

EIGHTH GRADE OBJECTIVES

8.1 The student will relate stages of human development to his or her own developmental level.

Descriptive Statement: The student learns that people change as they age according to their developmental level – physically, mentally, and emotionally. Physical development and human anatomy are reviewed. Stages of mental and emotional development are presented in relation to the student’s present developmental level with the goal of increasing his or her self-understanding and self-acceptance – now and in the future. Commonly accepted theories of personal development are presented as they relate to the student’s own development.

8.2 The student will recognize the development of sexuality as an aspect of the total personality.

Descriptive Statement: The primary factor to be presented is the development of one’s own sexual identity.

8.3 The student will become aware of the need to think through decisions and to take responsibility for them.

Descriptive Statement: The impact of present decisions on future opportunities and personal development is stressed. Instruction includes also support skills for the decision-making process – assertive communication, identification of personal conflicts, positive mental health practices, and conflict resolution. Life-long educational, career, and personal development goals are examined in relation to present decisions and to options available to males and females at various stages of their life. Students will discuss the impact of personal information posted on social networking sites such as MySpace, Facebook or Twitter on future goals.

8.4 The student will identify issues associated with friendships.

Descriptive Statement: The student accomplishes this by reviewing the characteristics of appropriate and inappropriate friendships, by discussing the qualities of a good friend, and by relating the characteristics to changes as one continues to advance through the growth and development process.

8.5 The student will recognize the nature of dating during adolescence.

Descriptive Statement: Content includes the need for belonging, love, and affection, and the search for one’s own identity. In addition, students examine the differences between love and infatuation and become aware that one learns about oneself from every relationship, and these experiences prepare one for the challenges and responsibilities of marriage. The student will also recognize warning signs and characteristics of potentially abusive dating relationships and negative mental health practices.

8.6 The student will interpret messages in society related to sexuality.

Descriptive Statement: Students continue to discover and analyze messages about sexuality found in advertising media, music and videos, television, films, the internet, printed materials, and graffiti. Students also determine the impact of these messages on themselves and others and review how to counteract negative effects. Positive alternatives to media immersion are discussed. Students will demonstrate how these messages affect mental health issues related to sexuality.

8.7 The student will describe strategies for saying “No” to premarital sex.

Descriptive Statement: The emphasis is on strengthening self-confidence and reinforcing assertive skills and decision-making skills. Students learn why and how to say “no” to premarital sexual relations and to situations that challenge their own values, how to manage peer pressure, and how to manage their own sexual feelings.

8.8 The student will develop the coping skills needed to deal with stress.

Descriptive Statement: Students identify possible sources of stress (for example, parental, peer, and school pressures; teenage pregnancy; and fear of HIV/AIDS); and the positive and negative ways in which individuals deal with these sources of stress. The point is made, however, that stress cannot be avoided and that it is not all negative. Information is provided to counteract negative approaches to dealing with stress, such as alcohol, drugs, and suicide. Students learn positive physical and mental techniques for coping with stress (for example, exercise and sports, creative arts, religious and youth groups, and career-development and life-management activities).

8.9 The student will identify the stresses related to changing relationships in the home, school, and community.

Descriptive Statement: Emphasis is placed on the grief and adjustment processes associated with loss or change resulting from such circumstances as illness, a disabling condition, death, separation, divorce, loss of friendship, loss of income, or coping with substance abuse. The point is made, however, that changes may bring new opportunities to form friendships and to engage in new activities; that some relationships contain normal amounts of stress, especially in adolescents; and that stress is usually only temporary. The student will utilize positive mental health practices in stress management.

8.10 The student will analyze the issues related to teenage pregnancy.

Descriptive Statement: The physical, social, emotional, legal, financial, educational, psychological and nutritional implications of teenage pregnancy are discussed. The roles of and impact on the teenage mother and father are identified.

***8.11 The student will review facts about pregnancy prevention and disease control.**

Descriptive Statement: Methods of contraception are analyzed in terms of their effectiveness in preventing pregnancy and the spread of disease. Abstinence is emphasized as the only method that is 100% effective in preventing pregnancy and the most effective method of minimizing the possibilities of contracting sexually transmitted disease.

8.12 The student will describe the effects of alcohol and drug abuse on families and peer relationships.

Descriptive Statement: The effects of substance abuse on judgment within the peer group in terms of social and sexual behavior are analyzed. The effects of such abuse within the family also are emphasized, including family and sexual violence.

- 8.13 The student will identify the effects and prevention of sexual assault, rape (including date rape), incestuous behavior, and molestation.**
Descriptive Statement: Content includes developing assertive skills, resolving conflict, avoiding risk situations and saying “no.” Characteristics of dating violence, electronic harassment, and abusive relationships will be discussed. Information on referral services and legal implications are also provided.
- 8.14 The student will recall the ways in which the AIDS virus is transmitted, and techniques for preventing this disease.**
Descriptive Statement: This involves describing behaviors, including homosexuality, that put one at risk; dispelling myths regarding the transmission of the disease; and stressing abstinence and rejection of the use of illegal, intravenous drugs. The use of condoms in preventing the spread of HIV/AIDS is discussed.
- 8.15 This objective will explain how a healthy immune system functions and what happens when the immune system is invaded by HIV.**
- 8.16 The student will review sexual and nonsexual high-risk behaviors and steps to take to reduce these risks.**
- 8.17 The student will discuss the responsibility of the media in giving accurate information about HIV/AIDS.**

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

OBJECTIVE 8.1

The student will relate stages of human development to his or her own developmental level.

Descriptive Statement: The student learns that people change as they age according to their developmental level – physically, mentally, and emotionally. Physical development and human anatomy are reviewed. Stages of mental and emotional development are presented in relation to the student’s present developmental level with the goal of increasing his or her self-understanding and self-acceptance – now and in the future. Commonly accepted theories of personal development are presented as they relate to the student’s own development.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Development Levels of Human Growth and Generalizations	
A. Physical Development	1. Define physical development as body development which can be seen or heard such as growth spurts, hair growth, voice change.
B. Mental Development	1. Define mental development as maturity that involves learning knowledge and then using that knowledge to work through a problem.
C. Emotional Development	1. Define emotional development as being able to handle and understand one’s own feelings. List characteristics of an emotionally mature person.
D. Generalizations	1. Discuss the following generalizations concerning human development: a. Everyone is an individual. b. Everyone goes through all the stages of human development. c. Everyone goes through the stages according to his or her developmental level. d. Everyone is worth understanding.
II. Identification of Stages of Human Development	
A. Prenatal Stage	1. Students should recognize symptoms of pregnancy. Watch video “ <u>Fetal Development</u> ” Sunburst visual Media.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

B. Infancy (Birth – 1 year)

2. Students should trace the prenatal development from the moment of conception through delivery. Use Life Unto Life.
3. Discuss the importance of good prenatal care.
4. Direct students to identify problems of pregnancy.
5. Present a bulletin board entitled, “Parenting Is . . .”
6. Invite new parents to be on a panel to answer questions about becoming a new parent.

Stage One:

1. In the first year of life, one of the child’s main tasks is that of developing trust. If the child’s needs are met promptly and lovingly, he or she learns to regard the world as being a safe place and people as being dependable. If a child’s needs are inadequately met or rejected, he or she learns to be fearful of the world and people.
2. Direct students to list ways an infant is (totally) dependent on others.
3. Discuss ways babies communicate.

Stage 2:

C. Early Childhood Autonomy vs. Shame & Doubt (2 year – 3 year)

1. During the second and third years of life, the child develops new physical and mental skills. He or she learns to walk, climb, push and pull, and talk.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

D. Childhood
Initiative vs. guilt
(4 years – 5 years)

2. The child begins to gain control over the elimination of body wastes. The child is proud of these accomplishments and personally tries to do as many things as possible. The crisis that now arises stems from the growing desire for independence.
3. If parents accept this need for the child's doing whatever he or she is capable of, then the child will develop a sense of autonomy, the confidence that one can control one's own body, impulses, and environment. But if parents insist on doing everything for the child, or are critical when the child attempts things and fails, then the child will develop doubts about his or her abilities.
4. Ask students to discuss how parents are too strict.

Stage Three:

1. During the fourth and fifth years of life, physical capacities develop to the point where the child can initiate play activities rather than merely follow other children. Children often engage in playacting, imagining themselves in a variety of adult roles. They also begin to ask questions, a sign of intellectual initiative.

