 12 years from now is ________________________________________________________________
  ________________________________________________________________

Question 1: If a teenager becomes sexually active or continues being sexually involved, how could their goals and dreams be affected?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Teens who do not strive for their goals and dreams usually only live for the moment. This is why it is important for teens to have a set of standards and goals for their lives.
Define abstinence (to abstain).

What activities in life do you abstain from?

Write a paragraph about how abstaining from sex could affect your life as a teenager.

Write a paragraph about how not abstaining from sex could affect your life as a teenager.
SEXUAL ACTIVITY

CONSEQUENCES OF EARLY SEXUAL ACTIVITY
SEXUAL ACTIVITY

CONSEQUENCES OF EARLY SEXUAL ACTIVITY

Teenage Pregnancy
Teenage Pregnancy

LESSON OBJECTIVES
Students will be able to:

• understand and discuss the risks and burdens of a teenage pregnancy
• compare teen pregnancy to a pregnancy within marriage
• consider their attitude about sex before marriage
• write an essay which reflects their values and share it with parents or guardians

ACTIVITIES

1. Introduction
   Have the students who wish to, share information from MY BIRTH assignment.

2. Fetal development (handout)
   Distribute and have students read over and view each stage of development (Example: At what stage does the heart begin to beat? How long is the fetus at five months?)

3. Review handout
   Ask students to take out their handout, A FAMILY IS CREATED. Distribute TEENAGE PREGNANCY. Point out the similarity in the layout of the two handouts. Ask students to find the visual differences.

   *Today we will be carefully comparing pregnancy within marriage to a teen pregnancy.* Read the first paragraph aloud. Pair students with their same partner and ask them to answer the remaining questions.

4. Compare A FAMILY IS CREATED with TEENAGE PREGNANCY. Discuss.

5. HOMEWORK
   Essay instructions are on the back of the handout, TEENAGE PREGNANCY. (Use a paragraph diagram for development.) Due next class.
The Visible Embryo is a visual guide through fetal development from fertilization through pregnancy to birth. As the most profound physiologic changes occur in the "first trimester" of pregnancy, these Carnegie stages are given prominence on the birth spiral.

The shape and location of embryonic internal structures and how they relate and are connected to each other is essential to understanding human development. Medical professionals create a mental picture of this process in order to determine how well the fetus is progressing. It is also the basis of knowing how and when errors in development occur and if a possibility exists for a corrective intervention.

It is equally important for expectant parents to understand the relationship of these internal structures and how their infant develops through pregnancy.

Disclaimer: The Visible Embryo web site is provided for your general information only. The information contained on this site should not be treated as a substitute for medical, legal or other professional advice. Neither is The Visible Embryo responsible or liable for the contents of any websites of third parties which are listed on this site.

Creating the images for The Visible Embryo, included capturing data from slides and three dimensional structures on fetal anatomy in The National Institutes of Health, Carnegie Collection of embryos, as well as from 3D and 4D ultra sound images.

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Development of the Embryo and Fetus

3-4 WEEKS
- Called a Blastocyst
- Size of a pin head
- Fertilized egg rapidly divides
- Gender determined
- Physical characteristics set

6 WEEKS
- Size of a raisin
- Spinal chord closes
- Blood cells develop
- Heart begins to beat

8 WEEKS
- Less than a ½ inch long
- Arms and legs growing
- Feet and hand buds appear
- Face begins to take shape
- Mouth and nostrils appear
- Eyes begin to form

12 WEEKS
- 2½ inches long
- Beginning to look like a baby
- Fingernails/toenails appear
- Vocal chords complete
- Brain is fully formed
- Pain can be felt
- Eyelids cover the eyes
- Hair develops on head

9 MONTHS
- Full term pregnancy
- All systems are developed
- 20 inches and approximately 7½ pounds
- Diameter of head is about 4 inches
Teenage Pregnancy
From Two – to – ???

If teenagers experiment with sexual intercourse, a likely result at some point will be a pregnancy. Many teenagers lose sight of the enormous risk and responsibility that could lie ahead for them: pregnant at 14! Delivering and becoming a mother at 15! A father at 16! Paying child support for 18 years! Could this really happen? Whom would this affect besides the teen couple?

Life – Changes
Try to name 10 to 15 ways life would change for a teenage girl and boy between the time their pregnancy starts until their child is two years old. Be specific and/or general.

____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________

What is in a teenager’s best interest when it comes to sexual intercourse? ________________________
____________________________________________________________________________________

Why?_______________________________________________________________________________

Happy Preparations
Although the normal chain of events that take place when a married couple finds out they’re going to be parents for the first time can also happen for a teenage couple, some things may be different. What would be different? Consider the first 3 or 4 months. Try to name 5 – 10 differences. Would there be the same feeling of excitement?

____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________
____________________________ ____________________________ ________________________

Now turn the page and read your homework assignment for tonight!
Teenage Pregnancy
Homework

Now that we have taken a look at understanding pregnancy and the responsibilities associated with having a baby, you will be organizing your thoughts into an essay.

TOPIC
Keeping in mind that sexual intercourse is very likely to lead to a teen pregnancy, explain why it is best for a couple to communicate and to set sexual standards early in their relationship.

QUESTIONS YOU MAY WANT TO ANSWER
- What would some of these standards (limits) be?
- Why do limits need to be set?
- What needs to be communicated?
- What does a couple have to lose if they don’t set sexual standards?

WRITE 150-200 WORDS ON THIS TOPIC
- Develop your paragraph according to the direction, example, and diagram provided in class.
- Give your essay a creative title.
- Think about what we’ve learned and about how you feel.
- If you would like, share your essay with your parents or another trusted adult. Do they agree?
SEXUAL ACTIVITY

Consequences of Early Sexual Activity

STI/HIV/AIDS
Curriculum Recommendations for
HIV, AIDS, and Other STIs

STUDENT LEARNING OBJECTIVES

LESSON 1: Let’s look at the Facts – HIV and AIDS
The students will:
• distinguish between facts and myths regarding HIV infection and AIDS
• know how HIV is and is not transmitted

LESSON 2: HIV and Other STIs – Evaluating the Risks
The students will:
• record facts about additional STIs and match unique characteristics with the correct disease
• evaluate risk behaviors
• review the impact of alcohol and other drug use on decision making
• deduce that abstinence is the healthiest choice for young adolescents
• interview parents and other trusted adults regarding limits on sexual behavior

LESSON 3: Adopting a Plan to Stay within the Limits
The students will:
• identify when it is important to get medical and/or counseling help
• identify where help is available
• describe behaviors that are safe from risk of HIV and other STIs
• summarize the benefits of taking steps to stay within safe behavioral limits
• adopt a plan to stay within behavioral limits which will protect them from infection with HIV and other STIs

LESSON 4: Communicating with Others
The students will:
• identify communication skills for telling others what they will do to stay within safe behavioral limits
• apply skills for communicating what they will do to stay within safe behavioral limits
• list the steps for identifying situation that may result in trouble

LESSON 5: Identifying Trouble Situations
The students will:
• practice the skills needed to identify situations that may result in trouble
• review refusal skills
• identify situations where communication and refusal skills can be used to avoid and escape risk behaviors

LESSON 6: Avoiding and Escaping Risk Situations
The students will:
• practice skills to avoid and escape risk situations
• demonstrate verbal and nonverbal refusal skills
LESSON 7: Sharing our Expertise  
The students will:  
  • plan ways to be positive peer role models in the school and community

LESSON 8: Spread the Word  
The students will:  
  • demonstrate ways to be positive peer role models in the school and community
Lesson 1: Let’s Look at the Facts – HIV and AIDS

STUDENT LEARNING OBJECTIVES
The students will
• distinguish between facts and myths regarding HIV infection and AIDS
• know how HIV is and is not transmitted

LEGAL REQUIREMENTS IN MICHIGAN
Prior to teaching this lesson:
• Parents must be notified of the content of the lesson, provided an opportunity to preview the materials in the lesson, given the opportunity to observe the instruction, and excuse their child from the lesson. This notification must be done in writing.
• The lesson must be approved by the Board of Education. The School Board must hold two public hearings prior to adopting these lessons.
• Teachers must be trained before instructing students about HIV/AIDS.

PREPARATION
• Gather the needed materials.
• Decide how the class will be divided into small groups with five to six students in each group for Activity 1.
• Read the Student Handout on HIV and the Teacher References on HIV.
• Duplicate enough copies of the Student Worksheet, That’s a Fact!, and the Student Handout, HIV Fact Sheet, so that each student will have one of each.

MATERIALS
• Pens/pencils
• Index cards
• Chart paper
• Markers

RESOURCES
• Student Worksheet: That’s a Fact!
• Teacher Key: That’s a Fact!
• Video, HIV: Get the Picture (15 minutes)
• Student Handout: HIV Fact Sheet
• Teacher Reference: HIV Fact Sheet
• Teacher Reference: HIV Glossary of Terms

TIME: 45 MINUTES
LESSON PROCEDURE

INTRODUCTION: 3 MINUTES
Connect this lesson on facts and myths regarding HIV infection and other STIs with some commonly held myths about other topics.

1. Tell the students:  
   Signal your responses to some questions I will ask you in a moment. If your answer is yes, give me a thumbs up sign. If your answer is no, give me a thumbs down. 
   Ask:  
   Have you ever heard that you can get warts from holding a frog or toad? How many of you have heard that the earth is flat? 
   Pause to allow students to indicate whether or not they have heard these myths, then continue:  
   Each of us had heard information, stated as facts, that later turn out to be myths. However, it is often difficult to tell what information is accurate and true and what isn’t. Long ago, many intelligent people believed that the earth was flat. Many people still suspect that they could get warts if they hold a toad. Probably some of us in this room believe this statement: There are many myths that continue to circulate.

2. Introduce today’s topic by stating:  
   Our lesson today will be the first in a series of lessons on sexually transmitted infections, or STIs. We will also learn about Acquired Immune Deficiency Syndrome, or AIDS, and infection with Human Immunodeficiency Virus, or HIV, the virus which causes AIDS. You might think you have already heard all you need to know about HIV, AIDS, and STIs, but there are still plenty of myths floating around; there is still a lot of misunderstanding about how sexually transmitted infections are spread. When the subject is something as serious, and potentially life-threatening, as HIV and STIs, you can’t afford not to know the facts.

   During our first lesson, we will explore facts and myths about HIV and AIDS.

ACTIVITY 1: 20 MINUTES
Distinguish between facts and myths regarding HIV infection and AIDS.

1. Distribute an index card to each student. Ask the students to take out a pen/pencil. Ask them to write down two or three statements they know or have heard about HIV or AIDS.

2. Divide your students into small groups with five to six students in each group. Assign the group roles: leader, recorder, and spokesperson. Explain:  
   • The leader will help the small group stay working on the task.  
   • The recorder will write the ideas generated by the small group.  
   • The spokesperson will share the small group’s ideas with the class.

3. Ask them to share their statements with one another, discussing whether or not each statement is a myth or a fact.

4. Distribute a piece of chart paper and a marker to each group. Ask each group to divide a sheet of chart paper in half by drawing a line down the center; then, have them write “facts” on the left-hand side and “myths” on the right-hand side. Ask them to compile their list of statements, placing each one under the accurate heading.

5. Ask the leader to gather the index cards. Rotate the index cards from one group to another so that each group of students has a new set of statements. Ask them to categorize the statements as facts or myths.
6. Have each small group post their list and report to the class.

7. Explain:
   *HIV is considered a sexually transmitted infection, or STI. It is considered an STI because one of the ways the virus is transmitted is through sexual intercourse. As we progress through this unit, we will learn about HIV and other STIs and will talk about transmission by sexual intercourse. Sexual intercourse is the term we will use to include, oral, anal, and vaginal sexual intercourse.*

**ACTIVITY 2: 20 MINUTES**

Review information on HIV and risk behaviors.

1. Distribute the Student Worksheet, That’s a Fact!, to each student.

2. Introduce the video by stating:
   *Let’s check our facts by watching a video about HIV and AIDS. It is called, “HIV: Get the Picture.” As you watch, listen carefully to hear if our lists of facts and myths are accurate. Also, use Part A of your worksheet to record any new facts you hear about HIV and AIDS.*

3. Show the video, *HIV: Get the Picture*

4. Refer to the lists of facts and myths that are posted on the walls. Discuss the placement of various statements. Correct any misinformation and clarify any confusing information. Add any of the following points if not mentioned by the students:
   - The majority of people who are infected with HIV became infected through sexual intercourse
   - The second major cause of HIV infection is needle sharing.
   - Avoid contact with blood or other body fluids that contain blood cells: semen, vaginal secretions, breast milk. While people have gotten infected from skin contact with blood, this is not a major mode of transmission.
   - Mosquitoes do not transmit HIV.
   - There are many theories regarding the origin of HIV, but no one knows for sure.
   - Human Immunodeficiency Virus causes HIV infection, which has no symptoms at first, but eventually leads to symptoms of illness and Aids. Aids is the last stage of the disease process.

**CLOSURE: 2 MINUTES**

- Summarize by asking:
  *What is the only way to be 100 percent sure you will not get HIV?* (Abstinence from sexual intercourse and from needle sharing will prevent infection with HIV. Of course, contact with other people’s blood should also be avoided.
  *What does abstinence mean?* (Abstinence means choosing not to do something)

- Collect the posted lists of facts and myths for use in Lesson 7.

- Instruct the students to bring the Student Worksheet, That’s a Fact!, to the next health class or collect them for redistribution during the next lesson.

- Distribute the Student Handout, HIV Fact Sheet, to the students. Encourage them to take it home and share it with their families.

- State:
  *During our next lesson, we will learn about other sexually transmitted infections and about behaviors that place a person at risk for getting HIV or another STI.*
Lesson 1 Student Worksheet

THAT’S A FACT!

Part A
1. While watching the video, record facts about HIV and AIDS.
2. Add more facts that come up during the class discussion.

HIV . . .

SEXUALLY TRANSMITTED INFECTIONS . . . FACTS

Part B
1. List the six sexually transmitted infections being discussed.
2. List facts about each STI. Use the back of the worksheet if needed.
3. Place a star by the HIV facts that are also true for all of the STIs.

1. 

2. 

3. 

4. 

5. 

6.
HIV FACT SHEET

THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
Human Immunodeficiency Virus (HIV) is found in the blood and other body fluids of an infected person.

When HIV gets into a person’s bloodstream, it looks for a special kind of white blood cell to invade. This special cell is often called the “general” of the protective army of white blood cells because it directs the immune system to protect us from the many germs that we come in contact with every day. Once HIV is inside the cell, the white blood cell can no longer function as a “general.” The cell becomes a factory for the production of more HIV and will eventually be destroyed. Over time, when enough of these white blood cells are destroyed, the body loses its ability to fight off disease. Acquired Immune Deficiency Syndrome (AIDS) is the result.

HIV INFECTION
When HIV is transmitted from one person to another, the person is said to be “infected” with HIV. The infected person usually feels well and looks healthy for weeks, months, and possible years, but is now carrying HIV and can transmit it to someone else.

In the average infected person, the length of time between infection and the appearance of severe symptoms is about ten years. During this time, the virus is very slowly destroying white blood cells. When the number of white blood cells is reduced, symptoms often begin to occur because the body is unable to fight off infections. When the white blood cell level is extremely low, the person is said to have AIDS. Usually, a person with AIDS has also been diagnosed with other infections, diseases, or conditions associated with a severely damaged immune system.

HIV TRANSMISSION – FACTS AND MYTHS
The major ways in which HIV is transmitted have been clearly identified and have not changed as scientists have learned more and more about the virus.

HIV is transmitted:
1. By sexual intercourse with an infected person, which includes contact with infected body fluids such as blood, semen, and vaginal secretions.
   Semen and vaginal secretions contain many white blood cells. The virus hiding within these cells can be spread from infected person to uninfected person when the infected person’s semen or vaginal secretions enter the body of the uninfected person through mucous membranes, or cuts, or sores in the skin.

2. By needle sharing.
   Infected blood left on or in a needle can gain entrance into another person’s bloodstream when the needle is used by more than one person. This can happen when using needles for a purpose, such as tattooing, body piercing, and injecting steroids or other drugs. Blood may also be left in a syringe that is shared by injecting drug users. The syringe is the plastic part of the “works.”

3. To a baby born to an HIV-infected woman.
   The transmission of the virus from the mother to the baby occurs before or during birth, and through breast-feeding after birth. Breast milk contains a large quantity of white blood cells which, if infected, may spread HIV to the baby. About one-quarter (25%) of babies born to HIV-infected women have the virus.
4. through transfusions of infected blood or blood products.
   This is very rarely seen in the United States today because blood donations are tested for HIV.

5. in a health care setting through accidental contact with infected blood, such as “needle
   sticks” or blood splashes into the mucous membranes of eyes, mouth, or nose, or into
   open cuts or sores on a person’s skin.
   This mode of transmission is also rare because of the use of techniques called “universal
   precautions,” which include the use of latex gloves, hand washing, and careful disposal of latex
   gloves and anything blood soaked. These techniques prevent exposure to body fluids.

The list above is ranked according to the number of AIDS cases that have resulted from each kind of
transmission. Transmission through sexual intercourse is responsible for the largest number of HIV
infections and AIDS cases.

**HIV is NOT transmitted by:**

1. Air or environmental surfaces.
   HIV does not survive well outside of the human body. If infected blood or other body fluids dry on
   surfaces, such as toilets, dishes, floors, or clothing, the virus dies.

   Family members living with infected persons have not been infected by casual contact such as
   eating, bathing, or playing together. In the rare instances where HIV has been transmitted between
   family members, there has been contact between broken skin or mucous membranes and infected
   blood.

2. Kissing.
   There is a theoretical possibility for contact with infected blood during “French” or open-mouthed
   kissing if sores are present in the mouth. However, no reported case of HIV infection has ever been
   attributed to any kind of kissing.

3. Saliva, tears, sweat, urine, and feces.
   HIV has been found in tiny quantities in the saliva and tears of some AIDS patients. These amounts
   are so small that they cannot produce infection. No cases of AIDS have ever been show to be
   caused by transmission through saliva or tears. HIV has not been found in the sweat of HIV-
   infected persons. Of course, if there is blood present in any of these fluids, the risk for transmission
   of the disease increases.

4. Insects
   Biting insects, such as mosquitoes, do not inject blood into their victims. They inject saliva. Also,
   HIV cannot be grown in insects and will not reproduce inside an insect.

   The pattern of HIV infection among people would look different than it currently does if insects
   transmitted the virus. The pattern of infection would be spread equally among every age group, and
   there would be a greater concentration of cases where there are lots of insects.

**TESTING AND DIAGNOSIS OF HIV AND AIDS**

**Diagnosis of HIV Infection**
It is possible to tell if someone has been infected with HIV by doing a blood test to measure antibodies.
The immune system makes antibodies in response to HIV. Therefore, if a person’s blood tests positive
for the presence of the antibody for HIV, it means HIV has gotten into the person’s body.
In the case of HIV infection, it usually takes about two months for the body to make enough antibodies to be detected in a blood test. In a few cases, it may take up to six months or longer for enough antibodies to be produced to be detected during testing. During the time period between when the person becomes infected and when the antibodies are made, the person is infected and can transmit the virus to other people, even though routine testing would not show any evidence of infection.

Testing consists of conducting a test on a blood sample. Several blood tests are done on the same sample of blood to confirm that a person has HIV.

Confidential and anonymous testing for HIV is available, free of charge, at most local health departments. Confidential testing means that the medical person who gives the test tells no one the results of the test, except the person tested. Anonymous testing is when the person getting tested gives a code name or number, instead of his or her real name; this way, no one knows who is being tested.

Antibody testing is done:

- if a person goes to a health care provider and requests a test because he/she knows that he/she has been practicing an HIV risk behavior or thinks he/she may have been infected through potential contact with contaminated blood.
- on each blood donation so that a person who gives blood has an antibody test every time he/she donates.
- routinely on people who enter the armed services, and then, randomly on those in the military service.
- routinely by physicians on all of their pregnant patients who consent.
- on persons charged and/or convicted of certain crimes in Michigan.

**Diagnosis of AIDS**

The diagnosis of AIDS is made when an HIV-positive person comes down with one of the identified “opportunistic” diseases that are the result of a person having a damaged immune system. An HIV-positive person who has a very low white blood cell count, with or without accompanying diseases, is also said to have AIDS.

**TREATMENT OF HIV INFECTION AND AIDS**

It is important for an HIV-infected person to receive early treatment by a physician. The physician will work to keep him or her as healthy as possible for as long as possible. If a person knows that he/she is HIV positive, he/she can do many things to assist the health care providers who are helping him/her. It is important that he/she begins to live as healthy a lifestyle as possible by choosing a well-balanced diet, getting sufficient rest, effectively managing stress, and avoiding drugs, alcohol, and other risk behaviors. It also means avoiding re-infection with HIV or infection with any other STIs.

An HIV-infected person needs to be checked on a regular basis by health care providers. When an HIV-infected person’s white blood cell count goes down, treatment with medication is often recommended. The prescribed drugs act to slow down the progression of the disease. An infected pregnant patient who receives special medical treatment during her pregnancy can greatly reduce the chances of her baby being born infected with HIV.

Health care providers also treat the opportunistic infections, diseases, and conditions that affect the person as the immune system becomes less effective in protecting the body. It is critically important that the HIV-infected person contact health care resources so that they can get early treatment for these opportunistic diseases.

Scientists are working to find a vaccine to prevent HIV, just as we can now prevent measles and polio. However, it is unknown when a vaccine will be ready. Scientists have not been successful because HIV changes very rapidly, making it difficult for a vaccine to make antibodies that work.
PREVENTION OF HIV INFECTION
HIV infection is almost entirely preventable since we know how it is transmitted and which behaviors lead to HIV infection.

However, new statistics on AIDS cases show that adolescents are continuing to be infected. AIDS was almost unknown in 1981, but in just fifteen years it became, and continues to be, the sixth leading cause of death for people 15 to 24 years of age in the United States.

The behaviors that would stop transmission of HIV infection immediately are:

- Abstinence from sexual intercourse, and
- Abstinence from sharing needles

Abstinence from sexual intercourse and from sharing needles means that a person has made a commitment to his or her health and to acting in ways that will prevent the spread of this disease. Use of alcohol and other drugs interferes with a person’s ability to think clearly and make wise choices. Consequently, abstaining from alcohol and other drug use will increase the likelihood that a person will live up to his or her commitments.
**HIV GLOSSARY OF TERMS**

**AIDS:** Acquired Immune Deficiency Syndrome. AIDS is a disease/condition that results from damage to the immune system by the Human Immunodeficiency Virus (HIV). AIDS was first recognized in 1981.

**Abstinence:** Choosing not to engage in certain behaviors, such as sexual intercourse or drug use.

**Acquired:** A condition which is not inherited.

**Antibiotic:** Medicine which kills bacteria.

**Antibodies:** Proteins manufactured in the body which are released into the blood to neutralize or destroy invading microorganisms.

**Antiviral:** A drug (medicine) that interferes with the virus’s ability to reproduce within a body cell. AZT is an example of an HIV antiviral drug.

**Asymptomatic:** Without symptoms.

**Blood donor:** A person who gives blood to be stored and used for a transfusion.

**Body fluids:** Liquids of the body, including blood, semen, vaginal secretions, urine, feces, sweat, tears, and breast milk. In relation to HIV disease, blood, semen, vaginal secretions, and breast milk have been documented as body fluids that may transmit HIV from person to person.

**Casual contact:** The kind of touching between people that happens in families, at school, and at social events. It would include things like holding hands, hugs, sharing common household utensils, and riding the bus together. It is different from the intimate touching which occurs during sexual intercourse.

**Cleaning needles:** In relation to HIV risk reduction, it means cleaning any needles and syringes (or syringe-like equipment) that have been shared in drug injection by flushing them three times with a chlorine bleach and three times with clear water to kill any HIV that might be in the needle or works.

**Communicable disease:** A disease that can be passed from one person to another.

**Condom:** A thin protective sheath for the penis, generally made of latex, and used to prevent contact with body fluids during sexual intercourse.

**ELISA blood test:** Screening test most commonly used to detect the presence of antibodies to the Human Immunodeficiency Virus. ELISA is an acronym for enzyme linked immuno-sorbent assay.

