

## Ninth Grade Objectives

- 9.1 **The student will trace the human growth cycle in relation to parenting skills from the prenatal period through the elderly stage.**  
Descriptive Statement: Information about developmental levels throughout the life cycle-- prenatal, infant, toddler, pre-kindergarten, school-age, adolescent, young adult, middle-age, and elderly--is related to the complexity of child-rearing and to the need for maturity before parenthood. Life-stage development is also presented to help students gain appreciation of their own development.
- 9.2 **The student will explain the importance of the family as a basic unit of society and his or her responsibility as a member of the family.**  
Descriptive Statement: Topics include the function of the family, family forms, family strengths, and family influences of society. The benefits, challenges, responsibilities and value of marriage for men, women, and children, and communities in society will be included.
- 9.3 **The student will recognize the development of sexuality as an aspect of the total personality.**  
Descriptive Statement: Discussion focuses on the development of one's sexual identity. Internal and external conflicts associated with problems of sexual identity are addressed.
- 9.4 **The student will review and apply the decision-making process.**  
Descriptive Statement: Students practice methods of gathering information and applying the decision-making process in practical situations. Emphasis is placed on the need for parental guidance, family and personal values, knowledge, positive mental health practices, and reasons for bases for decision-making.
- 9.5 **The student will review the nature and purpose of dating.**  
Descriptive Statement: Topics include understanding family guidelines, the functions of dating, and coping with the pressures experienced in dating situations. Students will discuss the signs of dating violence and physically and mentally abusive relationships. Discussion also focused on the importance of group dating, rather than dating as a couple, in early adolescence.
- 9.6 **The student will realize the importance of setting standards for controlling sexual behavior and of postponing sexual relations until marriage.**  
Descriptive Statement: The physical, emotional, social, and economic consequences of premarital sexual relations continue to be emphasized along with reinforcement of assertive skills and ways to say "no" in terms that will enable the student to resist pressure from other teenagers and manage his or her own feelings and behaviors.
- 9.7 **The student will interpret the effects and prevention of sexual assault, rape (including "date rape"), incestuous behavior, and molestation.**  
Descriptive Statement: This is a review of the use of assertive skills, conflict resolution, avoidance of risk situations, and referral services in the community. In addition to identifying factors, the student explains or interprets them to others. The student will demonstrate proper approaches to dealing with physically and mentally abusive relationships. The student will identify the appropriate use of electronic devices.

- 9.8 **The student will relate specific information on substance abuse to each stage of the life cycle.**  
Descriptive Statement: Emphasis is on substance use and abuse during pregnancy, puberty, adolescence and its general effect on daily functioning.
- 9.9 **The student will be able to explain the process of reproduction.**  
Descriptive Statement: Instructional components include anatomy, physiology, conception, fertility, fetal development, childbirth, and prenatal care.
- \*9.10 **The student will demonstrate understanding of specific health issues, including the ability to conduct particular self-examinations.**  
Descriptive Statement: The focus is on factual information about menstruation, proper use of feminine hygiene products in relationship to cleanliness, pre-menstrual syndrome, menopause, and male- and female- specific concerns. Disease prevention through self-assessment and self-examination is reinforced with emphasis on breast and testicular self-examination.
- \*9.11 **The student will demonstrate knowledge of pregnancy prevention and disease control.**  
Descriptive Statement: Topics include planning for adult relationships, a review of factors to consider in planning for a family, misconceptions about contraception, a review of methods of contraception in relation to effectiveness in pregnancy prevention and disease control, and the decisions associated with contraception. Abortion is not presented as a method of birth control, but spontaneous abortion or miscarriage is explained and the risks of induced abortion are analyzed.
- 9.12 **The student will explain the transmission and prevention of the AIDS virus.**  
Descriptive Statement: This is a review of the ways in which HIV is transmitted and techniques for preventing this disease.
- 9.13 **The student will identify the effects of discrimination.**  
Descriptive Statement: The teacher helps students identify forms of discrimination including ageism, racism, and sexism and the consequences of discrimination on individual and family life. Discussion focuses on the value and importance of differences among individuals and families. The effects of discrimination on a person's mental health will also be discussed.
- 9.14 **The student will begin to identify educational and career goals.**  
Descriptive Statement: Students formulate educational and career objectives. A "life goals" project provides the structure for achieving this objective and students complete activities that enable them to gain insight into the variety of personal and career options available to males and females. Students will discuss the impact of use of social networking sites, such as MySpace, Facebook and Twitter, on career goals.

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

## OBJECTIVE 9.1

**The student will trace the human growth cycle in relation to parenting skills from the prenatal period through the elderly stage.**

Descriptive Statement: Information about developmental levels throughout the life cycle—pre-natal, infant, toddler, pre-kindergarten, school-age, adolescent, young adult, middle-age, and elderly—is related to the complexity of child-rearing and to the need for maturity before parenthood. Life-stage development is also presented to help students gain appreciation of their own development.

<u>CONTENT</u>	<u>SUGGESTED TEACHING/LEARNING STRATEGIES</u>
I. Development Levels of Human Growth and Generalizations	<b>(Review of Objective 8.1)</b>
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	1. Students should recognize symptoms of pregnancy. Watch video " <u>Fetal Development</u> " Sunburst visual Media.
A. Prenatal Stage	

**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

SUGGESTED TEACHING/LEARNING STRATEGIES

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

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

4. 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

III. Responsibilities of parents and child-rearing

## 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.

1. Class discussion should include the responsibilities of parents such as:
  - a. Responsibilities before birth
  - b. Emotional responsibilities
  - c. Safety responsibilities
  - d. Disciplinary responsibilities
  - e. Financial responsibilities
2. Describe one way that a parent's behavior's can have on a child:
  - a. before the birth of a child
  - b. after the birth of a child

# **RESOURCES**

## **People**

### **Printed Materials**

**Health text book**

### **Audiovisual Material**



**OBJECTIVE 9.2**

<b>Content</b>	<b>Suggested Teaching/Learning Strategies</b>
	<ol style="list-style-type: none"><li>3. Have students draw some conclusions on the potential level of health of our society based on the statistics that the average American moves 14 times in his or her lifetime.</li><li>4. Discuss the two essential roles of the family. Relate the discussion to the concept of wellness. Have students discuss the family's role in each stage.</li><li>5. In evaluating the influence that family members have on one's personality and social development, have students pick a social problem and write a paper on how the problem is related to the family and the family to the problem. (Problems may include drug abuse, alcohol abuse, teen pregnancy, delinquency, smoking, violence, and vandalism.)</li></ol>
II. Families in transition	
A. Summarize the changes in families Over the past 50 years.	<ol style="list-style-type: none"><li>1. Discuss with students some of the reasons for these three significant changes in recent years:<ol style="list-style-type: none"><li>a. Smaller family size (financial reasons and changes in the economy, changing values.</li><li>b. More women working outside the home (the necessity of two incomes to support a family, changes in career opportunities for women)</li><li>c. More single parents as heads of households (increasing divorce rates)</li></ol></li></ol>
	<ol style="list-style-type: none"><li>2. Discuss how the traditional male/female, husband/wife roles might be changed as a result of both parents working.</li></ol>