CONTENT

- E. Late Childhood
Industry vs. Inferiority
(6 years – 11 years)

SUGGESTED TEACHING/LEARNING STRATEGIES

2. If parents respect these efforts, the child's sense of initiative will be enhanced. If, however, the child is made to think that these activities are wrong or that the questions are a nuisance, he or she is likely to develop a sense of guilt about self-initiated activities.

Stage Four:

1. Between the ages of 6 and 11, the child experiences a new socialization experience—school. As children at this age begin to acquire new skills they are also developing a sense of industry. They begin to make things – mud pies, cookies, kites, etc. The child's sense of industry is reinforced if parents and teachers praise and reward these creative endeavors. But if the adults scold the child for making a mess or getting in the way, feelings of inferiority may develop.
2. Ask students to write a short paragraph of 100 words or less describing a time during their early school years that was humiliating or embarrassing to them. Discuss how their peers reactions affected them.
3. Define Puberty: A time of growth between childhood and adulthood when a person experiences changes in the body physically and emotionally.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

5. List on the board the physical changes during puberty.

Females:

Growth Spurt occurs
No change in hairline
Acne appears
Permanent teeth all in
Axillary (underarm) hair appears
Perspiration increases
Breasts develop
Waistline narrows
Hips widen
Uterus and ovaries enlarge
Ovulation occurs
Menstruation begins
Pubic hair appears
External genital enlarge
Long bone growth stops

Males:

Growth spurt occurs
Hairline recession begins
Acne appears
Facial hair appears
Permanent teeth all in
Larynx enlarges, voice deepens
Shoulders broaden
Axillary hair appears
Perspiration increases
Muscles develop
Some breast enlargement may occur
Pubic hair appears
External genitals enlarge
First ejaculation (wet dreams) occur
Sperm production begins
Long bone growth stops

CONTENT

- F. Adolescence
Identity vs. Role Confusion
(12 years – 18 years)

SUGGESTED TEACHING/LEARNING STRATEGIES

Stage Five:

1. People in the adolescent years, ages 12 to 18, are primarily concerned with the question of who they are. No longer young children, but not yet adults, adolescents are searching for a sense of identity, trying to find a continuity between what they have learned and experienced as children and what they are learning and experiencing as adolescents.
2. At this stage of their lives, they are much involved with peer groups. By assembling all of the images of themselves that they have acquired as a son or daughter, student, worker, and friend, adolescents arrive at a role identity – a sense of not only who they are, but of where they are going as adults.
3. However, if childhood produced feelings of mistrust, guilt, and inferiority, role confusion may result. An adolescent will have difficulty in attaining a clear sense of identity.
4. Define peer pressure: When your peers (people your own age) try to influence how you think or act.
5. Ask students to list examples of positive peer pressure: examples participation in school activities (sports, band, etc.); achieve goals (good grades, good job, etc.); keep your body healthy.
6. Ask students to list examples of negative peer pressure: examples: alcohol and drugs; skip school or classes; have sex; shoplift; vandalize property; disobey parents; pick on other kids.
7. Discuss how to say “No” to negative peer pressure. Role-play situations.

CONTENT

G. Young Adulthood
Intimacy vs. Isolation

H. Middle Age
Generativity vs. Self-Absorption

I. Advanced Age
Integrity vs. Despair

SUGGESTED TEACHING/LEARNING STRATEGIES

Stage Six:

1. The crisis that confronts the young adult comes from efforts to share with, and care about, another person if people are unsure of themselves, they will probably feel threatened by a close relationship. If fear of intimacy is greater than one's need for it, loneliness and isolation are likely to take over.

Stage Seven:

1. In middle age a person can achieve satisfaction, whether a parent or not, by helping young people. Being concerned about the well being of the young will work to improve society. Helping the young work and grow to be productive members of society can help middle age adults achieve gratification.

Stage Eight:

1. Life is a reflection of positive and negative experiences. Use positive experiences to overcome the negative and don't dwell on things you can't change.
2. Discuss characteristics of the elderly.

RESOURCES

PEOPLE

**Community Parents
School Nurse**

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

Fetal Development: A Nine Month Journey

OBJECTIVE 8.2

The student will recognize the development of sexuality as an aspect of the total personality.

Descriptive Statement: The primary factor to be presented is the development of one's own sexual identity.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Identification of the internal and external qualities and behaviors that make up the total person.	
A. Exploring selfhood	1. Discuss significant events and how they affected student's lives.
B. Forming of "self"	2. Analyze how others can cause a negative self-image (name-calling, ethnic jokes, sexist statements, personal "put-downs," etc.). Relate these to the development of self-esteem.
C. Receiving and interpreting of information	3. Discuss self-image, body image, and public image. Ask students to relate their earliest recollections about family, pets, grandparents, and how these early experiences enhanced their feelings about themselves.
D. Understanding of behavior	4. Explain that behavior is a response to a stimulus that occurs through trial and error, conditioning, associative learning, secondary conditioning, or forming habits. Provide a list of behaviors to students. Discuss personal behavior and related stimulus.
E. Projecting personality: What others see and hear	5. Have students discuss situations brought on by different behavior and personality. Discuss how behavior could be changed. 6. Discuss emotions such as sadness, anger, happiness, etc. Discuss how people differ in expressing emotions.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

II. Development of human growth concepts and individual differences

A. Heredity

1. Beginning of the living cell
2. Basic units of heredity
 - a. Genes
 - b. Chromosomes
 - c. DNA
3. Biological clock

B. Sexual Identity

1. Sameness and differences in sexual development
2. Puberty
3. Inherited traits

C. Human life cycle-development patterns

1. Introduce human sexuality development concepts from point of view of heredity by asking students to provide information about families' inherited physical traits such as the genetic shuffle of brown and blue eyes, body shape, hormones, etc.
2. Discuss the human life cycle and myths about males' and females' roles, sexist attitudes, aggression of sexes, maintaining high self-esteem, and acceptance of individual differences in all people.
3. Review the life cycle growth stages and have students to identify their present stage of growth.

RESOURCES

PEOPLE

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

OBJECTIVE 8.3

The student will become aware of the need to think through decisions and to take responsibility for them.

Descriptive Statement: The impact of present decisions on future opportunities and personal development is stressed. Instruction includes also support skills for the decision-making process – assertive communication, identification of personal conflicts, positive mental health practices, and conflict resolution. Life-long educational, career, and personal development goals are examined in relation to present decisions and to options available to males and females at various stages of their life. Students will discuss the impact of personal information posted on social networking sites such as MySpace, Facebook or Twitter on future goals.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

I. Why I Act the Way I Do

- A. Physical needs -
Needs the body needs to stay alive
- B. Emotional needs -
Are those that affect one's feelings about
One-self.

- 1. During your teenage years you grow and change in many ways. You form new friendships and try out new ways of getting along with other people. As with any new experience the change that occur during your teenage years can be exciting and rewarding but can also be troubling.
 - a. Food, water, shelter, warmth, rest, sleep
- 1. Feeling safe, loved, accepted, having a sense of belonging and self-esteem.
 - a. Many emotional needs are satisfied through relationships with friends and family members.

II. Relationship with your family

- 1. Care
- 2. Society
- 3. Love
- 4. Rules

- 1. Family relationships are among the most important you will ever have. Since birth the family helps both physical and emotional needs. As you gain independence, your relationship with your family may change but you still depend on them. You need their love in difficult times. You need them to show that they care. One way, they set limits on what we can do.
 - a. Now that you're older more responsibility will be put on you – by being responsible you can show how your family can handle being independent.
 - b. By the end of teen years you no longer need your family to meet your physical needs but are very important in meeting your emotional needs.
 - c. Your relationship with family will provide support you need to help you develop relationships with others.

CONTENT

- III. Decisions
- IV. Problem-Solving Skills

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Introduce the idea that problem-solving and decision making are skills.
1. Review the steps in the problem-solving process. Stress the idea that problem-solving and decision-making are skills and must be learned and practiced to be developed.
 - a. Clearly identify the problem
 1. The most important step and the most difficult step
 2. Make sure the problem is well defined
 - b. Identify all your possible choices
 1. Picture what the situation would look like if the problem was solved
 2. What choices do you have?
Think of as many as possible
 3. Ask input from parents or other adults
 - c. Consider and evaluate the consequences of each choice
 1. "What will happen if I? . . ."
 2. Aim is to examine all parts of the problem and the possible solutions.
 - a. Will the alternative you are considering solve the problem or just temporarily ease it?
 - b. How will other important people be affected?
 - d. Select the best choice and act
 1. This means that you know and accept the consequences of your actions.
 - e. Evaluate the results of your choice
 1. Did your actions solve the problem or create a new problem? What did you learn?
2. Discuss with the students that it is important to remember that you are the one responsible for your choice. If you have examined the consequences before deciding, you should not have a list of excuses when someone asks about your actions.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

V. Goal-Setting

Video – “Making Responsible Choices”, Sunburst Visual Media.

