HEALTH CURRICULUM PHILOSOPHY

Monroe School District is committed to delivering a comprehensive health curriculum that will empower students to live healthy lives as they learn to make responsible personal and social decisions. We believe that positive health behaviors will optimize physical, mental, emotional and social growth maximizing student ability to learn.
Monroe Public Schools

GUIDELINES FOR RESPONDING TO STUDENT QUESTIONS
(adopted from Family Living and Sexual Health)

F.L.A.S.H.

Value Questions

Sometimes students ask directly about right and wrong (e.g. "How old should a person be to have a baby?") and other times they ask fact questions that have value components. In either case, we recommend this protocol for responding:

1. **AFFIRM THE ASKER.**

   "Good question."
   "I'm glad you asked."
   "A lot of people wonder that."
   "That's an important issue."

2. **IDENTIFY IT AS A BELIEF QUESTION.**

   "That's a belief question, not a fact question." or "That's partly a belief question."

3. **ANSWER THE FACTUAL PART, IF THERE IS ONE.**

   "You asked how old a person should be to have a baby. First let's look at the facts. The healthiest age, for mother and baby, is the 20's and early 30's."

4. **HELP THE CLASS DESCRIBE THE RANGE OF BELIEFS...NOT THEIRS, BUT SOCIETY'S.**

   "Different people believe different things about when a person is ready to be a parent. What do you think some people believe?

   Note: Make sure a variety of viewpoints are described. This may mean adding some the class doesn't think of.

5. **OPTIONAL: STATE YOUR OWN BELIEF...if it's a relatively universally held belief.**

   "As long as you asked my opinion I don't think it would be fair or smart to have a baby at your age...12 or 13 years old."

6. **REFER TO PARENTS, CLERGY AND OTHER TRUSTED ADULTS.**

   "Why don't you check with your family tonight. Find out what your folks believe about that, or what your church or synagogue or temple teaches, if you belong to one."
Requests for Information

If you know the answer, fine. If not, it's okay to say “I don't know,” and then refer the student to the appropriate source.

Are there some values issues within the context of the questions? If yes, make sure various points of view are presented.

Is the question, although informational, one which you consider inappropriate for classroom discussion? Problems can be avoided if you established in the context of the class ground rules, and agreement such as: “All questions are valid. However, I will have to make the final decision about the appropriateness of each question for total class discussion. If you turn in a question anonymously which I choose not to answer, it is not because it is a bad question. I may feel that it is not of interest to all students or that I am not prepared to lead a class discussion around that issue. Please see me at the end of class if this happens so that I can try to answer your question privately.

“Am I Normal” Questions

These questions generally focus on adolescent concerns about their bodies and the emotional and physical changes they are experiencing.

Validate their concern, e.g., “Many young people worry that...” and provide information about what they can expect to happen during the adolescent years.

Refer these to parents, clergy, family physician, community resources, school counselor for further discussions, if appropriate.

Permission-Seeking Questions

These come in two common forms, and may seek your permission to participate in a particular behavior, e.g. “Is it normal...?” or Did you... when you were growing up?”

Avoid the use of the word “normal” when answering questions. Normal for some is morally unsanctionable for others. Present what is known medically, legally, etc. (the facts) and discuss the moral, religious and emotional implications, making sure all points of view are covered. Refer to parents and clergy for discussion of moral/religious questions.

Establish in the content of class ground rules, an agreement related to discussion of personal behavior, such as: “No discussion of personal behavior during class.” If and when you get a question about your personal behavior, you can remind students of this ground rule and redirect the discussion to one of the pros and cons (religious, moral, medical, emotional, legal, interpersonal, etc.) of the particular behavior in question. Again, refer students to parents and clergy for further discussion of moral/religious questions.

Shock Questions

Again, remind students of the class ground rule related to appropriate questions for classroom discussion. Sometimes the shock comes not from the content of the question, but the vocabulary utilized. You can reword the question to defuse it, especially if you have previously established in the context of class ground rules, a rule related to vocabulary, such as: “In this class I will be trying to balance two conflicting goals: I want to communicate with you. Sometimes you may not know the correct word for something you have questions about. Use whatever word you know to ask that question and I will answer using the standard (medical/tasteful) word.”

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* 1996 * Family-Planning Program * Seattle King County * Department of Public Health
Monroe Public Schools

Instructor Guidelines For Responding To Topics
In Human Sexuality and HIV/AIDS Instruction

(Grades 4-12)

NOTE: When addressing issues of a sensitive nature always respond within the framework of the attached "F.L.A.S.H. Guidelines for Responding to Student Questions".

HUMAN SEXUALITY

Conditions

Grade 4/5/6 Gender separate discussions when content specific to reproductive system functions and structures.

Grade 7/8/10 Co-educational discussions. Gender separate question and answer sessions encouraged when possible. Discussions about anatomical structures will relate to life skills understanding of functions of reproductive system.

HIV/AIDS PREVENTION

Conditions

Grade 4 Not appropriate for class discussion. See Guidelines for Responding to Young Children’s Questions About AIDS

Grade 5/6 Gender separate discussions when content specific to modes of transmission and reproductive system functions and structures. Gender separate question and answer sessions

Grade 7-12 Co-educational instruction
Condom demonstration for grade 8 gender separate only. Gender separate question and answer session encouraged when possible.
ABSTINENCE

Conditions

Grade 4  Not appropriate for class discussion. See “Teacher Guidelines for Responding to Sexuality Questions... Elementary Students.”

Grade 5  Respond to student questions only using definition and referral to range of beliefs and support system. See “F.L.A.S.H. Guidelines for Responding to Student Questions.” Gender separate

Grade 6  Definition introduced in context of HIV/AIDS discussion. Gender separate

Definition: Abstinence is refraining from something; not participating in sexual behavior or the use of alcohol or other drugs.

Grade 7-12  Discussion occurs in the context of sexual decision making. Co-educational discussions.

Definition: Abstinence is refraining from sexual intercourse (vaginal, oral and anal). Abstinence is 100% effective in preventing pregnancy and transmission of a sexually transmitted disease, including the sexual transmission of HIV. Abstinence from sexual intercourse is the wisest and healthiest choice for teenagers. People can show affection and caring for others without being sexually active.

It is recognized that most people will be sexually active at some time in their lifetime. Sexual intercourse is an important part of most people’s lives as a way to show strong affection and to create a new life. Having sexual intercourse, or not having sexual intercourse, is a choice. Many people decide that choosing to delay having intercourse until they are adults is the best decision.

MONOGAMY

Conditions

Grade 7-12  Definition: Two people who have sexual intercourse only with each other in a long-term committed relationship, typically represented by marriage.

Every time two people have sexual intercourse they risk direct exposure from each other, and indirect exposure from everyone his/her partner has ever had sexual intercourse with. The practice of serial monogamy, faithfulness to a single partner for short periods of time, carries high risk of sexually transmitted disease exposure. Co-educational discussions
SEXUAL INTERCOURSE

Conditions

Grade 4 Not appropriate for class discussion. See "Teacher Guidelines for Responding to Sexuality Questions... Elementary Students" to guide decisions in responding to individual student questions.

Grade 5 Definition will be introduced within the context of HIV/AIDS instruction as one of the ways the AIDS virus can get into a person's body. **Gender separate**

**Definition:** "Sexual union between a man and a woman when the penis is inserted into the vagina." Definition will expand as developmental age of student increases. **Gender separate**

Grade 6-7 Definition will be provided within the context of HIV/AIDS instruction as risk behavior for transmitting HIV. Sexual intercourse is discussed as an important part of most adults' lives as a way to show strong affection and to create a new life. Sexual intercourse is worth waiting for until you are an adult. Sexual intercourse is emphasized as a very special relationship between two people, involving adult decisions and responsibilities.

Religious/spiritual beliefs and individual and family values may discourage or disapprove of intercourse outside of marriage. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you, as you grow older. **Gender separate**

**Definition:** "Sexual union between a man and a woman involving the insertion of a man's penis into a woman's vagina, resulting in the exchange of sexual fluids."

Grade 8-12 **Co-educational discussions** will occur within the context of STD (including HIV) transmission and prevention, and sexual decision-making. Focus will be on promoting committed, mutually monogamous, non-exploitive relationships with main emphasis on abstinence (i.e., choosing to delay sex). Risks of intercourse, i.e., physical and emotional, will be stressed.

Sexual intercourse is emphasized as a very special relationship between two people, involving adult decisions and responsibilities. Religious/spiritual beliefs and individual and family values may discourage or disapprove of intercourse outside of marriage. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you, as you grow older.

**Definition:** "Sexual contact between two people involving the insertion of a man's penis into a woman's vagina (vaginal intercourse), placement of the mouth on the genitals of another person (oral intercourse), or insertion of a man's penis into the anus of another person (anal intercourse)."
SEXUAL CONTACT

Sexual contact: Sexual behavior involving contact of genitals with genitals or mouth with genitals (vaginal, anal and oral intercourse). Sexual contact may involve the risk of passing a sexually transmitted disease from one person to another even if no penetration takes place.

Grade 8-12 The term “sexual contact” will be used in discussions regarding sexual intercourse and sexual risk behaviors.

CONDOM

Conditions

Grade K-4 Formal instruction begins in Grade 5. See "Teacher Guidelines for Responding to Sexuality Questions... Elementary Students" and "Guidelines for Responding to Young Children's Questions About Condoms" to guide decisions in responding to individual student questions.

Grade 5 Respond to student questions only if raised and within the context of HIV/AIDS lessons, as developmentally appropriate based upon the professional judgement of the teacher and the interest and maturity of the students. Gender-separate

Definition: "A condom is worn on the genitals of a man to decrease, but possibly not prevent, the risk of passing the AIDS virus and other diseases from one person to another during sexual intercourse. It could also be worn to decrease the chance of a woman becoming pregnant. A condom is made of thin balloon like material. If you find a condom, or something that looks like a condom, you should tell an adult and you should leave it alone because of the risk it could carry disease.

Grade 6 Instruction will occur within the context of HIV/AIDS discussion. Gender-separate

Definition as in Grade 5. It may be stated that a condom worn by a man during intercourse decreases, but may not prevent, the risk of passing sexual fluids from one person to another.

Grade 7 Discussions will occur within the context of HIV/AIDS education and prevention of sexually transmitted diseases Co-educational or gender separate.

Definition as in grade 8-12.

Grade 8-12 Co-educational discussions will occur within the context of HIV/AIDS education, prevention of transmission of sexually transmitted diseases, and risks of teen pregnancy.

Definition: "A condom is a protective covering made of latex used by the male to cover the penis during sexual contact. A condom is used to reduce the risk of
pregnancy and to reduce the risk of passing a sexually transmitted disease from one person to another during sexual contact.

Wearing a condom during sexual contact significantly reduces, but may not prevent, the risk of pregnancy and STDs, including HIV, when used consistently and correctly. When a male does not wear a condom a female condom can be another barrier method to reduce the risk of STDs and pregnancy if it is used consistently and correctly. The female condom is inserted into the vagina for collection of semen during sexual intercourse. The female condom is more difficult to use and less effective than the male condom for protection against pregnancy and sexually transmitted diseases. Condoms made of natural skin are not effective in protecting against STDs, including HIV.

Recognize that you have a right to say no to sexual contact. If you make a choice to participate in sexual risk behaviors, either now or in the future, always use a protective barrier.

If a condom breaks during sexual contact those involved should consult a healthcare professional immediately to determine the risk of sexually transmitted disease. The most effective way to prevent sexual transmission of HIV and other STDs is to abstain from sexual contact (vaginal, anal and oral).

**CONDOM DEMONSTRATION**

<table>
<thead>
<tr>
<th>Conditions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 4-7</td>
<td>Condom demonstration will not take place. Condoms and other forms of barrier methods/birth control methods will not be demonstrated or shown to students.</td>
</tr>
<tr>
<td>Grade 8</td>
<td>Condom demonstration will be presented by a physician, or by an approved video or as approved by the superintendent. Fingers or hand only will be used for the male condom demonstration. Male and female condoms will be shown to students by a physician, an approved video or as approved by the superintendent. Condom definitions will be provided within the context of the physician's or health educator's instruction. Instruction will be Gender separate at grade 8 with co-educational discussion at the conclusion of the condom demonstration.</td>
</tr>
<tr>
<td>Grade 9</td>
<td>No condom demonstration will occur in grade 9 HIV/STD prevention unit</td>
</tr>
</tbody>
</table>
| Grade 10     | Co-educational or gender separate presentation for condom demonstration will be conducted by a health educator (i.e., physician, health teacher, school nurse or other licensed health professional with approval of the superintendent after consultation with the District's Health Curriculum Coordinator). A model as approved by the superintendent may be used for the male condom demonstration. Students may choose to practice the placement of a condom over their own fingers and/or those of a student
partner’s fingers on a voluntary basis. A female condom may be shown to students by the health educator.

MASTURBATION

Conditions

Grade 4  Not appropriate for class discussion. See "Teacher Guidelines for Responding to Sexuality Questions... Elementary Students" to guide decisions about responding to individual student questions.

Grade 5  Respond to student questions as developmentally appropriate, based upon the professional judgement of the teacher and the interest and maturity of the students using only definition in grade 6. Refer to range of beliefs and support system. Gender separate

Grade 6  Definition provided in response to student questions within context of puberty and human sexuality discussion. Gender separate

Definition: "Touching one’s genitalia (private parts) for sexual pleasure. Some people think that masturbation is all right to do as long as it is done privately. Other people think that masturbation is not okay to do. Religious/spiritual beliefs and individual and family values may discourage the practice or disapprove of masturbation. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you."

Grade 7/8  Definition provided within the context of puberty/adolescence and human sexuality discussion. Co-educational

Definition: Same as grade 6

Grade 8/9  Respond to student questions as appropriate using definition grade 6

Grade 10  Discussion may occur within the context of adolescence and human sexuality discussions. Co-educational discussions

Definition: Masturbation is sexual stimulation of one’s genitals that may lead to climax or orgasm. Some people think that masturbation is all right to do as long as it is done privately. Other people think that masturbation is not okay to do.

Some people think that masturbation may be a safe alternative to sexual intercourse because it presents no risk of pregnancy or sexually transmitted disease. Religious beliefs and individual and family values may discourage or disapprove of the practice. Talking to a trusted adult such as a family member or spiritual leader may be helpful in deciding what is appropriate for you.

Grade 11/12  Respond to student questions as appropriate using definition grade 10 Co-educational discussions
APPROVED POSITION STATEMENTS

Acceptance of Differences and Diversity.
The Monroe Public Schools recognizes that there are differences and diversity in all aspects of society, in individuals and in-groups. The American ideals of tolerance and democracy are demonstrated through the commitment to recognize differences and diversity by teaching children respect for others. Promoting awareness and education about differences and diversity in order to facilitate the healthy development of all individuals is a commitment of the District. The Monroe Public Schools celebrates the enrichment that differences and diversity brings to its school community.

Language is powerful in its ability to include or exclude individuals and groups. It is recognized that our role as educators is to respect and appreciate all persons, remaining neutral in our language so as not to exclude or promote individuals or groups. Tolerance is to be upheld in all settings and at all times.

Statement on Individual Differences
Grade 4-12 - Focus for all employees, students and families, at all grade levels will be on fostering respect for individual differences, avoidance of labeling and stereotyping, and recognition that all individuals are entitled to respect and protection from discrimination.

Statement on Risky Behaviors (STD/HIV Prevention Education)
Discussions within the context of disease transmission and prevention will focus on risk-taking behaviors, not on high-risk groups. Instruction will emphasize that it is not "who you are" but "what you do" that places one at risk for getting infected with a sexually transmitted disease. Emphasis will remain on promoting abstinence and delaying onset of sexual activity. Sexual activity will be discussed in terms of recognizing degree of risk and reducing risky behaviors.

Definition of Family
The Monroe Public Schools recognizes that families are unique and important. A family is defined as "a group of people related by blood, marriage or legal adoption. Family may also refer to members of common ancestry. Families are also defined as groups of people who live together, support each other, and meet each others needs in positive and healthy ways."
*Delivery of this unit is in the science classroom as a separate health unit.*

**Unit 1, Reproductive System (3-5 days)**

**Student Learning Expectations:**
Understands the structure and functions of body systems using medically accurate terminology (GLE 2.2.1)

**Book Resources:**
Sex Can Wait: Lesson 7-Male Reproductive System, Lesson 8-Female Reproductive System

**Video Resource:**
“Incredible Human Machine”

**Formative Assessment:**
Available per Sex Can Wait resources.

**Unit 2, Puberty (3-4 days)**

**Student Learning Expectations:**
Understands the changes occurring during puberty (GLE 2.2.2)

**Book Resources:**
4/5/6 F.L.A.S.H.: Lessons 9 and 10-Puberty
- Or -
Sex Can Wait: Lesson 9-Changing Bodies, Changing Minds w/Family Interview

“Growing Up and Liking it: Greg’s Story” (Pamphlet)
“Growing Up and Liking it: Kate’s Diary” (Pamphlet)

**Video Resource:**
“What Kids Want to Know About Sex and Growing Up”

**Formative Assessment:**
Per F.L.A.S.H. or Sex Can Wait resources

Updated March 2017
Unit 3, HIV/AIDS (5 days)
Student Learning Expectations:
Understands that some diseases can be transmitted when people have sexual contact
(GLE 2.3.1)

Book Resources:
KNOW Grade 6: Lesson 1-HIV Overview: Transmission and Lesson 2—Abstinence
and Refusal Skills

Video Resource:
“Living with HIV”
“I Have AIDS: A Teenager’s Story” (Optional)
(No new video available for 6th Grade at this time)

Formative Assessment:
Video Discussion Questions
Pre-Assessment, Student Assessment & Review, Question Box and other ongoing
assessment per KNOW resource

Unit 4, Gender Roles (1 day)
Student Learning Expectations:
None on this topic

Book Resources:
4/5/6 F.L.A.S.H.: Lesson 4-Gender Roles
-Or-
Sex Can Wait: Lesson 10-Gender Roles and Puberty

Video Resource:
None Available

Formative Assessment:
Per F.L.A.S.H. or Sex Can Wait resources

Unit 5, Life Skills Training (10-15 days)
Student Learning Expectations:
Understands the dimensions of health as physical, social, intellectual, emotional and their
indicators (GLE 2.1.1)
Understands benefits of maintaining a balance of healthy habits (GLE 2.2.4)
Understands skills that prevent and control non-communicable diseases (GLE 2.3.2)
Understands abusive and risky situations (GLE 2.4.1)
Understands stress and stress-management techniques (GLE 2.4.3)
Understands issues and risks related to drug use and abuse (GLE 2.4.5)

Updated March 2017
Book Resources:
- Teacher Manual
- Student Guide (Non-consumable—Students should put entries into their own journal)

Video Resource:
Smoking and Biofeedback Videotape

Audio Resource:
Relaxation Cassette Tape

Formative Assessment:
Per resource and Journal Entries

Materials/Resources
- Sex Can Wait (Binder, 1994)
- 5/6 KNOW (Binder, 2014)
- “Growing Up and Liking it: Greg’s Story” (Pamphlet, 1988)
- “Growing Up and Liking it: Kate’s Diary” (Pamphlet, 1988)
- Smoking and Biofeedback Videotape
- Relaxation Cassette Tape
- “Living with HIV” (Videotape, 1996)
- “I Have AIDS: A Teenager’s Story” (Videotape, 1988) (Optional)
- “What Kids Want to Know About Sex and Growing Up” (Videotape, 1992)
- “Incredible Human Machine” (Videotape, 1975)

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F.L.A.S.H. is the product of many people's efforts. The 2005-7 updates and revisions, at all grade levels, including all the appendices, reflect the creativity, work and commitment of:

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Birth Control lesson revised in 2005 and 2006
By Anya Nartker and Brett Niessen, MPH candidates with illustrations by Molly MacGregor
Sexual Health & Hygiene lesson revised in 2006
By Elizabeth “Beth” Reis, MS
Sexually Transmitted Disease lessons revised in 2006
By Brett Niessen, MPH candidate

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Sexually Transmitted Disease lessons revised in 2006
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9/10 F.L.A.S.H.
Written by Elizabeth “Beth” Reis, MS
Unplanned Pregnancy and Contraception lessons revised in 2005
Abstinence and Emergency Contraception lessons written in 2005
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Sexually Transmitted Disease lessons revised in 2006
By Brett Niessen, MPH candidate
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By Anya Nartker, MPH candidate
HIV/AIDS lessons revised in 2006
By Maia Piccagli, MPH candidate
Gender Identity/Expression & Sexual Orientation lessons revised in 2006
By Kari Kesler, MA and Beth Reis, MS
Medical Review

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Preparatory School of
Tacoma
Ordering Information

Preview the *F.L.A.S.H.* curricula online. Go to: 
http://www.metrokc.gov/health/famplan/flash/

Order professionally printed, hard copies of the *F.L.A.S.H.* curricula, in 3-ring binders, with dividers. Go to: 

For more information about ordering:  
Outside Washington: 1-800-325-6165 ext 64902  
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## Overview of 4/5/6 FLASH

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**Note:** Other issues may be addressed in response to students' questions. Unless students spontaneously express interest, it is fine to wait until 7th or 8th grade to teach about birth control, testicular self-exam, and other reproductive health concerns.
Introduction

This is a curriculum designed by the Public Health – Seattle & King County, Family Planning Program. It consists of nineteen lesson plans for the intermediate classroom (grades four through six). There are also F.L.A.S.H. curricula for use in mainstream and special education classes at the middle school and high school levels.

The goals of F.L.A.S.H. are to assist in the development of persons:

• who are knowledgeable about human development and reproduction,
• who respect and appreciate themselves, their families and all persons,
• who will neither exploit others nor allow themselves to be exploited.

A word about philosophy . . .

No curriculum is neutral and objective. Education itself implies a certain philosophy (i.e., that knowledge is preferable to ignorance). Neutrality is not even the ideal. If education could be stripped of beliefs, the skeleton would not be worth much.

The schools DO, however, have an obligation to reflect community beliefs. And they must be honest about the particular premises of the curriculum. Where there is no general agreement on a particular issue in the community, the teacher’s place is to point that out, to explain honestly the several conflicting viewpoints, and to encourage the student to discuss the issue at home.

The primary beliefs inherent in this curriculum supplement are these:

1. A person's unique qualities are to be celebrated.

2. Everyone is entitled to talk and be taken seriously.

3. Everyone is entitled to "pass" (not share personal beliefs, feelings, or information in class).

4. No one is entitled to treat another person simply as a means of selfish gratification; coercion and manipulation are wrong.

5. People have a responsibility to learn as much as possible about themselves and the people they care about. In order to meet this responsibility, they must have the opportunity to receive honest answers to honest questions.
Special Preparation: Before Beginning the Unit

Knowing Your State and Local Guidelines

It is important, morally and legally, that you follow the guidelines established by the State Superintendent of Public Instruction (in Washington) or Department of Education (in other states/countries) and your district's School Board.

Essentially, in Washington, the State Superintendent leaves the decision about WHETHER to teach sexuality up to the local school board. The State does, however, make recommendations for districts that DO teach it, regarding HOW it should be taught. For the complete text of the guidelines, see Appendix C: Washington State Laws and Guidelines Related to Sexuality Education.

Unless your district has already approved 5/6 F.L.A.S.H., contact your curriculum office at least a few weeks before you plan to begin a sexuality unit to find out its policies.

Planning a Sexuality "Unit"

This curriculum supplement addresses ten (10) topics in its nineteen (19) lesson plans. It is not necessary to confine yourself to fifteen sessions, nor to address the topics in the exact order presented here. It is also by no means essential that you approach them on consecutive days.

Work on students' self-esteem and their skills in decision-making might begin the first week of school. Sexual exploitation (abuse) might fall into a safety unit in October and November, along with first aid and fire prevention. In January, the class might discuss puberty, reproductive system and pregnancy, followed in February, March and April by other body systems. In May, the year might end with sex roles, families and friendship as well as other social/emotional health issues such as drug abuse.

You are welcome to use part or all of this material as you see fit. However, we recommend that fourth through sixth-grade students study all of these topics at some point.

Preparing Yourself

It is a good idea to read through this curriculum before you launch into teaching any part of it. You may also want to refresh yourself in content by perusing one or more of the following references:


Because There Is A Way To Prevent Child Sexual Abuse: Facts About Abuse and Those That Might Commit It. Joan Tabachnick, Editor; 1998; $0.50; The Safer Society Press, P.O. Box 340, Brandon, VT 05733-0340; Phone: 802/247-3132; Fax: 802/247-4233; Web site: http://www.saferesociety.org

Caution: Do Not Open Until Puberty!: An Introduction to Sexuality for Young Adults with Disabilities. Rick Enright, B.A., M.S.W.; 1995; $9.95; ISBN 0968041507; Devinjer House


You may also find that you want coursework to prepare you. We (Public Health - Seattle & King County) offer courses within King County for college credit. To arrange one for your district, or to attend individually, contact the Public Health Educator who serves your geographic area: http://www.metrokc.gov/health/educators/resources-for-schools.pdf

You may want to observe other teachers, Public Health Educators, or school nurses teaching sexuality. Sometimes it is more useful to listen to others' styles than simply to read lesson plans.

Preparing Your Administrator

Discuss the course content, materials and activities with your building principal. S/he needs to know of outside speakers you plan to invite. S/he should also see the letter you send parents and guardians, offering to excuse their children.

The importance of involving your administrator from the outset cannot be overemphasized. The Principal must be informed about your unit, in order to respond to parents' questions and concerns.

Preparing Parents

The primary sexuality educators of your students are their parents or guardians. Consciously or unconsciously, they have been providing sexuality education since birth. They may or may not be comfortable in their role as teachers. They may or may not be knowledgeable about the facts, but they certainly have beliefs and feelings that they share with their children.