**Genitals or Genitalia:** The reproductive organs of males and females.
<p>| <strong>Healthy living:</strong> | Things an HIV-infected person can do to help slow down the progression of damage to the immune system by the virus. It includes avoiding re-exposure to HIV; avoiding exposure to other sexually transmitted diseases; eating a balanced diet; getting adequate rest, relaxation, and sleep; avoiding drug and alcohol abuse; and accepting psychosocial support from family and friends. |
| <strong>Hemophiliac:</strong> | Someone having a hereditary condition in which the blood fails to clot normally. |
| <strong>HIV:</strong> | <strong>Human Immunodeficiency Virus,</strong> the virus that causes AIDS. |
| <strong>HIV transmission:</strong> | The transfer of HIV from an infected person to an uninfected person. |
| <strong>Immune system:</strong> | The body system that acts to defend the body from invading microorganisms and other foreign proteins. |
| <strong>Immunity:</strong> | Resistance to or protection against a specific disease. |
| <strong>Incubation:</strong> | Period of time between the infection of an individual by a disease-producing microorganism and the appearance of symptoms related to damage to the body caused by that microorganism. In the case of AIDS, the incubation period is the time between the infection of an individual and the diagnosis of AIDS. |
| <strong>Inoculation:</strong> | A method of giving a vaccine to produce antibodies and immunity. |
| <strong>Intravenous:</strong> | Administered by entry (usually through a needle) into a blood vein. |
| <strong>IDU or IVDU:</strong> | Injecting <strong>drug user/intravenous drug user.</strong> Refers to a person who uses a needle to pierce the skin for the purpose of injecting drugs. Drugs can be “mainlined” into a blood vessel, injected into muscle tissue, or injected just beneath the skin (skin popping). All three methods are used to abuse drugs and, if needles or other parts of the “works” are shared, all are high risk for HIV transmission. |
| <strong>Kaposi’s sarcoma:</strong> | A rare type of cancer that occurs in some persons who are infected with HIV. It is one of the conditions that constitutes a diagnosis of AIDS. |
| <strong>Lymphocytes:</strong> | A type of white blood cell important in protecting the body from invading microorganisms. One form is the CD$^+$ T-helper cell that is one of the primary types of cells infected with HIV. The eventual destruction of these cells due to HIV infection leads to the appearance of opportunistic infections and the diagnosis of AIDS. |
| <strong>Monogamous relationship:</strong> | Having only one sexual partner over a long period of time (usually over a lifetime). |
| <strong>Opportunistic disease:</strong> | A disease that occurs because of damage to the immune system. A disease that normally would not occur or be sever because of the healthy immune system’s ability to fight it off. |</p>
<table>
<thead>
<tr>
<th><strong>Pneumocystis carinii pneumonia:</strong></th>
<th>An opportunistic disease commonly affecting people infected with HIV. It is one of the diseases that defines a diagnosis of AIDS.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Refusal skills:</strong></td>
<td>The ability to say “no” to risk behaviors.</td>
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<tr>
<td><strong>Risk:</strong></td>
<td>An element or factor that is dangerous or hazardous.</td>
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<tr>
<td><strong>Risk behavior:</strong></td>
<td>A behavior that threatens a person’s health.</td>
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<td><strong>Sexual intercourse:</strong></td>
<td>Sexual contact between humans involving genitalia and penetration</td>
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<tr>
<td><strong>Seropositive:</strong></td>
<td>Term used to describe someone who has shown the presence of HIV antibodies in both the ELISA and Western blot tests. The person is considered to be infected with HIV.</td>
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<tr>
<td><strong>Symptomatic HIV:</strong></td>
<td>Describes a person who is showing signs or symptoms of damage due to HIV infection, but has not developed illnesses or CD4 T-lymphocyte levels that would be included in the diagnosis of AIDS.</td>
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<tr>
<td><strong>Vaccine:</strong></td>
<td>A form of medicine that may contain dead or weakened disease-producing microorganisms that stimulate the body to produce antibodies against a specific microorganism. It will prevent a person from having the actual disease, i.e., produces immunity.</td>
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<tr>
<td><strong>Western blot test:</strong></td>
<td>Confirming test for presence of antibodies to HIV.</td>
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<tr>
<td><strong>Window period:</strong></td>
<td>Period of time the infection of an individual by a disease-producing microorganism and the appearance of antibodies against the virus. After infection with HIV, it usually takes the body about two months to develop antibodies against the virus. For some people, it takes up to six months to develop antibodies. During this time a person can transmit the virus, but would not test positive on an ELISA or Western blot test for HIV antibodies.</td>
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</table>
Lesson 2: HIV and Other STIs – Evaluating the Risks

STUDENT LEARNING OBJECTIVES
The students will
- record facts about additional STIs and match unique characteristics with the correct infection
- evaluate risk behaviors
- review the impact of alcohol and other drug use on decision making
- deduce that abstinence is the healthiest choice for young adolescents
- interview parents and other trusted adults regarding limits on sexual behavior

LEGAL REQUIREMENTS IN MICHIGAN
Prior to teaching this lesson
- Parents must be notified of the content of the lesson, provided an opportunity to preview the materials in the lesson, given the opportunity to observe the instruction, and to excuse their child from the lesson. This notification must be done in writing.
- The lesson must be approved by the Board of Education. The School Board must hold two public hearings prior to adopting these lessons.
- Teachers must be trained before instructing students about HIV/AIDS.

PREPARATION
- Gather the needed materials.
- Read the Teacher Reference, STI Fact Sheets, and prepare a mini-lecture on each sexually transmitted infection.
- Prepare transparencies of the slide master, What Makes it Risky?, and the Student Worksheet, Is it Risky?, if they have not been provided in your materials.
- Prepare transparencies of the slide masters, STI Information, if they have not been provided in your materials.
- Duplicate enough copies of the Student Worksheet, “Is it Risky?”, so each student will have one.
- Duplicate enough copies of the Family Worksheet, “Talk it Over: I Wonder What You Want Me to Know”, so each student will have one.

MATERIALS
- Overhead projector
- Transparencies
- Non-permanent marker
- Pens/pencils

RESOURCES
- Slide Masters: STI Information, six pages
- Slide Master: What Makes it Risky?
- Teacher Reference: STI Fact Sheets – Chlamydia, Genital Warts, Herpes, Gonorrhea, Hepatitis B, Syphilis
- Teacher Reference: STI Glossary of Terms (See original teacher binder)
- Student Worksheet: That’s a Fact! (from Lesson 1)
- Teacher Key: That’s a Fact! (from Lesson 1)
- Student Worksheet: Is it Risky?
- Teacher Key: Is it Risky?
- Family Worksheet: What Do You Think?
INTRODUCTION: 3 MINUTES

Connect this lesson on HIV infection and sexually transmitted infections with the previous lesson HIV facts and myths.

1. Ask the students:

   *Think of one new fact about HIV that you learned during our last lesson. When you have thought of one, let me know you are ready to share your fact by looking at me.*

   Pause to allow the students to remember a new fact. Continue:

   *Who would like to share their idea with the class?*

2. Tell the students:

   *We have learned a lot about HIV, but it is not the only infection spread by sexual intercourse. There are other sexually transmitted infections which pose health threats for youth and adults.*

   *Today we are going to get more specific about the ways these diseases are transmitted from one person to the next. If we know how they are transmitted, we can avoid those behaviors that put us at risk.*

ACTIVITY 1: 20 MINUTES

Identify facts regarding sexually transmitted diseases that are similar to and different from HIV infection and AIDS.

1. Explain:

   *You may have heard about some of the other sexually transmitted infections which pose health threats for youth and adults. What are some of the STIs you have heard of?*

   List their ideas on the board. Add the following if not mentioned by the students:
   
   • Chlamydia
   • Genital warts
   • Herpes
   • Gonorrhea
   • Hepatitis B
   • Syphilis

   Circle the above six STIs. Indicate that they will be identifying facts about these six STIs.

2. Ask the students to take out the Student Worksheet, That’s a Fact!, or redistribute it if it was collected at the close of the previous lesson. Instruct them to record the names of the six circled STIs under Part B of the worksheet.
3. **Tell the students:**

   *I am going to tell you about each of these sexually transmitted infections. It is important for you to know that each of these infections is spread by sexual intercourse, just like HIV. However, several of these infections have unique characteristics that allow them to be transmitted under other conditions. Listen carefully and take notes on each one.*

4. Conduct a mini-lecture on the six sexually transmitted diseases as you show the transparencies, STI Information. Use the Teacher Reference, STI Fact Sheets, as a source, but focus on the behaviors that transmit the infection, rather than the medical details. Reinforce the fact that STIs are transmitted by sexual intercourse, and highlight the facts which follow regarding these STIs.

   - **Chlamydia**
     Infection with Chlamydia can lead to sterility if it goes untreated. An infected person may not show early symptoms. It is curable with antibiotics. However, a person can be re-infected if he or she has sexual intercourse with an infected person.

   - **Genital Warts**
     Genital warts are not curable. They are treatable by removing the warts, which may return. They are caused by a group of viruses called human papillomavirus (HPV). These viruses can be present with or without the presence of genital warts. These viruses are associated with various cancers in infected individuals.

   - **Herpes**
     Herpes is not curable. Herpes is spread by genital or mouth contact with sores. The sores are not always visible. The symptoms are treatable with medication, but they usually return periodically.

   - **Gonorrhea**
     This disease may lead to sterility if untreated. An infected person may not show early symptoms. It is curable with antibiotics. However, a person can be re-infected if he or she has sexual intercourse with an infected person.

   - **Hepatitis B**
     This STI is transmitted by blood to blood contact in the same ways HIV is transmitted. It can be prevented with vaccinations.

   - **Syphilis**
     Syphilis is characterized by the presence of a sore which is usually painless. A variety of rashes may also be symptomatic of this infection. If the sore or rash is touched, the disease can be spread, even if the contact is not with the genitals. The sore or rash may be located in an area that is not easy to see; therefore, the infected person may not notice it. Syphilis is not cured without treatment, even though the sore and the rash will go away on their own. It is curable with antibiotics. However, a person can be re-infected if he or she has sexual intercourse with an infected person.

5. **Ask the students to look at the facts on HIV infection and AIDS listed under Part A of the worksheet. Ask them to read the statements about HIV and identify those which are also true for all of the STIs. Ask them to place a star by these facts.**

6. **Go over the information which should be starred and correct any inaccurate information.**

7. **Ask the students to share the facts for each STI that they wrote on their worksheet. Correct any inaccurate information.**
ACTIVITY 2: 17 MINUTES
State the criterion which determines whether or not a behavior puts someone at risk for infection with HIV. Determine what behaviors put a person at risk for HIV and other STIs.

1. Tell the students to think only about HIV infection for a moment. Ask them to suggest behaviors that would put someone at risk for HIV. Write their ideas on the board. Be sure the following behaviors are mentioned:
   - sexual intercourse
   - sharing needles or “works” during injection drug use
   - body piercing/tattooing
   - birth to an infected woman
   - French kissing (remote possibility)

   If the term “sexual intercourse” is used, remind the students that it includes vaginal, oral, and anal intercourse

   If other behaviors, such as hugging or petting, are mentioned, record them as well.

2. Show the slide, What Makes it Risky?, and explain the criterion for risk behaviors which transmit HIV by stating:

   All of the cases of HIV infection are the result of behaviors that have one thing in common. What do you think it is? (It is blood contact with blood or other body fluids that contain blood cells, such as semen, vaginal and cervical secretions, or breast milk)

   HIV can live in these body fluids. If blood contact with blood or other body fluids that contain blood cells occurs as a result of something a person does, there is a risk of HIV infection because HIV can get into the body.

3. Distribute the Student Worksheet, Is it Risky?, so that each student has a copy. Display the slide of the Student Worksheet, Is it Risky?, on the overhead.

4. Ask the students to record the ideas listed on the board in the left-hand column of their worksheet. Record the list on the slide of the Student Worksheet.

5. Ask the students which of the behaviors listed on the board (slide) could result in blood contact with blood contact or other body fluids that contain blood cells (semen, vaginal and cervical secretions, breast milk) and, therefore, are risky behaviors for the transmission of HIV. Ask them to place a check in the column on their worksheet under the heading “HIV” if the behavior can transmit HIV. Record checks on the slide.

6. State that anal intercourse is a very high-risk behavior. Tell the students:
   One of the behaviors we listed, sexual intercourse, includes anal intercourse. This behavior puts a person at extreme risk for HIV infection and for Hepatitis B.

7. Ask them to consider the other STIs listed across the top of the remaining columns of the worksheet. Discuss each STI and place a check mark on the line of the risk behavior if the behavior can transmit the STI.
8. Ask them to suggest any additional risk behaviors that they think might apply to the other STIs. Ask them to write the behaviors in the left-hand column. Ask them to consider each STI and place a check mark in the appropriate box if the behavior could transmit the disease. Correct and clarify the information. Be sure to mention the risk behaviors for STIs that are different from HIV, using the Teacher Key as a resource.

9. Emphasize the risks involved in sexual intercourse and needle sharing by stating:
   
   Remember that sexual intercourse is a behavior that can result in HIV infection and/or other STIs. By abstaining from sexual intercourse and from needle sharing, you can be free from HIV. With rare exceptions, a person is not at risk of getting STIs if he or she chooses abstinence.

ACTIVITY 3: 3 MINUTES
Review the impact of alcohol and other drugs on decision making.

1. Ask the students if they agree or disagree with the following statement and what their reasons are for their position:
   “Alcohol and other drug use is a risk behavior for the transmission of any of the STIs.”

2. Gather ideas from the students.

3. State:
   The use of alcohol and other drugs impairs a person’s ability to think clearly and make healthy decisions. Therefore, the use of alcohol and other drugs may increase the likelihood that a person would do things they know are dangerous, and unhealthy, or things they would not do if they were thinking clearly. Looking at drug use from this perspective makes it a risk behavior for the transmission of all STIs as well as many other dangerous behaviors. In addition to the impact on decision making, alcohol and other drug use is illegal for youth your age.

CLOSURE: 2 MINUTES
• Summarize by asking the students:
   If a person wants to avoid HIV infection and STIs, what can he or she do? (Abstain from sexual intercourse and sharing needles and “works.” Avoid kissing or touching a person with mouth sores, blisters, or warts. Refuse to use alcohol and other drugs.)

• Collect the Student Worksheet, That’s a Fact!, for use with Lesson 7.

• Send the Student Worksheet, Is it Risky?, home with the students. Suggest that they share it with their family members and see if they can place the check marks in the correct boxes.

• As the homework assignment, have the students interview a parent or another trusted adult and complete the Talk it Over: I Wonder What you Want Me to Know worksheet. Explain: For your homework assignment, you are to interview a parent. If a parent is not available, you may interview another trusted adult. When finished, have the adult sign the worksheet. It is due by _______________.

• State:
   In our next health lesson, we will learn how adopting plans to stay within safe behavioral limits can help us avoid these infections. We will also learn where to go to get help and information.
STI Information

Chlamydia . . .

. . . frequently leads to sterility if it goes untreated.

. . . may not show early symptoms.

. . . is curable with antibiotics.

. . . can be cured, but a person can be re-infected if he or she has sexual intercourse with an infected person.
STI Information

Genital Warts . . .

. . . are caused by a group of viruses called the human papilloma viruses (HPV). These viruses can be present with or without the presence of genital warts. These viruses are associated with various cervical, genital, and anal cancers in infected individuals.

. . . can be treated but the underlying HPV infection is not thought to be curable.

. . . can be treated to the point that they are no longer evident but the treatment will not necessarily reduce a person’s contagiousness.
Genital Wart Fact Sheet

What are they?
- Genital warts were called “venereal warts” in the past.
- They are caused by a virus, the human papilloma virus (HPV).
- Genital warts are flesh-colored growths, often with a “cauliflower” appearance that appear on, around, or inside the genitals, rectum, or throat.

How are they transmitted?
- Genital warts are transmitted by having vaginal intercourse, oral sex, anal sex, or genital contact with an infected person.
- Warts are very contagious.
- They may appear weeks to months after contact with an infected partner. Some people can carry HPV for a lifetime without warts or other signs or symptoms.
- People infected with HPV without visible warts are still contagious.

What are the symptoms of infection?
- Genital warts are not generally painful but they can become irritated.
- Genital warts are always evidence of a HPV infection but many people with a HPV infection have no warts.
How are they diagnosed?

- Local health departments offer confidential and free evaluation and treatment for genital warts for adolescents.
- The only way for a person to be sure if he or she has genital warts is to have an examination. The examination includes a pelvic exam for women and a visual examination of the genitalia for men.

Is there a treatment or cure?

- Genital warts can be treated, but the underlying HPV is not curable.
- Physicians treat genital warts by removing them using a variety of methods. They many times return after treatment.

How can they be avoided?

- Genital warts can be prevented by avoiding sexual contact where the genitals of one person come in contact with the genitals, anus, or mouth of an infected person.
- Genital warts can be avoided by remaining in monogamous relationship with an uninfected partner.
- A person can reduce the risk of getting genital warts by checking his or her partner’s genitals for warts, but again, most people infected with HPV have no signs or symptoms of warts but remain contagious.
- Condom use reduces the risk of infection, but because condoms do not cover the entire genital area, they don’t prevent transmission entirely.
- Women can reduce their risk of getting genital warts by receiving the HPV vaccination.
HPV Facts

- Essentially all cervical cancer is caused by infection from the HPV.

- There are 30 genital HPV subtypes, 10 subtypes are thought to be carcinogenic.

- Most HPV infections are cleared by the body’s immune system prior to long term effects or symptoms.

- HPV infections are very common. There are 6 million new HPV cases per year (74% occur in 15 to 24 year olds). 50% of college age women will acquire a HPV infection within the first four years of becoming sexually active.

Important Facts about the HPV Vaccine

- The vaccine protects against 4 subtypes of HPV: subtypes 6, 11, 16, and 18.

- Subtypes 6 and 11 account for 90% of clinically detectable genital warts.

- Subtypes 16 and 18 account for 70% of all cervical cancers.

- The vaccine is presently recommended only for girls as a series of three shots most often given at age 11 or 12, but it can be given anytime between the ages of 9 and 26.

- The vaccine is most effective if given prior to the onset of sexual activity.

The vaccine does not eliminate the need for Pap smears to screen for precancerous and cancerous changes of the cervix.
STI Information

Herpes . . .

. . . is spread by genital or mouth contact with sores.

. . . is often not visible.

. . . is not curable.

. . . symptoms are treatable, but they usually return periodically.
STI Information

Gonorrhea . . .

. . . may lead to sterility if untreated.

. . . may not show early symptoms.

. . . is curable with antibiotics.

. . . can be cured, but a person can be re-infected if he or she has sexual intercourse with an infected person.
STI Information

Hepatitis B . . .

. . . is transmitted by blood to blood contact in the same ways HIV is transmitted.

. . . can be prevented with vaccinations.
STI Information

Syphilis . . .

. . . is characterized by the presence of a sore, usually painless, and/or a variety of rashes.

. . . is spread if the sore or rash is touched, even if the contact is not with the genitals.

. . . may not be noticed because the sore or rash may be in an area not easily seen.

. . . is not cured without treatment, even though the sore and the rashes will go away on their own.

. . . is curable with antibiotics.

. . . can be cured, but a person can be re-infected if he or she has sexual intercourse with an infected person.
What Makes it Risky?

Blood

Semen

Vaginal Secretions

Breast Milk

Blood (into the blood stream)
<table>
<thead>
<tr>
<th>Risk Behavior</th>
<th>HIV</th>
<th>Chlamydia</th>
<th>Genital Warts</th>
<th>Herpes</th>
<th>Gonorrhea</th>
<th>Hepatitis B</th>
<th>Syphilis</th>
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LESSON C-4: Puberty: The Wonder Years

TALK IT OVER: I Wonder What You Want Me to Know

Directions:
- Discuss these questions with a parent or another trusted adult.
- You do not need to write down any answers.
- Have the person you talked with sign this paper.
- Bring the paper back to class.

How did you (adult) learn about sex?

What are some reasons adolescents should abstain from sexual intercourse?

What are some of the negative results that have happened to people who had sexual intercourse when they were too young?

What are some rules I should follow to avoid situations that could lead to sexual pressure?

Parent’s or Adult’s Signature

TALK IT OVER: I Wonder What You Want Me to Know

Directions:
- Discuss these questions with a parent or another trusted adult.
- You do not need to write down any answers.
- Have the person you talked with sign this paper.
- Bring the paper back to class.

How did you (adult) learn about sex?

What are some reasons adolescents should abstain from sexual intercourse?

What are some of the negative results that have happened to people who had sexual intercourse when they were too young?

What are some rules I should follow to avoid situations that could lead to sexual pressure?

Parent’s or Adult’s Signature
Lesson 3: Adopting a Plan to Stay within the Limits

STUDENT LEARNING OBJECTIVES
The students will
• identify when it is important to get medical and/or counseling help.
• identify where help is available.
• describe behaviors that are safe from risk of HIV and other STIs.
• summarize the benefits of taking steps to stay within safe behavioral limits.
• adopt a plan to stay within behavioral limits which will protect them from infection with HIV and other STIs.

LEGAL REQUIREMENTS IN MICHIGAN
Prior to teaching this lesson
• Parents must be notified of the content of the lesson, provided an opportunity to preview the materials in the lesson, given the opportunity to observe the instruction, and excuse their child from the lesson. This notification must be done in writing.
• The lesson must be approved by the Board of Education. The school board must hold two public hearings prior to adopting these lessons.
• Teachers must be trained before instructing students about HIV/AIDS.

PREPARATION
• Gather the needed materials.
• Decide how to divide the class into small groups with three to four students in each group for Activity 3.
• Prepare transparencies of the slide masters, Brad’s Action Plan, and LaTisha’s Action Plan, if they have not been provided in your materials.
• Duplicate the Student Worksheets, Getting Help if You Need It and Adopting MY Action Plan, so that every student will have a copy of each.

MATERIALS
• Overhead Projector
• Transparencies
• Pens/pencils
• Writing paper

RESOURCES
• Student Worksheet: Getting Help if You Need It
• Teacher Key: Getting Help if You Need It
• Slide Master: Brad’s Action Plan
• Slide Master: LaTisha’s Action Plan
• Student Worksheet: Adopting MY Action Plan
• Family Worksheet: What Do You Think? (from Lesson 2)
• Teacher Reference: Laws Governing Sexual Contact

TIME:  45 MINUTES
LESSON PROCEDURE

INTRODUCTION: 3 MINUTE

Connect this lesson on adopting a plan for staying within safe behavioral limits with the previous lesson on risk behaviors for HIB infection and other STIs.

1. Ask the students:
   *Who can name one infection that is transmitted by sexual intercourse?*

   Call on volunteers to name HIV, syphilis, gonorrhea, Chlamydia, herpes, genital warts, and hepatitis B.

   *Who can tell us something a person can do or not do in order to be certain to avoid infection?*

   Call on volunteers to list prevention behaviors, such as abstaining from sexual intercourse and needle sharing, avoiding contact with sores, blisters, and genital warts, and refusing to use alcohol and other drugs (drugs diminish a person’s ability to think clearly and act in safe ways.

2. Tell the students:
   *You know what behaviors place you at risk for infection with HIV and other sexually transmitted infections. Today we will find out where to get help if we need it, and how adopting plans for staying within healthy behavioral limits can protect us from infection with HIV and other STIs.*

ACTIVITY 1: 10 MINUTES

Identify when it is important to get help for health concerns regarding HIV and other STIs and the resources available to young adolescents.

1. Distribute the Student Worksheet, Getting Help If You Need It, to each student.

2. Tell the students:
   *Think about the reasons it is critical for you to avoid becoming infected with HIV or other STIs. Consider the effects infection with HIV or other STIs could have on your life. Record your ideas on your worksheet. You will have two minutes. Then, I will ask you to share your ideas with the class.*

3. After two minutes, call on volunteers to share their ideas about the importance of staying free of infection. Augment the students’ ideas if necessary, using the ideas on the Teacher Key.

4. Explain the importance of getting help if a potential problem exists by stating:
   *If a person has had sexual intercourse or has shared needles or “works,” he or she should see a physician for an examination because he or she is at risk for infection. Often, the signs of infection with HIV or another STI are not noticed. If untreated, serious illness can result. Untreated STIs are the major cause of infertility, or the inability to have babies or father babies. Untreated STIs in females can be passed to their babies. STIs can only be detected and treated if examinations and tests are done regularly — especially if there are signs of infection. Of course, in addition to getting medical help, a person can be sure to avoid infection by stopping these high risk behaviors.*
5. Ask the students to individually read through the list of symptoms on their worksheet. The symptoms are:
   - Foul smelling, colored, or itchy discharge from the vagina
   - Bleeding from the vagina that is not normal menstrual flow
   - Low abdominal discomfort
   - Discharge from the penis
   - Sores, warts, blisters, bumps, or swelling in the groin area, the area around the genitals
   - Burning or pain during urination or defecation
   - Repeated vaginal infections that do not respond to treatment with medicine
   - chronic diarrhea, night sweats, fever, or weight loss

6. Write the names, addresses, and telephone numbers of local and state-wide agencies which provide health services and/or information on the board. Ask all the students to copy the addresses and phone numbers of agencies which can provide help.

ACTIVITY 2: 10 MINUTES
Discuss ways to show affection without the risk of infection with HIV or other STIs.

1. Have each student get a piece of paper and a pencil or pen. Tell the students:
   *It should be very clear by this point that getting infected with HIV or other STI is very unhealthy — for you, for your future partner, and for any future children you may want to have The only way to be sure you will avoid these serious infections is to abstain from sexual intercourse and never share needles.*

   *However, there are many, many other ways to show someone affection —ways that do not place yourself or anyone else at risk of becoming infected with HIV or other STIs. Everyone has a longing to give and receive love and caring, but these feelings need to be expressed in ways that are healthy and safe.*

   *In the next two minutes, each of you will record ways to express affection without risk of infection with HIV or STIs. This of as many ideas as possible. When time is up, I will call on each person to share at least one idea from his or her list.*

2. Allow two minutes for the students to record their ideas.

3. At the end of two minutes, gather the students’ ideas by going around the room asking for one idea from each student until all ideas are gathered. Clarify any misinformation that is shared.

ACTIVITY 3: 10 MINUTES
Discuss the importance of having boundaries or limits by using fences as an analogy.

1. Divide the class into small groups with three or four students in each group. Assign the group roles: leader, recorder, and spokesperson. Explain:
   - The leader will help the small group stay working on the task.
   - The recorder will write the ideas generated by the small group.
   - The spokesperson will share the small group’s ideas with the class.
2. Have each group get out a pencil and paper. Tell the students:

*We are going to digress for a few minutes. Let’s talk about fences. In a moment, you will understand what fences have to do with HIV and STIs.*

*In your groups, list all the places you have seen fences. You will have one minute to brainstorm a list; then, I will ask each spokesperson to share the group’s ideas.*

3. At the end of one minute, stop the activity and call on each group’s spokesperson to read the list of places where fences have been seen.