1. Much like problem-solving, goal-setting is a skill. It involves a process that gives you some direction with in which to work.
 - a. Decide on one thing in which you want to work.
 1. Make your goal realistic, something you can attain
 - b. List what you will do to reach your goal
 1. Identify others who can help you and support your efforts
 - c. Give yourself an identified period of time to reach your goal
 1. Build in several checkpoints to evaluate how you are doing
 - d. State a reward for yourself for achieving your goal.

VI. Discuss the long-term effects of posting personal information on any social networking site.

1. Review Objective 6.8
2. Review *Code of Virginia*, Section 18.2-374.3, covered in Objective 7.7

RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

Code of Virginia Section 18.2-374.3

AUDIOVISUAL MATERIALS

Making Responsible Choices – Sunburst Media

Building Good Relationships – Part 4

OBJECTIVE 8.4

The student will identify issues associated with friendships.

Descriptive Statement: The student accomplishes this by reviewing the characteristics of appropriate and inappropriate friendships, by discussing the qualities of a good friend, and by relating the characteristics to changes as one continues to advance through the growth and development process.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Define the term friend. Note and discuss common terms and phrases cited by students.	1. Discuss friends and friendship with students. Note common characteristics.
A. Define friend.	1. Part of growing older is forming close relationships with/friends.
II. Your Relationships with Friends	a. These relationships help you satisfy your emotional needs.
A. Emotional needs w/friends	b. Friends give you a sense of belonging to a group.
B. Belonging	c. With friends you share interest and activities.
C. Shared interest	d. Share problems/worries.
D. Shared problem	e. Share thoughts, feelings, learning more about each other. Putting your thoughts and feelings into words can help you learn more about yourself.
E. Thoughts; feelings	2. Understanding yourself and others helps you build strong and lasting friendships throughout your life.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

III. Identify changes in friendships.

A. Early friendships

B. Future friendships

C. Interest Change

1. Discuss student's earliest friendships.

1. Discuss with students what causes changes in their friendships. Point out that changes in their lives cause changes in their relationships. Friendships are based on common interests. As people grow, they develop new and different interests which may cause old friendships to grow apart. (Ask students if they can remember a change in interests causing a friendship to break apart.) Make students aware that this is no one's fault. Ask students why changes occur during the teen years. Discuss this question. How do extracurricular activities play a role in shaping friendships?

1. New ideas of what's important.
a. You and your friend's don't always change at the same time.
b. You notice that you don't have much in common.
c. You feel disappointed when your best friend drifts apart as you form new interests you will find new friends to share with.

RESOURCES

PEOPLE

PRINTED MATERIALS

Health textbook

AUDIOVISUAL MATERIALS

OBJECTIVE 8.5

The student will recognize the nature of dating during adolescence.

Descriptive Statement: Content includes the need for belonging, love, and affection, and the search for one's own identity. In addition, students examine the differences between love and infatuation and become aware that one learns about oneself from every relationship and these experiences prepare one for the challenges and responsibilities of marriage. The student will also recognize *warning signs and characteristics* of potentially abusive dating relationships and negative mental health practices.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Students will identify emotions involved with dating. A. Examine love.	1. Discuss different types of love with students: a. Parents love b. Friends love c. Self love 2. Each type of love we experience is a learning process. Love is not automatic. You must learn to love. Discuss this factor with them as it involves their current relationships. Love usually does not begin and end quickly. It grows over a period of time as you get to know each other. 3. Explore the challenges and responsibilities of marriage. (Refer to Objective 7.7)
B. Examine infatuation	1. Ask students how often their boy and girlfriends change. Could it be love or infatuation? 2. Explain to students that infatuation occurs very quickly and often ends the same way. Most often teens become infatuated with each other because they aren't mature enough to be "in love". 3. Infatuation may cause the same feelings as love, but usually these feelings are based on your own needs instead of the other persons. This is a big factor in determining love and infatuation.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

II. Students will identify reasons for and aspects of dating.

A. Identify reasons for dating

B. Identify aspects of dating

1. Discuss textbook reasons which include:
 - a. A way of breaking away from family and identifying yourself as an independent person.
 - b. Relationships provide you with feelings that you're fun, beautiful, belong, loving, etc.
 - c. Recreation – provides something to do.
 - d. First step toward developing social skills and building relations.
 - e. Social sorting.

1. Discuss decisions of dating
 - a. Where to go
 - b. How to get there
 - c. Times to be picked up & to be home
 - d. How much money is involved

Sunburst Visual Media Video "Relationships-Dating, Sex & Trouble"

RESOURCES

PEOPLE

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

Relationships: Dating, Sex and Trouble – Sunburst Media

OBJECTIVE 8.6

The student will interpret messages in society related to sexuality.

Descriptive Statement: Students continue to discover and analyze messages about sexuality found in advertising media, music and videos, television, films, the internet, printed materials, and graffiti. Students also determine the impact of these messages on themselves and others and review how to counteract negative effects. Positive alternatives to media immersion are discussed. Students will demonstrate how these messages affect mental health issues related to sexuality.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- I. Students will cite ways messages in society are related to sexuality.
 - A. Recognize sexuality in advertising
 - B. Sexuality in videos, TV, internet and films
 - C. Effects of sexuality in society.
 - D. Counter sexuality in society

- 1. Ask students for examples of sexuality they see in ads. Discuss these. Does it work?
- 1. Discuss what they see on TV, internet or films daily. Why do we use it?
- 1. Have an open mind & remember TV isn't real.
- 2. Find hobbies and activities that don't include TV, videos or internet.

RESOURCES

PEOPLE

PRINTED MATERIALS

Magazines and Newspapers

AUDIOVISUAL MATERIALS

Use tape including segments from various television programs

Straight Talk About Sex, Gender, and Media

OBJECTIVE 8.7

The student will describe strategies for saying “No” to premarital sex.

Descriptive Statement: The emphasis is on strengthening self-confidence and reinforcing assertive skills and decision-making skills. Students learn why and how to say “no” to premarital sexual relations and to situations that challenge their own values, how to manage peer pressure, and how to manage their own sexual feelings.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

I. Identification of one’s own values and the values of others.

1. Define values as ideals which you consider most important in your life. Direct students to compile a list of their values and number them according to priority.

II. Development of one’s self-image or self-esteem.

2. Define a good self-image, using health text book.

3. Direct students to name three ways to think about themselves in a positive manner. Lead students to understand that the ability to identify weaknesses is a positive trait. Direct students to identify other examples of negative thinking and suggest ways they can be changed to positive thinking.

III. Development of assertive skills and decision-making skills

1. Point out that many people do not realize that they have choices when they need to make a decision. Ask volunteers to name some difficult decisions they have made or need to make.

2. Discuss with the students that there are important decisions that they should begin to consider now so they won’t feel pressure later on. For example:

a. Your career: How important is school to pursuing your career goals. How well will you have to do in school to find a job you’ll enjoy and that pays the salary you want.

b. Being popular: How much do you want to be like other people? Do you have values that you won’t change regardless of what others do? Or are you willing to pay a price to be “in” with the crowd?

c. Dating: What kind of sexual behavior will you adopt?

