

SEVENTH GRADE OBJECTIVES

- 7.1 The student will identify his or her role and relationships within the family.**
Descriptive Statement: Content includes identification of personal interactions; communication skills; ways of meeting emotional, physical, and intellectual needs; and the student's contribution to the family unit. Students learn the positive benefits of personal sacrifice to support family goals and needs when such a decision is indicated.
- *7.2 The student will recognize the physical development of his or her sex characteristics and how they affect emotional and social growth.**
Descriptive Statement: Emphasis is placed on the biological and physiological changes of early adolescence. Attention is given to such secondary sex characteristics as body growth, genital changes, hormonal secretions, the onset of menstruation, and sex-response feelings. Instruction promotes self-awareness and alleviates anxiety through factual information regarding spontaneous erections, nocturnal emissions, masturbation, and differences in growth rates and development.
- 7.3 The student will realize that physical affection does not have to be sexual, but that it also can be an expression of friendship, of celebration, or a loving family.**
Descriptive Statement: The student learns that appropriate expressions of affection are essential for emotional, physical, and psychological health. The student will recognize the difference between appropriate and inappropriate physical affection. Characteristics of abusive relationships will be addressed.
- 7.4 The student will recognize that sexual behaviors are conscious decisions; that it is important to say "no" to premarital, abusive, and inappropriate sexual relationships; and that appropriate relationships are based on mutual respect, trust, and caring.**
Descriptive Statement: Sexual feelings are interpreted as normal and to be expected, but not always to be manifested in behavior. Instruction includes explanation of the differences between needs and desires, assertive skills, problem solving or conflict resolution, and alternatives. Refusal skills are taught and practiced by students. Characteristics of abusive relationships, which may also involve alcohol and other drug use and abuse or inappropriate use of electronic devices such as phone or internet, are addressed. In addition, the consequences of teenage pregnancy, the nature of sexually transmitted infections, and the benefits of delaying sexual activity are discussed.
- 7.5 The student will identify messages in society related to sexuality.**
Descriptive Statement: The teacher guides the student in discovering and analyzing messages about sexuality found in advertising media, music and videos, televisions, films, printed materials, and graffiti. Messages conveyed by adults are also addressed. Students learn to recognize gender stereotyping and sexual exploitation. They are encouraged to evaluate and counteract any negative effects identified and to engage in a variety of positive activities, rather than spending too much time viewing media programs containing negative components. Students will demonstrate how these messages affect mental health issues related to sexuality.
- *7.6 The student will be aware of the consequences of preteen and teenage sexual intercourse.**
Descriptive Statement: Instruction focuses on updated, factual information regarding sexually transmitted diseases, including HIV/AIDS; pelvic inflammatory disease (PID); cervical cancer; unwanted pregnancy; and discussion about reputation, guilt, and anxiety. Discussion includes also the emotional, psychological and financial implications of sexual activity and parenting before marriage. Students are guided in identifying positive aspects about themselves as reasons for avoiding risk-taking behavior. They learn also about the positive results and freedoms associated with abstinence during the preteen and teenage years.

- 7.7 The student will list the adverse consequences of a pregnancy in early adolescence, as well as the positive benefits of postponing pregnancy until marriage.**
Descriptive Statement: Instructions includes a review of pregnancy and childbirth from previous grade levels, as well as discussion of responsibilities involved and adverse consequences encompassing the emotional, mental, physical, social, and economic impact on young parents, on their families, and on society. The nutritional implications of high-risk infants and teenage mothers also are included. The effects of an adolescent pregnancy on the student's life-long goals and potential achievements are emphasized. The benefits of being married before having children and the effects on the family, child, and community will be discussed.
- 7.8 The student will describe the signs and symptoms of pregnancy.**
Descriptive Statement: Instruction involves physical and psychological changes and the need for early detection of pregnancy through medical testing to ensure a healthy and successful pregnancy. Community resources for testing and/or further information are identified.
- *7.9 The student will develop an understanding of and responsibility for family planning.**
Descriptive Statement: Content includes reasons for family planning, factors to be considered when planning a family, the role of the family physician, community resources, and methods of contraception.
- 7.10 The student will explain techniques for preventing and reporting sexual assault and molestation.**
Descriptive Statement: Methods of handling assault and molestation, as well as prevention methods, are presented. Emphasis is placed on the importance of avoiding situations which could provide opportunities for molestation and sexual assault, including the homes and cares of acquaintances when no appropriate supervision is available. Students will practice appropriate use of the internet and text messaging. Key terms are defined. Approaches and behaviors, both in person and electronically, used by perpetrators are identified and explained. Community resources for victims of molestation and assault are identified.
- 7.11 The student will identify causes, symptoms, treatment, prevention, and transmission of sexually transmitted diseases, including AIDS.**
Descriptive Statement: Topics include the nature, symptoms, treatment, transmission, and diagnosis of the following diseases in addition to HIV/AIDS: syphilis, gonorrhea, Chlamydia, and genital herpes. In addition, myths are dispelled; for example students learn that one cannot contract a sexually transmitted disease from dirty dishes or clothing. High-risk activities, such as needle-sharing, intravenous drug abuse, are discussed. Community resources for the testing and treatment of sexually transmitted diseases are identified.
- 7.12 The student will identify the issues associated with friendships.**
Descriptive Statement: The student accomplishes this by identifying characteristics of each type of friendship and be relating these characteristics to changes as one advances through the growth and development process. The student will identify the characteristics of healthy and unhealthy friendships and other relationships.

7.13 The student will realize the role of peers and the peer group during adolescence, and the nature and purpose of dating.

Descriptive Statement: Discussion focuses on the qualities of friendship, the importance of participating in peer groups that encourage the development of positive personal traits, and the nature of dating. Group dating is presented as a positive first step in developing romantic relationships, demonstrating appropriate dating behavior, utilizing positive mental health practices and fulfilling dating responsibilities.

7.14 The student will recognize contributions of various racial and ethnic groups to family life and society.

Descriptive Statement: Topics include the importance of racial and ethnic identity for families and the effects of negative stereotypes on families and individuals. Emphasis is placed on appreciation of racial and ethnic differences.

7.15 The student will increase his or her ability to listen to different points of view and to accept the rights of others to a differing point of view.

Descriptive Statement: Positive communication skills are developed to enhance relationships and to increase recognition of various points of view existing within families and society.

****THESE OBJECTIVES WILL BE TAUGHT IN SEX-SEPARATED CLASSES.**

OBJECTIVE 7.1

The student will identify his or her role and relationships within the family.

Descriptive Statement: Content includes identification of personal interactions; communication skills; ways of meeting emotional, physical, and intellectual needs; and the student's contribution to the family unit. Students learn the positive benefits of personal sacrifice to support family goals and needs when such a decision is indicated.

CONTENT

TEACHING/LEARNING STRATEGIES

I. Identification of personal interactions

A. Communication skills.

B. Ways of meeting emotional, physical,
And intellectual needs.

C. Contribution to the family unit.

II. Contribution to Family goals.

A. Personal sacrifice

B. Decision making

C. Conflicts

1. Discuss the relationships within the family.

2. Discuss relating to others – Health text book.

1. Follow SOL 7.6 (Health) Basic emotional needs. Review of physical needs: food, shelter & clothing. Discuss intellectual needs: Attending school, being read to as a child, personal reading and parent reading, school and vacation.

1. Group discussion: What do your parents give you and what do you provide your parents? Relates to SOL 7.9 (Social Studies): To participate effectively in group activities.

1. Discussion of personal sacrifices, allowances, etc. Review discussion of 5 step decision making process – Health text book.

2. Visit from a local minister might be helpful for discussion of the family unit.

RESOURCES

PEOPLE

Local Ministers

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS

**** Classes can be divided into sex separated for discussion.**

***OBJECTIVE 7.2**

The student will recognize the physical development of his or her sex characteristics and how they affect emotional and social growth.