4. Ask the students:

*Keeping in mind all the places we have seen fences, what do you think fences are used for? Discuss your ideas in your group. Then, each group should record three purposes for fences. You will have two minutes.*

5. After two minutes, call on each group’s spokesperson to read the list of purposes for fences. If the following ideas are not shared, add them:

- Fences provide privacy.
- Fences keep harmful things outside.
- Fences protect what is inside by providing safe boundaries or limits.

6. Summarize the discussion of fences by sharing the following analogy:

*Fences do many things. One of the main purposes for a fence is to protect whatever or whoever is inside by providing safe boundaries or limits. May of you have younger siblings or you babysit for young children. You know that a fenced yard is much safer for youngsters because it keeps them from wandering away or going into the street. Some of you have dogs. You know that a fence keeps your pet safe by keeping it close to home and out of the path of cars.*

*Maybe you have seen the newest kind of fence that helps to protect dogs — invisible fencing. It is an electrical wire that is buried underground around the boundary of the yard. If the dog ignores the beeping and goes over the boundary, it gets a mild electrical shock. The dog quickly learns that it should listen to the warning beep and stay inside the boundaries or limits, or pain will follow.*

*We need fences to protect us, too. We know the limits that will keep us safe from HIV and other STIs. In other words, we know what behaviors we must avoid. If we go over the boundaries or limits, the pain of a serious, possibly life-threatening, infection may follow. If we listen to the warnings, we can avoid that pain. During this next activity, you will determine what action steps you need to take to help you stay within the limits and keep you safe.*

**ACTIVITY 4: 10 MINUTES**

Discuss the advantages of adopting an action plan for staying within the limits for safe, healthy behavior. Adopt an action plan.

1. *Discuss with the students the advantages of adopting an action plan for staying within the limits for safe, healthy behavior prior to being in a potentially risky situation. Tell the students:* Each of you can strengthen the safety fence around yourself. The safe limits for your behavior are abstaining from sexual intercourse and needle sharing. You can strengthen the limits by adopting a set of action steps, or a plan, for your behavior that will help you stay within the limits and will help protect you from infection with HIV or another STI. This plan will state what you will do and what you won’t do.*
What are the advantages of having a plan for your behavior ahead of the time when you might need to make a decision about getting involved in a risky situation?

Call on student volunteers to share their ideas. Be sure to include the following points if they are not mentioned by the students:

- It allows a person time to think clearly about what he or she wants to do.
- It gives a person time to practice communicating his or her limits and plan for staying within those limits.
- It allows a person to make decisions without outside pressure.
- A person can communicate his or her limits and plan to friends prior to risky situations.
- It clarifies which situations the person should avoid.
- The person can choose friends who support his or her limits and plan.
- It gives the person the opportunity to talk with parents or other trusted adults.

2. Discuss the other factors which impact a decision to adopt a plan for staying within the healthy limits. Tell the students:

*We listed the ways to show affection that keep people from risk of HIV infection and other STIs, and we know the behaviors which put people at risk for HIV and other STIs. However, there are other factors that influence decisions about what behaviors are okay and what behaviors are not. For example, your parents and other family members probably have values that guide your behavior, many religions have guidelines for sexual behavior, and each of you individually has feelings about what you are comfortable with. Can you think of other factors that influence the plan you adopt to stay within the safe behavioral limits?*

Call on students to add their ideas. Refer the students to their interviews with parents and/or other trusted adults.

3. Display and review the transparencies. Brad’s Action Plan and LaTisha’s Action Plan. Explain:

*Here are some examples of action plans two young people adopted. After considering all the information about HIV and STIs, as well as family and religious values, Brad and LaTisha decided they would take these steps to stay within the healthy limits for their own behavior.*

4. Distribute the Student Worksheet, Adopting MY Action Plan, to each student. Explain to the students:

*Each of you will fill in this worksheet individually. First, answer the questions regarding safety from disease and advice from other sources. Use the information you gathered from the parent or other adult you interviewed. Next, after considering the advice and safety information, list some steps you will take in order to stay within the limits for safe, healthy behavior. For example, one person might decide that he or she will only go to a friend’s house when an adult is home to supervise. Another person might decide that he or she is comfortable with holding hands, but will not kiss a date. For the last section, you must come up with a list of steps, or a plan, that would keep everyone in the situation safe, plus be acceptable to you as an individual.*

5. As the students work, check the Family Worksheets for signatures.
CLOSURE: 2 MINUTES

- Summarize by asking students:
  *What steps might a person take in order to abstain from sexual intercourse and needle sharing and protect himself or herself from HIV and STIs?* (Only date in group situations, not alone. Talk to each other about limits and what you will and won’t do prior to going out, etc.)

- Send the Student Worksheets, Getting Help If You Need It and Adopting MY action Plan, home with the students.

- State:
  *During our next health lesson, we will practice using assertive communication skills for letting others know our plans for staying within the safe behavioral limits.*
Abstinence vs. Condoms (STIs)

1. Only abstinence is 100 percent effective in preventing HIV infection and other STIs.

2. Condom use can greatly reduce the risk of infection with HIV and other STIs if correctly and consistently used. However, condoms are not 100 percent effective.

3. Condoms do not always protect against herpes and genital warts since they do not cover the whole pubic area.

4. Sexual activity, even with the use of a condom, may subject students to serious physical, emotional, social, and legal risks.
Getting Help If You Need It

Record your ideas about . . .

- Reasons to avoid becoming infected with HIV or other STIs.
- How infection could affect a person’s life.

The following symptoms could indicate an infection with HIV or another STI. A person with any of these symptoms should get medical help immediately.

- Foul smelling, colored, or itchy discharge from the vagina.
- Bleeding from the vagina that is not normal menstrual flow
- Low abdominal discomfort
- Discharge from the penis
- Sores, warts, blisters, bumps, or swelling in the groin areas, the area around the genitals.
- Burning or pain during urination or defecation.
- Repeated vaginal infections that do not respond to treatment with medicine.
- Chronic diarrhea, night sweats, fever, or weight loss.

Record the names, addresses, and phone numbers of places to get help or information regarding HIV infection and STIs.
Brad’s Action Plan

• I will wait until I am 16 years old to date.

• I will go to a girl’s house only when her parents are home.

• I will not use alcohol or other drugs.

• I will kiss and hug someone I like, but not go any further.
LaTisha’s Action Plan

• I will only date guys who are my age or a year older.

• I will only go on double dates or group dates.

• I will not sit in a parked car with a date.

• I will only attend parties where alcohol and drugs are not available.

• I will keep my clothes on when I’m with a boy.

• I will wait to have sexual intercourse.
Adopting MY Action Plan

Directions:
• Record your thoughts about the following questions.
• Then, use your ideas to develop an action plan that will help you stay within the safe limits for your behavior.

Answer these questions:
• What behaviors are not safe for me because they may cause HIV infection or transmit sexually transmitted infections?

• What advice about my behavior do I get from . . .
  o My parents or family?
  o My religion or culture?
  o Other trusted adults?
  o The law?
  o My only feelings and convictions?

Decide on your action plan:
Based on all the information I have, I will take the following steps in order to stay within the safe limits for my behavior:

What might you do if you were in the following situation? Write your response on the back of this sheet.
You and Pat have been “going out” for a month. You like to spend time together at school and talk on the phone almost every day. The school party is this afternoon. After the party, you plan to walk home with Pat. What are some safe ways you and Pat can show how much you like each other?
Unit 6

PEER PRESSURE
PEER PRESSURE

COMMUNICATING WITH OTHERS
Lesson 4: Communicating with Others

STUDENT LEARNING OBJECTIVES
The student will:
- Identify communication skills for telling others what they will do to stay within safe behavioral limits.
- Apply skills for communicating what they will do to stay within safe behavioral limits.
- List the steps for identifying situations that may result in trouble.

LEGAL REQUIREMENTS IN MICHIGAN
Prior to teaching this lesson:
- Parents must be notified of the content of the lesson, provided an opportunity to preview the materials in the lesson, given the opportunity to observe the instruction, and to excuse their child from the lesson. This notification must be done in writing.
- The lesson must be approved by the Board of Education. The school board must hold two public hearings prior to adopting these lessons.
- Teachers must be trained before instructing students about HIV/AIDS.

PREPARATION
- Gather the needed materials.
- Prepare a slide of each of the three slide masters if they have not been provided in your materials.

MATERIALS:
- Overhead projector
- Pens/pencils
- Transparencies

RESOURCES:
- Slide Master: Communicating with Others
- Slide Master: Make the Message Clear
- Student Worksheet: Practice Communicating with Others
- Teacher Key: Practice Communicating with Others
- Slide Master: Identifying Trouble

TIME: 45 MINUTES
LESSON PROCEDURE

Connect this lesson on communicating plans for staying within safe behavioral limits with the previous lesson on adopting a plan.

1. Ask the students:
   *What are some steps a young person might take that would keep him or her safe from HIV and other STIs?*

   Call on students to share their ideas, such as only attend parties with adult chaperones present, only go on group dates, refuse to have sexual intercourse, etc.

2. Tell the students:
   *Having a plan helps you avoid behaviors that could place you at risk for getting HIV and other STIs. Once you have decided on your plan, you need to be prepared to communicate to others what you will do and what you will not do.*

   *Today, we will learn how to communicate our plans to others. We will also learn how to identify situations that might lead to trouble.*

ACTIVITY 1: 10 MINUTES

Identify verbal and non-verbal communication skills for telling others about plans for staying within the limits of safe behavior.

1. Tell the students:
   *We have learned that having a plan for how we will behave can help protect us. However, we have to be able to communicate our plan to others so that they will understand we will not change our minds. We want to let people know what we will and won’t do in a firm and respectful way — a way that will let us continue the relationship if we want to.*

2. Display the slide, Communicating with Others, on the overhead projector. Explain:
   *To communicate your plan, the first thing to do is simply share information.*

   Review the two points for sharing information:
   - Address the person by name.
   - State your plan clearly and simply. Say what you will do. Say what you won’t do. Use one sentence each.

   *That may be enough. However, there may be times when your listener doesn’t seem to be listening. Then, you may need to use the steps for making sure you are heard.*

   Review the three points for making sure you are heard:
   - Repeat your message
   - Say, “Listen to me.”
   - If interrupted, continue from where you were interrupted.
Review nonverbal communication skills. Ask the students:
*What kind of body language shows that we mean what we say?* (Stand straight and tall. Look the person straight in the eye. Face the person. Speak clearly, slowly, and in a firm voice.)

Record the students’ ideas on the board. Supplement the list, if needed, by showing the slide, *Make the Message Clear*.

**ACTIVITY 2: 25 MINUTES**  
Practice communication skills for telling others about plans for staying within the limits of safe behavior.

1. Distribute the Student Worksheet, Practice Communicating with Others, to each student. Instruct the students:
   *Let’s use these skills in two hypothetical situations. Record what you would say in each situation on the worksheet. Follow the steps on the slide. You will have five minutes. I’ll be calling on a few of you to hear your ideas.*

2. After five minutes, gather examples from two or three students.

3. Ask the students to take their worksheets and find a partner.

4. Explain:
   *Each of you will have a chance to tell your partner what you would say in one of the scenarios. This is not a role-play. In other words, one partner will not be playing the person doing the pressuring in the situation. However, you will each read one scenario and then practice what you would say in the situation. The person who isn’t reading and practicing should watch and listen to his or her partner so that he or she can explain what was said and done that was effective and what could be improved. Try to help one another communicate what you will or won’t do in as clear and firm manner as possible. Then, the other person will read the second scenario and practice what he or she would say.*

5. Designate the person in each pair who is shorter to go first.

6. Provide time for the pairs to practice and talk about how the message was delivered and how it could be improved.

7. Conduct two rounds, giving each student a chance to practice.

8. Ask the students:
   *This seems pretty easy. What makes it hard to do in real life?* (You care for the person. You want to be liked and accepted. You don’t want to look stupid. Etc.)

   *We need to practice these skills because it is harder in real life. However, communicating your plan for what you will and won’t do is one way to protect yourself.*

**ACTIVITY 3: 15 minutes**  
Introduce and model skills for avoiding trouble.

**TEACHER TIP:** If your students have not previously learned the skills for avoiding trouble taught in the Michigan Model, or another health education program, you will need to introduce and demonstrate the skills prior to conducting the practice in Activity 2.
1. Tell the students:

*Raise your hand if you think of a time when someone did something and it turned out to be trouble. For example, I know someone who agreed to watch a movie with a friend, but the friend decided they should watch a different movie instead . . . a movie the person wasn’t allowed to see. They got in trouble.*

*We can learn what to do to recognize and avoid trouble.*

2. Display the slide “Identifying Trouble” and explain all five steps:

- Ask questions to clarify the situation. By asking questions, you get enough information to find out what the person really plans to do.
- Name the trouble. Simply say it like it is . . . is it illegal, dangerous, against your family rules, or something that makes you feel uncomfortable? If so, just say so.
- State the consequences of the behavior. Tell what might happen if you did what you are being asked. Will you be grounded, arrested, kicked off a team, expelled, or will it disappoint your parents?
- Suggest an alternative – something else to do. Think of something fun to do with your friend that will not get you into trouble.
- Move it. Sell your alternative and leave the door open for the other person to join you. Begin to leave the trouble situation and invite your friend to join you in the other activity you suggested. As you leave, with or without your friend, let him or her know where you will be if the friend decides to catch up with you.

3. Model the steps for identifying trouble using the situation with the R-rated movie:

- Ask questions to clarify the situation. For example, ask, “What movie do you want to watch?”
- Name the trouble. For example, say, “That movie is rated R. We aren’t old enough to watch an R movie, and I’m not allowed to watch that one.”
- State the consequences of the behavior. For example, state, “I could get grounded from watching movies and not be allowed to do stuff with you. Plus, my parents won’t trust me if I break our rules.”
- Suggest an alternative – something else to do. For example, suggest, “Let’s watch this other movie, or we could make our own movie with our video camera.”
- Move it. Sell your alternative and leave the door open for the other person to join you. For example, walk away and say, “I heard Pat say this other movie is really good. Let’s call him and find out about it, I’ll be on the phone if you want to talk to him, too.”

**CLOSURE: 3 MINUTES**

Summarize by asking the students:

*What should you say when you communicate your plan for what you will and won’t do? (Address the person by name. State your plan clearly and simply. Say what you will do. Say what you won’t do. Use one sentence each. Repeat your message. Say, “Listen to me.” If interrupted, continue from where you were interrupted.)*

*What effective communication skills did you see during our practice situations? (Use a firm voice. Maintain eye contact. Stand tall. State what you will do and what you won’t do, etc.)*
What are the five steps for identifying trouble? (Ask questions to identify the trouble. Name the trouble. State the consequences.) Suggest an alternative. Move it, sell it, and leave the door open.

- If you have students who have not yet turned in their homework assignment involving interviewing a parent or other adult, ask the students:
  * Who has completed the Family Worksheet, What Do You Think?, by interviewing a parent or other adult? Show me the signed worksheet to receive credit.

- State:
  * During our next lesson, we will practice identifying situations that may lead to trouble.
Communicating with Others

Share information . . .

• Address the person by name.
• State your plan clearly and simply:
  o Say what you will do.
  o Say what you won’t do.
  o Use one sentence each.

Be sure you are heard . . .

• Repeat your message.
• Say, “Listen to me.”
• If interrupted, continue from where you were interrupted.
Make the Message Clear

• Speak clearly, slowly, and in a firm voice.

• Stand straight and tall.

• Look the person in the eye.

• Face the person.
Identifying Trouble

• Ask questions.

• Name the trouble.

• State the consequences.

• Suggest an alternative.

• Move it, sell it, and leave the door open.
### Tony’s situation

Tony really likes Sandy a lot. They live in the same neighborhood so they are able to spend quite a bit of time together after school and on weekends. Last week, Tony and Sandy started making out at Tony’s house when no one else was home. Tonight, Sandy invited Tony to come over so they could be alone again.

Tony has decided that it is not a good idea for them to be alone together. Tony wants to spend time with Sandy. However, Tony has decided he doesn’t want to be alone with Sandy. If you were Tony, how would you communicate what you will and won’t do?

Sandy tries to convince Tony to come over. Sandy interrupts and tells Tony to be there at 7:00. What three things should Tony say to make sure he is heard?

### Chris’ situation

Chris has a group of friends that have known each other for years. Lately, these friends have been getting together to pierce each other’s ears. They all use the same needle. Chris’ friends say that it is Chris’ turn next time and that he isn’t part of their group if he doesn’t do it. They have invited Chris to an ear-piercing party tonight.

Chris knows that it is not safe to share needles and has decided not to have his ears pierced. Chris wants to go to the party, but doesn't want to have his ears pierced. If you were Chris, how would you communicate what you will and won’t do?

Chris’ friends interrupt and start to laugh at him. What three things can Chris say to make sure he is heard?
PEER PRESSURE
Refusal Skills
Lesson 5: Identifying Trouble Situations

STUDENT LEARNING OBJECTIVES
The students will:

- Practice the skills needed to identify situations that may result in trouble.
- Review refusal skills.
- Identify situations where communication and refusal skills can be used to avoid and escape risk behaviors.

LEGAL REQUIREMENTS IN MICHIGAN
Prior to teaching this lesson:

- Parents must be notified of the content of the lesson, provided an opportunity to preview the materials in the lesson, given the opportunity to observe the instruction, and to excuse their child from the lesson. This notification must be done in writing.
- The lesson must be approved by your local Board of Education. Your school board must hold two public hearings prior to adopting these lessons.
- Teachers must be trained before instructing students about HIV/AIDS.

PREPARATION

- Gather the needed materials.
- Prepare a slide of each of the three slide masters if they have not been provided in your materials.
- Decide how you will form pairs of students for Activity 1.

MATERIALS

- Overhead projector

RESOURCES

- Slide Master Identifying Trouble (from Lesson 4)
- Slide Master Getting to Know You
- Slide Master See You tomorrow
- Slide Master How to Refuse
- Slide Master Refusal Strategies
- Teacher Master Using Refusal Skills to Avoid and Escape

TIME: 45 MINUTES
LESSON PROCEDURE

INTRODUCTION: 2 MINUTES
Continue the focus on identifying trouble and connect it with the previous lesson on communicating what you will and won’t do.

1. Ask the students:
   *What can you do to share information and make sure you are heard as you communicate what you will or won’t do regarding sexual behaviors?* (Address the person by name. State your plan clearly and simply. Say what you will do. Say what you won’t do. Use one sentence each. Repeat your message. Say, “Listen to me.” If interrupted, continue from where you were interrupted.)

   Call on volunteers to share their ideas.
   *What are some things you can do to identify trouble when you are invited to do something?* (Ask questions. Name the trouble. State the consequences.)

2. Tell the students:
   *Today, we will use our skills to practice identifying trouble before we get into it.*

ACTIVITY 1: 15 MINUTES
Practice identifying trouble.

1. Show the slide, Identifying Trouble, and briefly review the steps.

2. Have the students form pairs to practice identifying trouble in a hypothetical situation. Tell the students:
   *Let’s try identifying trouble in a hypothetical situation. The taller person in each pair will go first this time. I will show you a situation on the overhead and the taller person will respond by asking questions. Then, I will show the next part of the situation, and give the taller person time to name the trouble and state the consequences. Your partner will listen carefully and tell you what you did well to identify the trouble and what you might want to improve.*

3. Display the top half of the slide, Getting to Know You. Read it aloud; then, pause to allow the students to ask questions. Show the lower half of the slide. Read it aloud; then pause to allow the students to name the trouble and state the consequences, suggest and sell an alternative. Remind the listeners to give their partner’s feedback.

4. Call on volunteers to share ideas for effective responses to this hypothetical situation.

5. Have the students switch the roles of listener and responder. Repeat the process with the slide, See You Tomorrow.

6. Call on volunteers to share ideas for effective responses to this hypothetical situation.
ACTIVITY 2: 15 MINUTES
Review refusal skills. Provide an example of how all the skills can be used together.

1. Tell the students:
   There will probably be times when people will pressure you to do things you don’t want to do — even though you have communicated what you will and won’t do and have identified the trouble. When this happens, it is important for you to know how to avoid these situations. Avoiding risky situations that you are being pressured into requires the use of refusal skills. What are some of the refusal skills that you have already learned?

   Call on students to share their ideas. Record them on the board.

2. Show the slide, How to Refuse/Refusal Strategies. Draw from the students’ list to review the skills and explain:
   These are some ways to refuse:
   - Say a direct “no.” This is the simplest and often the most effective way.
   - Be a broken record by repeating the “no” message over and over.
   - Suggest another activity.
   - Say why not by stating a fact or your feelings and opinion.
   - Walk away.

   These are the refusal skills that are most effective against pressure to do things that are unsafe, unhealthy, or wrong, or that you don’t want to do. It doesn’t work to make up excuses or to yell or use put-downs. Those techniques only aggravate the situation. Using our good communication skills to say “no” will make your message loud and clear.

   Let’s use these skills in a situation. Pretend your boyfriend or girlfriend just asked you to sneak out of the house at midnight and meet him or her alone in his or her parent’s car. How could you refuse? (Say a direct “no.” Suggest another activity: “Let’s talk on the phone instead.” Be a broken record by repeating the “no” message over and over: “I don’t want to. I don’t want to. I don’t want to, etc.” Say why not be stating a fact or your feelings and opinion: “I have to get up early the next morning, and I want to sleep.” Walk away.)

   Role-play the situation with a few students, identifying effective strategies.

ACTIVITY 3: 10 MINUTES
Identify situations where communication and refusal skills can be used to avoid and escape risk behaviors.

1. Ask the students to share situations where the potential for trouble and risk behaviors exists. Write their ideas on the board. Be sure to include the following:
   - Being alone with a person to whom you are attracted and/or who is attracted to you
   - Going out with someone you don’t know very well.
   - Going to parties where alcohol and other drugs are being consumed.
   - Going to houses where there are no parents or other adults supervising.
   - Going out with someone who is much older and/or more experienced than you.
   - Going parking.

   Let’s use these skills in a situation. Pretend your boyfriend or girlfriend just asked you to sneak out of the house at midnight and meet him or her alone in his or her parent’s car. How could you refuse? (Say a direct “no.” Suggest another activity: “Let’s talk on the phone instead.” Be a broken record by repeating the “no” message over and over: “I don’t want to. I don’t want to. I don’t want to, etc.” Say why not be stating a fact or your feelings and opinion: “I have to get up early the next morning, and I want to sleep.” Walk away.)

   Role-play the situation with a few students, identifying effective strategies.
2. **State:**

   The first way to stay safe and prevent disease is to avoid these situations. I’m going to perform a skit called, Avoiding Risky Situations. I will be playing both characters in the skit. Your job is to listen carefully and identify what skills I use to avoid the risk situation. When the skit is finished, I’ll ask you to share your ideas.

3. Read both parts of the skit: Sandy and Terry. Wear a hat as you read one role, or use different voices in order to distinguish the two parts.

4. Ask the students how communication and refusal skills were used in the skit to **avoid** a risk situation.

5. **State:**

   If a situation has not been avoided, in order to stay free from infections, it is necessary to escape the risky situation. Refusal skills can be used here, too.

6. Introduce and perform the second skit, Escaping Risky Situations, using the same procedure as you did with the first skit.

7. Ask students how communication and refusal skills were used in the skit to **escape** a risk situation.

   Gather their ideas.

**CLOSURE: 3 MINUTES**

- Summarize by asking the students:
  
  *What are the three steps for identifying trouble?* (Ask questions to identify possible trouble. Name the trouble. State the consequences.)

  *What effective communication skills did you see during our practice situations?* (Use a firm voice. Maintain eye contact. Stand tall. State what you will do and what you won’t do, etc.)

  *What are some ways to refuse pressure?* (Say a direct “no.” Suggest another activity. Be a broken record by repeating the “no” message over and over. Say why not by stating a fact or your feelings and opinion. Walk away.)

- **State:**

  During our next lesson, we will practice using these refusal skills to avoid or escape situations that may be heading for trouble.
Getting to Know You

Tonya has the most gorgeous neighbor, Ted. He is three years older, but lately he has been noticing Tonya and has been giving her a ride home from school. Yesterday, when he dropped her off, he kissed her and said, “Tomorrow, let’s get to know each other better.”

If you were Tonya, what would you ask?

Ted answers, “I thought we could go out to the woods and find a quiet spot and . . . you know, get to know each other. I’ll take a blanket and some beer, and we’ll have some fun.”

If you were Tonya, what would you say to name the trouble and state the consequences?

Suggest an alternative and sell it.
See You Tomorrow

Gerry’s older sister has a lot of friends that hang out at their house. Most of the time they just ignore Gerry, but lately, one of the girls, Juanita, has been spending time with Gerry. Today, Juanita comes into Gerry’s room to talk. When it is time to go, Juanita gives Gerry a quick kiss and says, “See you tomorrow. I can’t wait to spend more time with you.”

If you were Gerry, what would you ask?

Juanita replies, “I think you’re cute, and I want to be alone with you. We could listen to music here in your room and see where it goes.”

If you were Gerry, what would you say to name the trouble and state the consequences?
Suggest an alternative and sell it.
How to REFUSE

• Maintain eye contact.
• Stand up straight and tall.
• Hold your ground.
• Speak firmly and clearly.
• Use the word “no.”
REFUSAL Strategies

• Say a direct “no.”

• Repeat the refusal over and over.

• Suggest another activity.

• Say “why not” by giving an opinion or a reason.