Your role is two-fold. First, legally and morally, you must inform them that you're about to begin the unit. Your job is to offer them the options of pre-reviewing materials and/or of excusing their son or daughter. (In Washington State, parents are legally entitled to 30 days' notice before the HIV/AIDS lessons are taught.) Second, for those students who do partake of the unit, and
experience tells us this is about 99 percent of all students, you can use the unit to foster better communication at home. There are several ways to do this:

- Encourage your PTA to sponsor a free workshop for parents, to help them become better sexuality educators ... provided by your local health department. Within King county (WA), contact the Public Health Educator who serves your geographic area: http://www.metrokc.gov/health/educators/resources-for-schools.pdf

- Encourage your PTA to sponsor a workshop on puberty and communication for parents and their students TOGETHER...offered by Planned Parenthood (in Seattle, 206-328-7715; otherwise look in the local phone book).

- Provide homework assignments that encourage communication; but follow these guidelines:
  a. Explain that the student can do the assignment with any adult in the family (a parent, grandparent, step parent).
  b. Always offer an alternative assignment for students who may not be able to talk with an adult in the family.
  c. Make sure assignments are clear, purposeful and related to the content of your in-class lessons.
  d. Never ask students to report on the content of these conversations--only that they DID talk. To ask about a student's or family's "beliefs or practices...as to sex" would violate the State Superintendent's guidelines. We suggest that you use the form in Appendix B to follow up, if you want to give credit for this type of homework.

Preparing Your Materials

This curriculum is mostly self-contained. Except for the HIV/AIDS lessons, you do not have to order A.V. materials, schedule guest speakers or organize field trips to utilize it. Simply select any lesson plans you would like to use. For each lesson you decide to use, just look at the second page to see which transparencies or worksheets you will need to photocopy and/or if there are any other materials to assemble.
How to Use FLASH

Using Coed or Single-Gender Groups

Probably the ideal is a combination: one lesson, perhaps #9 or 10, single-gender and the rest coed. The advantage of single-gender lessons is that students may be somewhat more comfortable asking questions aloud. One advantage of coed lessons is that mutual respect and understanding develop, instead of an aura of mystery and illicitness...there is less need to tease or "gossip" on the playground, since everyone has heard the same things. Also we model that men and women, parents and children of both genders, can talk together. In any case, consult your principal and your district's guidelines if you are not sure which to do.

Using Worksheets

Be creative. You can use them in any of a number of ways.
- as individual extra-challenge assignments
- for pairs of students to practice cooperative review
- in groups of up to six students, as a team-building exercise
- as a whole class, aloud, to stimulate visual/aural learning while you do a chalk-talk
- for family-type homework, to encourage parent/child communication in a game format where individuals or teams compete

Using Speakers

- Talk with them in advance to make sure they understand your expectations and you understand theirs.
- Prepare your students to have paper and pencil ready, be attentive and considerate, and enjoy the change of pace.
- STAY IN THE CLASSROOM. State law requires that a certificated person be present at all times. Besides, you cannot do an adequate job of integrating the lesson with the rest of your curriculum and/or following up on concerns that do not get addressed, unless you have heard what the speaker and the students have said.

Using Anonymous Question Boxes

Lesson 1 will give you specific directions for establishing an anonymous question system in your class.

We recommend, whenever possible, reading the questions on any particular topic the day before you plan to address that topic in class. That will give you time to think through age-appropriate, accurate, simple ways of answering them. The pages that follow this one will also offer strategies for answering them in respectful, useful ways.
Values Questions & Protocol

As we said in the curriculum philosophy section, it is neither possible nor desirable to provide value-free education. Nevertheless, questions which have a value component must be answered with care, where expressing your own personal values might hurt or offend a child and their family. With some values, it's perfectly appropriate for you to express your opinion. These are those we call "relatively universal." Relatively UNIVERSAL values are those shared by 95% of families, values which the teacher should feel comfortable, and is in fact, OBLIGATED to teach.

Examples of relatively UNIVERSAL values:
- Forcing someone to have sex with you is wrong.
- Knowingly spreading disease is wrong.
- It's safest and healthiest for school-age kids not to have sex (this is NOT controversial, what IS controversial is when it's fine to have sex).
- Taking care of your reproductive health is important.
- Sex between children and adults is wrong.
- Adultery is wrong.

Values that are CONTROVERSIAL are those without consensus in the community. These are issues about which the teacher should NOT teach or express a particular belief. Providing information or facilitating discussion about the issues is fine.

Examples of CONTROVERSIAL issues that have a wide range of values in the community:
- Abortion
- Birth control
- Masturbation
- Homosexuality
- Sex outside of marriage
- Cohabitation
- What age/under what circumstances it's acceptable to start having sex

NOTE: Parents, unlike teachers, should feel free to ask your child about his or her beliefs and to share yours. In fact, this sort of dialogue within families is very important. Employees of public schools and other public agencies have an ethical obligation not to side with one family or one religious perspective or one child over another. But children absolutely need a chance -- at home -- to explore feelings and beliefs with adults they love, just as they need a chance to learn factual information and to have universal, community values reinforced at school.

However, just because it's inappropriate in a public school setting to teach particular values on controversial issues, that does not mean one can't teach about the issues. It just means that it must be done with respect for the diversity of opinion within your community. For example, you can discuss abortion - what it is, the fact that it is legal in this country, where abortions are performed, etc., but it is not appropriate to share your beliefs about whether or not abortion is a correct choice.
Because the very teaching of certain topics may be controversial in some communities, we have included sections called "Rationale" after the cover pages of some lessons (4, 7, 8, 17). These sections explain and document the relevance and vital importance of those sections of the curriculum to the lives of juniors and seniors in high school.

Therefore, when answering a value question you should follow the *F.L.A.S.H.* values question protocol.

### Values Question Protocol:

1. **Read the question (verbatim, if you can) or listen to it carefully.**
2. **Legitimize the question.**
3. **Identify it as a belief question.**
4. **Answer the factual part, if there is one.**
5. **Help the class describe the community's range of beliefs.**
6. **Refer to family, clergy, and other trusted adults.**
7. **Check to see if you answered the question.**
8. **Leave the door open.**

#### SAMPLE Q: I masturbate. Is that ok?

#### SAMPLE A: That's a great question, a lot of kids wonder about masturbation. Masturbation is when a person strokes or touches their genitals for pleasure. I can't share my own beliefs about whether or not it's ok to masturbate because families have really different beliefs about masturbation. Some families believe it's ok, as long as you're in a private place. Other families believe it's never ok. You need to check with your families, or another trusted adult to find out how they feel about it. If that's not what you meant, feel free to leave another question in the box or you can talk to me after class.

You will eventually tailor your use of the protocol, only using *every* step the first time masturbation, for example, comes up. For now, you should practice the protocol step by step -- until it becomes a natural part of your teaching.

#### Values Question Protocol in more detail:

1. **Read the question:**
   
   Read it verbatim, if you can. Use your judgment, of course, but even reading aloud relatively crude language -- as long as you do it with a serious tone and facial expression -- conveys your respect for the child who asked the question. It is likely to promote respect in return. If the language is too crude to repeat, even with a red face and an explanation (*"Someone used slang, but let me read it for you as they wrote it before I translate it."*), then don't read it.
directly. But when you paraphrase it, make sure you are clear enough that the author of the question will recognize it as his or hers.

2. **Legitimize the question:**
   "I am glad someone asked this one."
   "That's an interesting question."
   "People ask me this one every year."
   "This one is really thoughtful (compassionate, imaginative, respectful)."

This will encourage your students to keep asking even as it discourages snide remarks about whoever asked that particular question.

3. **Identify it as a belief question:**
   "Most of the questions you've been asking have been "fact questions" where I could look up an answer that all the experts agree upon. This one is more of a "value question" where every person, every family, every religion has a different belief."

Teaching your students to distinguish facts from opinions (and from feelings) is at least as important as any content you will convey.

4. **Answer the factual part, if there is one:**
   Thus, for instance, if the question is about the rightness or wrongness of masturbation, you need to make sure that your class understands that -- values notwithstanding -- no physical harm results from masturbating:
   "Before we get to differing beliefs about masturbation, let me just make sure you know it doesn't cause people to go blind or mentally ill or to grow hair on their palms or anything like that."

Even questions that are fact questions on their face may need a discussion of the underlying values, but always start by answering them:
   "Can you get birth control without your boyfriend or husband's knowing? Yes, legally in our state, you can. Now let's talk about the different beliefs people might have about couple's communicating about birth control."

5. **Help the class describe the community's range of beliefs, not their own.**

On sensitive issues such as sex and religion, it can be really unfair (and, in Washington State, illegal) to ask individual students their own beliefs. But it is very appropriate to generalize:
   "Tell me some of the things you've heard that people believe about that."

Prompt the group with a stem sentence:
   "Some people believe ____?"
   "Um, hmm, and some people believe ____?"

In a class that is used to thinking about the range of community values, you will be able to draw a full assortment of answers from the students. In other groups, especially younger ones, you may draw only a dichotomy ("Some people believe abortion is wrong." and "Some people believe it is right."). In any case, your role is two-fold: (1) to make sure that every belief gets expressed -- or paraphrased -- respectfully, hopefully just as the person who
believed it might express it and (2) to make sure that a complete range of beliefs gets expressed, even if you have to supplement the few values the group can think of:

"That's right, some people believe that it is wrong under any circumstances. And some believe it is right under any circumstances, as long as the woman and her doctor think it's best. Some believe it is OK to have an abortion if you have been raped or if your life is in danger, but not otherwise. Some believe, it is OK to have an abortion if there's something seriously wrong with the fetus, and it is doomed to a life of pain. Some think it is best for teens to have abortions, rather than to raise babies when they are still growing up themselves. Others disagree. Some feel it is better to have an abortion if you already have as many children as you can afford or take proper care of. Again, others disagree. They may feel that abortion is the same as murder. Whereas, some people think it is not really a separate human being with rights until it is developed enough to have feelings or until it is actually born."

6. Refer to family, clergy and other trusted adults.

"Because people have such different beliefs about this, I really want to encourage you to talk with your families -- your parent or guardian, grandparent, auntie, uncle, stepparent, mom's or dad's partner -- or with somebody at your community of worship, if you attend a church or synagogue or temple -- or with some other adult you love and whose opinions matter to you. That could be your babysitter, your best friend's parent, a counselor, or whoever will listen to your opinions and honestly share theirs. Have a conversation within the next week if you can."

Notice that this encouragement didn't assume that every child has a parent they can talk with. Some may have only been newly in a new foster home and don't yet have that kind of relationship with their new "parents." Also, notice that we shouldn't assume that every child goes to church.

What if the family is likely to convey values that the child will feel hurt by (a teen who has come out to you as gay, for instance, but whose family is strongly opposed to homosexuality)? Still, knowing one's family's beliefs is developmentally important for young people. But help them think of other trusted adults, as well.

7. Check to see if you answered the question.

"Is that what you were asking?"
"Do you all think that was what the person who wrote this question was asking?"

8. Leave the door open.

"If that isn't what you really wanted to know, you can drop another question in the box. Or come talk with me in private. You can also get a friend to ask it aloud for you or to explain to me what you meant. Just keep asking until I understand and tell you what you need to know."

Finally, if you can do it sincerely, thank the class -- or in a one-on-one situation, the student -- for their maturity or curiosity or compassion or whatever positive qualities the Q & A session has helped them to demonstrate. That will not only increase their retention, it will improve the odds of their repeating the positive behavior on the next occasion.
Other Difficult Questions

Besides value-laden questions, teachers may find a number of other questions challenging, including those which contain slang, those which are hurtful, those which are personal (about the teacher or about a member of the class), those for which the teacher doesn't know the answer and, especially with written anonymous questions, those where the teacher simply can't decipher what the student meant by the question. Let's address these one at a time, with strategies for your “toolbox” rather than a single protocol. However, don’t let these questions intimidate you. The vast majority will be straightforward fact questions, most of which you will know the answer to.

Slang Question Strategies

1. **Trust your professional judgment** and personal comfort as guides for which of these strategies to utilize in any given situation.

2. **Assume good intentions ... or act as if you do.** We've found that students work hard to live up to your expectations if you work to convey (even when you may be frankly, skeptical) a faith in their best intentions for asking a question. Use your tone to convey respect for the person who asked the question, even as you address the slang in it.

3. **Acknowledge that it may not have been written as a serious question.** When a question is just too off-the-wall to have been asked for any other reason than to have gotten a laugh or put you on the spot, it’s okay to preface your reading it aloud with “Maybe the person who wrote this wasn’t serious about it, but I’m going to answer it anyway, in case they really did need an answer or in case someone else in the class does.”

4. **Read the question verbatim** if you can. The advantages of reading the question verbatim, if at all possible (given boundaries of one’s own discretion and comfort) include:
   a. Not confusing the author of the question
   b. Communicating your respect for the students; your trust in their sincerity and maturity
   c. Communicating that you are relatively unflappable and accepting
   d. Diffusing the need to test

5. **Own your discomfort with the language and paraphrase it.** Rather than taking a punitive, or annoyed, or rule-based stance, try saying something like, “I’m not comfortable reading this one the way it was written, but it may be an important question, so let me paraphrase it for you. The person used slang, but what I think they were asking was ...”

6. **Identify the slang** as such (e.g., “Cherry is a slang word.”).

7. **Distinguish between neutral and demeaning slang.** Not all slang is hurtful. *Period,* for example, is slang for menstruation, but it’s just as respectful as its medical counterpart. In contrast, *faggot* is hurtful and the person asking the question probably knows it. Refer to the “Hurtful question strategies” below for ideas for managing slang when it is derogatory.

8. **Translate into medical/standard language.** Write the medical/standard or respectful/sensitive term on the board, to reinforce it.
9. **Answer the question.** If it's also a value question (for example, "Is it ok to jack off?"), use the value question protocol.

10. **Leave the door open.** Because slang and euphemisms can be ambiguous or can mean different things to one generation or culture than they mean to another, you may have misinterpreted what the student was asking. Acknowledge that and invite the author to drop another question in the box or to talk with you in private if you haven't answered what they meant to ask.

**Example of a slang question:**

**Q:** How does a dick get big?
**A:** A lot of people wonder that. *Dick* is a slang term for *penis* (write "penis" on the board). The penis is full of blood vessels and veins. When the blood vessels and veins fill with blood, the penis gets harder and larger. That's called an erection. Another way a penis gets bigger is by slowly growing bigger as a boy's body grows to the size of a man's body. I hope I answered the question -- if I didn't, please let me know or put another question in the box.

**Example of a slang question that's also about a controversial value:**

**Q:** What if you're a boy and you really like boys, does that make you a faggot?
**A:** That's a really interesting question. First, "faggot" is a put-down word for a gay man. It's sometimes used to insult a man -- whether he's gay or straight -- who isn't as masculine as someone thinks a guy should be. Anyway, in more respectful language, the question was: "Does it mean you're gay if you really like other boys?" Not necessarily. A guy can have close guy friends without being gay. If he finds that most of his serious crushes are on other guys -- the kind where your stomach flips when the person walks into the room and you totally want them to notice you -- then, yes, maybe he is gay. But it takes time to know that about yourself; one crush doesn't predict one way or another whether he's gay. Different families, cultures, and religious traditions have widely varying beliefs about homosexuality. Some people believe that it doesn't matter whether you're gay or straight -- that whether you're a good person has nothing to do with who you like. Other people believe that it matters a lot. They may think that, no matter who he's attracted to, a guy should only have relationships with women. Because people have such different beliefs about it, it would be great if you would try to discuss it with your families. Nevertheless, whatever you believe, it's never acceptable to hurt or tease people. From now on, I'd appreciate in our class if people would use the word *gay*, rather than insults like *faggot*.

**Hurtful Question Strategies**

1. **If the underlying assumptions or premises of the question are derogatory or hurtful, say so.** Identify stereotypes. Help students recognize (and name) sexism, racism, etc. When students use the term "Siamese twins" I explain that blaming a birth anomaly on one country is racist. Siam is the country we now call "Thailand." And just because the most famous conjoined twins were Thai, it doesn't make it OK to name the problem after the country where they were born.

2. **Let the author off the hook** with "The person may not have meant this as hurtful, but ..." Not all hurt is intentional. It's always a good idea, when in doubt, to be generous in your assumptions. When students use the term "Siamese twins" I always note that that's probably what the person who wrote the question has always heard them called, but ..."
3. When demeaning slang is part of the question, translate into "more respectful/sensitive" language. Write the respectful/sensitive term on the board, to reinforce it. Tell them, not in an angry way but in a teaching sense, which language you want them to use from now on.

4. Skip written questions altogether if a classmate is identified by name. Naming a classmate in a question in order to humiliate them is not OK. Those are the only questions I will refuse to read aloud. See "Personal Question Strategies," below for more ideas about that.

5. Answer the question. I was once asked in a middle school whether African-American men are hornier than Caucasian men. First, I identified that as a stereotype. But then I made sure to answer the question in as straightforward a way as possible so there would be no mistaking my answer: "No, African-American men are as diverse in their sexual desire as men of other racial identities. Some like a lot of sex; some don't want as much. And it changes at different times in each guy's life. For that matter, the same is true for women."

Personal Question Strategies

Whether to self-disclose is a decision that must be based on both professional judgment and personal comfort. You might feel comfortable disclosing that, for example, you have never had an abortion. But if the next day you decline to disclose, for example, whether or not you have ever masturbated, your students may interpret your refusal to answer as a "yes." It's usually most appropriate NOT to self-disclose information about your sexual or medical history. On the other hand, questions about your family, your identity, and your own sexuality education may be fine to answer. It makes you human and story-telling — about yourself and people you know — can be a useful and appropriate teaching strategy, as long as it doesn't step over a line.

In contrast, when a question is a personal one about some other specific individual (another student in the class, another staff member, or a student's friend or family member), it is your job not to violate that person's confidentiality.

Thus, options include:

1. Decline to self-disclose and explain why. But do it in a way that doesn't imply ill-will on the part of the student who asked the question. Simply model good boundaries: "I'm not comfortable answering this one. It's a personal question." Or "I really like y'all, but you're my students, not my close friends. This question feels too personal for me to get into with you."

2. Paraphrase the question so that it isn't about you or anyone specific in the class or elsewhere. So instead of reading verbatim a question that is clearly intended to embarrass a classmate, like, "Is Johnny Jones [a classmate] going through puberty?" you could say, "This person wants to know how you could tell if someone is going through puberty."

3. Generalize. Speak of what people do, instead of what you have done. Often a student asking personal question about you is simply looking for validation. It can be even more validating to say, "This person asked whether I personally have had an abortion. I don't want to talk about my own personal history with you. You are my class. You're a great class, but I don't talk about this kind of thing with anyone but my closest friends. What I can say is that about 3 in 10 people who get pregnant as teens have abortions; the other 7 carry the pregnancy to term."
Example of a personal question (that's also a value question):
Q: How old were you when you first had sex?
A: I know a lot of kids wonder about decisions adults have made, but I'm not comfortable answering a personal question like this one except with my closest friends. Remember our ground rule about protecting privacy? I'm going to protect mine on this issue. But maybe this person is asking when people generally start having sex ... kind of 'What's normal?'. The answer is: it varies, of course, from one culture and one generation to the next. One recent national survey found that 46.8% -- less than half -- of high school students in the U.S. had ever had sexual intercourse. But the truth is, I hope you won't base your decisions on what other people have done. The decision about when to have sex for the first time is too important to base it on other people's choices. [Then use the value question protocol ...] Each person, each family and religious tradition and culture have really different beliefs about when it should happen. Some people believe a person shouldn't have sex until they are married. Others believe that if you're an adult and are done with school that it's OK. Some believe there are certain qualities in a relationship or certain kinds of maturity that ought to happen first, no matter how old you are. Because people have such different beliefs about this one, I hope you'll talk with your families and other trusted adults [and with high school students add: and your closest friends and people you go out with] to see what they believe.

Strategies for the Question You Don't Know the Answer To

It's important to acknowledge your limits. The "admission" you don't know is not a failure but a vital opportunity to model that even expert adults (teachers, doctors, journalists, etc.) don't know all there is to know about human sexuality. It gives students permission not to know everything either. Even those whose social stature rests on knowing all about sex. Again, there are several ways you can answer this type of question. You can:

1. **Be honest.** Don't just guess at the answer. Or if you can make an educated guess, do ... but be very clear that that's what you're doing.

2. **Ask if anyone in the class knows the answer.** Often someone will. And utilizing their knowledge is empowering to them as learners.

3. **Look it up in front of them.** The skill of accessing reliable health information is even more crucial than the answer itself.

4. **Promise to find out** and get back to them. If you do make this kind of promise, be sure to follow through. And when you do, make sure to tell them how/where you found out.

5. **Get a volunteer to research it and report back.** Provide some guidance about where the volunteer might go for a trustworthy answer, and consider offering extra credit.

An example of a question you might not know the answer to:
Q: What causes PMS?
A: That's a great question, but I'm not sure I know the answer. PMS stands for premenstrual syndrome. It's the word for the symptoms some women feel before they get their periods - like being moody or sad. But I'm not sure what causes it. Does anyone in class know the answer? Would someone be willing to do some research on PMS for extra credit? I can give you some ideas about where to go to find out.
Strategies for the Question You Don’t Understand

You have several options for these types of questions.

1. **Take responsibility for not understanding** (as opposed to blaming the author of the question). So say something like, "This may be a very important question, but I'm not sure what the person is asking." Instead of, "Well, there are a lot of misspellings and mangled grammar here.

2. If it is asked verbally, **probe a little**. "Can you say more about what you're asking?"

3. Read it verbatim or write a word you don't recognize on the board. And **ask if anyone in the class knows what the person might have meant**.

4. If it's asked in writing, **guess at the author's intended question** and answer it. You may need to answer more than one possible question.

5. **Invite the author to drop another question in the question box**, rephrasing what the question meant.

**Example of a question you don't understand** (from a middle school ESL class):

**Q:** If you got zix do you fell sick?
**A:** I'm not sure I understand this student's question -- I'm not always up-to-date on words students like to use! Does anyone know what this student might have meant? No? OK, I'll guess at what they might have meant. There are some illnesses that people can get where they don't feel sick. Some sexually transmitted diseases are that way -- you might have one and not feel sick at all. If a person is having sex, they should get checked for sexually transmitted diseases at a clinic, even if they don't feel sick. I hope I answered this question -- if I didn’t, I hope whoever wrote it will try to reword it and put it in the box again.
Introduction
Grades 4-6, Lesson #1

Time Needed

20-30 minutes

Student Learning Objectives

To be able to ...
1. Distinguish between definitions of "sex" and "sexuality."
2. List and explain at least four ground rules.
3. Identify why ground rules are necessary (to protect people’s feelings).
4. Sort sexuality questions into logical categories (pregnancy, puberty, etc.) as a step toward having a comprehensive picture or context into which the unit’s learning can be placed.

Agenda

1. Define “sexuality”.
2. Explain purpose of the unit.
3. Use case study and class input to set ground rules.
4. Discuss slang vs. medical/correct terms.
5. Introduce “anonymous question” cans (boxes, envelopes.)
6. Use “Introduction Worksheet” to summarize lesson.
Materials Needed

Classroom Materials:

- Nine coffee cans, manila envelopes or shoe boxes, each with a label and a slot in the top for anonymous questions on each of the nine topics of the unit (or however many topics you plan to address).

Student Materials: (for each student)

- Introduction Worksheet
- Several slips of scrap paper and a pencil
Activity

1. **Explain that you are beginning a unit on “sexuality.”**
   That the word is probably new to some students, so you'll define it. Go on to explain that some people think "sex" and "sexuality" are the same, but that they aren’t. "Sex" is the smaller word and the narrower concept. It is sometimes used to mean gender (e.g. on forms where it asks your name, birth date and sex) and it is sometimes used to mean particular behaviors…"Sexuality" includes those ideas, but it also includes how a person feels about him or herself, what they feel about being male or female, whether they know how to love, how to trust, how to communicate. A person's sexuality has to do with whether they can make friends, whether they can keep friends. And when people study sexuality they also learn about how people change from children into adults, how babies are made, how they’re born, and how they grow.

2. **Explain the purpose of the unit.**
   Tell them you are doing this unit so that they will have correct information about things like bodies and growth; so that they will feel good about growing up; so that they’ll feel more comfortable asking questions of their parents or doctors; so that they’ll understand and appreciate themselves, their families and one another; and so that they will not be as likely to ever be sexually abused.

3. **Tell the class that you want to share a Case Study with them, and get their reactions to it.**

   Read aloud:

   "The class was beginning a unit on 'sexuality' that day. They came in from recess and Mr. Clark asked everybody to calm down and get ready to work. But everybody was a little nervous and excited, and it took a long time before the jokes and laughter let up. When it was quiet, Mr. Clark asked whether anyone knew what kinds of things they’d be studying in this next unit called 'sexuality.' Marco raised his hand and asked, 'What about the reproductive system?' A few people giggled. Then Shawna raised her hand. She asked whether the class would learn about menstrual periods. Four or five people began to roar with laughter and Michelle said 'How dumb!' Shawna started to blush. When the laughter kept up, tears came to her eyes and she finally got up and left the room."

   Open a discussion about the Case Study. Some questions for the class to consider are:

   "Why do you think some people laughed?"
   "How did Shawna feel?"
   "Do you think other people will raise their hands from now on? Why not? How will they feel about speaking in class?"
   "If you were the teacher how would you handle the problem?"
   "How could the problem have been avoided in the first place?"
   "Do you think this kind of thing could happen in OUR class?"
   "How can we keep it from happening here? Why don’t we develop a contract for how we’ll treat each other during this unit?"
Have students develop ground rules.

List them on the blackboard. Feel free to add to their list. You may want to include some of these:

"No put-downs." (including one's self)
"Any question is a good question."
"Protect people's privacy." (i.e., questions about friends and family members should NOT include their names or identities. It's more considerate to ask "Someone I know had an acne problem. What causes that?" rather than "My sister had an acne problem...")
"It's OK NOT to ask questions or share personal beliefs."
"It's OK NOT to answer a question." (In fact the teacher may choose to "pass" on a question if it is too personal or inappropriate for classroom discussion.)
"Be considerate of other people's feelings."

4. Discuss slang & "baby talk."

Students may use slang or baby talk in the classroom for two reasons: Sometimes, the individual is testing you. ("Will she be shocked if I ask what's really on my mind?" "Does he know the meaning of slang terms?") Sometimes, he doesn't KNOW the standard or MEDICAL term. In either case, we recommend a matter-of-fact, non-judgmental substitution of the MEDICAL term. It will diffuse the need to test. And it will offer important information.