Descriptive Statement: Emphasis is placed on the biological and physiological changes of early adolescence. Attention is given to such secondary sex characteristics as body growth, genital changes, hormonal secretions, the onset of menstruation, and sex-response feelings. Instruction promotes self-awareness and alleviates anxiety through factual information regarding spontaneous erections, nocturnal emissions, masturbation,

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Physical development of sex characteristics	
A. Male	
1. Hairline recession begins 2. Facial hair appears 3. Larynx enlarges voice deepens 4. Shoulders broaden 5. Muscles develop 6. Some breast development possible 7. First ejaculation occurs 8. Sperm production occur	1. Discuss development of sex characteristics through transparency or handout. (Refer to male and female anatomy). Compare male & female characteristics. Emphasize those true for both sexes noting that not all growth will occur at the same rate in everyone.
B. Female	
1. Breast development 2. Waistline narrows 3. Hips widen 4. Uterus and ovaries enlarge 5. Uterus and ovaries enlarge 6. Ovulation occurs 7. Menstruation begins	2. Stress difference in growth rate is normal. 3. Discuss factual reasons for the situations given that can produce anxiety. 4. Possible lecture by school nurse – Classes can be divided into boys/girls for possible discussions (separate classes).
C. Both sexes	
1. Growth spurt occurs 2. Acne appears 3. Axillary (underarm) hair appears 4. Perspiration increases 5. Pubic hair appears 6. External genitals enlarge 7. Long bone growth stops	5. Show videos (separate classes): <u>From Boyhood to Manhood</u> and <u>From Girlhood to Womanhood</u> .
II. Factual information to alleviate anxiety from These situations:	

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- A. Spontaneous erections
 - 1. Sexual fantasies and feelings
 - 2. Pictures of nude bodies
 - 3. Different stimuli
 - 4. Tight clothing
 - 5. Cold
 - 6. Fear
 - 7. Pressure from full bladder
- B. Nocturnal emissions
 - 1. Involuntary release of semen during sleep
 - 2. Nature's way of releasing sperm
- C. Masturbation
 - 1. Release from sexual tension
 - 2. Can learn what you enjoy
 - 3. Can experience orgasm
 - 4. Can lead to guilt or self hatred
 - 5. Used too often – can take place of other meaningful activities
 - 6. Objects used can transmit disease
- D. Difference in growth rate

RESOURCES

AUDIOVISUAL MATERIALS

**Straight Talk About Self-Image and Identity
Marsh Media DVD**

**Straight Talk About Sexual Choices and Consequences
Marsh Media DVD**

OBJECTIVE 7.3

The student will realize that physical affection does not have to be sexual, but that it also can be an expression of friendship, of celebration, or a loving family.

Descriptive Statement: The student learns that appropriate expressions of affection are essential for emotional, physical, and psychological health. The student will recognize the difference between appropriate and inappropriate affection. Characteristics of abusive relationships will be addressed.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Appropriate expressions of affection (non-sexual) A. Friendship B. Family C. Physical Affection D. Achievement (celebration)	1. Refer to Health text book. Discuss self-image and how one can feel good about themselves. 2. Discuss different types of friendships: both male and female. Talk about the family as related to friends. 3. Some basic emotional needs may be discussed (Health text book): Affection, Acceptance, and achievement. *Show of physical affection does not always lead to sex. Touching, understanding, accepting people for themselves, recognition of personal worth, celebration of achievements, and being “fond” of someone are all expressions of affection (non-sexual). * An unhealthy relationship has an imbalance in which one partner tries to exercise control and power over the other through threats, control, emotional or verbal abuse, or physical or sexual violence. These types of behavior may be seen as “red-flags” that something is wrong in the relationship. A. Physical violence: pinching, shoving, hitting or slapping, grabbing, kicking, throwing, shaking, or choking. B. Sexual violence: unwanted touching, fondling, or groping; forced sexual activities; pressure to have sex; violence that does not involve physical contact – threatening to find someone who will do what he/she wants sexually; verbal or sexual harassment, threat of sexual violence. C. Emotional abuse: name calling, shouting, teasing or bullying; use of intimidation; use of demeaning or derogatory language; insults or rumors; threats or accusations; jealousy or possessiveness; humiliation; withdrawal of

OBJECTIVE 7.3 (cont.)

CONTENT

- II. Needs Essential for good health
 - A. Emotional
 - B. Physical
 - C. Psychological

SUGGESTED TEACHING/LEARNING STRATEGIES

Attention; withholding information; embarrassing a dating partner; controlling behavior – such as dictating what a partner can wear; isolation from friends and family; texting or instant messaging excessively; monitoring e-mail or a profile on a social networking site.

1. Emotional needs may be discussed (Health text book). People generally feel unpleasant emotions if one or more of their emotional needs are not met. Showing of undesirable ways people might behave if their emotional needs are not being met are shown.
2. Students can be shown how “stress” can play a part in physical health (health text book). Define Mental Health. Mental health can be discussed referring to how one feels about themselves & about others.

*Note: Relates to FLE-SOL#7.1

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

III. Sexual Orientation
A. Heterosexuality

1. Define heterosexuality – a physical attraction to persons of the other sex.

B. Homosexuality
1. Males
2. Females

1. Define homosexuality – a physical attraction to persons of the same gender. Female homosexuals are called lesbians. Male homosexuals often refer to themselves as “gay”.

C. Bisexuality

1. Define bisexuality – physical attraction to both sexes, males & females.

RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

CDC: Choose Respect – Understanding Dating Violence

CDC: Choose Respect – Recognizing Dating Violence

AUDIOVISUAL MATERIALS

Celebrating Your Abstinent Lifestyle: (DVD)

OBJECTIVE 7.4

The student will recognize that sexual behaviors are conscious decisions; that it is important to say “no” to premarital, abusive, and inappropriate sexual relationships; and that appropriate relationships are based on mutual respect, trust, and caring.

Descriptive Statement: Sexual feelings are interpreted as normal and to be expected, but not always to be manifested in behavior. Instruction includes explanation of the differences between needs and desires, assertive skills, problem solving or conflict resolution, and alternatives. Refusal skills are taught and practiced by students. Characteristics of abusive relationships, which may also involve alcohol and other drug use and abuse or inappropriate use of electronic devices such as phone or internet, are addressed. In addition, the consequences of teenage pregnancy, the nature of sexually transmitted infections, and the benefits of delaying sexual activity are discussed.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

I. Sexual Behaviors

A. Conscious decisions

1. Important to say “no”
2. Inappropriate sexual relationships
3. Appropriate relationships and values

B. Sexual feelings

1. Interpreted as normal & to be expected.
2. Not always manifested in behavior

1. Show video: Human Sexuality
Discuss personal values that help decide a teen’s sexual behavior. Write definition of “sexual behavior”. Discuss sexual behavior that adolescents must answer for themselves.
2. Decisions made will depend on attitudes about key persons & issues in a young person’s life. Morals and values should be discussed. Discuss definitions of moral and immoral. Moral laws include: don’t lie, don’t cheat, don’t steal, don’t use others just for your own pleasure and don’t use sex in a way that will harm others. Also, don’t smear the reputation of others and don’t kill. Appropriate relationships are based on mutual respect, trust, & caring.
3. Discuss sexuality and sex drives. Sexuality refers to the total self. It includes discovering what it means to be male and female and the physical attraction that draws two people together. Sex drive includes understanding the strong physical changes felt. It is important to know that you don’t have to give in to sexual urges. The following are characteristics of a healthy dating relationship:
 1. Mutual respect. Each person values who the other is and understands the other person’s boundaries.

OBJECTIVE 7.4 (cont.)

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Trust. Partners choose to trust each other.
3. Honesty. Builds trust and strengthens the relationship.
4. Compromise. In a relationship, each partner should acknowledge different points of view and be willing to give and take.
5. Good communication. Speak honestly and openly.
6. Anger control. Anger can be handled in healthy ways such as taking a deep breath, counting to 10, or talking it out.
7. Problem solving. Identify new solutions by breaking a problem into small parts or talking through the situation.
8. Fighting fair. Everyone argues at some point, but those who fight fair, stick to the subject and avoid insults are more likely to come up with a solution.
9. Understanding. Take time to feel what the other person might be feeling by putting yourself in their shoes.
10. Self-confidence. Have confidence in yourself.
11. Being a role model. Through respect, partners can inspire friends and family to choose respect, too.

4. Students may role play to practice skills.

Vocabulary: Passion, curiosity, strong emotion, and affection.

5. Talk about typical questions: How can I get someone to like me? Are my thoughts and interest normal? How can I tell if I'm in love? Give thought to choices, single parents, and chance taking.

6. Review Code of Virginia Section 18.2-374.3 Discuss and give examples of appropriate and inappropriate uses of cell phones and internet social networks.

CONTENT

- II. Teenage pregnancy
 - A. Detrimental effects
 - 1. Young parents
 - 2. Jobs and school
 - 3. Infant care
 - B. Nature of sexually transmitted diseases
 - 1. Permissiveness (relaxed attitudes about sex for unmarried persons)
 - 2. Promiscuity (lot of contact with many different sex partners)
 - 3. Prevention
 - C. Benefits of delaying sexual activity

SUGGESTED TEACHING/LEARNING STRATEGIES

- 1. In some cases, teen parents and their children are happy, healthy and secure. Unfortunately that is not always true.