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Ask the students: Why do teenagers have premarital sex? List their answers on the board. Discuss each answer. Some answers might include:
 1. No decision
 2. No advice
 3. Troubled
 4. Unhappy
 5. Feel good
 6. Popularity
 7. Independence
 8. Curiosity
 9. Peer pressure
 10. Self pressure

4. Ask students to list reasons why a person should wait until they are married to have sex. Discuss each answer. Some of them may include:
 1. No ready
 2. Moral and religious reasons
 3. Parents values
 4. Health
 5. Reputation
 6. No right person
 7. To avoid regret

5. Stress to the students that for most young adolescents, intercourse adds stress and worry to a relationship. Sometimes “I love you” really means “I want sex.” Real love indicates genuine concern for the needs and feelings of another person, and showing that love with actions. It’s quite possible to be strongly attracted to a person physically without feeling any love or tenderness. However, sex without love is incomplete. Sex combined with love in marriage is the most rewarding combination of all.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

6. Discuss with the students: Communication means to get your thoughts and emotions over to the other person. Communication means to say what you really mean. Why do you think a young girl might hesitate to say what she's really thinking when with a sexually aggressive boy? Give reasons for your answers.
7. The big difference between aggressive and assertive statements is whether the speaker thinks the offender has a dangerous or offensive plan in mind. When someone upsets you with words or actions, is your immediate reaction aggressive ("You're a dirty so and so") or assertive ("That upsets me, please don't")? That is, do you tend to defend yourself (assertive), or to condemn the other person (aggressive)?
8. Are you satisfied with the way that you react to pressure situations? For example, would you rather be less aggressive and more assertive? If yes, what changes would you have to make in yourself to achieve that goal? Would you expect the change to be difficult or easy? Give reasons for your answer.
9. Guidelines for handling "pressure situations":
 - a. Find out what's really going on
 1. Consider the situation
 - a. Where you are
 - b. Who you're with
 - c. What they're doing
 - d. How they're doing
 - e. How you feel about what's happening.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

10. Being nervous in social situations is normal. Being very nervous or scared is your body's way of warning you that trouble may lie ahead.
 - b. Trust your senses
 1. Your eyes and ears can usually tell you what's going on. Trust them.
 2. Once you've figured out what's really going on, ask yourself: "Will I be pressured to do something I don't want to do?"
11. Think About The Consequences
 - a. How will you feel about yourself tomorrow? Will you feel good about your decision?
 - b. Could you get in trouble with your friends?
 - c. Could you be harming your health?
 - d. Will people who care about you be disappointed in your decision?
 - e. What are all the positive consequences that could result?
 - f. What are all the negative consequences that could result?
12. Make your own decision
This means deciding what's right for you.
Base your decision on:
 - a. The Possible Consequences
 1. Do the positive consequences outweigh the negative ones?
 2. Don't assume that nothing will happen to you.
 3. Whatever you decide, you must be willing to face up to all the possible consequences.
 - b. The effect on your self-esteem
Your decision may affect other people – your parents, brothers and sisters, friends, etc. But the one person who your decision will definitely affect is you – and the way you feel about yourself.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- b. If you continued to be pressured, you can say:
 1. “NO, please don’t ask me again.”
 2. “I already said, “NO.” Why are you still bugging me?”
 3. “I’ve got to go.” Then, just walk away.
- c. Here are some ways you can say “NO” to sex:
 1. “No, please respect my wishes.”
 2. “I’m not ready to have sex.”
 3. “I don’t believe in sex before marriage.”
 4. “If everybody’s doing it, you shouldn’t have any problem finding someone who will.”
 5. “If you love me, you won’t ask me to do something I don’t want to do.”
 6. “NO!”

RESOURCES

PEOPLE

PRINTED MATERIALS

Health text book

AUDIOVISUAL MATERIALS

It Only Takes Once - Video

OBJECTIVE 8.8

The student will develop the coping skills needed to deal with stress.

Descriptive Statement: Students identify possible sources of stress (for example, parental, peer, and school pressures; teenage pregnancy; and fear of HIV/AIDS); and the positive and negative ways in which individuals deal with these sources of stress. The point is made, however, that stress cannot be avoided and that it is not all negative. Information is provided to counteract negative approaches to dealing with stress, such as alcohol, drugs, and suicide. Students learn positive physical and mental techniques for coping with stress (for example, exercise and sports, creative arts, religious and youth groups, and career-development and life-management activities).

<u>CONTENT</u>		<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>	
I.	Characteristics of people with good and bad mental health.	1.	Brainstorm: What is Mental Health Pre-test: Self evaluation on our mental health.
	A. Good Mental Health	2.	Define “Good Mental Health”. Give three examples: 1. Feels good about self 2. Feels good about others 3. Meets demands of life
	B. Bad Mental Health	3.	Define “Bad Mental Health”. Give four examples: 1. Depression 2. Negative outlook on life 3. Can’t get along with others 4. Doesn’t like self
II.	Dealing with stress How stress affects our life	1.	Stress is a part of everyday life.
	A. What is stress?	2.	Define stress – body’s reaction to demands put upon it or is the body’s reaction to a demanding situation.
	B. Pleasant	3.	Examples: pleasant – competition, running a race. The body pumps up for it. Define pleasant: makes you aware of surroundings and can help them achieve peak performances or respond quickly in an emergency.
	C. Unpleasant	4.	Activity: Student can write and act out commercials that promote <u>negative-positive</u> health behavior.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- III. Causes of stress
 - A. Physical stress
 - B. Emotional stress

- IV. Ways to deal with stress
 - A. Positive
 - B. Negative

- V. The relationship between stress, exercise, fatigue
 - A. Define fatigue

- 5. Ways a person can help cope with depression (video-taped). The body responds the same way whether the events are pleasant or unpleasant.
- 1. Discuss how each of these causes physical stress: hunger, thirst, fatigue, noise, air pollution, physical activities
Emotional stress:
Death, divorce, failing test, moving, trips
- 1. Make a list and discuss positive ways to deal with stress: exercise, art, religious activities, youth groups, career development, and life management activities

Negative ways:
Drugs, alcohol, smoking, suicide, withdrawal inward
- 2. Work Sheet – Coping with stress
- 3. Activity – Stress Diary – Personal
- 4. Guest Speaker: Teen and Stress
- 5. Scrabble practice for Voc.
- 6. Work Sheet: Voc. Stress and Fatigue
- 1. Fatigue: is an unpleasant feeling of tiredness and lack of energy. Fatigue is caused by stress or any force or influence that is upsetting or that makes your body work harder than usual.

Your body can handle mild stress without fatigue. Sometimes you may be under so much stress that your body can no longer function well. Before any damage can be done to your body, a feeling of fatigue lets you know that your body cannot continue working at its present pace. Rest helps your body stay strong and healthy.

CONTENT

B. Physical Fatigue and Stress

C. How to avoid physical fatigue

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Brainstorm: 1. How many of you often feel tired after exercising? (Fatigue) 2. Tired after studying: being bored, nervous, angry (emotional fatigue)

Fatigue is any force that strains your body.

1. Exercise

- a. Exercise your muscle system, skeletal system, cardiovascular system.
- b. When you exercise too hard and don't allow your body to recover you become fatigued.
- c. Physical fatigue is a feeling of tiredness caused by too much physical stress.
- d. Wastes builds up in the muscles faster than your blood can rid them. Muscles become tired, sore, stiff.

1. Ways to avoid physical fatigue

- a. Exercise only: To a comfortable limit – in regular exercising you learn how to tell the difference between enough and too much.
- b. Before exercising stretching helps blood circulation, prevents sore muscles.
- c. Adequate rest – for body recovery
- d. Good nutrition – for energy

2. School

Class group projects – A par course

Running path with marked exercises

Brainstorm: Situation that could be both

A physical and mental source of stress.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

<p>D. What is emotional stress?</p>	<p>1. Emotional stress is any influence that a person finds mentally or emotionally upsetting.</p> <p>Example of Emotional Stress: Worry, concerns, nervousness, anger, boredom, frustration, grief, fear, love, excitement.</p> <p>Such feelings may cause you to feel tired To be in a bad mood This reaction is called emotional fatigue.</p>
<p>E. Emotional fatigue</p>	<p>1. Emotional Fatigue can also result from stress of long hours of work</p> <p>Overcoming Emotional Fatigue – do something different, run, walk, and cook. Then go back to the task.</p> <p>Research shows that regular exercise can help you avoid emotional fatigue by reducing emotional stress.</p>
<p>F. Tips for fighting emotional stress</p>	<p>1. Stretch whole body Circular motions Deep Breaths Soak in warm water</p>
<p>VI. What happens when you experience stress?</p>	<p>1. Brainstorm: Imagine stressful situation. Anna has been studying all day in the library. It's now 7:00 evening. Rather than going to Franks party as planned, she wants to go home to bed. "What has happened to Anna?" "Emotional Fatigue" caused by stress of studying to long. What should she do? Tips to relieve tension. How can she avoid this problem next time she studies? Study in intervals.</p>

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

A. Body changes

- a. Brain sends signals thru the body
 - Heart beats faster
 - You take more breaths of air
 - Your adrenal glands increase adrenaline

B. Adrenaline

- b. Hormone that causes your liver to release sugar into the blood stream
 - sugar gives you more energy

- c. Muscles tightens, mouth dry, sweaty hands

These body changes can help you deal with stress (competition)

C. Eustress

- c. Is stress that improves how your body works. It makes you perform well. These body changes that occur when you are about to start a race.

D. Distress

- d. Is it stress that produces harmful body changes.

Death, illness, disappointments
At this time the body doesn't need these reactions.

If the body continues to work harder sleep is affected. The body becomes worn down – then illness occurs.