SO

Encourage students to ask questions regardless of whether they know the standard/medical words for things. Explain that you will always try to include the MEDICAL word in your answer and to spell it for them on the blackboard.

5. Introduce the Anonymous Question Boxes/Cans.

As a way of outlining the agenda for the unit, hold up each question box or can and read the topic aloud: Families, Self-esteem, Sex Roles, Making Friends, Decision-Making, Sexual Exploitation, Puberty, Reproductive System, and Pregnancy.

Explain that the class will spend one or more lessons on each of these topics. Define the topics, using the glossary or your own words.

Give each student several slips of scrap paper and a pencil. Ask them to write at least one question and drop it in the appropriate box or can. (If everyone is writing, nobody feels like the Only One). Explain that they should NOT write their name on the slip, unless they would prefer to talk with you privately about their question. Only one question on each slip (which makes it easier for you to sort the questions), but it is OK to use as many slips as they like. Explain that spelling doesn't matter at this point. Explain that, as each lesson arrives, you will answer the questions from the appropriate can, so it's OK to add questions whenever they think of them.
If anyone isn't sure which can is appropriate for a particular question, they can raise their hands and you'll help them figure it out. Allow them five or ten minutes to write questions. You may want to assist them by jotting some question roots on the blackboard:

"Is it true that...?"
"How do you know if...?"
"What do they mean by...?"
"Is it normal to...?"
"What causes...?"
"What should you do if...?"

6. **Wrap up the Lesson.**

Hand out the "Introduction Worksheet" and have students work in pairs filling it out. Allow five (5) minutes.

**Related Activities For Integrated Learning**

A. **Language Arts**
   Have students begin a glossary, to which they will add throughout the unit. Terms from today's lesson might include:
   "sexuality", "privacy", "considerate", "puberty", "reproductive system", "self-esteem, exploitation", "sex roles" and "anonymous"
   Individuals or teams can write their own definitions and pronunciation keys or look the words up.

B. **Art**
   Students may volunteer to make posters listing classroom ground rules and/or labels for your anonymous question boxes/cans.

C. **Language Arts**
   Have students write a story about a problem they experienced when another student or a teacher was inconsiderate of their feelings. They should include how they handled the problem or how they would have liked to have handled it.

D. **Communication Skills**
   Offer students the option in groups or individually of "storytelling" about someone inconsiderate of their feelings, etc.

**Homework**

Students' options:
- Take home today's worksheet and discuss it with an adult in their family.
- Bring in 4 more questions for the Question Cans.

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1 See "Preparing Parents", page 4-5
Introduction Worksheet 1

NAME ______________________ DATE ________________

Our ground rules are:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Sometimes people use slang or baby talk to ask questions, because that's all they know. That is better than NOT asking questions, but in this unit we're going to learn the ___________________ words for things.

Topics we will talk about include:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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Puberty, day 1
Grades 4-6, Lesson #9

Time Needed

50-60 minutes

Student Learning Objectives

To be able to ...
1. describe the physical, emotional and social changes of puberty.
2. explain that puberty is triggered by the endocrine system, specifically the pituitary gland.
3. distinguish among definitions of erection, menstruation, nocturnal emission, ovum, puberty, and sperm.
4. explain the purposes of brassieres, athletic supporters and menstrual hygiene products.

Agenda

1. Explain reasons for this lesson.
2. Use film to define "puberty" and introduce major concepts and terms OR
3. Use brainstorm to review Activity #2 and to compare and contrast male and female development.
4. Use "visual aids" to discuss athletic supporters, bras, and menstrual supplies.
5. Use Puberty Worksheet #1 to review terms.
Materials Needed

Classroom Materials:

- OPTIONAL: video or DVD (see Activity #2, next page)
- OPTIONAL: brassiere, athletic supporter, tampon with applicator, tampon without applicator, mini-pad, maxi-pad

Student Materials: (for each student)

- One copy per student of Puberty Worksheet #1
Activity

1. Explain reasons for this lesson.
   Explain that everyone here either has begun or will soon begin to develop from a child into an adult. This lesson will help them understand the changes that involves.

2. To explain terms and concepts, you may want to kick off this lesson with an audio-visual tool.
   Check back on our web site in spring 2007 for recommendations. And always preview audio-visuals before using them with your class.

3. Or you may want, instead, especially if they had a session on puberty last year, to launch right in to more active student participation.
   Ask for a volunteer or two to define puberty. Thank them and build on what they said, so you end up defining it as a time when a person's body, feelings and relationships change from a child's into an adult's.

   Ask the class when that happens. Be clear that knowing an average age is kind of useless, since most of us aren't "average." A range is more useful. It is normal to start noticing changes, for a girl, any time between about age 9 and age 16. Guys, on average, start noticing changes a little later, between about ages 10 and 16. And puberty isn't an overnight process; it can take several years to complete. Longer in boys, on average, than girls. If someone gets to be 17 and still hasn't noticed any changes in their body, they might want to chat with a doctor. Remind people that puberty involves changes in not only your body but also your feelings and relationships. So your friend's body might start maturing first, but you may be maturing emotionally and socially sooner than your friend. And it isn't a race, anyway. The pituitary gland, in a person's brain, will trigger the changes of puberty whenever it is programmed to do so. Younger for one person; older for another.

   Have the class brainstorm puberty changes as you write them on the blackboard. Then help them distinguish changes that happen (a) to boys only, (b) to girls only, and (c) to both. And finally discuss and answer questions about each item. Changes to be sure to include:

   - **height growth spurts (both)** – Explain that you grow most in your sleep.
   - **shoulders broaden (boys)** – Explain that this is a skeletal change, not something he can speed up through strength-training, although strength-training is certainly OK.
   - **hips widen (girls)** – Explain that the idea is for her pelvic bones to form sort of a bowl, in order to support a pregnancy if she ever decides to have a biological child.
   - **breasts develop (girls and, to some extent, many boys)** – Explain that many boys do experience some breast development and that it usually disappears within six months or a year. It can be scary if he doesn't realize how common it is. If it doesn't disappear in a year's time, he might chat with his doctor about it. Girls can, of course, also expect that their breasts will develop, too. No matter what size or shape or color they end up (and

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there's quite a variety) and even if they are different from one another, they will almost always be sensitive to sexual touch and able to nourish a baby.

- **acne may begin (both)** – Explain that acne is caused by a combination of thicker skin than when you were younger and more oils, along with bacteria. Sometimes the new, thicker layer of skin blocks the pores or openings where the oils are supposed to flow, causing a pimple. If it gets infected it can become a blackhead. People should wash gently with mild soap a couple of times a day and after heavy exercise, but it will not prevent acne altogether. Scrubbing hard can actually make acne worse. And thinking that washing will cure acne, makes it sound like people who have it are dirty. That’s neither true nor fair.

- **stress-related, malodorous perspiration begins (both)** – Explain that everyone sweats when they are hot, but that at puberty another group of sweat glands starts to produce sweat also when you feel stressed or upset. This kind of sweat in teens and adults can have a strong odor. Different cultures feel differently about it. Many people in the U.S. find it unpleasant. So people often bathe or shower more often after puberty. And many use deodorant or antiperspirant, too.

- **pubic and underarm hair develops (both)** – Explain that pubic hair grows around a person’s genitals (around the labia or penis) and that pubic and underarm hair is often coarser and sometimes a different color than the hair on the person’s head. You can explain, too, that, like the use of deodorant, shaving one’s underarm hair is a culture-based, personal decision.

- **facial hair develops and body hair may thicken (boys and, to some extent, many girls)** – You can explain that the amount of hair a person gets on their face and body is genetic (inherited from a person’s biological family). Explain that it isn’t unusual for girls to notice new hair on the face or around the nipples and a girl might feel self-conscious if she didn’t know it was common.

- **voice deepens (both, though more in boys)** – Explain that the depth of the voice is a matter of air passing the vocal chords. The vocal chords are like the strings of a stringed instrument. If anyone in the class plays a stringed instrument, ask them which strings make the lower notes. They say it is the thicker ones. Well, your vocal chords thicken during puberty, no matter what sex you are. On average a boy’s will get thicker than a girl’s as he matures, but that’s just an average. The reason a guy may notice his voice cracking sometimes, is that the vocal chords don’t always get thick evenly. There may be a time when one end of the vocal chord is thicker than another and as air pushes past, the pitch of his voice may change in mid-sentence.

- **genitals enlarge (both)** – This is more obvious for a boy, since he looks at his penis and scrotum every time he uses the bathroom. A girl is less likely to notice, but her vulva (labia and clitoris) get bigger at puberty, too.

- **erections happen more frequently (more noticeable in boys)** – Explain that an erection is what you call it when the penis or the clitoris fills up with blood and gets harder and bigger. Everyone gets erections, even babies. In fact, ultrasounds show us that male fetuses in their mothers’ uteruses are already getting erections. Presumably female fetuses do, too, but their clitorises would be too tiny to be visible in an ultrasound. Erection is perfectly healthy and it happens sometimes when you are thinking of something sexual or of someone you like, but it also can happen, especially at puberty, for no apparent reason. A guy may find it embarrassing when he has one in public, but
he can just carry something in front of him if it does. And it may help to know that it happens at some point to almost all guys.

- sperm production and ejaculation begin (boys) – Explain that sperm are the microscopic cells from a man’s body that can start a pregnancy, when they combine with a woman’s egg cell. And ejaculation is what you call it when the sperm come out of his penis (in a fluid called “semen”). A man may ejaculate during sleep, masturbation, or sexual touch with a partner. Once he’s able to ejaculate, he’s able to help start a pregnancy. That’s not to say he’s ready to be a good dad yet, but it is biologically possible to make a baby.

- nocturnal emissions begin (many boys) – The slang term for nocturnal emission is “wet dream” (but it isn’t offensive slang). Some boys – not all – will ejaculate during their sleep. They may or may not have been dreaming at all. The wet dream can be their body’s response to the higher level of hormones in their bloodstream during a growth spurt. But guys should know that not everyone has nocturnal emissions and there’s nothing to worry about whether they do or don’t. Some guys find them very personal and will prefer to wash their own bedding when they have a wet dream.

- ovulation and menstruation begin (girls) -- - The slang term for ovulating is “releasing an egg;” the slang term for menstruating is “having a period” (neither of these are offensive slang). Explain that about once a month, starting at puberty, one or the other of a girl’s ovaries will allow an egg or, in Latin, an “ovum” to mature and pop out. That’s called ovulating. It usually travels into the nearest fallopian tube. If she has had sexual intercourse and there is sperm in that fallopian tube, it may fertilize the egg. The fertilized egg will travel the rest of the way down the tube and, in a week or so, it will nest, or “implant,” in the uterus to begin growing into a baby. In the meantime, the uterus has developed a thick, blood-rich lining to be a good nest in case she did get pregnant. If that egg doesn’t get fertilized, though, it will live for only about 24 hours and then dissolve and be reabsorbed by her body. The uterus will wait a couple of weeks, in case the egg did get fertilized, with support from her body’s hormones. Then, after a couple of weeks, if no egg has implanted, the hormone level will drop and her uterus will, basically, give up on her being pregnant that month. The lining will come out in the form of blood and little pieces of tissue, through her vagina ... so that she can build up a fresh new lining the next month in case she gets pregnant. The shedding of the lining is called menstruating. A woman doesn’t have muscles to control when her period comes out, the way you can control when urine comes out. It will just dribble out for 2 to 10 days. That’s why she’d need a pad or a tampon to soak it up. If she doesn’t have one handy when she happens to get her first period, a bunch of toilet paper will do briefly, until she can get one. But many girls start carrying supplies in their backpacks or purses as they reach the age of 9 or 10, just in case.

- crushes and attractions may begin (both) – Explain that, although kindergartners can get crushes, too, they may feel more intense at puberty. It is the feeling of really wanting someone to like you. Of having your tummy feel funny when they walk in the room or when you hear their voice. Everybody will feel this eventually, but some people notice it at this age and others may not notice those kinds of feelings until middle school, high school or even later. A person may have crushes on people of their own sex, the other sex or both. It may or may not predict how they will feel when they’re grown. That is, really liking someone of a different sex doesn’t necessarily mean you will eventually figure out that you are heterosexual (straight). And, likewise, really liking someone of
your own sex doesn’t necessarily mean you will eventually figure out that you are gay or lesbian. It often takes time to figure out. There’s no rush.

- **self-consciousness may increase (both)** – Explain that everybody goes through a time of worrying what other people think of them. Students with older brothers and sisters may have noticed that they may be spending longer in front of the mirror getting ready for school and that they may be getting really picky about their clothes. It’s OK. Adults worry about what other people think, too. But it gets less painful as you mature. It may help to realize that other people may be so worried about how they look and what you think that they aren’t noticing how you look as much as you think they are.

- **concern for others may grow (both)** – As you start focusing more on other people’s feelings and needs, you may, in fact notice that you are less self-conscious.

- **sudden mood changes may begin (both)** – Explain that feeling happy one minute and in tears the next, sometimes for no apparent reason, isn’t at all unusual at puberty. The hormones in your blood stream influence how you feel.

**When might you want to see a doctor or counselor about it?** The Society of Adolescent Medicine says, "Feeling sad sometimes and having mood swings is normal, but being depressed for a long time is not. These are signs of depression, especially if they last for more than 2 weeks:

  - Changes in eating or sleeping habits
  - Poor performance in school
  - Sadness that won’t go away
  - Losing interest in what used to be fun or interesting
  - No longer hanging out with friends
  - Loss of energy or motivation
  - Thoughts of harming or killing yourself
  - Anger and rage
  - Using drugs or alcohol to "forget" about problems
  - Overreaction to criticism
  - Lack of concentration or forgetfulness
  - Aches and pains that don’t get better with treatment

- **friction with parents or guardians may grow (both)** – Explain that a preteen or teen and a parent or guardian probably both want the same thing in the long run ... for the teen to grow up and become more independent. But sometimes you feel like a little kid and want to get taken care of and other times you prefer to think for yourself. The adults in your life go through similar changes as you’re going through puberty, sometimes wanting to make decisions for you because they’re afraid you’ll get hurt and other times ready to let you try your wings. If you aren’t on the same page at the same time, there can be – and often are – some times of struggle. That doesn’t mean you don’t love each other. Most families get through it eventually.

- **freedom to make decisions grows (both)** – People’s parents and guardians often trust them with more of their own choices, especially as they take on more responsibilities.

- **understanding of self may grow (both)** – Explain that means beginning to gain more of a sense of who you are and that, as this happens, a person gets more self-confident.
4. **Use visual aids to introduce “products” for newly adolescent bodies.**

Show and discuss an athletic supporter, a brassiere and several kinds of menstrual hygiene products (a tampon with applicator, a tampon without, a maxi-pad, a mini-pad). Discuss:

A) What is each one for?
B) How does a person decide when to use these?

Be sure to mention that:

- "deodorant tampons/pads" are unnecessary, and can be irritating. A daily bath or shower is sufficient for cleanliness.
- which menstrual hygiene products are “best” is a personal decision and sometimes a girl’s family and culture may have strong opinions about it, but that medically, they are all OK

5. **Hand out "Puberty Worksheet #1" and use it as a discussion tool.**

**Answers:**

1. b having a period = menstruation
2. a the penis or clitoris filling with blood and getting larger = erection
3. f the cell from a man that can start a pregnancy = sperm
4. c sperm coming out of the penis during sleep = nocturnal emission
5. d the “egg” cell from a woman that can start a pregnancy = ovum (plural = ova)
6. e a child’s body beginning to change into an adult’s body = puberty
7. g the gland in the brain that triggers the beginning of puberty = pituitary
Puberty Worksheet 1

NAME ______________________________________ DATE __________________

DIRECTIONS: Put the letter of each word next to the correct definition of the word.

a) erection ______ 1. having a period

b) menstruation ______ 2. the penis or clitoris filling with blood and getting larger

c) nocturnal emission ______ 3. the cell from a man that can start a pregnancy

d) ovum ______ 4. sperm coming out of the penis during sleep

e) puberty ______ 5. the "egg" cell from a woman that can start a pregnancy

f) sperm ______ 6. a child's body beginning to change into an adult's body

g) pituitary ______ 7. the gland in the brain that triggers the beginning of puberty
Puberty, day 2
Grades 4-6, Lesson #10

Time Needed

40-50 minutes

Student Learning Objectives

To be able to ...
1. Distinguish puberty facts from myths.
2. Anticipate puberty with positive feelings, recognizing that the timing of change is individual.

Agenda

1. Review purpose of lesson.
2. Respond to “Anonymous Question Box” questions re: puberty.
3. Use “Puberty Worksheet #2” to reinforce facts and debunk fears/myths re: puberty.
4. Summarize by discussing peer pressure in the puberty years.
Materials Needed

Student Materials: (for each student)

- Puberty Worksheet #2
- OPTIONAL for family homework, pamphlets: *The Talk-To-Me Books* are sets of 2 pamphlets for each family with which grown-ups and students interview one another. Available from Planned Parenthood of Western Washington: education@ppww.org or call 206-328-7715
Activity

1. Explain again the reasons you are doing these lessons on puberty.
   - Sometimes people are afraid of things they don't understand.
   - Sometimes people feel as if they are the ONLY one to ever experience certain changes; they may "dump on" themselves because they think they are "abnormal."
   - Those feelings are UNNECESSARY; people can look forward to puberty with excitement and pleasure, IF they know what to expect!

2. Respond to "Anonymous Question Box" questions re: puberty.

3. Use “Puberty Worksheet #2” to reinforce facts and debunk fears/myths re: puberty.
   a. Divide the class into 3 teams.
   b. Hand out "Puberty Worksheet #2" and give the teams 20 minutes to reach consensus (within each team) on each item. Encourage people to discuss the items they disagree on, to explain to one another why they believe as they do about an item.
   c. Have one spokesperson for each team write their team's responses on the blackboard and explain, one at a time, why they chose a particular answer. You can award 1 point for each correct answer and an extra ½ point to the team with the best explanation.

4. Summarize by discussing peer pressure in the puberty years.

   Discuss how it felt to disagree with teammates, whether there was overt peer pressure to agree (for consensus) or whether each person was considerately listened to. Summarize the lesson by explaining that, at puberty, it is probably more difficult than at any age before or after to disagree with the crowd BECAUSE one is beginning to separate from one's family and to gradually identify more with friends. That is normal...and one has to find ways to trust one's own judgment AT THE SAME TIME as one enjoys one's friends.

Related Activities For Integrated Learning

A. Language Arts
   Add to glossary, the terms "endocrine system," "erection," "hormone," "menstrual period," "nocturnal emission," "ovum," "penis," "pituitary gland," "sperm," "uterus," and "vagina".
B. Social Studies
Students may do reports on puberty rites of various cultures.

C. Math
Have students find the average age of puberty for males and females, given hypothetical children: (Do not use names of children in your class.)

Ann: 9 yrs, 2 mo. (age 9.2)
Bob: 12 yrs, 0 mo. (age 12.0)
Cathy: 12 yrs, 0 mo. (age 12.0)
Diana: 12 yrs, 11 mo. (age 12.9)
Ed: 13 yrs, 11 mo. (age 13.9)
Gary: 14 yrs, 8 mo. (age 14.7)
Faye: 15 yrs, 6 mo. (age 15.5)
Henry: 15 yrs, 10 mo. (age 15.8)

(answer: girls 12.4, boys 14.1)

NOTE: Depending upon your students' math skill level you can have them convert months to decimal fractions of a year, or you can provide the decimals.

Homework

Students’ options:

- Discuss with an adult in the family Puberty Worksheets 1 and 2 *
- With an adult in family, use The “Talk-To-Me” books, sets of 2 pamphlets with which parents and students interview one another. They allow children and the adults who love them an opportunity to practice communicating. They help people articulate their own and their family’s, generation’s and culture’s beliefs and feelings about growing up, family life and sexual health.
- Write a letter to a 6 or 7-year-old, real or imaginary, about growing up.

*see "Preparing Parents" pages 4-5
Puberty Worksheet 2

NAME __________________________________ DATE ____________________

DIRECTIONS: Write “T” for “true” next to each statement you believe is correct. Write “F” for “false” next to the wrong statements.

_____ 1. Girls may start puberty any time between the ages of 9 and 16.
_____ 2. Usually, boys start puberty a little younger than girls.
_____ 3. The pituitary gland, in the brain, tells the body when to begin puberty.
_____ 4. Boys only get erections when they think about something sexual.
_____ 5. A person's feelings may change from moment to moment, especially during puberty.
_____ 6. If your parents started puberty early, you might too.
_____ 7. You can tell whether a girl is menstruating by looking at her.
_____ 8. Boys often have some breast growth during puberty.
_____ 9. It is common for boys to have nocturnal emissions at puberty, but it is also healthy not to.
_____ 10. The main reason teenagers get acne is they eat the wrong foods.
_____ 11. Girls should not use tampons until they are grown.
_____ 12. The vagina is always wet, just like the mouth and eyes.
_____ 13. There is something wrong with a boy if he ejaculates in his sleep.
_____ 14. If a boy has not started puberty by age 13, he should see a doctor, because there might be something wrong with his endocrine system.
_____ 15. It is OK for a girl to shower or play sports during her menstrual period.
_____ 16. A boy should start wearing an athletic supporter ("jock strap") during puberty when he plays sports, to protect and support his genitals.
_____ 17. A girl may start wearing a bra for support when her breasts start to develop, especially if she is uncomfortable being active and playing sports.
_____ 18. It is necessary to wash more often once you begin puberty.
Puberty Worksheet 2 - Answer Key

NAME ___________________ DATE __________

DIRECTIONS: Write "T" for "true" next to each statement you believe is correct.
Write “F” for “false” next to the wrong statements.

_T_ 1. Girls may start puberty any time between the ages of 9 and 16.
_F_ 2. Usually, boys start puberty a little younger than girls.
_T_ 3. The pituitary gland, in the brain, tells the body when to begin puberty.
_F_ 4. Boys only get erections when they think about something sexual.
_T_ 5. A person's feelings may change from moment to moment, especially during puberty.
_T_ 6. If your parents started puberty early, you might too.
_F_ 7. You can tell whether a girl is menstruating by looking at her.
_T_ 8. Boys often have some breast growth during puberty.
_T_ 9. It is common for boys to have nocturnal emissions at puberty, but it is also healthy not to.
_F_ 10. The main reason teenagers get acne is they eat the wrong foods.
_F_ 11. Girls should not use tampons until they are grown.
_T_ 12. The vagina is always wet, just like the mouth and eyes.
_F_ 13. There is something wrong with a boy if he ejaculates in his sleep.
_F_ 14. If a boy has not started puberty by age 13, he should see a doctor, because there might be something wrong with his endocrine system.
_T_ 15. It is OK for a girl to shower or play sports during her menstrual period.
_T_ 16. A boy should start wearing an athletic supporter (“jock strap”) during puberty when he plays sports, to protect and support his genitals.
_T_ 17. A girl may start wearing a bra for support when her breasts start to develop, especially if she is uncomfortable being active and playing sports.
_T_ 18. It is necessary to wash more often once you begin puberty.

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Gender Roles
Grades 4-6, Lesson #4

Time Needed
15-25 minutes, plus library time

Student Learning Objectives
To be able to...
1. List several similarities and differences between the expectations of each gender.
2. Recognize that a person's beliefs about roles can influence his or her decisions.
3. Recognize sources of gender role beliefs.
4. List famous men and women throughout history who have filled a variety of roles, including health pioneers.

Agenda
1. Define "gender roles" and explain the lesson's purpose.
2. Brainstorm gender-specific roles and behaviors in America today.
3. Use case study to teach the concepts that (a) gender roles are learned and (b) roles can be limiting.
4. Answer "Anonymous Question Box" questions regarding gender roles.
5. Research historical figures (male and female) in the school library.
6. Summarize the lesson by discussing the library experience.
Materials Needed

Student Materials: (for each student)

- Gender Roles Worksheets #1 and #2
Activity

1. Define "gender roles" and explain the lesson's purpose.
   Explain that roles are like rules by which we play games. The role of "student" involves being a good listener, coming to class on time, etc. Students who follow the rules, do well at the game. "Gender roles" are the rules people think they should follow because of their sex...ways they act because "boys and men are supposed to" or "girls and women ought to." This lesson will examine those roles/rules.

2. Brainstorm gender-specific roles and behaviors in America today.
   Have students brainstorm, while you write the contributions on the blackboard, advantages of being male; then, the advantages of being female in mainstream U.S. culture today. Your lists may end up looking something like this:

<table>
<thead>
<tr>
<th>Men and Boys</th>
<th>Women and Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can box, wrestle without being teased</td>
<td>Can have babies</td>
</tr>
<tr>
<td>Can grow beards, mustaches</td>
<td>Can wear skirts and dresses without being teased</td>
</tr>
<tr>
<td>Can play pro hockey</td>
<td>Can wear makeup without being teased</td>
</tr>
<tr>
<td></td>
<td>Can paint the bedroom pink without being teased</td>
</tr>
</tbody>
</table>

   If the class has trouble generating the lists, ask them what things a girl or woman can do that some boys or men might feel embarrassed doing, or find impossible to do...and vice versa. Once the lists are on the blackboard, help students to notice that some are biological impossibilities for the gender, while some are the result of our social learning. Point out that a few years ago the "women and girls" list might have contained "wearing earrings" or "getting a curl." Now many males feel comfortable doing these things. Point out that other societies, not just other time in history, have differing beliefs regarding roles. In some American Indian and African societies, men wear face-paint (makeup). In Scotland, men wear kilts (skirts).

   Give students a chance to discuss the expectations of men and women in their ethnic communities – the ways their own cultures may differ from the standards promoted by the media.

3. Use case study to teach the concepts that (a) gender roles are learned and (b) roles can be limiting.

   "Ronald is three years old. His mother is a doctor and his father is a musician with a band. Since Dad works evenings, he takes care of Ronald during the day. Mom comes home from the hospital, eats dinner with her son and takes care of him while his father is at work.

   "Ronald's best friend, Mary, lives next door. Dad overheard a conversation between Ronald and Mary one day. Mary said, 'Let's play house.' Ronald said, 'OK, you be the mommy and I'll be the daddy.' Mary told him to go to work, so she could fix lunch
for the baby, Ronald got angry. He yelled, 'Daddies fix lunch! I'm not playing with you anymore, Mary. You're stupid!'