Did you know?
Babies of teens are more likely:

 - To have birth defects (developmental delays, breathing problems, spinal problems, etc.)
 - To be premature (born too early)
 - To be low birth weight (too small)
 - To be abused or neglected
 - To die before their first birthday
 - To grow up in poverty
 - To do less well in school

Teen mothers are more likely:

 - To have health problems during pregnancy
 - To feel lonely and overwhelmed after the baby's born
 - To drop out of school
 - To have to live at home longer
 - To spend their lives in poverty
 - To commit suicide

Teen fathers are more likely:

 - To feel left out and powerless
 - To drop out of school
 - To spend their lives in poverty

The law says...

 - That a pregnant girl or woman has three alternatives:
 - 1. Keeping the baby
 - 2. Placing the baby for adoption
 - 3. Having an abortion

She would want to talk it over with people she trusts before deciding. No alternative is easy.

 - That a boy or man who's involved in a pregnancy has few alternatives; it's not up to him which decision the girl or woman makes. If she chooses to keep the baby, the law says he must help pay for the child's care for at least 18 years.

Discuss marriage, abortion, adoption, single parent, foster care, teenage mothers and teenage fathers, and black market.

2. Discuss STIs: review - Health text book, *(Relates to FLE-SOL 7.6). Talk about ways that venereal diseases can be spread; what to do if one suspects they may have a venereal disease; and treatment of venereal disease.
3. Group discussion of ways to prevent the spread of STIs. Show video, Sexually Transmitted Diseases: What you should know *(Can be shown with FLE-SOL 7.6 also - Video)
1. Discuss school, school activities, goals, college, and actual growing up. *(Relates to FLE-SOL 7.7 “Consequences of a pregnancy”)

RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

**F.L.A.S.H. –Family Life and Sexual Health
www.kingcounty.gov/health/flash**

AUDIOVISUAL MATERIALS

Sexually Transmitted Diseases: What you should know: Sunburst Visual Media

Celebrating Your Abstinent Lifestyle

It Only Takes Once

OBJECTIVE 7.5

The student will identify messages in society related to sexuality.

Descriptive Statement: The teacher guides the student in discovering and analyzing messages about sexuality found in advertising media, music and videos, televisions, films, printed materials, and graffiti. Messages conveyed by adults are also addressed. Students learn to recognize gender stereotyping and sexual exploitation. They are encouraged to evaluate and counteract any negative effects identified and to engage in a variety of positive activities, rather than spending too much time viewing media programs containing negative components. Students will demonstrate how these messages affect mental health issues related to sexuality.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<p>I. Messages about sexuality</p> <ul style="list-style-type: none">A. Advertising mediaB. Music and videoC. TelevisionD. FilmsE. Printed MaterialsF. GraffitiG. AdultsH. School (peers)	<ul style="list-style-type: none">1. Discuss information sources: community services, television, telephone, self-educated, dirty jokes, schools, teachers, church, and pornography.2. Relate to messages students receive from advertising, etc.3. Discuss sexuality as related to discoveries & decisions that occur in our lives – those relating to sexuality. Looking at the mass media – the increasingly explicit use of sex in advertising and music videos, for example – would support the view that this generation feels more pressure to get sexually involved.
<p>II. Decisions about sexuality</p> <ul style="list-style-type: none">A. Peer PressureB. CommunicationC. Attitudes about sexD. Sexual responsibility	<ul style="list-style-type: none">1. Teens have to make hundreds of decisions – whether or not to have sex, how far to go, who to have sex with, whether or not to use protection.2. Peer pressure, pressure from friends and some half formed ideas of how sexuality should work cause some teens to participate in intercourse. Many times, students do not communicate clearly with each other about their needs and goals. A general relaxation of cultural attitudes about sex is taken as signs that a sexual revolution has occurred in the last generation.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- III. Gender stereotyping and sexual exploitation
- A. Evaluate and analyze
 - B. Counteract negative effects
 - C. Positive applications

1. Define stereotyping, exploitation and sexual exploitation. Discuss positive and negative effects of stereotyping.
 - Stereotyping: a widely held but fixed and oversimplified image or idea of a particular type of person or thing.
 - Exploitation: one person using another person to make themselves feel good or to get something from the other person, no matter how the other person feels.
 - Sexual exploitation: explain that sometimes people trick or pressure a child into secret touching. When a child is sexually exploited by an adult or older child, there is a special name for it: “sexual abuse”.
2. Discuss positive components – self-esteem, competence, responsibility, enjoyment of life, and ability to balance their lives and be flexible.

RESOURCES

PEOPLE

PRINTED MATERIALS

F.L.A.S.H. – Seattle and King
www.kingcounty.gov/health/flash

AUDIOVISUAL MATERIALS

Celebrating Your Abstinent Lifestyle

Straight Talk About Sex, Gender, and Media

****Teach in gender separated classes.**

***OBJECTIVE 7.6**

The student will be aware of the consequences of preteen and teenage sexual intercourse.

Descriptive Statement: Instruction focuses on updated, factual information regarding sexually transmitted diseases, including HIV/AIDS; pelvic inflammatory disease (PID); cervical cancer; unwanted pregnancy; and discussion about reputation, guilt, and anxiety. Discussion includes also the emotional, psychological and financial implications of sexual activity and parenting before marriage. Students are guided in identifying positive aspects about themselves as reasons for avoiding risk-taking behavior. They learn also about the positive results and freedoms associated with abstinence during the preteen and teenage years.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<p>I. Basic Anatomy of Sexual Activity</p> <p>II. Consequences of sexual activity</p> <p>A. Common psychological effects</p> <ol style="list-style-type: none">1. Guilt; embarrassment2. Depression3. Loss of self-respect4. Worry; stress <p>B. Physically consequences</p> <ol style="list-style-type: none">1. Sexually transmitted infections<ol style="list-style-type: none">a. Pelvic-inflammatory disease (PID)b. Trichomoniasisc. Chlamydiad. Gonorrheae. Genital herpesf. Venereal wartsg. Acquired Immune Deficiency Syndrome (AIDS)h. Hepatitis (type A and B)	<ol style="list-style-type: none">1. Review the basic anatomy and physiology of the reproductive system. <ol style="list-style-type: none">1. Discuss what constitutes sexual activity and responsible behavior, including the influence of moral and spiritual values.2. Discuss how guilt and anxiety can result from premature sexual activity. <ol style="list-style-type: none">1. Discuss the statistics on sexually transmitted diseases in America.2. With the aid of transparencies, videos, health texts, discuss the major types of sexually transmitted diseases. Health text book (Aids and STIs). <p>*Reference can be made to FLE-SOL 7.6, 7.11. Discuss cervical cancer in connection with early sexual activity. Emphasize that the incidence of cervical cancer is increased in females who have experienced sexual intercourse with multiple partners. Could include a possible visit from the local health department or school nurse.</p>

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Pregnancy
 - a. High rate of birth defects
 - b. High rate of complications
 - c. Expenses
 - d. Effect of daily life & activities
 - e. Effect of plans for future

C. Social effects

1. Effects on reputation
2. Changes in relationships

1. Hepatitis is a communicable disease caused by certain viruses. Two kinds of hepatitis viruses are type A and type B. Type A Hepatitis virus is sometimes found in unclean water and foods. Drinking the water or eating the food can spread Type A virus. Type B is spread through transfusion of blood and contact with other body fluids from an infected person.
2. Both types of hepatitis often begin with:
 1. Fatigue
 2. Loss of a desire to eat
 3. Vomiting
 4. Skin and whites of eyes may turn yellow (yellowing occurs because the liver does not work properly when a person has hepatitis).
3. No medication can cure hepatitis. Generally in time the body fights off the sickness. However, the disease can be fatal.
4. Hepatitis can last from one week to a few months. Rest and a healthy diet are very important in helping the body heal.
5. A vaccine can protect a person from getting Hepatitis B. The vaccine is given to all newborns and to people who are likely to come in contact with the disease. This would include a person who is taking care of someone with hepatitis that has not been previously vaccinated.
1. Discuss the physical, mental, and financial risks involved when a teenager becomes a parent.

RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS

It Only Takes Once

Sexually Transmitted Infections: What You Ought to Know

You're in the Picture: Stories of Teen Dads

**Straight Talk about Sexual Choices and Consequences
Marsh Media DVD**

OBJECTIVE 7.7

The student will list the adverse consequences of a pregnancy in early adolescence, as well as the positive benefits of postponing pregnancy until marriage.