E. Disease

- e. Distress and disease connection
When you have distress, you are not at ease with yourself.

Your changes of developing diseases are increased.

Distress may lead to disease such as

- heart disease, high blood pressure
- immune system weakens
- stress over along period of time has linked to cancer

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

<p>F. What to do about distress</p>	<p>f. 7 Steps for Problem Solving</p> <ol style="list-style-type: none">1. Be aware – when things aren't going well for you2. Try to describe your feelings – what is causing the distress3. Think of possible solutions to the cause of your distress4. Evaluate each solution – advantages and disadvantages5. Decide which of the solutions seem to be the best. Which will help you relieve your distress?6. Try it. It's better to do something about easing the distress than do to nothing.7. After you have tried to work out your problem examine the results – Ask your self if you are happy
<p>VII. How can you work out stressful situations? By yourself; as well as with others.</p> <p>A. Dealing wit stressful situations without help</p> <p>B. Help from others</p>	<p>1. Do something different. Look for ways to help others List all things you do well Rest Balanced Meal Exercise Appearance</p> <p>Others encourage you to talk about the distress you feel.</p> <p>2. Ask each student to interview someone from another class about a stressful situation that he or she has experienced. Report back to class the causes of stress.</p> <ol style="list-style-type: none">a. listeningb. showing love and concernc. familyd. close friende. teacherf. counselors – code of ethicsg. psychologist – code of ethics

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

VIII. Too much stress can lead to suicide

A. What is suicide?

B. Signs of suicide

C. If you suspect suicide what do you do?

1. Enrichment – Direct interested students to locate books or articles that focus on the common causes of stress for teens.
2. Speaker – suicide
3. Suicide is taking ones own life
 - a. Most young people who attempt suicide do not want to die it’s a cry for help
 - b. The attempts may end up in death, injury, permanent disability
 - c. Suicide is the leading cause of death in young people
4. Indicators of suicidal tendencies
 - a. drastic change in personality
 - b. withdrawal from family and other people
 - c. no interest in personal appearance
 - d. loss of interest in school work
 - e. difficulty getting along with others
 - f. chemical substances
 - g. change in sleeping and eating habits
 - h. giving away valued possessions
 - i. talking about getting even with parents
 - j. talking about suicide
 - k. asking questions about death
5. Methods of prevention
 - a. Trust your own judgment
 - b. Do not pretend you might be wrong
 - c. Act on beliefs
 - d. Tell someone quickly
 - e. Don’t worry about keeping your friends secret
 - f. Stay with your friend
 - g. Listen and be sympathetic
 - h. Help friend feel worthwhile

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- i. Get professional help
- j. All suicides can be prevented. There are always ways to work through difficult times.

RESOURCES

PEOPLE

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

OBJECTIVE 8.9

The student will identify the stresses related to changing relationships in the home, school, and community.

Descriptive Statement: Emphasis is placed on the grief and adjustment processes associated with loss or change resulting from such circumstances as illness, a disabling condition, death, separation, divorce, loss of friendship, loss of income, or coping with substance abuse. The point is made, however, that changes may bring new opportunities to form friendships and to engage in new activities; that some relationships contain normal amounts of stress, especially in adolescents; and that stress is usually only temporary. The student will utilize positive mental health practices in stress management.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Main cause of stress is change	1. Identify main causes of family stress
A. Personal loss	a. Sudden or disagreeable change. Too many or drastic changes often result in harmful tension.
B. Illness/injury	b. Death of a loved one, loss of friends when moving; separation or divorce. All can cause depression.
C. Changes in lifestyle	c. A major illness or accidental injury puts great stress on both patient and family.
D. Job changes	d. A sudden financial gain or big promotion is a happy event – but can create anxiety.
E. Money problems	e. Trouble at work, getting fired or taking a new job may result in anxiety.
F. Family changes	f. Budget troubles, large debts, loss of income, etc. can create stress for the whole family.
G. Retirement	g. Changes at home caused by pregnancy, family responsibilities.
II. Stress and grief	h. Enforced leisure and reduced income may combine to cause trouble.
A. What is grief?	1. Discuss grief.
	It's a natural and necessary reaction to a significant change or loss in our lives.
	a. Grief is a healthy, human, response to situations such as:
	b. Death of a family member or friend
	c. Separation or divorce
	d. Miscarriage
	e. Injury or disability
	f. Loss of a job, property, or pet
	g. Children leaving home
	h. Moving to a new place
	i. Disappointment in a child
	j. Giving up a dream

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

B. Why is it important to understand grief?

1. Face the reality
2. Recover and grow

C. Grieving People share certain feelings

1. Shock or denial
2. Anger
3. Guilt

1. a. Because everyone experiences loss or change from time to time throughout life.
 - b. Of your loss and deal with feelings of fear, loneliness, despair, and helplessness
 - c. Through your experience
Learning to accept your grief can make you a stronger person, capable of living a happy full life.
1. a. The time it takes for an emotional wound to heal varies from person to person but grieving people commonly experience.
 - b. This isn't really happening.
Your first reaction may be to deny your loss. You may also experience shock . . . A kind of emotional "numbness". These are normal human responses. Eventually these feelings will pass and you'll be able to face the reality of your loss.
 - c. Why did this have to happen to me?
Losing something precious hurts and may seem unfair. You may feel resentful and angry with yourself and others for not preventing the loss. It will take time, but you can work through your anger.
 - d. If only I'd done something sooner.
It's not unusual to blame yourself for something you did or didn't do prior to your loss. But try to remember that you are human, and there are events you just can't control.

CONTENT

- 4. Depression

- 5. Loneliness

- 6. Hope

- D. How you can live with loss
 - 1. Emotional needs

 - 2. Physical needs

SUGGESTED TEACHING/LEARNING STRATEGIES

- d. Why bother? Things will never be the same. For a time, you may feel physically and mentally drained, unable and unwilling to perform even routine tasks. Eventually, you will take steps . . . perhaps tiny ones at first . . . toward becoming involved in life again.

- e. I can't make it on my own. Increased responsibilities and changes in your social life can make you feel lonely and afraid. As you meet new challenge and develop new friendships, you'll learn to handle these feelings.

- f. Yes, we had a lot of fun, but there are more good times ahead. You will reach a stage where you can accept your loss. You will be able to remember with less pain and focus on a future filled with hope. You will recover.

- 1. You can help yourself move toward recovery by taking care of:
 - a. Express your feelings aloud
 - b. Accept help – support can make difficult moments easier
 - c. Be kind to yourself - be patient, good and bad days

- 2.
 - a. Plenty of rest-energy to handle problems
 - b. Keep yourself healthy – diet, exercise, physical appearance, be alert to problems – (stress related) – headaches, nausea, weight loss – see your physician.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

E. Strive to regain a positive outlook.

1. Set goals

2. Try new activities

F. Sources of Help and Information

1. Counselors

2. Support Groups

3. Other organizations

1. a. Doing something productive can have a tremendous effect on how you feel about yourself and your future.
 - b. Short-term goals: List what you'd like to accomplish. Set time limits for completing activities. Recognize your progress; pat on the back. Take things one day at a time.
 - c. Long-term goals: Goals you have for the more distant future.
Time limits
Check progress periodically
 - d. Your loss has changed your life and given you the need for new direction.
 - e. Join a club or organization.
 - f. Take a course.
 - g. Do volunteer work.
 - h. Evaluate your career goal.
1. a. If you need professional help, there are many people and places you can turn to:
 - a. Individual counseling
 - b. Group therapy
 - c. Family counseling
 - d. Bereavement groups
 - e. Parents without partners
 - f. Widowed persons service
 - g. Support groups activities
 - h. Local mental health assoc. center
 - i. Hospice
 - j. Social Services Organization

RESOURCES

PEOPLE

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

OBJECTIVE 8.10

The student will analyze the issues related to teenage pregnancy.