• Walk away.
PEER PRESSURE

AVOIDING AND ESCAPING RISK
Avoiding/Escaping Risk
Using Refusal Skills to Avoid and Escape

Avoiding Risky Situations:

Terry: Hi, Sandy. Why don’t you come over to my house today after school?

Sandy: What do you want to do? Are your parents home?

Terry: No, that’s the best part. No one will be there except you and me. We can go up to my room and listen to music and whatever . . .

Sandy: I don’t want to go to your house if your folks aren’t home. I’m not allowed to. I’d like to go with you another time when your parents are home. How about if you bring your CD to my place? I’ll check with my dad and make sure it’s okay.

Escaping Risky Situations:

Eric made plans to meet a bunch of his friends at his girlfriend Jody’s house. His mom dropped him off and he was met by Jody.

Eric: It sure is quiet here. Is everyone else late? Where are your folks?

Jody: My folks are gone for a couple hours, so I called everyone and told them not to come until later. This way, we can be alone for awhile.

Eric: Jody, I don’t think this is a good idea. I told my mom that your parents would be here. Besides, I don’t want to be alone in the house with you.

Jody: Aw, common! What’s the problem?

Eric: I think it’s better for both of us to avoid being alone together. I am uncomfortable with what might happen. I’m going to call my mom to pick me up. Why don’t you call me, and we can talk on the phone until your parents get home. If it’s not too late, maybe I could come back then.

Jody: Don’t be such a baby. Just stay here.

Eric: Jody, I really like you, but I’m leaving. I hope that you like me enough to respect my wishes. Where is your phone?
Lesson 6: Avoiding and Escaping Risk Situations

STUDENT LEARNING OBJECTIVES
The students will

• practice skills to avoid and escape risk situations.
• demonstrate verbal and nonverbal refusal skills.

LEGAL REQUIREMENTS IN MICHIGAN
Prior to teaching this lesson

• Parents must be notified of the content of the lesson, provided an opportunity to preview the materials in the lesson, given the opportunity to observe the instruction, and to excuse their child from the lesson. This notification must be done in writing.
• The lesson must be approved by the Board of Education. The school board must hold two public hearings prior to adopting these lessons.
• Teachers must be trained before instructing students about HIV/AIDS.

PREPARATION

• Gather the needed materials.
• Duplicate enough copies of the Student Worksheet, Danger Lurks, so that each student will have one.
• Decide how you will divide your class into small groups with three to four students in each group for Activity 1.

MATERIALS

• Pens/pencil
• Writing paper

RESOURCES

• Student Worksheet Danger Lurks
• Teacher Key Danger Lurks

TIME: 45 MINUTES
LESSON PROCEDURE

INTRODUCTION: 3 MINUTES
Conduct this lesson on avoiding and escaping risk situations with the previous lesson on identifying trouble and refusal skills.

1. Ask the students:
   *What are some things you can do to identify trouble when you are invited to do something?* (Ask questions. Name the trouble. State the consequences.)

   *What can you do if someone continues to pressure you after you have identified trouble and communicated what you will and won’t do?* (Use refusal skills to avoid trouble and risky behaviors.)

   Call on volunteers to share their ideas.

2. Tell the students:
   *Today we will use refusal skills and communication skills to avoid getting into risky situations that could lead to trouble and to get out of risky situations that we might find ourselves in.*

ACTIVITY 1: 20 MINUTES
Practice applying refusal skills to risk situations.

1. Tell the students:
   *You are going to become directors of a movie. I will provide the script. The script shows how one character ended up in a risk situation. Your job, as directors, is to cut and rewrite the script.*

2. Distribute the Student Worksheet, Danger Lurks, to each student. Tell the students:
   *Read the script and locate the place where the person should have used refusal skills to avoid the risky situation. If you were really a director and you wanted to stop the action at that point, you would yell, “Cut!” Instead, you will draw an arrow at that place and rewrite the script to show how the person could have used refusal skills to avoid the situation. Write the refusal statement on the right and draw an arrow to the place in the script where the statement could be made.*

3. When they have finished, tell them:
   *Assume that the person did not use refusal skills to avoid the situation in the script, so now the person needs to escape. Rewrite the second part of the script to show how the person could have used refusal skills to escape the situation. Again, draw an arrow to the place where your new script could be inserted.*

4. Divide the class into small groups with three to four students in a group. Ask them to share their ideas with one another. Encourage them to help one another evaluate their statements and modify to make them stronger if needed.

5. As the students are working in small groups, visit the groups to find one or two examples you might use in a demonstration.

6. Collect the one or two you will use for a demonstration of nonverbal skills.
7. Tell the students:
   *You are still directors. However, your job now is to help me deliver the lines in the script effectively. I will be reading the script with the new refusal statements in it. I am going to deliver the refusal statement as I would in the movie, and your job is to tell me how to make the refusal stronger.*

8. Read the beginning part of the script to set the state. Deliver one of the refusal statements, but use nonverbal behaviors that are ineffective, such as no eye contact, tentative voice, etc.

9. Ask for feedback from the students by asking some of the following questions:
   - *How did that refusal sound?*
   - *What message was my body language sending?*
   - *What could I do to strengthen my refusal?*
   - *What did I do that was effective?*

10. Repeat the script several times to clarify the importance of body language and voice tone. The last time you read the script, you should demonstrate effective nonverbal behaviors. Refer to the lesson on effective communication for review.

CLOSURE: 2 MINUTES

- Summarize by asking the students:
  *When are two times you should use refusal skills?* (Use refusal skills to avoid a risky situation and to escape a risky situation.)

  *What are some ways to refuse?* (Say a direct “no.” Suggest another activity. Be a broken record by repeating the “no” message over and over. Say why not by stating a fact or your feelings and opinion. Walk away.)

- State:
  *During our next lesson, we will explore ways to spread this message to others — Avoid infection with HIV and other STIs!.*
Danger Lurks

SCRIPT:
Pat: Hey, Chris, how about coming home with me after school?
Chris: What will we do?
Pat: Oh, I don’t know. We could listen to music, or watch TV together. My folks won’t be home.
Chris: That sounds good. I’ll meet you at the front door after the bell.
Pat: See you then!

LATER . . .

Chris: Thanks for inviting me over. I’ve been wanting to hear your new CD.
Pat: Yeah, it’s really cool. Since my Folks aren’t home, we can turn it up as loud as we want.
Chris: I’m really hungry. You got anything good to eat and drink?
Pat: Sure! We have some cookies. There’s probably an apple in here somewhere. Look! Here’s a beer tucked back here. I bet my dad forgot it was in here. Let’s split it.
Chris: Where’s your CD player?
Pat: It’s up in my room. Let’s go . . . Want to sit on my bed with me? Here, get a little closer.
Chris: That music sounds great! I’m so tired after all the studying for that test today.
Pat: Here, lay down beside me. You small so nice, and your hair is so soft. Mmmmmm . . .
Lesson 7: Examining Influences, Including the Law

<table>
<thead>
<tr>
<th>STUDENT LEARNING OBJECTIVES</th>
<th>NATIONAL HEALTH STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Examine influences that encourage and/or discourage risky behaviors.</td>
<td>• Analyzing Influences</td>
</tr>
<tr>
<td>• Identify the law as an important influence in making decisions regarding relationships, abstinence, and sex.</td>
<td>• Analyzing Influences</td>
</tr>
<tr>
<td>• Identify the legal age of consent and consequences of underage sex.</td>
<td>• Core Concepts</td>
</tr>
<tr>
<td>• Discuss the benefits of laws that regulate the age of consent for sex</td>
<td>• Core Concepts</td>
</tr>
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</table>

LESSON SYNOPSIS
Review behaviors that can and cannot transmit HIV and other STIs. Brainstorm factors that influence decisions about sexual behaviors. Identify the laws an important influence on decisions regarding relationships, abstinence, and sex. Identify facts pertaining to the law and underage sex. Discuss the benefits of having laws that regulate the age of consent for sex. Analyze a situation to determine what laws were broken and the possible consequences. Reflect on personal influences.

INTRODUCTION: 1 MINUTE

INPUT: 30 MINUTES

Teacher Manual Resources
• Teacher Reference Influences
• Appendix B Laws Governing Sexual Conduct
• Appendix I Laws Regarding Sexual Harassment
• Student Worksheet Sex and the Law: Myths and Facts
• Teacher Key Sex and the Law: Myths and Facts

APPLICATION: 13 MINUTES
• Slide Master What You Don’t Know Can Hurt You: The Situation
• Slide Master What you Don’t Know Can Hurt You: The Consequences
• Teacher Reference The Influence of the Law: What You Don’t Know Can Hurt You

MATERIALS
• Projector
• Screen
• Slides

TIME: 45 MINUTES
LESSON PROCEDURE

INTRODUCTION
Connect this lesson on influences with the previous lessons on risky behaviors.

1. Review recent topics. State:
   *In our last health lesson, we learned about risky sexual behaviors. What are some of the behaviors that are most likely to transmit HIV and other STIs? (Unprotected vaginal intercourse, sharing needles, unprotected anal sex, unprotected oral sex)*

   *We also learned about sexual behaviors that are not likely to transmit HIV and other STIs. What are those? (Abstinence from vaginal, oral, and anal sex; kissing; holding hands; hugging; dancing)*

   *Hopefully, knowing what does and doesn’t transmit STIs has made you stop and think about the choices you make related to sex and relationships.*

2. Introduce this lesson on influences:
   *This lesson will help you understand some additional factors that can influence your choices and encourage or discourage taking risks. One of these factors is the law. If laws aren’t considered as you make sexual decisions, there can be major repercussions. Later in the lesson, we will focus specifically on the law as a key influence.*

APPLICATION

1. Summarize by using the analogy of a car and driver.
   *Each of these influences can be positive or negative. It is important to know what is influencing your behavior so that you can make a decision based on what is right for you, rather than being swayed by an outside, negative influence. Being in charge and in control of the direction of your life is similar to being the driver of a car. A driver of a vehicle is in charge of the direction, speed, and safety of the vehicle. Who is in the driver’s seat of your life? Are you allowing someone or something to have power over you? Or are you driving your own car?*

2. Continue the analogy of the car and driver to reinforce the importance of following the law.
   *Drivers of cars and other vehicles need to understand and respect traffic laws.*

   *Why do we have traffic laws? (to protect people from injury and to protect property)*

   *If a driver doesn’t know the traffic laws, it will be hard to follow them. In a similar way, if you don’t know and understand the laws regarding sexual misconduct and harassment it will be difficult to follow them as well. As the person in charge of your life, you need to know and respect these laws to be able to protect yourself and others.*
3. Define the laws pertaining to the age of consent, sexual harassment, and criminal sexual conduct. Most states have laws prohibiting sex under the age of consent, sexual harassment and criminal sexual conduct. Here’s a brief summary of these three laws:

- Every state has laws controlling the age when a person is considered old enough to consent, or agree, to sexual intercourse. This age is often referred to as the age of consent. In Michigan, that age is 16. Michigan law prohibits sex or sexual contact with an individual under the age of 16. This is a crime punishable by imprisonment. A person convicted of this crime can also be listed on the sex offender registry. This is a list of individuals convicted of sexual crimes. It is published on the internet. Once your name is added to the list, it remains on the list for up to 25 years.

- Sexual harassment means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature. It is illegal when it interferes with a person’s ability to work or attend school in safety. Those who are guilty of sexual harassment can be suspended or expelled from school, lose their job, and be taken to court.

- Criminal sexual conduct is commonly called rape or sexual assault. It includes sexual contact that is forced, coerced, and/or obtained without a person’s consent. Penalties vary, depending on the crime, from a fine to a life sentence in prison.

   It is important not only to know the laws but also to follow them and protect the rights of others.

4. Reinforce the purpose of the law as a means to protect people who need to be protected. The law protects people who need to be protected. It punishes people who exploit others. While it is easy to think of laws as punishment, they are usually in place to provide protection.

   Teens can protect themselves and one another when they have a solid understanding of the law and the reasons behind it.

APPLICATION

1. Students should complete the Sex and the Law: Myths and Facts Worksheet.

2. Discuss each statement as a myth or a fact.

APPLICATION

1. Analyze a situation to apply knowledge of the issue of underage sex, using the slide master, “What You Don’t Know Can Hurt You: The Situation”

   Lawmakers thought it was important enough for you to know the legal repercussions of underage sex that they require schools to include this information in their curriculum. I’m going to describe a situation. I’d like you to note any laws that were broken and the possible consequences for the students involved.

   Display the slide, and describe or read the situation. Lead a discussion to analyze the situation, using the following question:

   What did the high school boys do that was against the law? (They had sex with someone under the age of 16. They gave alcohol to the 14-year-old girls.)

   Lead a discussion to analyze the possible consequences, using the following question: *What could happen to the boys?*
   
   - The boys could be charged with statutory rape, which is sex with a minor. Michigan law calls this situation Criminal Sexual Conduct.
   - Having sex with a person 13 to 15 years of age is Third Degree Criminal Sexual Conduct.
   - It does not require proof of force or coercion.
   - It is a felony.
   - If convicted, a person could face up to 15 years in jail and have to register as a sex offender.

3. Summarize critical aspects of the law. Display the slide and describe or read the consequences to elaborate on the students’ ideas. Read Part 3, The Rest of the Story, on the teacher reference. Part 3 explains that this situation actually happened in Michigan.

   *Remember: every state has laws stating when a person is legally able to give consent. In Michigan, a person cannot consent to have sex until age 16, and a person of any age cannot give consent while under the influence of alcohol or other drugs.*

   Discuss the importance of the law. Reunite the small groups used earlier or have students quickly form small groups of three.

   *Discuss in your groups the reasons you think it is important to have laws that regulate consent for sex. In three minutes, I will call on some of you to share an idea from your discussion.*

   Call on several students to share an idea. Rotate until each group has shared one idea.
INFLUENCES
(Need to copy from Revision Binder)

Young people face many pressures regarding their sexual behavior. Some of the factors that influence them are very subtle; others are obvious. Young people who understand these influences are better equipped to make healthy choices. The following information is provided as a guide for the discussions you will facilitate during this lesson.

The following factors can influence students’ decisions about sexual behavior.

1. Boyfriends, girlfriends, and partners may influence teens by:
   • what they want to happen in the relationship,
   • how far they want to go,
   • their limits, and
   • whether or not they respect the teen’s limits or pressure others.

2. Friends and other peers can influence students’ decisions about sexual behavior by:
   • expressing what they think is right and wrong,
   • whether or not they try to pressure others,
   • whether the teen feels pressured to fit in,
   • whether or not they are willing to use condoms and/or contraceptives, and
   • what the teen’s friends do and don’t do.

3. Parents and other family members can influence students; decisions about sexual behavior by:
   • modeling and talking about family values and beliefs,
   • monitoring the teen’s activities, and
   • telling the teen their expectations.

4. Ethical, moral, and/or religious beliefs can influence students’ decisions about sexual behavior by:
   • setting standards for behavior that are acceptable within the context of a belief system,
   • offering alternative activities for teens, and
   • modeling values for desired behavior.

5. Media, such as advertisements, music, movies, and television, can influence students’ decisions about sexual behavior by:
   • promoting sexual activity,
   • not showing realistic consequences for sex,
   • making it appear that everyone is having sex, or
   • showing the positive consequences of decreasing risks.

6. Norms, unwritten and often unspoken standards for behavior, can influence students’ decisions about sexual behavior by:
   • setting unwritten standards for behavior;
   • modeling standards among peers, family members, and culture; and
   • shunning individuals who don’t conform.

7. Laws can influence students’ decisions about sexual behavior by:
   • telling what behaviors are illegal and what the consequences may be if the law is broken,
   • publicizing the names and faces of lawbreakers on the Internet,
   • putting those who break the law in jail, and
   • setting written standards for behavior in society.
**SEX AND THE LAW: MYTHS AND FACTS**

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WHAT YOU DON’T KNOW CAN HURT YOU:
The Situation

A high-school senior class president in a wealthy suburb and three of his friends invited two 14-year-old girls to come to one of the boy’s homes after school. No adults were present. The boys gave the girls alcohol to drink and had sex with them. The girls told school officials what had happened, and the school officials were legally obligated to report the incident to the police.
WHAT YOU DON’T KNOW CAN HURT YOU: The Consequences

- The boys could be charged with statutory rape, which is sex with a minor. Michigan law calls this situation Criminal Sexual Conduct.

- Having sex with a person 13 to 15 years of age is Third Degree Criminal Sexual Conduct.

- It does not require proof of force or coercion.

- It is a felony.

- If convicted, a person could face up to 15 years in jail and have to register as a sex offender.
THE INFLUENCE OF LAW:
What You Don’t Know Can Hurt You

PART 1: THE SITUATION
A high school senior class president in a wealthy suburb and three of his friends invited two 14-year-old girls to come to one of the boy’s homes after school. No adults were present. The boys gave the girls alcohol to drink and had sex with them. The girls told school officials what had happened, and the school officials were legally obligated to report the incident to the police.

PART 2: THE CONSEQUENCES
- The boys could be charged with statutory rape, which is sex with a minor. Michigan law calls this situation Criminal Sexual Conduct.
- Having sex with a person 13 to 15 years of age is Third Degree Criminal Sexual Conduct.
- It does not require proof of force or coercion.
- It is a felony.
- If convicted, a person could face up to 15 years in jail and have to register as a sex offender.

PART 3: THE REST OF THE STORY
This is a true story that occurred in Michigan.
- All of the boys were charged with statutory rape and went to court. The court case received a lot of media attention because the boys denied that the incident occurred.
- If convicted of Third Degree Criminal Sexual Conduct, as originally charged, they would have faced up to 15 years in jail and would have had their names on the Sexual Offender’s Registry.
- However, when faced with the possibility of a felony conviction, they all pled guilty to a lesser charge. The boys served 60 to 180 days in jail. In addition to the legal consequences, the college admission to the University of Michigan was revoked for one of the boys because of his behavior and his poor judgment.
Unit 7

PEER PRESSURE

Other Pressures/Advertisement
Advertising and Media Pressure

LESSON OBJECTIVES
Students will be able to

- analyze advertising and media techniques used to influence the use of tobacco, alcohol, other drugs, and sexual activity
- identify risks associated with drugs and alcohol in accordance with sexual activity.

ACTIVITIES
1. Consumerism (Handout)
   Teacher will review with students the various advertising techniques used to sell products.

2. Media Pressure (Handout) and Under Pressure (Handout)
   Using examples of tobacco and alcohol advertisements, music, and commercials, students will analyze the advertising techniques and risks involved in using these products.

3. Under Pressure (Handout) Homework
   Students will analyze pressures used by the media (television, commercials, and music) to influence the use of tobacco, alcohol, other drugs, and/or sexual activity.
CONSUMERISM

Below are examples of propaganda techniques (methods of influencing thinking) as used in advertising.

TESTIMONIALS
Joe Glutz telling you that his headache remedy is the best. What is the product? Does Joe have a bigger headache than most people? When does a testimonial have meaning to a consumer?

SCARE TACTICS
You’re out on a dark, lonely road with a flat tire and no flashlight. What will you do?

BANDWAGON
Everybody’s doing it. Get on board. Join us.

APPEAL TO INDIVIDUAL FEELING
You will feel beautiful, handsome. You made it yourself.

SEX APPEAL
Your toothpaste can change your dating life, a pack of Certs.

EMOTIONAL APPEAL
The “hungry orphan who needs your love (and money).

FOLKSY APPEAL
“Tastes just like Grandma used to make.”

TECHNICAL JARGON
“Contains GL70 microencapsulated beads” (nonsense terms used to sound scientific.

NUMBERS GAME
“Over 40 million Americans can’t be wrong.” “Three out of four doctors recommended.”

CARD STACKING
Creating an impression of superiority with slanted information, e.g., before-and-after ads, aspirin strength comparisons.

WHAT WILL OTHERS THINK?
“Ring around the collar” or “I can see myself in your dishes.”

SLOGANS
Stay with the consumer and keep the product in his/her mind.
UNDER PRESSURE!!!

A. Advertisement (Product _________________________ Brand _____________________)

1. In what situation(s) does the ad suggest it is normal to use the product?
   Place _______________ Activity _________________ Other People _________________

2. Who is the target of the ad? ____________________________________________________

3. What’s the hidden message (besides the product, what are they selling? ______________
   ___________________________________________________________________________

4. What important information about the product is not shown? _______________________
   ___________________________________________________________________________

5. How does this ad pressure us into risky situations? _______________________________
   ___________________________________________________________________________

B. Advertisement (Product _________________________ Brand _____________________)

1. In what situation(s) does the ad suggest it is normal to use the product?
   Place _______________ Activity _________________ Other People _________________

2. Who is the target of the ad? ____________________________________________________

3. What’s the hidden message (besides the product, what are they selling? ______________
   ___________________________________________________________________________

4. What important information about the product is not shown? _______________________
   ___________________________________________________________________________

5. How does this ad pressure us into risky situations? _______________________________
   ___________________________________________________________________________
MEDIA PRESSURE!!

A. Type of media researched (show/song/commercial) ____________________________________________

1. Describe what is happening in the scene or write down the lyrics of the song

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. Who is being targeted? ________________________________________________________

3. What’s the hidden message?____________________________________________________
___________________________________________________________________________

4. What important information is not being presented? _________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

5. How does this ad pressure us into risky situations? __________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
THE BENEFITS OF ABSTINENCE

LESSON OBJECTIVES
Students will be able to

- demonstrate an understanding of the value of abstinence.

ACTIVITIES

1. Introduction
   Discuss Under Pressure homework assignment.

2. Abstinence: Look at All the Benefits! (handout and slide)

3. Abstinence: The Chance of a Lifetime – Spread the Word! (bumper sticker project – create in class)

4. What it Means to Me (handout)
   Students will reflect on how the decision to abstain will affect the many topics studied during this course.
ABSTINENCE: LOOK AT ALL THE BENEFITS

Saying “NO” to intimate sexual activity means . . .

• No pregnancy

• No infections (STIs)

• No “Bad” reputation

• No guilt (from going against values, beliefs, parents)

• Less anxiety

• No worry about “getting caught”

• No problems later in life due to early sexual activity.

• Freedom to be young, date, and have fun!

• Sex will be special and unique within a marriage relationship

• Showing self-control and responsibility in demonstrating my affection

• Confidence in planning and pursuing long-range goals

• Taking time to learn about my sexuality

• Choosing to grow up healthy in all ways

• A chance to build special healthy relationships

• Respect for others

• Pride, self-confidence, and self-respect

. . . I have sexual standards!
Using your thoughts, feelings, and reasons for abstinence, develop a bumper sticker that promotes this choice.

Keep in mind a choice to abstain gives you:

- Pride (feeling good about yourself and standing up for your future).
- Freedom (from guilt and the worry of infection, diapers, bottles, and crying)
- Fun (to explore new healthy relationships, and more!!)
WHAT IT MEANS TO ME!

Please reflect on how your decision to abstain will affect the many topics that we’ve studied during this course.

This is how abstinence from drugs, tobacco, alcohol, and promiscuous sexual behavior affects my:

Self-esteem:

Friendships:

Life Goals:

Family:

Physical Health:

Education at EGR Middle School:

Fun:

ABSTINENCE from sexual activity, tobacco, alcohol, and other behaviors that carry risk will help you to lead a very happy, healthy life. GUARANTEED!
Excerpts from the Child Protection Law
Related to Mandatory Reporting of Child Abuse and Neglect

THE MICHIGAN PENAL CODE (EXCERPTS)
Act 238 of 1975
THE MICHIGAN PENAL CODE (EXCERPTS)
Act 238 of 1975

722.621. Persons required to report child abuse or neglect; written report; transmitting report and results of investigation to prosecuting attorney, county family independence agency, or law enforcement agency: pregnancy of or venereal disease in child less than 12 years of age.

Sec. 3.
(1) An individual is required to report under this act as follows:
(a) A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department.
(b) For purposes of this act, the pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect child abuse and neglect have occurred.


Sec. 2.
(e) "Child" means a person under 18 years of age.
(f) "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare, or by a teacher, a teacher's aide, or a member of the clergy.
(i) "Child neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:
(i) Neglectful treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
(ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.
(u) "Person responsible for the child's health or welfare" means a parent, legal guardian, person 18 years of age or older who resides for any length of time in the same home in which the child resides, or, except when used in section 722.629 or 863, nonparent adult; or an owner, operator, volunteer, or employee of 1 or more of the following:
(i) A licensed or unlicensed adult foster care family home or adult foster care small group home as defined in section 3 of the adult foster care facility licensing act, 1979 PA 218, MCL 400.763.
Appendix A: Excerpts from the Child Protection Law Related to Mandatory Reporting of Child Abuse and Neglect (continued)

(i) "Nonparent adult" means a person who is 18 years of age or older and who, regardless of the person’s domicile, meets all of the following criteria in relation to a child:
(i) Has substantial and regular contact with the child.
(ii) Has a close personal relationship with the child’s parent or with a person responsible for the child’s health or welfare.
(iii) Is not the child’s parent or a person otherwise related to the child by blood or affinity to the third degree.

722.624. Persons permitted to report child abuse or neglect.

Sec. 4.
In addition to those persons required to report child abuse or neglect under section 3, any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

722.633. Failure to report suspected child abuse or neglect; damages; violation as misdemeanor; unauthorized dissemination of information as misdemeanor; civil liability; maintaining report or record required to be expunged as misdemeanor; false report of child abuse or neglect.

Sec. 13.
(1) A person who is required by this act to report an instance of suspected child abuse or neglect and who fails to do so is civilly liable for the damages proximately caused by the failure.
(2) A person who is required by this act to report an instance of suspected child abuse or neglect and who knowingly fails to do so is guilty of a misdemeanor punishable by imprisonment for not more than 90 days or a fine not more than $500.00, or both.