<p>III. Healthy family systems</p> <p>A. Describe the characteristics of a healthy family.</p> <p>B. Explain how listening skills affect family health.</p>	<ol style="list-style-type: none"><li>1. Have students compile a list of what makes a system healthy. Have them compare and add to their list.</li><li>1. Ask students what powers the need to develop to function well in a family situation. (They developed power over their bodies as they mastered basic movement skills; they use their intellectual powers everyday at school.) Stress the importance of communication, and of listening as a learned skill.</li><li>2. Divide the class into groups of three – one person observes and gives feedback, one person is the listener, and one person has a problem he or she is expressing. The observer should watch for use of the listening skills. The person with the problem selects some problem with which he or she is confronting the other person. (You may have the class suggest some common areas of conflict, list them on the board, and have the students select one to practice with.) The listener’s task is to practice the guidelines of good listening. Rotate so that each of the three people has a chance to be the listener. Conclude with a discussion on how it felt to listen, and to be listened to. Ask what students observed.</li></ol>
<p>IV. Troubled families</p> <p>A. The reason for spouse, relative, and child abuse and how to treat it.</p>	<ol style="list-style-type: none"><li>1. This section must be presented and discussed carefully so as not to upset individuals who may have been or are in an abusive home situation. The most important point to stress is that help is available for both the child and the parent. The child is not at fault in these situations and should not feel guilty.</li></ol>

Explain the following facts to the students. Child abuse is divided into three categories: physical abuse, sexual abuse, and emotional abuse.

- a. Physical Abuse is inflicting physical injury on a child.
- b. Sexual Abuse is forcing a child to engage in sexual activities.
- c. Emotional abuse is regularly, and over an extended period of time, demanding that a child do more than he or she is capable of doing and criticizing and humiliating him or her for not living up to the demand; or making such unclear requirements that the child simply cannot understand what he or she is suppose to do.

2. Neglect – referring to a child – resulting from a parent’s inaction can be either physical or emotional. Physical neglect is failure to provide sufficient food, clothing, shelter, medical care, education, guidance, and supervision. Emotional neglect is failure to provide a child with love and affection.
3. Child abuse is one of the leading causes of infant mortality in the United States. Abused children range in age from infant to adolescents; 50 percent are six years of age or younger. To report child abuse, contact the local office of the Department of Social Services, or local law-enforcement authorities, or call this toll-free number, day or night: (Hot line number)1-800-552-7096.
4. Discuss feelings students may have experienced when they were under a lot of pressure and things were building up or just not going right. Have students imagine adding to that a hungry or sick baby crying.

<p>V. Events in the family cycle.</p> <p>A. Identification of the major events of the family cycle.</p>	<p>Discussion should lead to the need for well-developed coping skills and for a support system – someone to turn to or talk with.</p> <ol style="list-style-type: none"> <li>1. Have the males make a list of reasons why men get married and the females make a list of why women get married. Compare the lists for differences and similarities. Compile a class list of people’s reasons for getting married.</li> <li>2. Discuss how the media plays up romantic love. How big a factor is “romantic love” in the decision to marry? The success of marriage?</li> <li>3. Discuss the reasons people may have for remaining single for all or major portions of their lives.</li> <li>4. Assign students to find at least three definitions of love and then to write their own definitions of love. Students should compare their definitions with those they found.</li> </ol>
<p>VI. Benefits, Challenges, Responsibilities, and Values of Marriage</p> <p>A. Men and Women</p> <p>B. Children</p> <p>C. Communities</p>	<ol style="list-style-type: none"> <li>1. Have students make list about pros and cons of marriage.</li> <li>2. Divide classroom into discussion groups—each group to provide two aspects of marriage that benefit children.</li> <li>3. Explore how marriage can strengthen a community. Refer to Objective 9.2, Content 1, A. and Content V.</li> </ol>

# **RESOURCES**

## **People**

### **Printed Materials**

**Health text book**

### **Audiovisual Materials**



## OBJECTIVE 9.3

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

Descriptive Statement: Discussion focuses on the development of one's sexual identity. Internal and external conflicts associated with problems of sexual identity are addressed.

Content	Suggested Teaching/Learning Strategies
I. Achieve own individual sexuality	<ol style="list-style-type: none"><li data-bbox="857 443 1546 1388">1. Types of personal growth and development<ol style="list-style-type: none"><li data-bbox="954 520 1546 800">a. Physical – the physical changes of puberty mark the beginning of adolescence. With these physical changes, heightened sexual interests develop and social growth accelerates. Both sexes experience changes in body features and a growth spurt.</li><li data-bbox="954 810 1546 1199">b. Emotional – puberty is a time of psychological change as well as physical. Individuals worry about how they will look to others and whether their rapid growth rate means there is something wrong with them. They worry about being attractive. Puberty is associated with the beginnings of a desire for independence and the right to be self-reliant.</li><li data-bbox="954 1209 1138 1241">c. Mental</li><li data-bbox="954 1251 1546 1388">d. Social – social growth requires willingness to assume responsibility for the care and welfare of others as well as for oneself.</li></ol></li><li data-bbox="857 1430 1546 1753">2. Adolescent and young adult developmental tasks – developmental tasks are skills, attitudes, and knowledge that must be learned and achieved by an individual if one is to satisfy the expectations of society.<ol style="list-style-type: none"><li data-bbox="954 1650 1546 1753">a. Adolescent developmental tasks<ol style="list-style-type: none"><li data-bbox="1052 1682 1546 1753">1. Achieve appropriate peer relations</li></ol></li></ol></li></ol>