Descriptive Statement: The physical, social, emotional, legal, financial, educational, and nutritional implications of teenage pregnancy are discussed. The roles of and impact on the teenage mother and father are identified.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- I. Role of the teenage father and the adverse impact of pregnancy on both families. Discuss physical, social, emotional, legal, financial, educational, and nutritional implications of teenage pregnancy.
- A. Impact of Pregnancy on Teenage Fathers/Parents

1. Ask each student to compile a list of reasons for having children. Compare and discuss in class. Go over rights and responsibilities of fathers.
2. Have students list skills needed to be a parent (ex good health, job security, ability to make wise decisions).
3. Assign students to interview a parent! Questions one might include in interview:
 - a. What it is like being a parent compared to before having a child?
 - b. What additional costs does a baby (birth to one year) involve?
 - c. Life-style changes
 - d. Time alone and time spent with spouse
4. Have each student make up additional questions and to prepare a short oral report on their findings.
5. Discuss:
 - a. Effects that a baby can have on a couple's life
 - b. Responsibilities and rewards of being a parent
 - c. Drawbacks in personal lives of being a teen-age parent
 - d. Problems of single parents
 - e. Problems of teen-age parents

CONTENT

B. Implications of teen-age pregnancy

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Ask health nurse to go over teen pregnancy statistics.
2. Divide class into four groups. Select one of the four alternatives for a person with a premarital pregnancy (listed below). Consider how this alternative as a decision would affect the life of a teenage mother and father.
 - a. Keep child
 - b. Forced marriage
 - c. Adoption
 - d. Abortion
3. Role play a situation in which a teenage girl announces that she is pregnant. Consider the emotions of the girl, her mother, her father, her boy-friend, her boyfriend's, mother's, and her boyfriend's father.

RESOURCES

PEOPLE

School Nurse

PRINTED MATERIALS

Having a Baby - Pamphlet pg. 49
Babies Change Your Life

AUDIOVISUAL MATERIALS

****To be taught in gender separated classes.**

***OBJECTIVE 8.11**

The student will review facts about pregnancy prevention and disease control.

Descriptive Statement: Methods of contraception are analyzed in terms of their effectiveness in preventing pregnancy and the spread of disease. Abstinence is emphasized as the only method that is 100% effective in preventing pregnancy and the most effective method of minimizing the possibilities of contracting sexually transmitted diseases.

CONTENT

1. Methods of contraception are analyzed in terms of their effectiveness in preventing pregnancy and the spread of disease. Abstinence is emphasized as the only method that is 100% effective of minimizing the possibility of contracting sexually transmitted diseases.

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Stress the point that even though all methods of contraception reduce the risk of pregnancy, they do not reduce the risk of STIs including HIV/AIDS. Abstinence is the only 100% effective method for both STIs and pregnancy.
2. Health or School nurse will discuss abstinence and methods of birth control. The nurse will bring additional materials to be used along with discussion on birth control; emphasize how some of these may help in the spread of diseases.
3. Have students make a list of myths regarding pregnancy and disease prevention. Discuss these in class.
 - i.e. a. Birth Control pills offer protection against sexually transmitted diseases.
 - b. It couldn't happen to me: I'm too young to have a baby. (a girl can get pregnant even if she has never had a menstrual period.)
 - c. A girl can't get pregnant the "first" time she has sexual intercourse.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

2. Methods of Contraception

- A. Abstinence (Definition)
No such thing as “safe sex.” Referring to “no sex.”
- B. Sponge
- C. Foam, jelly or cream
- D. Condoms
- E. Foam and Condoms
- F. Diaphragm
- G. Intrauterine Device
- H. Pill
- I. Shots (Depo-Provera)
- J. Patch
- K. Ring
- L. Permanent Family Planning (Sterilization)
- M. Implants
- N. Withdrawal
- O. Natural Family Planning
- P. Chance

6. Contraceptive Effectiveness: “Will It Work?” No study can ascertain the proportion of women who would have become pregnant had they not used the contraceptive under investigation, it is simply not possible to measure the effectiveness directly. Therefore, we will focus attention entirely on FAILURE rates which are directly measurable. Keep these thoughts in mind about contraceptive effectiveness:
 - a. Effectiveness numbers do not protect the individual user. For example, a 3% failure rate for the pill will not protect the careless user and may not apply to 14 year-old girls who are less likely to be compliant. Help the students understand that numbers are not what protect – correct use protects.
 - b. Provide consistent information.
 - c. Technology fails people, just as people fail technology – Contraceptives are imperfect and can fail even the most diligent user.
 - d. Using 2 methods at once dramatically lowers the risk of accidental pregnancy, provided they are used consistently.
 - e. Methods that protect a person for a long time (sterilization, implants, IUD’s, etc.) tend to be associated with fewer contraceptive failures.
7. The percentage following each method is the failure rate.
 - A. Abstinence (definition)
 1. Abstinence means that there is no direct contact of another persons penis, vagina, anus, mouth, or their fluids with ones sex organ.
 - 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

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- F. Diaphragm – 6 % failure 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 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 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

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

I. Shot (Depo-Provera)

1% failure rate

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 infections

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 infections

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 infections
- 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 STIs including AIDS. Abstinence is the only 100% effective method for both pregnancy and STIs.**

RESOURCES

PEOPLE

School Nurse

PRINTED MATERIALS

“What Everyone Should Know About Contraception”

AUDIOVISUAL MATERIALS

**Contraception Kit
(One each at CMS, MMS and NMS)**

Just Thought You Ought to Know

It Only takes Once

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

This Ain't No Dress Rehearsal: Abstinence and Teens

OBJECTIVE 8.12

The student will describe the effects of alcohol and drug abuse on families and peer relationships.

Descriptive Statement: The effects of substance abuse on judgment within the peer group in terms of social and sexual behavior are analyzed. The effects of such abuse within the family also are emphasized, including family and sexual violence.

CONTENT

The effects of substance abuse on judgment within the peer group in terms of social and sexual behavior are analyzed. The effects of such abuse within the family are also emphasized, including family violence.

SUGGESTED TEACHING/LEARNING STRATEGIES

List effects of alcohol on brain and mental processes. Then have students relate these to family's social and sexual behavior among peers and families.

Most violent crimes are committed by people under the influence of alcohol or drugs. Discuss how alcohol can lead to family problems, which often end up in violence. Have class bring in magazines or newspaper articles depicting examples of crimes committed under the influence of alcohol or drugs.

Invite a local police officer to speak to the class on alcohol's effects on highway accidents and family violence.

Set up a hypothetical social situation in which teens are pressuring others to drink or use drugs. The ones not drinking or using drugs have said no once, but it is not being accepted. Have them act out the situation, practicing ways to be assertive. This is important, since it is difficult even for adults to say "No" repeatedly, especially when everyone else is saying "yes". Reinforce the reasons given for teenagers not drinking.

Have students compile a list of reasons why young people use drugs and alcohol. Discuss these in class

Discuss how the use of alcohol and drugs may lead to problems among peers and families which would end up in violence?

RESOURCES

PEOPLE

Local police officer will discuss how alcohol affects driving and highway accidents as well as alcohol's role in family violence.

PRINTED MATERIALS

AUDIOVISUAL MATERIALS

OBJECTIVE 8.13

The student will identify the effects and prevention of sexual assault, rape (including date rape), incestuous behavior, and molestation.

Descriptive Statement: Content includes developing assertive skills, resolving conflict, avoiding risk situations and saying “no.” Characteristics of dating violence, electronic harassment, and abusive relationships will be discussed. Information on referral services and legal implications are also provided.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<p>I. Sexual Assault and Molestation</p> <p>A. Molester (pedophile) vs. Sexual Abuser</p> <ol style="list-style-type: none">1. Definition2. Relationship to victim3. Physical harm4. Duration5. Reporting6. Effects7. Support8. Treatment	<ol style="list-style-type: none">1. Discuss and define sexual abuse: Sexual abuse occurs when a child is sexually exploited by an adult or older child. Sexual violence/sexual assault: Any unwanted, forced sexual contact that is obtained through force or coercion without someone’s consent.2. Discuss differences between a molester and a sexual abuser.
<p>B. Statistics of child abuse</p>	<p>Refer to Objective 6.8 Refer to <i>Code of Virginia</i>, Section 18.2-374.3 (Use of Communications Systems to Facilitate Certain Offenses Involving Children)</p> <ol style="list-style-type: none">1. Relationships – The molester encounters a child once and moves on. The sexual abuser is usually having an ongoing relationship.2. Physical harm – The molester is more likely to use physical harm or threat of harm. The sexual abuser is more inclined to use emotional blackmail.3. Duration – an encounter with a molester is a one-time experience. Sexual abuse usually occurs over a period of time.4. Reporting – The molester is more likely to be reported to the police than the sexual abuser.5. Effects – An attack by a molester <u>may</u> have fewer long-lasting emotional effects. Continued sexual abuse may be both traumatic and may require extensive counseling.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

7. Support – In cases of a stranger being the abuser, family and friends may be supportive and comforting. In cases of sexual abuse, the abuser may be a family member which may result in divided loyalties within the family.
 8. Treatment – The molester is a threat to all children; the sexual abuser within the family usually limits his victims to family members.
- *Note: The molester (Pedophile) may also be a sexual abuser.