750.156. Crime against nature or sodomy.

“Any person who shall commit the abominable and detestable crime against nature either with mankind or with any animal shall be guilty of a felony.”

It is punishable by imprisonment in the state prison.

While the law does not specifically state what the crimes against nature or sodomy are, they are generally accepted by the courts as anal sex and bestiality.

750.335. Lewd and lascivious cohabitation and gross lewdness.

“Any man or woman, not being married to each other, who shall lewdly and lasciviously associate and cohabit together, and any man or woman, married or unmarried, who shall be guilty of open and gross lewdness and lascivious behavior, shall be guilty of a misdemeanor.”

It is punishable by imprisonment in the county jail or a fine.

This is also referred to as adultery or fornication.

750.335a. Indecent exposure.

“Any person who shall knowingly make any open or indecent exposure of his or her person or of the person of another shall be guilty of a misdemeanor.”

It is punishable by imprisonment in the county jail, a fine, or imprisonment in the state prison.

750.338. Gross indecency between male persons.

“Any male person who, in public or in private, commits or acts upon another to commit the commission of or procures or attempts to procure the commission by any male person of any act of gross indecency with another male person shall be guilty of a felony.”

It is punishable by imprisonment in the state prison or a fine.

This is different from sodomy, as gross indecency includes oral or manual sex acts. Generally, though not always, it is referring to public acts, and/or nonconsensual acts, and/or acts with minors.
Appendix B: Laws Governing Sexual Conduct (continued)

750.338a. Gross indecency, between female persons.

"Any female person who, in public or in private, commits or is a party to the commission of, or any person who procures or attempts to procure the commission by any female person of any act of gross indecency with another female person shall be guilty of a felony."

It is punishable by imprisonment in the state prison or a fine.

This is the same as 750.338, but applies to women.

750.338b. Gross indecency, between male and female persons.

"Any male person who, in public or in private, commits or is a party to the commission of any act of gross indecency with a female person shall be guilty of a felony. Any female person who, in public or in private, commits or is a party to the commission of any act of gross indecency with a male person shall be guilty of a felony. Any person who procures or attempts to procure the commission of any act of gross indecency by and between any male person and any female person shall be guilty of a felony."

It is punishable by imprisonment in the state prison or a fine.

This is the same as 750.338, but applies to men and women.

750.520a. Definitions.

"Actor" means a person accused of criminal sexual conduct.

"Intimate parts" includes the primary genital area, groin, inner thigh, buttock, or breast of a human being.

"Personal injury" means bodily injury, disfigurement, mental anguish, chronic pain, pregnancy, disease, or loss or impairment of a sexual or reproductive organ.

"Sexual contact" includes the intentional touching of the victim's or actor's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or actor's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification.

"Sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

"Victim" means the person alleging to have been subjected to criminal sexual conduct.

These definitions are drawn from the law, but do not include all of the terms defined.
750.520b. First degree criminal sexual conduct.

"(1) A person is guilty of criminal sexual conduct in the first degree if he or she engages in sexual penetration with another person and if any of the following circumstances exists:

(a) That other person is under 13 years of age.
(b) That other person is at least 13 but less than 16 years of age and any of the following:
   (i) The actor is a member of the same household as the victim.
   (ii) The actor is related to the victim by blood or affinity to the fourth degree.
   (iii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.
(c) Sexual penetration occurs under circumstances involving the commission of any other felony.
(d) The actor is aided or abetted by 1 or more other persons and either of the following circumstances exists:
   (i) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
   (ii) The actor uses force or coercion to accomplish the sexual penetration. Force or coercion includes but is not limited to any of the circumstances listed in subdivision (iv) to (v).
(e) The actor is armed with a weapon or any article used or fashioned in a manner to lead the victim to reasonably believe it to be a weapon.
(f) The actor causes personal injury to the victim and force or coercion is used to accomplish sexual penetration. Force or coercion includes but is not limited to any of the following circumstances:
   (i) When the actor overcomes the victim through the actual application of physical force or physical violence.
   (ii) When the actor coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the actor has the present ability to execute these threats.
   (iii) When the actor coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the actor has the ability to execute this threat. As used in this subdivision, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.
   (iv) When the actor engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.
(v) When the actor, through concealment or by the element of surprise, is able to overcome the victim.
(g) The actor causes personal injury to the victim, and the actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless, and any of the following:
   (i) That other person is mentally incapable, mentally disabled, mentally incapacitated, or physically helpless.
   (ii) The act is related to the victim by blood or affinity to the fourth degree.
   (iii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit."

(2) Criminal sexual conduct in the first degree is a felony and punishable by imprisonment in the state prison for one or for any term of years."
750.529c. Second degree criminal sexual conduct.

"(1) A person is guilty of criminal sexual conduct in the second degree if the person engages in sexual contact with another person and if any of the following circumstances exist:

(a) That other person is under 13 years of age.
(b) That other person is at least 13 but less than 16 years of age and any of the following:
   (i) The actor is a member of the same household as the victim.
   (ii) The actor is related to the victim by blood or affinity to the fourth degree.
   (iii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.
(c) Sexual contact occurs under circumstances involving the commission of any other felony.
(d) The actor is aided or abetted by 1 or more other persons and either of the following circumstances exists:
   (i) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
   (ii) The actor uses force or coercion to accomplish the sexual contact. Force or coercion includes but is not limited to any of the circumstances listed in sections 520b(1)(f)(i) to (v).
(e) The actor is armed with a weapon or any article used or fashioned in a manner to lead the victim to reasonably believe it to be a weapon.
(f) The actor causes personal injury to the victim and force or coercion is used to accomplish sexual contact. Force or coercion includes but is not limited to any of the circumstances listed in section 520b(1)(f)(i) to (v).
(g) The actor causes personal injury to the victim, and the actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
(h) That other person is mentally incapable, mentally disabled, mentally incapacitated, or physically helpless, and any of the following:
   (i) The actor is related to the victim by blood or affinity to the fourth degree.
   (ii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit."

(2) Criminal sexual conduct in the second degree is a felony punishable by imprisonment for not more than 15 years."

The key determinant for Second Degree Criminal Sexual Conduct is: sexual contact occurs. Personal injury does not need to be caused.

750.529d. Third degree criminal sexual conduct.

"(1) A person is guilty of criminal sexual conduct in the third degree if the person engages in sexual penetration with another person and if any of the following circumstances exists:

(a) That other person is at least 13 years of age and under 16 years of age.
(b) Force or coercion is used to accomplish the sexual penetration. Force or coercion includes but is not limited to any of the circumstances listed in section 520b(1)(f)(i) to (v).
(c) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless."
(2) Criminal sexual conduct in the third degree is a felony punishable by imprisonment for not more than 15 years."

It is a felony and is punishable by imprisonment.

The key determinant for Third Degree Criminal Sexual Conduct is: sexual penetration occurs. Personal injury does not need to be caused. The prosecutor is given discretion in whether to charge First Degree or Third Degree Criminal Sexual Conduct.

750.520a. Fourth degree criminal sexual conduct.

"(1) A person is guilty of criminal sexual conduct in the fourth degree if he or she engages in sexual contact with another person and if any of the following circumstances exists:

(a) That other person is at least 13 years of age and under 16 years of age, and the actor is 5 years or more older than that other person.

(b) Force or coercion is used to accomplish the sexual contact. Force or coercion includes but is not limited to any of the following circumstances:

(i) When the actor overcomes the victim through the actual application of physical force or physical violence.

(ii) When the actor coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the actor has the present ability to execute those threats.

(iii) When the actor coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the actor has the ability to execute this threat. As used in this subdivision, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.

(iv) When the actor engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptably.

(v) When the actor achieves the sexual contact through concealment or by the element of surprise.

(c) The actor knows or has reason to know that the victim is mentally incapacitated, mentally incapacitated, or physically helpless.

(d) That other person is under the jurisdiction of the department of corrections, and the actor is an employee or a contractual employee of, or a volunteer with, the department of corrections who has knowledge that the other person is under the jurisdiction of the department of corrections.

(e) That other person is a prisoner or probationer under the jurisdiction of a county for purposes of imprisonment or a work program or other probationary program and the actor is an employee or a contractual employee of or a volunteer with the county who knows that the other person is under the county's jurisdiction.

(f) The actor knows or has reason to know that the juvenile division of the probate court, the circuit court, or the recorder's court of the city of Detroit has detained the victim in a facility while the victim is awaiting a trial or hearing, or committed the victim to a facility as a result of the victim having been found responsible for committing an act that would be a crime if committed by an adult, and the actor is an employee or contractual employee of, or a volunteer with, the facility in which the victim was detained.

(2) Criminal sexual conduct in the fourth degree is a misdemeanor punishable by imprisonment for not more than 2 years or a fine of not more than $500.00, or both."

Even that young people may date individuals 5 or more years older or younger, this crime is particularly important for young people to understand.
Glossary of STIs

For Teacher Reference Only

Abstinence:
Choosing not to engage in certain behaviors, such as drug use or sexual intercourse, including vaginal, oral, or anal sex.

Acquired:
A condition which is not inherited.

Acute:
Having severe symptoms that last a short time.

AIDS:
The acronym that stands for Acquired Immune Deficiency Syndrome. AIDS is an infection/condition that results from damage to the immune system by the Human Immunodeficiency Virus (HIV). AIDS was first recognized in 1981.

Antibiotic:
A chemical compound that is prescribed to cure and/or prevent infections. It destroys bacteria and other microorganisms by killing them or by keeping them from reproducing.

Antibodies:
Proteins produced by blood cells in response to invasion by foreign objects, called antigens. Antibodies defend the body against antigens by removing or destroying them. The presence of antibodies provides immunity should exposure recur.

Antigens:
Foreign substances that enter the body and cause the immune system to form antibodies. Antigens may be germs, toxins, cells from another organism, or cells within the body that are not recognized as "self."

Antiretroviral:
A drug (medicine) that interferes with HIV's ability to reproduce.

Asymptomatic infection:
A condition in which a person is infected with an infection, but has no apparent sign of the infection.

Bacterial vaginosis:
The most common kind of vaginitis. It results when bacteria in the vagina get out of balance, resulting in the overgrowth of harmful bacteria. It is not necessarily transmitted by sex.

Blood donor:
A person who gives blood to be stored and used for a transfusion.

Body fluids:
Liquids of the body, including blood, semen, vaginal secretions, urine, feces, sweat, tears, and breast milk. In relation to HIV infection, blood, semen, vaginal secretions, and breast milk have been documented as body fluids that may transmit HIV from person to person.

Carrier:
A person who has an infection-causing microorganism in his/her body, but does not show obvious signs of illness, and is able to transmit the microorganism to others.

Casual contact:
The kind of touching between people that happens in families, at school, and at social events. It would include things like holding hands, hugs, sharing common household utensils, and riding the bus together. It is different from the intimate touching which occurs during sexual activity.

Cervix:
The narrow neck at the lower end of the uterus where it opens into the vagina.
Chancroid:
A sexually transmitted infection that is characterized by painful ulcers and may lead to abscesses and swollen glands in the groin. It is caused by Haeemophilus ducreyi.

Chlamydia:
The most common sexually transmitted infection in this country. Most people cannot tell they are infected. If untreated, it can lead to infertility. It is caused by Chlamydia trachomatis.

Chronic:
Having symptoms that last a long time and show little change or very slow progression.

Cleaning needles (works):
In relation to HIV risk reduction, it means cleaning any needles and syringes (or syringe-like equipment) that have been shared in drug injection by flushing them three times with a chlorine bleach and three times with clear water in order to kill any HIV that might be in the needle or works.

Communicable infection:
An infection that can be passed from one person to another.

Condom (male):
A thin protective sheath for the penis, generally made of latex or polyurethane, and used to prevent contact with body fluids during sexual intercourse. Natural membrane condoms are not effective in preventing STIs, but are effective in preventing pregnancy.

Condyoma:
Another name for genital warts, it is a wart-like growth on the skin or mucous membrane, usually of the genital or anus.

Congenital:
Present at and existing from the time of birth.

Conjunctivitis:
Inflammation of the mucous membrane around the eye.

Direct transmission:
Movement of a infection-causing organism from the host to a susceptible person or animal by contact with the host.

Ectopic pregnancy:
Pregnancy that occurs anywhere outside the uterus, usually in a Fallopian tube.

ELISA blood test:
Screening test most commonly used to detect the presence of antibodies to the Human Immunodeficiency Virus. ELISA is an acronym for enzyme linked immune-sorbent assay.

Epidemic:
A disease or infection that affects many people in a region at the same time and spreads rapidly.

Epidemiology:
The study of the spread of infections, the distribution of infections, and other factors that relate to the occurrence of infection.
Fallopian tubes:
The slender tubes that extend from each ovary to the uterus. Eggs released during ovulation travel through these tubes to the uterus. If fertilization takes place, it must occur when the egg is in the tube.

False positive:
A test result showing a reaction that indicates the presence of the infection or condition for which the test is designed, even though that infection or condition isn’t present.

Genital warts:
Sexually transmitted warts caused by the human papillomavirus. They can lead to cancer of the cervix.

Genitals or Genitalia:
The visible reproductive organs of males and females.

Genitourinary:
Pertaining to the urinary and reproductive structures.

Healthy living:
Things a person living with HIV/AIDS can do to help slow down the progression of damage to the immune system by HIV. It includes avoiding re-exposure to HIV; avoiding exposure to other sexually transmitted infections; eating a balanced diet; getting adequate rest, relaxation and sleep; avoiding drug and alcohol abuse; and accepting psychosocial support from family and friends.

Hemophilia:
Someone having a hereditary condition in which the blood fails to clot normally.

Herpes Simplex virus:
Also called HSV, this family of viruses causes infections characterized by painful blisters on the mouth and/or genitals.

HIV:
The acronym for Human Immunodeficiency Virus, the virus that causes HIV infection and AIDS.

HIV Infection:
Infecting with Human Immunodeficiency Virus

HIV transmission:
The transfer of HIV from an infected person to an uninfected person.

Human Papillomavirus:
Also called HPV, this family of viruses causes genital warts, which can lead to cancer of the cervix.

IDU or IVDU:
Injecting drug user or intravenous drug user. Refers to a person who uses a needle to pierce the skin for the purpose of injecting drugs. Drugs can be "maintained" into a blood vessel, injected into muscle tissue, or injected just beneath the skin (skin popping). All three methods are used to abuse drugs, and, if needles are shared, all are high risk for HIV transmission.

Immune system:
The body’s system that acts to defend the body from invading microorganisms and other foreign proteins.

Immunity:
Resistance to or protection against a specific infection.

Incubation:
Period of time between the infection of an individual by a infection-producing microorganism and the appearance of symptoms related to damage to the body caused by that microorganism.

Indirect transmission:
Movement of a infection-causing organism from the host to a susceptible person or animal by contact with contaminated air, inanimate objects, or organisms.
Infection:
Invasion of the body by an organism.

Infertility:
A decrease in or absence of ability to produce offspring.

Inoculation:
The introduction of an infectious organism to the body for the purpose of providing immunity to that organism.

Intravenous:
Administered by entry (usually through a needle) into a blood vein.

Kaposi's sarcoma:
A rare type of cancer that occurs in some persons who are infected with HIV. It is one of the conditions that constitutes a diagnosis of AIDS.

Latent:
Hidden or concealed. An infection state in which no symptoms are obvious.

Lesion/Chancroid:
The painless sore that marks the site of the initial infection with the bacteria that causes syphilis. It eventually goes away, even without treatment, but the person remains infected, unless treated.

Lymphocytes:
A type of white blood cell important in protecting the body from invading microorganisms. One form is the CD4 T-helper cell that is one of the primary types of cells infected with HIV. The eventual destruction of these cells due to HIV infection leads to the appearance of opportunistic infections and the diagnosis of AIDS.

Monogamous relationship:
Having only one sexual partner over a long period of time (usually over a lifetime).

Neisseria gonorrhoea:
The bacteria which causes gonorrhea.

Opportunistic infection:
An infection that occurs because of damage to the immune system. An infection that normally would not occur or be severe happens because of the body's immune system's inability to fight it off.

Pathogenic:
Capable of causing infection or symptoms of illness.

Pediculosis pubis:
The human parasitic insect that is commonly called pubic lice or "crabs." They infest the pubic hair and feed off the blood of the host and cause itching.

Pelvic exam:
An examination of the female reproductive organs by a medical professional. It is performed by placing the fingers of one hand inside the vagina and then using the other hand to press down on the abdomen in order to feel and move the uterus and ovaries between the two hands. Sometimes an instrument called a speculum is used to view the cervix and take test specimens. All sexually active females should have regular pelvic exams.

Pelvic inflammatory infection:
Also called PID, it is a painful inflammation of the female pelvic organs. It is a common complication of infection with gonorrhea or chlamydia and can cause infertility.

Pneumocystis carinii pneumonia:
An opportunistic fungal infection commonly affecting people infected with HIV. It is one of the infections that define a diagnosis of AIDS.

Prenatal:
During pregnancy, before birth.
Appendix C: Glossary of STI Terms (continued)

Protease Inhibitor: A class of antiretroviral drugs used to treat HIV. See “antiretroviral.”

Rectum: The lower end of the large intestine through which the feces are excreted from the body.

Refusal skills: Ability to say “no” to engaging in risk behaviors.

Risk: An element or factor that is dangerous or hazardous.

Risk behavior: A behavior that can threaten a person's health.

Salpingitis: Inflammation of the Fallopian tube(s).

Scrotum: The external, skin sac enclosing the testes.

Sensitivity: A test’s ability to be negative in patients who have the given infection.

Serologic test: A laboratory test made on blood serum.

Seropositive: Term used to describe someone who has shown the presence of HIV antibodies in both the ELISA and Western blot tests. The person is considered to be infected with HIV.

Sexual intercourse: Sexual contact between humans involving genitalia and penetration.

Sexually transmitted infection: Bacterial or viral infections that are transmitted through oral, anal, or vaginal sexual intercourse. Also called STIs and previously called Sexually transmitted diseases (STDs) or venereal diseases (VD). Bacterial STIs are curable; viral STIs are incurable.

Specificity: A test’s ability to be negative in the absence of the given infection.

Susceptibility: The capacity for becoming infected. It varies in individuals depending on a variety of factors, including the presence or absence of immunity.

Symptomatic HIV infection: Describes a person who is showing signs or symptoms of damage due to HIV infection, but has not developed illnesses or CD4 T-lymphocyte levels that would be included in the diagnosis of AIDS.

Syphilis: A sexually transmitted infection that can spread to other organs of the body and cause serious damage to vital organs. Although all infected persons have symptoms, females usually cannot see the early symptoms. Syphilis is caused by a bacteria called a spirochete—Treponema pallidum.

Transmission: The transfer of an infection from one person to another.

Trichomoniasis: Vaginal infection characterized by inflammation and foul-smelling discharge. This is one of several causes of vaginitis. Also called “trich,” it is transmitted by sex.

Urethra: The tube that carries urine from the bladder to the exterior of the body.
Appendix C: Glossary of STI Terms (continued)

Urethritis:
Inflammation of the urethra.

Vaccine:
A form of medicine that may contain dead or weakened infection-producing microorganisms that stimulate the body to produce antibodies against a specific microorganism. It will prevent a person from acquiring the actual infection if exposed (i.e., produces immunity).

Vaginitis:
Infections that affect the vagina. May be caused by a variety of germs, including bacteria, yeast, and trichomoniasis. Some cases are transmitted by sexual intercourse; others are not.

Venereal warts:
An outdated term for genital warts.

Viral load:
The amount of HIV in the blood.

Virologist:
Extreme poisonous or pathogenic. It refers to an infection, toxin, or pathogen.

Virus:
Submicroscopic infective agent.

Western blot test:
Confirming test for presence of antibodies to HIV.

Window period:
Period of time between the infection of an individual by an infection-producing microorganism and the appearance of antibodies against the virus. After infection with HIV, it usually takes the body about two months to develop antibodies against the virus. For some people, it takes up to six months to develop antibodies. During this time a person can transmit the virus, but would not test positive on an ELISA or Western blot test for HIV antibodies.

Yeast infection:
A common form of vaginitis. Yeast is a fungus that is normally found in the vagina. An infection results when an overgrowth of yeast occurs. It is not transmitted by sex.
# Hepatitis B Fact Sheet

## Signs & Symptoms

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>jaundice</td>
<td></td>
</tr>
<tr>
<td>fatigue</td>
<td></td>
</tr>
<tr>
<td>abdominal pain</td>
<td></td>
</tr>
<tr>
<td>loss of appetite</td>
<td></td>
</tr>
<tr>
<td>nausea, vomiting</td>
<td></td>
</tr>
<tr>
<td>joint pain</td>
<td></td>
</tr>
</tbody>
</table>

About 30% of persons have no signs or symptoms. Signs and symptoms are less common in children than adults.

## Cause

- Hepatitis B virus (HBV)

## Long-Term Effects Without Vaccination

Chronic infection occurs in:

- 90% of infants infected at birth
- 30% of children infected at age 1 - 5 years
- 6% of persons infected after age 5 years

Death from chronic liver disease occurs in:

- 15-25% of chronically infected persons

## Contraindications to Vaccine

- A serious allergic reaction to a prior dose of hepatitis B vaccine or a vaccine component is a contraindication to further doses of hepatitis B vaccine. The recombinant vaccines that are licensed for use in the United States are synthesized by Saccharomyces cerevisiae (common bakers' yeast), into which a plasmid containing the gene for HBsAg has been inserted. Purified HBsAg is obtained by lysing the yeast cells and separating HBsAg from the yeast components by biochemical and biophysical techniques. Persons allergic to yeast should not be vaccinated with vaccines containing yeast.
TRANSMISSION

- Occurs when blood from an infected person enters the body of a person who is not infected.
- HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission), by sharing drugs, needles, or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.

RISK GROUPS

- Persons with multiple sex partners or diagnosis of a sexually transmitted disease
- Men who have sex with men
- Sex contacts of infected persons
- Injection drug users
- Household contacts of chronically infected persons
- Infants born to infected mothers
- Infants/children of immigrants from areas with high rates of HBV infection
- Health care and public safety workers
- Hemodialysis patients

PREVENTION

- Hepatitis B vaccine is the best protection.
- If you are having sex, but not with one steady partner, use latex condoms correctly and every time you have sex. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission.
- If you are pregnant, you should get a blood test for hepatitis B; Infants born to HBV-infected mothers should be given HBIG (hepatitis B immune globulin) and vaccine within 12 hours after birth.
- Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share drugs, needles, syringes, water, or "works", and get vaccinated against hepatitis A and B.
- Do not share personal care items that might have blood on them (razors, toothbrushes).
- Consider the risks if you are thinking about getting a
**Tattoo or body piercing.** You might get infected if the tools have someone else's blood on them, or if the artist or piercer does not follow good health practices.  
- If you have or had hepatitis B, do not donate blood, organs, or tissue.  
- If you are a health care or public safety worker, get vaccinated against hepatitis B, and always follow routine barrier precautions and safely handle needles and other sharps.

<table>
<thead>
<tr>
<th>VACCINE RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hepatitis B vaccine available since 1982</td>
</tr>
<tr>
<td>• Routine vaccination of 0-18 year olds</td>
</tr>
<tr>
<td>• Vaccination of risk groups of all ages</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREATMENT &amp; MEDICAL MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HBV infected persons should be evaluated by their doctor for liver disease.</td>
</tr>
<tr>
<td>• Adefovir dipivoxil, interferon alfa-2b, pegylated interferon alfa-2a, lamivudine, and entecavir are five drugs used for the treatment of persons with chronic hepatitis B.</td>
</tr>
<tr>
<td>• These drugs should not be used by pregnant women.</td>
</tr>
<tr>
<td>• Drinking alcohol can make your liver disease worse.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRENDS &amp; STATISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Number of new infections per year has declined from an average of 260,000 in the 1980s to about 73,000 in 2003.</td>
</tr>
<tr>
<td>• Highest rate of disease occurs in 20-49-year-olds.</td>
</tr>
<tr>
<td>• Greatest decline has happened among children and adolescents due to routine hepatitis B vaccination.</td>
</tr>
<tr>
<td>• Estimated 1.25 million chronically infected Americans, of whom 20-30% acquired their infection in childhood.</td>
</tr>
</tbody>
</table>
# Hepatitis C Fact Sheet

<table>
<thead>
<tr>
<th>SIGNS &amp; SYMPTOMS</th>
<th>80% of persons have no signs or symptoms.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jaundice</td>
</tr>
<tr>
<td></td>
<td>Fatigue</td>
</tr>
<tr>
<td></td>
<td>Dark urine</td>
</tr>
<tr>
<td></td>
<td>Abdominal pain</td>
</tr>
<tr>
<td></td>
<td>Loss of appetite</td>
</tr>
<tr>
<td></td>
<td>Nausea</td>
</tr>
</tbody>
</table>

| CAUSE            | Hepatitis C virus (HCV)                   |

<table>
<thead>
<tr>
<th>LONG-TERM EFFECTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chronic infection: 55%–85% of infected persons</td>
</tr>
<tr>
<td></td>
<td>Chronic liver disease: 70% of chronically infected persons</td>
</tr>
<tr>
<td></td>
<td>Deaths from chronic liver disease: 1%–5% of infected persons may die</td>
</tr>
<tr>
<td></td>
<td>Leading indication for liver transplant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSMISSION</th>
<th>Occurs when blood from an infected person enters the body of a person who is not infected.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HCV is spread through sharing needles or &quot;works&quot; when &quot;shooting&quot; drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.</td>
</tr>
</tbody>
</table>
### Recommendations for testing based on risk for HCV infection

Persons at risk for HCV infection might also be at risk for infection with hepatitis B virus (HBV) or HIV.