Stop the case study long enough to ask the class why Ronald thinks that only dads can cook lunch.

"Ronald's dad said, 'You guys don't have to fight. Why not play something else?' But when Ronald suggested playing hospital, and told Mary to be the doctor, she yelled, 'Only boys are doctors!'"

Ask the class:

- Why might Mary think that only boys can be doctors? How could that stereotype limit her in life?
- If Ronald keeps on feeling that boys must do the cooking, how will he feel if he grows up and marries a woman who likes to cook?
- If Mary keeps believing that girls cannot be doctors, do you think she will do well in math and science classes in high school?
- If you were Ronald and Mary's baby sitter, how could you help them learn that women and men can cook and be doctors?

4. Answer "Anonymous Question Box" questions about gender roles.

5. Research historical figures (male and female) in the school library.
Assign students to find the name and story of one male and one female who have been each of the following professions (each student can look up one profession).

- astronaut
- leader of a nation
- health pioneer or scientist
- religious leader
- author
- human rights or civil rights leader
- athlete
- musician
- artist
- explorer

6. Summarize the lesson by discussing the library experience.
When you return to the class, have students share the names they found. Discuss whether they had a more difficult time finding men or women, and why that might be. Help them consider how a lack of role models in a field, whether the field is parenting or politics, can limit a person's imagination about what he or she can become.

If they had difficulty finding women, or if you notice a lack of people of color in the names they did find, you might offer extra-credit reports on persons from the list on the next page.

POC = Person of Color
F = Female
F,POC Ntozake Shange
F Ruth Bell
F,POC Ida Bell Wells-Barnett
POC Langston Hughes

F,POC Guyon Bluford, Jr.
F Sally Ride
F Valentina Tershkova

F Marie Curie
F Margaret Mead
F,POC Shi Mai-Yu (Dr. Mary Stone)
F,POC Lora Mangum Shields
F Florence Sabin
F Virginia Apgar

F, POC Toko Shinoda
F Anna Mary "Grandma Moses"
F Beatrix Potter
F Georgia O'Keefe
F,POC Lois Mailou Jones

F,POC Indira Gandhi
F Margaret Thatcher
F Golda Meir
F,POC Sirimavo Bandaranaike
F,POC Maria Estela M. de Peron

F,POC Alicia de Larrocha
F,POC Mary Lou Williams
F Maybelle Addington Carter
F Maud Powell

F,POC Sister Teresa (Agnes Bojaxhiu)
F Mary Baker Eddy
F,POC Luisa Gonzalez
F Elizabeth Ann Seton
F Aimee Semple McPherson

F,POC Wilma Rudolph
F Dorothy Hamill
F Cathy Rigby
F,POC Chi Cheng
F Babe Didrikson Zaharias

F Lucretia Mott
F Susan B. Anthony
F,POC Fannie Lou Hamer
F,POC Rosa Parks
F Betty Friedan
F,POC Alicia Escalante
F Margaret Kuhn

F,POC Sacajawea
F Amelia Earhart

Related Activities For Integrated Learning

A. Social Studies
Have students write reports on the persons they identified in Activity 4, above.

B. Music & Language Arts
Students may write a song or a poem about the ways they believe boys and girls are alike and different.

Homework

Students’ options:
• Use Worksheet #1 with an adult in their families.*
• Complete Worksheet #2 by themselves.

*see “Preparing Parents”, page 4-5
Gender Roles Worksheet 1

NAME ___________________ DATE ____________

Directions

1. Find a watch with a second hand or a stop watch.

2. Practice, with an adult, using the watch.

3. Explain to the adult that you want him/her to fill out Section A, below, while you time him/her.

4. Explain that he/she should work as quickly as possible; skipping any he/she does not know. The people listed may be living or dead.

Section A, to be filled out by an adult.

Name a man, living or dead, in each of the following professions

1. Artist

2. Astronaut

3. Athlete

4. Author

5. Civil Rights Leader

6. Explorer

7. Health Pioneer or Scientist

8. Leader of a Nation

9. Musician

10. Religious Leader

(Time: __________________ # Completed __________________)
Section B. to be filled out by an adult.

Name a woman, living or dead, in each of the following professions

1. Artist

2. Astronaut

3. Athlete

4. Author

5. Civil Rights Leader

6. Explorer

7. Health Pioneer or Scientist

8. Leader of a Nation

9. Musician

10. Religious Leader

(Time: __________________ # Completed ____________________________)

5. Discuss which list was easier to complete, and why. When the adult was in school, how were social studies and health classes different from the way they are today?

6. Adult’s signature ________________________________

   Child’s signature ________________________________

   Date: ________________________________
Gender Roles Worksheet 2

NAME ___________________________ DATE ________________

Directions:

1. Watch television for 2 hours.

2. As you watch, list below the name of each character and the job he or she does (Example: "Jack Tripper, chef.") If you cannot tell what the person does, write "No job."

Show:

Male Character(s) 

Female Character(s)

On a separate sheet of paper, explain what you noticed or figured out or learned. What is your opinion about what you saw? Write at least two complete paragraphs.
KNOW
HIV/STD PREVENTION CURRICULUM

GRADES 5 and 6

March 2014
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KNOW Curriculum and the U.S. HIV Epidemic

The KNOW Curriculum is a model HIV/STD prevention curriculum designed to meet the requirements of Washington State's AIDS Omnibus Act (RCW 28A.230.070) and requirements for instruction about sexually transmitted diseases (RCW 28A.230.020). The KNOW Curriculum is provided in three grade level manuals (Grades 5/6, 7/8, and High School). The KNOW Curriculum offers lessons specific to each grade level, including lesson objectives, activities, student handouts and visuals, recommendations for optional supporting videos, family newsletters and homework.

The goal of the KNOW Curriculum is to prevent HIV and other sexually transmitted diseases. Human Immunodeficiency Virus (HIV) was first identified in the United States in 1981. The impact of HIV has been dramatic in the U.S., especially among young people and marginalized communities. This is in large part due to limited access to appropriate and affordable healthcare, comprehensive and accessible education, and testing.

In the past 20 years, there have been major advances in HIV testing, treatment and prevention. Advances in HIV testing, counseling and outreach are helping people get quickly tested and connected to services. New treatments are helping people with HIV live longer and healthier lives, while at the same time, greatly reducing their risk of passing HIV to others. And new research on effective prevention education and strategies are helping to prevent the spread of HIV. As a result of these advances, many people with HIV can expect to live as long as their peers who don’t have the illness.1

Despite the encouraging progress, HIV remains a deeply challenging problem in the United States. According to the Centers for Disease Control and Prevention (CDC), 1.1 million people in the U.S. are living with HIV, with 18% unaware that they have it. 50,000 people get HIV each year in the U.S., a quarter under the age of 25. HIV remains a significant cause of early death for some populations and, to date, more than 635,000 individuals with AIDS in the United States have died.2 As a nation, and within our communities, there is much work to be done.

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Teens and STDs

The alarmingly high rates of sexually transmitted diseases (STDs), other than HIV, among young people tell us that young people are also at risk for HIV. Nearly half of the 19 million new cases of STDs each year are among people aged 15–24 years. By the time of high school graduation, almost two thirds of young people have had sex. Nearly 40 percent of sexually active students did not use a condom the last time they had sex, and one in five drank alcohol or took drugs before their last sexual intercourse. By the time of high school graduation, almost two thirds of young people have had sex. Nearly 40 percent of sexually active students did not use a condom the last time they had sex, and one in five drank alcohol or took drugs before their last sexual intercourse.

Sexual risk behaviors place adolescents at risk for HIV infection, other STDs and unintended pregnancy. A number of factors lead to sexual risk-taking and the higher likelihood of getting STDs.

1. Young women’s cervixes are still developing, which make them much more vulnerable to getting an STD than adult women.
2. Most people who have an STD, especially women, have no symptoms, so they and their partners do not know that they have them.
3. Many teens are not receiving comprehensive sexual health education.
4. Many teens do not have access or have limited access to free condoms and free and confidential testing and treatment.
5. And finally, many teens are in unequal and coercive relationships, especially young women.

Effective HIV Prevention Education and the KNOW Curriculum

In the absence of a cure or vaccine for HIV, education remains one of the best ways to prevent the spread of HIV and other STDs. To this end, the 5/6 KNOW curriculum, 2014 edition, employs the most current HIV prevention research.

Research shows that high quality sexual health education that includes information on abstinence and condoms prevents the spread of HIV and other STDs by delaying the onset of sexual activity, reducing the frequency of sexual activity, reducing number of sexual partners, and increasing the use of condoms. The evidence shows that youth who receive education about both abstinence and condoms are NOT more likely to become sexually active, increase sexual activity, or experience negative sexual health outcomes.

HIV prevention research instructs us to focus our efforts on beliefs, attitudes and skills. This approach is especially useful when working with elementary and middle school aged

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4 CDC. Youth risk behavior surveillance-United States, 2011. MMWR 2012;61(55-4);
children, as they are still in the process of forming their beliefs, attitudes and skills related to sexual health and relationships. The vast majority of elementary and middle school students are not currently at risk for HIV, as they are not engaging in the most common behaviors for acquiring HIV, particularly vaginal, anal and oral sex, and injecting drugs. HIV education at this grade level develops beliefs, attitudes and skills that will help young people prevent HIV when they are older by not having sex, not injecting drugs, and using condoms when they do have sex.

Specifically, KNOW strives to prevent HIV by teaching medically accurate information about HIV transmission and prevention; strengthening the belief that people can protect themselves from HIV; promoting positive attitudes about abstinence and condoms; and developing refusal skills. The 2014 edition of KNOW builds increasingly advanced refusal skills at every grade level with the purpose of helping students avoid sex as they transition to middle school and high school. The strengthened abstinence components of KNOW are informed by recent research on the characteristics of effective abstinence education for upper elementary and middle school students.

KNOW Compliance with Washington State Laws.

The KNOW Curriculum is designed to fully meet the requirements of the AIDS Omnibus Act. It aligns with the WA State Health and Fitness Standards (2008), the WA State Guidelines for Sexual Health Information and Disease Prevention (2005), the National Sexuality Education Standards (2011), and current research on the prevention of HIV and other STDs.

However, the KNOW Curriculum, which focuses solely on HIV and other STDs, is not intended to meet the requirements of the Healthy Youth Act, which requires comprehensiveness of sexual health topics. To comply with the Healthy Youth Act, the KNOW Curriculum must be taught in conjunction with another evidence-based comprehensive sexual health education curriculum.

The following sections of the introduction describe the AIDS Omnibus Act, Healthy Youth Act and KNOW’s alignment with standards and guidelines in greater detail.

AIDS Omnibus Act

In 1988 the Washington State Legislature passed the AIDS Omnibus Act, RCW 28A.230.070. This act mandates HIV/AIDS prevention education beginning in Grade 5 and continuing through Grade 12. Districts must adhere to the following criteria:


• Beginning no later than Grade 5, students shall receive yearly instruction in the life-threatening dangers of HIV/AIDS, its transmission, and its prevention.

• Each school district board of directors will adopt an HIV/AIDS prevention education program, which is developed in consultation with teachers, administrators, parents, and other community members including, but not limited to persons from medical, public health, and mental health organizations and agencies.

• The materials developed for use in the HIV/AIDS education program must be either: (a) model curricula and resources available from OSPI or (b) developed (or purchased) by the school district and approved for medical accuracy by the Department of Health Office on HIV/AIDS.

• If a district develops (or purchases) its own HIV/AIDS prevention curricula, the district must submit to the DOH office on HIV/AIDS a copy of its curricula and an affidavit of medical accuracy stating that the material has been compared to the model curricula for medical accuracy and that in the opinion of the district, the materials are medically accurate. After submission of these materials to the DOH Office on HIV/AIDS, the district may use the materials until the approval procedure by the DOH Office on HIV/AIDS has been completed.

• At least one month before teaching HIV/AIDS prevention education in any classroom, each district must conduct at least one presentation concerning the curricula and materials that will be used for HIV/AIDS education during weekend and evening hours for the parents and guardians of students.

• At least one month before teaching HIV/AIDS prevention education in any classroom, parents are to be notified of the presentation and that the materials are available for inspection. A student may be removed from HIV/AIDS prevention education if the student’s parent or guardian, having attended one of the district presentations, objects in writing to such participation.

NOTE: As with all school district curricula, HIV/AIDS prevention instructional materials must also be reviewed by the school district instructional materials committee for bias as provided in the Basic Education Law (RCW 28A.150.240), the Instructional Materials Law (RCW 28A.320.230), and the Sex Equity Law (RCW 28A.640.010).
Healthy Youth Act

While providing sexual health education (other than HIV/AIDS prevention) is the choice of the school district, any district that chooses to provide sexual health education must follow the requirements outlined in the Healthy Youth Act, WAC 392-410-140.

Per the Healthy Youth Act, all sexual health education (instruction and materials) offered in Washington public schools must meet the following criteria:

- Medically and scientifically accurate
- Age appropriate
- Appropriate for students regardless of gender, race, sexual orientation, and disability status
- Consistent with the Guidelines for Sexual Health and Disease Prevention (http://www.k12.wa.us/HIVSexualhealth/pubdocs/SexEdGuidelines011005.pdf)
- Include instruction about abstinence, and
- Include instruction about contraceptives and other methods of disease prevention

Abstinence may not be taught to the exclusion of instruction and materials on FDA approved contraceptives and other disease prevention methods. In other words, the instruction must be comprehensive.

The Healthy Youth Act defines "sexual health education" as:

1. The physiological, psychological and sociological developmental processes experienced by an individual;
2. The development of intrapersonal and interpersonal skills to communicate respectfully and effectively to reduce health risks and choose healthy behaviors;
3. Health care and prevention resources;
4. The development of meaningful relationships and avoidance of exploitative relationships; and
5. Understanding of the influences of family, peers, community and the media throughout life on healthy sexual relationships.

The Healthy Youth Act defines "medically and scientifically accurate" as information that is:

- verified or supported by research in compliance with scientific methods
- published in peer review journals, where appropriate, and
- recognized as accurate and objective by professional organizations and agencies with expertise in the field of sexual health including but not limited to the American College of Obstetricians and Gynecologists, the Washington State
A school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within the comprehensive sexual health program as long as all speakers, curriculum, and materials used are in compliance with this law.

**Guidance for Utilizing Guest Speakers**

Since HIV needs to be taught for at least one lesson per grade starting with 5th grade, some schools and teachers may choose to bring in guest speakers who are experts in HIV and prevention. It is important to note that these outside speakers are bound to the same laws and requirements around teaching HIV and other sexual health lessons as classroom teachers.

The AIDS Omnibus Act clearly states that the materials developed for use in the HIV/AIDS education program must be either:

- Model curricula and resources available from OSPI, or
- Developed or purchased by the school district and approved for medical accuracy by the Department of Health Office on HIV/AIDS.

The Healthy Youth Act, which is the law that upholds the standards for sexual health education, states, “A school may choose to use separate, outside speakers or prepared curriculum to teach different content areas or units within the comprehensive sexual health program as long as all speakers, curriculum, and materials used are in compliance with this section.” OSPI’s “Sexual Health Education Supplemental Materials Evaluation Form” can be used to assess guest speakers for alignment with WA State requirements.

It is also important to remember that at least one month before teaching HIV/AIDS prevention education in any classroom, parents are to be notified of the presentation and that the materials are to be available for inspection. This includes any materials and lesson plans from outside speakers. Per the Healthy Youth Act, parents must also have the ability to review lessons and materials for other sexual health education lessons, including those from outside speakers. Therefore, all materials and lesson plans must be in compliance with The AIDS Omnibus Act (or if it’s a non-HIV sexual health topic, the Healthy Youth Act) and be available for parents and guardians to review in advance. They must be medically and scientifically accurate and in compliance with the laws.

In order to ensure the best outcomes for students, it is also important that guest speakers utilize lessons and teaching methods aligned with current HIV prevention research. Specifically, guest speakers should share medically accurate information and focus on building the same beliefs, attitudes and skills that are the focus of the KNOW curriculum.
As a reminder, KNOW strives to prevent HIV by teaching medically accurate information about HIV transmission and prevention; strengthening the belief that people can protect themselves from HIV; promoting positive attitudes about abstinence and condoms; and developing refusal skills. Furthermore, guest speakers should avoid outdated and non-evidence based practices, such as using scare tactics, stressing gender differences, disparaging condoms and other contraceptives, perpetuating stereotypes, and shaming or belittling students.

5/6 KNOW Standards Alignment

The entire 5/6 KNOW Curriculum meets the following recommendations from the Washington State Guidelines for Sexual Health Information and Disease Prevention:

- Is age and culturally appropriate
- Uses information that is medically and scientifically appropriate
- Enlightens people to develop and apply health-promoting behaviors, including disease prevention and detection and accessing accurate health information that is age appropriate
- Stresses that abstinence from sexual activity is the only certain way to avoid pregnancy and to reduce the risk of STDs, including HIV
- Recognizes and respects people with differing personal and family values
- Teaches youth that learning about their sexuality will be a lifelong process as their needs and circumstances change

The following grid demonstrates how the 5/6 KNOW Curriculum aligns with state and national standards and guidelines.

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</table>

**National Sexuality Education Standards**
Define HIV and identify age appropriate methods of transmission, as well as ways to prevent transmission (SH.5.CC.1)

**Washington State Guidelines for Sexual Health Information and Disease Prevention**
In addition to the points listed above, this lesson also:
Provides accurate information about STDs including how STDs are and are not transmitted and the effectiveness of all FDA approved methods of reducing the risk of contracting STDs

Encourages community support and reinforcement of key messages by other adults and information sources

### Lesson 5-2, Abstinence and Refusal Skills

**Washington State Health and Fitness Standards**

- Analyzes abusive and risky situations and points out safe behaviors to prevent injury to self and others at home, school and in the community (2.4.1)
- Applies necessary social skills to promote health and safety (3.3.1)

**National Sexuality Education Standards**

- Demonstrates ways to treat others with dignity and respect (HR.5.SM.1)
- Demonstrates refusal skills (PS.5.IC.2)

**Washington State Guidelines for Sexual Health Information and Disease Prevention**

*In addition to the points listed above, this lesson also:*

- Acknowledges that people may choose to abstain from sexual activity at various points in their life
- Promotes the development of intrapersonal and interpersonal skills including a sense of dignity and self-worth and the communication, decision-making, assertiveness and refusal skills necessary to reduce health risks and choose healthy behaviors
- Encourages young people to develop and maintain healthy, respectful and meaningful relationships and avoid exploitative or manipulative relationships
- Promotes healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community

### Grade 6

#### Lesson 6-1, HIV Overview: Transmission

**Washington State Health and Fitness Standards**

- Understands the structure and function of body systems (2.2.1)
- Understands how to maintain sexual health throughout life (2.2.2)
- Understands factors and prevention related to communicable diseases (2.3.1)

**National Sexuality Education Standards**

- Define HIV and identify age appropriate methods of transmission, as well as ways to prevent transmission (SH.5.CC.1)

**Washington State Guidelines for Sexual Health Information and Disease Prevention**

*In addition to the points listed above, this lesson also:*

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Provides accurate information about STDs including how STDs are and are not transmitted and the effectiveness of all FDA approved methods of reducing the risk of contracting STDs

Encourages community support and reinforcement of key messages by other adults and information sources

Lesson 6-2, Abstinence and Refusal Skills

*Washington State Health and Fitness Standards*
- Analyzes abusive and risky situations (2.4.1)
- Solves conflicts while maintaining safe and respectful relationships (3.3.1)

*National Sexuality Education Standards*
- Demonstrates ways to treat others with dignity and respect (HR.5.SM.1)
- Demonstrates refusal skills (PS.5.IC.2)

*Washington State Guidelines for Sexual Health Information and Disease Prevention*

*In addition to the points listed above, this lesson also:*
- Acknowledges that people may choose to abstain from sexual activity at various points in their life
- Promotes the development of intrapersonal and interpersonal skills including a sense of dignity and self-worth and the communication, decision-making, assertiveness and refusal skills necessary to reduce health risks and choose healthy behaviors
- Encourages young people to develop and maintain healthy, respectful and meaningful relationships and avoid exploitative or manipulative relationships
- Promotes healthy self-esteem, positive body image, good self-care, respect for others, caring for family and friends and a responsibility to community
Model Policies and Procedures for HIV Education

A. HIV and AIDS Prevention Education
   Administrative Policy 2126

Prevention of HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) shall be taught in the district to all students at least once each school year beginning no later than the fifth grade. HIV/AIDS prevention education shall be medically accurate, age-appropriate and include the discussion of HIV disease progression, transmission and prevention.

The curricula and materials used in the HIV/AIDS education may be the model curricula and resources available through OSPI, or if developed by the school district, be approved for medical accuracy by the Washington State Department of Health (DOH). District-developed curricula shall be submitted to HIV/AIDS Prevention and Education Services for approval of medical accuracy stating that the material in the district-developed curricula has been compared to the model curricula for medical accuracy and that in the opinion of DOH the district-developed materials are medically accurate. Upon approval of curricula, the district may use these materials.

HIV/AIDS prevention education curricula shall be age-appropriate, medically accurate and include:

- Definitions of HIV and AIDS
- Disease progression of HIV
- Transmission of HIV including sexual behaviors and injection drug use, where age-appropriate
- Prevention including abstinence and condoms, where age-appropriate.

Cross Reference: Board Policy 3414 Infectious Diseases
Board Policy 2125 Health and Sexual Health Education

Legal References: 
RCW 28A.230.070 AIDS Education in public schools
RCW 28A.300.475 Medically accurate sexual health education
70.24.250 Repository and Clearing House for AIDS Education and Training Materials

Management Resources:
Policy News, December 2008 HIV/AIDS Prevention Education

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B. HIV and AIDS Prevention Education
   Administrative Procedure 2126P

Prevention of HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) shall be taught in the district to all students at least once each school year 5th through 12th grade. HIV/AIDS prevention education shall be medically accurate, age-appropriate and include the discussion of HIV disease progression, transmission and prevention.

Best Practice Guidelines for Instruction

TEACH ACCURATE INFORMATION AND TEACH STUDENTS TO ACCESS RESOURCES. Reliable sources include government sites and the peer-reviewed journals of major professional associations. Help students analyze the trustworthiness of sources. Introduce your school nurse and other supportive school personnel.

TEACH AGE-APPROPRIATE CONTENT. Understand that students have different physical, emotional, intellectual and social developmental needs. Review materials for age-appropriateness and consider age-appropriateness when answering questions that arise in the classroom.

TEACH IN WAYS THAT INCLUDE EVERY CHILD. Practice conscious regard for diversity among students in terms of developmental stage; physical characteristics and body types; genders and gender identities; races and ethnicities; languages and countries of origin; religious beliefs and faith communities; abilities and disabilities; sexual orientations; sexual experiences and histories of victimization; pregnancy, abortion and parenting experiences.

TEACH IN YOUR USUAL CO-ED SETTING. Teach the same content, using the same materials to all students. It is OK to separate genders for one lesson, if it feels safer/more appropriate.

PREVIEW VISUAL AIDS & GUEST SPEAKER MATERIALS. All materials should be reviewed before showing to students. Consider in review the age-appropriateness, relevance to lesson, and medical accuracy of information/images. All Guest Speaker materials must comply with school policy and procedures.

TEACH COMPREHENSIVELY. Emphasize that no birth control method, except abstinence, is 100% effective in avoiding pregnancy and reducing the risk of sexually transmitted disease. Instruct on contraceptive methods and other methods of disease prevention. Show and handle contraceptives no sooner than 7th grade and no later than 8th grade and continue lessons throughout high school. This includes condom
demonstration on correct condom use. Provide opportunities for students to practice communicating boundaries. Express genuine support for risk-reduction.

MANAGE SEXUAL HARASSMENT, INTIMIDATION AND BULLYING through climate-setting at the beginning of a unit and consistent, firm, equitable intervention. Recommended best practice is introduction of the climate setting including: setting written group agreements to set tone and note expected behavior, openness to diverse questions and use of an anonymous question box(es), noting confidentiality and mandatory reporting standards.

PARTNER WITH FAMILIES. Materials will be available to preview by parents/guardians upon request and during preview sessions. Invite parents to share their own family’s structure and values with their children. Encourage families to communicate at home about the unit. All parents should be notified of lessons 30 days prior to instruction and may choose to opt-out. Respect a family’s written request to waive a child’s participation; excuse the child discreetly, providing meaningful alternative activities.

ANSWER ALL QUESTIONS. Identify and translate slang; when it is crude or disparaging, explain that. When personal questions arise, use good judgment about protecting your own and students’ privacy. When value-laden questions arise, the best practices recommended include: definition of terms used, explanation of spectrum of values/beliefs related to the question and encouraging students to talk with family and other trusted adults. Recommended best practice for building skill for addressing value-laden questions includes use of the FLASH Value Question Protocol.

Parental/Guardian Notification Process

At least one month before teaching AIDS prevention education in any classroom, the school will conduct at least one presentation during weekend and evening hours for the parents and guardians of students concerning the curricula and materials that will be used for such education. The parents and guardians shall be notified of the presentation and that the curricula and materials are available for inspection.

Excluding Student from a Program/Opt-Out

A parent/guardian who wishes to have a student excused from planned instruction in HIV/AIDS education must file a written request with the principal, at least 7 days prior to the planned instruction. The district will make the appropriate opt-out form available. Excused students shall be provided with appropriate alternative educational opportunities. No student may be required to participate in AIDS prevention education if the student’s parent or guardian, having attended one of the district presentations, objects in writing to the participation.

Cross Reference: Board Policy 3414 Infectious Diseases

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Board Policy 2125

Health, Family Life and Sex Education

Legal References:

RCW 28A.230.070
AIDS Education in public schools

RCW 28A.300.475
Medically accurate sexual health education

70.24.250
Repository and Clearing House for AIDS Education and Training Materials
Answer All HIV-Related Questions

Answering student questions is a fundamental part of high quality HIV education. It is considered best practice to answer all student questions accurately and age-appropriately. Not only are they fundamental to student learning, but they give the teacher an opportunity to build trust in their classroom, and to build their own credibility as a reliable source of accurate information. While most questions are relatively straightforward and easy to answer, some are more difficult. If a teacher needs time to think about the answer or to consult with a colleague or expert, it is fine to let the class know you will answer the question in the next few days. While it is best practice to answer all student questions, always follow your district policy (e.g. if certain topics are not allowed).