Descriptive Statement: Instructions includes a review of pregnancy and childbirth from previous grade levels, as well as discussion of responsibilities involved and adverse consequences encompassing the emotional, mental, physical, social, and economic impact on young parents, on their families, and on society. The nutritional implications of high-risk infants and teenage mothers also are included. The effects of an adolescent pregnancy on the student's life-long goals and potential achievements are emphasized. The benefits of being married before having children and the effects on the family, child, and community will be discussed.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<p>I. Adverse consequences of a pregnancy in early adolescence</p> <p>A. Physical Health Risks to mother & baby</p> <ol style="list-style-type: none">1. Mother – still growing2. Less likely to receive early prenatal care3. Diet may not be well balanced4. Increased risk of miscarriage <p>B. Mental & Social Health</p> <ol style="list-style-type: none">1. May be necessary to drop out of school (mother & father)2. Earning power – low3. Miss socializing4. Frustrations may lead to abuse or neglect <p>II. Positive benefits of postponing pregnancy until marriage:</p> <p>A. Physical benefits to mother & baby</p> <ol style="list-style-type: none">1. Mother more mature body, more capable of a risk free pregnancy2. More likely to receive prenatal care3. More likely to get a well balanced diet.	<ol style="list-style-type: none">1. <u>Discuss</u> adverse consequences of a teen-age pregnancy. Refer to leaflet “Facts You Should Know about Teenage Pregnancy”.2. Refer to SOL #7.6.3. Discuss benefits of postponing pregnancy until marriage.4. Discuss mental and social benefits<ol style="list-style-type: none">a. With better education, more likely to get a well paying job.b. With more stable situation of marriage less likely to reach a point of abuse or neglect.c. More likely to be a planned pregnancy, therefore, a happier experience than unplanned.d. Discuss benefits of waiting to have children until after marriage.<ul style="list-style-type: none">-Financially – medical care-Emotionally-more mature-Physically-more mature-Socially-effects on lifestyle5. Review Code of Virginia Section 18.2-374.3<ul style="list-style-type: none">-Regulations on child pornography.

*Relates to FLE-SOL 6.6, 5.3, 4.3

RESOURCES

PEOPLE

PRINTED MATERIALS

“Facts You Should Know About Teenage Pregnancy”

AUDIOVISUAL MATERIALS

It Only Takes Once

You’re in the Picture: Stories of Teen Dads

Sex Talk: Parents & Kids Talk About Sex, Love, & Responsibility

OBJECTIVE 7.8

The student will describe the signs and symptoms of pregnancy.

Descriptive Statement: Instruction involves physical and psychological changes and the need for early detection of pregnancy through medical testing to ensure a healthy and successful pregnancy. Community resources for testing and/or further information are identified.

CONTENT	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<p>I. Signs & symptoms of pregnancy</p> <p>A. Physical changes obvious to mother.</p> <ol style="list-style-type: none">1. Missed menstrual period.2. Feeling tired all the time.3. Tenderness & swelling of breasts.4. More frequent urination.5. Heavier vaginal discharge.6. Morning sickness. <p>B. Physical changes detected by a Physician.</p> <ol style="list-style-type: none">1. Change in size and firmness of uterus.2. Substance in urine.3. Substance in blood.4. Bluish hue to cervix. <p>C. Psychological changes</p> <ol style="list-style-type: none">1. Happiness2. Fear of unknown <p>II. Need for early detection</p> <p>A. First three months of fetal development Crucial.</p> <ol style="list-style-type: none">1. Avoid drugs2. Avoid alcohol3. Get proper nutrition <p>B. For “problem pregnancy” may need to Review options.</p> <p>III. Community Resources</p> <p>A. Health Department</p> <p>B. Dept. of Social Services</p>	<ol style="list-style-type: none">1. List physical symptoms of pregnancy on board through group discussion.2. Discuss physical changes that can only be detected by a physician.3. Have the group speculate on the possible psychological changes. Ask how each might feel if she/he was pregnant or the father responsible for a pregnancy.4. Stress the importance of early detection of pregnancy in relation to the fact that a change in lifestyle could affect a normal pregnancy and healthy baby.5. Discuss early detection in relation to reviewing all options and making decisions.6. Give phone numbers & addresses for community resources.

RESOURCES

PEOPLE

**School Nurse
Dept. of Social Services
Health Department**

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

****Teach in gender separated classes.**

***OBJECTIVE 7.9**

The student will develop an understanding of and responsibility for family planning.

Descriptive Statement: Content includes reasons for family planning, factors to be considered when planning a family, the role of the family physician, community resources, and methods of contraception.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Reasons for family planning A. Avoiding unwanted children B. Preventing financial & social hardship C. Gives time to strengthen interpersonal relationships D. Gives freedom to avoid hasty, unstable marriages	1. Define family planning: ways to prevent the start of a family. 2. Review with student's reasons for family planning.
II. Factors to consider when planning a family A. Male reproductive system parts and functions. 1. Scrotum 2. Testicles 3. Sperm 4. Vas deferens 5. Fluid producing glands a. Cowpers b. Prostate 6. Urethra 7. Penis 8. Ejaculation	1. Discuss with students parts and functions of the male reproductive system: a. <u>Scrotum</u> – pouch of skin containing the testicles. b. <u>Testicles</u> – main purpose is to produce sperm and testosterone. There are two testicles and each contains about a thousand tiny, tightly coiled tubes that produce sperm. c. <u>Sperm</u> – a mature male germ cell that develops in the testicles. It resembles a tadpole and is about 50 micrometers (1/500 inch) long, has a head, nucleus, a neck, and a tail that provides propulsion. It penetrates the ovum (female egg) and results in fertilization. 350 million released with each ejaculation. e. (1) <u>Prostate Gland</u> – located beneath the bladder, about the size of a walnut produces and stores semen, the fluid that moves the sperm through the reproductive system.

CONTENT

- B. Female reproductive system parts and functions.
1. External
 - a. Labia major/minor
 - b. Clitoris
 - c. Urethral opening
 - d. Vaginal opening
 2. Internal
 - a. Vagina
 - b. Uterus
 - c. Fallopian tubes
 - d. Ovaries

SUGGESTED TEACHING/LEARNING STRATEGIES

- e. (2) Cowper 's gland – located just below the prostate adds energy (high sugar substance) to the sperm as they pass.
 - f. Urethra – drains urine from the bladder.
 - g. Penis – external reproductive organ of a man.
 - h. Ejaculation – discharge of semen from the body.
1. The female body has ten openings. Seven are in the head: the eyes, nostrils of the nose, the mouth, and the ears. The other three are located in the pubic area.
- A. External
1. Labia major/minor: two outer lips surrounding the genital openings.
 2. Clitoris: located at the top of the vulva, is the center for sexual excitement and pleasure in the female.
 3. Urethral opening: place where the urine is released from the body.
 4. Vaginal opening: the outside end of the vagina.
- B. Internal:
1. Vagina: connects the uterus on the inside with the vaginal opening on the outside. It is like a flat hose or collapsed passageway.
 2. Uterus: a hollow pouch about the size of a pear. It holds and protects a baby until birth.
 3. Fallopian tubes: connecting tunnels between the uterus and ovaries.
 4. Ovaries: store ova or eggs inside the female body. Each ovary is about the size of a peach pit. Both holds thousands of eggs. Each lies tucked under one of the fallopian tubes.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