#### Recommendations for Testing Based on Risk for HCV Infection

<table>
<thead>
<tr>
<th>PERSONS</th>
<th>RISK OF INFECTION</th>
<th>TESTING RECOMMENDED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injecting drug users</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Recipients of clotting factors made before 1987</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Hemodialysis patients</td>
<td>Intermediate</td>
<td>Yes</td>
</tr>
<tr>
<td>Recipients of blood and/or solid organs before 1992</td>
<td>Intermediate</td>
<td>Yes</td>
</tr>
<tr>
<td>People with undiagnosed liver problems</td>
<td>Intermediate</td>
<td>Yes</td>
</tr>
<tr>
<td>Infants born to infected mothers</td>
<td>Intermediate</td>
<td>After 12-18 mos. old</td>
</tr>
<tr>
<td>Healthcare/public safety workers</td>
<td>Low</td>
<td>Only after known exposure</td>
</tr>
<tr>
<td>People having sex with multiple partners</td>
<td>Low</td>
<td>No*</td>
</tr>
<tr>
<td>People having sex with an infected steady partner</td>
<td>Low</td>
<td>No*</td>
</tr>
</tbody>
</table>

*Anyone who wants to get tested should ask their doctor.
PREVENTION
- There is no vaccine to prevent hepatitis C.
- Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can’t stop, never share needles, syringes, water, or "works", and get vaccinated against hepatitis A & B.
- Do not share personal care items that might have blood on them (razors, toothbrushes).
- If you are a healthcare or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps; get vaccinated against hepatitis B.
- Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else’s blood on them or if the artist or piercer does not follow good health practices.
- HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against hepatitis B.
- If you are HCV positive, do not donate blood, organs, or tissue.

TREATMENT & MEDICAL MANAGEMENT
- HCV positive persons should be evaluated by their doctor for liver disease.
- Interferon and ribavirin are two drugs licensed for the treatment of persons with chronic hepatitis C.
- Interferon can be taken alone or in combination with ribavirin. Combination therapy, using pegylated interferon and ribavirin, is currently the treatment of choice.
- Combination therapy can get rid of the virus in up to 5 out of 10 persons for genotype 1 and in up to 6 out of 10 persons for genotype 2 and 3.
- Drinking alcohol can make your liver disease worse.

STATISTICS & TRENDS
- Number of new infections per year has declined from an average of 240,000 in the 1990s to about 30,000 in 2003.
- Most infections are due to illegal injection drug use.
- Transfusion-associated cases occurred prior to blood donor screening; now occurs in less than one per 2 million transfused units of blood.
- Estimated 3.9 million (1.8%) Americans have been infected with HCV, of whom 2.7 million are chronically infected.
- The risk for perinatal HCV transmission is about 4%.
- If coinfected with HIV the risk for perinatal infection is about 19%
Human Papillomavirus (HPV) Vaccine
Questions and Answers

HPV VACCINE

(June 2006) The Advisory Committee on Immunization Practices (ACIP) recommended the first vaccine developed to prevent cervical cancer and other diseases in females caused by certain types of genital human papillomavirus (HPV). The vaccine, Gardasil®, protects against four HPV types, which are responsible for 70% of cervical cancers and 90% of genital warts. This HPV vaccine was recently licensed by the Food and Drug Administration (FDA) for use in girls/women, ages 9-26 years.

Who should get this vaccine?
This vaccine is recommended for 11-12 year-old girls. The vaccine can be given to girls as young as 9 years old, at the discretion (judgment) of the healthcare provider. The vaccine is also recommended for 13-26 year-old girls/women who have not yet received or completed the vaccine series. These recommendations were made by the federal Advisory Committee on Immunization Practices (ACIP)—a national group of leading experts, which advises the Centers for Disease Control and Prevention (CDC) on vaccine issues.

How effective is this vaccine?
The vaccine has mainly been studied in young women who had not been exposed to any of the four vaccine HPV types. These studies found the vaccine to be 100% effective in preventing cervical precancers caused by the vaccine HPV types. These studies also found it to be almost 100% effective in preventing precancers of the vulva and vagina, and genital warts that are caused by the vaccine HPV types. The vaccine was less effective in young women who had already been exposed to a vaccine HPV type. This vaccine does not treat existing HPV, genital warts, precancers, or cancers.

Will sexually active females benefit from the vaccine?
Females who are sexually active may also benefit from the vaccine. But they may get less benefit from the vaccine since they may have already acquired one or more vaccine HPV type(s).

How and when is the vaccine delivered?
The vaccine is given through a series of three injections over a six-month period. The second and third doses should be given two and six months (respectively) after the first dose.

Is the HPV vaccine safe?
The FDA has approved the HPV vaccine as safe and effective. This vaccine has been tested in over 11,000 females (ages 9-26 years) in many countries around the world. These studies have shown no serious side effects. The most common side effect is soreness at the injection site.

How much will the HPV vaccine cost?
The retail price of the vaccine is $120 per dose ($360 for full series).

*This is an abbreviated version for the HPV Vaccine Questions and Answers (June, 2006) Centers for Disease Control and Prevention. For the complete source, go to http://www.cdc.gov/std/HPVSTD/Faq/HPV-vaccine.htm.
Will girls/women who have been vaccinated still need cervical cancer screening?
Yes. There are three reasons why women will still need regular cervical cancer screening. First, the vaccine will NOT provide protection against all types of HPV that cause cervical cancer, so vaccinated women will still be at risk for some cancers. Second, some women may not get all required doses of the vaccine (or they may not get them at the right times), so they may not get the vaccine's full benefit. Third, women may not get the full benefit of the vaccine if they receive it after they've already acquired a vaccine HPV type.

Will the HPV vaccine be covered by insurance plans?
While some insurance companies may cover the vaccine, others may not. Most large group insurance plans usually cover the costs of recommended vaccines. However, there is often a short lag-time after a vaccine is recommended, before it is available and covered by health plans.

What kind of government programs may be available to cover HPV vaccine?
Federal health programs such as Vaccines for Children (VFC) will cover the HPV vaccine. The VFC program provides free vaccines to children and adolescents under 15 years of age, who are either uninsured, Medicaid-eligible, American Indian, or Alaska Native. The VFC Program also allows children and adolescents to get VFC vaccines through Federally Qualified Health Centers or Rural Health Centers, if their private health insurance does not cover the vaccine. Some states also provide free or low-cost vaccines at public health department clinics to people without health insurance coverage for vaccines.

GENITAL HPV

Why is HPV important?
Genital HPV is a common virus that is passed on through genital contact, most often during vaginal and anal sex. About 40 types of HPV can infect the genital areas of men and women. While most HPV types cause no symptoms and go away on their own, some types can cause cervical cancer in women. These types also have been linked to other less common genital cancers, including cancers of the anus, vagina, and vulva (area around the opening of the vagina). Other types of HPV can cause warts in the genital areas of men and women, called genital warts.

How common is HPV?
At least 50% of sexually active people will get HPV at some time in their lives. Every year in the U.S., about 6.2 million people get HPV. HPV is most common in young women and men who are in their late teens and early 20s. Anyone who has ever had genital contact with another person can get HPV. Both men and women can get it—and pass it on to their sex partners—without even realizing it.

How common are Genital Warts?
About 1% of sexually active adults in the U.S. (about 1 million people) have visible genital warts at any point in time.
Is HPV the same thing as HIV or Herpes?

HPV is NOT the same as HIV or Herpes (Herpes Simplex virus or HSV). While these are all viruses that can be sexually transmitted, HIV and HSV do not cause the same symptoms or health problems as HPV.

Can HPV and its associated diseases be treated?

There is no treatment for HPV. But there are treatments for the health problems that HPV can cause, such as genital warts, cervical cell changes, and cancers of the cervix, vulva, vagina and anus.

CERVICAL CANCER

How common is cervical cancer in the United States (U.S.)?

The American Cancer Society estimates that in 2006, over 9,700 women will be diagnosed with cervical cancer and 3,700 women will die from this cancer in the U.S.

How many women die from it?

Cervical cancer is the second leading cause of cancer-related deaths among women worldwide.

Are there other ways to prevent cervical cancer?

Regular Pap tests and follow-up can prevent most, but not all, cases of cervical cancer. Pap tests can detect cell changes (or "precancers") in the cervix before they turn into cancer. Pap tests can also detect most, but not all, cervical cancers at an early, curable stage. Most women diagnosed with cervical cancer in the U.S. have either never had a Pap test, or had a Pap test in the last five years.

OTHER QUESTIONS ABOUT HPV VACCINE

What HPV types does the vaccine protect against?

The new HPV vaccine protects against the two HPV types that cause most (70%) cervical cancers (types 16 and 18), and the two HPV types that cause most (90%) genital warts (types 6 and 11).

What does the vaccine not protect against?

Because the vaccine does not protect against all types of HPV, it will not prevent all cases of cervical cancer or genital warts. About 30% of cervical cancers will not be prevented by the vaccine, so it will be important for women to continue getting screened for cervical cancer (regular Pap tests). Also, the vaccine does not prevent about 10% of genital warts—nor will it prevent other STIs—so it will still be important for sexually active adults to reduce exposure to HPV and other STIs.
Appendix F: Human Papillomavirus (HPV) Vaccine Questions and Answers (continued)

Why is the vaccine only recommended for girls/women ages 9 to 26?  
The vaccine has been extensively tested in 9- to 26-year-old girls/women, but research on the vaccine's efficacy has only recently begun with males, and with women older than 26 years of age. The FDA will consider licensing the vaccine for these other groups when the research is completed to show that it is safe and effective in those groups.

Why is HPV vaccine recommended for such young girls?  
Ideally, females should get the vaccine before they are sexually active—since this vaccine is most effective in girls/women who have not yet acquired any of the HPV vaccine types. Girls/women who have not been infected with any vaccine HPV type will get the full benefits of the vaccine.

Should girls/women be screened before getting vaccinated?  
No. Girls/Women should not get an HPV test or Pap test to determine if they should get the vaccine. An HPV test or a Pap test can tell that a woman may have HPV, but these tests cannot tell the specific HPV type(s) that a woman has. Even girls/women with one vaccine HPV type could get protection against the other vaccine HPV types they have not yet acquired.

What about vaccinating boys?  
Studies are now being done to find out if the vaccine works to prevent HPV infection and disease in males. When more information is available, this vaccine may be licensed and recommended for boys/men as well.

Will girls/women be protected against HPV and related diseases, even if they don't get all three doses?  
It is not yet known how much protection girls/women would get from receiving only one or two doses of the vaccine. For this reason, it is very important that girls/women get all three doses of the vaccine.

Will girls be required to get vaccinated before they enter school?  
There are no federal laws that require children or adolescents to get vaccinated. All school and daycare entry laws are state laws—so they vary from state to state. To find out what vaccines are needed for children or adolescents to enter school or daycares in your state, check with your state health department or board of education.

Are there other ways to prevent HPV?  
The only sure way to prevent HPV is to abstain from all sexual activity. Sexually active adults can reduce their risk by being in a mutually faithful relationship with someone who has had no other or few sex partners, or by limiting their number of sex partners. But even persons with only one lifetime sex partner can get HPV, if their partner has had previous partners.

It is not known how much protection condoms provide against HPV, since areas that are not covered by a condom can be exposed to the virus. However, condoms may reduce the risk of genital warts and cervical cancer. They can also reduce the risk of HIV and some other sexually transmitted infections (STIs), when used consistently and correctly (i.e., all the time and the right way).
Male Latex Condoms and Sexually Transmitted Diseases

In June 2000, the National Institutes of Health (NIH), in collaboration with the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the United States Agency for International Development (USAID), convened a workshop to evaluate the published evidence establishing the effectiveness of latex male condoms in preventing STDs, including HIV. A summary report from that workshop was completed in July 2001 (http://www.niaid.nih.gov/dmd/stds/condoms/report.pdf). This fact sheet is based on the NIH workshop report and additional studies that were not reviewed in that report or were published subsequent to the workshop (see “Condom Effectiveness” for additional references). Most epidemiologic studies comparing rates of STD transmission between condom users and non-users focus on penile-vaginal intercourse.

Recommendations concerning the male latex condom and the prevention of sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV), are based on information about how different STDs are transmitted, the physical properties of condoms, the anatomic coverage or protection that condoms provide, and epidemiologic studies of condom use and STD risk.

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual intercourse, or to be in a long-term mutually monogamous relationship with a partner who has been tested and you know is uninfected.

For persons whose sexual behaviors place them at risk for STDs, correct and consistent use of the male latex condom can reduce the risk of STD transmission. However, no protective method is 100 percent effective, and condom use cannot guarantee absolute protection against any STD. Furthermore, condoms lubricated with spermicides are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STDs. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect. Inconsistent use, e.g., failure to use condoms with every act of intercourse, can lead to STD transmission because transmission can occur with a single act of intercourse.

While condom use has been associated with a lower risk of cervical cancer, the use of condoms should not be a substitute for routine screening with Pap smears to detect and prevent cervical cancer.
Sexually Transmitted Diseases, Including HIV

Sexually transmitted diseases, including HIV

Latex condoms, when used consistently and correctly, are highly effective in preventing transmission of HIV, the virus that causes AIDS. In addition, correct and consistent use of latex condoms can reduce the risk of other sexually transmitted diseases (STDs), including discharge and genital ulcer diseases. While the effect of condoms in preventing human papillomavirus (HPV) infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

There are two primary ways that STDs can be transmitted. Human immunodeficiency virus (HIV), as well as gonorrhea, chlamydia, and trichomoniasis - the discharge diseases - are transmitted when infected semen or vaginal fluids contact mucosal surfaces (e.g., the male urethra, the vagina or cervix). In contrast, genital ulcer diseases - genital herpes, syphilis, and chancroid - and human papillomavirus are primarily transmitted through contact with infected skin or mucosal surfaces.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Condoms can be expected to provide different levels of protection for various sexually transmitted diseases, depending on differences in how the diseases are transmitted. Because condoms block the discharge of semen and protect the male urethra against exposure to vaginal secretions, a greater level of protection is provided for the discharge diseases. A lesser degree of protection is provided for the genital ulcer diseases or HPV because these infections may be transmitted by exposure to areas, e.g., infected skin or mucosal surfaces, that are not covered or protected by the condom.

Epidemiologic studies seek to measure the protective effect of condoms by comparing rates of STDs between condom users and nonusers in real-life settings. Developing such measures of condom effectiveness is challenging. Because these studies involve private behaviors that investigators cannot observe directly, it is difficult to determine accurately whether an individual is a condom user or whether condoms are used consistently and correctly. Likewise, it can be difficult to determine the level of exposure to STDs among study participants. These problems are often compounded in studies that employ a "retrospective" design, e.g., studies that measure behaviors and risks in the past.

As a result, observed measures of condom effectiveness may be inaccurate. Most epidemiologic studies of STDs, other than HIV, are characterized by these methodological limitations, and thus, the results across them vary widely - ranging from demonstrating no protection to demonstrating substantial protection associated with condom use. This inconclusiveness of epidemiologic data about condom effectiveness indicates that more research is needed - not that latex condoms do not work. For HIV infection, unlike other STDs, a number of carefully conducted studies, employing more rigorous methods and measures, have demonstrated that consistent condom use is a highly effective means of preventing HIV transmission.

Another type of epidemiologic study involves examination of STD rates in populations rather than individuals. Such studies have demonstrated that when condom use increases within population groups, rates of STDs decline in these groups. Other studies have examined the relationship between condom use and the complications of sexually transmitted infections. For example, condom use has been associated with a decreased risk of cervical cancer - an HPV associated disease.
The following includes specific information for HIV, discharge diseases, genital ulcer diseases and human papillomavirus, including information on laboratory studies, the theoretical basis for protection and epidemiologic studies.

**HIV / AIDS**

**HIV, the virus that causes AIDS**

Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS.

AIDS is, by far, the most deadly sexually transmitted disease, and considerably more scientific evidence exists regarding condom effectiveness for prevention of HIV infection than for other STDs. The body of research on the effectiveness of latex condoms in preventing sexual transmission of HIV is both comprehensive and conclusive. In fact, the ability of latex condoms to prevent transmission of HIV has been scientifically established in "real-life" studies of sexually active couples as well as in laboratory studies.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

**Theoretical basis for protection.** Latex condoms cover the penis and provide an effective barrier to exposure to secretions such as semen and vaginal fluids, blocking the pathway of sexual transmission of HIV infection.

Epidemiologic studies that are conducted in real-life settings, where one partner is infected with HIV and the other partner is not, demonstrate conclusively that the consistent use of latex condoms provides a high degree of protection.

**Discharge Diseases, Including Gonorrhea, Chlamydia, and Trichomoniasis**

**Discharge diseases, other than HIV**

Latex condoms, when used consistently and correctly, can reduce the risk of transmission of gonorrhea, chlamydia, and trichomoniasis.

Gonorrhea, chlamydia, and trichomoniasis are termed discharge diseases because they are sexually transmitted by genital secretions, such as semen or vaginal fluids. HIV is also transmitted by genital secretions.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

**Theoretical basis for protection.** The physical properties of latex condoms protect against discharge diseases such as gonorrhea, chlamydia, and trichomoniasis, by providing a barrier to the genital secretions that transmit STD-causing organisms.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of chlamydia, gonorrhea and trichomoniasis. However, some other epidemiologic studies show little or no protection against these infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the discharge diseases. More research is needed to assess the degree of protection latex condoms provide for discharge diseases, other than HIV.
Genital Ulcer Diseases and Human Papillomavirus

Genital ulcer diseases and HPV infections

Genital ulcer diseases and HPV infections can occur in both male or female genital areas that are covered or protected by a latex condom, as well as in areas that are not covered. Correct and consistent use of latex condoms can reduce the risk of genital herpes, syphilis, and chancroid only when the infected area or site of potential exposure is protected. While the effect of condoms in preventing human papillomavirus infection is unknown, condom use has been associated with a lower rate of cervical cancer, an HPV-associated disease.

Epidemiologic studies that compare infection rates among condom users and nonusers provide evidence that latex condoms can protect against the transmission of syphilis and genital herpes. However, some other epidemiologic studies show little or no protection. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against the genital ulcer diseases. No conclusive studies have specifically addressed the transmission of chancroid or condom use, although several studies have documented a reduced risk of genital ulcers in settings where chancroid is a leading cause of genital ulcers. More research is needed to assess the degree of protection latex condoms provide for the genital ulcer diseases.

While some epidemiologic studies have demonstrated lower rates of HPV infection among condom users, most have not. It is particularly difficult to study the relationship between condom use and HPV infection because HPV infection is often intermittently detectable and because it is difficult to assess the frequency of either existing or new infections. Many of the available epidemiologic studies were not designed or conducted in ways that allow for accurate measurement of condom effectiveness against HPV infection.

A number of studies, however, do show an association between condom use and a reduced risk of HPV-associated diseases, including genital warts, cervical dysplasia and cervical cancer. The reason for lower rates of cervical cancer among condom users observed in some studies is unknown. HPV infection is believed to be required, but not by itself sufficient, for cervical cancer to occur. Co-infections with other STDs may be a factor in increasing the likelihood that HPV infection will lead to cervical cancer. More research is needed to assess the degree of protection latex condoms provide for both HPV infection and HPV-associated disease, such as cervical cancer.

Laboratory studies have demonstrated that latex condoms provide an essentially impermeable barrier to particles the size of STD pathogens.

Theoretical basis for protection. Protection against genital ulcer diseases and HPV depends on the site of the sore/ulcer or infection. Latex condoms can only protect against transmission when the ulcers or infections are in genital areas that are covered or protected by the condom. Thus, consistent and correct use of latex condoms would be expected to protect against transmission of genital ulcer diseases and HPV in some, but not all, instances.

Department of Health and Human Services
For additional information on condom effectiveness, contact CDC’s National Prevention Information Network (800) 458-5231 or www.cdcnpin.org
A Positive Perspective helps audiences relate what they know intellectually to their emotional and social life.

LIFE STORIES WITH IMPACT
A Positive Perspective is designed to share the stories of those who have been affected by HIV/AIDS.

MAKING THE REAL
Research has shown that HIV/AIDS prevention programs have been more effective in changing behavior when they are more relevant. A Positive Perspective makes people relate to the risk they face.

CONTACT AND SCHEDULING
All Positive Perspectives are scheduled through the Michigan Department of Social Services. Please contact your state representative to schedule an event.

STORY
A Positive Perspective can be an important enhancement to school education. Current HIV education programs are required by law, but should not be used as a standalone program. It should be an extension to a program that is already providing up-to-date information about HIV and other topics that need to be covered.

Designed after a program model developed in California in 1999, A Positive Perspective is a collaboration between the Michigan AIDS Fund (MAF), state agencies, community-based organizations, and others working together to provide well-trained, informed presenters on the topic of HIV/AIDS.

For more information, contact MAF at (517) 483-8065 or email MAF at info@aida.org. Visit www.auvent.org.

Testimonals:
Testimonals can be an effective behavior change when used in conjunction with HIV prevention education.

I would like to:
Name:
Organization:
Address:
Phone:
Date:
Location:
Demographics:

[Space for additional text]

- Prohibits employers of more than 15 individuals from discriminating on the basis of race, color, religion, sex, or national origin in all aspects of employment.
- Allows employees and applicants to file suit in federal district court if they are not satisfied with the employer’s disposition of their complaints.
- Covers all aspects of employment inclusive of salary, promotion, hiring, dismissal, and working conditions.
- Allows sexual harassment plaintiffs to sue for monetary damages and allows recovery of compensatory damages only in cases of intentional discrimination.
- Allows punitive damages only against non-public employers who act with malice or reckless indifference.
- Caps damages depending on the number of employees.

The Equal Employment Opportunity Commission issued its “Final Amendment to Guidelines on Discrimination Because of Sex” in November 1980. The guidelines interpret Title VII to include sexual harassment as a form of sex discrimination in employment, and provide a definition of sexual harassment. It reads:

"Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

Title IX of the Education Amendments of 1972:

- States “No person in the United States shall on the basis of sex be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.”
- Prohibits discrimination on the basis of sex in educational programs or activities that receive federal financial assistance.
- Covers both employees and students and virtually all activities of a school district.
- Covers discrimination in employment of teachers and other school personnel as well as in admissions, financial aid, and access to educational programs and activities.
- Is enforced by the Office of Civil Rights of the Department of Education.
- Allows students to collect monetary damages from the school or the school may lose federal funds.
ELLIOTT-LARSEN CIVIL RIGHTS ACT (EXCERPT), Act 453 of 1976
37.2103 Definitions.

Sec. 103.
(i) Discrimination because of sex includes sexual harassment. Sexual harassment means unwelcome sexual advances, requests for sexual favors, and other visual or physical conduct or communication of a sexual nature under the following conditions:
(ii) Submission to or rejection of the conduct or communication is made a term or condition either explicitly or implicitly to obtain employment, public accommodations or public services, education, or housing.
(iii) Submission to or rejection of the conduct or communication by an individual is used as a factor in decisions affecting the individual's employment, public accommodations or public services, education, or housing.
(iv) The conduct or communication has the purpose or effect of substantially interfering with an individual's employment, public accommodations or public services, education, or housing, or creating an intimidating, hostile, or offensive employment, public accommodations, public services, educational, or housing environment.
# Criminal Sexual Conduct

## Penetration OR Contact

<table>
<thead>
<tr>
<th>Penetration</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual intercourse</td>
<td>Intentional touching of:</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>Groin</td>
</tr>
<tr>
<td>Cunnilingus</td>
<td>Genital area</td>
</tr>
<tr>
<td>Fellatio</td>
<td>Inner thigh</td>
</tr>
<tr>
<td>Object (anal)</td>
<td>Buttock</td>
</tr>
<tr>
<td>Object (genital)</td>
<td>Breast</td>
</tr>
<tr>
<td>Clothing covering above body parts</td>
<td></td>
</tr>
</tbody>
</table>

## Maximum Sentences

1st degree = up to life  
2nd degree = up to 15 years  
3rd degree = up to 15 years  
4th degree = up to 2 years or $500

## Degrees of CSC

1st degree (felony) = Penetration + any 1 of circumstances 1-13  
2nd degree (felony) = Contact + any 1 of circumstances 1-14  
3rd degree (felony) = Penetration + any 1 of circumstances 15-19  
4th degree (misdemeanor) = Contact + any 1 of circumstances 10-21

## Circumstances

1. Victim is under 13 years of age.  
2. Victim is 13, 14, or 15 and assailant is a member of household.  
3. Victim is 13, 14, or 15 and assailant is in a position of authority.  
4. Victim is 13, 14, or 15 and assailant is related by blood or affinity.  
5. Another felony is committed.  
6. Multiple assailants and victim is known to be incapacitated.  
7. Multiple assailants and force is used.  
8. Assailant is a weapon.  
9. Assailant causes personal injury and force is used.  
10. Assailant causes personal injury and victim is incapacitated.  
11. Victim is incapacitated and assailant is related by blood or affinity.  
12. Victim is incapacitated and assailant is in a position of authority.  
13. Victim is 13-15 student at public or non-public school and assailant is teacher or administrator of that school.  
14. Victim is a prisoner and assailant is an employee of a prison.  
15. Victim is 13, 14, or 15.  
16. Force is used.  
17. Assailant knows victim is incapacitated.  
18. Related by blood or affinity not otherwise covered.  
19. Victim is 16-18 student at public or non-public school and assailant is teacher or administrator of that school.  
20. Victim is 13, 14, or 15 and assailant is at least 5 years older.  
21. Assailant is a mental health professional and victim is a client or patient within 2 years of occurrence.