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2. Accept one's physique
  3. Achieve emotional independence - sometimes actions taken to achieve emotional independence appear to be interpreted by authorities as defiance. It is often difficult for parents to permit their children to experiment and "test" their wings outside the nest.
  4. Gain assurance that one can be economically independent – when teenagers get jobs they begin preparing themselves for economic adulthood.
3. Adolescent Changes
    - a. Growth spurt – growth at this time is mostly in the arms, legs, and neck rather than in the trunk.
    - b. Primary sex characteristics
    - c. Secondary sex characteristics – hair growth around sex organs and underarms, breast development, nocturnal emissions, skin changes, menstruation, voice changing and deepening, and darkening of facial hair on males.
4. Young Adult Changes
    - a. Reach maximum height
    - b. Reach optimum health
    - c. Assume adult body and facial proportions

**Content****Suggested Teaching/Learning Strategies**

A. Curiosity about the opposite sex and relationship to the two

B. Understanding of some of the internal and external conflicts associated with sexuality

5. Sex roles
  - a. Social difference between boy and girl expectations
  - b. Sex roles changing as society is becoming a “changed” society
1. Learning to relate to other sex on new ways
  - a. Shy or aggressive behavior
  - b. Teasing, flirting
2. Gaining knowledge of other sex’s body, changes, attitudes, etc.
  1. Physiological growth problems
    - a. Lack of height
    - b. Overweight
    - c. Poor physique
    - d. Lack of strength
    - e. Unusual facial features
    - f. Acne
    - g. Lack of shoulder width
    - h. Early/late development of primary and secondary sex characteristics
  2. Lack of knowledge – experience different from expectations
  3. Performance anxiety
  4. Lack of sexual desires

**II. Sexual Orientation****A. Thinking about sexual orientation**

1. Sexual orientation – the kinds of people a person is sexually attracted to.
  - a. Heterosexuality – attraction to members of the other sex.
  - b. Homosexuality – attraction to members of one’s own self.
  - c. Bisexuality – sexual attractions to member of both sexes.
2. Various studies now suggest that the roots of human sexual orientation are remarkably complex. There is a wide range of sexual behavior.

**III. The Development of Sexual Orientation**

1. The development of sexual orientation seems to vary from person to person. It is interesting to note that studies of the development of sexual preference often show differing results. Some studies point to a strictly biological origin for sexual orientation. These studies suggest that sexual orientation is determined before birth. Others conclude that events after a person’s birth shape his or her sexual orientation. Still others have found that born biological and social forces influence a person’s sexual orientation.

# **RESOURCES**

## **People**

## **Printed Materials**

- “Information sheet on male and female reproductive organs”

## **Audiovisual Material**

## OBJECTIVE 9.4

**The student will review and apply the decision-making process.**

Descriptive Statement: Students practice methods of gathering information and applying the decision-making process in practical situations. Emphasis is placed on the need for parental guidance, family and personal values, knowledge, positive mental health practices, and reasons for bases for decision-making.

Content	Suggested Teaching/Learning Strategies
<p>I. Aspects of Making Decisions</p> <p>A. Purposes of a decision-making process</p> <ol style="list-style-type: none"><li>1. Helps separate needs from wants</li><li>2. Tests what one really wants</li><li>3. Reduces long-term stress</li><li>4. Cures procrastination</li><li>5. Replaces excuses with achievements</li><li>6. Reduces risks</li><li>7. Conserves resources</li><li>8. Improves self-esteem</li><li>9. Builds self-confidence</li></ol> <p>B. Prediction of Outcomes</p> <ol style="list-style-type: none"><li>1. Looking ahead to see what might happen</li><li>2. Becoming skilled at accurate predictions through repeated practice</li><li>3. Improving likelihood that one will achieve desired outcomes</li></ol>	<ol style="list-style-type: none"><li>1. Summarize how being able to predict outcomes is an important part of decision-making.</li></ol>

**Content****Suggested Teaching/Learning Strategies**

<p>C. Aspects of Good Decision-Making</p> <ol style="list-style-type: none"><li>1. Many solutions to every problem</li><li>2. Consequences varied</li><li>3. Careful examination of alternatives</li></ol>	<ol style="list-style-type: none"><li>1. Discuss three aspects of good decision-making with students before identifying decision-making steps.</li></ol>
<p>II. Steps for the decision-making process</p> <ol style="list-style-type: none"><li>1. Identifying the problem (goal)</li><li>2. Listing all possible alternatives</li><li>3. Evaluating the alternatives</li><li>4. Choosing one alternative</li><li>5. Acting on decision</li><li>6. Evaluating the results</li></ol>	<ol style="list-style-type: none"><li>1. Make a transparency of “Steps to Decision-Making” and go over each step with students. Identify a problem and model each step to the decision-making process.</li><li>2. Give students worksheets “Identifying Decision-Making Steps” to do. (Refer to worksheet and key attached.) Give students other decision-making situations and problems to work on independently or in small groups.</li></ol>

# **RESOURCES**

## **People**

## **Printed Materials**

## **Audiovisual Material**



## OBJECTIVE 9.5

**The student will review the nature and purpose of dating.**

Descriptive Statement: Topics include understanding family guidelines, the functions of dating, and coping with the pressures experienced in dating situations. Students will discuss the signs of dating violence and physically and mentally abusive relationships. Discussion also focused on the importance of group dating, rather than dating as a couple, in early adolescence.

Content	Suggested Teaching/Learning Strategies
I. Help students gain an understanding of the responsibilities they have to parents with dating relationships.	<ol style="list-style-type: none"><li>1. Class discussion<ol style="list-style-type: none"><li>a. Should parents have the right to make rules, determine when one can start dating?</li><li>b. Should young people feel responsible toward parents?</li><li>c. Reverse roles of students to parents</li><li>d. Things that happen to cause parent fears and concerns – use of car, drinking, pregnancy, legal trouble, parents realization of growing-up, etc.</li></ol></li><li>2. Establish what things the class feels should be included on guidelines. (Comprise a list on the board.)</li><li>3. Homework – take ideas to parents and actually make contract – type agreement with parents on guidelines.</li><li>4. Guideline Ideas<ol style="list-style-type: none"><li>a. Age which allowed beginning dating</li><li>b. Group, double, or solo dating</li><li>c. Number of times allowed per week</li><li>d. Dating hours/days</li><li>e. Dress</li><li>f. Types of activities allowed (movies, dances, ballgames, shopping, etc.)</li><li>g. Exact knowledge of where going – who’s driving, type of person allowed to date, moral values, etc.</li></ol></li></ol>