The following sections of the introduction describe strategies for handling different types of student questions. Teachers can also get guidance about answering student questions by attending OSPI sexual health education teacher training, listed on the OSPI website.

Values Questions and Protocol

Questions about value-laden topics can be challenging for teachers at first glance. These questions may be directly about values, or they may be about topics that people have strong values about. This section of the introduction offers a protocol for answering value-laden questions that is accurate, helpful to students, and respectful of the broad range of values and beliefs held by students and their families. It also provides clear guidelines about when it is okay for the teacher to express their opinion, and when it is not.

Relatively UNIVERSAL values are those shared by 95% of families. The teacher should feel comfortable, and is in fact, obligated to teach these values. (While some people may not act in accordance with their values, they are relatively UNIVERSAL values nonetheless). Examples of relatively UNIVERSAL values that may come up in sexual health education class:

- Forcing someone to have sex with you is wrong
- Knowingly spreading disease is wrong
- It's safest and healthiest for school-age kids not to have sex (this is NOT non-universal, what IS non-universal is when it's fine to have sex)
- Taking care of your reproductive health is important
- Sex between children and adults is wrong
- Adultery is wrong

NON-UNIVERSAL values are those without consensus in the community. The teacher should not express a particular belief about these issues. Expressing their own personal
values might hurt or offend a child and their family. It is the family’s role to share their values with their child, not the teacher’s. However, it is best practice to provide accurate information or facilitate discussion about the issues, similar to all other topics. Examples of NON-UNIVERSAL issues that have a wide range of values in the community:

- Abortion
- Birth control
- Masturbation
- Homosexuality
- Sex outside of marriage
- Cohabitation
- What age/under what circumstances it’s acceptable to start having sex

The Values Question Protocol provides clear guidance on how to answer questions about value-laden topics in class:

1. **Read the question verbatim or listen to it carefully.**
   - If answering a written question, read it verbatim. If you decide to paraphrase it, make sure you are clear enough that the author of the question will recognize it as his or hers.

2. **Legitimize the question.**
   - Giving a brief affirmation encourages students to keep asking questions. It also discourages negative speculation about the asker.
     - "I am glad someone asked this one." "People ask me this one every year." "This question is really thoughtful (compassionate, imaginative, respectful)."

3. **Identify it as a belief question.**
   - Distinguish facts from values and beliefs.
     - "Most of the questions you’ve been asking have been factual questions where I could look up an answer that the experts agree upon. This one is a values question where different people, families, and religions have different beliefs."

4. **Answer the factual part of the question.**
   - Many questions about value-laden topics have a factual component. Give accurate information about the factual part of the question, then say, "Now let’s talk about the different beliefs people might have about (insert topic)."

5. **Help the class describe a full range of beliefs on the topic, not their own.**
   - Encourage the class to describe a wide range of beliefs as respectfully as they would describe their own. Do not ask students about their about their own or their families’

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8 Family Planning Program, Public Health – Seattle & King County, FLASH Curriculum, all grade levels

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beliefs. It is potentially an invasion of privacy, and in Washington State, is it illegal. At first, students may only be able describe a dichotomy of values (e.g. some people believe it is wrong, while others believe it is right.) Until students learn to describe a full range of values, the teacher will need to supplement them.

"Tell me some of the things you've heard that people believe about that." Prompt the group. "Some people believe ___? Um, hmm, and some people believe ___? Great, some people also believe...

6. Refer to family, clergy and other trusted adults.
   Encourage communication about values with family or other trusted adults.
   "Because people have such different beliefs about this, I really want to encourage you to talk with an adult in your family or another trusted adult, like somebody at your community of worship, if you have one. Have a conversation within the next week, if you can, to learn more about what they believe."

Example: “Why do people even have sex?”

“I’m so glad someone asked this question. This is not a question where there is just one right answer. Instead, people have many different beliefs about why people have sex, and when it is okay to have sex. First I want to say that no one ever has to have sex; people should only ever have sex if it is something they want to do. And, if someone does have sex, using a condom helps protect them from getting HIV. Different people believe it is okay to have sex under different circumstances. For example some people think it is okay to have sex if someone is married, or if they are in a long term relationship. Some people think it is only okay to have sex if you want to get pregnant. Other people think it is okay to have sex whenever someone chooses to, as long as both people agree to, which is called “consent.” People choose to have sex for many different reasons. It’s important for you to talk with an adult in your family or someone at your community of worship, if you have one, to find out what they think about when it is okay for two people to have sex.”

Personal Questions

Students sometimes ask questions that contain a personal element. The question could be about you, such as, “How old were you the first time you had sex?” It could be about the student himself or herself, such as, “How do I know if I have HIV?” Or, it could be a personal question about someone else, such as, “I heard that Maria’s uncle has HIV, is that true?”

Students ask these questions for a variety of reasons. They are curious about the trusted adults in their life. They are learning about boundaries. They are seeking to normalize their own experiences. They are applying the things they are learning in sexual health.
class to themselves and the people in their lives. And, they find you a credible and accurate source of information about things that are important to them.

There are many useful strategies for answering these questions in a helpful way, while also teaching about privacy and appropriate boundaries.

- Validate personal questions, just like other student questions. Be cautious about inadvertently embarrassing or shaming students for asking personal questions.

- Use personal questions as an opportunity to model and teach about healthy boundaries.

- Do not share information about your sexual experiences or history. Sometimes teachers want to share this information to set a positive example or to share a cautionary story. Even though the intent is good, it is still inappropriate to share with students. It is also less helpful to students than one might hope.

- When you decline to answer a question about yourself, follow these steps: (1) affirm that students are often curious about the adults in their life; (2) reframe the question, so that it is general, not personal; and (3) answer with factual information and/or the values question protocol.

- When students ask a written questions about themselves or someone else, paraphrase the question to the third person. Answer the question about people in general, not this specific person.

- When students ask questions out loud about themselves or someone else, remind the class about respecting people’s privacy, and answer the question about people in general, not this specific person.

Example: “Have you ever used a condom?”

“I’m glad that someone asked this question. I know that you all are curious about the adults in your life, so I can understand why someone would ask me this question. However, adults should not share personal sexual information with kids, so I am not going to answer this question about myself. I can tell you that condoms are used for birth control, if two people are having sex and don’t want to become pregnant, and to protect both people from getting HIV and other illnesses called STDs. If the two people having sex don’t need birth control and neither of them has HIV or other STDs, they might choose not to use condoms.”
Questions about Sexual Technique

Technique questions are about how to perform a sexual act. They are often worded as “How do you...”, “How does a person...” or “What’s the best way to...” Clearly, giving guidance about sexual performance is inappropriate. However, most questions that appear to be about technique (to adults) are just a student’s way of getting more information about a topic. The intent of the question is usually “What is...” Even during those rare times when a sexual technique question is being asked, there is usually a general factual question embedded in it that can be answered instead.

- Validate questions worded in this way, just as you would all other types of question.
- Reframe technique questions as factual questions. Answer the factual aspect of the question.
- If you think the question is really asking for information on how to perform sexual acts, let the class know that teachers, school nurses, etc. don’t give sex advice. Instead, use the student’s question as an opportunity to give accurate information about the topic in general.
- Your answer might include the values question protocol.

Example: “How do people have sex?”

“This question comes up every year. Let me give you a basic medical definition of the three main kinds of sex: vaginal sex is when the penis is in the vagina; anal sex is when the penis is in the butt; and oral sex is when the mouth is on the genitals. People can get HIV from all 3 types of sex, especially vaginal and anal sex, if the person they are having sex with already has HIV.”

Slang in Questions

Student questions often contain slang. Most often, students use slang because it is the terminology they are most familiar with, or because they have a question about the meaning of the term. Sometimes, it is also an attempt to shock the teacher.

Slang terms range from widely used, common terms to words that some may find inappropriate or off-putting. When students use slang it is an opportunity to teach the class the medical or standard term. It is also an opportunity to maintain a respectful environment and diffuse the need to test or shock the teacher.

- Validate questions with slang, just as you would all other types of student questions.
• When reading a written question aloud, read the question verbatim. Identify the slang as such, in a non-judgmental way, and translate it into medical/standard language. Let the class know we’ll all be using the medical/standard term in class.

• Assume good intent on the part of your students. Students typically use the language they have been exposed to, including by family members. Don’t denigrate students for using slang; simply instruct the class to use the medical/standard term in health class.

• Handle slang as a learning opportunity, in a calm and respectful manner. This greatly reduces students need to test or shock you.

• Your answer might include the values question protocol.

• Let your administrator know, in advance, how you handle slang in your classroom.

• Slurs fall into a different category than slang. If students use a slur in sexual health class (e.g. for women, people who are gay, etc.), use the following steps: (1) validate question by saying you’re glad this important topic came up; (2) identify the term as an offensive word; (3) let the class know we won’t be using this word in school, ever, because it is hurtful. It is helpful to proceed as though the speaker didn’t mean harm because it will help them save face and more readily adopt more respectful language.

Example: “If you get HIV does your dick fall off?”

“I’m glad someone asked this so we can talk about it. First, ‘dick’ is a slang word for penis. So, this person wants to know if someone gets HIV will something bad happen to their penis. The answer is no. Even though someone may have gotten HIV from having sex, the virus lives in a person’s blood and makes their body weaker. It does not do something to a man or woman’s genitals.”
Recognizing and Reporting Sexual Abuse and Assault

At least one in five girls and one in ten boys will be sexually abused at some point in their childhood.\(^9\) People aged 15 to 24 report rape and sexual assault at far higher rates than any other age group.\(^10\) If you suspect a student in your classroom has been or is being sexually abused, sexually exploited, or injured (by anyone, not just a caregiver) you are legally obligated to report it.

Keep in mind that, at all times, you likely have students in your class who have experienced sexual abuse or assault, either currently or in the past. Strive to create a classroom that is safe and inclusive, and in which good boundaries are modeled. You do not have to know for certain that a student has been abused to make a report and to offer the student support.

1. How to tell if a student has been sexually abused or exploited.

   - The student tells you.
   - A student confides to you that another student was exploited.
   - The student acts differently from usual, in troubled ways. These behaviors can signal other stresses, but should still prompt the teacher to ask the student if they can help with a problem.
     - Regressing to more immature behavior
     - Clinging to you or another staff person
     - Cranky, hostile or depressed
     - Sleeping in class, or lacking energy
     - Development of minor ailments (headaches, stomach aches, no appetite)
     - Reluctant to leave school at end of day
     - Dressing provocatively or wearing many layers of clothing even during hot weather

2. What to do if a student confides in you about sexual abuse or assault or if you have reasonable cause to believe that abuse or assault has occurred.

   - Tell the student “I believe you.”
   - Tell the student that they’re not to blame and say, “I care about you and I’m glad you told me.”


• Speak privately with the student and maintain the student’s confidentiality within the school, unless you feel the need to enlist the help of another adult support person, such as your principal, school nurse, or counselor.

• Report the abuse. In all 50 states, the law requires professional school personnel to report the suspected abuse to either the police or to a child protection agency. It is not sufficient to “turn the case over” to your principal or another staff person, even if this is what your school protocol advises. You are required by law to report it yourself or make certain it has been reported by another person (for example, by being in the room at the time). You do not need to know for certain that abuse has occurred to be obligated to report. All you need is reasonable cause to believe it has occurred; it is the job of the child protection agency to investigate, not yours.

• Offer the student as much control as possible over the timing and manner of reporting. If he wishes, for example, he could make the report himself while you sat at his side for support. In Washington State, if a student isn’t in imminent danger, you have 48 hours to make a report. You could allow her the choice to delay reporting to a child protection agency for a day in order to disclose it first to a parent or guardian.

• If you need or want support or advice for yourself or the child in reporting the abuse, seek professional help.

3. What to do if you get an anonymous question from a student that indicates possible abuse or exploitation.

• If you recognize the handwriting, ask that student if you can talk with them privately. Do not pressure them, but tell them that you care and that if there is anything they want help with, you can help. If the student denies writing the question, tell them that you care and want to help if they ever do need help in the future. Explain that, in the meantime, you do have to notify Child Protective Services that you received the question, even if you aren’t sure who wrote it.

• If you don’t recognize the handwriting, call Child Protective Services for advice about whether to make a formal report.

11 In WA State, if you suspect that a child is being abused, call the WA State Child Abuse and Neglect Hotline at (866) END HARM (866-363-4276). The operator will connect you with the right office to make your report. The hotline runs 24 hours/day, 7 days/week.
12 Child Protective Services, personal communication, 2011.
13 In WA State, call (866) END HARM (866-363-4276). Nationally, call the National Sexual Assault Hotline: 1-800-656-HOPE.
Resources

WA State and National HIV and Sexual Health Education Resources

- OSPI's HIV and Sexual Health Education Program provides technical assistance and support to schools by promoting best practices in HIV/AIDS prevention and sexual health education.
  http://www.k12.wa.us/HIVSexualhealth/default.aspx
- OSPI's list of national resources for HIV and sexual health education
  http://www.k12.wa.us/HIVSexualhealth/Resources.aspx
- Center for Disease Control's Health Education Curriculum Analysis Tool (HECAT)
  http://www.cdc.gov/healthyyouth/hecat/index.htm
  HECAT Sexual Health Module
- OSPI's HIV and Sexual Health Program produced two videos on how to use the HECAT and its Sexual Health Module.
  http://www.k12.wa.us/HIVSexualHealth/SHECAT.aspx
- OSPI's Sexual Health Education Supplemental Materials Evaluation Form
  http://www.k12.wa.us/HIVSexualhealth/Healthyyouthact.aspx

The KNOW Curriculum Online

- This is a link to the downloadable version of the KNOW Curriculum and an order form for the print version.
  http://www.k12.wa.us/HIVSexualHealth/KNOW.aspx

HIV Resources

Many teachers want information and resources on HIV and other STDs. Here are some great resources for basic information on HIV and other STDs from reliable government sources.

- Center for Disease Control (CDC) Website http://www.cdc.gov/std/
- King County’s STD website
- King County’s HIV/STD Program

HIV Classroom Resources

- OSPI’s HIV Lending Library http://www.k12.wa.us/HIVSexualHealth/Library.aspx
- King County’s Comprehensive Sexual Health FLASH Curriculum
  http://www.kingcounty.gov/healthservices/health/personal/famplan/educators/FLASH.aspx
- King County’s Resources for Teachers page, including HIV and Puberty film reviews

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Training Resources for Teachers

- All of WA State
  [http://www.k12.wa.us/HIVSexualhealth/training.aspx](http://www.k12.wa.us/HIVSexualhealth/training.aspx)

- In King County
Grade 6
Lesson 1

HIV Overview: Transmission

Overview

The purpose of this lesson is to help students understand how HIV is transmitted, to identify behaviors that do and do not put individuals at risk for HIV infection, and to review ways to protect against acquiring and transmitting HIV.

NOTE: Teachers need to be prepared to respond to unexpected questions from students regarding sexual health, even though they are not part of the planned presentation. See introductory section on tips for answering different types of questions.

Laws & Standards

The 5/6 KNOW Curriculum, 2014 edition, complies with the AIDS Omnibus Act and partially fulfills the Healthy Youth Act (2008). It aligns with the WA State Health and Fitness Standards (2008), the WA State Guidelines for Sexual Health Information and Disease Prevention (2005), the National Sexuality Education Standards (2011), and current research on the prevention of HIV and other STDs. Please see the introduction for more details, including information on how to fully comply with the Healthy Youth Act.

Objectives

The students will:

* Know that AIDS is caused by a virus (HIV)
* Identify ways HIV is transmitted
* Identify ways HIV is NOT transmitted
* Identify behaviors that protect a person from HIV infection
Grade 6
Lesson 1

HIV Overview: Transmission

Agenda

Time: 50 minutes

1. Introduction and Ground Rules (10 min)
2. Review of Basic Facts (10 min)
3. Fluid Transmission Demonstration (10 min)
4. Transmission Risk and Prevention Game (15 min)
5. Staying Healthy (5 min)

Materials:

- 2 clear glass or plastic cups
- 1 eyedropper
- Blue food dye (liquid)
- Two paper tents, one labeled HIV+ (positive) and one HIV- (negative)
- Family Homework, 1 per student
Lesson 1 HIV Overview: Transmission

Activity 1 Introduction and Ground Rules

Time: 10 minutes

1. Introduce the topic of HIV and other STDs.

   "Today we're going to learn about HIV and AIDS. Some of you may have learned about HIV in other classes, or at home, and for some of you, this will be a new topic. HIV is a very serious illness that can cause death. However, many people can live a very long time with HIV with the help of a doctor. This is an important subject, and I know we're all going to learn a lot in this unit."

2. Share ground rules with the class. Write them down as you cover each one.

   "Even though we already have rules for classroom behavior, I'm going to go over class rules especially for this topic. I want to help everyone feel comfortable asking questions and participating in the lessons. I'm going to start by giving you my ideas, and then I'll ask if you have any others to add."

   * Ask questions. (Tell the class you will do your best to answer all questions or find the answer, if you don't know it.)
   * No put-downs.
   * It is okay to disagree.
   * Listen and be respectful of others' opinions.
   * Protect people's privacy. For example, questions about friends and family members should not include their names or identities. Instead, say "Someone I know..." or "Someone I heard of..."

3. Ask the class if they have any ground rules to add. Add them to the list.

4. Ask for a raise of hands to show agreement with the ground rules.
Activity 2  
Review of Basic Facts

Time: 10 minutes

* Tell students to indicate whether they “agree,” “disagree,” or are “unsure” about each statement as you read it aloud. (The teacher can select one of the following two methods.)

- Thumbs up = agree
- Thumbs down = disagree
- Thumbs sideways = unsure

* After each statement is “voted” upon, give students the correct answer (shown in parentheses after the statement).

* If many students are unsure about answers, review the KNOW Grade 5 Lesson 1, Activity 2 “Review of Basic Facts.”

1. HIV is a virus. (True)
2. HIV causes AIDS. (True)
3. HIV is easy to get. (False)
4. HIV is found in the blood, semen, vaginal fluids and breast milk of someone who has HIV. (True)
5. People who have HIV may not show any signs of being sick. (True)
6. People can live a very long time with HIV with the help of a doctor. (True)
7. Anyone who has sex without a condom can get HIV if the other person has it, whether they are male or female, gay or straight, rich or poor. (True)
8. HIV infection can be cured. (False)
9. HIV infection can be prevented. (True)
10. HIV can be transmitted in sweat. (False)
11. Abstinence from sexual intercourse and from sharing needles are two ways to avoid HIV. (True)
12. If someone gives HIV to another person, the first person doesn’t have it anymore. (False)
fluid transmission demonstration

time: 10 minutes

materials:
- 2 clear glass or plastic cups
- 1 eyedropper
- blue food dye (liquid)
- two paper tents, one labeled HIV+ (positive) and one HIV- (negative)

preparation:
- fill the 2 cups with water.
- add enough blue food dye (at least several drops) to one of the cups to turn the water deep blue.
- place the “HIV+” (HIV positive) label beside the cup with blue water.
- place the “HIV-” (HIV negative) label beside the cup with clear water.

1. Introduce the demonstration by explaining that the cups represent two people, Joe and Teri. If there is a student in the class that uses one of these names, substitute a different name.

2. Remind students that the term HIV positive (with a plus sign) means a person has HIV, and the term HIV negative (with a minus sign) means a person does not have HIV. In this demonstration, Joe (the HIV+ cup) has HIV. Teri (the HIV- cup) does not.

3. Explain that the blue water in Joe’s cup represents fluids from Joe’s body that can transmit HIV, like blood, semen, vaginal fluid or breast milk. The clear water represents fluids from Teri’s body. Teri does NOT have HIV.

4. Explain that in order for someone to get HIV, they must get blood, semen or vaginal fluids into their body, through sharing needles or by having sex with someone who has HIV. In this demonstration, some of Joe’s HIV+ fluid would have to get into Teri’s body. (In other words, Teri’s test tube fluids will turn bluish if they have HIV.)

5. Follow the demonstration script on the next page.
### Fluid Transmission Demonstration

<table>
<thead>
<tr>
<th>Ask Students</th>
<th>Demonstrate</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Can Teri get HIV by sitting next to Joe?” (e.g. Do Teri’s fluids turn blue?)</td>
<td>Push cups closer together, but not touching.</td>
<td>“No. Teri would not get HIV because none of Joe’s fluid got in her body.”</td>
</tr>
<tr>
<td>“Can Teri get HIV by touching Joe?”</td>
<td>Push cups together so they are touching.</td>
<td>“No. Teri would not get HIV because none of Joe’s fluid got in her body.”</td>
</tr>
<tr>
<td>“Can Teri get infected by sharing a pencil with Joe?”</td>
<td>Touch a pencil to one cup, then the other cup.</td>
<td>“No. Teri would not get HIV because none of Joe’s fluid got in her body.”</td>
</tr>
<tr>
<td>“What if Teri donates blood to Joe?”</td>
<td>Use the clean, unused dropper to take a dropperful of water from Teri’s cup to Joe’s cup.</td>
<td>“No, because Teri’s blood does not have HIV.”</td>
</tr>
<tr>
<td>“What if Joe and Teri had sex, or Joe’s blood got into Teri’s body because they shared a needle?”</td>
<td>Take a dropperful of Joe’s blue fluid and inject it into Teri’s cup. Add more until it turns noticeably blue.</td>
<td>“Yes, Teri could get HIV. This is why people should not share needles or have sex with someone who has HIV.”</td>
</tr>
<tr>
<td>“Why do you think the fluid in Teri’s cup is light blue instead of dark blue like Joe’s?”</td>
<td>Add a couple more drops from the blue food dye bottle into Teri’s cup.</td>
<td>“Once HIV is in the body, it multiplies and damages the immune system, which usually protects us from diseases. Over time, Teri’s water would get darker and darker blue, as the virus made more copies of itself. That’s why people with AIDS get sick with serious diseases, especially if they don’t have a doctor who can help them stay healthier and live longer.”</td>
</tr>
<tr>
<td>“If Joe and Teri were real people, would anyone know they had HIV just by looking at them?”</td>
<td></td>
<td>“No. People with HIV usually look as healthy as anyone else. We can’t see inside a person (like we did here) to see if there is HIV in their blood, which is why the blood must be tested to tell if it has HIV in it.”</td>
</tr>
</tbody>
</table>
Activity 4: Transmission Risk and Prevention Game

Time: 15 minutes

Materials:
- Category Cards, 1 set per small group
- Behavior Cards, 1 set per small group

Introduction:

1. Introduce the activity: "Next we are going to play a cooperative game to review how HIV can be transmitted and how it can be prevented."

2. Explain the game rules:
   - The class will be divided into small groups.
   - Each group will be given one set of category cards and one set of behavior cards.
   - Each small group will try to place the behavior cards under the correct category.
   - At the end, we'll review the correct answers as a large group.

3. Give an example:
   - Write the two categories on the board, "You Can Get HIV" and "You Can't Get HIV."
   - Using one of the behavior cards (for example, "kissing"), demonstrate how you expect them to place behavior cards under the appropriate category (in this case, "You Can't Get HIV.")

Small Group Work:

4. Divide the class into groups of 4 or 5, using whatever method you prefer. Give each group the two sets of cards to place on a table or floor. If they are uncertain about the placement of a particular behavior, they should set that card to the side or make their best guess.

5. Offer help, if needed. Allow groups to work until most have completed the task or until you have 8 minutes left.
Debriefing the Activity

6. You will find debrief points for each behavior on the following pages to assist you as you debrief each individual behavior.

7. Ask for volunteers to report on the behavior cards they placed under the “You Can Get HIV” category. Write their answers on the board under that category.

8. Ask for volunteers to report the behaviors they placed under “You Can’t Get HIV”. Write their answers on the board under that category.

9. Use the debrief points on the following page to correct answers as necessary.
A Person Can Get HIV
- Sharing needles for drug use with someone who has HIV
- Sex without a condom with someone who has HIV
- Born to a mom who has HIV
- Breastfeeding from a mom who has HIV

A Person Can’t Get HIV
- Sitting on public toilet seats
- Kissing someone who has HIV
- Hugging someone who has HIV
- Sharing food with someone who has HIV
- Getting bit by a mosquito that has bitten someone with HIV

Debrief Points: CAN get HIV

Sharing needles for drug use with someone who has HIV
“A person can get HIV this way because there is some blood left inside the needle from when the person with HIV used it. If another person uses it, they are injecting the HIV + blood into their body.”

Sex without a condom with someone who has HIV
“If someone has sex without a condom with someone who has HIV, they can get HIV because the other person’s semen or vaginal fluid contains HIV. Using a condom would protect them from those fluids.”

Born to a mom who has HIV
“HIV can be passed to the developing fetus in the uterus, or to the baby during birth as it passes through the vagina. When a woman has HIV and is pregnant, there is a 25% (1 in 4) chance her baby will be born with HIV. However, if she takes HIV medications while she is pregnant, and has a C-section, there is only a 2% chance that the baby will get HIV.”

Breastfeeding from a mom who has HIV
“A baby can get HIV if it drinks breast milk from a mom who has HIV. Breast milk is one of the fluids that contains HIV, and it enters the baby’s body through the soft tissue in the mouth.”
A Person Can Get HIV
- Sharing needles for drug use with someone who has HIV
- Sex without a condom with someone who has HIV
- Born to a mom who has HIV
- Breastfeeding from a mom who has HIV

A Person Can't Get HIV
- Sitting on public toilet seats
- Kissing someone who has HIV
- Hugging someone who has HIV
- Sharing food with someone who has HIV
- Getting bit by a mosquito that has bitten someone with HIV

Debrief Points: CAN'T Get HIV

Sitting on public toilet seats
“A person cannot get HIV this way because there is no semen, vaginal fluid, blood or breast milk present.” Only if students ask, tell them: “Even if someone sat on blood, semen or vaginal fluid on a toilet seat, the skin would keep that fluid out of their body.”