Source: Michigan State Police
Michigan Laws Pertaining to Responsible Parents For Children Born In and Out Of Wedlock

Below are excerpts of Michigan statutes related to child abuse, neglect, and child support. For the complete language of Michigan Compiled Laws, go to www.michiganlegislature.org. Concerns regarding interpretation should be directed to legal counsel.

Child Protection Law

722.622 Definitions

(i) "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.

(ii) "Child neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

(i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

(ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

Support Laws

There are many laws in Michigan that govern the determination of child support, enforcement, and procedure. The Attorney General relies upon the following two criminal statutes to prosecute those who fail to support their children.

- MCL 769.161
- MCL 750.165

759.161 Deserter, abandonment, or refusal or neglect to provide shelter, food, care, and clothing; felony, penalty, bond; probation; failure to comply with conditions in bond; forfeiture of bond; disposition of sums received; continuing offense; proof.

Sec. 161.

(1) A person who deserts and abandons his or her spouse or deserts and abandons his or her children under 17 years of age, without providing necessary and proper shelter, food, care, and clothing for them, and a person who being of sufficient ability fails, neglects, or refuses to provide necessary and proper shelter, food, care, and clothing for his or her spouse or his or her children under 17 years of age, is guilty of a felony, punishable by imprisonment in a state correctional facility for not less than 1 year and not more than 3 years, or by imprisonment in the county jail for not less than 3 months and not more than 1 year.
750.165. Refusing to support wife or children as required by court order; violation as felony; penalty; exception; suspension of sentence; bond; “state disbursement unit” or “SDU” defined.

Sec. 165.
(1) If the court orders an individual to pay support for the individual's former or current spouse, or for a child of the individual, and the individual does not pay the support in the amount or at the time stated in the order, the individual is guilty of a felony punishable by imprisonment for not more than 4 years or by a fine of not more than $2,000.00, or both.

Sources:
- Michigan Legislature www.michiganlegislature.org
- Child Support Web site established by the Attorney General’s Office www.payskids.com

Additional Resources on Child Support:
- An order form to get materials related to child support for free:
- Understanding Child Support: A Handbook for Parents
Adoption

- Adoption Information from the Michigan Department of Human Services:
  http://www.michigan.gov/dhs/0,1607,7-124-5452_7116-14705--,00.html

- "Adopting a Child in Michigan" (Pub 823) from Michigan Department of Human Services:

- Updated lists of public and private licensed adoption agencies at the Michigan Adoption
  Resource Exchange (MARE) website:
  http://www.mare.org/MIAgencies/MIAgencies.html

Safe Delivery of Newborns

- General provisions of the safe delivery of newborns law from the Michigan Department of
  Human Services:
  http://www.michigan.gov/dhs/0,1607,7-124-5452_7124_7200-15674--,00.html

- Downloadable information on the safe delivery act targeting teens, as well as young adults,
  from the Michigan Department of Human Services:
  http://www.michigan.gov/dhs/0,1607,7-124-5452_7124_7200--.00.html

- The website for Safe Delivery is www.michigan.gov/dhs. Click on the Safe Delivery logo.
Nonoxynol-9 (N-9) Information

Nonoxynol-9 is a spermicide that is an ingredient in many contraceptive foams, gels, jellies, and creams. It is also used in the water-based lubricant found in pre-lubricated condoms. It kills sperm and can reduce the risk of pregnancy. However, spermicides alone are not very effective for contraception, but are better than not using anything.

In the past, Nonoxynol-9 was recommended by the CDC to kill HIV. However, it is no longer recommended since studies have documented that it may irritate the mucous membranes of the genitals and allow HIV to more easily enter the body and infect the user. CDC now recommends against the use of Nonoxynol-9 in its guidelines for HIV prevention.

As a result, there is some disagreement in the field as to whether or not N-9 should be recommended for contraceptive use.

These are the recommendations from the 2002 Centers for Disease Control and Prevention (CDC) STD Guidelines:

1. Condoms with N-9 are no more effective at preventing HIV transmission than regular condoms.
2. Condoms with N-9 have a shorter shelf life than regular condoms.
3. N-9 coated condoms have been associated with urinary tract infections in young women.
4. N-9 may increase the risk for HIV transmission during vaginal intercourse.
5. N-9 can damage cells lining the rectum and should not be used as a lubricant during anal intercourse.

When disposing this issue with young people, it is important to recommend condom use with every act of intercourse, no matter what other contraceptive method is used concurrently. There, encourage teens to think through their own situations and consult medical professionals for advice on contraceptive methods.

The CDC's official statement about Nonoxynol-9 (which includes a "Dear Colleague" letter recommending that N-9 not be used as an effective means of HIV prevention) can be found at www.cdc.gov/hivpubs/mmwr/mmwvr1aug00.htm.

On the other hand, experts at CDC, Division of Adolescent and School Health, still recommend N-9 use for contraception, but not for prevention of HIV. Women should be advised to consider their risk for HIV when deciding upon contraceptive methods. For more information on N-9, read "Nonoxynol-9 Spermicide Contraception Use, United States, 1999" at www.cdc.gov/mmwr/preview/mmwrhtml/ mm5111a1.htm.

Another resource is Health and Sexuality, the Association of Reproductive Health Professionals (ARHP) quarterly publication, which put out an issue on microbicides in their third quarter, 2002 publication (Volume 7, No. 3). The publication describes the lead microbicides and their clinical research status. ARHP's web site is www.arhp.org, their email is arhp@arhp.org.
Emergency Contraception

Issues and Information

Information

Emergency contraception (EC) is a method of preventing pregnancy in situations when one of the following situations exists:

- Another contraceptive method failed.
- Another contraceptive method was not used.
- Sexual intercourse was forced upon someone who was unable to use another contraceptive method.

Emergency contraception comes in three forms at this time:

- Combined estrogen-progestin emergency contraceptive pills (ECP)
- Progestin-only ECP
- Copper-T intrauterine device (IUD) — This is the only EC method that provides ongoing contraception if the IUD is left in place.

Treatment must be initiated as soon as possible following unprotected intercourse. ECPs must be taken within 72 hours; the IUD must be inserted within five days. The sooner treatment is initiated, the more effective it is in preventing pregnancy.

Emergency contraception prevents pregnancy through one of the following actions:

- Delays or inhibits ovulation
- Inhibits fertilization
- Inhibits implantation of a fertilized egg in the uterus

Emergency contraception is not recommended for use as a primary pregnancy prevention strategy. It does not provide any protection against HIV and other STIs. If EC is used by a pregnant woman, it will not induce an abortion, nor will it cause birth defects.

Emergency contraception is highly effective in preventing pregnancy in women who have unprotected intercourse. If 100 women have unprotected intercourse once during the second or third week of their menstrual cycle, eight would become pregnant. If these same women used EC, the following pregnancies would occur:

- Combined emergency contraceptive pills (ECP): two pregnancies, a reduction of 75%
- Progestin-only ECP: one pregnancy, a reduction of 89%
- Copper-T intrauterine device (IUD): fewer than one pregnancy, a reduction of 99%

Mismenors

- The "morning after" pill—Because ECPs may be started sooner than the morning after unprotected intercourse, or later, it should not be referred to as the morning after pill. Also, it is not taken as one pill the morning after, but as two pills taken 12 hours apart, or two pills at once.
- The "abortion" pill—Medication that causes the expulsion of the implanted egg, embryo, or fetus within the first trimester of pregnancy are legally available in the United States. Mil trophies, known as RU 486, and Misoprostol are the two drugs approved for this use. These drugs induce abortion in a pregnant woman; EC does not interrupt an existing pregnancy.
Appendix N: Emergency contraception: Issues and Information (continued)

Issues

Does the use of EC increase the likelihood that women will engage in unprotected sex?

Research has indicated that women who use EC are no more likely to engage in unprotected sex than women who don’t.

Does the availability of EC make it less likely that women will use other forms of contraception?

Research has indicated that women who use EC are just as likely to use another contraceptive method as their primary method as women who do not have access to EC. Several factors may influence this:

- EC, if used as the sole method of contraception, would not be as effective as other methods.
- Side effects of EC, such as nausea and vomiting, make the use of EC on a regular basis unappealing.

What is Plan B?

Plan B is the name commonly used for the progestin-only emergency contraceptive pill, Preven. It contains the same hormones used for ordinary birth control pills, but at a higher dose and different administration level.

Is EC an abortion?  

Some people consider any method that disrupts the development of a fertilized egg to be an abortion, a substance or device used to induce abortion. This would include the IUD and some birth control pills that prevent the implantation of a fertilized egg. Since the exact mechanism by which EC prevents pregnancy is not known, and one of the stated mechanisms is inhibition of implantation, it could be considered an abortifacient by those who object to this method. By medical definition, implantation is the criterion for the beginning of pregnancy; therefore, people who use this definition would not consider EC to be an abortifacient.

Is EC available over-the-counter?

Because of the controversy surrounding EC, US law currently prohibits provision of EC without a doctor’s prescription. The Food and Drug Administration (FDA) looked into the issues related to making the ECP, Preven, available to women age 16 and over without a prescription. Two FDA advisory committees recommended approval in 2003, but the FDA decided not to allow over-the-counter-sales of Preven in May 2004. As of February 2004, five states allow women to obtain EC from a pharmacist; the remaining states still require a prescription.

How can EC be made more readily available?

Providing information about EC, and giving advance prescriptions for EC to women who want to have EC on hand when needed would increase the effective use of EC. If EC was widely available, it could potentially prevent 1.5 million unintended pregnancies a year, including as many as 700,000 pregnancies that now end in abortion in the U.S.

Sources:

Michigan Laws Related to Right of a Minor to Obtain Health Care Without Consent or Knowledge of Parents

<table>
<thead>
<tr>
<th>General Rule:</th>
<th>Required</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minor is a person 17 years or younger.</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emancipation/Emancipated Minor</th>
<th>Not required</th>
<th>No</th>
</tr>
</thead>
</table>

1. An emancipation occurs by court order via a petition filed by a minor with the family division of circuit court.

2. An emancipation also occurs by operation of law under any of the following circumstances:
   - When a minor is validly married.
   - When a person reaches the age of 18 years.
   - During the period when the minor is on active duty with the armed forces of the United States.
   - For the purposes of consenting to routine, nonsurgical medical care or emergency medical treatment to a minor, when the minor is in the custody of a law enforcement agency and the minor’s parent or guardian cannot be promptly located.
   - For the purposes of consenting to his or her own preventive health care or medical care including anergy, dental care, or mental health care, except vasectomies or any procedure related to reproduction, during the period when the minor is a prisoner committed to the jurisdiction of the department of corrections and is housed in a state correctional facility; or the period when the minor is a probationer residing in a special alternative incarceration unit.
<table>
<thead>
<tr>
<th>Abortion</th>
<th>Required</th>
<th>Information &amp; Consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Parental Rights Restoration Act, MCL 722.901 – 722.909</td>
<td>• Written consent of one parent/legal guardian or a judicial waiver (court order) of parental consent from probate court.</td>
<td>Yes, unless a judicial waiver</td>
</tr>
<tr>
<td></td>
<td>• Minors also must comply with the 24-hour waiting period prior to obtaining an abortion.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Control</th>
<th>Provider discretion applies for providers not funded by Title X</th>
<th>Provider discretion applies for providers not funded by Title X</th>
</tr>
</thead>
<tbody>
<tr>
<td>• There are no specific MI statutes on this issue; this is a Federal Constitutional &quot;right of privacy.&quot;</td>
<td>• There are no specific MI statutes on this issue; this is a Federal Constitutional &quot;right of privacy.&quot;</td>
<td>• There are no specific MI statutes on this issue; this is a Federal Constitutional &quot;right of privacy.&quot;</td>
</tr>
<tr>
<td>• Title X Agencies: Family planning agencies funded under Title X of the Public Health Service Act, must provide family planning information and contraceptives without regard to age or marital status, 42 CFR 59.5.</td>
<td>• Generally, practitioners must be aware that there is no statutory authority or protection for their actions.</td>
<td>• Generally, practitioners must be aware that there is no statutory authority or protection for their actions.</td>
</tr>
<tr>
<td></td>
<td>• Title X Agencies: Minors may obtain information and contraceptives without parental consent.</td>
<td>• Title X Agencies: Parental access to minor’s information not permitted without the minor’s documented consent, except as may be necessary to provide services to the patient or as required by law. 42 CFR 59.11.</td>
</tr>
<tr>
<td></td>
<td>• Title X Agencies: To the extent practical, funded or agency shall provide minors to include their families, however this is not mandatory in order to obtain services. 42 USC §300(o).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Care</th>
<th>Required, other than life-threatening circumstances, immediate medical attention needed, and parents cannot be located</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Parent or guardian consent is required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health – Inpatient Care</td>
<td>Required</td>
<td>Yes</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------</td>
<td>-----</td>
</tr>
<tr>
<td>Mental Health Code, MCL 330.1498d</td>
<td>• A minor of any age may be hospitalized for mental health reasons if a parent/legal guardian or agency requests and the minor is found to be suitable for hospitalization. • A minor of 14 years or older may request and if found suitable be hospitalized. • Suitability, in either case, shall not be based solely on one or more of the following: epilepsy, developmental delay, brief periods of intoxication; juvenile offenses; or sexual, religious or political activity.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health – Outpatient Care</th>
<th>Not required</th>
<th>Provider discretion applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Code, MCL 330.1707</td>
<td>• A minor age 14 or older may request and receive up to 12 outpatient sessions or four months of outpatient counseling.</td>
<td>• Information may be given to parent, guardian, or person in loco parentis for a compelling reason based on a substantial probability of harm to the minor or to another individual; mental health professional must notify minor of his/her intent to inform parent.</td>
</tr>
</tbody>
</table>

• Minor may consent to limited outpatient care if 14 years of older.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Consent Required</th>
<th>Additional Information</th>
</tr>
</thead>
</table>
| Prenatal and Pregnancy-Related Health Care | Public Health Code, MCL 333.9132 | Not required | - The consent of any other person, including the father of the baby or spouse, parent, guardian, or person in loco parentis, is not necessary to authorize health care to a minor or to a child of a minor.  
- At the initial visit, permission must be requested of the patient to contact her parents for any additional medical information that may be necessary or helpful. |
| The provision of health care for a child of the minor | Public Health Code, MCL 333.9132 | Not required | - The minor mother shall consent to care for her child.  
- The consent of any other person, including the father of the baby or spouse, parent, guardian, foster parent, is not necessary to authorize health care to a child of a minor. |
| Substance Abuse Services | Public Health Code, MCL 333.6121 | Not required | - For medical reasons information as to the treatment given or needed, may be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information. |
### Venereal Disease / HIV

<table>
<thead>
<tr>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor may consent to medical or surgical care for diagnosis and treatment of a venereal disease or HIV.</td>
</tr>
<tr>
<td>Reportable as reasonable cause to suspect child abuse if pregnancy or venereal disease found in child over 1 month but less than 12 years of age.</td>
</tr>
</tbody>
</table>

### Not required

<table>
<thead>
<tr>
<th>Provider discretion applies as to the treatment given or needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>For medical reasons information as to the treatment given or needed, may be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.</td>
</tr>
</tbody>
</table>

### Other Michigan Laws Related to Right of a Minor to Obtain Health Care Without Consent or Knowledge of Parents

#### Reporting of Abuse or Neglect

**Child Protection Act, MCL 722.622, MCL 722.623**

- The following individuals are required to report suspected "child abuse or neglect" to Child Protective Services:
  - audiologist
  - certified social worker
  - dentist
  - law enforcement officer
  - licensed professional counselor
  - marriage and family therapist
  - medical examiner
  - member of the clergy
  - nurse
  - person licensed to provide emergency medical care
  - physician
  - physician’s assistant
  - registered dental hygienist
  - regulated child care provider
  - school counselor or teacher
  - school administrator
  - social worker
  - social worker technician

- "Child abuse" means harm or threatened harm to a child’s health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy.

- "Child neglect" means harm or threatened harm to a child’s health or welfare by a parent, legal guardian, or any other person responsible for the child’s health or welfare that occurs through either of the following:
  1. Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
  2. Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or any other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

- For reporting purposes, pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect child abuse and neglect have occurred.
Medical Records Access Act
MCL 333.26261-MCL 333.26271
- Provides for and regulates access to and disclosure of medical records.
- Under this act, a minor’s parent, guardian, or person acting in loco parentis has the right to examine and obtain a copy of the minor’s medical record, unless the minor lawfully obtained health care without the consent or notification of a parent, guardian, or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this act with respect to those medical records relating to that care.

Availability of Laws on the Internet:

Michigan Statutes:
www.legislature.mi.gov

Federal Statutes:

Federal Regulations:
http://ecfr.gpoaccess.gov

Disclaimer:
This document is for informational purposes only. This document represents OLA’s understanding of various laws, and is not intended as a legal position from the State of Michigan or the Michigan Department of Community Health. For legal advice, readers should consult with their own counsel. While every attempt has been made to ensure the information presented is accurate as of May 2006, laws do change, and readers will need to confirm accuracy of various laws cited.
# Risk and Protective Factors That May Affect Adolescent Sexual Behavior, Use of Condoms and Contraception, Pregnancy and Childbearing

## Risk Factors

<table>
<thead>
<tr>
<th>Community disadvantage and disorganization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- High level of education</td>
</tr>
<tr>
<td>- High income level</td>
</tr>
<tr>
<td>- High unemployment rate</td>
</tr>
<tr>
<td>- High crime rate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure and economic advantage of the teenagers’ families:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Two (versus one) parents</td>
</tr>
<tr>
<td>- High level of parents’ education</td>
</tr>
<tr>
<td>- High parental income level</td>
</tr>
<tr>
<td>- Change in parental marital status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive family dynamics and attachment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Parental support and family connectedness</td>
</tr>
<tr>
<td>- Sufficient parental supervision and monitoring</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family attitudes about and modeling of sexual risk-taking and early childbearing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Conservative parental attitudes about premarital sex or venereal activity</td>
</tr>
<tr>
<td>- Positive parental attitudes about contraception</td>
</tr>
<tr>
<td>- Mother's early age at first sex and first birth</td>
</tr>
<tr>
<td>- Single mother's dating and cohabitation behaviors</td>
</tr>
<tr>
<td>- Older sibling's early sexual behavior and age of first birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Peer attitudes and behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- High grades among friends</td>
</tr>
<tr>
<td>- Positive peer norms or support for condom or contraceptive use</td>
</tr>
<tr>
<td>- Peers’ substance use and delinquent and non-normative behavior</td>
</tr>
<tr>
<td>- Sexually active peers (or perception thereof)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner attitudes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Partner support for contraception</td>
</tr>
</tbody>
</table>

## Protective Factors

<table>
<thead>
<tr>
<th>Biological antecedents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Older age and greater physical maturity</td>
</tr>
<tr>
<td>- Higher birthrates levels</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment to and success in school:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Good school performance</td>
</tr>
<tr>
<td>- Educational aspirations and plans for the future</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attachment to religious institutions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Frequent religious attendance</td>
</tr>
<tr>
<td>- Problem or risk-taking behaviors</td>
</tr>
<tr>
<td>- Tobacco, alcohol, or drug use</td>
</tr>
<tr>
<td>- Problem behaviors or delinquency</td>
</tr>
<tr>
<td>- Other risk behaviors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional distress:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Higher level of stress</td>
</tr>
<tr>
<td>- Depression</td>
</tr>
<tr>
<td>- Suicidal ideation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics of relationship with partner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Early and frequent dating</td>
</tr>
<tr>
<td>- Going steady, having a close relationship</td>
</tr>
<tr>
<td>- Greater number of romantic partners</td>
</tr>
<tr>
<td>- Having a partner 3 or more years older</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual abuse:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- History of prior sexual coercion or abuse</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexual beliefs, attitudes, and skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Conservative attitudes toward premarital sex</td>
</tr>
<tr>
<td>- Greater perceived susceptibility to pregnancy, STIs, and HIV</td>
</tr>
<tr>
<td>- Importance of avoiding pregnancy, childbearing, &amp; STIs</td>
</tr>
<tr>
<td>- Greater knowledge about contraception</td>
</tr>
<tr>
<td>- More positive attitudes about contraception</td>
</tr>
<tr>
<td>- Greater perceived self-efficacy in using condoms or contraception</td>
</tr>
</tbody>
</table>

---

All students will:

<table>
<thead>
<tr>
<th>Applied Health Concepts</th>
<th>1. Apply health promotion and disease prevention concepts and principles to personal, family, and community health issues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing Information</td>
<td>2. Access valid health information and appropriate health promoting products and services.</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>3. Practice health enhancing behaviors and reduce health risks.</td>
</tr>
<tr>
<td>Influences</td>
<td>4. Analyze the influence of cultural beliefs, media, and technology on health.</td>
</tr>
<tr>
<td>Goal Setting and Decision Making</td>
<td>5. Use goal setting and decision-making skills to enhance health.</td>
</tr>
<tr>
<td>Social Skills</td>
<td>6. Demonstrate effective interpersonal communication and other social skills which enhance health.</td>
</tr>
<tr>
<td>Health Advocacy</td>
<td>7. Demonstrate advocacy skills for enhanced personal, family, and community health.</td>
</tr>
<tr>
<td>Lesson</td>
<td>1</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Lesson 1: Friendship First</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 2: Relationships and</td>
<td>X</td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
</tr>
<tr>
<td>Lesson 3: Building Healthy</td>
<td>X</td>
</tr>
<tr>
<td>Relationships</td>
<td></td>
</tr>
<tr>
<td>Lesson 4: The Many Facets of</td>
<td>X</td>
</tr>
<tr>
<td>Intimacy</td>
<td></td>
</tr>
<tr>
<td>Lesson 5: Let's Hear the Facts</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 6: More About STIs</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 7: The Stats Are High</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 8: Know the Risk</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 9: Examining Influences,</td>
<td>X</td>
</tr>
<tr>
<td>Including the Law</td>
<td></td>
</tr>
<tr>
<td>Lesson 10: When Talking Is Tough</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 11: Know Your Limits and</td>
<td></td>
</tr>
<tr>
<td>Avoid the Risks</td>
<td></td>
</tr>
<tr>
<td>Lesson 12: Exerting Positive</td>
<td>X</td>
</tr>
<tr>
<td>Influence</td>
<td></td>
</tr>
<tr>
<td>Lesson 13: Escape the Traps by</td>
<td>X</td>
</tr>
<tr>
<td>Setting Limits and Using</td>
<td></td>
</tr>
<tr>
<td>Refusal Skills</td>
<td></td>
</tr>
<tr>
<td>Lesson</td>
<td>1</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Lesson 14: The Cost of Pregnancy and Teen Parenting</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 15: Reducing the Risks: Condom Use</td>
<td></td>
</tr>
<tr>
<td>Lesson 16: Reducing the Risks: How to Prevent Pregnancy (Part 1)</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 17: Reducing the Risks: How to Prevent Pregnancy (Part 2)</td>
<td></td>
</tr>
<tr>
<td>Lesson 18: Responding to Pressure</td>
<td></td>
</tr>
<tr>
<td>Lesson 19: Tackling, Who, Why, and How</td>
<td></td>
</tr>
<tr>
<td>Lesson 20: Looking to the Future</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 21: Sharing Our Knowledge and Skills (Part 1)</td>
<td></td>
</tr>
<tr>
<td>Lesson 22: Sharing Our Knowledge and Skills (Part 2)</td>
<td></td>
</tr>
<tr>
<td>Service-Learning or Community Service Project: Making It Real</td>
<td>X</td>
</tr>
<tr>
<td>(All Options)</td>
<td>(Options 1, 2, 3)</td>
</tr>
</tbody>
</table>
HIV/STD and Sex Education in Michigan Public Schools

A Summary of Legal Obligations and Best Practices

This chart was revised to reflect the changes in laws affected by Public Acts 166 and 166 of 2004, effective 6/24, Michigan Compiled Laws (MCL) numbers are cited, and a key is included below.