The majority of sexual abusers are males. Most common is when the father sexually abuses his daughter or stepdaughter. The next most common is the one in which the father abuses his son or stepson. Third is sibling abuse. (Brother or sister sexually abuses a younger brother or sister).

Did you know? About one in 11 teens reports being a victim of physical dating violence each year. About one in four teens reports verbal, emotional, physical, or sexual violence each year. About one in five teens reports being a victim of emotional abuse. About one in five high schoolgirls has been physically or sexually abused by a dating partner. (CDC Dating Violence Facts).

1. Physical – pregnancy, venereal disease, other genital infections or discharges, and lesions or swelling in genital area.
2. Emotional – research indicates that most victims of sexual abuse experience many emotional effects but some effects may not appear until adulthood.
 - a. Loss of childhood – introduced to the adult world of sexuality too soon.
 - b. Guilt – children often feel they are somehow responsible.
 - c. Low self-esteem – victims often feel they are “bad”.

C. Effects of Sexual Abuse

1. Physical
2. Emotional
 - a. Loss of childhood
 - b. Guilt
 - c. Low self-esteem
 - d. Fear
 - e. Confusion
 - f. Depression
 - g. Anger
 - h. Inability to trust others
 - i. Helplessness
 - j. Attitudes toward sexuality

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

D. Other problems (which may be present in a Family with sexual abuse problems)

1. Marital problems
2. Health problems
3. Alcohol/drug problems
4. Financial problems
5. Interpersonal problems
6. Mental illness or retardation
7. Violence in the family
8. Legal implications

- d. Fear – fear of physical harm, fear of being discovered, and a constant state of anxiety.
- e. Confusion – confusion about right and wrong
- f. Depression – linked to suicide attempts, drug and alcohol abuse, running away, and self abusive behavior
- g. Anger – bottled-up rage, headaches, ulcers, etc.
- h. Inability to trust others – betrayal of trust
- i. Helplessness – victim feels powerless against the abuser
- j. Attitudes toward sexuality – victim may feel like “damaged goods.”

Child sexual abuse takes place in all styles of families. Other problems may be present

1. Marital problems – may not be apparent to people outside the family.
2. Health – prolonged periods of poor health causes a great deal of stress.
3. Alcohol/drug – often exist as separate problems from sexual abuse.
4. Financial – may occur at any income level.
5. Interpersonal – family secrets result in a predictable reluctance to be honest.
6. Mental illness – the abuser may not be in control of himself or herself. Family – all members of the immediate family gather together to work on problems that are part of the family.
7. Violence – If a father physically abuses his wife, her fear of him may keep her from protecting her children from sexual abuse.
8. Legal Implications: There are laws in place in Virginia that deal with abuse and consent. It is illegal to engage in any sexual activity with someone who is unable to or does not give their consent. (*Code of Virginia*, Section 18.2-374.3: Taking indecent liberties with children; penalties.)

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Try to figure out if there is any schedule of pattern to the abuse.
2. Identify ways to avoid your abuser.
3. Develop outside interests that keep you away from home at high risk times.
4. Reconsider reporting the abuse.

E. Prevention Methods

II. Treatment and community resources for Sexual abuse victims

A. Medical Services

B. Sex Education

C. Counseling Services

1. Individual Counseling
2. Group Counseling
3. Mother/daughter or mother/son counseling
4. Father/daughter or father/son Counseling

5. Triad counseling

6. Family counseling

Suggest ways to prevent sexual abuse. Talk about the warning signs:

A. Medical – follow-up medical services are required if pregnancy or venereal disease has resulted from the abuse.

B. Sex Ed – children often come from Homes where sexuality has never been discussed.

C. Counseling services:

1. Individual – one-on-one talks
2. Groups – victims in same category realize they are not alone
3. mother/daughter or mother/son &
4. father/daughter or father/son counseling – effective counseling & treatment includes both parents
5. Triad – mother, father, and victims together

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

III. Report Abuse

Group Discussion:

How do I report sexual abuse? Why is it necessary to report? What happens after I report? Will my dad lose his job? How ill others in my family treat me? Do I have to go for counseling? How can I find a counselor? How long will it take for my family to get back to normal? Will the abuse stop?

Resources:

National domestic Violence Hotline:

1-800-799-SAFE(7233)

1-800-787-3224 for the hearing impaired

Smyth County Sheriff's Department

276-782-4056

Smyth County Department of Social Services

276-783-8148

RESOURCES

PEOPLE

PRINTED MATERIAL

CDC: Choose Respect-Dating Violence Facts

Code of Virginia, Section 18.2-374.3

AUDIOVISUAL MATERIALS

Sexually Transmitted Infections

OBJECTIVE 8.14

The student will recall the ways in which the AIDS virus is transmitted, and techniques for preventing this disease.

Descriptive Statement: This involves describing behaviors, including homosexuality, that puts one at risk; dispelling myths regarding the transmission of the disease, and stressing abstinence and rejection of the use of illegal, intravenous drugs. The use of condoms in preventing the spread of HIV/AIDS is discussed.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
<ol style="list-style-type: none">1. Definition of the acronyms <u>HIV</u> and <u>AIDS</u>2. Identification of the stages of HIV infection and AIDS<ul style="list-style-type: none">- Acute infection – HIV enters/infected the body prenatally or from someone else’s blood, vaginal fluid, or semen- Asymptomatic HIV positive -- a person is infected with HIV but shows no signs or symptoms; however, the person is capable of transmitting the virus- Symptomatic HIV – positive (persistent generalized lymphadenopathy) – a person is infected with HIV and developing some of the nonspecific chronic signs and symptoms (fever, fatigue, swollen glands, cough, unexplained weight loss, severe, and persistent diarrhea)- AIDS – a person is infected with HIV and opportunistic diseases are present (such as PCP, a rare type of pneumonia, and Kaposi’s sarcoma, a rare skin cancer)- Death eventually follows the onset of AIDS	<p>H = Human – refers to a virus whose host is a person</p> <p>I = Immunodeficiency – decreasing the function of the immune system in a person</p> <p>V = Virus – a parasite that infects and destroys human cells</p> <p>A = Acquired – something we get after we are conceived (when egg and sperm meet), not inherited as in hair and eye color</p> <p>I = Immune – relating to our body’s defense system against disease (like an army defending a country)</p> <p>D = Deficiency – A lack of something – our immune system does not work (because the soldiers (white blood cells) are too weak or too few to fight)</p> <p>S = Syndrome – a group of symptoms, any or all may be present when a person has a disease</p> <ol style="list-style-type: none">1. Explain that AIDS is caused by a virus – the human immunodeficiency (HIV). HIV/AIDS is not hereditary, but it is an infectious disease; therefore, we can get the disease from someone else.

OBJECTIVE 8.15

This objective will explain how a healthy immune system functions and what happens when the immune system is invaded by HIV.

CONTENT

1. The body's natural lines of defense
 - Skin
 - Hair (nose hair and eyelashes)
 - Mucous
 - Saliva
 - Stomach acids
 - White blood cells
 - Antibodies
 - T-helper cells
2. How a healthy immune system works
 - White blood cells engulf bacteria or produce poisons to kill parasites.
 - B-lymphocytes (a type of white cell) makes antibodies which attach to and help kill infecting microorganisms (pathogens) like viruses and bacteria
 - T-lymphocytes (white cells), produced by the thymus and called T-helper cells, control the activity of other white blood cells and help to activate the B-lymphocytes when infection is present and help to deactivate them when the infection is controlled.
3. What happens when the HIV virus enters the immune system
 - Viruses are parasites; therefore, the HIV virus attaches itself to a T-helper cell and releases its nucleic acid into the host cell.

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Review by brainstorming with students the function of the body's natural lines of defense that were discussed previously in objective 6.2. These defenses range from the skin, nose hair, eyelashes, mucous, and saliva, which prevent germs from entering the body, to the immune system, where antibodies and T-helper cells prevent infection and reduce the severity of disease when infection occurs.
2. Emphasize that the HIV virus attacks the body's immune system, causing it to break down. Therefore, the body is unable to resist or reduce the severity of infections, such as pneumonia, and certain cancers. These infections and diseases often kill a person.
3. Make a two-column chart on the chalkboard or overhead. In one column have students list what happens in a healthy immune system when a germ (bacterium or virus) enters the body. In the other column, have students list what happens when HIV enters the body.
4. Ask students, working in small groups, to create an analogy of the immune system, its function, and what happens when HIV enters the system. Some examples might be comparing the immune system to a fort, sentinels, and invading soldiers or to an orchestra and its conductor. Have students creatively present their analogies through diagrams, cartoons, role-playing, etc. Praise all efforts. The point is to get students thinking about the immune system, its importance to one's health, and the dangers of HIV to the immune system.