<p>C. Conception</p>	<p>M. Implants</p> <ol style="list-style-type: none">1. Define conception: When a male (one) sperm joins a female ovum (egg). The start of a pregnancy, fertilization.2. Explain to students that conception is usually the result of unprotected sexual intercourse.
<p>III. Role of the Family, Physician and other Community resources.</p>	<ol style="list-style-type: none">1. Explain to the students that when they become sexually active, they expose themselves to sexually transmitted diseases as well as other physical and emotional problems. Therefore it is important for both males and females to have a yearly physical. Also, the physician or clinic will be able to recommend the most appropriate form of birth control for each individual and answer questions more thoroughly.
<p>IV. Methods of Contraception</p> <ul style="list-style-type: none">A. Abstinence (Definition) No such thing as “safe sex.” Referring to “no sex.”B. SpongeC. Foam, jelly or creamD. CondomsE. Foam and CondomsF. DiaphragmG. Intrauterine DeviceH. PillI. Shots (Depo-Provera)J. PatchK. RingL. Permanent Family Planning (Sterilization)N. WithdrawalO. Natural Family PlanningP. Chance	<ul style="list-style-type: none">A. Abstinence (definition)<ol style="list-style-type: none">1. Abstinence means that there is no direct contact of another persons’ penis, vagina, anus, mouth, or their fluids with one’s sex organ.<ol style="list-style-type: none">a. No such thing as “safe sex.”b. Only way to avoid STIs and HIV/AIDS are to avoid injectable drug use and needle-sharing and to practice sexual abstinence.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Use and function
 - a. Avoiding intimate sexual contact and sexual intercourse
 - b. Oldest method known
 - c. Conscious decision needed to increase follow-up abstinence
 - d. Careful planning of time
 - e. Careful selection of dates
 3. Advantages
 - a. Most effective method; eliminates pregnancy risk
 - b. Born using it
 - c. Prevents STIs
 - d. Decreased risk of cervical cancer if abstinence used until woman is 20 years old
 - e. May increase self esteem
 - f. Reduce guilt
 - g. Consistent with teaching of Scripture
 - h. Allows relationships to develop on firm basis
 4. Disadvantages
 - a. Extra measure of self control and planning
 - b. May cost a relationship
- B. Contraceptive Sponge – 10% Failure rate
1. Correct use and function
 - a. Remove from wrapper, put tablespoon of water into indentation, squeeze sponge to activate spermicide.
 - b. Insert into vagina to cover cervix.
 - c. Remove after 24 hrs. or 6-8 hrs. after last act of intercourse.
 - d. Use for only one 24 hr. period.
 - e. Blocks and kills sperm.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Advantages
 - a. Convenient
 - b. Intercourse may be repeated during the 24 period without additional contraceptive measures.
 - c. Not uncomfortable for either husband or wife
3. Disadvantages
 - a. Should not be used during menstrual period.
 - b. Possible relationship to toxic shock syndrome still unresolved.
 - c. Does not prevent STIs
4. Availability
 - a. Drug store
 - b. Health department
- C. Contraceptive foam, jelly or cream
21% failure rate
 1. Correct use and function
 - a. Blocks and kills sperm
 - b. 1 application before each act of intercourse
 - c. Don't douche for 6-8 hours afterward
 2. Advantages
 - a. Easily obtained
 3. Disadvantages
 - a. May be perceived as disruptive
 - b. May be perceived as messy
 - c. Does not prevent STIs
 4. Availability
 - a. Drug store
 - b. Health department
- D. Condoms – 12% failure rate
 1. Correct use and function
 - a. Collects and prevents sperm from cervix.
 - b. Rolled onto erect penis before contact with woman's body.
 - c. Hold onto top when withdrawing.
 - d. Withdraw soon after ejaculation.
 - e. Use only one time.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- f. Have ½ inch space at end if no reservoir tip.
- g. Never use Vaseline.
- h. Store at moderate temperature. (Do not store in glove compartment of car or wallet. Heat disintegrates the rubber).
- i. Use latex condoms not “natural” or “lambskin”. These are very thin, break easily and allow passage of the AIDS virus.
- j. Condoms may provide “safer” sex, but by no means make sex “safe.” Most condoms failures are the result of improper usage.

2. Advantages

- a. Effective
- b. Easily obtained
- c. Help prevent sexually transmitted diseases.
- d. Allow men to share birth control responsibility.

3. Disadvantages

- a. May be perceived as disruptive.
- b. May be perceived as uncomfortable.
- c. Is not effective with all STIs.

4. Availability

- a. Drug store.
- b. Health department.

E. Foam and Condoms – percentage rate will improve.

1. Correct use and functions

- a. Blocks and kills sperm
- b. Use both foam and condom correctly during intercourse

2. Advantages

- a. Same as each separately
- b. Increased effectiveness equals that of birth control pill.

3. Disadvantages and availability

- a. Same as each separately

- F. Diaphragm – 6 % Failure percentage rate
 - 1. Correct use and function
 - a. Covers cervix to block & kill sperm
 - b. Fitted by MD or nurse practitioner
 - c. Apply Contraceptive Cream in bowl and on rim – insert
 - d. May insert up to 2 hours before intercourse
 - e. Don't douche for 6-8 hours after intercourse
 - f. Leave in 6-8 hours after intercourse
 - g. Remove, wash, dry
 - h. Check for holes periodically
 - 2. Advantages
 - a. Can be inserted well before intercourse
 - b. Neither husband or wife feels diaphragm
 - 3. Disadvantages
 - a. Medical supervision
 - b. Refit if gain or lose 10-15 lbs. or have a baby
 - c. Possible bladder irritation
 - d. Some regard as inconvenient
 - e. Does not prevent STIs
 - 4. Availability
 - a. Physician
 - b. Health department
- G. Intrauterine Device (IUD) -1% failure percentage rate
 - 1. Use and function
 - a. Theories regarding way it works
 - b. Inserted by M.D. during period
 - c. Check string after period
 - d. Learn warning signs
 - 2. Disadvantages
 - a. Medical supervision
 - b. Health risks
 - 1. Damage to uterus possible
 - 2. Increased infections in some users
 - 3. Possible increase ectopic pregnancy
 - 4. Perforation of uterine wall and "lost"
 - 5. Medically contraindicated in teenagers
 - c. Not recommended for women who:
 - 1. Have not been pregnant
 - 2. Have intercourse with many partners
 - 3. History of PID

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- H. Pill – 1% Failure percentage rate
 - 1. Use and function
 - a. Mimics pregnancy and prevents ovulation
 - b. One a day, every day, same time of day
 - 2. Advantages
 - a. Effective for contraception
 - b. Convenient
 - c. Regular periods
 - d. More comfortable period. May be prescribed for this purpose only.
 - e. Clears complexion sometimes
 - f. Recent research indicates may provide some protection against woman's certain types of cancer
 - 3. Disadvantages
 - a. Medical supervision
 - b. Gain or lose weight
 - c. Nuisance side effects for 2-3 months
 - 1. Nausea
 - 2. Breast tenderness
 - 3. Headache/dizziness
 - d. Health risks
 - 1. Heart attack
 - 2. Stroke
 - 3. Blood clots
 - 4. Gallbladder disease
 - 5. Liver tumors
 - e. DON'T SMOKE
 - f. Mood changes
 - g. In very young women, increased risk of sterility
 - h. Does not prevent STIs
 - 4. Availability
 - a. Physician
 - b. Health department

I. Shot (Depo-Provera)

1. Contains a female hormone which prevents release of the egg and keeps sperm from reaching the egg.
 - a. Advantages: convenient; private; can be used by women who breast-feed
 - b. Disadvantages: may cause headache, weight gain, breast tenderness, acne, nausea, irregular or no periods; cannot be used by all women; does not protect against sexually transmitted diseases.

K. Patch (Ortho Evra)

1% failure rate

1. You stick a small, square patch on your body for 3 weeks out of every month; it prevents release of the egg and keeps sperm from reaching the egg; contains female hormones
 - a. Advantages: convenient; may lessen acne
 - b. Disadvantages: can fall off; not recommended for women over 190 lbs.; may irritate skin; possible breast discomfort, headaches, nausea, abdominal pain; does not protect against sexually transmitted diseases

L. Ring (Nuvaring)

1% failure rate

1. You insert a flexible ring into your vagina three weeks out of every month; it prevents release of the egg and keeps the sperm from reaching the egg; contains female hormones
 - a. Advantages: convenient; private
 - b. Disadvantages: may slip out; possible vaginal infection or discharge; possible headache, weight gain, nausea; does not protect against sexually transmitted diseases

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- M. Permanent Family Planning (Sterilization)
1. Sometimes a permanent prevention of reproduction. It makes a man unable to cause pregnancy and a woman unable to get pregnant.
 - a. Vasectomy – male - .15 failure percentage rate (type of sterilization)
 1. Vas Deferens are severed
 2. Man's body continues to produce sperm, but they are reabsorbed and not released into the semen
 - b. Tubal ligation – female .4% failure rate (type of sterilization)
 1. Fallopian tubes are blocked by cutting them sealing them with an electric current, or applying a small band or clip
 2. Sterilization is a surgical procedure
 3. Costly procedure
 4. Does not prevent STIs
- N. Implants (Progestin or hormone implants)
1 % failure rate
1. A medical professional inserts thin capsules under your skin; these capsules release a slow, steady dose of female hormone that prevents release of the egg and keeps the sperm from reaching the egg
 - a. Advantage: convenient
 - b. Disadvantage: may cause irregular periods, headache, weight gain or loss, acne, or skin irritation; may be seen or felt under the skin; not for all women; does not protect against sexually transmitted disease.
- O. Withdrawal – Very High failure rate
1. Withdrawal – withdrawal means that the male withdraws his penis from the vagina just before he ejaculates during intercourse. Even a careful and determined male cannot tell the exact moment when he should withdraw his penis.
 - a. A man does not have to ejaculate to cause pregnancy.
 - b. Any fluid coming from an erect penis contains sperm and can cause pregnancy.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

P. Natural Family Planning - / Rhythm Method – High failure rate

1. Natural family planning – Natural family planning means preventing pregnancy without using contraceptives.
 - a. It is very difficult for a woman to determine her exact date of ovulation. She can ovulate at any time during the menstrual cycle. Therefore there is no “safe” days for not becoming pregnant.