### Key to Michigan Compiled Laws Regarding HIV/STD and Sex Education

<table>
<thead>
<tr>
<th>MCL No.</th>
<th>Public Act</th>
<th>Last Action</th>
<th>Focuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>330.1119</td>
<td>School Code</td>
<td>Amended 6/04</td>
<td>Congenital communicable diseases; human immunodeficiency virus infection and acquired immunodeficiency virus infection; teacher training; teaching materials; curriculum; teaching of abstinence from sex.</td>
</tr>
<tr>
<td>360.1506</td>
<td>School Code</td>
<td>Amended 6/27</td>
<td>Program of instruction in reproductive health; supervision; request to excuse pupil from attendance; &quot;reproductive health&quot; defined.</td>
</tr>
<tr>
<td>360.1507</td>
<td>School Code</td>
<td>Amended 6/04</td>
<td>Instruction in sex education; instructions, facilities, and equipment; stressing abstinence from sex; elective class; notice to parent or guardian; request to excuse pupil from attendance; qualifications of teacher; sex education advisory board; public hearing; distribution of family planning drug or device prohibited; &quot;family planning,&quot; &quot;clue,&quot; and &quot;counsel&quot; defined.</td>
</tr>
<tr>
<td>360.1507a</td>
<td>School Code</td>
<td>Added 7/06</td>
<td>Notice of excuse from class; enrollment.</td>
</tr>
<tr>
<td>380.1507b</td>
<td>School Code</td>
<td>Amended 6/04</td>
<td>Sex education and instruction; curriculum requirements.</td>
</tr>
<tr>
<td>386.1766</td>
<td>State Aid Act</td>
<td>Amended 7/06</td>
<td>Dispensing or distributing family planning aid or device, dispensing prescriptions for family planning drug, or making referrals for abortion; forfeitures.</td>
</tr>
<tr>
<td>386.1766a</td>
<td>State Aid Act</td>
<td>Added 6/04</td>
<td>Instruction in reproductive health or other sex education; complaint process.</td>
</tr>
</tbody>
</table>

---

### School Districts

- **Mandated HIV and Allowed Sex Education**
  - School districts are required to teach about dangerous communicable diseases, including but not limited to, HIV/AIDS. (§380.1119) Instruction regarding dangerous communicable diseases, including, but not limited to, HIV/AIDS, must be offered at least once a year at every building level (elementary, middle, senior, junior high).
  - School districts are also required to teach sex education. If they do, they must do so in accordance with these sections of the Michigan Compiled Laws related to sex education and reproductive health. (§380.1506, §380.1507, §380.1507a, §380.1507b, §380.1766, §386.1766a)

- **Parental Rights and Exclusion From Instruction**
  - For HIV/AIDS and sex education instruction, parents and/or legal guardians must be notified in advance of:
    - The content of the instruction.
    - Their right to review materials in advance.
    - Their right to observe instruction.
    - Their right to excuse their child without penalty. (§380.1507, §386.1766a)
  - For sex education only, if a parent or legal guardian files a continuing written notice (i.e., a request to have their child permanently excluded from sex education classes), the student shall not be enrolled in the classes unless the parent or legal guardian submits a written authorization for that enrollment. (§386.1766a)
### Appendix S: HIV/STD and Sex Education in Michigan Public Schools (continued)

| Sex Education Advisory Board Membership | Every district that chooses to implement sex education must have a sex education advisory board.  
|----------------------------------------|--------------------------------------------------|
| • The local school board determines the terms of service, the number of members, and a membership selection process that reasonably reflects the school district population.  
| • The advisory board must include parents of children attending the district's schools, pupils in the district's schools, educators, local clergy, and community health professionals.  
| • At least half of the members must be parents who have a child attending a school operated by the school district. A majority of these parent members must not be employed by a school district.  
| • Members must be given two weeks written or electronic notice of meetings. ([§380.1597](#)) |

| Sex Education Advisory Board Role | The advisory board is responsible for:  
|-----------------------------------|-----------------------------------------------|
| • Establishing program goals and objectives for pupil knowledge and skills that are likely to reduce the rates of sex, pregnancy, and STDs.  
| • Reviewing and recommending materials and methods to the board, taking into consideration the district's needs, demographics, and trends including, but not limited to, teenage pregnancy rates, STD rates, and incidents of sexual violence and harassment.  
| • Evaluating, measuring, and reporting the attainment of program goals and objectives and making the resulting report available to parents in the district at least once every two years. ([§380.1567](#)) |

| Advisory Board Chair | Two co-chairs must be appointed by the school board to chair the sex education advisory board, at least one of whom is a parent of a child attending a school operated by the school district. ([§380.1507](#)) |

| Sex Education Supervisor | Every district choosing to have a sex education program must have a sex education supervisor, approved by the Michigan Department of Education, who oversees the program of instruction. ([§380.1506](#), [§380.1507](#)) |

| Required Content Including Emphasis on Abstinence | Instruction in HIV/AIDS and sex education must stress that abstinence from sex is a responsible and effective method of preventing unintended or out-of-wedlock pregnancy, and that it is the only protection that is 100% effective against unintended pregnancy, sexually transmitted disease, and sexually transmitted HIV infection and AIDS. ([§380.1169](#), [§380.1397](#), [§380.1507b](#)) |

| Education Material Discussing Sex | Must be age-appropriate, must not be medically inaccurate, and must do all of the following:  
|-----------------------------------|-------------------------------------------------|
| • Include a discussion of the possible emotional, economic, and legal consequences of sex.  
| • Stress that unintended pregnancy and sexually transmitted diseases are serious possibilities of sexual intercourse that are not fully preventable except by abstinence.  
| • Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.  
| • Teach pupils how to say “no” to sexual advances and that is wrong to take advantage of, harass, or exploit another person sexually.  
| • Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.  
| • Teach that the pupil has the power to control personal behavior, and teach pupils to base their actions on reason, self-discipline, a sense of responsibility, self-control, and ethical considerations, such as respect for self and others.  
| • Provide instruction on healthy dating relationships and on how to set limits and recognize a dangerous environment.  
| • Provide information for pupils about how young parents can learn more about adoption services and about the provisions of the Safe Delivery of Newborns Law.  
<p>| • Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that one of the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years. (<a href="#">§380.1507b</a>) |</p>
<table>
<thead>
<tr>
<th>Allowed Content Regarding Risk Reduction</th>
<th>School districts must teach about the best methods for the reduction and prevention of dangerous communicable diseases, including, but not limited to HIV/AIDS. (§380.1169)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prohibited Content or Actions</td>
<td>The age-appropriate sex education material also must ensure that pupils are not taught in a way that condones the violation of laws of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees. (§380.1176b)</td>
</tr>
<tr>
<td></td>
<td>Clinical abortion cannot be considered a method of family planning, nor can abortion be taught as a method of reproductive health. (§380.1157) &quot;Reproductive health&quot; means that state of an individual’s well-being which involves the reproductive system and its physiological, psychological, and endocrinological functions. (§380.1160)</td>
</tr>
<tr>
<td></td>
<td>A person cannot dispense or otherwise distribute a family planning drug or device in a public school or on public school property. (§380.1157)</td>
</tr>
<tr>
<td>Definition of Sex Education</td>
<td>Every district choosing to have a sex education program needs to develop or adopt a definition of sex education. The definition determines which content and materials are considered &quot;sex education&quot; and need to go through the approval and parent notification process detailed in §380.1507 and §380.1766a.</td>
</tr>
<tr>
<td>Approval Process</td>
<td>Curricula that are used as a part of HIV/STD or sex education instruction offered by a school district must go through the formal approval process, including two public hearings and school board approval. (§380.1169, §380.1157)</td>
</tr>
<tr>
<td></td>
<td>Curricula, materials, and methods must be approved in advance regardless of the:</td>
</tr>
<tr>
<td></td>
<td>• class in which it is taught (e.g., health class, school-wide assembly, English class);</td>
</tr>
<tr>
<td></td>
<td>• person providing the instruction (teacher, school nurse, guest speaker);</td>
</tr>
<tr>
<td></td>
<td>• time of day the instruction is offered (during the school day versus after school); or</td>
</tr>
<tr>
<td></td>
<td>• place the instruction takes place (within the building versus off the school premises).</td>
</tr>
<tr>
<td>Teacher Training</td>
<td>Each person who teaches K-12 pupils about HIV/AIDS shall have training in HIV and AIDS education for young people. (§380.1169)</td>
</tr>
<tr>
<td></td>
<td>In order to teach sex education, teachers must be qualified to teach each. (§380.1567) At the secondary level, this means teachers must have either the MA health, MX (health, physical education, recreation and dance), or KH (family and consumer science) endorsement. In addition, ongoing professional development for teachers is strongly recommended.</td>
</tr>
<tr>
<td></td>
<td>Trainings in both HIV/AIDS and sex education/reproductive health are usually offered through the regional ISD or RESA school health coordinator that services that school district. Guest speakers are not required by law to go through these trainings. A trained teacher, however, should always be in the classroom when guest speakers are presenting.</td>
</tr>
<tr>
<td>Model Curricula</td>
<td>Michigan has a model health education curriculum that is used by a majority of school districts in Michigan. In HIV/STD prevention, there are model curricula for grades K-6 and grades 7-8. The K-6 lessons include one to two lessons per grade level. The seventh-grade middle school module is &quot;abstinence-only&quot; (i.e., condoms are not discussed as a means of risk reduction). Districts can choose to adopt, adopt, or disregard the model curriculum and implement commercially or locally developed curricula.</td>
</tr>
</tbody>
</table>

Revised 2007
If a parent or legal guardian of a pupil enrolled in a district or intermediate district (ISD) believes that the district or intermediate district has violated the following sections of Michigan law pertaining to HIV/AIDS instruction or sex education (§380.1169, §380.1506, §380.1507, §388.1765a), the person can file a complaint with the superintendent or chief administrator of the district or ISD in which the pupil is enrolled. The district has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. If the parent is not satisfied with the investigation or findings made by the superintendent, the parent can appeal the findings to the ISD in which the district is located. The ISD has 30 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. If the parent is not satisfied with the investigation or findings made by the ISD superintendent, the parent can appeal the findings to the Michigan Department of Education (MDE). The MDE has 90 days to investigate, provide a written report, and if violations are found, develop a plan for corrective action. The district has an additional 30 days to take corrective action. (§339.1766)

If an investigation conducted by MDE (see Complaint Process section) reveals that a district or ISD has committed one or more violations of the following sections of the Revised School Code or State School Aid Act (§380.1169, §380.1506, §380.1507, §388.1765a) the district or intermediate district shall forfeit an amount equal to 1% of its total state school aid allocation. (§388.1765a)

A district in which a school official, member of a board, or other person dispenses or otherwise distributes a family planning drug or device, dispenses prescriptions for any family planning drug, or makes referrals for abortions shall forfeit 5% of its total state aid appropriation. (§388.1769)

The Michigan State Board of Education adopted a Policy to Promote Health and Prevent Disease and Pregnancy in September of 2010. The policy recommends that local school boards select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. For a copy, go to www.michigan.gov/mde, click "K-12 Curriculum", click "Health Education", and click "HIV/AIDS and Sexuality Education".

For more information on HIV/AIDS Education in Michigan Schools, go to the Michigan Department of Education (MDE) website, www.michigan.gov/mde, click "K-12 Curriculum", click "Health Education", and click "HIV/AIDS and Sexuality Education". Questions should be directed to Laura Bechtolf, MDE Consultant, 517-335-7252, bechtolfk@michigan.gov.

This summary should not be used to replace statute. For the exact language of Michigan Compiled Laws, go to www.michiganlegislature.org. Concerns regarding interpretation should be directed to legal counsel.

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Resources for Complying with Michigan's Sex Education Law

Parent Notification

- A sample parent notification form is available on the Educational Materials Center at Central Michigan University and Michigan Department of Education websites: http://www.emc.cmich.edu/hive/Grade/images/AppendixD.pdf

Child Support (requirement d)

- An order form to get free materials related to child support from the Michigan Department of Human Services: http://www.michigan.gov/documents/FACOrder_15623_7.pdf

Safe Delivery of Newborns (requirement j)

- General provisions of the Safe Delivery of Newborns law at the Michigan Department of Human Services website: http://www.michigan.gov/hs/0,1607,7-124-5452_7124_7200-15874~0,00.html
  Go to https://www.michigan.gov/hs, click Safe Delivery of Newborns icon, and click Safe Delivery.
- Downloadable information for teens and young adults on the Safe Delivery of Newborns:

Adoption (requirement j)

- Adoption information from the Michigan Department of Human Services:
  Go to http://www.michigan.gov/hs, click Adoption, and click Adoption and the Department of Human Services.
- "Adopting a Child in Michigan" (Pub823) from Michigan Department of Human Services:
- Updated lists of public and private licensed adoption agencies at the Michigan Adoption Resource Exchange (MARE) website: http://www.mare.org/Mi/Agencies/MiAgencies.html

* Effective June 2004
<table>
<thead>
<tr>
<th>Required Criteria for Michigan's Sex Education Laws</th>
<th>Lessons That Address Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Discuss 1. the benefits of abstaining from sex until marriage and 2. the benefits of ceasing sex if a pupil is sexually active.</td>
<td>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
<tr>
<td>B Include a discussion of the possible emotional, economic, and legal consequences of sex.</td>
<td>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
<tr>
<td>C Stress that unplanned pregnancy and sexually transmitted diseases are serious possibilities of sex that are not fully preventable except by abstinence.</td>
<td>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
<tr>
<td>D Advise pupils of the laws pertaining to their responsibility as parents to children born in and out of wedlock.</td>
<td>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
<tr>
<td>E Ensure that pupils are not taught in a way that condones the violation of laws of this state pertaining to sexuality, including, but not limited to, those relating to sodomy, indecent exposure, gross indecency, and criminal sexual conduct in the first, second, third, and fourth degrees (MCL 750.338a, 750.338b, 750.338c, 750.338d, and 750.320b to 750.320e).</td>
<td>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
<tr>
<td>F Teach pupils 1. how to say &quot;no&quot; to sexual advances and 2. that it is wrong to take advantage of, harass, or exploit another person sexually.</td>
<td>3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22</td>
</tr>
<tr>
<td>Required Criteria for Michigan's Sex Education Laws</td>
<td>Lessons That Address Criteria</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>G Teach refusal skills and encourage pupils to resist pressure to engage in risky behavior.</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20</td>
</tr>
<tr>
<td>H Teach that the pupil has the power to control personal behavior. Pupils shall be taught to base their actions on reasoning, self-discipline, a sense of responsibility, self-control, and ethical considerations such as respect for self and others.</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>I Provide instruction on: 1. healthy dating relationships and 2. how to set limits and recognize a dangerous environment.</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>J Provide information for pupils about how young parents can learn more about: 1. adoption services and 2. about the provisions of the safe delivery of newborns (law, chapter XII of the probate code of 1939; 1939 PA 288, MCL 712.1 to 712.20).</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
<tr>
<td>K Include information clearly informing pupils that having sex or sexual contact with an individual under the age of 16 is a crime punishable by imprisonment and that if the other results of being convicted of this crime is to be listed on the sex offender registry on the internet for up to 25 years.</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
</tr>
</tbody>
</table>

* Varies depending on the project selected by students.
Dear Parent or Family Member,

Our school is using an exciting health curriculum called the Michigan Model for Health®. Your child will have the chance to take part in units designed to develop life-long health habits related to nutrition, physical activity, and drug and violence prevention.

As your partners in education, your Board of Education has approved a unit called Healthy and Responsible Relationships; HIV, Other STIs, and Pregnancy Prevention, A Module for Grades 9-12. These lessons were selected after careful scrutiny by parents, teachers, students, clergy, and medical personnel from our community. These lessons will be taught beginning the week of (insert date).

Your child will have the opportunity to learn many things in this unit, including: (fatter this list to match the lessons approved by your school board.)

- Skills for having positive relationships with friends and family
- Facts about sexually transmitted infections and ways to prevent them
- Behaviors that have no risk of transmitting infections and those that are risky
- How to communicate with family members and other trusted adults about sexual decisions and potential consequences
- Possible legal, financial, health, social, and emotional consequences of sexual activity
- How to set personal limits and communicate them to peers
- How to identify risky sexual situations and avoid or escape them
- Abstinence skills
- Methods for reducing the risk of sexually transmitted infections or pregnancy (abstinence-based option)
- Goal-setting skills

The lessons will give your child information and opportunities to build health skills that will prevent sexually transmitted infections and pregnancy. However, we need your help! You are your child's first and most important teacher. Your child will be encouraged to talk to you about relationships and to ask you questions. Interviews with a parent or another trusted adult will be assigned as homework in order to promote open communication.

By working together, schools and families can more effectively equip children to develop healthy habits and avoid health risks.

Please read the attached information: (Attach the following as relevant)

- Outline of topics that will be included in the unit
- Invitation to a brief meeting to allow you to preview the lessons and materials
- Exclusion request form to be returned if you decide your child should not participate fully

You may make an appointment to review the materials or observe the class being taught if you wish. You may have your child excused from any of the lessons without penalty if you decide that is best. Please contact me if you have any questions or would like to discuss this information further. I may be reached by phone at (insert phone number) or e-mail at (insert e-mail address).

We are looking forward to working together to keep our youth healthy.

Sincerely,

(Signature of teacher or principal)
Dear Parent or Family Member,

If you decide that your child should not participate in part or all of the lessons in Healthy and Responsible Relationships: HIV, Other STIs, and Pregnancy Prevention, A Module for Grades 9-12, he or she will be excused without penalty. To do so, complete the Exclusion Request and return it to school office at (insert address).

Exclusion Request

1. If you want your child to participate in the lessons described on the attached outline, you do not need to return this form.

2. If you want your child to be excused from part or all of the lessons, please:

   [ ] Initial this box.
   Complete this form.
   Circle the lessons on the attached list from which you want your child excluded, and return the list and this form to the address above.

3. If you want your child to be excused from all the lessons this school year and every year hereafter, please:

   [ ] Initial this box.
   Complete this form.
   Return this form to the address above.

Student Name: ____________________________ Address: ____________________________

Parent/Guardian Signature: ____________________________ Date: ____________________________

Parent Note: If you have excused your child this year and future years, option 3, you must notify the principal in writing if you want your child included in sex education in the future.
• Abortion: Parental consent or a court order is required (MCL 720.501-505). Minors also have to comply with the 24-hour waiting period prior to obtaining an abortion (MCL 333.17015).

• Abstinence education: These are state and federal guidelines for children from 9-17 years of age to participate in abstinence programs (PA 114 of 1999, section 1106a - Appropriations).

• Adoptions: In a written document signed by the witness and by the parent or guardian in the presence of the witness, a parent or guardian having legal and physical custody of a child may authorize a child placing agency to make a temporary placement of the child under section 236 of this chapter. If the parent of the child being temporarily placed is an emancipated minor, the authorization is not valid unless it is also signed in the presence of the witness by a parent or guardian of that minor parent. (MCL 710.23b (3)).

• Alcohol: Alcoholic liquor shall not be sold or furnished to anyone under 21 (MCL 436.1701).

• Criminal sexual conduct (CSC): Michigan law allows minors to consent to sexual activity if they are 16 or older (MCL 750.520a-759.5201).

• Curfew: A minor under the age of 18 shall not be in public between 12 midnight and 6 a.m. unless with parent or guardian (MCL 722.752).

• Driving: The secretary of state shall not approve the application of a person who is 17 years of age or less for an operator’s license unless the application is signed by the parent or guardian of the applicant and the person has satisfied the appropriate requirements of section 310a. (MCL 257.308).

• Employment: The minimum age for employment is 14 years of age, subject to exceptions and limitations (MCL 409.103).

• Family planning devices and birth control information: Minors may purchase contraceptive devices and receive family planning information (Casey v. Population Services International). Additionally, in Doe v. Irwin (U.S. Court of Appeals, 6th Circuit, 1980) the court held that the distribution of family planning devices to minors without notice to parents was valid.

• HIV and AIDS education: All public schools are required to teach HIV and AIDS prevention to all students at least once at every building level (MCL 380.1165).

• Hunting: A minor must be accompanied by someone 17 years of age or older (MCL 324.3517).

• Mandated HIV & STI testing: Persons arrested and charged with a crime that could transmit STIs or HIV may be required to be tested for HIV and other STIs. If the victim was exposed to body fluids, he or she will be provided with the test results (MCL 333.5129).

• Mandatory reporting: Michigan’s Child Protection Law requires certain individuals, such as teachers, health care workers, etc. (see statute for complete list), to report to Family Independence Agency (FIA) “the presence of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age.” This is reason to suspect child abuse and neglect (MCL 722.923).

• Marriage: A marriage shall not be contracted by a person who is under 15 years of age (MCL 551.51).
Appendix W: Overview of Laws Related to Minors in Michigan (continued)

- **Outpatient mental health:** A minor age 14 or older may request and receive up to 12 outpatient sessions for four months of outpatient counseling (MCL 330.1707). Regarding mental health hospitalization a minor may be hospitalized if a parent or agency requests hospitalization and the minor is found suitable for hospitalization (MCL 330.1498). There is no law regulating inpatient care.

- **Pregnant students:** A person who has not completed high school may not be expelled or excluded from a public school because of being pregnant (MCL 380.1301 and R 340.1121 of the Michigan Administrative Code).

- **Prenatal and pregnancy-related health care:** Minors may consent to prenatal and pregnancy-related care regardless of their marital status. A minor may also consent to the health care of his/her child (MCL 333.9132).

- **Sexuality education:** Schools may, but are not required to, teach sexuality education. See Appendix S for a complete list of requirements. Family planning devices or drugs may be dispensed or distributed in a public school (MCL 380.1507). There are no state laws affording a minor’s access to contraceptive services.

- **Sexually explicit information:** Unlawful to disseminate information to minors (MCL 722.675).

- **Sexually transmitted infections and HIV:** Minors may consent to medical or surgical care for diagnosis and treatment of a venereal disease or HIV (MCL 333.5127).

- **Substance abuse:** Minors may consent to treatment or services (MCL 333.6121).

- **Tanning:** Prior written informed consent of the minor’s parent or legal guardian is necessary before a minor may use the services of a tanning facility (MCL 333.1347).

- **Tattooing:** Prior written informed consent of the minor’s parent or legal guardian is necessary before tattooing, branding, or body-piercing on the minor (MCL 333.13101-333.13103).

- **Tobacco products:** A person under 18 years of age shall not possess or smoke cigarettes, cigars, or possess or chew, suck, or inhale chewing tobacco or tobacco snuff, etc. in public places (MCL 722.642).

**Confidentiality Issues**

- **Explanation of benefits:** All health insurance companies may send an explanation of benefits (EOB) to the policy holder, usually the parent, when a minor child receives medical care. However, those enrolled in managed care programs do not receive an EOB.

- **Family planning services:** Under Title X of the Public Health Service Act (42 USC 300a) and under the Medicaid program (42 USC 1366), teens may be provided with confidential contraceptive services. In addition, the federal constitutional right to privacy protects an adolescent’s decision to attempt to avoid unwanted pregnancy. (Cany v. Population Services, Intem., 431 U.S. 676, 97 S.Ct. 2010, U.S.N.Y., 1977) This right supersedes any claim parents may bring against a clinician for providing non-negligent family planning services to the minor (Doe v. Pickett, 480 F. Supp. 1218, 1223 - 1979).

- **Mandatory reporting:** Michigan’s Child Protection Law requires certain individuals, such as teachers, health care workers, etc. (see statute for complete list), to report to Family Independence Agency (FIA) “the pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age.” This is reason to suspect child abuse and neglect (MCL 722.623).
- Mental health services: Information on mental health services shall be kept confidential and not open to public inspection (MCL 333.1748). However, a psychologist may share the information under certain circumstances, if the patient is a minor (MCL 333.16237).

- Privileged communications and disclosure of confidential information: The confidential relations and communications between a licensed professional counselor or a limited licensed counselor and a client of the licensed professional counselor or a limited licensed counselor are privileged communications, and this law does not require a privileged communication to be disclosed, except as otherwise provided by law. Confidential information may be disclosed only upon consent of the client, unless the counselor is required to do so in the case of child abuse or neglect. (MCL 333.18117; 333.16231)

- Sexually transmitted infections and HIV: Minors may consent to medical or surgical care for diagnosis and treatment of a venereal disease or HIV without parental consent (MCL 333.5127 and MCL 333.5133). For medical reasons, physicians may, but do not have to, tell parents about the treatment needed (MCL 333.5127).

A sample parent notification form is available on the Educational Materials Center at Central Michigan University and Michigan Department of Education websites:
www.emc.cmich.edu/hiv/guide/images/AppendixD.pdf


Sex Offenders Registration Act (MCL 28.721 - 28.732):

Stalking (MCL 750.411h - 750.411j):

Safe Delivery: www.migov/dhs/0,1607,7-124-5452/_7124_7200---,.html

- PA 234 of 2000 amended the Child Protection Law amending Section 8 (MCL 722.628)
- PA 232 of 2000 amended the Probate Code by adding Chapter XII and amended the
Juvenile Code Chapter XII (MCL 712.17, 712.18)
- PA 233 of 2000 amended the Michigan Penal Code section 135 (MCL 750.135)
- PA 235 of 2000 added provisions to Chapter XII of the Probate Code (MCL 712.20)

Compiled laws related to minor consent, confidentiality, and mandated reporting:
This resource can be also be downloaded from www.youthlaw.org. Look under the heading
"National News." Click on the "Minor Consent, Confidentiality, and Child Abuse Reporting" tab.
Select "Michigan."

Michigan AIDS Hotline: 900-872-2437

"Michigan HIV & STD News," a quarterly newsletter including statistics and resources
published as a news and information service for professionals and volunteers in HIV
prevention and care services: www.mhivnews.com/


Michigan Association for Local Public Health's list of local health departments in Michigan:
www.malphp.org/page.cfm?18

Contact the Michigan AIDS Fund Speakers Bureau to request "Positive Perspectives" speakers:
Michigan AIDS Fund
21700 Northwestern Hwy, Suite 1150
Southfield, MI 48075
248 395 3244
248 395 3215 (fax)
info@michaidsfund.org
www.michaidsfund.org/our_work.html

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Healthy and Responsible Relationships Grades 5-12
Sexually Transmitted Disease Information Line: 1-800-227-8922

The Society of Obstetricians and Gynaecologists of Canada: www.obstet.ca

American Social Health Association's STD information: www.asba.org

American College of Obstetricians and Gynecologists: www.acog.org

Teen Wire (Planned Parenthood Federation of America): www.teenwire.com

Click on "Do," then on "Your Birth Control Options."

Teen Health: www.kidshealth.org/teen/sexual_health/

Kaiser Family Foundation: http://yoursexlife.org/

Emergency Contraception Hotline: 1-888-NOT2DATE

"How Do You Know When You're Ready for Sex?"


or www.plannedparenthood.org/topics/ready4sex.htm#1

To find an HIV testing site, visit the National HIV Testing Resources Web site:

www.hivtest.org

National Rape and Sexual Assault hotline: 1-800-656-HOPE