II. Establish an understanding of the function that dating relationships serve

1. Define dating – form of recreation with a social purpose.
2. Discuss different types of dating, why there might be problems with each, and why each is an important step to establishing a more solid relationship as a basis for a future successful marriage.
  - a. Types of dating
    1. Random – no commitment beyond the date itself.
    2. Casual – may still see other people but more interest shown to one, no commitment but expectations exist about spending more time with one.
    3. Steady – agreed not to see another.
  - b. Importance of dating relationships
    1. Provide opportunities to meet and develop relationships with a number of potential marriage partners
    2. Increase self-understanding
    3. Develop human relationship skills
    4. Develop comfort in associating with opposite sex
    5. Provide an opportunity to test compatibility

III. Establish better alternatives of dealing with the pressures experienced in dating.

- c. Problems associated with dating relationships
  - 1. Reputation
  - 2. Jealousy, security, competition
  - 3. Sex – pregnancy, STIs, lack of factual information relating to sex, double standard, etc.
  - 4. Cars – curfews, additional insurance cost, etc.
  - 5. Drugs – alcohol, pills, marijuana
- 3. Gain a better understanding of mature love rather than romantic love for permanent relationships.
  - 1. Get a class consensus of what problems (pressures) are experienced in dating relationships.
  - 2. Some pressures to include:
    - a. Making decisions on the use of alcohol, tobacco, drugs
    - b. Petting and sexual desires
    - c. Breaking parents’ rules (guidelines) and trust
    - d. Who you want to date
    - e. Pregnancy
    - f. Proper social skills
    - g. Going steady too early – breaking up problems

IV. Emphasize the importance of group dating in early adolescence

- h. Family and friends opinions and expectations
- i. Reputation
- 1. Homework – talk to parents, get ideas and write them down.
- 2. Class discussion on ideas including:
  - a. Parents feel more comfortable knowing with a group
  - b. Less pressure as far as sexual desires
  - c. Establish independence – easier for parents to realize growing up and young persons’ needs.
  - d. Establish parents’ trust to give freedoms
  - e. Good learning situations on proper conduct and social skills
  - f. Environment for many experiences and personalities without getting too involved at a young age.

# **RESOURCES**

## **People**

### **Printed Materials**

#### **Health textbook**

- **Fact Sheet-Teen Pregnancies in VA**
- **Personal Relationships Information Sheet**

### **Audiovisual Material**

- **When Dating Turns Dangerous**

## OBJECTIVE 9.6

**The student will realize the importance of setting standards for controlling sexual behavior and of postponing sexual relations until marriage.**

Descriptive Statement: The physical, emotional, social, and economic consequences of premarital sexual relations continue to be emphasized along with reinforcement of assertive skills and ways to say “no” in terms that will enable the student to resist pressure from other teenagers and manage his or her own feelings and behaviors.

<u>Content</u>	<u>Suggested Teaching/Learning Strategies</u>
I. Definition of Sex and Sexuality	<p>1. Put the words sex and sexuality on the board and ask the students to define each.</p> <p>Sex:</p> <ul style="list-style-type: none"> <li>a. Gender</li> <li>b. Act of sexual intercourse</li> </ul> <p>Sexuality</p> <ul style="list-style-type: none"> <li>a. Involves all aspects of maleness and femaleness</li> <li>b. Includes the psychological and sociological attributes associated with being a biological male or female individual</li> </ul>
II. Definition of Responsibility	<p>1. Draw an arrow from these words and write the word Responsibility  Sex-----Responsibility  Sexuality-----Responsibility</p> <ul style="list-style-type: none"> <li>a. Reliability</li> <li>b. Trustworthiness</li> <li>c. Willing and able to fulfill one’s obligations</li> <li>d. Able to choose fore one self between right and wrong</li> </ul> <p>2. Indicate to the students that today we are going to talk about sex, sexuality, and the responsibility that we have in our sexual relations with people.</p>

## III. Friendship

1. Ask the students: What are the characteristics you value in a friend? Using the board list the report under the headings:

Things That You Like Friends to Do

&

Things that You Do Not Like Friends to Do

After the lists are on the board, ask the following questions to facilitate further discussion:

- a. How do you feel if your friends are doing something which you think is wrong, e.g. stealing, cheating, or making fun of someone?
- b. Do you speak out and say that you think that is wrong? Why or why not?
- c. Would a true friend make you do something that you do not want to do?

## IV. Consequences of pre-marital sex

1. Ask the question: “If parents and other people are telling teenagers they should not have sexual intercourse, what are some of the reasons that some teenagers do decide to have intercourse?
  - a. To prove something to yourself of someone else – for example to prove that you’re a man or a woman.
  - b. To fill the emptiness caused by feelings of loneliness or a lack of companionship.
  - c. To rebel against parents or get even with someone who has hurt you.

- d. To hold on to your boyfriend or girlfriend. (You don't think the relationship will survive unless you have sex.)
  - e. To be accepted by others who give you the impression that everyone is "doing it."
2. Ask the students to list consequences of premarital sex.
  3. Limitation on personal life
    - a. There is less time to spend on personal interests and friends. Going out anywhere involves making arrangements ahead of time. This makes it difficult to do anything on the spur of the moment.
  4. Difficulty maintaining old friendships
    - a. Friends continue with their school activities and social interests. The teenage parents, especially, those who leave school, may feel that their friends' interests no longer parallel their own. It can be hard for a teenage parent who is worried about a sick baby to relate to someone who is anxious about tomorrow's geometry test.
  5. Sexually Transmitted Infections (STIs)
    - a. Diseases spread by sexual contact include chlamydia, AIDS, gonorrhea, herpes, etc. Left untreated, they can cause inability to have children, blindness, and death.



6. Feelings of Guilt
  - a. Having sex before you're emotionally ready can cause regrets and guilty feelings. These feelings can leave emotional scars that can affect future relationships.
7. Unexpected Emotional Reactions
  - a. If you take sex lightly or have sex for the wrong reason, you're in for a let down. In fact you may be weakening your relationship rather than making it stronger.
8. Before entering any sexual relationship a person needs to ask themselves some questions. For example:
  - a. Have I thought about all the possible consequences?
  - b. Am I willing to accept all of the consequences?
  - c. Have I honestly considered my values?
  - d. Can I have sex without feelings of guilt or regrets?
  - e. How do my religious beliefs affect this decision?
  - f. Do I have all the knowledge I need to prevent an unwanted pregnancy or the spread of STIs?
  - g. Have I discussed birth control with my partner?
  - h. Do I want to have sex because of pressure from my friends?