Kissing someone who has HIV
“A person cannot get HIV this way because saliva does not contain HIV.” Only if students ask, tell them: “If someone had a little cut in their mouth when they were kissing, there would not be enough blood to transmit HIV. The only way HIV could be passed this way would be very unlikely: if the person with HIV had a lot of sores in their mouth, and the other person had a lot of sores and cuts in their gums.”

Hugging someone who has HIV
“A person cannot get HIV this way because there is no semen, vaginal fluid, blood or breast milk present.”

Sharing food with someone who has HIV
“A person cannot get HIV this way because there is no semen, vaginal fluid, blood or breast milk present.”

Getting bit by a mosquito that has bitten someone with HIV
“Although this may seem similar to sharing a needle, it is not. No blood remains in the mosquito stinger and so no blood is shared between the people who are bitten.”
**Activity 5**

**Staying Healthy**

**Time:** 5 minutes

**Materials:** Family Homework, 1 per student

1. Review the lesson by reminding the class that kids their age almost never get HIV. Ask the class to tell you quickly what are some important things people should do when they are older to protect themselves from getting HIV. Make sure your list includes the following:
   - Choose not to have sex
   - Use a condom when having sex
   - Don't share needles for drugs or anything else

   Remind students that it is also important for people to get tested for HIV, so if they do have it they can make sure not to pass it on to anyone else, like to a person they have sex with or to a baby if they are pregnant.

2. Assign Family Homework.
   - Students have two options for getting credit.
   - Option 1: Discuss the family questions on the sheet with a trusted adult. The trusted adult can be a parent, guardian, another family member, their religious leader, etc. You will not be asking them what they talked about. They get credit by turning in the signed confirmation slip.
   - Option 2: If anyone decides not to do the family homework, for whatever reason, there are individual questions that they can answer on paper and turn in for the same credit.

3. Wrap-up the lesson by restating the main points.

   "I want everyone to remember that kids your age almost never get HIV. That is because the behaviors that spread HIV, like having sex and sharing needles, are not things that kids do. It is still important that we discuss HIV, because it is a very serious illness, and there are important things people can do to prevent getting it. I want to make sure you all know how to keep yourselves healthy when you get older."

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5/6 KNOW

HIV/STD Prevention Curriculum, rev. 2014

Office of Superintendent of Public Instruction
Family Homework: Talking about HIV

All Family Homework is optional. You may complete the Individual Homework questions instead.

Purpose: To share your thoughts with each other about HIV.

Directions for family homework:
* Find a place where the two of you (the student and the trusted adult) can talk privately.
* The trusted adult can be a parent, guardian, another family member, your religious leader, etc.
* Only share your discussion with others if you give each other permission.
* To receive credit, turn in the signed confirmation slip.

Family homework questions:
1. Both: How do you think HIV has affected our family or community?
2. Adult asks student: What is the most important thing you’ve learned about HIV?
3. Student asks adult: Why do you think it’s important for me to learn about preventing HIV?

Confirmation Slip
Family Homework: Talking About HIV

We have completed the family homework.

Adult signature: __________________________________________

Student signature: __________________________________________

Date: __________________________
Individual Homework
(alternative to Family Homework)

Name ____________________________

Directions for individual homework:
If you decide not to do the family homework, turn in your written answers to the individual questions for the same credit.

1. How do you think HIV has affected your community?

2. What is the most important thing you’ve learned about HIV?

3. What is the most important thing about preventing HIV that you would want to tell others whom you care about?
Category Cards for Activity 4: Transmission Risk Game
Copy onto WHITE paper and cut

You Can
Get HIV

You Can’t
Get HIV
Behavior Cards for Activity 4: Transmission Risk Game

Copy all Behavior Cards onto the SAME COLOR PAPER and cut

Sharing needles for drug use with someone who has HIV

Sitting on public toilet seats

Kissing someone who has HIV
Behavior Cards for Activity 4: Transmission Risk Game

Copy all Behavior Cards onto the SAME COLOR PAPER and cut

Sharing food with someone who has HIV

Hugging someone who has HIV

Sex without a condom with someone who has HIV
Behavior Cards for Activity 4: Transmission Risk Game

Copy all Behavior Cards onto the SAME COLOR PAPER and cut

Getting bit by a mosquito that has bitten someone with HIV

Born to a mom who has HIV

Breastfeeding from a mom who has HIV
Overview

The purpose of this lesson is to review basic information about abstinence, promote a positive attitude about abstinence, and to allow students to build and practice refusal skills.

Laws & Standards

The 5/6 KNOW Curriculum, 2014 edition, complies with the AIDS Omnibus Act and partially fulfills the Healthy Youth Act (2008). It aligns with the WA State Health and Fitness Standards (2008), the WA State Guidelines for Sexual Health Information and Disease Prevention (2005), the National Sexuality Education Standards (2011), and current research on the prevention of HIV and other STDs. Please see the introduction for more details, including information on how to fully comply with the Healthy Youth Act.

Objectives

The students will:

* Know the definition of abstinence
* Know the refusal skills steps
* Use refusal skills in a realistic scenario
Sex Can Wait
An Abstinence-Based Sexuality Curriculum
for Upper Elementary School

Michael Young, PhD
and
Tamera Young

Modifications for Title V and Federal AFL Projects
Approved by OAPP (Office of Adolescent Pregnancy Programs)
October 1997

ETR ASSOCIATES
Santa Cruz, California
1994
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This curriculum has been modified by staff from the Health Education Projects Office at the University of Arkansas in order to meet AFL (Adolescent Family Life) guidelines. This includes language that addresses the Kendrick settlement, as well as the abstinence education provisions of the welfare reform legislation. These modification have been approved by the Office of Adolescent Pregnancy Programs.

1997 modifications approved by OAPP (Office of Adolescent Pregnancy Programs).
Acknowledgments

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Introduction

This curriculum is a five-week sexuality education program designed to promote sexual abstinence as the best decision young people can make for themselves. Human sexuality encompasses all aspects of the self—biological, psychological, sociocultural and ethical. Sexual feelings and thoughts are a normal part of human experience. Young people need to learn about sexuality in a positive way and to acquire the skills necessary for emotional growth and maturation. A sexually abstinent lifestyle gives students more personal freedom and time to define who they are and who they want to become.

The activities in this abstinence-based program are designed to teach young people life skills that can help them to act in their own best interests in all areas of their lives. These skills involve respecting self and others, making wise decisions, communicating clearly and effectively and considering how present behavior can influence future goals and plans. This module is directed primarily to students in grades five and six; it can be used independently or in conjunction with the other two modules in the program, one for students in grades seven and eight and the other for those in grades nine and ten.

Parents, or the adults who function in that role, are the most significant role models in children’s lives. From observation of these adults, children develop many concepts including ones regarding sexuality, love and affection. Because they are the primary educators of their children, parents and guardians are heavily involved in this curriculum. Many lessons have homework assignments that are done by parents and students together, giving young people an opportunity to learn about their parents’ beliefs and experiences and, at the same time, providing an opportunity for parents to participate in their children’s learning process.
To be effective, sexuality education should include both home and school components. Parents and guardians have a right to know and make decisions about their children's education, particularly education about sexuality. Therefore before teaching this abstinence-based curriculum, it is imperative that teachers make certain that the program concepts, objectives and approach have the support of parents and the school board and are within the school district's guidelines and the state education codes.

The Curriculum

Sex Can Wait is divided into three general areas of emphasis: Knowing Myself, Relating to Others and Planning My Future. These sections are divided into six units that focus the content of the curriculum. The lessons in each unit illustrate and reinforce the themes and skills of each unit and section.

Section 1: Knowing Myself (Units 1–3)

An important first step is to help young people feel good about who they are as individuals. The lessons set aside specifically for self-esteem discussions and activities are intended only to lay the groundwork for further enhancement of self-esteem. Continued interactions with the students, the positive atmosphere created in the classroom, the improved communication among young people and their family and friends, and the improved decision-making skills and resultant self-confidence and self-control are all intended to supplement direct classroom instruction on this topic.

The lessons that present factual information relating to male and female reproductive anatomy and physiology and the changes of puberty are also brief. Ideally, this material will supplement earlier classes. If this information is not being presented in other subject areas or at earlier grade levels, teachers may need to spend additional time on this topic.
Values and decision making are established as issues that are intertwined. The two lessons that deal with values and decision making are designed to be general in nature. They are intended to help young people recognize the importance of establishing values that allow them to make wise decisions, and examine critically, on a personal level, the worth and ramifications of their own values and decisions.

**Section 2: Relating to Others (Units 4 and 5)**

The lessons devoted to communication are intended to broaden students' understanding of communication and to develop skills for more effective communication. Once a knowledge and skill base has been established, the application process begins.

The lesson on family and friends allows issues addressed earlier to be reestablished and examined within the context of important relationships in individuals' lives. Self-esteem, the changes of puberty, masculinity and femininity, values and decision making, and communication issues affect, and are affected by, relationships.

**Section 3: Planning My Future (Unit 6)**

Although students in grades five and six are not future oriented, the curriculum is designed to help them discover a sense of connection between their decisions and behavior and their life outcomes. The last section is intended to incorporate all of the ideas previously established and connect them to a specific future that students desire for themselves. Students are to be encouraged not to rush the future, but to prepare for it by making the best of the learning and maturation time that the preteen years and adolescence allow.
To reach the students with the message that sexual abstinence is one of the best decisions young people can make, it is essential to adopt a positive and reasonably idealistic attitude toward young people and their capacity to take charge of their lives. Granted, not all preteens will do so, but it is not possible to predict who will and who will not. Teachers can help to negate the prevalent self-defeating attitudes and behaviors by having high expectations and demonstrating to each student confidence in his or her ability to make wise decisions.

The lessons in this curriculum are designed to last approximately fifty minutes each. Teachers should carry over unfinished activities from previous lessons or delete activities as necessary and appropriate for their classes and schedules. The need to cover the intended material must be balanced with the need to stay responsive to the questions and concerns of each group of students; flexibility is the key.

Students should have a three-ring binder or folder in which to keep their notes, homework assignments, handouts, personal observations, etc. This notebook is not to be kept as a turn-in assignment. However, an occasional brief check could be made to see that students have the content material they need to learn. To ensure privacy, it is important that notebooks not leave the students’ hands. Conduct a quick check by having students lay their notebooks on top of their desks, then go down each row and leaf quickly through the material in each.

The greatest challenge of this curriculum is to deliver the intended message in a way that is consistent with each teacher’s unique personality and teaching style. The curriculum is written to be as complete and consistent as possible; words have even been provided to ease the transitions from one day to the next and from one activity or discussion to the next. These are there only to help and not for teachers to memorize or read to their students. By adapting the words to individual
styles, personalities, moods, and class situations, teachers can make the curriculum work for themselves and their students.

Birth control/family planning is not included in the curriculum. This is not an oversight. This curriculum is intended to promote abstinence unequivocally as the wisest choice for young people. To tell young people, “Don’t have sex, but if you do, make sure you use protection,” is a double message that often undermines the intended message, leaving young people less directed and more confused. Questions about birth control and other controversial topics will almost inevitably arise; answer these questions simply and factually. Students can also be referred to family and church for guidance.

Teachers should acknowledge, and students should understand, that (1) Most people, at some point in their lives, move into a relationship that involves sexual intercourse, and, therefore, decisions about family planning are important; (2) for many reasons, a relationship that involves sexual intercourse is not the best choice for teens; and (3) for persons involved in a sexual relationship, decisions about family planning and protection are important. This curriculum is intended to be moral, not moralistic, in nature. Ideally, all interactions with students, whether in lectures, discussion questions, or responses to student questions, should reflect this approach as well. The teacher’s goal is to enhance the functioning of the family structure, not to usurp its role, rights or responsibilities.

Answering Student Questions

An anonymous question box should be placed in the classroom throughout the length of this program, allowing students to ask questions they may be uncomfortable asking aloud in class. Questions may be placed in the box before or after class, or at any point during the day. Students are asked to include their class hour, but not their names, so they remain anonymous, but still get answers to their questions.
Some students may be reluctant to place a question in the question box because they are afraid they might be seen. One way to counter this is to give each student a piece of paper of the same size and color and a pencil. Ask students to write a question for the question box if they have one or to write a sentence about some other topic if they do not have a question. Go around with the box to collect students’ papers. This procedure eliminates potential embarrassment and ensures that students who have questions get to ask them.

In answering questions, group them by topic or in some other meaningful way. Be aware that even though the activities you are implementing emphasize abstinence, you will probably receive questions about many other aspects of sexuality. Answer questions honestly and directly. The idea is to promote abstinence, not to restrict access to information. If several students are asking about the same thing, then the topic is one you will certainly want to address. There may be questions which will require some research to answer. Some questions are sure to address sensitive issues.

There may be questions that you feel uncomfortable addressing or feel can be best addressed on a one-to-one basis rather than in a classroom situation. Remember, questions which may be appropriate to answer in a high school or junior high classroom may not be appropriate for an elementary classroom. Acknowledge these questions—“I also received a question about...”—indicating the topic if you feel it is appropriate to do so.

One way to deal with difficult questions is to refer the student to someone you feel will be more qualified to answer. “It is a good question, but one which would be best answered by someone else. I have spoken with our school counselor and she has said that she is willing to discuss this with you. If you asked this question, I hope you will see her at your first opportunity.”
Don't use this option as a cop out. The question was asked in your class, and that is where students expect to get their answers. Do know your limits, however, and refer questions to other professionals when appropriate. Another way to address a question that you feel may be inappropriate to handle in class is to answer it outside of class. "It is a good question but not one which the entire class needs to discuss. If you will see me outside of our regular class time, I will be happy to discuss this with you."

Inappropriate answers to sensitive questions have the potential to cause major problems for you and your program. To best serve students and to avoid problems, we suggest that, when applicable, teachers use the following model to address value-laden questions dealing with controversial issues:

1. Define terms.
2. Provide factual information.
3. Provide a range of values.
4. Refer students to parents, clergy and other trusted adults.
5. Give your personal opinion only when you feel it is appropriate to do so. Know that this will be the exception rather than the rule.

If you follow this model, you will provide students with information, but will also challenge them to seek out information on their own and to consider all viewpoints. You can encourage students to communicate with parents and other adults about important issues. Use of this model will encourage students to make their own thoughtful, considered decisions.

Many questions will fall into one (or more) of the following four categories identified in Beyond Reproduction: Tips and Techniques for Teaching Sensitive Family Life Education Issues (ETR Associates Training Staff, 1983).
1. **Informational.** These are questions in which the student is simply seeking information. Answer questions as clearly and directly as possible. In answering, remember the phrase, "that's a good question," and use it often. Many times, when a student asks what others clearly perceive to be a dumb question, the teacher's role will be not just to provide information, but to help the student save face.

2. **Permission seeking.** These questions are often prefaced with "How old do you have to be to...," "Is it okay to...," "When you were our age did you...." In most cases it is not up to you to give permission. You might ask the class what they think. Almost always it is appropriate to refer students to parents.

3. **Am I normal?** These questions sometimes are prefaced with "Is it normal to...?" or "Do most...?" Remember and frequently use the phrase, "Many young people have that concern." In answering this type of question the teacher needs to provide reassurance.

4. **Shock.** These are the questions that have the potential, either by accident or design, to blow you and the program out of the water. Sometimes a student is sincerely seeking information, other times this is a matter of testing limits. In many cases, the best way to handle these questions is to simply answer the question. At other times the teacher may need to say, "I'm just not comfortable discussing this in class, if you really want to know, I'll be happy to discuss it with you later." Personal questions in this category may be handled by reminding students of the class ground rules, which should include "No personal questions." To the greatest extent possible, treat all questions as "legitimate" and do your best to answer them.
Family Involvement

Child development authorities believe that the most significant role models in children's lives are their parents or those adults who serve in that capacity. From these adult role models, children begin very early in their lives to perceive sexuality as either a negative or a positive force. Attitudes and behaviors regarding sexuality, love, affection and caring are based largely on what children observe in their parents or guardians.

Timely, effective sexuality education—provided by the home and supplemented by the school—can help to postpone first sexual intercourse, help to prevent adolescent pregnancy and sexually transmitted disease, and help to develop increased respect for self and others. It is important to recognize that talking about sexual issues can encourage sexual responsibility. However, for many parents, talking with their preteen and teenage children about sex and sexuality can be very uncomfortable. The curriculum provides some helpful guidelines for parents to help make such discussion a positive, repeated experience.

Quality sexuality education can help children develop a positive attitude about themselves and their sexuality. Positive attitudes contribute to self-esteem which can lead to rewarding adult sexual relationships. Giving one's children a sound factual and attitudinal basis for sexual decision making as an ongoing process is among the most important aspects of parenting. Effective sexuality education has many lifelong benefits.

Effective school-based sexuality education goes beyond sexual biology to encompass the emotional, cultural and ethical aspects of sexuality. Much of the sexual activity of young people is motivated not by physical sexual need alone, but also by a variety of peer and cultural pressures and nonsexual emotional needs. Sound programs of sexuality education help young people to recognize these forces and to deal with them more effectively.
Effective sexuality education involves both home and school. Parents and guardians can become strong allies and supporters of a sexuality education program, but, they need to be notified well in advance of the start date for teaching a curriculum which includes materials related to sexuality. Since the lead time varies from state to state, it is wise to review school district policies and state educational codes before sending out a permission letter and scheduling an “informational evening” where parents and guardians can learn about the program and preview the course materials. A sample permission letter and handouts for parents are a part of this program. These materials may be adapted to specific situations.

In summary, effective sexuality education is ongoing, honest and responsive. It presents a positive view of sexuality and can contribute to enhanced self-esteem and improved decision-making skills. Effective sexuality education also can lead to increased acceptance of others, more rewarding relationships, and a reduction of problems related to adolescent sexuality.
Teaching Goals

■ To help students understand the psychological, emotional, hormonal and physical changes that are taking place or will soon take place within them.

■ To reassure students that questions and insecurities are common during puberty.

■ To encourage an examination of gender roles and rites of passage across cultures.

■ To foster understanding, acceptance and excitement within students concerning their transitional journey toward adulthood.

■ To increase students' knowledge of male and female reproductive anatomy and physiology.
Teacher Background

The purpose of this unit is to give students clear information about the physical, social and emotional changes which take place during puberty and to provide them with coping mechanisms for dealing effectively with these changes. As the bridge from childhood into adulthood, puberty is a time of tremendous physical, mental and social change. This new life stage is totally different in its values, its obligations and its virtues. Puberty affords great potential for self-knowledge, self-acceptance and personal growth as well as an opportunity to recognize one’s uniqueness.

As preteens become capable of reproduction, they are biologically defined as men and women, yet their emotional maturity is still developing. The manner in which preteens learn to express their sexual selves is influenced by how they feel about their bodies. Liking one’s body is part of liking oneself. Young people can learn to view their sexuality as one aspect of being a whole person.

As young people go through puberty and their bodies and emotions go through rapid changes, they often make a number of decisions that can have an important impact on their future. By learning to respect their new reproductive capability, students can come to realize that sexual involvement is best postponed. Choosing a sexually abstinent lifestyle gives students more personal freedom and time to define who they are and who they want to become.
Talking to Your Preteen About Sex and Sexuality

Preteens want to talk with the important adults in their lives about sex, values, and expectations. They do want to know what their parents believe and what their parents experienced when they were young. Preteens want and need to be able to get information and honest answers to their questions.

Here are some helpful guidelines for parents and guardians:

1. It's all right to be embarrassed—your child probably is too. Open acknowledgment—"This is difficult for me, but I do want to talk to you about this"—may be all it takes to clear the air and open up discussion.

2. Confidently, but not aggressively, state your moral views. A clear and open discussion of differing views may bring preteens closer to parental views.

3. You may find it helpful to spend some time discussing your values and expectations with your spouse or a close friend before talking with your child. This can help you clarify your values as well as give you some practice with what you want to tell your child.

4. You do not have to wait for your child to ask sexuality-related questions. Honest, open, ongoing discussions of human sexuality can be addressed when families are viewing television, attending social events, planning family pregnancies, reading books, etc.

5. Adults are sometimes surprised by a child's question out of the blue, such as, "How do you know if you're pregnant?" Instead of jumping to conclusions, answer such questions factually and calmly. You may find your child opening up and explaining why he or she asked the question.
Talking to Your Preteen About Sex and Sexuality (continued)

6. It is helpful to keep current with new information about sex and sexuality. Read articles from reputable magazines and journals, talk with your doctor or local clinic, attend parent education meetings and utilize personal experience.

7. Information about sex doesn't encourage sexual activity. Many parental messages about sex are unspoken. Not talking about sex may give children a sense that because sex is something you can't talk about, it is dirty and forbidden. That may not be the message you want to give. Your own actions and lifestyle probably will have a greater impact on your child's attitudes and behaviors than anything you or anyone else says to him or her.

8. To set limits effectively, parents need to recognize aspects of their preteen's development. To establish limits that will work, collaborate on establishing the limits with your child, be willing to listen and compromise, be consistent in enforcing the rules, recognize and respect the fact that your child is getting older, and acknowledge your child's need for privacy.

9. Accept children for who they are. Try not to focus on mistakes and shortcomings.

10. You can teach preteens responsibility for their sexual lives and be available to them without becoming overly involved.

11. Like, enjoy and be friends with your preteenager. Children grow up fast.

12. Discuss the broad spectrum covered by love and sexuality. Talk about tenderness, empathy, compassion, communication and intimacy.
Suggested Reading Material for Parents and Guardians


Overview

After discussing the homework assignment on practicing behaviors associated with high self-esteem, students learn and identify the parts of the male reproductive system by listening to a lecture and completing a handout and a crossword puzzle.
Objectives

■ Students will describe feelings about practicing behaviors associated with high self-esteem in a public place.

■ Students will identify the terms and functions for the parts of the male reproductive system.

■ Students will match terms associated with the male reproductive system with definitions.

Time

50-60 minutes.

Teacher Preparation and Materials

Read:

✓ Teaching Goals and Teacher Background for Unit 2 (Puberty).

✓ Male Reproductive Anatomy and Physiology Teacher Background Information (located at the end of this lesson).

✓ Male Reproductive System Key.

Make:

✓ Parts of the Male Reproductive System (Transparency 7A).

✓ Male Reproductive System (Transparency 7B).

✓ Male Reproductive System Crossword Puzzle Key (Transparency 7C).
Copy:

✓ Male Reproductive System (Handout 7.1), one for each student.

✓ Male Reproductive System Crossword Puzzle (Handout 7.2), one for each student.

Homework/Discussion
Make the Cycle Work for You Wrap-Up
(10 minutes)

Introduction

"You were given an assignment to practice acting as though you have high self-esteem. I hope you enjoyed the assignment and learned some interesting things."

Procedure

1. Discuss the homework assignment. Ask students:

   • Was it easy or difficult to act the part of having high self-esteem?

   • If it was really difficult to act confidently, what might that tell you about your personal self-esteem?

   • Did people treat you differently when you acted the part of having high self-esteem?

   • How did their treatment make you feel?
Closure

"If it was hard for you to act self-confidently, you may need especially to practice the self-esteem activities you’ve learned during the last few lessons. Continue to act the part of having high self-esteem until you find one day that you are no longer acting."

Lecture/Discussion
The Male Reproductive System
(10–15 minutes)

Introduction

“You have been learning ways to enhance your self-esteem. You have learned to acknowledge and share your personal successes and to take an inventory of your personal attributes. These things are all part of your mental/emotional self. In the next few lessons we will consider your body, your physical self. Our bodies are made up of a number of different systems. For example: The respiratory system allows you to breathe into your body the oxygen you need to live. The circulatory system delivers blood to all parts of the body. The digestive system processes the food you eat and turns it into energy your body can use. These body systems are basically the same whether you are male or female. Today and in the next lesson, however, we will be talking about a body system in which there are
distinct differences between males and females—the reproductive system. The reproductive system enables us to reproduce—to have children. We will look at the male reproductive system first.”

**Procedure**

1. Place **Parts of the Male Reproductive System** (Transparency 7A) on the overhead projector. Tell students that the transparency shows the different parts of the male reproductive system and that you are going to take a few minutes to discuss the parts that are labeled on the diagram.

2. Explain that students may already be familiar with some of these parts. Others may be new to them. They may or may not be accustomed to using the term used on the transparency to identify these parts. Remind students of the class ground rules. Emphasize the ground rule “Use dictionary terminology.” Ask students to use the terms they will be learning today in the class discussions. Acknowledge that there are many slang terms for the reproductive parts of the body and that some people are uncomfortable with words that refer to the reproductive system, but stress that knowing and using dictionary terms rather than slang terms for body parts and processes is one of the marks of a mature person.

3. Use the labeled transparency to identify the parts of the male reproductive system and to explain its physiology. (Use the Teacher Background Information on **Male Reproductive Anatomy and Physiology** to help guide your presentation.) Include explanation of the following terms:

   - Penis—the male sexual organ. It is used for sexual intercourse as well as for the elimination of urine from the body. The highly sensitive end or head of the penis is called the **glans**.
• Erection—when the penis increases in size and becomes upright and stiff.

• Ejaculation—the release of semen from the penis.

• Semen—the fluid expelled from the body during ejaculation. It contains millions of sperm in a fluid that contains nutrients for the sperm.

• Seminal vesicles—glands that produce the fluid (semen) to carry the sperm out of the male’s body.

• Testes (testicles)—(Testis or testicle is the singular. Testes or testicles is the plural). This is where the sperm cells and the male hormone, testosterone, are produced. The testes are located in the scrotum (sometimes called the scrotal sac).

• Scrotum (scrotal sac)—the pouch or sac of skin which contains the testicles.

• Epididymis—the place where sperm mature and are stored.

• Sperm—the male sex cells which are capable of fertilizing an egg.

• Vas deferens—the two tubes through which sperm travel after leaving the epididymis on their way to the urethra.

• Urethra—the tube that runs through the penis through which urine and semen leave the body. When semen leaves the body (ejaculation), a valve at the entrance to the bladder prevents urine from entering the urethra.

• Prostate gland—a gland that secretes a clear fluid which makes up about one third of the fluid in an ejaculation. The fluid from the prostate provides nourishment to the sperm on their journey through the female reproductive tract.
• Cowper's glands—glands which produce a clear, sticky fluid when the male is sexually excited.