Q. Chance – 85% failure rate

1. Chance – Chance means using no birth control when having intercourse.
 - a. Lack information concerning birth control.
 - b. Embarrassment of purchasing over-the-counter contraceptives or consulting a physician.
 - c. Many think that preparing for sex makes it seem too planned.

***Stress the point that even though all of these methods if used correctly reduce the risk of pregnancy, they do not reduce the risk of STD’s including AIDS. Abstinence is the only 100% effective method for both pregnancy and STD’s.**

RESOURCES

PEOPLE

**Health Department
School Nurse**

PRINTED MATERIALS

**“What Everyone Should Know About Contraception”
Teacher Resource Only**

AUDIOVISUAL MATERIALS

**Contraception Kit
One kit each at CMS and NMS libraries.
Marion Middle and Sugar Grove share a kit. (Kit located at MMS library)**

OBJECTIVE 7.10

The student will explain techniques for preventing and reporting sexual assault and molestation.

Descriptive Statement: Methods of handling assault and molestation, as well as prevention methods, are presented. Emphasis is placed on the importance of avoiding situations which could provide opportunities for molestation and sexual assault, including the homes and cars of acquaintances when no appropriate supervision is available. Students will practice appropriate use of the internet and text messaging. Key terms are defined. Approaches and behaviors, both in person and electronically, used by perpetrators are identified and explained. Community resource for victims of molestation and assault are identified.

CONTENT

- I. Sexual assault and molestation
 - A. Perpetrators(Pedophile) vs. Sexual Abuser
 - B. Statistics of child abuse

- II. Techniques for preventing sexual assault and molestation.
 - A. Prevention of sexual assault
 1. Carry a flash light after dark.
 2. If a car follows you, turn and walk in the opposite direction.
 3. If you walk at night go with companionship.
 4. If someone follows you on foot, cross the street. If necessary go to the nearest house or store.
 5. Be aware of appropriate internet and cell phone use.

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Discuss and define abuse (assault and molestation).
2. Discuss differences between a perpetrator and a sexual abuser
*Note: The perpetrator (Pedophile) may also be a sexual abuser. Perpetrator can be a stranger you met on the internet/social network or someone you know.
3. The majority of sexual abusers are males. Most common is when the step-father or father sexually abuses his daughter or step-daughter. The next most common is the one in which the step-father or father abuses his son or step-son. Third is sibling abuse (brother or sister sexually abuses a younger brother or sister). One of 4 girls and one of 7 boys will be victims of sexual abuse or attack.

1. List on the board methods in preventing sexual assault. Suggest ways to prevent sexual abuse. Talk about the warning signs:
 - a. Try to figure out if there is any schedule or pattern to the abuse.
 - b. Identify ways to avoid your abuser such as: Develop outside interests that keep you away from home at high-risk times.
 - c. Reconsider reporting the abuse.
 - d. Discuss and give examples of appropriate and inappropriate uses of cell phones and Internet social networks (example: Twitter, Facebook, MySpace, email)

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- B. Methods for handling sexual assault
 - 1. More people escape sexual assault by “talking” to buy some time until you can reach safety.
 - 2. Do something to get another person’s attention. (Screaming)
 - 3. If you physically resist, you may have to hurt him. (Kicking him in the groin).
 - 4. If you are sexually assaulted, report it to the police. Do not change clothes or wash.
- C. Methods for preventing molestation
 - 1. Be selective in your peer group surroundings.
 - 2. Avoid being alone in unfamiliar areas.
 - 3. Avoid argument which may lead to violent behavior from another person or group.
- III. Treatment and Community Resources for sexual abuse victims
 - A. Medical Services

 - B. Sex Education

- 2. Review definitions of sexual assault – unwilling participation in sexual activity; and molestation – the act to harm by interference, disturb injuriously, or harass.

- 1. Discuss prevention methods of molestation.
*Note: Make sure they understand difference between assault and molestation. Make a third list of methods of molestation on the board.

- 1. Lecture:
 - a. Medical – follow-up medical services are required if pregnancy or venereal disease has resulted the abuse.

 - b. Sex Ed – children often come from homes where sexuality has never been discussed.

CONTENT

- C. Counseling Services
 - 1. Individual counseling
 - 2. Group
 - 3. Mother/daughter or mother/son counseling
 - 4. Father/daughter or father/son counseling
 - 5. Triad counseling
 - 6. Family counseling

SUGGESTED TEACHING/LEARNING STRATEGIES

- c. Counseling services:
 - (1) Individual – one-on-one talks
 - (2) Group – victims in same category realize they are not alone
 - (3) Mother/daughter or mother/son and
 - (4) Father/daughter or father/son effective counseling and treatment includes both parents.
 - (5) Triad – counseling with the mother, father, & victim together.
 - (6) Family – all members of the immediate family gather together to work on problems that are part of the family.
- 1. Group Discussion:
- 2. How do I report sexual abuse? Why is it necessary to report? What happens after I report? Will my dad lose his job? How will others in my family treat me? Do I have to go for counseling? Can I find a counselor? How long will it take for my family to get back to normal? Will the abuse stop?
- 3. *Possible visit from the local Sheriff's Dept. may be helpful.

RESOURCES

PEOPLE

Smyth County Sheriff's Dept.

PRINTED MATERIALS

**“A Citizen’s Guide to Crime and Drug Abuse Prevention”
(Pamphlet – Teacher hand-out, only)**

Coping with Sexual Abuse. Judith Cooney

**Review of *Code of Virginia* Section 18.2-374.3
Refers to the Use of Communication Systems to Facilitate
Certain Offenses Involving children**

AUDIOVISUAL MATERIALS

OBJECTIVE 7.11

The student will identify causes, symptoms, treatment, prevention, and transmission of sexually transmitted diseases, including AIDS.

Descriptive Statement: Topics include the nature, symptoms, treatment, transmission, and diagnosis of the following diseases in addition to HIV/AIDS: syphilis, gonorrhea, Chlamydia, and genital herpes. In addition, myths are dispelled; for example students learn that one cannot contract a sexually transmitted disease from dirty dishes or clothing. High-risk activities, such as needle-sharing, intravenous drug abuse, are discussed. Community resources for the testing and treatment of sexually transmitted diseases are identified.

CONTENT

- I. Nature, symptoms, treatment and diagnosis of sexually transmitted infections.
 - A. What is an STI?
 - B. Specific STIs
 1. Syphilis
 2. Gonorrhea
 3. Chlamydia
 4. Genital Herpes
 5. AIDS/HIV virus
 6. NGU (non-gonococcal urethritis)

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Refer to Health textbook.
 - a. Define a sexually transmitted disease: an infectious disease transmitted through sexual intercourse or other form of sexual activity. Any one who is sexually active. Reference FLE-SOL #7.6 STIs.
 - b. Specific STIs. Use slides “Sexually Transmitted Diseases”
 - (1) Syphilis – an STI caused by a tiny cork screw-shaped spirochete
 - (a) Symptoms – usually appear 10-90 days after exposure
 - (1) Stage 1 – a painless sore (chancre) appears on the genitals, rectum, lips, or mouth. This disappears in a week or two.
 - (2) Stage 2 – appears weeks or months after Stage 1. A rash spreads all over the body, joints, flu-like symptoms develop.
 - (3) Latest Stage – A period of many years may pass before symptoms of this stage appear. At this time, the impact on a person’s body becomes apparent with damage to the nervous system, brain, and circulatory systems. This can result in heart, and vascular problems, blindness, Insanity, paralysis and death.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- (4) Transmission may occur from a mother to a baby in her uterus, causing a number of serious congenital defects including bone deformities, blindness, and facial disfigurement.
- (b) Diagnosis
 - 1. A blood test called VDRL
- (c) Treatment
 - 1. If detected in the early stages, syphilis is curable using an antibiotic such as Penicillin.
- (2) Gonorrhea – an STI caused by the gonococcus bacteria.
 - (a) Symptoms – usually evident two to nine days after exposure
 - (1) Men
 - (a) Painful urination
 - (b) Uncomfortable, thick, yellow discharge from penis
 - (2) Women
 - (a) Painful urination
 - (b) Uncomfortable, thick, yellow discharge from vagina
 - (c) Pelvic, lower abdominal pain
 - (d) 80% of women have no symptoms until serious complications occur such as pelvic inflammatory disease
 - (3) If left untreated, gonorrhea will result in sterility for both men and women. It will also spread throughout the body affecting the joints and heart valves.
 - (4) Gonorrhea transmitted from a woman's vagina to her infant's eyes during birth can cause blindness in a child. The state of Virginia requires hospital personnel to instill antibiotic eye drops in every newborn infant to prevent such a possibility.
 - (b) Treatment
 - (1) Antibiotic pills
 - (2) Antibiotic injection