## V. Just Say No

- i. Are there other ways my partner and I can build a loving relationship?
1. If you're not ready for sex, just say, "No!"
2. You can say "No" if that's the choice you've made. Here's how you might respond if someone says:
  - a. "Everybody's doing it."  
"No kidding! Then you don't need to "do it" with me!"
  - b. "But we're in love and that makes it ok!"  
"We may be in love, but I'm not ready to make sex a part of our relationship."
  - c. "If you really love me, you'll sleep with me!"  
"If you really love me, you won't try to pressure me that way."
  - d. "What's the matter, don't you trust me?"  
"Sure, I trust you. Don't you respect me and my wishes?"
  - e. "Then I guess there's no reason to go out anymore."  
"Not if sex is what you're looking for."
  - f. "Are you weird or something?"  
"Yes, I am something—something special."

- g. “But we’ve been going out together for so long.”  
“We have been going out together for a long time. But that doesn’t mean we need to have sex.”
- h. “Nobody waits until after the wedding anymore.”  
“That’s not true. I’m somebody and I’m waiting.”

# **RESOURCES**

## **People**

## **Printed Materials**

## **Audiovisual Materials**

- **It Only Takes Once**

## OBJECTIVE 9.7

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

Descriptive Statement: This is a review of the use of assertive skills, conflict resolution, avoidance of risk situations, and referral services in the community. In addition to identifying factors, the student explains or interprets them to others. The student will demonstrate proper approaches to dealing with abusive relationships. The student will demonstrate proper approaches to dealing with physically and mentally abusive relationships. The student will identify the appropriate use of electronic devices.

Content	Suggested Teaching/Learning Strategies
I. Sexual Abuse A. Rape B. Date Rape C. Molestation D. Incest	1. Sexual abuse is a sexual activity that takes place against a person’s will. Victims of sexual abuse may be males as well as females, children as well as adults. The abuse can involve acts from looking and touching to forced intercourse. a. <u>Rape</u> – any kind of sexual intercourse with a person against their will. 1. <u>Statutory rape</u> – legal term for any sexual intercourse with a girl who is a minor, even if it takes place with her consent; it is not necessarily rape in the usual sense of the word. b. <u>Date rape</u> – often this form of rape is less clear-cut than an attack by a stranger in that the girl may be willing to kiss a boy or engage in some level of sexual activity. When she reaches the point when she tells him to stop, he uses physical or psychological force to make her continue the rape has occurred. c. <u>Molestation</u> – to make annoying or injurious sexual advances such as looking or touching. d. <u>Incest</u> – sexual activity between family members who are too closely to marry legally. One of the most common types occurs between a father-step-father-and daughter.

## Content

- II. Common misconceptions
  - A. Rape is always the work of strangers.
  - B. Rapes take place only in the dark, deserted alleys.
  - C. Most rapes are spontaneous.
  - D. Women who wear provocative clothing promote rape.
  - E. Sexual abuse is always accompanied by violence.
  - F. Rapists are motivated by passion.

## Suggested Teaching/Learning Strategies

- 1. Explain and discuss these misconceptions.
  - a. More than half of all rapists know their victims, if only slightly. About one third of rapes occur on dates.
  - b. Most rapes take place in the victim's own home. Dark streets and parks are the next most common sites for attacks and cars are third.
  - c. Most rapes are planned. Often a rapist will stalk out a likely spot. He will then look for a likely looking target or someone who looks vulnerable and easily overpowered.
  - d. Rapists, for the most part, are impelled by hostility toward women or their desire to control rather than by attraction to them. What a woman wears and what she looks like have little to do with whether or not she is raped. Most rapists are looking only for someone they can control, not for someone they consider beautiful or sexy.
  - e. Sexual acts that take place against a person's will are not necessarily violent (cuts, bruises, etc.) One person can use threats or pressures of various sorts to force another to have sex against their will.
    - 1. Knife held to throat
    - 2. Vow to harm a member of victim's family
    - 3. Bribery
    - 4. Psychological force can be just as powerful as physical force.

- f. A rapist is rarely driven by sexual desire. Most rapists have a willing sexual partner available to them. About half of all rapists are married, and many others have girlfriends. They are not, therefore, “starved for sex,” as so many people believe.

What many rapists want is sex that isn’t really available to them. They want to overpower and control a victim. Rapists often use sex as a weapon. For them, the sex act is an act of violence and hostility, not of sexual desire. Many rapists also beat their victims to intensify the violence. Rapists aren’t excited by a women’s attractiveness or sexual appeal. Rather, they are excited by the idea of forcing a woman to do something she doesn’t want to do. Because of this motivation, almost any woman can be their target. Neither age nor level of attractiveness matters.

Because just a small percentage of rapes are reported, it is difficult to make a composite of the typical rapist. Convicted rapists have included doctors, lawyers, and teachers. Judging by the cross section of society from which known rapists have come, rape cuts across all social and economic groups.

### III. Avoidance of risk situations

1. Carry a flashlight after dark. If a car follows you, turn and walk in the opposite direction. Write down the license number and if it continues to follow you, notify the police.
2. If you must walk at night, try to go with companions, an escort, or your dog. Travel well-lighted, open areas. Plan your route and let someone know your destination and when to expect you.

## Content

## Suggested Teaching/Learning Strategies

3. If someone follows you on foot cross the street. If necessary, go to the nearest house or store and ask for help.
4. When answering your door, require identification of all callers. If you have any doubt about repairmen or deliverymen, call their employer. Install a wide-angle door viewer in solid doors.
5. Don't admit a stranger to make a phone call. Take the message and make the call for him.
6. If you are a victim or witness, try to pick out a few good points of identification – scar, prominent feature, tattoo, deformity, accent, etc. Notice height, weight, age, build, color of eyes and hair, complexion, and clothing; but don't make apparent the appearance of memorizing his description.
7. Don't argue with an armed assailant. Don't carry a weapon yourself. It is against the law. You may be overpowered. Your assailant may be more ready to kill than you are.
8. When driving, keep your doors locked and windows rolled up enough to keep someone from reaching in. Travel the busiest and best lighted streets. Never pick up hitchhikers – of either sex.
9. If you are followed or bothered by someone in another car, drive to a service station, police or fire station and ask for help.
1. List different ways of electronic communication.
  - A. Discuss appropriate use of personal electronic devices. (DVD: The Dangers of Sexting: What Teens Need to Know- 17 minutes)
  - B. Effective uses of electronic devices in developing career goals.
2. Legal/personal ramifications of the inappropriate use of electronic devices

### IV. Electronic modes of Communication/Socialization



# **RESOURCES**

## **People**

- Family Resource Center

## **Printed Materials**

## **Audiovisual Materials**

**The Dangers of Sexting: What Teens Need to Know**  
**Human Relations Media – 17 minutes**

## OBJECTIVE 9.8

The student will relate specific information on substance abuse to each stage of the life cycle.