Other topics of interest such as nocturnal emissions (wet dreams) may be introduced and discussed as well. Make clear the distinction between sexual and excretory functions.

4. Place **Male Reproductive System** (Transparency 7B) on the overhead projector. This drawing does not have the anatomical parts labeled. Have students identify the parts. You may wish to have the students repeat the names of the parts you have just discussed as a group. This process lets all students know, in a nonthreatening way, that they know the correct words and that they can pronounce them correctly. It also gets them to say the words.

**Closure**

"We have begun our discussion of reproductive anatomy and physiology. We have learned the terms for both the internal and external parts of the male reproductive system. Learning about the reproductive system is just as important as learning about the body's other systems."
Learning Activity
Identifying Parts of the Male Reproduction System
(10–15 minutes)

Introduction

"You have learned the terms for the reproductive parts of a boy's body. Now you will work together in small groups to review the parts of the male reproductive system."

Procedure

1. Divide the class into six to eight cooperative learning groups.

2. Distribute Male Reproductive System (Handout 7.1). Explain that students are to work together as teams to identify the parts of the male reproductive system and fill in the blanks in the sentences. Circulate around the classroom, providing guidance where needed. (An answer key is provided.)

3. When the groups have finished, bring the class back into one group. Turn on the overhead projector and display Male Reproductive System (Transparency 7B) again. Point to each part and have the class name the organ to reinforce the fact that students can pronounce the correct word for each body part.

Closure

"The male reproductive system consists of all the parts of a man's body that contribute to making a baby. The male
reproductive system is pretty amazing. It all works together like a special team to make sure the human race never dies out."

**Learning Activity**

**Male Reproductive System Crossword Puzzle**

(20 minutes)

**Introduction**

“This next activity is a crossword puzzle based on puberty and the male reproductive system. It will help you review some of the terms we have learned.”

**Procedure**

1. Divide the class into groups of three.

2. Distribute **Male Reproductive System Crossword Puzzle** (Handout 7.2). Ask students to work together in their groups to complete the puzzle.

3. When all the groups have finished, place **Male Reproductive System Crossword Puzzle Key** (Transparency 7C) on the overhead projector. Review the answers to the puzzle and discuss any questions or difficulties students had in completing the puzzle.

4. Tell students that they have studied the male reproductive system because during puberty the reproductive parts of a boy's body change, develop and become physically capable of reproduction. Emphasize that just because a boy's body becomes physically mature and capable of reproducing, it
does not mean that the boy is ready to father and raise a child. Ask students to think of reasons why this is true. Ask students if these reasons also are good reasons why a young man should wait to have sex. Discuss.

**Closure**

"Today we learned about the structure and function of the male reproductive system. In the next lesson, we will learn about the female reproductive system. There are many more things to learn about these important body systems than we can cover in two lessons. If you have questions you would like me to answer in class, or even privately, let me know about them or write them down and place them in the anonymous question box. I will try to answer all your questions when I can and when it is appropriate for me to do so."
Male Reproductive Anatomy and Physiology
Teacher Background Information

The Reproductive System

There are three parts to the male reproductive system.

1. The Testes: The testes, or testicles, are a part of the external sex organs. They produce the male hormone, testosterone. When puberty begins, a chain reaction occurs, starting with a signal from the hypothalamus, pituitary and pineal glands to the testicles to begin production of testosterone. Testosterone triggers the common changes of adolescence such as enlargement of genital organs, growth of pubic hair and deepening of the voice. This maturity in turn signals production of sperm cells. A male is then capable of impregnating a female if a sperm is united with an ovum, or egg.

The testes are located in a wrinkled-looking pouch called the scrotum, which hangs under the penis. The scrotum controls the temperature of the testes. In a large percentage of males, one testis hangs somewhat lower than the other. The biological reason for this is to prevent constant friction from the legs (which would occur if the testes were hanging side by side). The temperature in the testes is about six degrees below body temperature, the best temperature for producing sperm. In warm weather, the scrotum becomes somewhat larger and limp, thereby exposing a larger skin area to cool it. In cold weather, the scrotum contracts to conserve heat. The testes are very sensitive to pressure or to being hit.

2. The Internal System: The sperm cells are produced in a series of tiny chambers within the testes, the seminiferous tubules, that store and transport sperm. The epididymis is
a long, tightly coiled canal that lies over each testis. As sperm is produced, it passes through two fine tubes, one from each testis, called the *vas deferens*, a continuation of the epididymis. The vas deferens carries the sperm from the scrotum to the abdominal cavity. The vas deferens continues upward along the top of the bladder, loops over the ureter, and turns downward to where it reaches the base of the bladder and joins the excretory duct of the seminal vesicle, forming the ejaculatory duct.

The *seminal vesicles* secrete a milky, alkaline fluid that combines with the sperm. After passing through the seminal vesicles, the vas deferens also goes through the *prostate gland*. The prostate lies against the bottom of the bladder; it secretes more fluid, which, combined with the fluid from the seminal vesicles, carries the sperm. This seminal fluid, or *semen*, also nourishes the sperm. Semen is composed of proteins, citric acid, calcium, fats and some enzymes. The vas deferens then joins with the *urethra*, which becomes the passage for the sperm to the outside of the body through the penis. The *Cowper's glands* are connected to the urethra. During sexual arousal these glands produce a fluid that helps cleanse the urethra in preparation for the semen.

3. **The Penis:** The third part of the male reproductive system is the external sex organ, the *penis*. The penis is made up of spongy erectile tissues with large blood vessels. There is a constant flow of blood in and out of the penis. Most of the time the penis is soft and limp, averaging in size from three to four inches long and one and one-quarter inches in diameter in the mature male. Males are born with a *prepuce* or foreskin that covers the head, or *glans*, of the penis. Removal of the foreskin, a procedure performed on many males, is called *circumcision*. The entire penis is highly sensitive, particularly the glans.

When a male becomes sexually excited, the blood flow out of the penis stops and the blood vessels expand, bringing more blood into the penis. Valves in these veins retain
this blood under pressure, causing the spongy walls of the penis to expand and become stiff. This is called an *erection*. The skin of the penis is loose to allow for this expansion during erection. An erect penis is about five to seven inches long, and one and one-half inches to two inches in diameter.

Sexual excitement may result in an *orgasm*, where the seminal fluid leaves the penis in a series of throbbing spurts known as *ejaculation*. The amount of ejaculate usually averages about one teaspoon; it is composed mostly of secretions from the prostate gland and seminal vesicles. Each ejaculation contains from 150 million to 600 million sperm. Sperm comprise less than 2 percent of the total ejaculate.

**Sperm**

Sperm are the male reproductive cells. Sperm cells are so tiny that 400 million of them could fit on the head of a pin. A male's testicles can produce 200 million or more sperm cells a day.

The sperm are much smaller than the female eggs. They have a head and a tail and they resemble tadpoles. When ejaculated during sexual intercourse, they swim through the woman's vagina into the uterus through the cervix and on up into the fallopian tubes. Sperm can live for six to eight hours in the vagina, but once they enter the uterus and fallopian tubes, they can live for three to five days. They usually reach the tubes within an hour and 15 minutes after ejaculation.

As the sperm reach the top of the uterus, approximately half go into each fallopian tube. The sperm must swim against strong currents set up by the cilia in the fallopian tubes that are drawing the egg down toward the uterus. Of the several hundred million sperm that were ejaculated, only several hundred ever reach the egg. The egg must be totally surrounded by sperm in order to be fertilized, but only one sperm is able to penetrate it. The remaining sperm are absorbed by the woman's body.
**Common Experiences of Males**

**Erection:** The penis is composed of three spongy canals that fill with blood and make the penis larger and stiffer. During an erection, the penis gets hard and stands out stiffly from the body, which is necessary for the penis to enter the vagina during sexual intercourse. Erections begin to happen from the time of birth and continue through old age.

Many boys worry that they will urinate during an erection; but when they become knowledgeable about their anatomy and physiology, this is no longer a concern. The spongy cells of the penis that fill with blood during erections extend into the body. When the penis is fully erect, the pressure of the congested blood causes the spinal reflex muscles at the base of the bladder to tighten and seal the urethra so no urine can enter. This prepares the urethra to ejaculate semen. When the erection is over, the congestion of blood decreases, allowing the muscles to relax and the male to urinate. This process can be damaged or weakened by injury, surgery or infection in the genital area.

During puberty erections can be caused by:

- any sexual stimulation (pictures, television, books, thoughts)
- other common events such as lifting heavy loads; straining to move bowels; dreaming (Seminal or nocturnal emissions—wet dreams—are a normal occurrence during puberty.); exposure to cold; tight clothing; fright; excitement; taking a shower; waking up with a full bladder
- nothing apparent (a major cause of embarrassment)
Parts of the Male Reproductive System

- a. Seminal vesicles
- b. Prostate gland
- c. Cowper's glands
- d. Urethra
- e. Vas deferens
- f. Penis
- g. Glans
- h. Epididymis
- i. Testes
- j. Scrotum
Male Reproductive System Crossword Puzzle

Key

Across
1. testicles
3. erection
4. urethra
6. semen
8. puberty
9. scrotum

Down
1. testosterone
2. ejaculation
5. epididymis
7. sperm

Sex Can Wait: An Abstinence-Based Curriculum for Upper Elementary School
Male Reproductive System Crossword Puzzle

Key

Across
1. testicles
3. erection
4. urethra
6. semen
8. puberty
9. scrotum

Down
1. testosterone
2. ejaculation
5. epididymis
7. sperm
Male Reproductive System

Label the parts of the male reproductive system

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.

(Bladder)
Male Reproductive System

[Diagram of male reproductive system with labels a, b, c, d, e, f, g, h, i, j, and (Bladder)]

Sex Can Wait: An Abstinence-Based Curriculum for Upper Elementary School

ETR Associates, 1994
Male Reproductive System (continued)

Fill in the blanks with the correct term.

1. The pouch of skin that holds the testicles and controls temperature for sperm production is called the _________.

2. The glands that secrete fluid to carry the sperm are called _____________________.

3. The __________________ is the organ through which urine and semen leave the body.

4. The ___________ produce sperm and the male sex hormone (testosterone).

5. The tube through which urine and semen are discharged is the _____________________.

6. The tube through which sperm passes from the testicles to the ejaculatory ducts is called the _____________________.

7. The ___________________ is the place where sperm mature and are stored.

Terms:
- penis
- scrotum
- urethra
- testes
- vas deferens
- seminal vesicles
- epididymis
Name ________________________

Male Reproductive System Crossword Puzzle

Across
1. Glands that produce sperm and the male sex hormone (testosterone).
3. When the penis suddenly gets hard and enlarged.
4. The tube through which urine and sperm pass.
6. A fluid containing sperm.
8. The stage of changing physically from a child to an adult.
9. Pouch of skin that holds the testicles.

Down
1. The male sex hormone.
2. The release of semen from the body.
5. Coiled tube where sperm mature.
7. Male sex cells that can fertilize an egg.

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Name ______________________

Male Reproductive System

Label the parts of the male reproductive system

a. b. c. d. e. f. g. h. i. j.

(Bladder)
Male Reproductive System (continued)

Fill in the blanks with the correct term.

1. The pouch of skin that holds the testicles and controls temperature for sperm production is called the _____________.

2. The glands that secrete fluid to carry the sperm are called _____________.

3. The _____________ is the organ through which urine and semen leave the body.

4. The _____________ produce sperm and the male sex hormone (testosterone).

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Terms:
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- scrotum
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- seminal vesicles
- epididymis
Male Reproductive System Crossword Puzzle

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1. Glands that produce sperm and the male sex hormone (testosterone).
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Down
1. The male sex hormone.
2. The release of semen from the body.
5. Coiled tube where sperm mature.
7. Male sex cells that can fertilize an egg.
LESSON

Female Reproductive Anatomy and Physiology

Overview

Students learn and identify the parts of the female reproductive system by listening to a lecture and completing a handout and a crossword puzzle.

Objective

- Students will identify the terms and functions for the parts of the female reproductive system.

- Students will match terms associated with the female reproductive system with definitions.
Time

50 minutes.

Teacher Preparation and Materials

Read:

✓ Female Reproductive Anatomy and Physiology Teacher Background Information (located at the end of this lesson).

✓ Female Reproductive System Key.

Make:

✓ Parts of the Female Reproductive System (Transparency 8A).

✓ Female Reproductive System (Transparency 8B).

✓ Female Reproductive System Crossword Puzzle Key (Transparency 8C).

Copy:

✓ Female Reproductive System (Handout 8.1), one for each student.

✓ Female Reproductive System Crossword Puzzle (Handout 8.2), one for each student.
Lecture/Discussion
The Female Reproductive System
(15–20 minutes)

Introduction

"We have examined the male reproductive system. Now we will look at the female reproductive system. During puberty, the female reproductive system matures and becomes capable of creating new life."

Procedure

1. Place Parts of the Female Reproductive System (Transparency 8A) on the overhead projector. Use the labeled transparency to identify these parts of the female reproductive system and to explain the physiology. Include explanation of the following terms:

   - Cervix—the narrow, lower end of the uterus that opens into the vagina. It is sometimes called the "neck" of the womb because of its shape.

   - Cilia—the tiny hair-like projections on the inside of the fallopian tubes. The sweeping motion of the cilia move the egg through the fallopian tube to the uterus.

   - Conception—the beginning of a new life, marked by fertilization of an ovum by a sperm.

   - Fallopian tubes—these narrow tubes are the passageways from the ovaries to the uterus and the place where the male's sperm can fertilize the female's ovum. The fertilized egg or ovum will implant itself in the lining of the uterus and develop into a fetus.
• Fertilization—the moment an egg (ovum) and a sperm unite. Generally fertilization takes place in the fallopian tubes.

• Fetus—the term used to refer to the unborn child from the ninth week of pregnancy until birth.

• Follicle—a capsule in which an ovum or egg cell develops within the ovary. When the ovum is mature, it bursts through the follicle and starts its trip down the fallopian tube to the uterus.

• Menarche—first menstrual period of a female; begins during puberty.

• Menstruation—the phase of the menstrual cycle in which the thick inner lining of the uterus sloughs off and is discharged, along with the unfertilized egg, through the vagina. This process occurs at about monthly intervals if an egg is not fertilized by a sperm. Also called “period” or “menses.”

• Ovaries—the glands which produce the female’s eggs (ova) and sex hormones. A female is born with approximately 400,000 eggs. After a girl reaches puberty, approximately once each month one egg cell, or ovum, develops in a capsule called a follicle inside the ovary. When the egg cell is mature, it is released from the ovary into the fallopian tube; this process is called ovulation.

• Ovum (ova is the plural)—the egg cell produced in the ovary of a female; it is a single cell about the size of a grain of sand.

• Ovulation—the release of a mature ovum from the follicle of an ovary. This process happens approximately once a month from the onset of puberty. When discussing ovulation, emphasize that the many changes of and influences on the female body make the time of ovulation difficult to predict with any great degree of accuracy; therefore, the only 100 percent sure way for a
couple to avoid pregnancy is to choose not to have sexual intercourse.

- **Uterus**—the pear-shaped, hollow organ in which the baby develops. The uterus is muscular and can stretch as the fetus grows bigger and needs more room. The uterus is also called the womb.

- **Vagina**—the tunnel-like structure through which menstrual blood and babies leave the female body. (You can use a narrow elastic sock and a small doll or your fist to demonstrate how the vagina stretches during childbirth.)

- **Vulva**—the name for the external female sex organs.

Be sure to include a thorough discussion of ovulation, the menstrual cycle and conception. Other topics of interest such as pregnancy and menopause may be introduced and discussed as well. Make clear the distinction between sexual and excretory functions.

*Optional:* At this time you may want to identify and explain the physiology of the external female sex organs as well. Include explanation of the following terms:

- **Clitoris**—a small, rounded organ located above the vaginal and urinary openings. The clitoris is highly sensitive to sexual stimulation.

- **Hymen**—the thin connective membrane covering all or part of the opening of the vagina.

- **Labia**—soft, liplike folds of tissue that surround the other sex organs. The labia majora, or outer lips, protect the more sensitive parts of the vulva; the labia minora, or inner lips, surround the vaginal opening and meet to form the hood of the clitoris.

- **Mons pubis**—the soft, fatty tissue over the pubic bone that becomes covered with pubic hair at puberty.
2. Place **Female Reproductive System** (Transparency 8B) on the overhead projector. This drawing does not have the anatomical parts labeled. Have students identify the parts. You may wish to have the students repeat the names of the parts you have just discussed as a group. This process lets all students know, in a nonthreatening way, that they know the correct words and that they can pronounce them correctly. It also gets them to say the words.

**Closure**

"Having a mature reproductive system means a person is physically capable of creating a new life. This ability carries with it immense responsibilities which we will talk more about later."

**Learning Activity**

**Identifying the Parts of the Female Reproductive System**

(10–15 minutes)

**Introduction**

"Today you have learned the terms for the reproductive parts of a girl's body. Now you will work together in small groups to review the parts of the female reproductive system."

**Procedure**

1. Divide the class into six to eight cooperative learning groups.
2. Distribute **Female Reproductive System** (Handout 8.1).
Explain that students are to work together to complete the handout. Provide assistance as the groups work together to identify the parts of the female reproductive system. (An answer key is provided.)

3. When the groups have finished, bring the class back into one group. Turn on the overhead projector and display **Female Reproductive System** (Transparency 8B) again. Point to each part and have the class name the organ to reinforce the fact that students can pronounce the correct word for each body part.

**Closure**

"The female reproductive system consists of all the parts of a woman's body that contribute to making a baby. The female reproductive system is amazing, because it is inside the female's body that new life begins."

**Learning Activity**

Female Reproductive System Crossword Puzzle

(20 minutes)

**Introduction**

"You completed a crossword puzzle on the male reproductive system. Now you will complete a crossword puzzle on the female reproductive system and conception."

**Procedure**

1. Divide the class into groups of three.
2. Distribute a copy of the **Female Reproductive System Crossword Puzzle** (Handout 8.2) to each student. Ask students to work together in their groups to complete the puzzle.

3. When all the groups have finished, place **Female Reproductive System Crossword Puzzle Key** (Transparency 8C) on the overhead projector. Review the answers to the puzzle and discuss any questions or difficulties students had in completing the puzzle.

**Closure**

“This assignment is just as important for the boys as it is for the girls. Some people think of conception (the fertilization of an egg by a sperm) and pregnancy as female things. These terms were discussed during the lesson on the female reproductive system only because these things happen inside the female’s body. Actually, conception and pregnancy are just as much the male’s responsibility as the female’s. That is why this crossword puzzle is as much for boys as it is for girls.

“We have covered a lot of material in the past two lessons. Some of you may still have questions or want clarification regarding certain terms or functions which have been discussed. Remember, you can use the anonymous question box or speak to me in private if you wish.”
Female Reproductive Anatomy and Physiology
Teacher Background Information

The External Organs

The vulva constitutes all of the female external genital structures—the hair, the folds of the skin, and the urinary and vaginal openings. The mons, sometimes referred to as the mons pubis or mons veneris, is a rounded pad of fatty tissue just above the other sex organs. The mons is located on the pubic symphysis (pelvic bone). During puberty, hair grows on the mons, often in a roughly triangular pattern.

The labia majora (large lips) are the larger outer folds of skin that protect the more sensitive genital organs. Often the labia majora cover the other structures entirely. If the labia majora are parted, the labia minora (small lips) will then be visible. These have no fat padding or pubic hair, but they do have oil and scent glands, tissue and blood vessels. The labia meet at the top to form a sheath of skin, or a hood, which covers the clitoris. During fetal growth the clitoris develops from the same kind of tissue that becomes the glans of the penis in the male. The tiny clitoris, about the size of a pea, is very sensitive to direct or indirect stimulation.

Below the clitoris is the urethral opening, the opening for the passage of urine from the bladder to the outside of the body. Just beneath the urethral opening is the vaginal opening. A thin, delicate membrane called the hymen partially covers the vaginal opening. It has no known physiological function. The presence or absence of a hymen is not an indication of virginity. Some females are born without a hymen.
**The Internal Organs**

The *vagina* is the passageway that connects the external and internal sex organs. The vagina is an elastic muscular canal extending from the vaginal opening to the cervix or neck of the uterus. The vagina is approximately four inches in length and receives the penis during sexual intercourse. The vagina is also called the birth canal; it is the passage through which a baby is born. The vagina is not a hollow tube. The vaginal walls are moist, elastic and muscular. They are collapsed together except when something is inserted into the canal. The vagina can stretch to various sizes for childbirth, intercourse and menstruation. The vagina cleans itself through periodically shedding mucus and dead cells.

The *uterus* (or womb) is a thick-walled, muscular organ that provides a nourishing environment for a fertilized embryo during pregnancy. This pear-shaped organ is usually about three inches long and about two and a half to three inches in diameter at the top; it then narrows to roughly one inch in diameter as it extends into the vagina. During pregnancy the uterus has remarkable stretching ability to expand with the growing fetus and then become quite small again after the birth.

The walls of the uterus are composed of three layers: a thin outer cover called the *perimetrium*, a thick middle layer of muscular tissue called the *myometrium*, and the inner layer, the *endometrium*, tissue rich in blood vessels and glands. The endometrium nourishes the developing embryo and plays a vital role in the menstrual cycle.

The *cervix* is the entrance to the uterus and contains mucus-producing glands. At the center of the cervix is a small opening called the *os*. The os can dilate enough to permit the passage of a baby through it. The cervix closes off the upper end of the vagina and the entrance to the uterus. If fertile mucus is present in the vagina during sexual intercourse, the sperm will travel through the os and into the uterus.
At the upper portion of the uterus are the *fallopian tubes*. These are the passageways from the uterus to the *ovaries*, where the egg cells are. The ovaries are attached by ligaments to the sides of the uterus. The ovaries are located in the abdominal cavity; they are about an inch long and weigh about one-fourth of an ounce. These ovaries have two primary functions: production of the two female sex hormones, *estrogen* and *progesterone*, and the production of the egg cells (*ova*) necessary for reproduction. The two hormones, estrogen and progesterone, regulate the menstrual cycle and are responsible for the development of female secondary sex characteristics.

Inside each ovary are thousands of cells, each with the potential to develop into an ovum (*egg*). However, only a small percentage, 400 to 500, will mature into ova. Unlike sperm, the female sex cells are present in the ovaries at birth. The eggs are about the size of a dot made by a sharp pencil, but they are relatively large cells compared with others in the human body.

When one of the eggs is released from an ovary (a process called *ovulation*), it begins a three- to five-day journey to the uterus through the fallopian tube. At the end of each fallopian tube, nearest the ovary, are a number of fingerlike projections called *fimbriae*. These help sweep the ovum into the fallopian tube. The lining of the tubes is covered with microscopic hairlike projections called *cilia*. Because of the movement of the cilia, the ovum is carried through the tube from the ovary to the uterus.

If *fertilization* or *conception* is to occur, a sperm must meet and enter the ovum in the fallopian tube. The cilia will then transport the fertilized ovum to the uterus, where it will implant itself in the endometrium and grow into a fetus. If the ovum is not fertilized, it will degenerate and be sloughed off with the endometrial tissue that had been building up to prepare for implantation of the fertilized egg. *Menstruation* is the release of this unneeded blood, cervical mucus and endometrial tissue from the body through the vagina.
**Menstrual Cycle**

The *menstrual cycle* is a process that involves the entire body. The cycle is controlled by a part of the brain called the hypothalamus and by the pituitary gland, which regulate the levels of the female hormones estrogen and progesterone. These hormones determine physical development and regulate the menstrual cycle.

Menstruation is the cyclic shedding of the uterine lining through the vagina, lasting anywhere from three to seven days. The first day of menstrual flow is considered the beginning of the menstrual cycle. To determine the number of days in an individual cycle, begin counting at the first day of flow, count through the time of the menstrual flow, and continue to count the days after the flow ceases, up until the first day of the next menstrual flow, which begins a new cycle. The length of time of an individual's cycle is the number of days between "first days."

While a 28-day cycle may be considered average, a 21- or 30-day or even longer cycle may be normal for some women. Most cycles range from 26 to 34 days in length, with actual flow averaging three to seven days. However, cycles can be affected by illness, changes in diet, emotional stress, unusually heavy exercise, a major weight change, or the use of drugs. It is normal for a woman to experience some discomfort when her period begins, but for most women there is no reason to curtail normal activities.

Premenstrual tension and the more severe Premenstrual Syndrome (PMS) can be produced by the monthly changes in hormone levels. These symptoms—fatigue, anxiety, irritability, headaches, a feeling of puffiness in the pelvic and abdominal region, craving sweets, breast tenderness and depression—can occur sometime during the ten days before menstruation. Exercise and a balanced diet, which eliminates coffee, tea, chocolate and soft drinks containing caffeine are recommended to help relieve and possibly alleviate these symptoms.
The menstrual cycle is a continuous process involving three phases: follicle development, ovulation and menstruation. Follicle development occurs during the phase of the menstrual cycle when the pituitary gland in the brain signals a secretion of follicle-stimulating hormone (FSH) into the bloodstream. FSH influences maturation of ova in a number of follicles. As the follicles are developing, the FSH increases the secretion of estrogen in the bloodstream, which works directly on the inner lining of the uterus (endometrium), causing it to thicken. The mucus-producing glands in the cervix begin to secrete mucus. As estrogen levels increase the mucus becomes fertile, facilitating sperm travel through the cervical opening into the uterus and the fallopian tubes. Rising levels of estrogen in the bloodstream signal the pituitary gland to decrease the production of FSH.

When estrogen has reached its peak level, the hypothalamus triggers the release of luteinizing hormone (LH) from the pituitary gland. LH acts on the ovary, where the final development of one follicle (occasionally, but rarely, two follicles), occurring. LH is primarily responsible for the rupturing of the mature follicle and the release of the ovum, which is the process of ovulation. After the ovum has left the ovary, the follicle remains as a tiny mass of cells called the corpus luteum.