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- (3) Chlamydia – The No. 1 STI in the United States. Caused by the bacterium Chlamydia trachomatis. This disease is found most often in sexually active adolescents between the ages of 15 and 19.
 - (a) Symptoms: Usually appear two to three weeks after exposure. 75% do not have symptoms.
 - (1) Men
 - (a) Mild irritation or burning with urination
 - (b) A thin milky or clear discharge from the penis which is most evident in the morning
 - (2) Women
 - (a) Unfortunately most women do not have symptoms
 - (b) Advanced disease results in pelvic inflammatory disease
 - (3) Complications
 - (a) If left untreated, Chlamydia will result in sterility for men and women or even death
 - (b) Chlamydia has been linked with eye inflammation and pneumonia in newborn babies whose mothers have the infection.
 - (b) Diagnosis
Chlamydia Culture
 - (c) Treatment
 - (1) Antibiotics

4. Genital Herpes – caused by the herpes simplex Type 2 virus, which is related to the virus that causes cold sores or fever blisters in or near the mouth.
 - a. Symptoms – usually appear 2-20 days after exposure.
 - (1) Prodrome
 - (a) Tingling, itching sensation appears in the area to be infected
 - (2) Outbreak
 - (a) Tiny clusters of painful fluid-filled blisters on the labia, around the vagina, in the vagina, on a man's penis, around the anus, lower abdomen, thighs
 - (b) Swollen lymph glands, aching muscles, fever
 - (3) During the prodrome as well as when the sores are present, the person with herpes is most likely to infect a sex partner
 - (4) Complications
 - (a) Genital herpes can cause a fatal brain infection in infants born vaginally to mothers who have active cases of genital herpes
 - (b) There is a link between genital genital herpes and cervical cancer.
 - (c) The symptoms do recur, especially when a person's resistance is low due to illness or because of emotional
 - b. Diagnosis
 - (1) Physical exam
 - (2) Pap smear-women
 - c. Treatment
 - (1) There is no cure for genital herpes
 - (2) There are medications (such as Acyclovir) that can alleviate symptoms and shorten or prevent recurrences

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

5. AIDS – Acquired Immune Deficiency Syndrome. Caused by the virus HIV (Human Immunodeficiency Virus) which attacks the body’s immune system. This leaves the body vulnerable to all types of organisms and infections.
 - a. Symptoms
 - (1) Some people carry the virus and have no symptoms. It may take up to 10 years for symptoms to develop.
 - (2) AIDS – The body develops rare and life-threatening conditions such as pneumocystis carinii pneumonia (PCP) or Kaposi sarcoma a rare skin cancer
 6. NGU (non-gonococcal urethritis)
 1. A very common infection that causes swelling and pain of the urethra, the tube that carries urine from the bladder.
 2. Symptoms
 1. Pain when urinating
 2. Clear, watery discharge from the urethra
 3. Females may have no symptoms which result in them not being aware they are infected
 3. Treatment
 1. Can be treated effectively with antibiotics
 2. If left untreated males can develop a swelling of the tube that carries sperm from the testes. Females may experience swelling and gonorrhea. In some extreme cases, women may become sterile.
- Show video: Understanding Aids: What Teens Should Know.
- b. Diagnosis
 - (1) Blood Test – detects exposure to the AIDS virus by noting anti-bodies in the Blood to the virus.
 - c. Transmission
 - (1) Sexual contact
 - (2) Sharing IV Drug Needles
 - (3) Pregnant women giving virus to child while still in uterus or during birth

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- (4) Receiving a blood transfusion.
 - (a) It is important to note that this risk is small because since June of 1985, every unit of blood donated for transfusion is tested for the AIDS virus.
- d. Treatment
 - (1) There is no know cure for the AIDS virus at this time.
- e. Prevention
 - (1) Do not have sex
 - (2) Never use illegal intravenous drugs.
- 1. Definition of terms
 - STI (sexually transmitted infection) any number of diseases that can be transmitted through various forms of sexual contact
 - HIV (human immunodeficiency virus) the scientific name for the AIDS virus
 - AIDS (acquired immune deficiency syndrome) a viral disease which damages the body's immune system, making it susceptible to a wider range of serious diseases.
- 2. Similarities
 - Under certain circumstances anyone can contract HIV/AIDS or an STI. Anyone at risk for STIs is also at risk for HIV.
 - There is a certain amount of social stigma attached to having HIV/AIDS as well as an STI.
 - Both HIV/AIDS and STIs have a carrier (asymptomatic) state during which an infected person may look and feel healthy but still transmit the disease.
 - Both HIV/AIDS and STIs can be prevented.
 - Like STIs, HIV/AIDS is often transmitted through sexual intercourse. A person cannot become infected with either type of disease by casual contact or from cups, toilets, telephones, towels. However, some STIs (genital herpes, trichomoniasis) may be contracted from toilets and by sharing towels.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

III. Myths regarding STD's

1. Nice people don't get STD's
2. Only dirty people get STD's
3. You can get STD's from toilet seats, door knobs, water fountains, etc.

3. Differences

- There is no known cure for HIV/AIDS whereas most STIs can be cured.
- HIV infection may lead to the development of AIDS, which is usually a fatal disease.
- HIV/AIDS gets more attention from the media than other STIs.
- People are more afraid of HIV/AIDS than of STIs.
- Many people who might agree they have a risk for STIs would not consider themselves at risk for HIV/AIDS.
- There is more discrimination involving HIV/AIDS than STIs (e.g. health insurance, life insurance, immigration, laws, etc.).

1. Common myths regarding transmission of STD's are:

MYTH: Nice people don't get STIs
Only dirty people get STIs

TRUTH: The organisms that cause STIs don't pay attention to a person's family background or social position. Anyone who is sexually active can become infected with an STI.

MYTH: You can get STIs from toilet seats, door knobs, water fountains, etc.

TRUTH: Most organisms that cause STIs need a warm, moist place to thrive and do not live long outside the body. As a result you get STIs by having sex, not from toilet seats, etc.

CONTENT

- IV. Community Resources for testing and treatment and HIV/AIDS information
 - A. Private Physician
 - 1. Family Doctor
 - 2. Obstetrician/Gynecologist
 - B. Health Department
 - C. Hospital
 - D. Hotlines
 - E. Others

SUGGESTED TEACHING/LEARNING STRATEGIES

- 1. Discuss with the students that all counseling, testing, and treatments of STIs are confidential.
- 2. Hotlines:
 - a. National AIDS Information Line
1-800-342-AIDS
 - b. STD National Hotline
1-800-227-8922
 - c. VA STD/AIDS Hotline
1-800-533-4148
 - d. Teen AIDS Hotline
1-800-234-TEEN
- 3. Others:
 - a. March of Dimes
 - b. American Red Cross
 - c. Substance Abuse Services (Health Department)
 - d. Support groups for persons living with HIV/AIDS
 - e. College or University health center
 - f. Religious Organizations
 - g. Mental health centers
 - h. Hospices

RESOURCES

PEOPLE

School Nurses

PRINTED MATERIALS

Health textbook.

“What Everyone Should Know About STD’s” -* (pamphlet)

The New Teenage Body Book. McCay and Wibbelsman, M.D.

***Teacher Resource Only**

AUDIOVISUAL MATERIALS

Sex Talk: Parents & Kids Talk About Sex, Love & Responsibility

Sexually Transmitted Infections

**Video – Understanding AIDS: What teens should know, Sunburst
(19 minutes)**

Just Thought You Ought to Know

STDs and Sexual Responsibility

OBJECTIVE 7.12

The student will identify the issues associated with friendships.

Descriptive Statement: The student accomplishes this by identifying characteristics of each type of friendship and be relating these characteristics to changes as one advances through the growth and development process. The student will identify the characteristics of healthy and unhealthy friendships and other relationships.

CONTENT

- I. Friendships
 - A. Identifying types of friendships
 - B. Characteristics of each type
 - C. Coping with rejection
 - Changing friendships

- II. Growth and development process
 - A. Changes (as one advances in age)
 - 1. Puberty
 - 2. Sexual development
 - a. Primary sexual development
 - b. Secondary sexual development
 - 3. Reactions
 - 4. Problems

 - B. Personality and healthy attitudes
 - 1. Responsible behaviors
 - 2. Family as sex educator

SUGGESTED TEACHING/LEARNING STRATEGIES

- 1. Examine meaning of friendship during transition from childhood to adolescence. Explain that friends change and focus on problems that may arise: loyalty, friendships that are outgrown, differing values that cause conflicts, and when a friend is in a life-threatening situation.

- 2. Discuss how to cope with rejection of these changed friendships. Point out losing friends is hard but a part of growing up. Encourage students to discover their strengths and build self-esteem by giving themselves credit for being a good friend.