Descriptive Statement: Emphasis is on substance use and abuse during pregnancy, puberty, and adolescence and its general effect on daily functioning.

Content	Suggested Teaching/Learning Strategies
<p>I. Tobacco Use</p> <p>A. Effects of cigarette smoke on a nonsmoker.</p> <p>II. Alcohol Use</p> <p>A. Effects of alcohol on the body.</p> <p>B. Explanation of what is meant by fetal alcohol syndrome.</p> <p>C. Factors affecting alcohol in the body.</p>	<p>1. Have students read the section and in outline form on the chalkboard, list the effects of alcohol on the body, including the liver.</p>

# **RESOURCES**

## **People**

## **Printed Materials**

**Health text book**

## **Audiovisual Materials**

**\*Teach in sex-separated classes.**

**\*OBJECTIVE 9.9**

**The student will be able to explain the process of reproduction.**

Descriptive Statement: Instructional components include anatomy, physiology, conception, fertility, fetal development, childbirth, and prenatal care.

Content	Suggested Teaching/Learning Strategies
I. Anatomy and physiology of the reproductive organs.	
A. The male reproductive system	
1. Structure	1. Introduce the concept of reproductive health, which is knowledge and care of the reproductive system.
2. Functions	1. Review the male reproductive system, using illustrations. (Students should be able to identify by labeling specific parts of the male reproductive system.)
B. The female reproductive system	
1. Structure	1. Review the specific functions of the male reproductive system.
2. Function	1. Review the female reproductive system by illustrations. (Students again will be able to identify by labeling specific parts of the female reproductive system.)
C. Conception	
1. Menstrual cycle	1. Review the specific functions of the female reproductive system.
	1. Use the menstrual cycle illustration from the text. Point out:
	a. That ovulation does not necessarily happen on the fourteen day.
	b. Stress that the cycle does not coincide with a calendar month and that it varies greatly from person to person.

**Content****Suggested Teaching/Learning Strategies**

2. Fertilization and implantation

1. Show a filmstrip on human reproduction “Miracle of Life” or “In the Womb”.

3. Cell division and differentiation

1. Include multiple births

a. Fraternal twins

b. Identical twins

c. Triplets, quadruplets, and other multiple births

# RESOURCES

## People

- School Nurse

## Printed Materials

- Health textbook,
- Human Sexuality Relationships and Responsibilities
  - \* Chapter 4
  - \* Teacher Resource Only

## Audiovisual Materials

- Miracle of Life
- In the Womb

**\*Teach in sex-separated classes.**

**\*OBJECTIVE 9.10**

**The student will demonstrate understanding of specific health issues, including the ability to conduct particular self-examinations.**

Descriptive Statement: The focus is on factual information about menstruation, proper use of feminine hygiene products in relationship to cleanliness, pre-menstrual syndrome, menopause, and male-and-female-specific concerns. Disease prevention through self-assessment and self-examination is reinforced with emphasis on breast and testicular self-examination.

Content	Suggested Teaching/Learning Strategies
I. Menstruation	1. Review material covered in objective 9.9.
II. Toxic Shock Syndrome (TSS)	1. <u>Toxic Shock Syndrome (TSS)</u>
A. Warning signs Reducing risks	TSS is a disease believed to be caused by toxin-producing strains of the bacterium <i>Staphylococcus aureus</i> . Approximately 75% of the cases reported to the Federal Centers for Disease Control with onset in 1982-83 occurred in menstruating women who were using tampons, while the remaining occurred in children, men, and women who were not menstruating.  2. The decision to use a tampon is, as it has always been, a personal decision. In order to make informed decisions about the use of tampons, you should be aware of the following:  a. The risk of getting TSS may be higher during the first or second menstrual period after giving birth.  b. There is the possibility that you can reduce the risk of TSS by alternating your tampon use with feminine pads, such as MAXITHINS pads. You can also avoid the risk of tampon-associated TSS by not using tampons.

- c. The warning signals of TSS include: a sudden high fever (usually 102 degrees or higher), vomiting, diarrhea, a rash that looks like a sunburn, dizziness or fainting, or near fainting when standing up. TSS can rapidly progress from these flu-like symptoms to a serious illness that can be fatal. If you have any of these signs and are using a tampon, remove it and contact your doctor for immediate treatment. Tell your doctor that you have been using tampons and think that you may have TSS. You should seek medical treatment before resuming the use of tampons if you have had TSS warning signs in the past. To answer any questions you may have regarding TSS or tampon use, contact your doctor.
  - d. Use a tampon with the minimum absorbency needed to control your menstrual flow. One major epidemiological study found that women who use higher-absorbency tampons (such as Super Plus) are more likely to develop TSS than women who use lower-absorbency tampons (such as Super, Regular, Slender Regular, and Junior).
3. **Other Helpful Advice:** The amount of menstrual flow varies with each woman, within a single period and from month to month. You should evaluate your flow and select the tampon with the minimum absorbency required to meet your needs. You may want to use different tampon absorbencies for different days of your menstrual period.



**Content****Suggested Teaching/Learning Strategies**

## III. Premenstrual Syndrome

## 1. Premenstrual Syndrome (PMS)

Many women experience distressing emotional and physical changes prior to menstruation. These changes may include feelings of depression, irritability, headaches, bloating, and temporary weight gain (two to five pounds), sore breasts, pain in the joints, and general tiredness. Skin blemishes may flare up as well. During the menstrual cycle, the ovaries are secreting estrogen and progesterone at high levels to prepare the uterus for possible pregnancy. This may account for many of the symptoms associated with PMS, particularly fluid retention. Obviously, your attitude will also have some effect on the way you feel at this time. If premenstrual symptoms become a serious problem, a woman should consult her physician.

## IV. Menopause

1. Menopause

Some women have a sense of finality about experiencing the permanent ending of menstrual activity called menopause or “change of life.” This change is perfectly normal and all that ends is a woman’s ability to have a child. Her sexuality does not diminish as a result of menopause nor does her vitality and energy.

The age at which an individual woman experiences menopause may be related to the age which she started to menstruate. In most women menopause occurs during the mid-forties or early fifties. But menopause can take place earlier or later than this. Some women stop menstruating by the time they are 35, and some not until their mid to late fifties.

Menopause usually doesn’t happen all at once. Menstrual periods may become erratic before they finally end. It is the rare woman who stops menstruating abruptly.