Ovulation marks the beginning of the next phase of the menstrual cycle. This phase occurs 12 to 26 days before the next menstrual flow. With stimulation by LH, the corpus luteum begins secreting another essential hormone, progesterone, along with more estrogen. The progesterone further thickens and maintains the uterine lining. The uterine lining then begins secreting its own nutrient fluids that can nourish an early embryo if pregnancy occurs.

Progesterone now signals the hypothalamus to decrease production of LH and FSH. While all this is taking place, the ovum is slowly moving through one of the fallopian tubes.
toward the uterus. If the ovum is fertilized by a sperm, the fertilization takes place in the outer one-third of the fallopian tube.

If fertilization does not occur, the ovum will disintegrate. The corpus luteum degenerates, progesterone production ceases, and the estrogen level in the bloodstream begins to fall. The thickened lining of the uterus begins to degenerate and the menstrual flow, mucus, tissue fragments of uterine lining, fluids, and a small amount of blood (usually about two to five ounces), leaves the body. Menstruation is the third phase of the cycle. Soon the estrogen level falls low enough to signal the pituitary gland to produce FSH, more egg follicles begin to develop, a new uterine lining begins to build up, and the menstrual cycle starts all over again.

**Conception**

Conception is the fertilization of the ovum by a sperm in the fallopian tube. It is possible for sperm to reach this site within fifteen minutes after their ejaculation into the vagina. Of the several hundred million sperm ejaculated, only several hundred are likely to reach the ovum; of these, only one actually penetrates and fertilizes the egg. The large numbers of sperm are needed to surround the ovum and secrete an adequate amount of an enzyme that softens the gelatin-like covering of the ovum, thus allowing one sperm to enter. As soon as one sperm enters, the membrane around the ovum toughens, blocking entry of any additional sperm.

Upon entry, to complete fertilization, the head of the sperm fuses with the nucleus of the ovum. The fertilized egg is now called a *zygote*.

The zygote begins to divide; it becomes two cells, then four, then eight, and so on. The tiny multicelled structure is called a *morula*; once it has moved slowly through the fallopian tube and implanted itself in the uterine wall, it is called a *blastocyst*. 
Parts of the Female Reproductive System

- a. Fallopian tubes
- b. Ovaries
- c. Uterus
- d. Cervix
- e. Vagina
Female Reproductive System

Diagram of the female reproductive system with labeled parts:

- a.
- b.
- c.
- d.
- e.
Female Reproductive System Crossword Puzzle

Key

Across
1. menstruation
4. ovaries
5. cilia
8. vagina
9. fertilization

Down
1. menarche
2. uterus
3. cervix
4. ovulation
6. vulva
7. fetus

♦ Sex Can Wait: An Abstinence-Based Curriculum for Upper Elementary School ♦
Name: ______________________

Female Reproductive System

Label the parts of the female reproductive system.
Female Reproductive System (continued)

Fill in the blanks with the correct term.

1. The place where an unborn baby grows and develops is called the ________________.

2. The passageways for the eggs as they make their way toward the uterus and the place where the egg may be fertilized are called the ________________.

3. The hollow, tunnel-like structure through which menstrual blood and babies leave the body is called the ________________.

4. The ________________ is the narrow, lower end of the uterus that opens into the vagina.

5. The ________________ produce the eggs.

Terms:
- uterus
- ovaries
- fallopian tubes
- cervix
- vagina
Female Reproductive System Crossword Puzzle

Across
1. The monthly discharge of blood and tissue that occurs when a female is not pregnant.
4. The glands which produce the female's eggs and sex hormones.
5. Hairlike structures that line the fallopian tubes and move the egg along it.
8. A hollow, tunnel-like passage through which menstrual blood leaves the body.
9. The moment when the sperm and ovum (egg) unite.

Down
1. The time when a girl gets her first "period."
2. The place where a baby develops.
3. The narrow, lower end of the uterus that opens into the vagina.
4. The release of a mature egg from the ovary.
6. Females' external sex organs.
7. The name for the baby inside the mother after the first two months of pregnancy.
Name__________________

Female Reproductive System Crossword Puzzle

Across
1. The monthly discharge of blood and tissue that occurs when a female is not pregnant.
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♦ Sex Can Wait: An Abstinence-Based Curriculum for Upper Elementary School ♦
Female Reproductive System (continued)

Fill in the blanks with the correct term.

1. The place where an unborn baby grows and develops is called the _____________.

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5. The _____________ produce the eggs.

Terms:
- uterus
- ovaries
- fallopian tubes
- cervix
- vagina
Overview

Students listen to a lecture about the changes which occur during puberty and then work in small groups discussing and answering questions about puberty. Students interview their parents/guardians about their experiences, feelings and worries related to puberty.
Objectives

- Students will define puberty as an important time of change in their lives.
- Students will describe the changes that take place in the male and the female as a person reaches puberty and begins to go through adolescence.

Time

40 minutes.

Teacher Preparation and Materials

Make:

✓ From Child to Adult (Transparency 9A).

Copy:

✓ Puberty Questionnaire (Handout 9.1), one for each student.
✓ Family Interview Questions (Handout 9.2), one for each student.
Lecture/Discussion
Changing Bodies/Changing Minds
(20–25 minutes)

Introduction

"All of you are about to begin or may have already begun a remarkable journey from childhood to adulthood. At times this journey will be very exciting and fun. At other times it will be confusing and scary. Your journey is a path requiring many decisions. It also can be pretty rocky at times. It helps to have a road map and brief description of the many forks and the rocky places. The purpose of today’s lesson is to provide you with a road map. Pay close attention because in the next lesson you are going to play a game with the new information that you learn today."

Procedure

1. "What does the word puberty mean?" (Allow for and reinforce student responses.) “Puberty is a time of tremendous growth and change, both in the body and in the mind. Puberty is a time of emotional and hormonal change. These changes sometimes cause young people to cry easily and to
feel confused. Some teens do not realize that others experience these same feelings and changes. They think that something is wrong with them alone. You don’t have to feel this way. Knowing exactly what to expect as you enter puberty can help. Let’s talk about some of the changes associated with puberty.”

2. “Between the ages of ten and seventeen, boys and girls begin to change into men and women. Girls typically enter puberty a little sooner than boys do. When a young person enters puberty, his or her body starts growing much faster. It also makes some amazing changes. What type of changes take place in boys’ and girls’ bodies and minds when they enter puberty?”

Allow for student responses. Then place *From Child to Adult* (Transparency 9A) on the overhead projector. Use the transparency to illustrate the following lecture.

3. “One of the first changes that occurs in boys is that the male hormone testosterone begins to be produced by the testes. Testosterone causes changes in the body. The skin of the scrotum (the pouch which holds the testes) becomes redder and wrinkled. Pubic hair begins to grow around the penis. Sometimes, one or both nipples swell a little. This swelling goes away once a boy’s hormones become more balanced.
"About a year later a growth spurt in height starts. The arms and legs lengthen, the penis lengthens, then the whole body gets bigger. Muscles grow bigger and stronger. A couple of years after pubic hair appears, facial and body hair begin to grow. The voice begins to change, often causing a cracking or sudden pitch change when talking. Sweat and oil glands become more active in both boys and girls, which can cause pimples and body odor. This can be controlled by washing with soap and water several times a day.

"The increase in testosterone also causes changes in the way boys think. They become more interested in sex. They may even experience sexual excitement when watching or being near someone they find attractive. Sometimes boys may fantasize or dream about sexual things. It is common at this time for a boy to release semen from his penis during his sleep. This is called a nocturnal emission or 'wet dream.'

"Boys who experience puberty around age ten may feel different and embarrassed. Boys who don't experience puberty until they are seventeen often feel awkward because their peers may be much taller, with broader shoulders and deeper voices. All of this can cause puberty to be a time of considerable emotional stress."
4. "Girls who experience puberty early or late are also concerned about whether they are normal. It is normal for girls to experience puberty as early as age eight or as late as age sixteen. Girls also experience many physical changes.

"The female hormone estrogen begins to be produced by the ovaries. Estrogen causes changes in the body. One of the first signs of puberty in girls is an increase in growth. Some body parts grow faster than others. Nipples begin to swell and the breasts become larger. Sometimes one breast grows a little faster than the other. This is normal and nothing to be worried about.

"During puberty girls' hips begin to widen. Girls typically develop more body fat than boys. This is normal and gives girls a more rounded figure. Pubic hair begins to grow and a girl begins to menstruate. Menstruation is the sign that a girl's body is mature enough to reproduce. Her ovaries will now begin to release an egg about once a month. The uterus prepares to receive the egg by building up a lining of blood and tissue. If the egg reaches the uterus unfertilized by a male sperm, the lining of the uterus is not needed and the body sheds this lining through the vagina. This is menstruation or having a 'period.'

"Like boys, girls also begin to experience sexual feelings when watching or being next to someone to whom they are
attracted. These feelings are absolutely normal in both males and females. But it is up to each person to use self-control and good decision-making skills when deciding how to deal with these feelings in a way that will be in his or her own best interests."

5. “Often during puberty both boys and girls experience mood shifts that occur suddenly for what seems like no reason. All of these things together with a sudden desire to be more independent often cause changes in young people's relationship with their families. One moment they want to be treated as though they are all grown up and the next moment they may want to still be a child.”

**Closure**

“Puberty can be an exciting yet bewildering time. It is a time of many changes, a time of changing bodies, changing feelings, changing friendships and changing relationships at home. As you experience these changes, remember you are not alone. Our next activity will give you time to discuss some of these changes with your classmates.”
Learning Activity
Puberty Questionnaire
(10 minutes)

Introduction

“While some of you are changing faster than others, many of you are going through similar changes at the same time. For those of you who are about to enter puberty, it may be helpful to know what to expect. For those who have already entered puberty, it may be helpful to know that you are not alone in the experiences you are having.”

Procedure

1. Divide the boys into groups of four to six. Divide the girls into groups of four to six.

2. Distribute Puberty Questionnaire (Handout 9.1). Have students answer each question and discuss it in their groups. Allow about 10 minutes.

Closure

“What did you learn from your classmates? Do those of you who are about to enter puberty know a little more about what to expect? Do those of you who have already entered puberty feel relieved to know that you are not alone? You now know more about your classmates’ experiences. Tonight you may learn about the experiences of your families.”
Homework Assignment
Family Interview
(5 minutes)

Introduction

"The changes that you will face during puberty are exciting but a little scary. Every person who has gone through puberty has had concerns and questions. This includes your family members."

Procedure

1. Distribute Family Interview Questions (Handout 9.2).

2. Tell students that their homework assignment for tonight is to interview a parent or guardian. Tell them that this is a personal interview that is just between them and their parent or guardian. They will not be asked to share answers to the interview questions. Tell students to assure their parents or guardians that their experiences will not be discussed in class.

Closure

"Families can be very valuable resources when it comes to questions you might have about sex and puberty. I hope that this interview will open the door for you to ask your parents or guardians some of your own questions."
Name_____________________

**Puberty Questionnaire**

As a group, answer and discuss the following questions. You do not need to write out your answers.

1. What is the most difficult thing about entering puberty? What is the most difficult aspect of growing up?

2. What part of puberty worries you the most?

3. Whom do you go to with your personal questions regarding your changing body and changing mind?
4. What things do you look forward to the most about growing up?

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5. What would you tell a younger brother or sister if he or she asked you what to expect during puberty?

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6. Does having a mature reproductive system mean that a person is ready in every other way to have sex? Why or why not?

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Family Interview Questions

The following questions may be used when interviewing an adult member of your family. You do not need to write down what is said. The answers to these questions are confidential and just between the two of you.

1. What was puberty like for you?

2. Did you have questions and concerns about the changes that were taking place in your body and your mind? What were they?

3. Did you wonder if you were normal?

4. Did you have any questions about sex? If so, were you afraid or embarrassed to ask your parents the questions that you had?
Family Interview Questions (continued)

5. What puberty experience worried you the most?


6. Did your body grow and change at the same rate as your friends’? How did this make you feel?


7. In what ways did your thoughts and feelings change during adolescence?


8. What do you want me to know about my own changing body?


Name ____________________________

**Puberty Questionnaire**

As a group, answer and discuss the following questions. You do not need to write out your answers.

1. What is the most difficult thing about entering puberty? What is the most difficult aspect of growing up?

   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

2. What part of puberty worries you the most?

   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________
   ______________________________________

3. Whom do you go to with your personal questions regarding your changing body and changing mind?

   ______________________________________
   ______________________________________
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   ______________________________________
   ______________________________________
Puberty Questionnaire (continued)

4. What things do you look forward to the most about growing up?

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________________________________________________________________________
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5. What would you tell a younger brother or sister if he or she asked you what to expect during puberty?

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6. Does having a mature reproductive system mean that a person is ready in every other way to have sex? Why or why not?

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Family Interview Questions

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1. What was puberty like for you?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. Did you have questions and concerns about the changes that were taking place in your body and your mind? What were they?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

3. Did you wonder if you were normal? ____________________________

4. Did you have any questions about sex? If so, were you afraid or embarrassed to ask your parents the questions that you had?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Family Interview Questions (continued)

5. What puberty experience worried you the most?

5. Did your body grow and change at the same rate as your friends'? How did this make you feel?

7. In what ways did your thoughts and feelings change during adolescence?

8. What do you want me to know about my own changing body?
Overview

Students list characteristics our society considers masculine and feminine and discuss how gender role stereotypes affect our lives. They then play a game to reinforce facts about puberty, gender roles, and reproductive anatomy and physiology.
Objectives

■ Students will list characteristics of male and female gender roles.

■ Students will identify facts and myths about puberty, gender roles, and the male and female reproductive systems.

Time

50 minutes.

Teacher Preparation and Materials

Have:

✔ Nine posterboard squares, marked with "X" on one side and "O" on the other.

Prepare:

✔ Review the Puberty Squares Questions and Answers before playing the game.

Homework/Discussion

Family Interview Wrap-Up

(5 minutes)

Introduction

“Your homework assignment was to interview an adult family member. You should not share his or her responses to the
interview questions. The conversation you had is confidential. It is just between the two of you. But let's discuss some general questions about the homework assignment."

**Procedure**

1. Ask students:
   - Did you enjoy the interview?
   - Did you learn something new?
   - Were you surprised to find that your parent or guardian once had questions and concerns similar to the ones that you have now?
   - Was it difficult to imagine your adult family member ever being an adolescent?
   - Did you feel that the interview was of some benefit to you? Why or why not?

**Closure**

"Sometimes it may seem difficult to talk to your families about things such as your maturing body and personal concerns. But your families love you very much and, while they may sometimes feel uncomfortable about discussing certain topics, I'm sure they want you to bring your questions and concerns to them."

Puberty ♦ 151
Lecture/Discussion
Gender Roles
(15–20 minutes)

Introduction

"A mother and her son are in a car accident. The mother is knocked out. The boy is badly cut. They are rushed to the hospital where they are met by a frantic nurse who upon seeing the boy begins to cry uncontrollably. Another nurse asks, 'What's the matter?' The first nurse replies between sobs, 'That's my son!' How is this possible?" (Allow students to respond. Afterwards explain that the nurse was the boy's father.)

Procedure

1. Ask students why the situation you just described was confusing at first. Explain that the behaviors that we learn to associate with males or females are called gender roles. While there are now male nurses in the United States, traditionally, this occupation has been seen as a female role. Ask students for examples of typical gender roles in America.

At the top left of the board write the word "Male." Select a student to be the response recorder. Ask students for characteristics that our society considers masculine. Have the response recorder list the students' ideas on the board. Then ask students for qualities that are considered feminine in our culture.
Write "Female" on the other side of the board, and have the response recorder write down students' ideas about the female gender role. Ask students if the male characteristics they listed are considered masculine all over the world. Do they think that the female qualities they listed are shared by all females in the world?

2. Tell students the following story:

"Margaret Mead, a famous anthropologist, studied different people in New Guinea. One tribe, the Arapesh, was a kind, loving, non-aggressive tribe. Both the men and the women in this tribe were nurturing, caring and sensitive. She studied another tribe, the Mundugumor, who were fierce head-hunting cannibals. All the people in this tribe were tough, strong and violent. In a third tribe, the Tchambuli, the women were dominant and strong, and the men were passive and meek. The women fished, manufactured trade goods and were entertained by the men. The men were artists. They were very emotional and easily embarrassed. The men typically did what the dominant women told them to do. What do you think the people of Tchambuli would think if they were to come to America and see men acting like they believe women should act and women acting like they would expect men to act?"

3. Tell students that gender roles differ throughout the world. Based on a society's ideas about gender roles, boys and girls are often treated differently and, as a result, they learn to behave differently. Pose the following questions to students:
• In what ways can gender roles influence young peoples’ behavior?

• If a little girl is mainly given dolls and doll houses, and attention which focuses on her appearance instead of her intelligence, how might this little girl be affected?

• What will her life plans and interests likely be when she reaches junior high school?

• Do you think that she will be able to picture herself in many different roles and many different jobs? Why or why not?

• Do young people ever try to get a head start on their future occupations?

• Do you think that this girl will be more or less likely to become a teenage mother? Why?

• When working outside the home, do you think that this girl will select a desirable career when she grows up or will she settle for a low paying job that doesn’t take much education or training?

• How can this girl use affirmations and positive self-talk when she gets older to counter stereotypes and convince herself that she can be anything she wishes to be?

4. Ask students to picture a little boy who is given only superheroes and action figures to play with and who is scolded every time he cries or acts affectionate. Instead of being encouraged to care for and show love toward his friends, he is encouraged to compete with them. Ask students:

• How might this boy be influenced as he grows into a man?

• Will he grow up to be more violent than the girl? Why or why not?
• Let's say that as a man he gets married and fathers a child. How might he act around his wife and child?

• Do you think that he will be very sensitive to his wife's needs and share his own needs, thoughts, feelings and fears? Why or why not?

• Do you think he will spend as much time as his wife caring for and cuddling his little baby, or will he more likely be outside the home competing with someone at work or in sports?

• How can boys overcome fixed gender roles and learn that there is a time to show feelings and be nurturing?

**Closure**

"Gender roles are changing in the United States, but probably not fast enough. We are still influenced by stereotypical gender roles in ways that we may not even realize. If you are a girl, it's important to know that you can have power over your own life as you get older. You are entitled to be a doctor or mathematician just as much as a mother or homemaker. If you are a boy, it's important to know that it is all right to express your feelings and to be sensitive and loving. If someday you father a child, this child will be your responsibility to love and care for as much as it is your wife's responsibility. However, in your teens it isn't cool or manly to get a girl pregnant. Having sex can have serious consequences, including becoming infected by HIV/AIDS and other sexually transmitted diseases. Having sex does not make you a man or a woman."
Learning Activity
Puberty Squares
(20–25 minutes)

Introduction

“You have learned a lot about the male reproductive system, the female reproductive system, puberty and gender roles. Now it’s time to see how much you have learned. We are going to play a game similar to Hollywood Squares. The game is called Puberty Squares. We will need nine celebrities. Who remembers most of the lecture on puberty and would like to be one of the celebrities who answers the game questions?”

Procedure

1. Select nine “celebrities” to form a square in the front of the classroom. (There should be three rows down and three rows across.)

2. Give each “celebrity” a poster board square that has been marked with an “X” on one side and “O” on the other side.

3. Divide the remainder of the class into two teams. Assign one team the “X” and the other the “O.”

4. Select a contestant from each team who will be the one to choose the celebrity to answer the puberty question. This contestant will also be the one to say “I agree” or “I disagree” after the celebrity responds to a question. You may want to allow the team members to take turns being the team contestant so that every student can be involved.
Each team representative is to take turns selecting a celebrity to answer the question. After the celebrity responds to the question, the team representative says "I agree" or "I disagree." If the representative/contestant is correct, the celebrity holds up the posterboard with the contestant's mark facing the class. The object of the game is to be the team to get a diagonal, horizontal or vertical line of their teams' mark, just as in tic-tac-toe. The team that does this first wins.

5. Begin the game. Read the questions from the Puberty Squares Questions and Answers teacher page. You may want to supplement students' answers with additional information and to clarify any points of confusion as the game progresses.

6. If a team wins soon after the game begins you may wish to play the game again to make use of the extra questions and the full amount of time allotted for this game. If you are not restricted to 50-minute class periods you may wish to play this game longer using additional puberty questions or specific sexual anatomy terminology and pregnancy information.

Closure

"During the last few lessons we have taken a close look at the male and female reproductive system, your changing bodies and minds and gender roles. In the next lessons we will talk about values and decision making."
Puberty Squares
Questions and Answers

**Question:** Boys typically reach puberty before girls. True or false?
**Answer:** False.

**Question:** Which of the following is not a sign of puberty in males:
A. development of the testes and scrotum
B. appearance of dandruff
C. appearance of facial hair
**Answer:** B.

**Question:** Which of the following is not a sign of puberty in females:
A. appearance of pubic hair
B. a cracking in the voice
C. the start of menstruation
**Answer:** B.

**Question:** The release of semen during sleep is called:
A. a nocturnal emission or wet dream
B. nightly menses or menses sleep
C. seminal remission
**Answer:** A.

**Question:** Sexual thoughts, feelings and fantasies are common during puberty. True or false?
**Answer:** True.

**Question:** During puberty it is normal for a boy or a girl to feel sexual arousal when thinking about or being next to someone he or she finds attractive. True or false?
**Answer:** True.
**Question:** It is common for both boys and girls to experience breast enlargement during puberty. True or false?

**Answer:** True. All females and some males experience breast enlargement during puberty. However, the swelling in males' breasts usually goes away by age sixteen.

**Question:** Males begin producing sperm several years before puberty. True or false?

**Answer:** False. Males do not produce sperm until puberty. The first ejaculation or release of sperm from the body usually occurs around the same time as pubic hair appears.

**Question:** Females begin to produce eggs at puberty. True or false?

**Answer:** False. Girls are born with all the eggs they will ever have.

**Question:** Which of the following is not necessarily a characteristic found in girls experiencing puberty:

A. fat on the hips  
B. breast enlargement  
C. overactive oil and sweat glands  
D. participation in sexual intercourse

**Answer:** D. Just because a boy or girl's body is mature does not necessarily mean that a person is ready for sex, psychologically or emotionally. Sexual feelings are normal but it is important that a young person learn to control these feelings and express his or her sexual energy in ways that are in his or her own best interests.

**Question:** What is the stage during which physical growth and body changes result in the ability to make babies?

**Answer:** Puberty.

**Question:** What is the name for the monthly discharge of the uterine lining that first occurs late in puberty in girls?

**Answer:** Menstruation, menses or "period."
Question: Which of the following characteristics is not necessarily found in boys experiencing puberty?
A. increase in height
B. bigger muscles and deeper voice
C. itchy skin
D. swollen breasts
Answer: C. Itchy skin occurs no more frequently during puberty than any other time.

Question: Boys and girls need to wash the face, hair, underarms and genitals more often once they reach puberty. True or false?
Answer: True.

Question: In boys the legs and arms get longer before the body lengthens. True or false?
Answer: True.

Question: In girls, the head, hands and feet usually reach grown-up size before the other body parts. True or false?
Answer: True.

Question: One breast may grow faster than the other breast. True or false?
Answer: True. This is normal.

Question: Boys are often thinner than girls during puberty. True or false?
Answer: True. Females gain more fat during puberty.

Question: Both boys' and girls' vocal cords get longer during puberty. True or false?
Answer: True.

Question: During puberty, acne, or pimples, often appears where there are lots of sweat glands. True or false?
Answer: True.
Question: The increased production of hormones that takes place during puberty often causes both boys and girls to think more about sex. True or false?
Answer: True.

Question: It is normal for boys and girls to have sexual urges during puberty. True or false?
Answer: True.

Question: Not to have sex when you are feeling strong sexual urges is very risky. True or false?
Answer: False. Although sexual urges and strong emotions are normal during puberty, it is not necessary to act on these urges and emotions. In fact it can sometimes be very risky to act upon these feelings. Think of what could happen to a person who acted on his or her normal feelings of anger and decided to kill someone. Think of what could happen if someone decided to act on his or her sexual urges and had sex with someone who was infected with HIV, the virus that causes AIDS. As boys and girls get older it is especially important to develop self-control.

Question: It is normal for adolescent boys to have nocturnal emissions or wet dreams. True or false?
Answer: True. It is very normal for teenage boys to wake up to find a sticky wet spot on their beds.

Question: What is masturbation?
A. the touching of one's own genitals
B. the monthly discharge that young women experience
C. another name for sexual intercourse
Answer: A.

Question: Masturbation can be very harmful. True or false?
Answer: False.
**Question:** Puberty starts at the same time for everyone. True or false?
**Answer:** False. Puberty starts at different times for different people.

**Question:** The hormonal changes that take place inside the body during puberty can cause a person to feel very different from one moment to the next. True or false?
**Answer:** True.

**Question:** Hormones are chemicals that circulate throughout a person’s body and regulate things like growth, emotions and body changes. True or false?
**Answer:** True.

**Question:** An erection occurs when blood fills the penis and makes it bigger and harder. True or false?
**Answer:** True.

**Question:** When a white discharge comes out during an erection this is called:
A. menstruation  
B. ovulation  
C. ejaculation
**Answer:** C.

**Question:** The discharge that comes out during ejaculation is called:
A. semen  
B. menstruation  
C. urine
**Answer:** A.

**Question:** It is normal for females to experience a discharge from the vagina during puberty. True or false?
**Answer:** True.
**Question:** When a girl first gets her period she suddenly finds herself sitting in a very large puddle of blood. True or false?

**Answer:** False. Girls are often afraid of this happening. Because many of us learn to associate blood with being hurt, even a little blood seems very scary; but only about 1/4 cup of blood is released over several days when a girl menstruates.

**Question:** What can a girl who suspects she may be entering puberty do to prepare for starting her period away from home?

A. She can carry a large towel with her.
B. She can carry a tampon or pad with her.
C. She can carry a band-aid with her.

**Answer:** B.

**Question:** Semen contains:

A. sperm
B. eggs
C. milk

**Answer:** A.

**Question:** Menstruation is the body's special way of:

A. making a young woman frightened
B. removing the unnecessary lining of the uterus
C. producing an egg

**Answer:** B.

**Question:** The set of behaviors that our society decides is appropriate for a particular sex (male or female) is called:

A. society sets
B. gender roles
C. sex sets

**Answer:** B.