- 1. Changes that occur during puberty include:
Primary (Refers all the changes that take place in the sex organs. In females this occurs mainly in the uterus, ovaries, and Fallopian tubes. In males this occurs with the penis and testicles. Secondary sexual growth should be discussed. Secondary: refers to changes that identify a person as either male or female. Students "feelings" should be discussed as they undergo changes and growth. Problems should be discussed: menstruation being painful for girls and erections happening for boys.

- 2. Refer to FLE-SOL 7.2

- 1. Describe ways students and parents can be more open in their attitudes toward the subject of sex.

CONTENT

*Note: This SOL can be taught in connection with FLE-SOL 7.13 (Role of peer groups, friendships, and dating).

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Give reasons why students should be given accurate answers to their sex questions. Importance is given to moral and spiritual values that result in responsible behavior. Discuss the fact that sex education is a slow and gradual process that begins at birth and with the family.

RESOURCES

PEOPLE

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

Straight Talk About Self-Image and Identity
Marsh Media DVD
(Use in sex separate classes only)

OBJECTIVE 7.13

The student will realize the role of peers and the peer group during adolescence, and the nature and purpose of dating.

Descriptive Statement: Discussion focuses on the qualities of friendship, the importance of participating in peer groups that encourage the development of positive personal traits, and the nature of dating. Group dating is presented as a positive first step in developing romantic relationships, demonstrating appropriate dating behavior, utilizing positive mental health practices and fulfilling dating responsibilities.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Role of Peers A. Relates to qualities of friendships B. Peer pressure and peer influence	1. Write definition of “peers” – “peers are persons your age.” Definition can be found in the Health textbook. 2. Discuss meaning of friendship (review FLE-SOL 7.12), and the fact that peer friendships sometimes replaces family closeness. 3. Peer pressure is a combination of dares and tall tales. 4. Discuss difference between teenage girls and teenage boys receiving peer pressure. Unlike boys, girls are rarely praised for sexual achievement. 5. Peer influence may be a powerful force – friends brag, stretch the truth, eager to impress friends, and are selfish.
C. Peer groups 1. Positive personal traits 2. Negative personal traits D. Peers reinforce sex roles	1. Read health text which describes both positive and negative traits of peer groups and explain how to deal with negative pressure. 2. Explain that peers reinforce sex-roles in that boys keep boys from acting too much like girls & girls keep girls in line the same way. Summarize: a. What is peer pressure? b. How do negative and positive peer pressure differ? c. What are ways a person can deal with negative peer pressure?

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- II. Nature of Dating
 - A. Single dating
 - B. Group dating
 - C. Appropriate dating behavior
 - D. Dating responsibility

- 1. Group discussion on dating.
- 2. Describe differences between single and group dating.
- 3. Each student may suggest appropriate behavior and responsibilities during dating.
- 4. Discuss going steady, casual dating, and dating styles.

RESOURCES

PEOPLE

PRINTED MATERIALS

Health textbook

AUDIOVISUAL MATERIALS

**Straight Talk About Self-Image and Identity
Marsh Media DVD
(use in sex separate classes only)**

OBJECTIVE 7.14

The student will recognize contributions of various racial and ethnic groups to family life and society.

Descriptive Statement: Topics include the importance of racial and ethnic identity for families and the effects of negative stereotypes on families and individuals. Emphasis is placed on appreciation of racial and ethnic differences.

CONTENT

- I. Racial and Ethnic identity
 - A. Racism

- B. Ethnic group

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Define the word racial/racism. Racism is the belief that members of one or more races are inferior to members of other races. Usually, this attitude also involves the belief that one's own race is superior to other races. People who believe in or practice racism are called racists. Because racists assume they are superior, they believe they deserve special rights and privileges. It should be pointed out that racism is a form of prejudice. When differences are obvious – such as in skin color, shape of eyes, or religious worship – the distrust or fear becomes greater. Such attitudes lead to the belief that people who look or act differently are inferior. Discuss the fact that some people do not look for the same qualities in other races that they admire in their own. They sometimes do not recognize the different but equally good qualities that members of other races possess.
2. Racism in the U.S. has been directed mainly by the white majority against blacks, American Indians, Mexican Americans, Puerto Ricans, and persons of Chinese or Japanese ancestry. These minorities have been discriminated against in such areas as housing, education, and employment.
1. Discuss definitions of ethnic group – a group of people with characteristics in common that distinguishes them from most other people of the same society. Members of an ethnic group have ties of ancestry, culture, language, nationality, race, or religion, or a combination of these things. Ethnic groups have resulted from migrations, wars, slavery, changed political boundaries and other major movements of people.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- C. Minority group
 - 1. Racial minority
 - 2. Ethnic minority
 - 3. Minorities in the U.S.

- 2. In the U.S., the term ethnic group refers especially to nationality groups that have immigrated to America since Chinese, Germans, Greeks, Irish, Italians, Japanese, Jews, Mexicans, and Poles. Other groups include blacks, whose ancestors were brought to the U.S. as slaves; and Native Americans, the American Indian.
- 1. Define Minority group – A group of people who differ in some ways from the principal group of society. They may differ from the principal group – called the dominant group. The dominant group has the greater political & economic power than the minority group.
 - a) The Racial minority – is identified chiefly by one or more distinctive physical characteristics that are shared by members of the group.
 - 1. Type of hair
 - 2. Body structure
 - 3. Shape of the head or noseBlacks are a racial minority in the U.S.
 - b) Ethnic minority – is identified chiefly by distinctive cultural practices.
 - 1. It's language or spoken accent
 - 2. Religion
 - 3. Manner of living is different from that of the dominant group(The Amish people of the U.S. & Canada are an ethnic minority.)

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- II. Stereotyping
 - A. Reference to terms
 - B. Effects on families & individuals
 - C. Prejudice

- c) Minorities in the U.S.
 - 1. African American – largest minority group in U.S.
 - 2. Jews – often fled to the U.S. to avoid persecution, only to meet continued discrimination
 - 3. European immigrants – come from Germany, Italy, Ireland, Great Britain, Poland, Russia, and Austria-Hungary
 - 4. Hispanics – speaking Americans – primarily from Cuba, Mexico, Puerto Rico
 - 5. Asian Americans – include Chinese, Japanese, Filipino, and Vietnamese Groups
 - 6. Native Americans – were driven from their homes by European settlers & were forced to live on reservations
- 1. Reference may be made about the shift of the term “Negro” to the term “African American”. Discussion of how stereotyping certain groups has affected our lives. Why do we stereotype certain groups? Identify those symbols that are common to certain groups.
 - a. How are certain people affected by stereotyping?
 - b. Why does our society stereotype people?
 - c. How does stereotyping affect “us”?
 - d. How can we change prejudice & make things better for minorities?
- 3. Define prejudice – an opinion formed before the facts are known; preconceived, usually unfavorable, ideas, unreasonable bias, hatred or intolerance.
- 4. Appreciation of our parentage should be discussed. We are all Americans and should work together.

RESOURCES

PEOPLE

PRINTED MATERIALS

World Book Encyclopedia

Ethnicity. Glazer and Moynihan (CHS)

AUDIOVISUAL MATERIALS

Straight Talk About Self-Image and Identity

Marsh Media DVD

(Use in sex separate classes only)

OBJECTIVE 7.15

The student will increase his or her ability to listen to different points of view and to accept the rights of others to a differing point of view.

Descriptive Statement: Positive communication skills are developed to enhance relationships and to increase recognition of various points of view existing within families and society.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<p>I. Communication skills</p> <p>A. Speaker</p> <ol style="list-style-type: none">1. Express yourself clearly2. Avoid forcing ideas on others3. Tone of voice <p>B. Listener</p> <ol style="list-style-type: none">1. Look at speaker2. Concentrate on message3. Ask questions4. Keep open mind5. Avoid interruptions <p>C. Body Language</p> <ol style="list-style-type: none">1. Facial expressions2. Body movements3. Posture <p>II. Debate Topics</p> <ol style="list-style-type: none">1. Euthanasia2. Mandatory AIDS testing prior to marriage3. When should a teenager be allowed to date	<ol style="list-style-type: none">1. Discuss situations where each of us has been misunderstood; have students evaluate why this might have happened.2. Stress the likelihood that others will be more inclined to listen to our point of view if we are willing to hear theirs.3. List on board or in notes ways to be an active listener. (refer to health text book). <ol style="list-style-type: none">1. Student will be divided into groups of three. Each group will be a debate team.2. Two teams will be assigned a topic from the debate list.3. They will have to study both points of view. They will not be assigned a point of view until the debate.4. List on board the four debate topics.

RESOURCES

PEOPLE

School Nurse

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS

**Straight Talk About Self-Image and Identity
Marsh Media DVD
(Use in sex separate classes only)**