Menopause occurs when the ovaries begin to produce smaller amounts of estrogen. This can cause hot flashes (a sudden wave of heat from the waist up that may cause perspiration), headaches, and depression. Some menopausal women, however, experience no symptoms at all or only minor ones. Other glands in the body and the ovaries themselves continue to produce small amounts of estrogen throughout a woman's life. For women who menopausal symptoms are severe, estrogen pills are sometimes prescribed in what is known as "hormone replacement therapy." Since undesired side effects may result from this therapy, it should be discussed carefully with a gynecologist.

V. Breast Self Exam

1. Demonstrate to the class the flip chart "The Good News about Breast Care."
  - a. Facts You Should Know
  - b. Warning Signs of Breast Cancer
  - c. How to Do Breast Self-Examination
  - d. Make Monthly BSE a Routine Part of Your Life
  - e. Mammography
2. Demonstrate BSE using BSE Model
3. Have students practice on BSE Model and identify location and size of breast lumps.

VI. Testicular Self-Exam

1. Demonstrate to class the flip chart "What Every Male Should Know About Cancer of the Testicle."
  - a. Facts You Should Know
  - b. Normal Anatomy of the Male Penis
  - c. Abnormalities of the Scrotum

- d. How to Do Testicular Self Examination
- e. Treatment for Cancer of the Testicle
- 2. Demonstrate TSE using TSE Model
- 3. Have students practice on TSE Model and identify location and size of lumps.

# **RESOURCES**

## **People**

- School Nurse

## **Printed Materials**

## **Audiovisual Materials**

- Flip Chart
- DVD: Testicular Cancer and the Importance of TSE
  - TSE model
- Breast self exam model and DVD

**\*Teach in sex-separated classes.**

**\*OBJECTIVE 9.11**

**The student will demonstrate knowledge of pregnancy prevention and disease control.**

Descriptive Statement: Topics include planning for adult relationships, a review of factors to consider in planning for a family, misconceptions about contraception, a review of methods of contraception in relation to effectiveness in pregnancy prevention and disease control, and the decisions associated with contraception. Abortion is not presented as a method of birth control, but spontaneous abortion or miscarriage is explained and the risks of induced abortion are analyzed.

<b>Content</b>	<b>Suggested Teaching/Learning Strategies</b>
<p>I. Planning for a family</p> <p>A. Factors to be considered when planning or discussing planning for a family</p> <p>B. Problems related to having children</p>	<p>1. Discussion to include:</p> <p>a. Decision to have children and how many. (Research by students the cost of having a baby and taking care of it.)</p> <p>b. Financial security</p> <p>c. Educational goals desired for child</p> <p>d. Period of time husband and wife need to adjust to each other before having a baby</p> <p>e. Mother's health</p> <p>f. Genetic disorders</p> <p>g. Religion</p> <p>h. Cultural heritage</p> <p>i. Career goals of parents</p> <p>1. Discussion on:</p> <p>a. Infertility</p> <p>b. Handicapped child</p> <p>c. Death of a child</p> <p>d. Consideration of adoption</p>

<p>II. Contraception</p> <p>A. Why do teenagers risk pregnancy?</p>	<p>1. Most teenagers do not want intercourse to result in pregnancy, yet many do nothing to prevent pregnancy from occurring. Why do teenagers risk pregnancy?</p> <p>a. Lack of information</p> <p>1. About contraception</p> <p>2. About the consequences of premarital sex</p> <p>b. Fear of discovery</p> <p>1. By parents</p> <p>2. By friends</p> <p>c. Desire for “spontaneity”</p> <p>1. Do not want anyone to know they expected to have sex</p> <p>d. Desire for pregnancy</p> <p>1. To convince boyfriends to marry them</p> <p>2. To show maturity</p> <p>3. To have someone to love and be loved by</p> <p>e. Embarrassment</p> <p>1. Discussing contraception with partner</p> <p>2. Buying contraception</p>
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- f. Availability of abortion
1. “After the fact” birth control
  2. **Abortion is Not a Form of Birth Control!!! Abortion terminates pregnancy but is not a form of contraception!**
- A. Spontaneous abortion-
1. Most commonly called a “miscarriage”.
  2. It occurs with no apparent interference and the cause is usually unknown.
  3. Trauma is rarely a cause.
  4. May be due to:  
abnormalities of fetus  
or umbilical cord; fetal  
chromosome  
abnormalities; low  
hormone levels;  
maternal infections.
3. Abortions involve certain risks.
- A. Physical risks including possibilities of infection of infection, perforation of the uterus, serious blood loss, and incomplete abortion.
- B. The abortion isn’t over when the doctor finishes procedure. An emotional Aftermath often involves conflicting feelings.
1. Guilt
  2. Anger
- g. Forgetfulness or annoyance

## Content

## Suggested Teaching/Learning Strategies

### B. Contraception

- h. Myths about pregnancy
  - 1. Won't get pregnant the first time they have intercourse
  - 2. Too young to get pregnant
  - 3. Can't get pregnant standing up or if they don't have an orgasm
  - 4. Lack of desire acts as a contraception
    - a. If I don't want to get pregnant, I won't.
- i. Refusal to face reality
  - 1. Don't want to admit to themselves the possible serious consequences of sexual activity.
- 1. The percentage following each method is its failure rate which is explained to the class. Contraception Effectiveness: Will it Work?
  - a. 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:

1. Effectiveness numbers do not protect the individual user. For example a 3-8% 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.
2. Provide consistent information.
3. Technology fails people, just as people fail technology. Contraceptives are imperfect and can fail even the most diligent user.
4. Using 2 methods at once dramatically lowers the risk of accidental pregnancy, provided they are used consistently.
5. Methods that protect a person for a long time (sterilization, implants, IUD's, etc.) tend to be associated with fewer contraceptive failures.

**Content**

- 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

- 2. The percentage following each method is 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.
    - 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

**Suggested Teaching/Learning Strategies**

## Content

## Suggested Teaching/Learning Strategies

- 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.
  - 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

## 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
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    - 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 STI's
  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

## Content

## Suggested Teaching/Learning Strategies

- c. Not recommended for women who:
  - 1. Have not been pregnant
  - 2. Have intercourse with many partners
  - 3. History of PID
  
- 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 - 0.15% 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 0.4% 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**

**Health textbook**

## **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**

## OBJECTIVE 9.12

The student will explain the transmission and prevention of the AIDS virus.

Descriptive Statement: This is a review of the ways in which HIV is transmitted and the techniques for preventing this disease.

### Content

- I. Define the terms: HIV-human immunodeficiency syndrome and (AIDS-acquired immune deficiency syndrome).
  