CONTENT

- After infecting a T-helper cell, HIV may remain dormant for a period (8-10 years, possibly more).
- The virus reactivates, begins reproducing, and kills the T-helper cells.
- If enough T-helper cells are killed, the persons ability to activate the immune system is diminished or lost, and he/she may be unable to fight off infections/cancers.
- The immune system contains the lymphatic system, whose lymph carries white blood cells (Lymphocytes) to infected areas.
- When the immune system cannot function to kill infections or control abnormal cell growth (cancer), even relatively harmless micro-organisms that normally exist in the human body can kill a person.

SUGGESTED TEACHING/LEARNING STRATEGIES

OBJECTIVE 8.16

The student will review sexual and nonsexual high-risk behaviors and steps to take to reduce these risks.

CONTENT

1. Definitions of terms
 - Risk—a chance of encountering damage or harm
 - Positive risk-taking behavior – low—risk decisions involving feelings, disappointment, etc.
 - High-risk behavior—behavior that threatens a person’s health and well-being because it sets up the body for the possible invasion of an infectious agent
2. High-risk behaviors for contracting HIV/AIDS
 - Sexual behaviors
 - Having sexual intercourse (oral, anal, or vaginal) with an infected person
 - Having multiple sexual partners (i.e., the more partners, the greater the risk)
 - Having sexual contact with a prostitute
 - Homosexual behavior
 - Nonsexual behaviors
 - Using injectable drugs
 - Sharing needles or syringes, (ear-piercing), tattoo, drug and steroid)
 - Exchanging blood (“blood brother” rituals or giving first aid without gloves)
 - Using other drugs, including alcohol (can impair a person’s judgment in making a responsible decision about risky behaviors)
3. Ways to reduce risks
 - Make responsible decisions
 - Don’t have sexual intercourse – oral, anal, or vaginal (to be 100% safe).

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Discuss the concept of risk. Explain that any decision involving the unknown involves a risk. Point out that all of life involves some amount of risk-taking. Some risk-taking behaviors are positive and others are more negative. Positive risk-taking behaviors are low-risk decisions, such as trying out for a team, asking someone for a date, applying for a job, etc. Their only real risk involves feelings (disappointment, rejection, disapproval, etc.) We all have to take these risks to learn, grow, and succeed. Negative risk-taking behaviors, on the other hand, are high-risk decisions, such as fighting, shoplifting, taking drugs, etc. These risks involve accidents, physical harm to self or others, or long-term problems that affect the quality of life. Explain that some people are naturally more likely to take risks than others.
2. Have all students play the “Risk Game” to assess their own risk taking behavior. Label each corner of the room with a sign saying either “ALWAYS,” “NEVER,” “SOMETIMES,” AND “NEUTRAL” corner. Ask all students to stand in the “NEUTRAL” corner. Then tell them that as you read out a behavior, they are to move to the corner where the sign best describes how often they have engaged in the behavior you just read. Tell them they always have the right to pass and stay in the neutral corner. Suggested behaviors to read aloud:
 - Wearing a seat belt
 - Jaywalking (crossing against a red light)

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

- seek a monogamous relationship with one uninfected partner
 - Limit the number of sexual partners
 - Don't have intercourse with someone who has had many sexual partners
 - If you have intercourse, use a latex condom
 - Practice alternatives to intercourse
 - Hugging
 - Kissing
 - Listening to joys, hurts
 - Doing special things together
 - Talking on the phone
 - Being close
 - Giving a special gift
 - Talking openly about feelings
 - Sending cards
 - Trading rings
 - etc
- Talk with the person you date about past relationships, your concerns about HIV/AIDS, and protecting each other
- Do not share injectable drug needles, syringes, or other works
 - Do not share ear-piercing or tattoo needles, razors, or toothbrushes
 - Avoid taking drugs and alcohol. They impair your judgment.
4. Ways to make responsible decisions
- Identify the problem
 - Evaluate or gather information about the problem.

- Riding in a car with someone who's been drinking
 - Shoplifting
 - Smoking
 - Cutting class
 - Hitchhiking
 - Fighting
 - Cheating on a test
- Ask students to brainstorm other behaviors. After reading each behavior, have students discuss what the risks are and how risky they think the behavior is.
3. Review with students what they already know about HIV/AIDS and how the disease is transmitted. Make sure students understand that the virus is found in body fluids – blood, semen, vaginal secretions, tears, and saliva. Point out that even though HIV has been identified in tears and saliva, no cases of transmission from these body fluids have been reported and casual contact is not a risk. However, any exchange of blood, semen, or vaginal secretions can result in HIV infection.
4. Divide students into small groups, give them a list of behaviors, and have them rank them as “definitely not risky,” “probably risk,” or “definitely risky.” Include behaviors such as:
- Going to school with a person with HIV/AIDS
 - Donating blood
 - Having sexual intercourse
 - Abstinence (No sex! No drugs!)
 - Social kissing (dry)
 - Intimate, deep kissing (wet)
 - Ear-piercing or tattooing
 - Sharing a razor
 - Sharing a toothbrush
 - Blood transfusions (before March 1985)
 - Using a condom during intercourse

CONTENT

- Identify possible ways (alternatives) of solving the problem.
- Identify the possible consequences (pros and cons) of each solution.
- Decide which solution is best for everyone
- Evaluate your solution

SUGGESTED TEACHING/LEARNING STRATEGIES

- Swimming in public pools
 - Crying, coughing
 - Using drugs (including alcohol)
- After students complete their rankings in groups, allow the class to discuss the rationale used in the rankings. Be alert for misinformation and correct it as soon as it occurs.
5. Emphasize that avoiding high-risk behaviors involves making responsible decisions. Students are likely to be faced with these choices repeatedly; therefore, they need to know how to go about making intelligent decisions, not haphazard ones. Review the decision-making process. With the class, “walk through” a model problem-solving situation.
 6. Stress that the decision about having sex is difficult and is often influenced by many factors (e.g., values, media, pressure, self-concept, etc.). Stress that nothing is wrong with a person who chooses to wait until marriage to have sex (abstinence). Point out that at least 50% of teenagers by age 17 are choosing not to have sex. Discuss the positive aspects of waiting (e.g., allows a couple to develop a deeper relationship, can be a test of love, can be a sign of emotional maturity, etc.). Emphasize that abstinence is the only sure way of reducing the risk of contracting STIs or HIV/AIDS.
 7. Pose a sample problem and in small groups have students work through the process of decision-making.
 8. Role-play situations in which a person must say “no” numerous times. Discuss how this is difficult.

CONTENT

SUGGESTED TEACHING/LEARNING STRATEGIES

9. Have students in their journals write responses to the following questions:
 - If you and your girlfriend or boyfriend decide to postpone sexual intercourse, what other ways can you show him or her that you love him or her?
 - How can a person change high-risk behaviors into low-risk for contracting HIV?

10. Have students share responses about ways to share love without having intercourse. These might become a class bulletin board title “Better Safe Than Sorry!”

OBJECTIVE 8.17

The student will discuss the responsibility of the media in giving accurate information about HIV/AIDS.

CONTENT

1. Why accurate information about HIV/AIDS is needed:
 - To avoid unnecessary fear, anger, and discrimination
 - Fear results from the unknown or mis-information
 - Anger can develop when one's needs are threatened or when a fear of such a threat results
 - Discrimination can occur as a result of fear an anger
 - To accurately educate people about HIV/AIDS and its prevention and not Create misinformation
 - To avoid creating mass hysteria
2. How to evaluate the accuracy of information
 - What are the qualifications of the writer/ speaker?
 - What is the source of the information
 - How does this information compare with other information?

SUGGESTED TEACHING/LEARNING STRATEGIES

1. Have each student bring in at least one media message to analyze for accuracy. Divide students into small groups for this activity. Discuss questions students should use to evaluate the accuracy of information (listed under "Content"). Allow each group time to report to the class its findings about the accuracy of all the group's media messages.
2. Have students write and deliver to the class a one-minute public-service message concerning HIV disease. Evaluate the messages for accuracy. Display the messages around the room as well.
3. Have students watch the nightly news on TV, listen to radio news daily, or read the paper daily for a period of time and keep a log of the number of pieces of news related to HIV/AIDS and the type of information related. This activity will allow students the opportunity to compare news reports for accuracy.