  
  
  
  
  
  
  
  
  
- II. Transmission of HIV:
  - A. Risky behaviors that put a person in danger of HIV/AIDS:
    - 1. Having sexual intercourse (oral, anal or vaginal) with an infected partner/partners
    - 2. Having multiple sexual partners
    - 3. Having sexual contact with a prostitute
    - 4. Using injectable drugs
    - 5. Sharing needles (drug, tattoo, ear-piercing)
    - 6. Using alcohol and other drugs
    - 7. Sharing blood (in “blood brother” rituals and by giving first aid without gloves)

### Suggested Teaching/Learning Strategies

- 1. Definitions:
  - a. HIV and AIDS are different.
    - 1. HIV infection is the virus that infects cells of the immune system and causes AIDS.
    - 2. AIDS is the disease that is caused by HIV, which weakens the immune system.
  
- 2. AIDS – Symptoms
  - a. Some people carry the virus and have no symptoms. It may take up to 10 for symptoms to develop.
  - b. AIDS – The body develops rare and life-threatening conditions such as pneumocystis carinii pneumonia (PCP) or Kaposi sarcoma a rare skin cancer
  
  
  
  
  
  
  
  
  
  
- 1. Ask students to recall the ways
  - a. HIV/AIDS is transmitted:
    - 1. From sexual intercourse (oral, anal, vaginal)
    - 2. From blood-to-blood contact (including sharing injectable drug equipment or “works,” giving first aid without gloves, “blood brother” rituals, tattoos, body piercing).
    - 3. From unborn mother to unborn child.

## Content

- B. “Safe” behaviors
1. Abstaining from sexual intercourse (oral, anal, vaginal)
  2. Abstaining from injectable drug use
  3. Maintaining a monogamous sexual relationship with an uninfected person. Monogamous particularly in our culture means married. You cannot tell by looking at someone if they are married.
  4. Avoiding needle-sharing (tattoo, ear-piercing, drug, including steroid)
  5. Avoiding drug and alcohol use (it can impair judgment and lead to risky behaviors)
- C. “Safer” behaviors
1. Using a latex condom.
  2. Limiting the number of sexual Partners

## Suggested Teaching/Learning Strategies

2. Have students participate in a class activity to help them understand how HIV may be transmitted sexually. Tell one student, without anyone else knowing, that he/she is the “special one” (HIV infected) for this activity. Ask students to stand and shake hands with another student. Then, have each student shake hands with another person. After the entire room is standing and everyone has shaken hands, tell students that when a person has had sex with someone, he/she has also had sex with each of the person’s sexual partners. Ask the “special one” to identify him/herself. If students shook hands with the “special one,” ask them to raise their hands. Keep the hands up. If classmates shook hands with any of these persons, they are to raise their hands. Students can see how easy it is to spread HIV. This concept can also be shown by having a student break off and eat part of food and pass it on with each student breaking off and eating a piece of food in turn.

## Content

## Suggested Teaching/Learning Strategies

3. Write the word PREVENTION vertically on the board and have students work in groups of three to prepare a list of AIDS prevention guidelines that begin with each letter of the word (P, R, E, etc.). These methods address the individual's responsibility in the prevention of HIV transmission (e.g., P = Practice abstinence; N = No sex, no drugs!).
4. Compile students' lists of prevention tips into one set of guidelines for all students in school. Have each group write one of its methods on the board next to one of the letters in the word "Prevention."
5. Emphasize that using a condom does not make sex "safe." Condoms may make sex "safer", but the only "100% safe" behavior is **abstinence**.
6. Test to be sure.  
When a couple is ready for marriage, an HIV test is the best way to determine that both partners are free of HIV. Because HIV can be transmitted by means other than sexual activity, even those who have been abstinent may have other risk factors.

## OBJECTIVE 9.13

### The student will identify the effects of discrimination.

Descriptive Statement: The teacher helps students identify forms of discrimination including ageism, racism, and sexism and the consequences of discrimination on individual and family life. Discussion focuses on the value and importance of differences among individual's and families. The effects of discrimination on a person's mental health will also be discussed.

#### Content

#### I. Define discrimination including:

- A. Ageism
- B. Racism
- C. Sexism

#### II. Discuss how discrimination effects:

- A. Individuals
- B. Family Life
- C. Mental Health

#### Suggested Teaching/Learning Strategies

1. **Discrimination** toward or against a person of a certain group is the treatment or consideration based on class or category rather than individual merit. It can be behavior promoting a certain group, or it can be negative behavior directed against a certain group.
  - a. Ageism – age discrimination is on the grounds of age. Comes in three forms:
    1. Against youth
    2. Against those 40 years old or older
    3. Against elderly people.
  - b. Racism – differentiates between individuals on the basis of real and perceived racial differences.
  - c. Sexism – gender discrimination and sexism refers to beliefs and attitudes in relation to the gender of a person, such beliefs and attitudes are social and do not normally carry any legal consequences. Sex discrimination, on the other hand, may have legal consequences.
1. Classroom discussion focuses on the value and importance of differences among individuals and families.
2. Discussion also focuses on effects of discrimination on mental health.

## OBJECTIVE 9.14

**The student will begin to identify educational and career goals.**

Descriptive Statement: Students formulate educational and career objectives. A “life goals” project provides the structure for achieving this objective and students complete activities that enable them to gain insight into the variety of personal and career options available to males and females. Students will discuss the impact of use of social networking sites, such as MySpace, Facebook and Twitter, on career goals.

### Content

### Suggested Teaching/Learning Strategies

- |  |   |
|--|---|
| <p>I. Students will develop objectives for:</p> <ul style="list-style-type: none"><li>A. Career objectives</li><li>B. Educational objectives</li></ul> | <p>1. A “life goals” project provides information for students to:</p> <ul style="list-style-type: none"><li>A. Complete activities that enable them to gain insight into personal and career options available to males and females. Activities such as:<ul style="list-style-type: none"><li>1. Oral or written reports on chosen careers and educational requirements, salary, etc.</li><li>2. Collage of careers and job opportunities.</li><li>3. Speakers from different fields and educational backgrounds to present information.</li></ul></li><li>B. Refer to Objective 10.8.</li></ul> |
| <p>II. Effects of Social networking on career goals.</p>   | <p>1. Refer to Objective 9.7.</p> <p>2. DVD- <u>THE DANGERS OF SEXTING: What Teens Need to Know – 17 minutes</u></p>  |



## **RESOURCES**

### **AUDIOVISUAL MATERIALS**

**THE DANGERS OF SEXTING: What Teens Need to Know**  
Human Relations Media – 17 minutes